SECTION 3

BUILDING THE TEAM

Recruitment and Retention Strategies
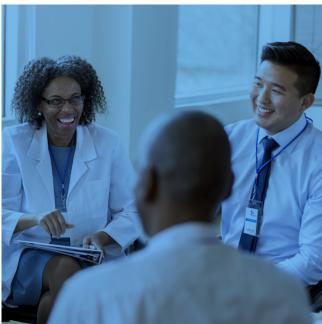
L ike most topics covered in this guide, the challenges that existed before the pandemic in recruitment and retention remain, but have been amplified by the ongoing nature and toll of the pandemic on the workforce. Combined with broader demographic and social changes, many traditional expectations of employers and employees have been upended.

The recruiting landscape has changed both as a result of larger demographic shifts as well as the impact of COVID-19 and the "great resignation." As organizations look to recruit new team members, they may be competing with different industries and settings, increased expectations for flexibility and the ability to work remotely, as well as better work-life integration and resources to support employees' families. Demographic changes in particular will likely contribute to an extended challenge in recruitment. The recruitment pool has been impacted by demographic shifts including:

- The dramatic drop in 16-24-year-olds who traditionally occupy entry-level roles;

- Pandemic-related reductions in immigration that have resulted in four million fewer new immigrants over the past two years; and

- The reluctance among those over 55 to return to work at the same rate as others. (**EMSI/burning glass**)

Efforts to increase diversity of the health care workforce were challenged prior to the pandemic and those challenges have been further exacerbated by it, which is addressed in greater depth in Chapter 7.

Top Takeaways for CEOs

1 **The landscape has changed;** we can't expect the same results with a one-size-fits-all approach to recruiting.

2 **Health care workers are worn out** — addressing well-being, as well as supporting flexibility and family life, are key to maintaining a strong team.

3 **A well culture,** where team members feel valued, is essential to retaining a committed workforce.

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At the same time, addressing the ongoing impact of COVID-19 on the current workforce also is a key priority. As mentioned in Section 1 of this guide, we must continue supporting the well-being, safety and mental health of a workforce that has experienced a seemingly unending trauma over the past two and a half years so they can continue to care for our communities. Over a short period of time, some employers have taken major steps to better accommodate the needs of their workforce, such as expanding hybrid and remote work, increasing support for family life integration and personalizing employee health benefits.

Considerations for hospital and health system leaders

- When refining a recruitment approach, we recommend you consider the composition and demographics of your workforce as well as national trends, as noted in Section 2 of this guide.

  STUDY
  AHA 2022 Talent Scan: Highlighting trends affecting the health care workforce.

  ARTICLE
  Leveraging the Promise of Advanced Practice Providers

- As you evaluate your organization's offerings, review the landscape of creative ideas from others in health care to spark ideas that can be tailored to your circumstances. Keep in mind that the rapid change and seismic shifts in how we work as a result of the pandemic may require some radical thinking in terms of benefits, flexibilities or approaches. It will certainly require a more nuanced and multi-channel set of solutions that address the variation in generation, life stage and support needs of a diverse workforce.

  RESOURCE
  Workforce Solutions: Recruitment and Retention Strategies in the Wake of COVID-19 Pandemic

- Adjustments to recruitment and retention efforts will take time and iteration, so ensure you develop an approach that involves multiple stakeholders and includes voices from human resources, clinical, operational, facilities, quality, technology and provider experience teams. All efforts must include clear connection to and alignment with diversity, equity and inclusion efforts.

  ARTICLE
  Viewing Workforce Needs with a Beginner's Mind

- Include your board in regular discussions regarding the workforce needs of the organization and their role in driving retention.

  RESOURCE
  Trustee Insights: The Key Role of Trustees in Nurse Retention

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Assessment

As mentioned in the data and analytics chapter, identifying what data you currently collect and what might be most useful will help guide your strategies. Understand what data can inform your diversity strategies.

- Consider a survey, such as the AHA's Voice of the Workforce survey *(to be released later this fall)* or other engagement surveys to understand what benefits, flexibilities and workplace dynamics may be impacting decisions to stay.

Evaluate the uptake of current benefits and if possible, stratify that usage by your employee demographic data, diversity characteristics, tenure, role and other available metrics to understand where there may be opportunities.

- Review opportunities for remote work, cross-training, shared labor pools and other strategies that might increase flexibility for staff.

As highlighted in Chapter 1 on well-being, recognition provides a strong opportunity to support retention efforts. Consider identifying resources needed to develop or partner on a formal recognition program.

