



# 2023 HEALTH CARE WORKFORCE SCAN



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## 2023 American Hospital Association Health Care Workforce Scan

A strong and resilient workforce is the backbone of our hospitals and health systems. There is no higher priority than ensuring that we care for the caregiver, that we make our working environment safe, and that we foster the ability for individuals to have joy in their work.

COVID-19 has shone a bright light on the selfless dedication of the people in whose hands we put our health and well-being. But this has come at a steep price: Health care workers have been at the tip of the spear of the growing stress, trauma and burnout we've seen around the globe.

While health care workforce challenges are not new, the pandemic has greatly exacerbated them. This national emergency demands bold, immediate action from public and private sector leaders.

A key pillar of AHA's 2022-2024 Strategic Plan is Addressing Workforce Challenges in the Now, Near and Far. The AHA Board of Trustees' Task

Force on Workforce, which was formed at the start of this year, has been leading a number of efforts designed to rescue our current workforce and assure the future supply of needed health care professionals.

As part of this work, we are excited to share with you the AHA's 2023 Health Care Workforce Scan. Based on a review of the latest reports, studies and other data sources, this Workforce Scan provides an annual snapshot of America's health care employment, as well as insights and information to help lead your organization forward.

Health care is a truly noble profession, a calling that can change and save lives. While none of the actions in this report will yield an instant remedy, we hope that these provide a clear, actionable path forward to advance the health of the people and communities you serve.



**Wright L. Lassiter III**  
AHA Board Chair



**Rick Pollack**  
AHA President and CEO

# Tackling Workforce Challenges

We have always dealt with workforce challenges, but this time the demographics are different. In many ways, we're dealing with a perfect storm. The aging population is increasing demand for health care services. Yet the labor force participation rate has dropped to 62.1% from pre-pandemic levels of 63.4%, creating a record number of job openings<sup>1</sup> and more Americans are nearing retirement age than entering working age. Our educational pathways are not where they need to be to replace people retiring or leaving the field. Last, but certainly very far from least, health care workers are exhausted from dealing with COVID-19 for two-plus years.

The magnitude, duration and pace of change during the pandemic have amplified the stress health care workers already face. Through all their emotional, physical and financial challenges, health care workers across the board have continued to put high-quality, compassionate patient care at the center of all they do. In these extraordinary times, they need extraordinary support.

I'm honored to chair The AHA Workforce Task Force, comprised of nurse, physician and executive leaders. Our goal is to provide tools, data, best practices and strategies to strengthen the health care workforce right now, in the near future and over the long term. This workforce scan offers valuable insights and practical recommendations to help you think – and act – innovatively to support, retain and recruit staff.

The good news is that we know health care is incredibly meaningful and joyful work for those who choose this path. We must continue to develop bold new ways to support our current staff and ensure we attract the workers we need to meet the health care demands of today – and tomorrow.



**Ronald C. Werft**

Chair, AHA Board  
Task Force on Workforce  
President and CEO, Cottage Health

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# Fundamental Factors Shaping the Future Workforce

## Our key findings at a glance:

### **Workforce shortages are not disappearing any time soon.**

The pandemic exacerbated existing shortages of health care workers in all roles, from clinicians to environmental and food services to admissions and scheduling. These shortages will persist well beyond the pandemic given today's highly competitive labor market.

### **Whether you call it the Great Resignation, the Great Reshuffle or the Great Attrition, all sectors of the economy – health care included – have been affected by massive worker turnover.**

Record numbers of people are leaving their current jobs for new ones, new fields or new pursuits outside the job market altogether.

### **Health care workers are amazing, but they're human.**

Despite all the difficulties, trauma and challenges they have faced, millions continue to show up and believe in their ability to make a difference in patients' lives. Their mental and physical well-being requires tangible help and support from their leaders, and respect from the communities they serve.

### **Massive disruption in health care has an upside.**

The incredible challenges have also created unique opportunities to accelerate change and improve the way care is delivered, whether through technology, new care delivery approaches or multidisciplinary team models.

### **All health care stakeholders need to work together.**

Ensuring the health and safety of the health care workforce – and the health and safety of the patients they care for – requires commitment at the individual, organizational and community level.



# Looking Ahead in Health Care



As the health care landscape continues to shift, workforce planning strategies must also readjust. Trends to watch include:

## **Inflation + increased costs of caring = continuing financial challenges.** <sup>2,3,4,5,6</sup>

An analysis prepared by Kaufman, Hall & Associates, LLC and released in September 2022 by the AHA shows that hospitals and health systems continue to face intense pressure on staff and resources while also dealing with rising expenses for supplies, drugs and equipment, as well as for the workforce. Left unaddressed, these financial challenges have the potential to jeopardize access to essential health care services for patients.

The trends are expected to continue through the end of 2022, with losses in the billions of dollars for hospitals and health systems, resulting in the most financially difficult year for the field since the beginning of the COVID-19 pandemic in 2020.

The first half of 2022 has severely tested hospitals and health systems due to the impacts of COVID-19 surges, increased expenses and a lack of COVID-19 relief funding. As a result, even the most optimistic projections for the entirety of 2022 indicate margins will be down 37% compared to pre-pandemic levels, with more than half of hospitals operating in the red. Under a pessimistic scenario for the rest of 2022, margins could be down as much as 133% compared to pre-pandemic levels, with over two-thirds of hospitals operating in the red.

Hospital and health system expenses are expected to increase by nearly \$135 billion in 2022 over 2021 levels with a large component of that deriving from expenses related to retaining and supporting the workforce. Employed labor expenses are projected to rise by \$57 billion more than last year and contract labor by \$29 billion. In fact, contract labor expenses alone are nearly 500% higher than pre-pandemic levels, which has played a significant role in driving expense growth for hospitals. The remaining \$49 billion in added expenses in 2022 include those for supplies, drugs and equipment, which have all experienced significant growth from pre-pandemic levels.

These significant financial challenges for 2022 add to a report the AHA released in April that examined the tremendous growth in a variety of input costs for hospitals and health systems, including expenses for workforce, drugs, supplies and equipment, as well as the impact of skyrocketing economy-wide inflation. Notably, that report showed that hospital labor expenses per patient were up 19.1% over pre-pandemic levels in 2019.

At the same time, deferred care during the pandemic has led to increased patient acuity in America's hospitals — which means the people hospitals see are much sicker than in the past — and that means they are more expensive to treat.

