
TAPPING THE POTENTIAL OF HEALTHCARE'S WORKFORCE CRISIS



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leaving the organization. On the surface, the drivers may appear similar: an aging workforce, insufficient educational opportunities, bottlenecks with credentialing staff, and burnout and exhaustion. Going deeper, the root causes for turnover among ultrasound technicians are likely to differ in important ways from those for anesthesiologists. It is imperative to view all sources of distress and understand their implications for proposed changes. Leaders will need to shape solutions that fill immediate needs for different professional roles, while also considering the greater context — that the traditional care delivery model has been long recognized as unsustainable. To identify strategies that go beyond “fixes,” leaders must slow down to identify relevant inputs that can ultimately speed up decision-making and implementation of systemic and strategic solutions.

In a previous edition of *The Wharton Healthcare Quarterly*, we proposed [the workforce crisis represents an “unignorable moment”](#) — a critical point that is public, irreversible, systemic, and challenges the identity of an organization or a field. We contended that new planning assumptions and solutions will be needed to deliver care safely and effectively.¹ For those responsible for addressing this unignorable moment, we introduced three guiding principles: (1) slowing down to speed up, (2) leveraging the power of stuck, and (3) using resistance as feedback.^{1,2}

In this article, we expand on these principles to create systemic value from the fragile current state of the healthcare workforce.

SLOW DOWN TO SPEED UP

The pressure is enormous to act quickly and decisively on staffing issues in health systems, taking immediate actions which, though necessary, will not be sufficient to function in this new environment. We know that as an unignorable moment, today’s workforce crisis signals deeper issues of culture and identity. These issues can be hard to uncover and make sense of, and it is valuable to fully understand the rich picture of people and systems at play. Indeed, without taking these steps, leaders can exacerbate their own challenges, and even risk the viability of their organizations.

The healthcare workforce is composed of a diverse set of groups, split by profession, region, and career stage, with different experiences of their work and different interests. At one urban academic health system, the first set of resignations involved bedside nurses and specialized technicians, with surgeons and anesthesiologists now

LEVERAGE THE POWER OF STUCK

It is not uncommon for leaders — heeding critical guidance to pause and reflect on relevant data — to feel stuck in lifting key insights from analysis and defining actionable steps. Although feeling stuck is uncomfortable, and there is an urge to get unstuck as quickly as possible, we see value in this stage of processing the emotion-laden dynamics that led to this unignorable moment.

Healthcare workforce issues have been developing for years and have generated enormous potential energy. It is the challenge of healthcare leaders to harness this energy, to draw it out intentionally, and to channel it into solutions for their organization's unique needs.

Another regional health system is using the urgency of labor shortages to launch a strategic initiative to tap information from many stakeholders, recreating their organization to be the “best place to work.” After experiencing the consequences of quick fixes to the compensation of respiratory therapists last year,¹ health system leaders recognized a simple solution could have unintended consequences. The lessons learned are now evidenced in the development of long-range, system-wide yet tailored improvements — which, in effect, change the way this system delivers on its mission through providing patient care.

USE RESISTANCE AS FEEDBACK

As leaders employ various solutions for addressing the workforce crisis, they will field resistance, even against strategies that benefit the stakeholder groups involved. Overlooking the factors behind these reactions can result in lost opportunities for enacting the intended change. Often, resistance signals places to listen intentionally. What leaders hear may surprise them. They may find the most important adjustments to make are low-cost and rely on information-sharing or reconfiguring recognition. For instance, provision of gift cards as a year-end reward for hard work was experienced as an empty gesture by unit staff at an independent academic medical center. They were instead eager to be thanked publicly for their contributions to lowering infections for surgery patients — for them, no gift was necessary.

As emotions come into play during conversations about new strategies, leaders should use feelings — their own feelings — as data. While complaints from overworked clinicians may not reveal the solution itself, hearing the underlying sources of resistance often leads to “aha” moments that leaders can use to shape their efforts. For instance, if those who determine employee benefits feel frustrated and discouraged from short-term failures, they may suppose others feel frustration, too. In one institution which is part of a top-tier university, leaders learned their workforce was feeling exhausted, impacting morale as a whole. Expanding the kind of choices employees had — from work-from-home flexibility to a larger menu of education benefits — alleviated some of these feelings and increased engagement.

To hear the sources of resistance effectively, leaders should reserve judgment until they can gather data to better understand the current state of the situation, even when sourcing facts at hand may take more time. The quality of the diagnosis matters to the nuance of implementing value-creating solutions.

This framework offers guidance for leaders in approaching unignorable moments — those that are public, irreversible, systemic, and challenge the identity of their organization.^{1,2} To make the most out of these challenges, we advise that leaders demystify the nuances of the workforce crisis through embracing three guiding principles: (1) slow down to speed up, (2) leverage the potential of being stuck, and (3) use resistance as feedback. This in turn will help enable leaders to develop a diagnosis that allows for truly restaging care delivery at the enterprise level, generating collective impact and value by unleashing the potential of people in their organizations.

Contact Jason at: jpradarelli@cfar.com

Contact Carey at: cgallagher@cfar.com

Contact Jennifer at: jtomasi@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.

CONTRIBUTORS:

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

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

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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

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