Understand what tools and data are available to better predict needs and opportunities to deploy teams across the organization.

TOOL
Health Care Environmental Services Staffing Calculator and Workbook Bundle

Assess resources available (including executive time and attention) to address potential changes and identify priority areas for either broad action or piloted interventions to best support spread and scale.

Initiation and Growth

Addressing challenges with recruitment and retention must be multi-factorial to address the needs of your unique employee population and will require a tailored approach. These efforts will also need to be prioritized and in some cases piloted before full implementation to ensure ongoing equity, safety and outcomes.

As with efforts to address well-being, activities will need to address a spectrum of needs and barriers and will fundamentally require a strong organizational culture to grow and sustain. As a starting point, addressing benefit design, workflow and team composition may be areas where your front-line teams and managers can provide key improvement input.

- Consult with your benefits committee to identify potential benefits of interest to your employees or opportunities for a "cafeteria"-style approach that might provide greater variety in benefits.

- Through focus groups, discussions with front-line leaders and other input methods, identify opportunities for different structures, workflows or team compositions that might support better balance and engagement of the current workforce.

- Review current schedule flexibility available in different units and departments and consider where additional flexibility might be built in.

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As noted by the recent **Nursing Think Tank recommendations**, creating opportunities for more flexibility within the confines of shift-based work both in roles and time frames requires some creativity and varying models, but can address some of the challenges of addressing staffing fluctuations.

Another key factor impacting the current workforce, particularly in health care, is the availability of child and elder care. While not a solution for every organization, studying opportunities to develop or partner with community care providers could address a key stressor for health care workers.

STUDY
Childcare Stress, Burnout, and Intent to Reduce Hours or Leave the Job During the COVID-19 Pandemic Among US Health Care Workers

ARTICLE
To Retain Nurses and Other Staffers, Hospitals are Opening Child Care Centers

Organizations in locations with challenging real estate markets may also want to consider opportunities to purchase, partner or co-develop housing for their workforce. While a long-term undertaking, some markets may remain challenged to find suitable options for new recruits.

CASE EXAMPLES
Recruitment and Retention Strategies: Housing

Consider creative models of recruiting, including apprenticeships to expand career opportunities for your current staff and educational partnerships to build relationships with those just beginning their careers. Before the pandemic, health care organizations were exploring apprenticeships and other programs to support current employees in growing their health care careers. These opportunities can provide recruiting potential to bring in those looking for change.

EXAMPLES
Apprenticeship Examples from Across the Country

CASE STUDY
Apprenticeships Answer Emerging Workforce Demands: Staten Island Performing Provider System

Programs like those developed by Mary Washington Health Care and Germanna Community College allowed nursing students to engage with and start their careers while completing their education. Consider outreach to schools with which you operate clinical rotations to identify creative additional work opportunities.

CASE STUDY
Earn While You Learn: Innovation During a Pandemic

As you consider encouraging health care careers, consider partnership opportunities with high schools and middle schools to share the value of a career in health care. Job shadowing, career days and other creative approaches are being deployed across the country to bring the broad spectrum of health care careers to interested students.

CASE STUDY
From High School to RN

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Sustainability

Prior to the pandemic, successful practices in team-based care, from the front lines to the C-suite, demonstrated a strong culture that supported retention efforts. The toll of the pandemic has been significant on the health care workforce, but efforts to bolster strong teams and peer networks have shown to be protective.

MODELS
A Model for Clinical Partnering: How Nurse and Physician Executives Use Synergy as Strategy

TOOLS
Team training tools have been shown to increase communication and engagement — explore the full video library of trainings **here**.

Many state and local associations have developed partnerships and opportunities to support workforce development locally. Identify opportunities to partner.

TOOLS
Caring Gene — a partnership among health care leader associations in New York, this effort seeks to recruit those interested in caring for others to health care careers.

Missouri Health Careers — a resource site to help those interested in health care careers identify opportunities and education.

Leadership

As the workforce shortages continue to challenge our teams, leaders — especially those on the front lines — will need additional support, training and education. Whether adapting to a hybrid workforce, managing adjusted workflows or new team compositions, or leading virtual care teams, ongoing efforts will be needed to ensure all leaders have the right skills, competencies and tools to succeed.

As you review potential changes to accommodate workforce needs, ensure you are identifying related leadership education and support needs along the way.