## **Technology is crucial to reshaping health care delivery.** <sup>7,8</sup>

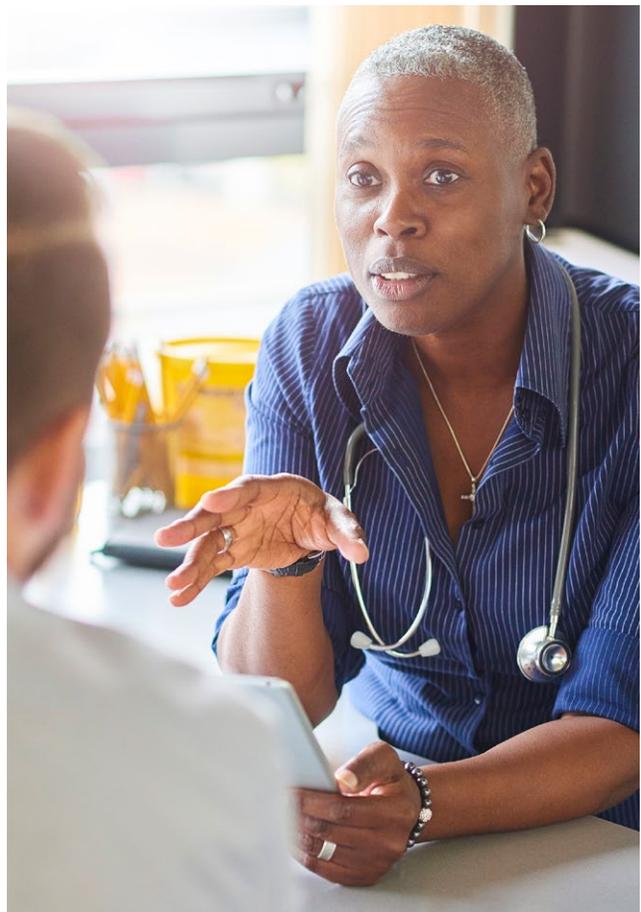
Technology offers powerful potential to change and improve health care delivery. Thirty-six percent of consumers own a wearable health

device or use a smartphone to track wellness, and nearly 60% believe the data are useful and should be collected by their physicians. Remote monitoring sensors and capabilities also support the ability of hospitals to bring appropriate care to patients in alternative settings, such as through hospital-at-home programs. But increasing health care worker tech literacy and adoption requires making time in their busy schedules for training and also ensuring that it fits seamlessly into their workflow.

Telehealth has been such a huge hit with patients and providers alike during the pandemic that it's no longer a question of if it will continue to be used, but of how much and when. Eighty-five percent of physicians say telehealth has increased timeliness of care, 75% say it allowed them to deliver high-quality care and more than 70% are motivated to use it more. This interest spurred the American Medical Association to create a "Return on Health" framework to help physicians optimize virtual care in terms of financial ROI; patient, physician and caregiver satisfaction; and access and health equity.

Expanded digital access to health care is critical, especially as provider shortages continue. This highlights the urgency of bringing reliable and affordable high-speed broadband service to all Americans. The U.S. Census estimates that nearly 14% of urban households and more than 19% of rural ones do not have a broadband subscription.

Attracting and retaining talent and optimizing productivity in a hybrid work environment also will depend heavily on technology, as well as on cultivating the leadership skills necessary to manage a hybrid workforce. Health care organizations project 37% of their employees will be hybrid or remote going forward, and half report that they are changing their hiring policies to source talent — and allow those hires to work — from any geographic region.



## Hospitals are rethinking leadership roles and responsibilities.<sup>9,10,11</sup>

Leadership development and key competencies will play an even more critical role as health care organizations seek to strengthen resilience and thrive in a fast-changing environment. Whether addressing an increased role for technology, leading a remote team or rethinking care models to adapt to different team configurations, essential leadership qualities include vision/strategy, communication skills, agility and integrity. Leadership roles in telehealth, quality/safety, behavioral health and patient experience are growing more important, and positions such as Chief of Telehealth or Distance Care Delivery, Chief Wellness Officer, Chief Nursing Informatics Officer and Director of Innovation are being created or relied on more heavily.

Throughout the pandemic, nurses have demonstrated valuable leadership. They have taken on broader roles and more nontraditional ones, such as greater responsibility related to discharge planning, coordination of care services and care transition. Hospitals that continue to encourage greater leadership opportunities by evaluating nursing skill sets and creating more flexible, meaningful career pathways will be better prepared to meet future crises — and also support ever-critical nurse retention.

## The patient/clinician relationship is evolving.<sup>12</sup>

Consumerism and access to information is driving change in health care and redefining the way patients and clinicians relate. Fifty-six percent of clinicians believe that over the past 10 years, patients have become more empowered to manage their own medical conditions. Similar numbers predict that with the aid of technology, access to health data and greater control over their own medical records, patients will better manage their own health as informed members of their care team.

More than 60% of clinicians believe that over the next decade, they will work more collaboratively with their patients, taking advantage of health data and clinical insights to inform decision-making. They will also be increasingly likely to emphasize a preventive approach for patient mental and physical well-being, supporting individuals' efforts to stay healthy rather than focusing primarily on treating illness.

This will make soft skills such as listening, being empathic and communicating effectively, both in person and digitally, increasingly important for clinicians. The ability to express compassion through a screen must go hand-in-hand with digital knowledge and the ability to optimize digital tools.

## The COVID-19 pandemic has exacerbated existing challenges — and created new ones.<sup>13,14,15,16,17</sup>

Health care workforce shortages certainly predate COVID-19, but the pandemic has intensified the issue, with as many as 47% of health care workers planning to leave their jobs by 2025. COVID-19 also created a heightened demand for specialist care to support long-haul patients and chronic COVID-impacted conditions.

In addition, some patients who postponed or skipped routine screenings or delayed care during the pandemic now require more complex care. For example, cancers typically caught earlier are now presenting in later stages. A 22% increase in health care utilization related to musculoskeletal conditions is predicted due to deferred care and postponed elective surgeries



such as joint replacement. Deferred care is also expected to make treating cardiovascular disease a more substantial burden.

Burnout — part of the stress injury continuum which also includes compassion fatigue, moral distress, anxiety, depression, post-traumatic stress disorder (PTSD) and other conditions — is another long-standing issue exacerbated by the pandemic. More than 60% of front-line health care workers reported that pandemic-related worry or stress negatively impacted their mental health. Thirteen percent received mental health services or medications and another 20% thought they might need mental health services but didn't seek care for reasons ranging from fear of stigma to lack of access.

The increased need for better and expanded access to sustained support for clinicians is mirrored by the need to increase access to behavioral health services in the broader population, in which visits are expected to increase by 50%.

The pandemic also amplified health equity challenges, with COVID disproportionately affecting marginalized communities. Meanwhile, the increasing reliance on digital health care highlights the need to reduce barriers to taking advantage of these options.

Last but far from least, the pandemic underscored the importance of taking concrete steps today to ensure that hospitals and health systems will be prepared to respond to the emergencies and pandemics of tomorrow.





## WORKFORCE CORE CHALLENGE #1: Reconnect Clinicians to Purpose

Most health care workers choose their profession because they passionately desire to help people by restoring or improving their health. Reconnecting to purpose and rediscovering the “why” is key to helping workers move forward as we continue to emerge from the COVID-19 pandemic – and seek to use the lessons learned to change health care for the better in our communities.

As part of efforts to successfully recruit and retain a qualified, dedicated and diverse workforce, hospitals and health systems must create environments that consistently support meaningful work and nurture relationship-building with colleagues, patients and families. Maximizing patient care time while minimizing administrative tasks is essential to reinspiring workers to find the joy, satisfaction and meaning they value so highly.

