

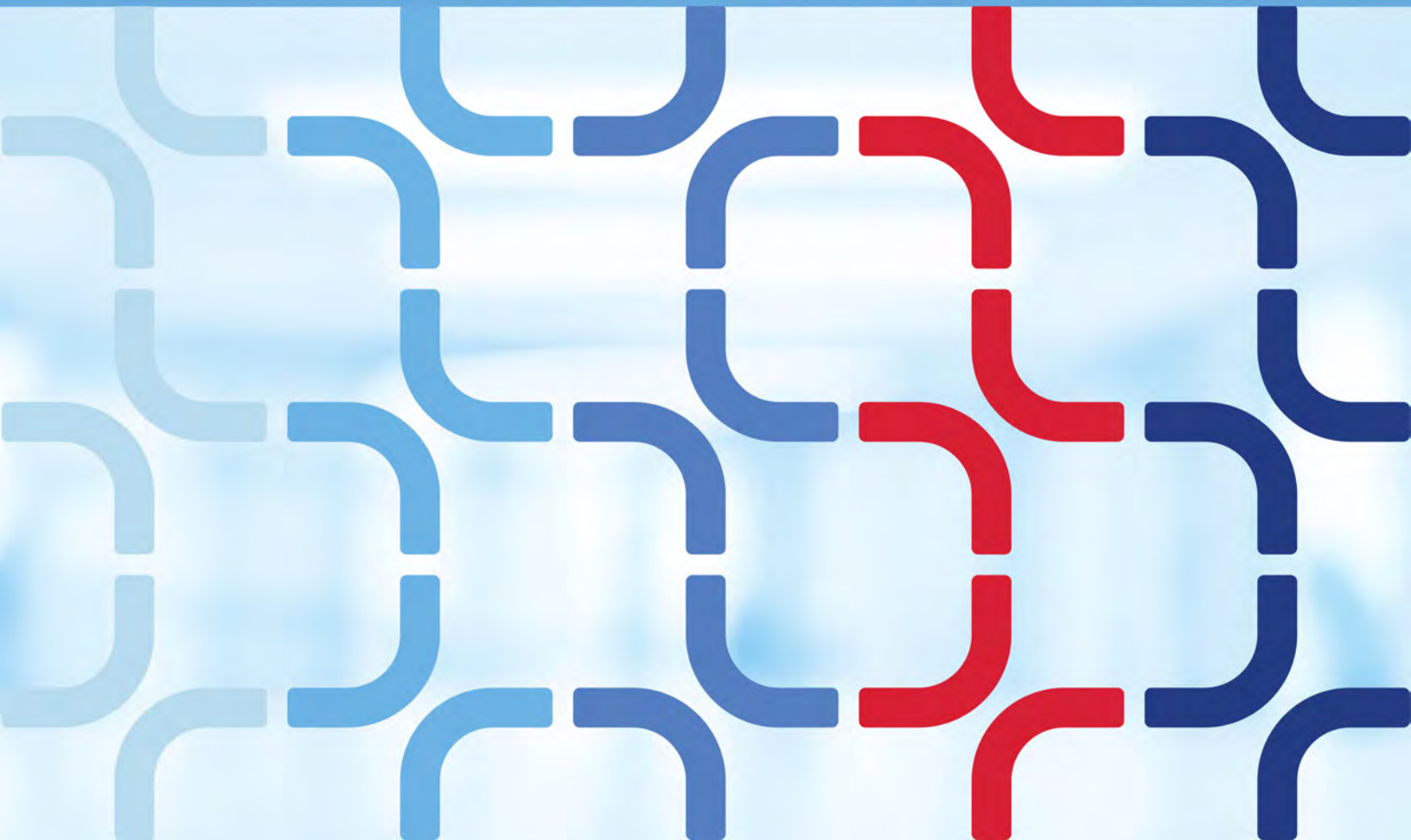


American Hospital
Association™

Advancing Health in America



2025 HEALTH CARE WORKFORCE SCAN



WELCOME

Every person who works in a hospital or health system is part of the care team. That includes people who provide care directly to patients, ensure a clean environment and safe facility, manage complex operations and systems, and contribute to many other important aspects of providing 24/7 care.

These care teams continue to provide selfless, dedicated, high-quality care to patients and communities despite the emerging and enduring challenges and stressors they face.

These valued caregivers deserve our full support. Yet as hospitals and health systems strive to provide that support, the combination of an aging population's increased demand for health care services, a surge in caregiver retirements and the continued strain on hospitals' finances are so powerful that leaders realize they must move in new directions to enhance the workforce experience.

Hospitals and health systems focus on enhancing support and fostering resilience among a stretched-thin, post-pandemic workforce. Facilities across the country are investing in artificial intelligence technology and tech skills development to alleviate burden and enhance flexibility. Many also are reimagining care delivery models; expanding training and upskilling options; bolstering workforce engagement and well-being through a variety of initiatives; and creating innovative new entry paths to health care careers. In addition, hospitals and health systems also are establishing partnerships to design and implement long-term solutions.

A key pillar of the AHA's Strategic Plan is Addressing Workforce Challenges in the Now, Near and Far. As part of this work, we are excited to share the AHA's 2025 Health Care Workforce Scan. It is based on a review of the latest reports, studies and other data sources and offers valuable insights into the workforce landscape, as well as practical guidance from experts and peers to help your organization navigate the future of the health care workforce.

Caregivers work every day to make a difference in people's lives. Solving near- and long-term workforce challenges calls for us to work together and develop fresh ways to nurture our current team members while attracting the people we need to meet the demands of today and tomorrow. Taking well-planned action to support our workforce is critical to advancing health in America.



Rick Pollack

President and CEO, AHA



Joanne M. Conroy, M.D.

