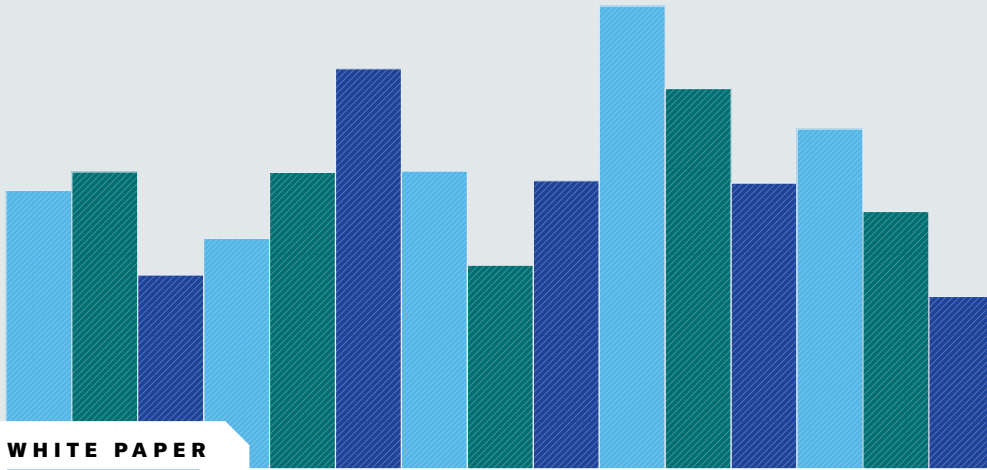




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ANALYTIC SERVICES



WHITE PAPER

# Tackling the Health Care Workforce Crisis through Human Innovation



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## SPONSOR PERSPECTIVE

Consumers today expect more out of health care, and that demand is continuing to grow. Nearly one-third of our nation's nurses will retire by 2030. That expected labor shortage—which affects the largest professional part of the health care workforce—looms as more than 10,000 baby boomers age into Medicare every day. What's more, people are living longer with multiple chronic conditions, requiring a lot of care.

All this comes as the pressures of personal safety, mental and physical exhaustion, and long hours have pushed workers to their limit.

As we look at the future state of health care, leaders have several levers they can pull to address workforce challenges, all while improving patient outcomes and reducing costs. This includes employee recruitment and retention and leveraging the right data, technology, capabilities, and tools.

Listening is, in fact, the most powerful tool of all. By listening to the people who are on the front lines every day—such as nurses, clinicians, pharmacists, and social workers—we can better understand how to support our workforce and our patients. We can lean into offering better work-life integration and instilling a mission and purpose that are tied to their work. That means fostering a culture that empowers employees, and one that makes them feel safe and valued.

For better retention and workforce sustainability, we can also identify what can be automated and improved through intelligent technologies. Consider how robotics are being used in skilled nursing facilities to perform patient assessments. Consider how to reduce burnout through the automation of mundane tasks. Consider how technology is enabling our clinicians to work at the top of their license by reducing administrative burden. Consider how these tools can offer the critical element of choice—hybrid work, flexible scheduling, and self-serve training—to allow better integration of work life and home life.

Leaders today are finding innovative and sustainable methods to connect with their employees, build cultures of trust, and make data-driven decisions to connect workplace actions to the mission of the organization, as you'll learn in this white paper.

Today, we have more insight, more tools, and more opportunities than ever to create the trust, purpose, performance, and work-life integration that our health care workers want. Let's get to it.



**Kristy Duffey, MS,  
APRN – BC, FAAN**

**Chief Nursing Officer,  
Optum Health**

**Chief Operating Officer,  
Optum Home & Community Care**

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# Tackling the Health Care Workforce Crisis through Human Innovation

Work volumes, staff shortages, and long hours are testing the limits of health care workers and may increase the risk that future workers will avoid the sector. According to the American Nurses Foundation, 75% of acute care nurses in May 2022 reported feeling stressed, frustrated, and exhausted, and 60% reported feeling burned out.<sup>1</sup> For physicians, too, the picture is grim. A survey by Medscape of 9,175 physicians in October 2022 found that 53% said they were burned out, and 23% reported signs of depression.<sup>2</sup>

“Right now, in the United States, the health care workforce is experiencing the highest levels of burnout and depression that they have experienced in my lifetime, in our lifetimes,” says Corey Feist, president and cofounder of the Dr. Lorna Breen Heroes Foundation, which aims to safeguard the well-being of health care professionals.