### WHY Purpose Matters

#### Nursing vacancy rates and turnover are sky-high.<sup>18,19</sup>

Registered nursing remains a top growth occupation, projected to grow 7% through 2029. However, the 2021 RN vacancy rate was just shy of 10%, a point higher than the previous year, and turnover for staff RNs rose 2.8% to 18.7%. Average turnover costs for a bedside RN range from \$28,400 to \$51,400, costing hospitals on average between \$3.6 million and \$6.5 million annually. Feeding their “why” through onboarding, engagement and mission-driven culture plays a key role in improving RN retention.

#### Healthy, engaged workers are essential to high-quality care.<sup>20,21,22</sup>

Burnout-related turnover costs have been estimated at \$9 billion for nurses and \$2.6 billion to \$6.3 billion for physicians, without factoring in the impact on other health workers spanning the continuum of care. Beyond the financial impact for hospitals, the negative consequences of burnout on workers’ emotional and physical well-being can affect the time, energy and compassion they have to devote



to patient care. COVID-related stress is only one of many factors that may contribute to burnout. All health care workers have reported symptoms of anxiety, depression, PTSD, compassion fatigue and moral distress.

## **Workers seek meaningful work aligned with their priorities.** <sup>23</sup>

For many workers, the pandemic was a wake-up call to realign priorities and explore new opportunities. In today's tight labor market, hospitals compete for talent not only with other hospitals but with other health care organizations and employers in a broad spectrum of industries, many of whom can offer more flexibility and desirable remote or hybrid work options — but not necessarily the same powerful opportunity to make a difference in people's lives that health care can.

## **HOW to Fortify Purpose**

### **Create and model a culture that reflects mission-driven values.** <sup>24</sup>



Meaningful work that makes a difference in people's lives and health continues to be a powerful pull, underscoring the need to cultivate alignment between organizational mission and individual calling. Cultures aligned with mission-driven values should strive to be inclusive, empowering, responsive, collaborative and trust-inspiring. For Parkview Health in Fort Wayne, Indiana, establishing a shared governance model has been effective in demonstrating its commitment to a "workplace culture of ownership" that helps individuals feel listened to and valued. Leaders must also focus on reinforcing joy, pride and satisfaction as well as model them in their own behavior. Demonstrate daily through behavior and policy that every employee is committed to caring for patients, neighbors and community members, and each other.

### **Find out what really matters to employees.** <sup>25,26,27,28,29</sup>

Research shows that 80% of people leave their jobs because they don't feel appreciated. Consistently asking employees about their core needs — through onboarding, surveys, town halls, rounding, team huddles or other avenues — offers the best path to providing recognition and a work environment they value. Not feeling listened to or supported at work ranks right up there with insufficient staffing, insufficient pay and the emotional toll among reasons nurses list for leaving. Understanding that different constituencies, whether generations or job roles, have different needs is also important. Consider regular "stay" interviews to gain insight into what excites physicians, nurses and other employees when they come to work, what future they see for themselves at your organization, what changes they would like to see and other meaningful information.

## **Make strengthening satisfaction a key strategy.**<sup>30,31,32,33,34</sup>

Reduce burnout and improve retention by demonstrating commitment to workplace practices that strengthen employee satisfaction including:

- » Safe work environments.
- » Safe reporting structures.
- » Competitive compensation.
- » Better career guidance.
- » Appropriate staffing levels.
- » Confidence that supervisors and leaders have their backs.
- » Healthy work/life synergy.
- » Flexible scheduling.
- » Relevant upskilling/professional development.
- » Shared decision-making.

## **Nurture a willingness to embrace self-care.**<sup>35</sup>

Clinicians need to realize that taking care of themselves is as important as taking care of their patients. To overcome reluctance to seek out appropriate care for physical and mental health, encouragement must start at the top and cascade throughout all leadership levels. Acknowledge the pressure and stress workers face. Develop educational programs, provide a menu of self-care resources that address a variety of needs and ensure practical, real-time access to support services.

## **Emphasize commitment to patient-centric care.**<sup>36,37</sup>

Put patient outcomes and wellness at the center of models of care. Integrate technology in ways that support better, more efficient care and increase opportunities for direct patient interaction.

## **WHAT to Think About Going Forward:**



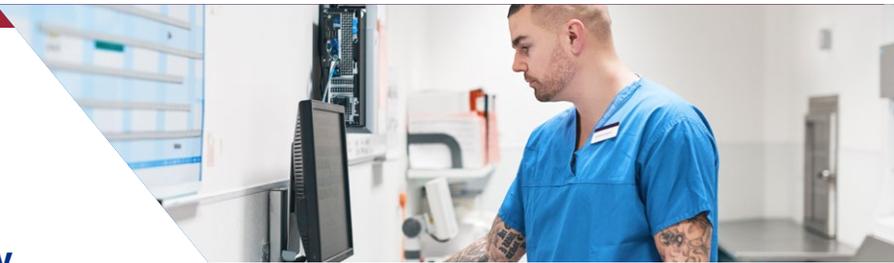
- » **Do you provide frequent, regular opportunities for your employees to express concerns and identify needs, and then respond to these needs by investing in solutions?**
- » **How effectively — and publicly — do you express gratitude for your team members' commitment to deliver quality care, and advocate for them in your community?**
- » **What steps can you take to expand autonomy and clinician empowerment?**
- » **How can you move to a shared governance model that welcomes diverse voices at the table?**
- » **Have you considered incentives for self-care, such as making mental health a competency or including it in performance appraisals?**
- » **Have you identified an accountable executive team leader to spearhead and measure well-being efforts?**



## **WORKFORCE CORE CHALLENGE #2:** Provide Support, Training and Technology Clinicians Need to Thrive in Multiple Care Delivery Environments

The pandemic has accelerated changes in the ways care is delivered, with a wider acceptance of virtual in addition to in-person options. The settings where care is delivered also continue to expand, whether it's where patients live, in outpatient clinics, in community facilities or in hospitals. The ability to succeed in, and transition seamlessly between, a wide variety of care environments requires new skills and technologies, new flexibility in the workforce and innovative strategies for workforce management.

### **WHY Support, Training and Technology Matter**



#### **New staffing models take on new importance.**<sup>38,39</sup>

Optimizing available staff resources to maintain high-quality care delivery demands planning and creativity. Nearly 40% of nurse leaders identified adoption of new staffing models as the top advancement that should be maintained beyond the pandemic. Some clinicians also anticipate that tomorrow's multidisciplinary care teams will include data analysts, IT specialists and digital quality control experts to help leverage data-driven insights to improve care.

#### **Different environments demand different skill sets.**<sup>40,41</sup>

Nearly half of clinicians surveyed believe that in the next 10 years, most health care will be provided in a patient's home rather than a health care setting and 63% anticipate doing most of their consultations virtually. In a hospital-at-home model, staff members need to be comfortable working one-on-one and making decisions without a support team in the same physical space. Successfully caring for patients via telehealth requires the ability to convey soft skills like empathy through a computer or a smaller

mobile device. Interdisciplinary community-based care models require all care team members to collaborate, communicate and be resilient in order to make holistic patient assessments and develop and implement comprehensive care plans.