Prepare your core management and leadership teams to support change activities while not ignoring their own needs. Leader burnout can erode the health of the entire team.

EDUCATIONAL PROGRAMS
Next Generation Leaders Fellowship — designed for emerging health care leaders to provide skills needed to move into senior leadership roles.

AONL Education Programs — from individual programs to longitudinal fellowships for front-line, emerging and senior nursing leaders, these programs provide the skills and competencies needed to lead the team of the future.

AHA Leadership Experience Program — trains leaders in leading themselves and their teams through change while supporting well-being.
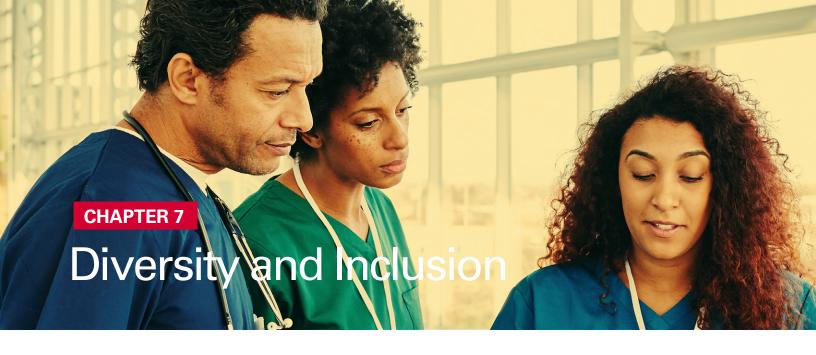
TOOLS
Physician Leadership 360: A tool to help emerging physician leaders identify strengths and opportunities in their leadership.

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CHAPTER 7

Diversity and Inclusion

There are many ways a robust diversity and inclusion strategy can help support your workforce and the communities your hospital or health system serve.

A diverse workforce understands that the cultures, issues and needs of local patient populations can provide deeper insight that results in better decision-making about how to serve those communities. Those decisions then have the potential to postively impact patient experience, safety and quality, and your communities' overall health. Advancing equity also can have operational benefits, such as a reduction in insurance claims and reduced costs.

Creating inclusive environments where your workforce feel a sense of belonging also can have significant benefits. Retention is likely when your team members feel heard, seen and recognized for their contributions. They are more effective and work becomes more enjoyable.

At the same time, addressing the ongoing impact of COVID-19 on the current workforce also is a key priority. As mentioned in Section 1 of this guide, we must continue supporting the well-being, safety and mental health of a workforce that has experienced a seemingly unending trauma over the past two and a half years so they can continue to care for our communities. Moreover, the impact of hybrid and remote work, the expectations for flexibility and desire for more tailored benefit design to support family life integration, have vastly shifted in a short time.

Top Takeaways for CEOs

1 **To build a diverse and inclusive environment,** leaders must work to ensure their leadership is representative of the patients and communities they serve.

2 **Increasing diversity and inclusion** can support your workforce and the patients and communities you serve.

3 **Hospital leaders effective at advancing equity are accountable** for implementing goals and ensuring others in the organization are also accountable for building and supporting an inclusive culture.

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Considerations for hospital and health system leaders

Implementing a strategy that supports diversity and inclusion will require a culture shift and it will be important to have a change-management strategy that engages employees in the discussion to understand their wants and needs. It may be helpful to utilize interdisciplinary teams that can coordinate efforts across departments and your organization.

In addition, as discussed in previous chapters, there will be no one-size-fits-all solution for hospitals and health systems across the country. Solutions will be local and must take into consideration the needs and resources available at your hospital or health system.

- Consider opportunities to adjust recruitment and retention efforts while balancing current practices with workforce needs and desires to help guide the most valued changes. Understanding the composition and demographics of your workforce, as well as trends nationally, as further outlined in Section 2 of this guide, Data and Technology to Support the Workforce, will refine your approach.

Assessment

- When assessing how a diversity and inclusion strategy can support your workforce, it is important to begin by evaluating the current efforts at your organization, including those activities and practices in place and those that may need to be implemented.

  RESOURCE
  A Diversity and Cultural Proficiency Assessment Tool for Leaders

  TOOLS
  Health Equity Snapshot: A Toolkit for Action.

- In addition, leaders should begin to explore and set a common vision for what diversity and inclusion means for the organization. Leaders effective at advancing equity are required to assess their own positions, biases and growth on diversity and inclusion topics critical to leading an equitable organization.