2024 Board Chair, AHA
CEO and President, Dartmouth Health

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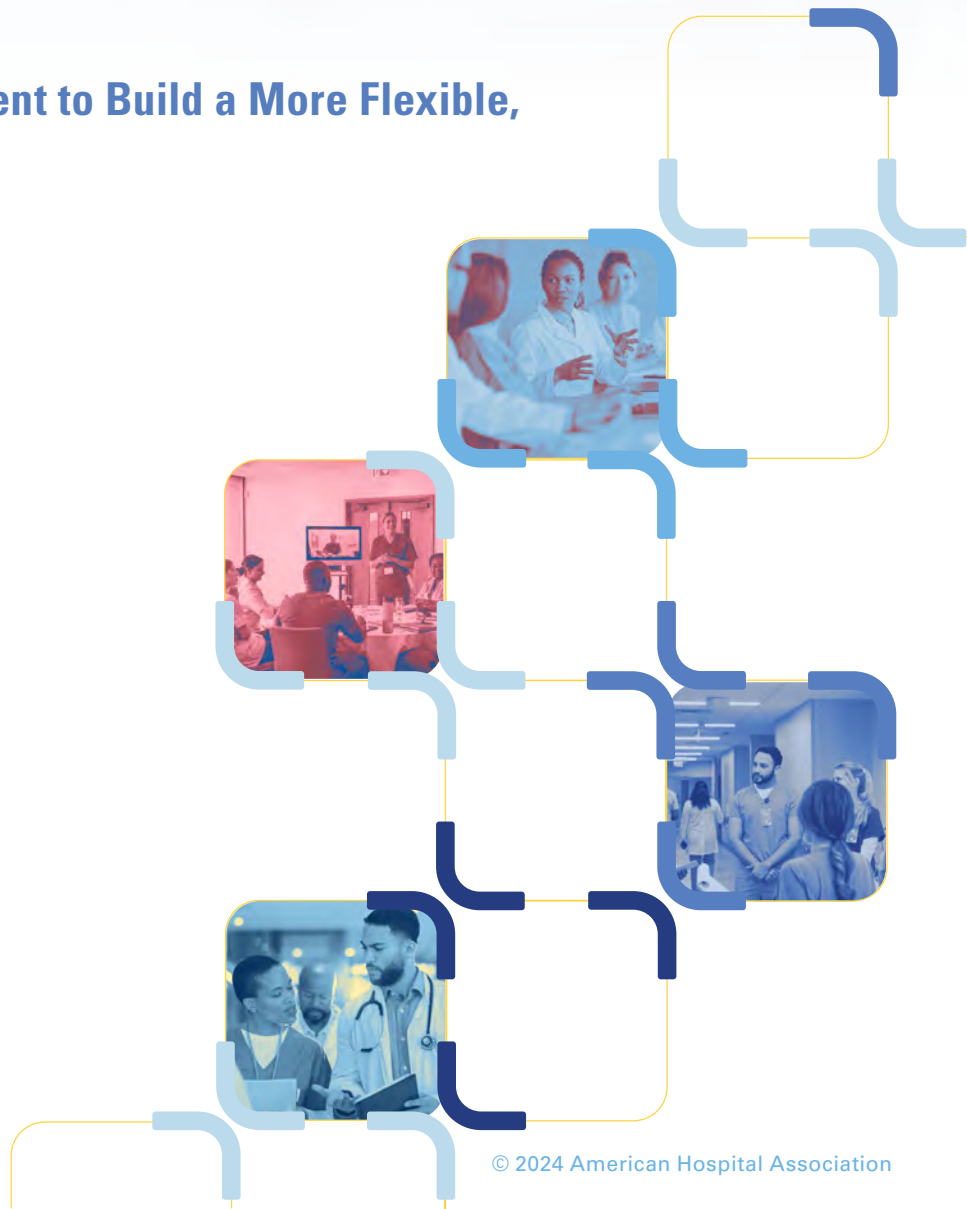
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Assessing the Current Landscape

While the official end of the COVID-19 public health emergency marked a symbolic turning point for Americans, hospitals still face the daily reality of heightened workforce and financial strains. Now, the focus is on rebuilding trust and fostering resilience among a workforce stretched thin by years of crisis management.

Technology may offer hope for easing administrative burdens and supporting clinical decision-making. Diversity, equity and inclusion and workforce well-being initiatives have become essential. And leaders are adjusting education and career paths to meet tomorrow's professionals where they are today.

Despite an influx of new workers,¹ the U.S. health care workforce still falls short of meeting clinical staffing needs (among other professionals) — especially as an aging population requires more care.² Turnover and burnout have backed off their record highs³ since peak pandemic levels, but they still exacerbate^{4,5} these shortages, as workforce shortages contribute to clinician burnout and poorer health outcomes. Although recent data indicate a slight improvement in overall workforce engagement,⁶ challenges remain. Research shows⁷ a growing concern about new clinical graduates' readiness for bedside care, as many who began practicing during the pandemic may have missed important learning experiences⁸ and now face increased workloads, often with limited mentorship. With no slack in the system for those new to their positions (of which there are many), this makes it difficult for new nurses to learn on the job.

Health care leaders have worked hard to address this trend, focusing on ways to reduce stressors on staff. Workforce engagement is generally on the rise,⁹ and provider burnout dropped for the first time since the pandemic.¹⁰ Hospital leaders are tackling workforce shortages with a mix of high-tech and human-centered approaches: They're creating flexible work options, using artificial intelligence (AI)-powered tools to reduce administrative burden and partnering with schools to expand talent pathways. Leaders also are prioritizing employee well-being in core organizational strategies. Their goal is not simply to add more team members, but to ensure that staff members are properly equipped to care for their patients.

Key Drivers Transforming the Health Care Workforce

Widespread AI adoption may reshape care delivery, while rising costs, an aging population and increasing payer influence are driving change.