Innovation is needed to tackle this crisis. Innovation in health care typically conjures visions of new, cutting-edge technology, such as robots performing surgery, the latest medical devices, and predictive algorithms that can diagnose ailments from a drop of blood. Technology can be transformative in health care, but technology is not a solution on its own—rather, it is an enabler of a much broader set of innovations that are focused on the human side of things. Solving stressors for people in the workforce means finding creative and compassionate solutions that truly improve health care workers’ lives.

“We all know people want to be heard. They want to be listened to. They want to be valued. They want to be recognized,” says the chief human resources officer (CHRO) of the clinical practices division of a university-associated medical system in the mid-Atlantic region of the U.S.

## HIGHLIGHTS

**Work volumes, staff shortages, and long hours** are testing the limits of health care workers and may **increase the risk that future workers will avoid the sector.**

Technology can be transformative in health care, but **technology is not a solution** on its own—rather, it is **an enabler of a much broader set of innovations that are focused on the human side** of things.

**Traditional attitudes and ways of working have shifted**, first out of necessity and, more recently, out of an awareness that these shifts can result in **success for the organization, for the consumer, and for the workforce.**

Health care is only becoming more complicated. As a result, even more innovation is needed. “In health care today, we have really good people getting chewed up by old, outdated, and inefficient processes—with which technology can help,” says Tom Lawry, managing director of Second Century Technology, a Seattle-based artificial intelligence (AI) advisory firm and a partner in Aspire Health Innovations, a St. Louis-based health care innovation consultancy. “But the technology enables and empowers people to look at process change. It doesn’t do it on its own. We always come back to the humans in health care.”

Taking care of the human side of health care means developing an effective system that achieves efficiency and workforce retention when each member of the workforce is engaged in meaningful work and feels connected, valued, and valuable. Staffing models that liberate health care workers from redundant tasks allow them to focus more of their knowledge and compassion on consumers. Technology can allow flexible working arrangements, alleviate workload, improve productivity and patient care, and increase the recruitment, engagement, and commitment of the health care workforce. Dealing with a more engaged, less burned-out workforce is positive for consumers, too. Reducing consumer frustration by lessening phone access center friction by empowering access center agents, for example, also reduces the strain on the health care workforce.

This report explores the various ways that health care organizations are using the tools available to them to solve the challenges facing their workforce and, in so doing, improving efficiency and retention in the workforce as well as outcomes for consumers. It examines innovations such as different staffing models, inclusive incentive schemes, flexible working arrangements, telehealth, and AI. It also highlights how these approaches and best practices by health care organizations have led to a reduction in turnover and burnout and an increase in workforce engagement and commitment.

## Paradigm Shift

The first wave of Covid-19 made unprecedented demands on the health care system. The CHRO of a mid-Atlantic academic medical center recalls, “In 2020, we did a lot of innovative things to move staff around to make sure that we were getting to patients as quickly as possible, setting up triage, and getting volunteers from all over the organization to volunteer their time and see patients. And so, during that time, it was sort of a call to arms.”

There was a brief respite when the first wave receded, but the break was grief-filled and followed in quick measure by the second wave of infections. Now—after three years of pandemic duty and an intense flu and respiratory virus surge—frustration, sadness, and anger are widespread.<sup>3</sup> So are high levels of burnout and turnover. Just as he saw a



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great mobilization of the health care workforce during the height of the pandemic, the academic medical center CHRO explains, “The stress is greater now because people are just fed up and tired. So that’s actually where we are seeing much higher turnover, in the second to third year and now, than we did during the height of the pandemic.”

