

Insights on the Evolution and Implications of Healthcare Workforce Challenges

Workforce challenges have been a part of healthcare in the United States for many years. Clinician stress and burnout, mental and behavioral health issues, staffing shortages, and the administrative burden associated with providing and documenting care, among other factors, have resulted in unsustainable pressures on our nation's healthcare workers. These pressures were already dangerously high before the emergence of COVID-19, and they remain too high even as the pandemic begins to abate.

Personnel shortages emerged as the chief concern of healthcare executives responding to the American College of Healthcare Executive's (ACHE) annual survey in [2021](#).¹ Understanding the significance of this finding, ACHE subsequently expanded the survey category from solely focusing on staff numbers to include additional factors contributing to workforce challenges, which remained healthcare executives' primary focus in [2022](#).² This subtle but significant change highlights the pressing need to shift our perspective on how we define and address the needs of healthcare professionals.

The early 2030s has been predicted to be a tipping point for staffing supply. By the next decade, over 20% of the [US population is projected to be 65 or older](#)³ — meaning the growth of an aging population will be happening at the same time that increasing numbers of [physicians](#)⁴ and [nurses](#)⁵ near retirement age.

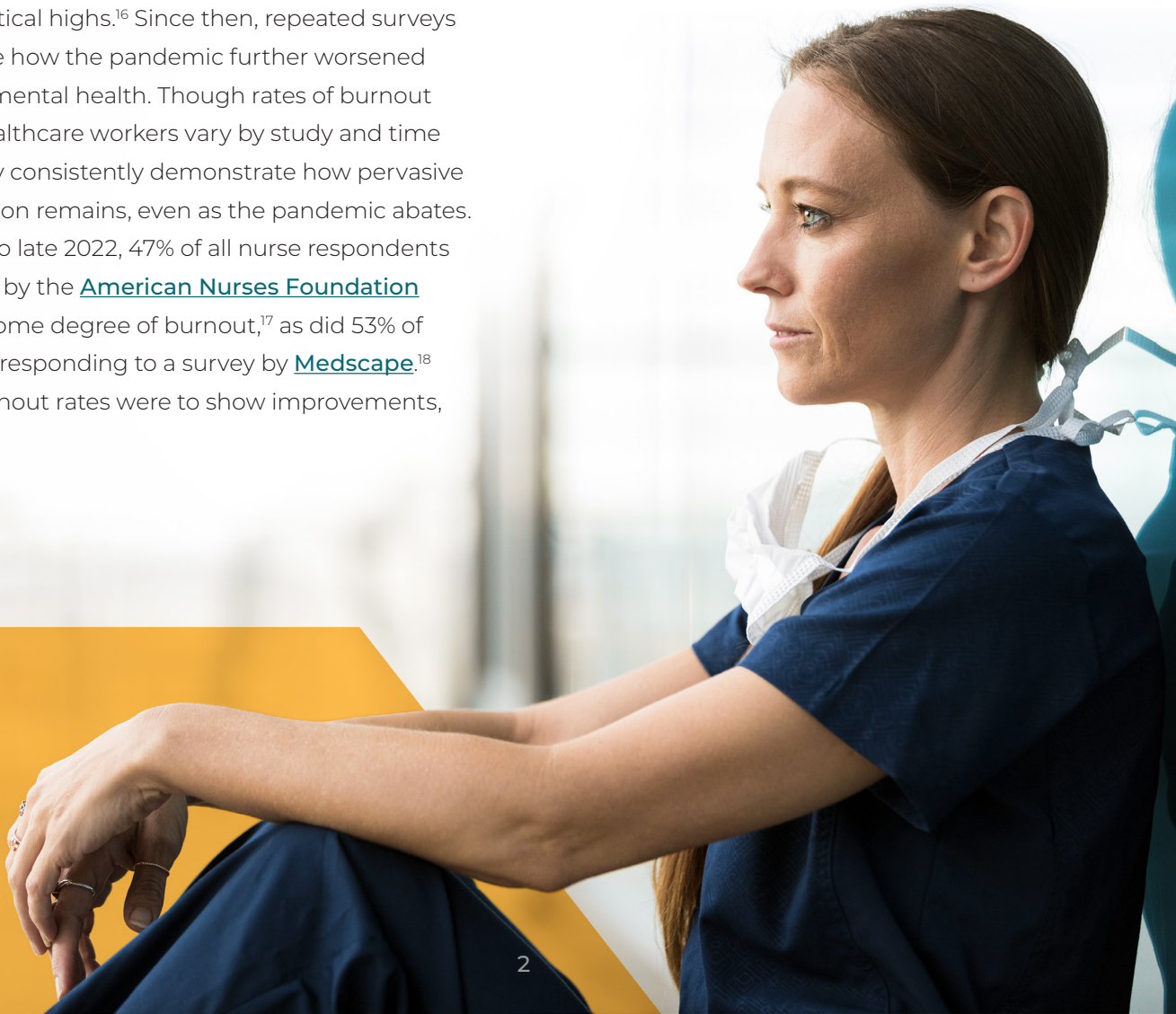
The loss of large numbers of clinicians is set to play out against the backdrop of an expanding population of individuals needing care for chronic or lifelong conditions. According to the [CDC](#), six in 10 adults have at least one chronic condition and four in 10 have two or more.⁶ The greatest prevalence of multiple chronic conditions (two or more) is among adults over the age 65 (81%), followed by those age 45-64 (50%).⁷ Even more notably, there has been a rise in the percentage of adults with five or more conditions — a cohort requiring considerably more healthcare resources.^{7,8} Meanwhile, the prevalence of common chronic conditions among [children](#) has also grown, alongside improved survival rates for previously life-limiting conditions.^{9,10} These factors together forecast a growing imbalance between healthcare labor supply and the healthcare needs of the population across the lifespan.