1 Skyrocketing costs are shrinking budgets.

Today's high interest rates make borrowing and refinancing more difficult for hospitals, potentially limiting their ability to invest in new technologies or facilities. Inflation surged by 12.4% between 2021 and 2023,¹¹ more than twice the growth in Medicare's reimbursement for hospital inpatient care.¹² Hospitals also are contending with heightened drug and supply costs.¹³ A recent report found that between 2022 and 2023, prices for nearly 2,000 drugs increased by an average of 15.2%.¹⁴ Health care executives are trying to manage labor expenses, which rose more than \$42.5 billion between 2021 and 2023.¹⁵ These mounting external pressures are forcing hospitals and their teams to rethink how they provide care.

2 An aging population requires new care solutions.

The Census Bureau projects that by 2050 the American population 65 and older will reach 83.9 million, nearly double 2012's 43.1 million seniors.¹⁶ Researchers predict¹⁷ that this demographic shift will strain Medicare and Medicaid resources, necessitating changes to care models and incentives for both formal and informal caregivers. And instead of nearly four workers per senior, there will be 2.9 by 2030. Solutions may include an increased focus on home-based care, community partnerships, value-based incentives, caregiver support and preventive strategies to manage costs and improve senior care quality, among other approaches.

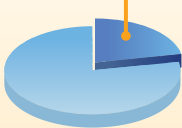
3 Care continues to migrate outside hospital walls.

Research shows that home-based care and outpatient services, including ambulatory surgery centers, are projected to see volume increases of 22% and 14%, respectively, through 2034.¹⁸ While physician offices, emergency departments (EDs) and inpatient settings will see modest growth, skilled nursing facilities and retail care volumes are expected to decline. Notably, the next wave of outpatient growth will expand beyond orthopedics, with cardiovascular and neurology services projected to see substantial increases in outpatient volumes, at 25% and 23%, respectively.¹⁹ These services must be staffed appropriately, further competing for a labor pool that once was concentrated at hospitals.



Growth Outside Hospital Walls (Increases Projected Through 2034)

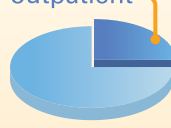
22%
Home-based care



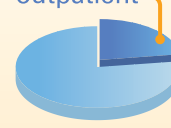
14%
Outpatient services



25%
Cardiovascular outpatient



23%
Neuroscience outpatient



4 Payer market dominance raises questions.

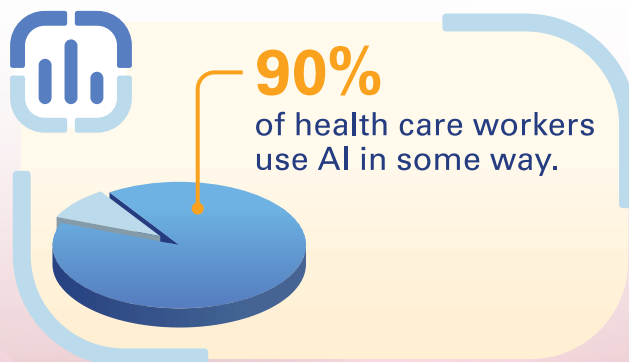
Some commercial health insurance companies have expanded their market share and scope dramatically over the past decade, now controlling nearly 30% of U.S. health spending.²⁰ These firms have been acquiring various health care businesses, offering medical services directly to patients²¹ and increasingly are involved in government programs, such as Medicare Advantage (MA) and Medicaid managed care. According to the Kaiser Family Foundation, MA enrollment has increased steadily in recent years, with more than half (54%) of all eligible Medicare beneficiaries enrolled in MA plans in 2024.²² The rising popularity of MA plans, despite recent regulatory challenges, adds another layer of complexity as hospitals grapple with potential reimbursement issues and network negotiations. Meanwhile, the American Hospital Association (AHA) continues to work with federal legislators to address unfair payer practices on reimbursement and preauthorization.

5 Large technology-solutions providers advance AI adoption.

Tech giants like Amazon, Alphabet/Google, Microsoft and others are playing a more direct role in care delivery. They are creating scalable solutions that can drive widespread adoption of AI and other technologies²³ to streamline nurses' patient handoffs. Others are developing scheduling AI assistants.^{24,25} As Big Tech stakes a larger claim in health care, it may directly reshape how large-scale care is delivered.

6 Health care's AI sprint gets an ethics safety net.

Today, nearly 90% of health care workers, life science companies and tech vendors use AI in some way.²⁶ And AI is expected to hasten the timeline for automation, potentially automating up to 29.5% of work hours in the U.S. economy by 2030.²⁷ Industry groups such as the Coalition for Health AI and Microsoft's Trustworthy & Responsible AI Network have been created to establish ethical standards for AI implementation and to help address issues related to bias, accuracy and data privacy.





Top of Mind for the Field

Embracing Technologically Integrated Care Models and Innovations

Amid high provider burnout²⁸ and financial pressure,²⁹ hospital leaders are embracing technology, including AI, as a transformative tool. More established technologies like virtual care, telesitting and remote monitoring continue to support front-line staff and expand access in integrated care models. All these tools show promise in boosting staff retention, efficiency and care quality.³⁰

AI applications are expanding rapidly across many clinical and operations areas. Ohio-based University Hospitals Health System, for example, has deployed an AI platform with more than 30 care pathways to quickly identify conditions like pulmonary embolism, coronary artery calcification and intracranial hemorrhaging. Others are using AI to produce faster results in cancer screenings. And generative AI, while still being evaluated for its accuracy and optimal uses, is reducing clinicians' workloads in clinical documentation and creating patient summaries.

Leaders have found value through other applications, including:

- **Personalizing treatment:** Machine learning can automate complicated statistical work and discover which characteristics indicate that a patient will have a particular response to a given treatment.



Hear from the Experts

Lori J. Morgan, M.D., MBA

President and CEO, Huntington Health

“We’re certainly thinking about new models and the ways that we can deliver care. We are now starting to look at some of the technologies that allow us to have remote sitters with technologies that would allow us to do sort of electronic bed control.”

David Burd, MHA, FHFMA

President and CEO
Methodist Jennie Edmundson Hospital

“Technology is something you always want to look at to stay on top of trends and changes. And, we certainly are making every effort to do that, especially with our telehealth services. From a workforce perspective, we look to technology to enable flexible scheduling and folks working from home.”