The stress and fatigue aren’t likely to be fleeting, since longer-term problems have developed, too. “There are two very distinct things happening here,” says Feist, of the Dr. Lorna Breen Heroes Foundation. “There is burnout, an occupational syndrome, which is impacted by the workplace. So when the workplace is more challenging and fraught with increased administrative burden, lack of respect, and those issues, burnout goes up. On the other side, you have true mental health conditions like depression, substance use disorders, and anxiety. What needs to be done there, while related, is distinct.”

On the brighter side, many health care organizations are using the crisis as an opportunity to drive lasting improvements in the way that they organize for the benefit of their workforce. “The pandemic really allowed us to try to better harness empathy in a more feasible way that resonates with the front lines. That’s not easy. And it doesn’t happen overnight. It means getting people to realize—from the leadership down—that we must do things differently,” says the academic medical center CHRO. “And that, to me, is a critical change. It’s a paradigm shift. We cannot go about our business the way we used to. We cannot go about patient care the way we used to. Things have changed, and we must [change] with [them.]”

Traditional attitudes and ways of working have shifted, first out of necessity and, more recently, out of an awareness that these shifts can result in success for the organization, for the consumer, and for the workforce. “I feel like pre-Covid and post-Covid has really changed the outlook on all health care entities, whether it’s a hospital system or an independent practice,” says Terry Cunningham, chief executive officer of

**“The pandemic really allowed us to try to better harness empathy in a more feasible way that resonates with the front lines. That’s not easy. And it doesn’t happen overnight. It means getting people to realize—from the leadership down—that we must do things differently.”**

**Chief human resources officer of the clinical practices division of a university-associated medical system in the mid-Atlantic region of the U.S.**

Palmetto Primary Care Physicians, the largest independent multi-specialty group practice in South Carolina, based in North Charleston.

Successful shifts include considering career path design, addressing the impact of stress on mental health and well-being, and empowering frontline workers to be directly involved in the development of solutions. Alleviating day-to-day stressors outside work, as well as ensuring that people are incentivized and rewarded for their work, can also help support and motivate workforces.

### **Designing Compelling Career Paths**

Rethinking work shifts within the health care environment also means reimagining what motivates employees. Forward-looking organizations are innovating career paths for their employees to tackle staff retention and burnout. Often, jobs that have the highest turnover in the health care sector are those where people can move easily into other sectors, such as roles in reception or at a call center. Workers in the health care industry also experience stressful interactions with both patients—who are nervous, anxious, and sick when they interact with them—and health care professionals like physicians and nurses—who are time-constrained, stressed, and often experiencing burnout of their own.

The clinical practices division of an academic medical center in the mid-Atlantic region focused on designing career paths for staff in its phone access center, which helps

patients connect with and navigate the division’s health care system. Access center jobs are tough jobs; employees take calls all day long and deal with anxious and upset patients—or their family members—looking for medical attention. The division rejiggered the old way it designed career paths and now uses a multi-pronged strategy to develop talent, skills, and leadership. The training focuses on the ability of each individual to support multi-specialty, multi-step processes. The career ladder currently recognizes advancement through title and compensation for training obtained and tracks job placement with compensation. In this manner, individual employees receive training to support more specialties, which then drives more access for patients, thus allowing career progression and increased compensation for the employee.

This approach has had the benefit of improved service levels and quicker answering of calls. The scheduling of laboratory tests, X-rays, and follow-ups has proceeded more easily with more highly trained staff. The patient experience has been enhanced, which, in return, has improved the experience of the individual access center agent. Work satisfaction has increased, as access center employees feel their jobs are meaningful and valuable.

This deliberate design demonstrates that individual access center employees can proceed through a compelling career path to be a subject matter expert, an expert trainer, a coach, or a supervisor. For those employed by the academic medical center, the CHRO notes, “This [approach] helped to increase service levels and decrease turnover and increase tenure



**“It’s the nurse’s job to improve the overall health of patients—but not at the expense of their own health or well-being,” says Kate Judge, the executive director of the American Nurses Foundation.**

through the access and understanding that, ultimately, we want this to be a conduit for them to go into the rest of the health system and then into other management roles. So this was something we rolled out during the pandemic, and it’s been highly successful.”