## **Soft skills go hand in hand with technology literacy.**<sup>42</sup>

As the focus shifts to providing care tailored to the patient's location and preferred method, clinicians need to be agile enough to move seamlessly between care delivery models and able to adapt to different types of patient relationships. Eighty-two percent of clinicians say soft skills such as listening, being empathetic and communicating effectively are becoming increasingly important. They also predict that over the next decade technology literacy will become their most valuable capability, ranking higher than clinical knowledge. As a result, they are eager for training in using digital health technologies to deliver remote patient care as well as in how to use data effectively to improve patient care.

## **More care options, more access, fewer disparities.**<sup>43,44,45</sup>

Reshaping health care delivery and expanding access to care are key to reducing health care disparities. Safely and effectively bringing care to patients wherever they are can improve outcomes and build a more equitable health care system. Expanding care from traditional hospitals and clinics to patients' homes, community centers and other dispersed locations can improve access to treatment for underserved or highly vulnerable people. Identifying and tackling digital inequities is also key to narrowing care inequities since access to telehealth and other digital communication technologies is increasingly critical to efforts to improve health literacy, empower and engage patients, and support self-management.

## **HOW to Address This Challenge**

### **Go virtual.**<sup>46</sup>

Eighteen months after implementing an innovative virtual nurse approach to staffing, MercyOne in Des Moines, Iowa, has seen improvements in patient safety, quality and satisfaction; better communication among the patient, family and care team; increased clinician satisfaction and higher productivity. Using two-way videoconferencing technology located in the patient's room, the virtual nurse assists bedside nurses in monitoring, communicating and conducting discharge planning.

### **Make technology an ally.**<sup>47,48,49</sup>

Technology offers powerful potential to automate repetitive tasks and support teams, and integrating it is vital to optimizing clinical productivity and improving satisfaction. Ambient intelligence, virtual assistant solutions, voice-to-text apps and natural language processing can reduce the time clinicians spend entering data into electronic health records, freeing time for direct patient care. Artificial intelligence (AI) tools can mine big data for valuable diagnostic and treatment support.



Making the most of technology requires:

- » Continuous training so the care team keeps pace with digital advances.
- » Time and support to practice and master new technology and digital capabilities.
- » Person-centered digital design.
- » Regulatory standards to ensure safety, security and quality.
- » Providing the right information and right tools at the right time to support clinical decision-making.

## **Institute innovative care delivery models.<sup>50</sup>**

High-tech and high-touch both play key roles in quality care and should be consistently integrated into holistic delivery models. Hybrid options integrate virtual and in-person treatment, while the Partners for Nursing Staffing think tank recommends a tribrid approach that incorporates three components: on-site care, IT integration of patient monitoring equipment, and ambulatory access and virtual/remote care delivery. When piloting new models, build in continuous measurement to track quality of patient and staff experience, outcomes and resource management.

## **Promote agility with cross-functional professional development.<sup>51</sup>**

Build confidence, deepen expertise and sharpen leadership skills by providing ample opportunities for cross-functional, interdisciplinary training across departments, organizations and care settings. This can streamline ad hoc or crisis redeployment, improve efficiency and, most importantly, enhance patient care. Investing in simulations, rotation and mentorship programs, and specialization fellowships encourages maintenance of existing skills and mastery of additional ones, but small, incremental enhancements to existing training offerings can also deliver results.

## **Build interest early in health care opportunities.<sup>52</sup>**

Spark interest and broaden skill sets by enhancing access to nursing and health care competency-building in high school. Offer test preparation support and undergraduate scholarships to help attract people interested in a variety of health care roles.

## **Collaborate with clinical professional training programs to incorporate required skill sets into the curricula.<sup>53,54,55,56</sup>**

Physician and nurse education needs to keep pace with advances and changes in health care, including how to confidently use new technologies, work effectively in multidisciplinary teams, and cultivate soft skills such as listening, being empathic and communicating well. Medical education should include visits to patients' homes and other nonhospital care settings, training on incorporating patient and family perspectives into care, and narrative self-reflection to support empathic care. Fifty-three percent of nursing school administrators and 42% of nurses believe there should be a great emphasis on leadership skill development in nursing school. Embedding it into the nursing school experience starts preparing nurses early to feel empowered to make sure they have a voice at the decision-making table. Nursing schools also need to prepare students to better understand social determinants of health and expand community-based learning experiences that enable them to care knowledgeably for people with diverse life experiences and cultural values.

## WHAT to Think About Going Forward:

- » **Are you investing time in gaining a clear understanding of current workload, workflows and team composition before exploring technology solutions?**
- » **How can you expand career pathways to provide growth opportunities for health care workers at all levels of their careers?**
- » **How effectively are you using existing and emerging technologies, including intelligent automation and AI, to enable clinicians to focus more on patient care and less on administrative tasks?**
- » **Should clinicians be compensated differently for participation in different care delivery models, and how?**
- » **How can technology be used to create remote opportunities, such as through expanded telehealth, for positions that currently are primarily in-person care?**
- » **How regularly do your managers provide information and clarity on advancement opportunities, upskilling workshops and career mobility requirements?**





## **WORKFORCE CORE CHALLENGE #3:** Recruit Innovatively, Invest in Retention and Build a Robust Pipeline

To ensure high-quality patient care now and in the future, health care workforce recruitment and retention must be top priorities in the short term. At the same time, developing a robust pipeline is critical to creating a sustainable long-term solution.

### **WHY These Efforts Matter**

#### **Shortages aren't shrinking.**<sup>57,58,59,60</sup>

The pandemic exacerbated existing health care worker shortages. More than a third of nurses surveyed say they are likely to leave their job by year-end 2022, and nearly a third of those plan to leave the field altogether or retire. The Wisconsin Council on Medical Education and Workforce projects that by 2035, the state could be short nearly 16,000 nurses. In New York state, hospitals and nursing homes are grappling with high vacancy rates in all health care roles (19% on average), but most significantly among RN (25%) and entry-level clinical positions. In Massachusetts, nearly 14% of nursing jobs at acute care hospitals are open, double the amount in 2019.



#### **Satisfaction levels need bolstering.**<sup>61,62,63,64,65,66</sup>

Physician burnout increased to 47% in 2021, up from 42% in 2020. More than half describe the impact of burnout on their lives as strong to severe. Forty-four percent of nurses planning to quit their jobs blame burnout and a high-stress environment. Only 22% of millennial nurses, who were the least satisfied pre-pandemic, currently report being satisfied. They blame their dissatisfaction on burnout and disappointing compensation. Forty percent of RNs say that COVID-19 negatively impacted their career satisfaction, and one-quarter say they would not choose to be an RN if they could do it all over again. The well-being of nurse leaders is also a concern, with one-quarter reporting that they are not emotionally healthy. That includes 17% of chief nursing officers and certified nurse educators, a 143% increase in only six months.

## Competition for labor is intense.<sup>67,68</sup>

Many nurses continue to trade staff positions for highly paid travel nursing contracts, while others head to different facilities that offer generous signing bonuses. Staffing costs are skyrocketing, especially in small rural hospitals that often find it hard to attract workers. Median hourly hospital pay was nearly 15% higher in the first quarter of 2022 compared with that of the previous year. Larger health systems like CoxHealth are not immune to recruitment and retention challenges either. Last year the system spent \$25.5 million on raises to 6,500 employees, and it has also been working on strengthening its pipeline by adding 150 more students to its affiliated nursing school class.