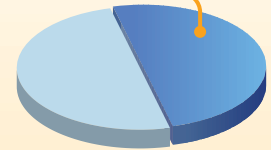


- **Identifying infection risks:** AI applications can help predict when a patient’s immune system may have an overwhelming and potentially dangerous response to an infection. AI also has the capability to assess dozens of variables at one time, track a patient’s vital signs to detect sepsis risk earlier and enable clinicians to respond more quickly.
- **Enhancing disease detection:** AI can help automate time-consuming tasks like tracing tumors and measuring amounts of fat and muscle.



Using an AI-powered platform to decrease administrative burden reduced first-year nurse turnover by nearly

50%.



Case in Point

With nearly 18% of newly licensed registered nurses (RNs)³¹ quitting the profession within their first year, hospital leaders are eager to reduce caregivers’ administrative burden and increase clinical capacity.

Nebraska Medicine, facing high turnover among this cohort, implemented an AI-powered platform to support front-line leaders and improve staff retention. Nurse managers used the platform to respond quickly to nurses’ needs and achievements. The electronic health record (EHR)-connected tool integrated data from nurse workflows, patient interactions and performance metrics, enabling managers to provide timely, data-driven feedback and support. Nurse managers used the platform’s real-time messaging to communicate quickly and to identify and address issues expeditiously. The organization achieved a nearly 50% reduction in first-year nurse turnover during the first six months of using the tool, compared with data during the same period the previous year. The platform oversees more than 5,000 front-line team members, aggregates employee data from various sources and uses AI to prioritize leader actions and automate tasks.³²

Case in Point

Research shows³³ that nurses who feel overworked or unable to finish their tasks are more likely to burn out and quit. Norfolk, Virginia-based Sentara Health developed the Patient Acuity Nursing Tool (PANT) to improve nurse/patient assignments by objectively assessing nursing workloads and patient acuity. Traditional methods relied on the clinical judgment of charge nurses and patient census data, often leading to imbalanced workloads. The PANT algorithm, created by an interdisciplinary team at Sentara, integrates real-time patient data to distribute nursing tasks equitably. The health system has implemented it across 100 inpatient units, supported by training materials and orientation programs. The tool helps charge nurses make informed assignments, reduces nurse burnout and enhances patient care by providing a validated measure of nursing workload.³⁴

Case in Point

Stanford Medicine researchers implemented an AI-based model at Stanford Hospital that predicts patient deterioration and facilitates better collaboration between physicians and nurses.³⁵ The model analyzes real-time patient data every 15 minutes and sends alerts to care teams when a patient is at risk of decline. While the model isn't perfect, with about 20% accuracy in predicting actual deterioration events, it led to a 10.4% decrease in deterioration events among high-risk patients. The AI model serves as a communication facilitator, prompting important conversations among clinicians that might not otherwise occur due to busy schedules.

Case in Point

Jefferson, Louisiana-based Ochsner Medical Center used data science to improve patient safety.³⁶ It created a neural network model using information from 250,000 hospital stays to predict *Clostridioides difficile* infections. The data revealed that stomach acid-reducing medicines increased infection risk more than expected. Now, Ochsner's system flags high-risk patients, giving pharmacists the opportunity to advise its doctors on medication use (often suggesting using less of these medicines or stopping them). This new approach cut *C. difficile* infections by half, prevented 166 infections and saved \$4 million in two years.





Three Things to Think About

- 1** How will you integrate AI systems with your existing technology infrastructure, particularly the EHR?
- 2** How will you monitor and evaluate the performance and impact of new technologies over time, including potential unintended consequences or biases?
- 3** How can you proactively identify and alleviate issues that add to clinical burden?



More From Your Peers

- A growing number of health systems are testing tools that listen to clinician-patient conversations, then produce digestible text summaries. Physicians say the tools improve the quality of visits, reduce EHR documentation time and ultimately minimize burnout. Clinicians at **Stanford Health Care** use a version of this “ambient listening” software to securely record provider/patient visits and transcribe those notes in the EHR.³⁷
- **Providence**, a 51-hospital system based in Renton, Washington, developed MedPearl, a clinical decision-support tool built into its EHR, to address mistaken specialty referrals. MedPearl helps providers determine appropriate specialty care referrals and has shown promising results in improving patient workups and reducing unnecessary referrals. Since its January 2024 launch, 2,700 providers have used MedPearl more than 90,000 times. In a 2023 pilot of more than 200 Providence providers, MedPearl improved workups for 72%, changed specialist referrals for 20% and enabled 20% to treat patients without specialist involvement.³⁸
- **Houston Methodist Hospital** has improved care and reduced bedside nurses’ workload with the BioButton®, a small, wearable AI-powered monitoring device that continuously tracks patients’ vital signs and alerts nurses to potential health deterioration. The BioButton sends data to the hospital’s virtual monitoring center and flags abnormal readings. Unlike telemetry beds, the BioButton does not rely on direct, on-site oversight. It enables virtual nurses to monitor multiple patients from a distance, even from their homes. It also can be used for general patient monitoring across various hospital units. This extra set of eyes reduces nurses’ stress when monitoring patients and enables virtual monitoring, allowing nurses to work more flexibly.³⁹

- **Mass General Brigham** and **MIT** collaborated to develop an AI tool known as Sybil, which can predict lung cancer risk from a single low-dose chest CT scan.⁴⁰ The tool may improve personalized screening and improve early detection.

Sybil uses deep learning algorithms to find patterns in lung scans that indicate a higher risk of lung cancer. The tool processes the imaging data without requiring additional clinical information or annotations from radiologists. Initial research,⁴¹ based on thousands of lung scans from different hospitals, shows that Sybil was highly accurate in forecasting the likelihood of lung cancer developing within one to six years, even among nonsmokers. Further studies are needed to validate its widespread clinical use.