  RESOURCE
  AHA Health Equity Roadmap

- As you delve into understanding your organization's approach to diversity and inclusion, determine what data you have access to and what data you will need to be effective. Think broadly and multi-dimensionally about the layers of diversity in your organization and your community, from race, ethnicity and gender, to age, socio-economic status, education level, and many other factors that can impact care needs.

  FRAMEWORK
  Societal Factors that Influence Health

- Once those activities are completed, you can begin to define goals and identify the changes that must be made. It is important to remember while setting these goals that the focus is not only to recruit a diverse workforce, but to create the culture of belonging necessary to retain that workforce.

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Initiation and Growth

- The U.S. Census Bureau predicts that people of color will constitute a majority of U.S. residents by 2045. The need to understand these changes and develop sustainable business strategies requires leadership to commit the resources necessary to support recruitment, hiring, training and retention of a diverse workforce. There are many steps that can be taken to support your workforce.

- For example, leaders can allow for the time and support necessary to develop recruitment and hiring policies that result in a diverse pool of applications and a diverse selection committee.

RESOURCES
Does Your Hospital Reflect the Community it Serves?

Amplifying Black Voices: What Health Care Organizations Can Do to Advance Diversity, Equity and Inclusion in the Workforce

WEBINAR
Inclusive Local Hiring Building a Pipeline to a Healthy Community

- Hospitals and health systems can also focus on succession planning initiatives and pipeline development – including seminars, employee resources groups, a career development center for employees, or leadership pathways.

PROGRAMS
AHA Institute for Diversity and Health Equity Summer and Fall Enrichment Programs

AHA Institute for Diversity and Health Equity Certificate in Diversity Management

Leadership

- Strong support from senior leadership, across the C-suite and leaders of divisions, will be essential to encourage and reinforce actions by teams involved in improving diversity and inclusion. And, as mentioned in previous chapters, it may be helpful to identify those leaders that are ready to take on this work and leverage those innovative leaders as champions within your organization to guide this work.

- Team members, from hiring managers to the C-suite, also will need support from the board of trustees and a clear understanding of their role in sponsoring diversity, equity and inclusion.

- Where leadership talent representing the diversity of patients and the workforce is not readily available, effective leaders will look to build internal and external talent pipeline.

REPORT
Diversity and Inclusion in Leadership and Governance

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- Hospital leaders must also be accountable for implementing the goals and actions they develop. This includes ensuring everyone in the organization is accountable for building and supporting an inclusive culture. For example, governing boards can provide compensation incentives for hospital leaders who demonstrate the policy and practices changes needed to support diversity and inclusion.

Sustainability

- It will be important to track the progress of your efforts over time. Metrics and assessment tools should be deployed to ensure strategic plans are implemented and followed. For example, if diversity of your leadership team is a strategic priority, it will be important to define the type of diversity you are trying to achieve, set reasonable target metrics and create pathways to assess and track progress against those target metrics.

  RESOURCE
  Health Equity, Diversity and Inclusion Measures for Hospital and Health System Dashboards

- Sustainability will depend on addressing structural barriers that include policies and practices that impede this work. This includes cultural barriers that may slow down adoption of these efforts. It will be important to identify these barriers and create the pathways necessary to address them as diversity and inclusion efforts are implemented. For example, policies and practices related to hiring, on-boarding and promotion, may not reflect the diversity and inclusion intent of the organization. Review your usual practices related to how and when communications or events are scheduled; they may not take into account different family situations that may make it more challenging for team members to participate.

Partnerships

- As hospitals and health systems improve diversity and inclusion, leaders must understand the communities they serve in order to develop a workforce that matches those communities. To do this, they can engage with community-based organizations that work with individuals in the community on a day-to-day basis to understand their needs. This may include educational institutions and organizations, transportation agencies, housing organizations, planning councils, public health departments, faith-based organizations, community organizations and other organizations and businesses.

- It is also important that your organization increase diversity and inclusion in its board room. The trustees of your organization represent the community you serve. Increasing their diversity will enable better decision making that will allow you to support the workforce while also delivering better health outcomes to the patients and communities you serve.

  ARTICLES
  Steps to Achieving Diversity on Your Board

  How and Why to Build Board Diversity

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t is evident that COVID-19 has changed the face of the health care workforce. As outlined in previous sections, the impacts have strained hospitals, taxed caregiver well-being and resulted in many departures from health care jobs. The resulting shortages have led to some challenges, but also some creative solutions to think about workflows, workplaces and teams differently than ever before. The broad adoption of telehealth is just one example that stretched the interpretations of where and how we provide care, and hospital teams have begun to explore different avenues.