However, before we could reach the year 2030, the pandemic hit, and with it, staffing issues shifted from concerns regarding an aging workforce to the more acute challenges of staff retention. Alongside staffing challenges, a complex interplay of factors has contributed to delays and reductions in care services. It is well known that patients delayed care during the pandemic, either deliberately or as the result of difficulty accessing their providers, or inability to afford healthcare costs. Both [patients](#)¹¹ and [providers](#)¹²⁻¹⁴ have reported that delayed or missed care has resulted in negative effects. While the long-term impact on overall population health has yet to be fully understood, the short-term effect has been a need for clinicians to address a [resumption](#) of care demand at a time when staffing at every level is in short supply.¹⁵

Beyond the labor numbers, the mental and emotional health of an entire industry's workforce is in danger. In 2019, the [National Academy of Medicine](#) (NAM) warned that levels of clinician burnout were nearing critical highs.¹⁶ Since then, repeated surveys underscore how the pandemic further worsened clinicians' mental health. Though rates of burnout among healthcare workers vary by study and time frame, they consistently demonstrate how pervasive this condition remains, even as the pandemic abates. As of mid to late 2022, 47% of all nurse respondents to a survey by the [American Nurses Foundation](#) reported some degree of burnout,¹⁷ as did 53% of physicians responding to a survey by [Medscape](#).¹⁸ Even if burnout rates were to show improvements,

the chronic nature of it has already taken a toll on the industry. The impact of unsustainable external pressures, pre-dating and exacerbated by the pandemic, has prompted many clinicians to consider taking a [step back](#) from the workforce.^{17,19,20}

A 2022 survey conducted by [Medical Economics](#) reported that over half of responding physicians either "would not recommend" their profession to their child or were "not sure" (almost evenly split).²¹ In 2021, a survey of nurses commissioned by [Intelycare](#) found that despite most respondents being motivated to enter the profession out of altruism, more than half "would not recommend" it to their child.²² While neither of these surveys were exhaustive – in size or ability to understand the true meaning behind respondents' choices – they do provide poignant insights into a field based around improving the lives and health of others.