- **Providence** developed ProvARIA, a generative AI tool that prioritizes patient voice messages and assists medical staff in crafting responses. ProvARIA uses a natural language processing engine to analyze emails based on content and urgency, giving priority to emails from patients with severe or worrisome symptoms over less urgent requests, such as questions about clinic hours. The tool is built on OpenAI's GPT and integrated into the health system's EHR. ProvARIA categorizes messages so medical assistants can triage them more efficiently. Provaria has processed more than 500,000 messages across seven states, significantly reducing response times and administrative workload.⁴²





Top of Mind for the Field

Engaging Clinicians in Technology Strategies

Ideally, technology should streamline workflows and help organizations make better use of their data. New solutions need corresponding workforce strategies, especially those related to training and support.

This can be accomplished through:

- » Refreshing educational materials and approaches.
- » Updating workflows and clarifying roles to ensure that processes change with the needs of end users.
- » Aligning return-on-investment goals with the broader organizational strategy.
- » Engaging front-line managers and informatics teams in their software purchases and rollouts.
- » Rigorously testing and vetting new technology for patient safety and workflow compatibility, while focusing on enhancing the user experience to avoid EHR-like burdens on clinical staff.

Leaders are focusing on continuous training that emphasizes not just the use, but the value of new technologies.

Tech training should emphasize not just the use, but the value of new technologies.



Case in Point

Texas Children's Hospital in Houston used change-management techniques during a major expansion and EHR system implementation.⁴³ Leaders selected staff from across the organization to bridge the gap between the project team and their peers, helping to translate high-level project information into practical, day-to-day guidance for their coworkers. They also met regularly to exchange ideas and report issues to the change-management team.

Leaders also held dress rehearsals to prepare staff, setting up real-life simulations of the new EHR system. Staff practiced using the system and new processes before the actual launch. This helped employees understand what to expect and reduced anxiety. It also allowed the hospital to identify potential problems, like incorrect user settings, before the system went live. This led to smoother transitions and more positive attitudes during major organizational changes.



Hear from the Experts

Ron Werft

President and CEO, Cottage Health

“The tremendous growth in AI health care technology services is pretty exciting. The ability to tap into that technology to improve patient care and increase clinical efficiencies brings a new level of innovation to health care. This innovation allows leaders to harness technology to better support their teams and ease the burdens that get in the way of patient care.”

Michael Cureton, MHA, FACHE

CEO, Sutter Amador and Sutter Davis Hospitals

“With clinicians being able to deploy and share new technologies and new care standards throughout the system, patients can feel confident that they’re going to receive the same equal care no matter which system hospital they go to.”

For example, hospital leaders compared two business units during the change process. Unit 1, which fully embraced change-management practices, showed significantly better outcomes than Unit 2, which did not. Unit 1’s staff reported feeling more prepared, informed and supported throughout the transition. This was reflected in higher participation rates in such key activities as dress rehearsals, where Unit 1 had more than double the staff engagement of Unit 2.

Case in Point

Before launching a virtual nurse program, which involved new technology for much of its staff, Inova Health System in Falls Church, Virginia, held a two-day innovation accelerator event focused on nurse efficiency and well-being. This involved the nursing team in shaping the program’s standards, which helped staff embrace changes to reduce documentation, support a new virtual nurse care model and increase mobile app use for medication administration.⁴⁴

Case in Point

Kaiser Permanente found that addressing nurse perceptions of EHR usage was as important as optimizing the actual time spent on documentation.⁴⁵ Its nurses felt overwhelmed by EHR use, even though data showed they spent less time in the EHR than average. With the understanding that perception of workload affects stress levels and job satisfaction, leaders showed nurses personalized report cards highlighting EHR time relative to patient loads. They directly communicated with overwhelmed clinicians, building connections and showing them data that proved the value of their time spent documenting.

Anecdotal results showed improved nurse satisfaction and better adaptation to new processes, especially among new nurses. Leaders mentioned that empathy, support and clear communication about the benefits of new tools helped promote engagement.



Three Things to Think About

- 1 How do you seek and incorporate end-user feedback into your purchasing decisions?
- 2 As roles change, how can you position technology as part of broad, continuous process improvement?
- 3 How do you use informaticists to bridge the gap between central hospital decisions and end users?

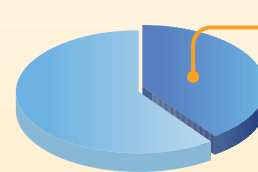


More From Your Peers

- **Providence** developed a virtual team model to address workforce shortages, an aging population and decreased nurse satisfaction. The model, piloted at Covenant Medical Center in Lubbock, Texas, integrates virtual nurses with bedside teams. Virtual nurses support 12-15 patients during the day and as many as 30 at night, handling admissions, education and discharges. The staffing model pairs one RN with one nursing assistant for every six patients, supported by the virtual team.



Turnover reduced **40%** after Providence implemented a virtual team model. Nurses reported improved job satisfaction and patient care quality.



Implementation involved collaborative workflow design, installation of bidirectional audio and video technology in patient rooms, EHR integration and development of role-

specific education modules for staff training. After 16 weeks, results showed a decreased length of stay, 40% reduction in turnover, near-zero vacancy rates for ancillary staff and an expected annual cost avoidance of \$500,000 for the pilot unit. Staff reported improved job satisfaction and patient care quality. Qualitative results suggest that this care model is slowly bringing back the joy in the practice of the health care team.⁴⁶

- **The University of Rochester (New York) Medical Center's School of Nursing** overhauled its tech-driven curriculum to help students to think on their feet and adapt to real-world challenges.⁴⁷ By exposing students to a range of care scenarios in virtual reality, through cloud-based medical training simulators and in academic EHRs, they practice critical thinking, problem-solving and resilience. In 2018, the school launched the Redefining Our Classroom Initiative, investing \$15 million in advanced facilities and adopting iPad-driven learning. Enrollment jumped 50% from 2016 to 2023, with 93% of students reporting improved critical thinking skills.



