
THE WORKFORCE CRISIS IS AN UNIGNORABLE MOMENT FOR HEALTHCARE



Source: [Pixabay](#)

Staff out sick with COVID. Nursing shortages. Healthcare workers “quitting in droves.”¹ The healthcare industry faces a shortage of people in critical roles while demand for care has surged. Active struggles with workforce satisfaction, recruitment, and retention loom large for health systems. At a time when long-term priorities need attention, identifying immediate workforce solutions is superseding many healthcare organizations’ existing priorities.

As our colleagues Barry Dornfeld and Mal O’Connor, authors of *The Moment You Can’t Ignore: When Big Trouble Leads to a Great Future*, might say, this is a moment you can’t ignore in the American healthcare industry.² While this sounds dire, under the acute strain of the workforce crisis we see enormous potential for improving outcomes for both healthcare workers and the patients they serve.

Why do we believe these workforce dilemmas signal an unignorable moment? Because these issues “stop people in their tracks and, in one fell swoop, make it blindingly clear an organization is stuck and unable to move forward.”² Without the physical, mental, and emotional engagement of nurses, physicians, therapists, or medical assistants (among many others) to deliver high-quality care to patients, healthcare institutions simply cannot carry out their missions.

Unignorable moments happen in every organization and in every industry. They can occur despite years-long track records of success — in fact, organizations that have stood as pinnacles of their industries may be more susceptible. While they look different in each instance, unignorable moments generally share four key characteristics: they are public in nature, they are irreversible, they are systemic, and they challenge the identity of an organization and its people.²

UNIGNORABLE MOMENTS ARE PUBLIC

Broad media attention has focused on the Great Resignation, a nationwide phenomenon that acknowledges the record number of workers who have quit their jobs over the past year, including in healthcare. In public light, news outlets have highlighted the reality of overburdened staff and under-resourced working conditions in many healthcare settings during the COVID-19 pandemic.^{1,3}

Within hospitals, local stories of nurse and physician attrition spread rapidly through informal communication networks. Clinicians have taken to their personal Twitter and TikTok accounts to express their frustrations, leveraging the wide reach of these platforms to rally support and to organize.⁴

UNIGNORABLE MOMENTS ARE IRREVERSIBLE

Although some workers who resigned have returned to healthcare for employment, the deeply disheartened state of the workforce will leave a lasting mark on the industry. From a psychological standpoint, studies have documented clinicians’ worsening burnout symptoms and mental health needs over recent years.⁵ The pandemic only intensified these issues for healthcare workers.

From a societal perspective, recognition of systemic racism in the U.S. came to the forefront of national consciousness, including by healthcare workers as a result of the COVID-19 health disparities many have witnessed. The spotlight on racial and socioeconomic inequities in access to COVID-19 testing and vaccination, infection, hospitalization, and death among Black, Latinx, and Native American patients, compared to white patients has brought urgent attention to the industry's role in resolving historical trends in systemic inequity.⁶ These examples signal a greater awareness of the responsibility the industry bears for patients and the healthcare workforce. This visibility is irreversible and will require different and more comprehensive actions on the part of healthcare leaders going forward.

UNIGNORABLE MOMENTS ARE SYSTEMIC

The systemic nature of the workforce crisis is another hallmark of this unignorable moment for healthcare. By “systemic,” we mean a condition in which any factor impacting one area of a system — from the healthcare industry down to a unit — also impacts that entire system. We saw this play out on a micro level at one large academic health system. One hospital desperate for respiratory therapists offered pay raises, causing an unprecedented request for in-system transfers to that hospital and driving acute shortages elsewhere in that health system. Raising salaries for respiratory therapists across the health system then called into question the compensation structure for all frontline roles, which would not be sufficient to overcome a regional shortage of qualified clinicians.

On a macro level, technology giants like Amazon and Google — who pay more competitive wages for positions requiring less educational investment — are seen as national threats to siphon workers from healthcare organizations. The reality that the healthcare workforce crisis also interacts with other systems is unignorable.