While many of the approaches that emerged during the pandemic require continued examination, testing and outcomes-based research to glean key success factors, organizations are continuing to experiment and pilot changes that can help support their current workforce in providing needed care in their communities.

From working with non-traditional partners, to using technological supports, organizations need to continue the innovation and creativity as the shortages we face today will not dissipate quickly.

Top Takeaways for CEOs

1 **Many creative models were tested** during the pandemic, now is the time to analyze and understand the keys to success.

2 **Technology can be a key player in supporting new staffing models,** but only after you understand the work to be done and the team doing it.

3 **Make sure you are involving the full team,** including patients and families, in evaluating care model shifts.

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Considerations for hospital and health system leaders

As hospitals address the workforce shortages now and into the future, discussions of how to safely continue services, how to implement different workflows that account for tighter staffing, employing available technology and other approaches to care delivery with fewer team members will be needed.

Some hospitals and health systems experimented with staffing models and team composition out of necessity during the pandemic. While there were numerous iterations, and many likely failed as effective solutions, there is not yet a deep study of the outcomes either for patients or the workforce itself.

- As you think about changes to be made for longer-term interventions, pilot approaches and use of PDSA cycles can help document the advances and potential pitfalls.

- Don't be afraid to start over. Care delivery models must be shifted with a keen focus on patient care safety and quality, which may not result in the alleviation of burden or reduced expense expected at first. Continue to iterate.

- As you consider different staffing complements, understand the employment landscape to ensure you aren't creating challenges for other parts of the health care or social service continuum. A market analysis could yield additional clarity on under-employed health care professionals who might not have traditionally supported inpatient care.

As noted in Chapter 5, understanding the work to be done and which team members could perform the work are essential precursors to employing technological supports.

- Too often, technology can be deployed ahead of a full understanding of the work needed and the potential for shifting across teams, causing undue burden or steep learning curves to adapt the people to the technology.

- Technological supports also often come with significant investment, so clear understanding of the process and procedure changes that must precede any introduction of technology will be essential.

Finally, understand the current and potential partnerships with community-based organizations that could extend your ability to support patients and your own workforce. Organizations within your community, while likely also straining to find adequate workforce, might be willing to undertake joint efforts that alleviate community needs while balancing workload.

CASE EXAMPLES
Community Partnerships to Support the Health Care Workforce

Assessment

Start by identifying and cataloging approaches taken during the pandemic to address surge capacity needs and other staffing approaches that proved useful in meeting demand. In the review, be sure to identify key factors at the local or unit level, such as team composition, resource usage, or acuity levels, and those provided at an organizational level, such as access to float pools, just-in-time training or technology supports available. Working with local managers to understand what was successful and why will facilitate scaling of effective approaches. As you begin to identify staffing models to test or scale, understand current and recent usage of contract labor for potential savings.

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GUIDANCE

The Nursing Think Tank **recommendations** include detailed suggestions for analyzing need, opportunity and resources needed.

Beyond surge needs, identify data sources and trends that can help you predict future staffing needs to begin cross-training programs and enhance float pools. As you do this work, make sure you understand current configurations of teams and service lines to find those most able to flex, share team members or support capacity needs. Part of this examination, for those with multiple sites or geographic spread, could include internal "travel" opportunities for team members.

As you review approaches that were helpful from the past two years, consider opportunities to bring non-traditional team members into your workflows, expanding roles for those in non-clinical patient-facing positions, and greater use of team-based models to ameliorate staffing shortages.

Identify opportunities to partner with community-based organizations to enhance the reach and ability of your current workforce to support your community. For example, community health workers already involved in chronic disease support could provide additional connections to patients who may have delayed care during the pandemic.

Examine current use of telehealth options, including hospital-at-home, to understand opportunities for non-traditional "bedside" care delivery options for staff. At the same time, identify technological abilities to provide supportive expertise to team members through virtual nursing or other programs that allow those on-site to quickly consult with experienced colleagues who may be remote-based.

Initiation and Growth

As you consider which staffing models and workflow changes to pilot, spend time refining the opportunity with front line leaders and team members to ensure changes aren't happening too fast or there aren't pitfalls at the local level. Utilize PDSA cycles to evaluate changes and gather feedback from the full team. Part of your evaluation should include patient and family input as well as studies of relative costs and quality and safety outcomes.