It is clear that we need to better support our healthcare providers, who are faced with navigating a return to normal operations amidst continued staffing shortages and the growing care needs of the community. In its analysis of the healthcare workforce's needs, the [American Hospital Association](#) (AHA) highlights the importance of feeling a sense of purpose in one's work, and describes a need "to reinspire workers to find the joy, satisfaction and purpose that drew them to health care in the first place."²³ Creating a "mission-driven" culture that helps employees feel valued is an important strategy according to the AHA.²³ Findings from survey studies published in [JAMA Health Forum](#)¹⁹ and [Mayo Clinic Proceedings](#)²⁰ reinforce the positive correlation between feeling valued by an organization and intent to remain in the workforce.

Building a culture that values employees starts with creating a supportive infrastructure – one that ensures alignment between workflows, expectations regarding clinicians' use of time, and what matters most to clinicians. The American Medical Informatics Association (AMIA) is leading an initiative, dubbed [25x5](#), to decrease clinicians' documentation burden by 75% within five years.²⁴ The initiative includes working groups of healthcare professionals and health IT vendors, each with a variety of goals, including

a shared common goal of EHR optimization.²⁴ The NAM's [National Plan for Health Workforce Well-Being](#), issued in October 2022, also identifies the use of "effective technology tools" as one of several priority areas.²⁵ This points to the opportunity for EHR innovations to be a key part of a new framework that enables clinicians to more fully engage in work that mirrors their skill set and professional passion, and in turn derive more meaning from their careers.

Despite organizations' use of EHR optimization teams, certain EHR features and tools are often underutilized due to a lack of time in clinicians'

"Effective technology tools" that further support organizations in enhancing patient-clinician relationships can include the use of remote patient monitoring and virtual care to increase touch-points between clinicians and patients, and allow greater flexibility for face-to-face connection and continuity of care.

MEDITECH's [Expansive Virtual On Demand Care](#) within the Patient and Consumer Health Portal facilitates 24/7 video chats between patients (enrolled or new to the organization) and clinicians. Patients can also upload data from personal health devices/medical device kits into the Patient and Consumer Health Portal, enabling care teams to better manage their patient populations.





The dual goal of EHR optimization is to ensure widespread adoption and leverage increasingly advanced EHR features and tools in innovative ways. Organizations need supportive services to achieve both aspects of this goal. Optimizing and tailoring an EHR solution to an individual organization's needs requires flexibility and ongoing vendor partnership.

MEDITECH offers several deployment methodologies to align with organizational needs and to ensure successful adoption of all Expanse features. MEDITECH's partnership with MedPower allows organizations to track EHR end-users' onboarding progress, and offers flexible learning opportunities—meaning clinicians can engage in training wherever they are, and whenever it works best for them.

schedules, highlighting the very real paradox that activities meant to reduce burden end up instead adding to it. This was one of the insights learned by Hawaii Pacific Health, an organization that created a program in 2017 aptly named "[Getting Rid of Stupid Stuff](#)" ([GROSS](#)) in order to solicit frank conversation about staff's perceptions of and frustrations with EHR documentation requirements.^{26,27} The program had a big impact both in terms of cutting "fat" from workloads and streamlining tasks, and has the potential to boost staff morale by surfacing unspoken opinions during process redesign.^{26,27} Most importantly, the program shows that to achieve meaningful EHR adoption and outcomes, a thorough assessment of staff's perceptions of documentation requirements and workflow priorities must precede any implementation of changes.

This underscores the need for long-term workforce development to be complementary to current and anticipated technological advancements. Though there is a need for recruitment of new entrants to the healthcare industry workforce, academic faculty have a few needs that must be met first: for resources, for recognition, and for time to refresh curricula in light of shifting care models and technology advancements. According to the [American Association of Colleges of Nursing](#) (AACN), resource issues (including faculty and training site constraints) forced US nursing schools to turn away nearly 92,000 qualified applications in 2021.²⁸ Similarly, although medical school enrollment grew [35%](#) in almost two decades,

the American Association of Medical Colleges continues to advocate for an expansion in the number of available residency programs and clinical sites in order to keep pace.²⁹ Addressing the discrepancy in applicant demand versus available resources requires not only a bolstering of clinical faculty and site supply, but also a concerted effort to update continuing education offerings and nursing and medical school curricula based on established trends in data analytics and technology advancements.