UNIGNORABLE MOMENTS CHALLENGE IDENTITIES

Ultimately, these public, irreversible, and systemic workforce issues challenge the identity of healthcare organizations and the people who work in them. Selflessness and sacrifice in service of their patients conventionally have been part of the identity of healthcare workers and their institutions. However, the pandemic, social justice movements, and shifts in responsibilities outside of work have challenged healthcare workers' stereotypical identities.⁶ A rupture in the social contract — the set of beliefs and norms that govern how people work together— within healthcare risks the permanent loss of the industry's most thoughtful practitioners. For healthcare leaders, the clash of changing cultural expectations that challenge professional identity across the field cannot be ignored.

WHAT HEALTHCARE LEADERS CAN DO

When confronting an unignorable moment like the workforce crisis, healthcare leaders might feel stuck within a complex dilemma without clear solutions. However, we have seen instances where what appears to be a set of intractable problems at first glance can actually pave the way for improved outcomes. We offer three guiding principles² for leaders to address this unignorable moment in healthcare:

- 1. Slow down to speed up.** Though leaders face mounting pressure to act, they should avoid trying to resolve the problem immediately. Navigating the interwoven set of issues larger than their organizations calls for deliberate assessment.
- 2. Leverage the power of “stuck.”** The complex dynamics that led to this workforce crisis have been building up pressure for years or decades, generating enormous energy. Healthcare leaders can harness this potential energy, channeling it into an effective set of solutions.

CONTRIBUTORS:

Carey H. Gallagher and
Jason C. Pradarelli, MD,
MS

To learn more about
Carey and Jason, [click
here](#).

SPRING 2022

Volume 11, Number 2

Healthcare Management Alumni Association

The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

THE WORKFORCE CRISIS IS AN UNIGNORABLE MOMENT FOR HEALTHCARE

3. Use resistance as feedback. The points of greatest resistance are leaders' signals for where to begin digging deeper. There is usually useful information in the nature of the resistance that can shape leaders' efforts to take action.

This unignorable moment means things will not be going back to business as usual in healthcare. In our next article in this series, we will explore a framework that healthcare leaders can apply to create value from the ongoing workforce crisis.

Contact Jason at:
jpradarelli@cfar.com

Contact Carey at:
cgallagher@cfar.com

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at www.cfar.com.

REFERENCES

1. Yong E. Why Healthcare Workers Are Quitting in Droves. *The Atlantic*. Published November 16, 2021. Accessed January 23, 2022. <https://www.theatlantic.com/health/archive/2021/11/the-mass-exodus-of-americas-health-care-workers/620713/>
2. O'Connor M and Dornfeld B. *The Moment You Can't Ignore*. 1st ed. PublicAffairs; 2014.
3. King L and Kessel JM. We Know the Real Cause of the Crisis in Our Hospitals. It's Greed. *New York Times*. Published January 19, 2021. Accessed January 23, 2022. <https://www.nytimes.com/2022/01/19/opinion/nurses-staffing-hospitals-covid-19.html>
4. Grace A. "Traumatized" Nurses Rally Social Media for National Walkout over Work Conditions. *New York Post*. Published January 11, 2022. Accessed January 26, 2022. <https://nypost.com/2022/01/11/nurses-take-to-tiktok-and-twitter-to-call-for-national-walkout/>
5. Shapiro J and McDonald TB. Supporting Clinicians during Covid-19 and Beyond — Learning from Past Failures and Envisioning New Strategies. *New England Journal of Medicine*. 2020;383(27):e142. doi:10.1056/nejmp2024834
6. Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity. Accessed February 14, 2022. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

CONTRIBUTORS:

Carey H. Gallagher and
Jason C. Pradarelli, MD,
MS

To learn more about
Carey and Jason, [click
here.](#)

SPRING 2022

Volume 11, Number 2

Healthcare Management Alumni Association

The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org



Wharton
ALUMNI CLUB
UNIVERSITY of PENNSYLVANIA

**Health Care Management
Alumni Association**

THE WHARTON HEALTHCARE QUARTERLY

SPRING 2022, VOLUME 11, NUMBER 2