## Young nurses are exiting in droves.<sup>69,70</sup>

Between 2019 and 2022, the U.S. nursing workforce dropped 1.8% — more than 100,000 people. This decline, the largest decrease in 40 years, was fueled primarily by the exodus of RNs younger than 35 leaving hospital-based jobs. Their numbers fell by 4% compared with a 0.5% drop for nurses 35 to 49 and a 1% decline for those 50 and older. This could have concerning long-term implications, especially when coupled with the fact that baccalaureate- and higher-degree nursing programs denied admission to a record 91,000 applicants for the 2021-22 academic year — more than 10,000 more than the previous year.

## Turnover is costly.<sup>71,72</sup>

The average turnover rate for staff RNs was 18.7% in 2020, up 2.8% points from the previous year. In fact since 2016, hospitals have turned over about 90% of their workforce on average, and 83% of their RNs. This doesn't come cheap, with the cost of turnover for a bedside RN ranging from \$28,400 to \$51,700, adding up to annual losses of \$3.6 million to \$6.5 million. For each percentage change in RN turnover, the average hospital can save or lose \$270,800 per year. Physician turnover costs are also high. Lost revenue can exceed \$1 million if a specialist position is vacant, and recruitment costs can add \$250,000 or more per physician for sourcing, relocation and a sign-on bonus.

## HOW to Achieve These Objectives

### Collaborate to expand training options.<sup>73,74</sup>

Partner with schools, community organizations and other health care organizations to create apprenticeships, earn-while-you-learn programs, and other on-the-job training opportunities.

- » Mary Washington Healthcare in Virginia partners with Germanna Community College to create an Earn While You Learn program, onboarding two cohorts of as many as 60 students each year. Nursing students work 12-20 hours a week using a clinical rotation model. The program now includes an additional nursing school as well as mentor models for nursing assistants and is considering an apprenticeship model for other clinical roles such as surgical technologists.



- » Participants in the Jump Start program at MercyOne in Iowa receive a monthly stipend while they finish nursing school, and MercyOne covers the cost of board exams and licensing fees. After RN licensure, the nurses begin work at MercyOne.
- » Project Firstline is the Centers for Disease Control and Prevention’s national training collaborative for health care infection prevention and control. As part of this program, the AHA is partnering with the League for Innovation in the Community College to provide comprehensive infection control education and practice for nursing and allied health students.
- » Freeman Health System in Missouri partners with Crowder College to provide an opportunity for education and employment through a 16-week paid Certified Medical Assistant apprentice program.

## **Recruit internationally.**<sup>75,76</sup>

Over the next three years, Sanford Health in Sioux Falls, South Dakota, plans to hire more than 700 internationally trained nurses to work in its health system. Sanford covers housing during the initial transition period and also has instituted a program to help the nurses get acculturated to their new communities. Louisiana-based Ochsner Health is offering employment to eight Ukrainian nurses and will assist their families in settling in the U.S. in the pilot phase of CGFNS International’s “Passport2Liberty initiative.” To avoid creating shortages in nurses’ home countries, it’s important to ensure that efforts are not draining needed clinicians from their ranks.

## **Launch nursing programs.**<sup>77,78</sup>

Nearly 60 schools and hospitals across the country have partnered to start or expand nursing programs in 2022. Programs run the gamut from accelerated BSN programs and virtual nursing programs, to brand-new nursing schools and licensed practical nursing programs. For example, BSHS System in Michigan is providing \$20 million to Oakland University — \$10 million to grants for nursing students and \$10 million to support infrastructure expansion and faculty hiring. Students who receive a grant must commit to work for BSHS for two years following graduation.

## **The more flexible, the better.**<sup>79,80,81,82</sup>

Build flexibility into jobs whenever possible, and provide the technology support that enables remote work, including for roles traditionally handled in person. Modernize staffing models and offer more shift options with variable start times, durations, locations and sharing opportunities. Integrate app-enabled capabilities to support self-scheduling, work-from-home opportunities and schedule flexibility.

For example, Pittsburgh-based Allegheny Health Network’s (AHN’s) mobile internal staffing model offers nurses and technicians in selected roles the opportunity to rotate to AHN hospitals throughout the state. AHN also has options for employees who prefer to work weekends or night shifts. Yale New Haven Hospital (YNHH) developed an alternative staffing model that uses a variety of licensed and nonlicensed nursing team members to support critical care registered nurses. YNHH leaders also created flex shifts, including four-hour support role shifts, for nurses whose schedules could not accommodate a traditional-length shift.

## Up investment in upskilling.<sup>83,84,85,86</sup>

More than half of health care workers say they are interested in upskilling. Education and upskilling programs can reduce financial barriers to choosing a health care career and advancing professionally:

- » UCHealth in Colorado plans to invest \$50 million in its new Ascend leadership program to help current and prospective employees earn clinical certification, participate in foundational learning programs such as English language and college prep, and earn degrees in areas such as social work and behavioral health. Newly hired employees will also be able to earn a high school diploma or GED.
- » Along with three educational partners, the University Medical Center of El Paso (Texas) will pay up to \$5,000 annually for two years for employees to earn a degree in nursing, respiratory, imaging or other hard-to-fill fields. Employees maintain full-time employment status and compensation while working part-time. Under another new program, the hospital is offering eligible employees pursuing a health care degree up to \$5,250 a year in student loan-repayment assistance.
- » To fill the scores of medical assistant openings, in Nashville, Tennessee, Vanderbilt University Medical Center partnered with Nashville State Community College to train current employees, including truck drivers and environmental services staff. During the training, workers continue to receive their full salary plus tuition reimbursement. They are also training high school students to receive medical assistant certification.
- » In Pennsylvania, Geisinger's Nursing Scholars Program awards \$40,000 in financial support to each employee who is pursuing a nursing career and makes a five-year commitment to work as an inpatient nurse. The program is open to any employee who has worked with Geisinger for at least a year and is not already a registered nurse or provider.

## Engage in smart onboarding.<sup>87</sup>

Robust onboarding improves retention by helping to ensure clinician well-being and engagement from Day 1. This plays a vital role, because the first year of employment often determines whether or not employees build loyalty. Key points to consider include:

- » Robust content. Help new hires understand your organization's processes and priorities, and the value of their roles.
- » Career pathways. Provide information and organization resources about professional development and advancement.
- » Mentoring. Trusted one-on-one relationships support network-building, cultural assimilation and a sense of belonging.

## Advocate for change.<sup>88</sup>

The AHA is urging Congress to prioritize funding, policies and actions that support the health care workforce needs today and tomorrow. These include:

- » Lifting the cap on Medicare-funded residency slots.
- » Increasing funding for direct and indirect graduate medical education.

- » Increasing support for nursing schools and faculty.
- » Offering loan forgiveness and reimbursement.
- » Fast-tracking visas for health care workers.

## **Be intentionally inclusive.**<sup>89</sup>

Support the efforts of medical, nursing and allied health profession schools to further expand recruitment and support of diverse students. Intentionally integrate diversity, equity and inclusion ideals into leadership practices, operations, strategic planning and decision-making. Create psychological safety in your workforce and on care teams to attract and retain diverse talent.