Consider using national and local surge capacity trainings, examples or resources as starting points in piloting or refining models beyond pandemic needs.

WEBINAR

Nursing **Surge Staffing** example and **Unique Models** to Support Well-Being

GUIDE

Society for Critical Care Medicine **Preparing Your ICU for Disaster Response** includes communications plans, how-to guide for building surge capacity, understanding ethical decision making and more.

RESOURCES

University of Washington Critical Care Training for Non-Critical Care-Trained Providers: Now What Do I Do?

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Many models employed during the pandemic looked at ways to expand roles or bring team members from traditionally outpatient and ambulatory roles into the inpatient or even virtual space. These types of approaches can be facilitated by a centralized structure for scheduling and deployment that allows for flexibility across settings. These models also benefit from increased training, just-in-time resources to support new assignments and strong communication skills from front-line leaders.

WEBINAR

Restructuring Staffing Models to Enhance Value — highlights cross-training, non-traditional roles for clinical team members and opportunities to share staff across departments.

CASE EXAMPLE

Nurse leaders at Yale New Haven Hospital used **alternate staffing models** to grow and retain their nursing workforce during the COVID-19 pandemic.

Organizations with larger geographic spread can also consider internally organized traveler opportunities to offer desired flexibility and new experience while retaining team members.

SUMMARY OF EXAMPLES

Team-based Models of Care highlights approaches used throughout the COVID-19 pandemic to bring teams together to provide care.

Consider expanding roles for non-clinical patient-facing team members where they can enhance your clinical team's ability to support care delivery. Consider working with your patient and family advisory councils to identify other opportunities to engage with families for additional support.

CASE STUDIES

Capitalizing on Relationships to Drive Coordinated Care — identifying non-traditional roles for all team members to facilitate patient care.

GUIDE

Building A Community Health Worker Program: The Key to Better Care, Better Outcomes, & Lower Costs

GUIDE AND PODCASTS

Engaging PFACs in Care Delivery

Organizations have greatly expanded technological solutions to reach patients, such as hospital-at-home, telehealth and other digital approaches, but it is important to understand how these efforts can provide opportunities and challenges for care delivery and impact the well-being of the care team. Ensuring sufficient training and comfort levels with using technology to care for patients and understanding needed adjustments in workflows are key to success.

Programs that use technology can provide options for team members to work in less traditional settings and shifts, allowing for greater retention. But these arrangements can significantly change the team dynamic or available support, so clear understanding, training and expectation setting of the work needed is essential.

ISSUE BRIEF

Creating Value by Bringing Hospital Care Home

CASE EXAMPLES

Hospital-at-Home

PODCASTS

Atrium Health Virtual Hospital During COVID

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Virtual nursing programs that provide backup to those on the front lines, such as e-ICU or other modalities, as well as remote access to specialists or consults through telemedicine can greatly expand the reach and support felt by the care team. However, many of these programs require significant investment and infrastructure to put in place. Bring together a team to evaluate the potential of these programs and again, consider pilot approaches.

Leadership

Managing change is not an innate skill. Make sure your team leaders and front line managers have the appropriate training and support to lead their teams through care model design piloting, testing and implementation.

As you identify and prioritize models to pilot, ensure sufficient resources of time, energy and analytics capability across the right teams to accurately study and then scale effective models.

Opportunities to share lessons learned across divisions and departments may require protected time for leaders to observe and learn from each other from the front lines to the senior levels. Invest in opportunities to share successes and key metrics.

Sustainability

Many care model shifts that took place during the COVID-19 pandemic are too new to have deep study or proven outcomes for patients or their caregivers. In many cases, as changes were made rapidly to accommodate surges, there are not data on quality, safety or other metrics to understand what was successful and where changes are needed. As you move through piloting different interventions and models, ensure you invest in data collection and review to evaluate these metrics.

Creative approaches to the care model can offer opportunities for recruitment and retention of team members with different needs, abilities and approaches, potentially increasing team diversity. Ensure that as you evaluate new models they do not impede equitable access to care, particularly those using digital supports.

As you identify new roles for current team members or opportunities to bring team members from different settings to your care delivery model, ensure that you are not leaving other care settings with shortages they cannot sustain.

New care delivery models may require different configurations of support teams across the organization. As you evaluate pilots, ensure you are creating feedback loops that include information technology, facilities, finance, operations, communication, human resources, and all relevant colleagues.

AHA Resource Hubs at a glance:

American Organization for Nursing Leadership

AHA Physician Alliance

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