Top of Mind for the Field

Boosting Access Through Partnerships, Training and Upskilling

Clinical workforce shortages loom large in primary care,⁴⁸ maternal care,⁴⁹ long-term care,⁵⁰ and behavioral health services.⁵¹ The Association of American Medical Colleges projects a shortage of 86,000 physicians by 2036;⁵² the Department of Health and Human Services expects deficits across the entire behavioral health workforce by 2036⁵³ and the U.S. Chamber of Commerce predicts that 42 states will see nursing shortages by 2030.⁵⁴ Demand for specialized nurses in cardiac care, medical-surgical, and operating room settings has climbed.⁵⁵

As an aging population with complex health needs drives up patient volumes and extends hospital stays,⁵⁶ capacity limitations in skilled nursing facilities are forcing hospitals to retain patients longer, compounding operational pressures.⁵⁷ At the same time, behavioral health conditions are skyrocketing after the height of the pandemic, sending patients who can't find specialized behavioral health support⁵⁸ to primary care physicians and EDs.

When patients are unable to obtain their basic care needs, their health often worsens, leading to poorer outcomes and greater reliance on emergency services and specialized care.⁵⁹

Rural hospitals are especially vulnerable to such shortages.⁶⁰ Without sufficient providers, many facilities have been forced to close or reduce services.⁶¹

42 states will see nursing shortages by 2030.



Hear from the Experts

Shane Strum

President and CEO, Broward Health

“Health care workforce initiatives remain a priority for the state to mitigate shortages and prepare for future workforce needs. Broward Health collaborates with CareerSource Broward to identify and train high school students who are interested in joining the health care field, creating a talent pipeline for our organization. Students are provided hands-on experience, and with support from CareerSource, we get to personally train the employees of the future.”

Jaewon Ryu, M.D., JD

Former President and CEO, Geisinger

“You have to transform how people are taught. What better way to do that than in our own local schools. We continue to partner with numerous schools and have their students come into our environments to learn and see what health care jobs are all about.”



This trend is particularly evident in maternal care, as obstetric access in rural counties declined by nearly 8% from 2010 to 2022.⁶²

Broad political shifts also may have compounded access issues. Changes to states' reproductive laws are influencing where care professionals choose to work,⁶³ potentially exacerbating shortages in certain regions. For example, some clinicians are leaving states with restrictive abortion bans and policies.⁶⁴

In response to these shortages, hospital associations are funding creative ideas to attract and train new staff, and hospital leaders are offering training programs for high-demand roles. They also are partnering with schools and community organizations to create new pathways into health care careers.

Hospitals are responding creatively to workforce shortages with training programs for high-demand roles and community partnerships to create new health care career entry pathways.



These include:

- » Expanding service areas and creating training pipelines.
- » Developing new approaches to managing patient flow and shortening hospital stays.
- » Creating hands-on learning opportunities that combine work and education.
- » Partnering with other facilities to share labor costs and reopen closed units.
- » Creating academic practice partnerships to give students hands-on experience, while creating a pipeline of skilled clinicians and other hospital staff.

Case in Point

In Massachusetts, 15% of medical-surgical beds are occupied by patients awaiting post-acute care.⁶⁵ Springfield-based Baystate Health partnered with CareOne at Redstone, a rehabilitation facility, to tackle staffing shortages and discharge delays.⁶⁶ By sharing labor costs, they reopened a 16-bed unit for Baystate's post-acute patients. This collaboration boosted CareOne's occupancy from mid-70% to 88% and nearly doubled patient admissions from 2021 to 2022. Baystate saw fewer delayed hospital days and shorter stays. The partnership's success led to increased referrals and expansion to other medical systems.

Case in Point

Davidson-Davie Community College and Atrium Health Wake Forest Baptist launched North Carolina's first registered nursing apprenticeship program in 2020 to address nursing shortages.⁶⁷ The program enables nursing students to work in care settings while completing their associate degrees. Apprentices benefit from hands-on experience, mentorship and steady paychecks, while employers gain a pipeline of trained professionals. The program has shown promising results, with 11 apprentices admitted since its inception, five of whom have graduated as RNs.



Case in Point

The New Hampshire Hospital Association’s Foundation for Healthy Communities launched a \$200,000 Innovation Challenge in 2024, funded by a \$1 million Endowment for Health grant. Winners included an Uber-like system that connects licensed nursing assistants with providers,⁶⁸ a video subscription service offering burnout prevention training for nurses and a program to recruit and develop a behavioral health workforce from underserved populations, such as new Americans and justice system-involved individuals seeking a second chance.⁶⁹

Case in Point

In 2022, Hawaii reported a 30% vacancy rate for licensed practical nurse (LPN) positions.⁷⁰ The Healthcare Association of Hawaii (HAH) and its partners launched a CNA-to-LPN bridge program to address the shortages,⁷¹ funded by a \$35 million federal grant through 2025. The program graduated its first class of 30 students in December 2023, followed by a second cohort of 38 that started this past January. Graduates enter a residency program with sponsoring organizations. As the program progresses, HAH is exploring sustainable funding options and considering future pathways for LPNs to become RNs.

Case in Point

In Massachusetts, there are often 400 to 600 patients waiting in EDs for appropriate behavioral health care.⁷² In response to staffing shortages, the Massachusetts Health & Hospital Association (MHA) launched the HEALTHCAREers Academy to train new staff quickly in high-need areas. In its pilot phase, MHA is funding scholarships for 10 students to become behavioral health technicians, and partnering with community colleges and Regis College for a 12-week certification program. With inclusive entry requirements — applicants need only a high school diploma or GED — the program is designed to be accessible enough to quickly broaden and diversify the workforce.

Students will gain basic skills training initially and then continue to learn through a nine-month, follow-up support program. The association is funding the program up front, with the hope of reimbursement from hiring organizations. Following the pilot, MHA plans to expand to include larger class sizes and training for other high-need positions after evaluating the initial group’s success.