## **Provide nontraditional support.**<sup>90</sup>

If affordable or rental housing is in short supply, consider purchasing housing for workers, building affordable units near the hospital, or offering housing grants:

- » St. Luke's Wood River, located in a popular Idaho tourist area, is building 12 single-family homes that will be long-term rentals for employees.
- » Bozeman Health in Montana has invested in 100 units in a future workforce housing complex to provide employees with affordable rentals.
- » Northwell Health, Johns Hopkins, Cleveland Clinic and BJC Healthcare are among employers offering grants or forgivable loans that can be used for associated housing costs.

Work with local community groups such as the Chamber of Commerce, Realtors, Kiwanis and school organizations to identify appropriate job opportunities for spouses or partners of potential hires. Partner with community groups to find affordable child care, or consider providing it on-site with flexible hours.

## **Recruit for cultural as well as competency fit.**<sup>91,92</sup>

Prescreen candidates honestly about the pros and cons of your community to ensure that it matches their lifestyle as well as professional expectations. Nearly half of administrators say that their physician-retention program actually starts during recruitment, in particular with taking care to hire for both clinical and cultural fit.

## **Respect the power of the dollar.**<sup>93,94,95,96,97</sup>

Pay increases are always welcome, but boosting employees' paychecks in other ways also can go a long way toward reinforcing retention. These include:

- » Incentive pay for mentoring or leading preceptor classes.
- » Relocation expense assistance for allied health and support staff as well as medical professionals.
- » Offering flexible benefits such as child care and elder care resources and the opportunity for employees to choose the ones that best fit their specific needs.
- » Benefits that help employees eliminate student loan debt more quickly.

- » Retention bonuses for home- and community-based employees.
- » Raise minimum wage for nonpatient-facing staff.

## **Turn to in-house staffing agencies.**<sup>98, 99</sup>

Internal staffing agencies offer nurses and other clinicians the premium pay and flexibility of external travel agencies, with the benefit of staying within a single health care system. Develop a workforce pool that can be allocated to the areas of highest need across departments and geographic destinations. Jefferson Health in Philadelphia created a Nursing SEAL (service, excellence, advocacy and leadership) Team, which deploys participating RNs to acute care locations based on anticipated staffing needs.

## **WHAT to Think About Going Forward**

- » **How can you revamp current onboarding practices to amplify effectiveness?**
- » **What opportunities can you provide to increase shadow experiences for clinical positions?**
- » **What local universities, community colleges and/or online educational platforms can you partner with to attract high school students to health care careers?**
- » **What new career pathways can you create by expanding upskilling and professional development training?**
- » **In what ways can you increase scheduling flexibility to better meet workers' life-balance objectives?**
- » **How can you best prepare to ensure high-quality patient care in the face of continuing labor shortages?**





# Health Care Workforce Scan

## Ask the Experts

### ❓ How does workplace culture impact what's happening today in terms of resignations or attrition?

 **Donald. J. Parker**  
*President, behavioral health care transformation services, Hackensack Meridian Health*

In our post-pandemic recovery stage, health care leaders' Servant Leadership practices become even more important as we face the daunting task of future-proofing our beleaguered workforce and increasing individual system and organizational resilience. Listening more to our staff and colleagues and more intently allows us to feel real empathy for the toll COVID has exacted on our health care workforce.

There is nothing like a natural disaster like COVID to create an extensive era of change. That "silver lining" effect can be multiplied when leaders make clear and convincing commitments to the growth of their teammates. Investment in development and education at every level of the organization makes the recovery journey a speedier one.

### ❓ What can leaders do to create the right culture to meet the needs of staff?

 **Ronald C. Werft**  
*President and CEO, Cottage Health; chair, AHA Board Task Force on Workforce*

Ensuring a supportive and engaging workplace culture may well be our most important leadership responsibility and our most valuable recruitment and retention asset. It requires a multipronged approach to staff engagement, a willingness to listen and act, shared decision-making, frequent and transparent communication, and consistency across the organization. Leaders must model the culture they aspire to, prioritize support for the workforce and hold their teams accountable to the organization's values. Plans should include acknowledging and providing solutions to addressing wellness, workplace violence and the trauma which has unfolded over the past three years.

**How has the cumulative stress from two-plus years of dealing with the pandemic impacted staff overall? How are clinicians being impacted?**

**Mary Mather**  
CEO, UofL Health–Peace Hospital

In addition to an already stressful environment in health care, the pandemic has certainly exacerbated health care workers' emotional and mental health. Essentially, we are managing the effects of trauma. I think in addition to the moral distress some clinicians are faced with, some clinicians are also beginning to cultivate self-awareness and gaining a deeper understanding of themselves. We are defining and aligning our values, which we hope will lead to intentional and purposeful living, making work and life more meaningful. When these values don't align, I believe employees will seek other agencies or professions to fulfill this purpose. Thus, the Great Resignation.

**How do we address the sense of divide that seems to exist today, where what's best for the organization may not be in alignment with what workers feel is best for them (particularly in nursing, where we seem to be seeing more push for collective bargaining)?**

**Erik Martin, DNP, R.N., CENP**  
Vice president patient care services and chief nursing officer, Norton Children's Hospital

The core of our business is caring for people and now, more than ever, this has to include self-care. In order to provide excellent, high-quality and safe care to patients, our team members must prioritize their own mental, emotional, and physical health and safety. When individual decisions misalign with business decisions, it's essential for us (leaders) to recalibrate and focus on what brought us all together and why we're in health care. At the heart of it, we're all showing

up every day to improve the health and well-being of the communities we serve.

**To what extent can the challenges around staffing be addressed through care model redesign, and/or introducing new technology or optimizing current technology?**

**Claire Zangerle, DNP, MBA, R.N., NEA-BC, FAONL, FAAN**  
Chief nurse executive, Allegheny Health Network

There isn't one factor driving the staffing challenges in the current health care environment. As such, there is not one solution, but many that are, in some cases, interrelated. Further, solutions will reflect some of the broader influences impacting health care, such as consumerism, concerns about affordability and access to care. The various approaches necessary to address the staffing challenges require a sense of urgency that focuses on a realignment of current resources — realignment around new care models that support top of license work and utilizing technologies that increase sufficiency and reduce task burden. Each organization's approach to redesigning care delivery and integrating technology need to be customized to fit the needs and culture of their workforce, all while maintaining safe and high-quality care delivery to the communities they serve.

**What innovative approaches or solutions have you seen hospitals and health systems taking lately to address workforce shortages?**

**Robyn Begley, DNP, R.N.**  
CEO, American Organization of Nurse Leaders; senior vice president, workforce and chief nursing officer, American Hospital Association

Flexibility and technology. Health leaders are asking their workforce what they want rather than developing solutions as to what they think employees want. Rather than a one-size-fits-all approach, they are offering flexibility. For decades, nurses have worked primarily 12-hour shifts. Some health care workers are able to work part-time or weekends only. Hospitals and health systems are asking nurses when they can work and are creating innovative weekend programs. We have seen this in the past with other staffing shortages. Many systems have considered what jobs or tasks can be done outside of the hospital and allow their health care workers to perform these duties remotely, either from home or remote locations.