A similar initiative at the same academic medical center has increased job satisfaction and reduced turnover for genetic counselors. Genetic counselors play a crucial role in different specialties, such as cardiology, obstetrics, and gynecology, but typically don’t have clear career path progression that is found in other roles—one example being where career progression might come through managing larger and larger teams of people. However, many genetic counselors are national leaders, speak at conferences, and supervise research students. Building a genetic counselor career lab that provided the recognition, advancement, and leadership opportunity provided the value that the counselors were looking for while they were being recognized for their efforts and achievements, the CHRO says.

## Addressing Mental Health and Well-Being

Health care is a human-centric field that revolves around caring for people’s physical, emotional, and mental well-being, and people drawn to work in the health care sector tend to be focused on the needs of others. This focus on others can compound their stress, as they worry about others both inside and outside their workplace. “Nursing is a highly specialized field that requires mental toughness and fortitude as well as natural compassion for others. It takes a special person to be a nurse. It’s the nurse’s job to improve the overall health of patients—but not at the expense of their own health or well-being,” says Kate Judge, the executive director of the Silver Spring, Md.-based American Nurses Foundation, the research, education, and charitable affiliate of the American Nurses Association.

Second Century Technology’s Lawry emphasizes that there is a cumulative impact of stress on burnout. “We were already at epidemic level with workforce burnout, particularly among doctors and nurses,” he says. “And suddenly Covid comes along, and we put our best people in the worst situations of the first wave of Covid. They all stepped up, and they did all kinds of heroics, and we call them heroes and everything else. But meantime, they’re still human. They kept going deeper and deeper into being burned out.”

Consider a physician under pressure during the pandemic, seeing death and dying on a scale that they have not witnessed ever before. Compounding this mental strain might be young children at home to worry about and elderly parents to whom the physician is afraid to transmit the virus. This pressure can be overwhelming. “One of the increased challenges for physicians and other licensed health care workers in this country is that they find themselves in a position where they likely will compromise their career if they seek traditional mental health care,” says Feist.

Eliminating barriers to seeking mental health care includes changing or removing questions for health care workers on work, credential, and insurance applications. “There are mental health questions in applications for them to work at different levels, including a license to get to work in a state, a credentialing application to work in a hospital, an application to be covered by an insurance company, to get paid, or an application to get malpractice insurance,” says Feist, who argues that health care workers may fear losing their job because of mental health questions that may be stigmatizing on applications for needed credentials. “This puts physicians and nurses in a very vulnerable place and therefore compromises our ability to have a healthy and safe health care delivery system.”

Feist goes on to draw a parallel with the airline industry, where pilots and crew have to rest for a defined period of time for safety reasons. But doctors and nurses can work for days at a time with no similar mandated rest period. “Ensuring that clinicians can access necessary mental health care not only benefits their well-being but also improves the health of our entire country,” he explains. “Patient outcomes will improve when we prioritize clinician well-being because to care for others, clinicians must also be cared for.” To address this need, the Medical Society of Virginia convened SafeHaven, a confidential resource for health care practitioners that allows clinicians to seek support for burnout, career fatigue, and mental health concerns without fear of undue repercussions on their medical career.

## Innovating with the Front Line

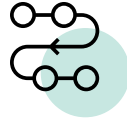
The American Nurses Foundation’s Judge explains that innovation that considers the voices, opinions, and suggestions of those on the front line is the most effective. “We need nurses

at the table. That's nonnegotiable. Nurses weren't voted by the American public as the most trusted professionals for nothing. Patients have a great deal of respect for nurses, and for good reason. No one is closer to patients and health care delivery challenges than nurses," she says. "Often, they're the ones who have the most successful ideas. All through the enterprise, we're looking at how we foster innovation and empower nurses to be the leaders of solutions because they are so keenly aware of what needs to be done. Nurses are the largest professional part of the health care workforce and the part that gives the most direct patient care that is mostly in human interaction with patients and their families."