South Carolina, meanwhile, has created the “H is for Hiring” research-based marketing campaign, which includes statewide advertising, social media, special events and online resources for job seekers and hospital communicators.



Three Things to Think About

- 1** How can you tailor your retention strategies to address the needs of different generations and demographic groups within your workforce?
- 2** How can you leverage the unique strengths and resources of your local community in your workforce development efforts?
- 3** In developing new training programs, how can you incorporate lessons on resilience and burnout prevention to help support the longevity of new hires?



More From Your Peers

- **The Eastern Plains Healthcare Consortium (Colorado)** includes 10 hospitals east of the Colorado Rockies.⁷³ The group created a staff share where nurses from member hospitals can sign up to work extra shifts at other member hospitals, with grant funds offsetting their travel costs.
- **The University of Illinois Springfield** and the **University of Illinois Chicago (UIC) College of Nursing** partnered to help qualified pre-nursing students complete general education at UIS, with a guarantee of entry into the UIC nursing program to complete their bachelor degrees.⁷⁴ Participating students have access to advanced learning tools such as 3D anatomy tables, among others. UIS also launched degrees in high-demand fields like athletic training and upgraded its medical lab science program. The university invested in advanced learning tools, set up local internships and offers scholarships to attract students.



Top of Mind for the Field

Rethinking Engagement to Build a More Flexible, Engaged Workforce

Research shows that employee engagement is improving for the first time since the pandemic,⁷⁵ but a third of health care workers still report low engagement levels.⁷⁶



While another study⁷⁷ shows that 79% of nurses plan to remain in the field until retirement, a significant improvement from 2022, concerns about staffing shortages and workplace safety persist, as 88% of nurses worry about the impact of staffing shortages on patient care, and 63% report being assigned too many patients.⁷⁸

Effects of the COVID-19 pandemic continue to impact trust levels between hospital leaders and their teams,⁷⁹ with additional stressors such as workplace violence contributing to job dissatisfaction.⁸⁰ Alarmingly, half of the nurses in one study⁸¹ experienced verbal or physical assault within the past two years, with 26% considering leaving their roles due to safety concerns.

Leaders are experiencing their own record levels of disconnection — with a study showing their engagement levels declining for three consecutive years. According to Press Ganey’s analysis, they are one of the few cohorts that has not begun to recover from pandemic levels.⁸²



Hear from the Experts

Stephen Markovich, M.D.

President and CEO, Ohio Health

“Being an innovative system attracts more and better talent. You also can think of things like virtual nursing as an opportunity to give nurses a new approach to balancing workloads, like ways to rotate shifts between teams to allow people to decompress and experience less burnout.”

Brian Nester, D.O., MBA, MS, FCOEP

President and CEO, Lehigh Valley Health

“Workforce is really our number one problem, and number two and number three problem. The most important thing we learned is to listen to our colleagues and make sure we give them the best possible environment within which to work.”



Additionally, retention among health care employees in general is still an issue, as one in five health care workers left their organizations in 2023.⁸³

Workers who don't feel well-represented or have a supportive workplace community are at greater risk of isolation,⁸⁴ especially during crises. This includes employees in underrepresented populations who may not have a sense of psychological safety or belonging in the workplace⁸⁵ and who face unique health and social burdens.⁸⁶ It also includes new employees. First-year nurses account for a significant portion of departures,⁸⁷ many of whom may feel a lack of belonging. What's more, research⁸⁸ shows that higher employee engagement strongly correlates with a better patient experience, as engaged employees are reportedly more attentive, involved and likely to go above and beyond in patient care.

Meaning and purpose at work are valuable, but employee retention also requires trust, support, belonging, recognition and adequate resources.⁸⁹ To build an inclusive culture where all team members feel valued, connected and included, organizations must address both the systemic and social aspects of well-being — integrating diversity, equity and inclusion (DEI) strategies with well-being initiatives for all employees⁹⁰ — and actively foster a sense of belonging among new staff.

Fortunately, research shows that mental health among nurses is improving slowly, attributed to health systems' efforts to reduce burnout.⁹¹ Leaders are taking deeper, more comprehensive approaches to employee engagement: They are exploring ways to improve how employees interact with and feel about their work environment, considering all aspects of their experience.

This includes:

- » Linking well-being initiatives with diversity efforts.
- » Investing in diverse talent pipelines.
- » Regularly assessing employee needs and workplace conditions.
- » Promoting work-life balance and acknowledging life outside work.
- » Encouraging vulnerability and transparency in leadership.
- » Helping new staff acclimate to their roles through mentoring, extended orientation and working with effective preceptors and strong nurse educators.

Approaches to engage workers who don't feel well-represented include linking well-being initiatives with diversity efforts and investing in diverse talent pipelines.





Case in Point

Ochsner Medical Center tackled health disparities by focusing on diversity and inclusion.⁹²

Leaders created a plan to improve diversity in care, leadership, environment, supplier choices and communication. Hospital leaders now consider diverse candidates for all manager-level positions and started a mentorship program for underrepresented leaders. Ochsner also formed 10 employee resource groups for different populations, like African Americans, veterans, women and LGBTQ+ individuals. These groups help employees share ideas across the organization.

Case in Point

Facing high turnover of new graduate nurses, leaders at WellSpan Health York Hospital in Pennsylvania⁹³ extended new nurse orientation, created a residency program for new grads to form bonds and added shadowing opportunities in select departments, allowing new graduate nurses to observe and learn from more experienced clinicians. Leaders also added night educators and resource nurses to actively mentor new nurses in difficult situations. As a result, new grad turnover has significantly decreased and their satisfaction with orientation improved.

Case in Point

University Hospitals (UH) launched a social justice and equity team to tackle health care disparities and promote workplace equity.⁹⁴ The team started by auditing policies and practices to assess the organization's strengths and weaknesses in justice, diversity, equity and inclusion. UH's Office of Community Impact, Equity, Diversity, and Inclusion took action by:

- » Sponsoring Racial Equity Institute training for providers and leaders.
- » Facilitating bias training for all employees.
- » Launching innovative programs like UH Health Scholars and UH Food for Life Markets to improve workforce opportunities and health equity in marginalized communities.
- » Encouraging open communication through regular forums and newsletters, and promoting a nonpunitive approach to identifying and addressing issues, UH leaders are promoting a "speak up" culture that values staff input, safety and equity.