Flexibility and technology are also key to being able to provide safe and effective care for our patients. Health care workers are increasingly using technology such as patient wearables to assist in care. We've seen very promising patient outcomes with the hospital-at-home program, which allows patients to remain in their home while still receiving acute-level care. Another technology, telesitter, allow patients more privacy and rest but also allows a nurse to check on multiple patients at once without interrupting the patient's sleep.

**? What opportunities are there to help existing staff to expand their value by developing or expanding their skills in areas like working with artificial intelligence, machine learning systems or virtual reality (VR)?**

 **Felicia Sadler, MJ, BSN, R.N., CPHQ, LSSBB**  
*Vice president of quality, Relias*

Organizations are looking to innovative technology solutions to improve access to care, improve care quality and streamline efficiencies in key work processes. As technology expands

and grows, we should be prepared to do the same. Technology creates many opportunities for advancing one's career path. For example, technology can expand opportunities in nursing informatics, telehealth/hospital at home models, and even software development. We are also seeing significant advancements in the area of virtual reality which provides a safe space to experience high-risk scenarios that measure competency with protocol-based VR simulation. This adds an additional key element in supporting patient safety and high reliability.

**? How can organizations help recruit and retain younger staff and keep them committed to the field for the long haul?**

 **Ronald C. Werft**  
*President and CEO, Cottage Health; chair, AHA Board Task Force on Workforce*

The good news is that, in spite of the challenges of the pandemic, interest in health professions remains very strong. For the mid- and long-term, we need to engage and partner with regional academic leadership to jointly plan for future workforce needs. For the immediate, we need to better understand what various segments among our employees really want and need. For some younger staff, child care, commuting and rental assistance may be top priorities. For others, flexible work schedules including remote work, housing, pension, and education and advancement opportunities may be more highly valued. With the projected retirements of a high percentage of our experienced workforce, we will need to be much more flexible in providing meaningful support for the diverse members of the team.

# By the Numbers

## Health Care Job Growth



**Employment in health care occupations is projected to grow 16%**

from 2020 to 2030 — much faster than the average for all occupations — adding 2.6 million jobs.<sup>100</sup>



**The number of licensed nurse practitioners (NPs) increased 12%**

in the last year to a record 325,000-plus after many state executive orders during the pandemic granted them larger roles. Nationwide, more effective use of NPs and physician assistants could have the same impact as adding 44,000 new primary care physicians.<sup>101</sup>



**Jobs in home health care services are expected to grow by 17%**

between 2020 and 2025 compared with 8% for health care overall.<sup>102</sup>

Health-care-related occupations were 18 of the top 30 projected to be the fastest-growing for 2020-2030. Following are the top 5:<sup>103</sup>



**Nurse practitioners**



**Physical therapist assistants**



**Home health and personal care aides**



**Medical and health services managers**



**Physician assistants**

## Health Care Worker Shortages

- » 23% of health care workers say they are likely to leave the field soon.<sup>104</sup>
- » Personnel shortages of all types ranked No. 1 on the list of hospital CEOs' top concerns in 2021 — the first time since 2004. <sup>105</sup> 94% of the CEOs ranked RNs as the most pressing deficit, followed by technicians, therapists, primary care physicians, physician specialists and physician extenders.<sup>106</sup>
- » Nearly 1,400 hospitals or 31% of hospitals reported a critical staffing shortage to the federal government as of Jan. 19, 2022.<sup>107</sup>
- » Of the 6.4 million workers who quit their jobs in November 2021, health care workers had the second highest rate at 6.4%, noted the Bureau of Labor Statistics.<sup>108</sup>
- » By 2026, 400,000 skilled and semi-skilled mental health workers are predicted to leave the occupation entirely, leaving a 10% increase in demand.<sup>109</sup>

## Ancillary Staff Shortages

### Lower-Wage Staff Shortages

- » About 9.7 million individuals currently work in lower-wage health care positions (e.g., medical assistants, home health aides, nursing assistants) with the need in the next five years rising to 10.7 million.<sup>110</sup>
- » Trends project that 6.5 million employees will permanently leave their positions by 2026 with 1.9 million people replacing them — leaving a deficit of 4.6 million.<sup>111</sup>
- » New York and California will have the largest staff shortages, each projected to fall short by 500,000 by 2026.<sup>112</sup>
- » “Ancillary staff such as patient care assistants can take jobs offering the same pay for less strenuous work or more flexible hours, or work from home, or even get better pay ... .”<sup>113</sup>

## Allied Health Professional Shortages

By 2030, it's projected these will see the most increase for demand:<sup>114</sup>



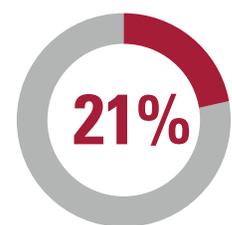
Respiratory  
Therapists



Physical  
Therapists



Occupational  
Therapists



Registered  
Dietitians

## Physician Shortages

- » One in five physicians plan on leaving their current practices in the next two years.<sup>115</sup>
- » The U.S. will face a physician shortage of as many as 124,000 by 2034.<sup>116</sup>
- » Reasons for physician shortage:
  - Restrictions on federally supported postgraduate training.<sup>117</sup>
  - Growth of an aging population, which also means growth in chronic diseases.<sup>118</sup>
  - Number of annual medical care visits is increasing.<sup>119</sup>
  - More than two of five active physicians will be older than 65 in the next 10 years, and may be likely to retire.<sup>120</sup>
- » Key retention factors: Increased pay, additional time off, reduced on-call, paid sabbaticals, increased autonomy, more face time with key leaders, more formal recognition for job performance.<sup>121</sup>

**1 in 5**



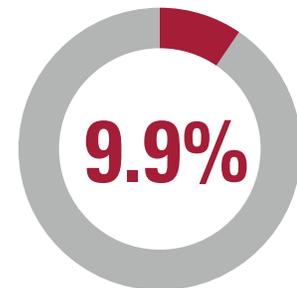
**physicians plan on leaving their current practices in the next**

**2 YEARS**

## Nursing Shortages

### The Numbers

- » 34% of nurses plan to quit their jobs by end of 2022.<sup>122</sup>
- » With more than 500,000 seasoned RNs anticipated to retire by 2022, the Bureau of Labor Statistics projects the need for 1.1 million new RNs for expansion and replacement of retirees, and to avoid a nursing shortage.<sup>123</sup>
- » 9.9%: 2020 nurse vacancy rate, a full point higher than in 2019.<sup>124</sup>



**2020 nurse vacancy rate, a full point higher than in 2019**

### Reasons for the Nursing Shortage

- » With more than half of the RN workforce older than 50, the rate of nurses retiring is growing rapidly.<sup>125</sup>
- » An aging U.S. population continues to drive more demand than ever for nursing services.<sup>126</sup>
- » Insufficient staffing — including ancillary support staff like nursing assistants and patient care assistants — is raising the stress level of nurses, negatively impacting job satisfaction and driving many nurses to leave the profession.<sup>127</sup>
- » Despite strong interest in baccalaureate and graduate nursing programs, 80,521 qualified applications were not accepted at schools of nursing in 2020 due primarily to a shortage of clinical sites, faculty and resource constraints.<sup>128</sup>