[Elsevier](#) conducted a global survey of nearly 3,000 clinicians in 2021, finding that the majority of respondents "agreed that the volume of patient data is overwhelming."³⁰ Not surprisingly, these clinicians also ranked data analytics and technology literacy among the top three needed skills for the future.^{23,30} Respondents to Elsevier's survey identified technology as a force for good, but also expressed concern that digital technologies could be a "challenging burden" on their responsibilities in the future.³⁰ The dichotomous nature of these responses points to a need for vendors to thoughtfully approach the

incorporation of new sources of data and novel technologies in a way that naturally complements clinicians' workflows and task objectives. The AHA draws particular attention to the need to provide staff support and training in the use of technology and digital innovations as the location of care delivery shifts to new sites; clinicians will need to balance these new workflows and care models with an ability to keep the patient at the heart of the encounter and to maintain caring relationships.²³

Positive relationships with patients could also help to abate some – though not all – of the factors contributing to burnout by enabling providers to connect and fulfill the mission that drew them to healthcare in the first place.³² In addition to taking a system-wide approach to giving clinicians back time in their day to build deeper patient-clinician relationships, organizations can leverage technology to establish more meaningful ways to address patients' challenges.

The continuity of care and quality of patient-provider relationships contribute to providers' sense of professional purpose.³¹ According to a study in the [Annals of Family Medicine](#), "Most clinicians noted that when patients' social needs were effectively

met, their own morale improved."³² It's not surprising then that fatigue and frustration can hit hardest when clinicians feel they are faced with external factors affecting patients' conditions over which they have no control, nor dedicated time to address.³² As emphasis on addressing social determinants of health grows, enabling healthcare organizations to establish interdisciplinary models of care delivery and management can more effectively connect patients with resources while decreasing clinicians' sense of managing complex patient needs in isolation.³²

Authors of a separate study in the [Annals of Family Medicine](#) on finding "joy in practice" identified various processes that contribute to organizational success, including efficient communication practices, "proactive planned care," and a commitment to interdisciplinary collaboration.³³ These practices align with other findings from the previously referenced study in JAMA Health Forum that empowering a sense of control at work, fostering less "chaotic" environments, and enabling a team approach can help organizations promote a more positive work environment and improve workforce retention.¹⁹

The ability to conduct an in-depth assessment of the needs of the overall population and sub-groups within it aids organizations in the strategic alignment of resources, and more targeted, individualized, and effective interventions.

Expanse Care Compass helps improve outcomes and reduce the cost of care by enabling care managers to identify and monitor cohorts of patients with the most pressing needs. Advanced analytics tools enable providers to stratify the collective data, surfacing new insights that can in turn drive more effective and creative care interventions.



The Imperative

From a glass half-full perspective, the previously cited surveys (Medical Economics, Intelycare) found that nearly half of physicians and nurses surveyed would recommend their profession, demonstrating remarkable resilience. While there will always be challenges, it is critical to ensure that those challenges don't outstrip or outweigh the rewarding nature of a career spent caring for the community.

Achieving industry-wide change hinges on a comprehensive approach to addressing workforce challenges. The future recruitment of a stable workforce is reliant on making workflow enhancements today. This means development of digital and technology strategies that are sustainable and support providers in pursuing aspects of healthcare that bring them the most satisfaction. As new sources of data are identified, technology solutions must thoughtfully incorporate this information into clinician workflows in a manner that is intuitive and actionable, resulting in improvements in efficiency, outcomes, and end-user satisfaction.

Following the lead of NAM, AMIA, and AHA, two objectives stand out: reduce documentation burden and make work more meaningful. Optimizing current technology and tapping into the newest digital advancements can help to temper some of the immediate issues leading to cognitive overload and diverting staff's attention from the aspects of work that matter most to them.

MEDITECH is committed to the continual development of thoughtful and "effective technology tools" that support the clinicians of today and tomorrow. [Learn more](#) about how MEDITECH's solutions and strong partnerships are addressing critical success factors needed to reduce documentation burden and make work more meaningful.



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