UH also implemented a fractal-based management system to encourage connection and idea-sharing across the organization.

Case in Point

To address the mental stresses of health care, Chicago's Northwestern Medicine established the Scholars of Wellness program, focusing on understanding what well-being means, and how it can be woven into organizational culture.

Case in Point

Fisher-Titus Medical Center in Norwalk, Ohio, addressed nursing shortages through an innovative international recruitment program that prioritized DEI. The hospital created⁹⁵ a welcoming environment for nurses from the Philippines by implementing a comprehensive support system. This included community mentors, peer preceptors and cultural training for existing staff to ensure smooth integration. The program extended beyond the workplace, with community members helping new nurses and their families settle into Norwalk. Fisher-Titus organized team-building events and offered culture and diversity classes for existing staff to foster an inclusive atmosphere. The initiative not only filled staffing gaps but also enriched the hospital's culture and the broader community. By focusing on long-term integration and support, Fisher-Titus aims to retain these international nurses beyond their initial commitment, demonstrating how DEI initiatives can address workforce challenges while strengthening community bonds.

Case in Point

Ochsner Health System has achieved widespread recognition for its initiatives to address employee mental health and well-being.⁹⁶ These include a program to help physicians identify and resolve causes of burnout, a course teaching resilience skills, and sessions for care teams to share experiences. The health system offers peer support for staff involved in stressful patient events, counseling services for various life issues, and spiritual support. Ochsner also has established behavioral health peer-to-peer support groups, and provides training for employees to recognize and respond to signs of mental illness and substance use.





Three Things to Think About

- 1** How can we integrate DEI strategies and our well-being initiatives to create a more inclusive and supportive environment for all employees?
- 2** What specific programs or resources can we offer to address the unique challenges faced by new employees, particularly new graduate nurses, to improve retention and job satisfaction?
- 3** What methods can we use to regularly gather feedback from employees and measure the effectiveness of our engagement initiatives?



More From Your Peers

- **The AHA Institute for Diversity and Health Equity's** 2022 DEI Benchmark Survey⁹⁷ reveals that most hospitals have dedicated DEI departments, with nearly one-third allocating more than \$125,000 annually. The top reported practices are providing career advancement opportunities for front-line workers (72%) and evaluating policies to eliminate workplace disparities and promote equity (63%).

Amid workforce shortages and rising staff burnout, Kaiser Permanente and Mass General Brigham used performance coaching programs to support clinician well-being and improve retention.⁹⁸ Kaiser Permanente focused on women leaders and those with leadership potential, while Mass General Brigham offered coaching as part of a broader well-being strategy, allowing participants to set individual goals. Both organizations presented coaching as a growth opportunity rather than remediation and used external coaches to create a safe space for open discussions without fear of internal judgment. By including coaching with other well-being initiatives, clearly communicating the program's purpose, allowing flexibility in coaching goals and measuring outcomes, initial results showed that participating staff were more confident, were less likely to leave their roles and demonstrated better leadership skills.

- **Allegheny Health Network in Pittsburgh** embarked on a six-year journey to improve clinician well-being, addressing basic staff needs like meal breaks and hydration, and then expanded to more complex well-being issues.⁹⁹ The health system implemented a 24/7 behavioral health helpline, created decompression rooms and launched a peer support program. Leaders also focused on gender-specific challenges, offering flexible start times and job-sharing options for female clinicians.

Recently, leaders appointed wellness officers for each medical institute and created an advanced practice provider council. The organization saw positive results, with physician burnout rates trending 10 percentage points below the national average.

Allegheny leaders also have sought employee feedback through annual surveys and midyear checks, using this data to develop targeted action plans.¹⁰⁰ The results were significant: 90% of employees reported feeling joy at work, nurse turnover decreased by 41% and their burnout dropped by 34%.

- **Allina Health** in Minneapolis launched a Well-being Navigation program in March to address employee burnout and improve engagement.¹⁰¹ Recognizing that employees felt overwhelmed and lacked time to navigate available resources, the program provides a dedicated phone line staffed by three employees who can answer well-being questions and connect callers with mental health consultants within 48 to 72 hours. The service covers a range of needs from nutrition to mental health support, simplifying access to the organization's extensive resources. While it's too early for engagement-related data, initial feedback has been positive, with increasing employee utilization. Managers are promoting the program to their teams, contributing to its growing adoption.



WORKFORCE RESOURCES

The AHA's hub for workforce-related resources can be found at [aha.org/workforce](https://www.aha.org/workforce). 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

[aha.org/aha-physician-alliance](https://www.aha.org/aha-physician-alliance)

American Organization for Nursing Leadership

[aonl.org](https://www.aonl.org)

American Society for Health Care Risk Management

[ashrm.org](https://www.ashrm.org)

AHA Institute for Diversity and Health Equity

[ifdhe.aha.org](https://www.ifdhe.aha.org)

AHA Team Training

[aha.org/center/performance-improvement/team-training](https://www.aha.org/center/performance-improvement/team-training)

Hospitals Against Violence Initiative

[aha.org/hav](https://www.aha.org/hav)

Society for Health Care Strategy & Market Development

[shsmd.org](https://www.shsmd.org)

COVID-19: Stress and Coping Resources

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

The Health Equity Roadmap

[equity.aha.org](https://www.equity.aha.org)

Summer Enrichment Program

[ifdhe.aha.org/summer-enrichment-program](https://www.ifdhe.aha.org/summer-enrichment-program)

Executive Certificate in Diversity and Health Equity

[ifdhe.aha.org/executive-certificate-diversity-health-equity](https://www.ifdhe.aha.org/executive-certificate-diversity-health-equity)

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