## Impact of the Nursing Shortage

- » Higher risk of burnout.<sup>129</sup>
- » Inadequate nurse staffing levels can affect patient care quality and safety.<sup>130</sup>
- » Longer patient wait times and shorter visits.<sup>131</sup>
- » Workplace violence: Of the 65% of nurses who say they were verbally or physically assaulted by a patient or a patient's family member within the last year, 47% attribute it to frustration around staffing levels/care.<sup>132</sup>

## Nurse Turnover Rates and Costs

- » Since 2016, the average hospital turned over about 90% of its workforce and 83% of its RN staff.<sup>133</sup>
- » 18.7%: 2020 nurse turnover rate, a 2.8% increase from 2019.<sup>134</sup>
- » One contributor to the rapid turnover is the growing percentage of millennials and Gen Zers in the workforce, generations that are more likely to move from job to job than their predecessors.<sup>135</sup>
- » Average time for a hospital to hire an experienced RN: 89 days.<sup>136</sup>
- » Average cost of turnover for a bedside RN is \$40,038.<sup>137</sup>
- » Steep increase in travel nurse costs during the height of the pandemic:
  - As of September 2021, use of agency and temporary full-time labor was up 132% compared with that of November 2020.<sup>138</sup>
  - From January 2020 to January 2021, advertised pay rates for travel nurses jumped 67%, with staffing firms billing hospitals an additional 28% to 32% over those pay rates.<sup>139</sup>
  - As of October 2021, the average hospital could save \$3,083,600 by eliminating 20 travel RNs.<sup>140</sup>
  - With travel nurse demand dropping 42% from January to July of 2022, travel nurses who once earned \$5,000 or more a week now earn less than half of that.<sup>141</sup>

## Top 3 Reasons Nurses Consider Leaving Current Position

Different studies lead to varied but similar conclusions:

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### Study 1<sup>142</sup>

Insufficient staffing levels.

Demanding nature/intensity of workload.

Emotional toll of the job.

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### Study 2<sup>143</sup>

Relocation and career advancement, tied for first.

Retirement.

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### Study 3<sup>144</sup>

Burnout and high-stress work environments.

Pay and benefits.

Leaving for jobs with greater flexibility and opportunities for career advancement.

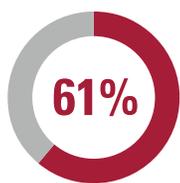




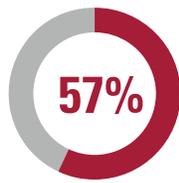
## Mental Health Issues & Burnout

### Physicians

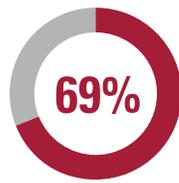
#### Often Experience Feelings of Burnout:<sup>145</sup>



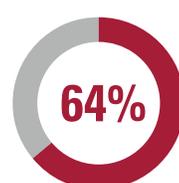
All Physicians



Male Physicians



Female Physicians



Physicians  
≤45 Years Old



Physicians  
46+ Years Old

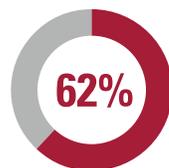
#### Causes of Burnout:<sup>146</sup>



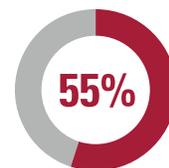
of physicians say their burnout started with COVID-19.



say burnout's been building for years.



of physicians blame administrators. (Physicians rate their satisfaction with their employer as only 5.5/10.)



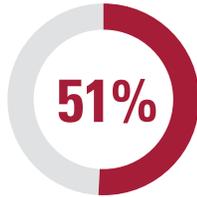
of administrators feel it stems from the demands of being a physician.

## Nurses

### Nurse Burnout



of a 2021 study's participants reported feeling burned out within the last 3 years.<sup>147</sup>



of nurses feel overwhelmed.<sup>148</sup>



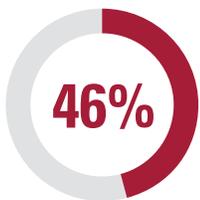
report exhaustion and burnout.<sup>149</sup>

3x

Nurse-to-patient workloads have tripled.<sup>150</sup>

### Gen Z and Millennial Nurses Hardest Hit by the Pandemic

Reporting not or not at all emotionally healthy:<sup>151</sup>



of nurses younger than 35.



of all nurses.



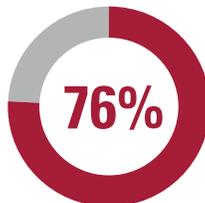
of nurses older than 55.

### Causes of Burnout

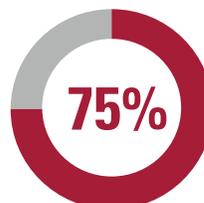
In a national survey, the nurses reporting burnout:<sup>152</sup>



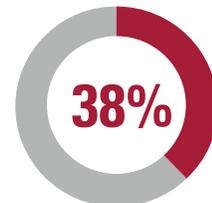
cited low staffing as a factor.



cited emotional exhaustion.



cited high workload demands.



cited COVID-19 direct patient care.

## Workforce Education: Challenges and Learnings

- » Aspiring nurses face nursing school limitations:
  - More than 80,000 nursing school applicants were turned away in 2020 due to an ongoing decrease in faculty numbers, meaning fewer of those interested in joining the nursing workforce were unable to.<sup>153</sup>
  - Faculty shortages are due to climbing ages and retirements, higher compensation in clinical and private-sector settings, and master's and doctoral programs in nursing not producing a large enough pool of nurse educators to meet demand.<sup>154</sup>
  
- » The pandemic has changed health management education:<sup>155</sup>
  - Resilience in learning modalities:
    - 59% of programs were face-to-face pre-pandemic.
    - 87% were online during the pandemic.
  - While 58% of health care management programs were challenged in placing students in real-world experiences during the pandemic, many were successful with virtual workarounds.

# Workforce Resources

## **[www.aha.org/workforce](https://www.aha.org/workforce)**

is the American Hospital Association's hub for workforce-related resources. It includes relevant news, reports and white papers, links to upcoming conferences and webinars and archives of past events, case studies and a variety of resources for workforce development.

**The AHA has multiple divisions that address workforce issues:**

## **AHA Physician Alliance**

(<https://www.aha.org/aha-physician-alliance>)

## **American Organization for Nursing Leadership**

(<https://www.aonl.org> )

## **American Society for Health Care Risk Management**

(<https://www.ashrm.org>)

## **AHA Institute for Diversity and Health Equity**

(<https://ifdhe.aha.org/>)

## **AHA Team Training**

(<https://www.aha.org/center/performance-improvement/team-training>)

## **Hospitals Against Violence Initiative**

(<https://www.aha.org/hospitals-against-violence/human-trafficking/workplace-violence>)

## **Society for Health Care Strategy & Market Development**

(<https://www.shsmd.org/>)

## **COVID-19: Stress and Coping Resources**

(<https://www.aha.org/behavioralhealth/covid-19-stress-and-coping-resources>)

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