Rebecca Givan, associate professor of labor studies and employment relations in the School of Management and Labor Relations at Rutgers University in New Brunswick, N.J., also emphasizes this point when she says, "A critical success factor in combating the health care workforce crisis is worker voice. This means listening to the people that are doing the patient care and understanding what they need, and giving them the ability to get what they need. When nurses have a voice, they can create a path to a properly staffed hospital that can provide the appropriate level of care at all times."

Nurses are piloting technology in innovative ways to tap into their expert knowledge. Communicating Narrative Concerns Entered by RNs (CONCERN) was developed by a Columbia University team of nurses who have applied AI to nursing documentation in electronic health records to better predict patient deterioration and needs. A grant from the American Nurses Foundation—part of the Reimagining Nursing Initiative—is helping CONCERN scale the idea to three additional organizations. Nurses possess tacit knowledge, including the ability to pick up cues about patients' health from subtle changes in behavior or appearance. Usually, these notes are entered in patients' electronic health records and can be overlooked. CONCERN uses AI to extract these notes and highlight them to attending clinicians for action. In this way, nurses' expert observations are codified into actionable conclusions based on reams of predictive data and provide a basis for action—saving lives in the process. "CONCERN is a great example of not adding more to nurses' already full plates but instead taking nurses' expertise and knowledge and using them so that the whole care team can better anticipate what a patient needs," says Judge.

ChristianaCare, a Newark, Del.-based network of private, nonprofit hospitals, is piloting collaborative robots—known as cobots—to assist inpatient nurses and staff in their daily work. Evidence shows that nurses spend a significant amount of time on routine tasks, such as dropping off lab specimens, collecting supplies, or picking up medications from the pharmacy. All these tasks can be performed by Moxi the cobot, which can navigate hospital halls on its own and is being developed to use electronic health records and AI to proactively identify



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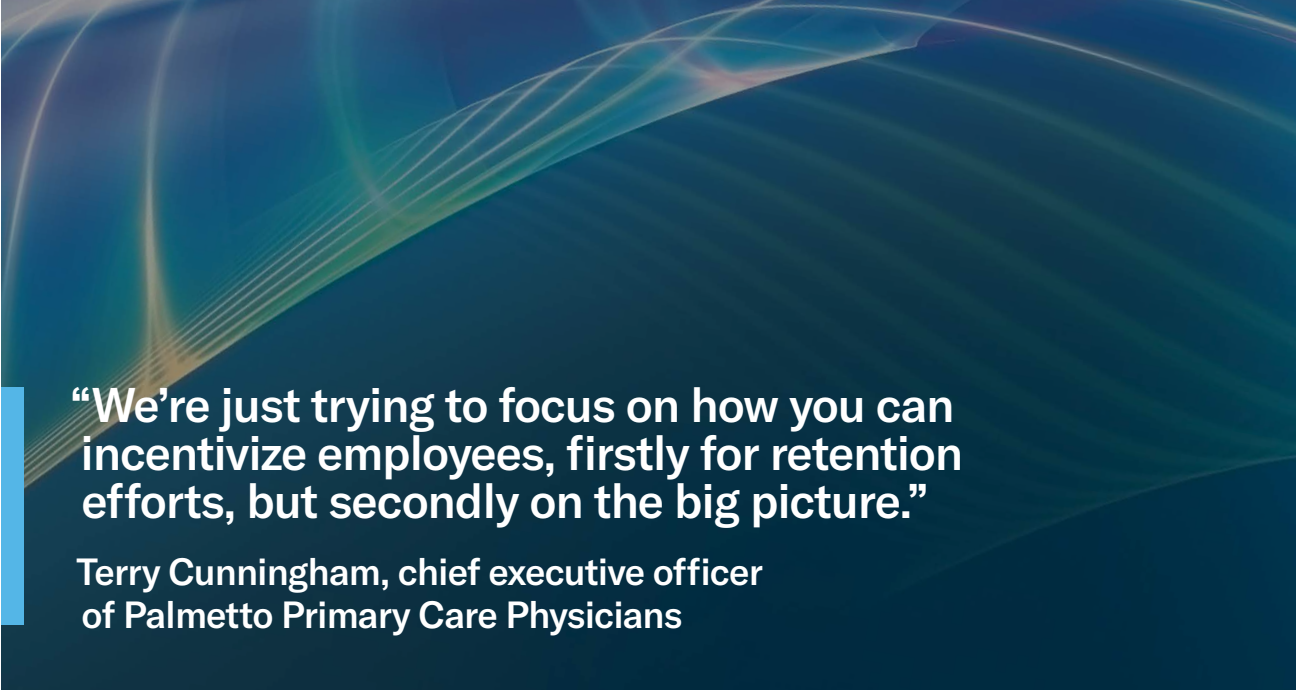
when nurses need equipment, supplies, and medications. Moxi frees up time and space for nurses to deliver care and patient education at the top of their skill set. "The patients love them. The whole care team loves these robots, and they're bringing their value-add to the whole care team," says Judge.

