

# SOLVING THE WORKFORCE SHORTAGE

**N**o health care leader needs to be told that the contemporary United States is facing a workforce crisis. In 2001, 84 percent of U.S. hospitals reported a shortage of registered nurses (RNs); 71 percent reported a shortage of radiology/nuclear imaging technicians; and 46 percent reported a shortage of pharmacists.\* Although the deficits were less dramatic for other categories of health care workers, they continued across the board.

Nor is the situation likely to soon get better. Hospitals are increasingly having a difficult time hiring new workers—and at the very moment when those workers are needed most. Not only is the U.S. population as a whole aging; the vast “baby boom” generation will soon begin entering its 60s. To provide high-quality care for its citizens, the United States must first find a way to staff its health care organizations. The nation, which had 10.9 million health care workers in 2000, will need more than 14 million of them by 2010!

Unfortunately, this workforce crisis comes at a time when people are finding careers in health care less attractive than formerly. Women, for example, used to take hospital jobs because they had few other options. Today women are free to work in any field they choose. The same is true for ethnic and other minorities.

To help hospitals meet the workforce crisis, the American Hospital Association (AHA) formed the AHA Commission on Workforce for Hospitals and Health Systems. Last year, that group published *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce*. The

*A New Book  
from the  
American  
Hospital  
Association  
Addresses the  
Growing  
Crisis*

book is organized in five chapters, each of which offers a key to the recruitment and retention of workers. Each of the five keys is illustrated by a description of recruitment/retention efforts at AHA member hospitals.

Readers will note that CHA-member organizations are mentioned in a number of the book's recruitment/retention efforts. Many AHA-member hospitals also belong to CHA.

#### **FOSTER MEANINGFUL WORK**

“Today,” the authors write, “many workers see hospitals as traditional, bureaucratic, and driven by rules and regulations rather than caring.” To change this perception, health care leaders must work with employees to redesign jobs and make them more meaningful.

Via Christi Regional Medical Center, Wichita, KS, has created what it calls an “Attending RN” care model for its nurses. Attending RNs staff nursing clinical practice groups that, like similar physician groups, accept responsibility for evening and weekend coverage. Each group has a rotating chairperson who facilitates group decisions regarding practice issues. Attending RNs take rounds with attending physicians and manage patients' clinical needs through coordination of an outcomes-driven team effort.

Teams are also at the heart of a new care model adopted by the *Veterans Health Administration (VA)*. At VA hospitals, multidisciplinary teams—including physicians, advanced practice nurses, physician assistants, pharmacists, and other health professionals—provide a coordinated continuum of care to a defined population. In essence, the teams are group practices.

#### **IMPROVE THE WORKPLACE PARTNERSHIP**

“The overall situation will not improve if employees leave organizations as fast as new workers are

\*All statistics cited in this article are from AHA Commission on Workforce for Hospitals and Health Systems, *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce*, American Hospital Association, Chicago, 2002.

hired," the authors say. "Retention is just as important as recruitment."

In efforts to make their workplaces more employee-friendly, both *St. Marys Hospital Medical Center*, Madison, WI, and *Baptist Hospital*, Pensacola, FL, are promoting a "no secrets" culture.

St. Marys leaders share as much information—from data on financial trends to strategic and legislative initiatives—as possible with staff members. Nurses have a voice in the hospital's strategic planning. At Baptist Hospital, quarterly meetings provide employees with information concerning finances, patient satisfaction, quality measurement, and other matters.

*Mission St. Joseph's Health*, Asheville, NC, teamed up with the federal government's Fannie Mae and a local housing coalition to make home ownership part of the hospital's benefits package. The program offers home-buyer education and assistance in securing loans.

#### BROADEN THE BASE

"The health care workforce does not mirror the diversity of the general U.S. population," the authors write. "Ethnic and racial minorities are severely underrepresented."

In an effort to increase minority representation, *SSM Health Care*, a St. Louis-based system, has launched an initiative that requires diversity training for all employees; offers a diversity mentoring program; sponsors internships and summer development programs for minority students; and presents a Diversity Forum that brings together people of color, different ethnicities, and disabilities to network and enhance their leadership skills.

*The Arizona Hospital and Healthcare Association's* Salsbury Scholarship Program awards scholarships to Hispanic, African-American, and Native American students seeking careers in health care. *Clarian Health Partners*, Indianapolis, has joined the Indiana Minority Health Coalition in promoting activities and events that encourage minority youth to pursue careers in health care.

#### COLLABORATE WITH OTHERS

Health care has become a highly competitive field. "Unfortunately," the authors note, "that sense of competition has extended to the workforce arena. . . . The Commission firmly believes that collaboration, not competition, is the key to solving the growing workforce shortage. The fact

Minorities  
are under-  
represented  
in nursing.

is, the work that must be done is too overwhelming for most hospitals to accomplish on their own, and partnerships are essential."

One example of such a partnership is that involving *Lakes Region General Hospital*, Laconia, NH, and *Franklin General Hospital*, Franklin, NH. The facilities have formed what they call the Nursing Resource Network, a group of intensive care unit (ICU) nurses, who shuttle between the two ICUs as the need for them arises. A similar partnership exists among *Westbrook Health Center*, *Tracy Area Medical Services*, and *Murray County Memorial Hospital*, three rural facilities in southwest Minnesota, which have teamed up to share both medical and administrative personnel, as well as equipment.

*Northwestern Memorial Hospital*, Chicago, has collaborated with the city's public school system to develop a Medical and Health Careers Academy. Through the academy, two high

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#### IT TRULY IS "IN OUR HANDS"

*In Our Hands* accurately describes the current health care environment and provides comprehensive, integrated, and focused responses to the critical, long-term challenges we face as health care providers—especially those of us called and privileged to serve in leadership.

Given today's tumultuous health care climate, it's not uncommon for leaders to wonder how we have come to where we are today. As leaders, we must acknowledge that we have played a significant role in the development of the current health care ministry. Therefore, it is appropriate that it is "in our hands" to provide the ongoing leadership to initiate positive change in our work environments and processes, initiate collaborative efforts, and re-earn the support and trust of our coworkers and society at large.

This demands a commitment for the long haul—not a quick fix. If we sincerely desire and are committed to this change, we must commit to changing ourselves. We must demonstrate through the allocation of our time, presence, and resources our commitment to, and deep appreciation for, the caregivers with whom we serve. These women and men must know by our words and actions that they are truly God's healing presence in a hurting world, and we are privileged to support them in this important mission.



Rocklage

—Sr. Mary Roch Rocklage, RSM  
Immediate Past Chairperson,  
American Hospital Association, Chicago  
Board Chair, Sisters of Mercy Health System, St. Louis

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schools immerse their students in health care topics, skills, and career options; volunteers from the hospital visit the schools' classrooms to discuss health care work.

### BUILD SOCIETAL SUPPORT

"The American public, businesses, and governments all count upon a well-staffed hospital system," the authors note. "Just as hospitals must make changes to address the workforce shortage, the broader society must also understand and support the actions that must be taken to eliminate the shortage of caregivers and support personnel."

To ensure that hospitals are well-staffed, the commission urges the United States to:

- Increase its investment in the

health care system

- Provide the resources hospitals need to invest in new technologies that improve work and patient care

- Reduce the excessive regulations and standards that result in the paperwork and fragmentation that are a major source of worker dissatisfaction

- Reform the many employment policies that favor retirement and discourage creativity in retaining older workers

- Reform the narrow training and licensure of health professions that hinder interdisciplinary solutions to the workforce shortage

- Provide consistent resources for data collection, analysis, and publication to avoid both future shortages and oversupply

—Gordon Burnside

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