Feist also argues for the inclusion of frontline staff in the finding of solutions. "Most effective is to empower those closest to a problem, identify the problem, identify a solution, redesign processes. In this way, the impact of the work on them is factored into the redesign. This true kind of process redesign work can be slow and doesn't scale very, very quickly. But it is the most effective," he says.

## **Magic in the Mundane**

Sometimes effective innovation is overlooked precisely because it seems mundane. The health care workforce has outside work, too, and pressures from home life can be exacerbated by pressures at work. "As great and as committed as clinicians and caregivers are, they are still human. They still have their own lives," says Lawry.

Witness a physician who has worked a double shift. They have barely had time to eat, hydrate, and use the bathroom. They have certainly not had time to think about household chores. So in addition to the work that it does to address mental health, SafeHaven also offers wraparound concierge services. "You hear more and more from doctors and nurses that they just don't have time to pick up their dry cleaning or go shopping or do anything. So this provides a little bit of a stress relief for them," says Feist. "And it also has become



**“We’re just trying to focus on how you can incentivize employees, firstly for retention efforts, but secondly on the big picture.”**

**Terry Cunningham, chief executive officer  
of Palmetto Primary Care Physicians**

a gateway; they start using the services, and then they’ll go into the peer support.”

Different people in different stages of their careers seek different things to achieve work satisfaction. When nurses were asked in a January 2023 survey by the American Nurses Foundation what is most important for work satisfaction, for nurses with less than 20 years’ experience, work-life balance, compensation, potential for advancement, caring and trusting teammates, safe environments, flexible work schedules, and development opportunities were most important. For nurses with more than 20 years’ experience, feeling valued by their manager, feeling valued by their organization, feeling engaged in their work, doing meaningful work, and having the ability to work autonomously were most important.<sup>4</sup>

Many health care organizations have benefits that are designed for a tenured, stable workforce. But when the workforce demographics change, these benefits do not remain relevant. So at the mid-Atlantic academic medical center, the HR team closely examined what mattered most to their employees in different roles and at different stages of tenure and innovated around the items that they heard were adding stress to individuals’ lives. As the CHRO explains, “We had areas [within the HR department] that, through innovation, created apps to provide access to social services, counseling, tutorials, nutritional advice. We launched several wellness programs, everything from healthy eating to exercising, giving more access to behavioral health services. We tried to be more creative. We have just rolled out policies about paid parental

leave because we heard that was a critical benefit that people were looking for.”

### **Sharing the Rewards**

When the business model of a health care organization is for-profit, typically, profit sharing is limited to any investors (for example, private equity firms), the top tier of managers, and the top tier of physicians. One organization that has flipped this convention around so that every single employee—including nurses, waiting-room staff, and lab technicians—gets to share in the rewards is Palmetto Primary Care Physicians.

“In order to move the needle, we had to engage everybody,” says Palmetto’s Cunningham. “The person that checks in the patient is just as important as the doctor treating the patient, just as important as the pharmacist that calls that patient seven days later to make sure the medication got to them. To get everybody on the same page, we came up with a bonus structure. And I’m very proud of the fact that we have bonus structures for all reports all the way from the front.”

“We’re just trying to focus on how you can incentivize employees, firstly for retention efforts, but secondly on the big picture,” Cunningham continues. “It helps the enterprise because they’re all focused on making their job better. They get rewarded at the end. It gives me more reward from a revenue perspective. So we’ve piloted something a little bit successful. It can be hard sometimes to quantify what the front desk person does, but we took the time to set goals of



check-in and checkout times to measure how long the patient is sitting there. We have goals in place that they can achieve. And once they achieve them, now they have the ability to get rewarded for them.”



## Making Technology an Enabler

Health care organizations such as Palmetto, academic medical centers, and others that have used technology as an enabler for their human-centered innovations have typically experienced many benefits. Cunningham describes how the pandemic pushed Palmetto to think differently about technology, reframing the typical question from “What can technology do to help the patient?” to “What can technology do to help the workforce?”

Palmetto made the transition to a hybrid work model in which its health care workers are able to work from home Monday through Thursday instead of coming into the workplace Monday through Friday. The time saved by working from home means they are off on Fridays. “We realized that the workforce itself could do a hybrid model where we could have them work from home but also would be able to monitor productivity with software and technology,” Cunningham explains. “Nurses can do the same things from their home. They can talk to the patient. They can do what they need to do to meet the patient’s need without the patient leaving the home. And it’s really increasing our productivity because if you’re an employee, you’re now doing it from your house. You don’t need to leave your house. You don’t have to worry about child care.”

The success of this model, he explains, is multifaceted. Nurses are applying to work at Palmetto because they hear they’re allowed to work from home instead of coming in. Palmetto has been able to offload real estate because they can connect employees at home. And productivity has increased, says Cunningham, as they’re able to see more patients in the same amount of time.

To allow health care staff to conduct consultations from their home and allow patients to be consulted in their homes, Palmetto conducted a rigorous search for the technology system best suited to such needs. “There must be more than 15 different types of platforms out there. You can’t have one that the patients don’t understand but the providers understand. You can’t have one that the providers absolutely hate to use. You have to figure out which one brings everybody together,” says Cunningham.

Of course, any new technology requires a massive consultation and education campaign for all users—health care workers, administrators, and patients alike. “We had to talk to patients before we decided on rolling out certain telemedicine visits to make sure that most of our patient population wanted that to happen,” he continues. “And we

“We realized that the workforce itself could do a hybrid model where we could have them work from home but also would be able to monitor productivity with software and technology,” says Palmetto’s Cunningham.

had to retrain, to go from what we always did as the old way of doing things to new ways. We had to reeducate, retrain, and get buy-in with physicians, patients, and employees.”

At the mid-Atlantic academic medical center, measuring the impact of its human-centered strategies was key. Creating compelling career paths for jobs that previously lacked them was anecdotally successful, but the ability to demonstrate changed retention and internal promotion numbers was vital for embedding the strategy. As their CHRO notes, “The importance of data in HR strategies is huge. I do a lot of analytics and metrics to prove what we should be prioritizing. And it’s been critical to be able to demonstrate through our internal mobility data that our bench strength, our pipeline, was weakening because of the pandemic. I could demonstrate through the data where the real pain points were, and that’s where we could focus our strategy.”

Analytics can play a critical role in helping health care organizations make data-driven decisions, improve patient outcomes, and reduce costs. For example, by analyzing data from electronic health records, wearable devices, and other sources, predictive analytics can inform which patients might be at risk of developing health problems. Analytics can also be used to help health care organizations measure key performance indicators such as patient outcomes, efficiency measures, and costs. By analyzing this data, health care organizations can identify areas of focus for improvement, highlight best practice areas, and demonstrate the success of HR initiatives.

Technology can help doctors, too. The average doctor today spends more time completing electronic health records and administration than interacting with patients. According to Lawry, in the U.S., the average patient encounter for primary care, all inclusive, is 31 minutes. Of this, the doctors, on average, spend 19 minutes on the computer and the remaining 12 minutes with the patient. “We’re taking the most highly



“From a human perspective, the very best innovation is the simplest, which is practicing checking in on yourself and checking in on another health care worker,” says Dr. Lorna Breen Heroes Foundation’s Feist.

trained, dedicated people and turning them into data entry clerks,” he says.

Lawry points to the primary care physician he has been going to for years. “I love the guy. But when I go for a consultation, I am shown to a really boring cubicle. Eventually, he walks in. The only time he looks me in the eyes is when he says, ‘Hi, Tom. Why are you here?’ After that, what happens? He goes to the corner of the cube and fires up his computer. He goes into the health records, and he is hunting and pecking while I’m talking, and he is asking me questions. Then I leave. And the research shows that a doctor will spend an average of 11 minutes after each patient leaves finishing up. That’s the problem.”

Some organizations are using ambient intelligence to solve this problem. Ambient intelligence can use a dedicated mobile app to capture a multi-person conversation (for example, among a doctor, patient, and family members) and convert this conversation automatically into clinical documentation. In so doing, it works in the background to record the doctor-patient conversation and develop the initial case notes. It integrates with electronic health records—all without explicit prompts or intervention by the doctor. This technology can save seven minutes per patient encounter—shaving time off administrative work, not time off with the patient.

This time savings matters because a leading contributor to physician burnout is the overwhelming load of tasks that must be performed daily in their practice.<sup>5</sup> A report by *The Joint Commission Journal on Quality and Patient Safety* concluded that for every 10% decrease in task load, the risk of physician burnout dropped by 33%.<sup>6</sup>

“For all the talk about AI and health and medicine, it only adds value in two ways,” says Lawry. “It adds value by automating work, particularly highly repetitive activities where there’s low variance and not a lot of thinking involved. The other way—and this is where most of AI comes in—is that AI adds value by augmenting the work of knowledge workers. It doesn’t replace their skills. AI is good at things like pattern recognition. Humans are good at things like wisdom, judgment, problem-solving—none of which can be done by AI. Low-value, repetitive activities drive people nuts. When clinicians feel intrinsically like they’re making a difference, like they’re providing value, that’s what gets them fired up, and that’s what keeps them going.”

## Conclusion

Forward-looking health care organizations are already reaping tangible benefits from innovations they have introduced to help their workforces. The pandemic has provided impetus for reexamining old ways of organizing health care workforces, which were more suited to different times, different demographics, and different expectations. Innovation doesn’t have to be complicated, and it doesn’t have to involve flashy technology. “From a human perspective, the very best innovation is the simplest, which is practicing checking in on yourself and checking in on another health care worker. Creating conversations around making it OK to take a break. That is incredibly impactful,” says Feist.

Innovation that is successful in addressing the challenges of the workforce crisis both starts with and focuses on the human. People need jobs that are fulfilling if they are to cope with stress and burnout. Health care organizations can design career paths that are developmental for roles that traditionally lack clear career paths as one way to address this. Another way is to provide incentives at all levels of the organization so that people feel rewarded for the stress that they face and the additional effort they make. Realizing that health care workers face pressure at home, too, and not just in the workplace—and that long hours make resolving home stress harder—makes people feel valued, appreciated, and “seen.” This care makes their home lives easier, too. Technology can be an enabler of a broad set of innovations that help the workforce, including the use of telemedicine to allow working from home, analytics to use data to prove the impact of HR strategies, and augmenting health care roles by taking on repetitive, low-value tasks.

Now is the time for health care organizations to make lasting changes for the better. “Organizations are realizing that business as usual is no longer working,” says Judge. “Right now, it’s about rethinking and reframing what it means to be a health care organization or employer. This is a dynamic moment in history and health care, and how we navigate now is going to set the path for health moving forward into the future.”

## Endnotes

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