



For more on this topic, see the web extra “Cleveland Clinic’s Coaching Approach Is Improving Retention” at [HealthcareExecutive.org](https://www.healthcareexecutive.org).



The Path of Most Resilience Building a Strong and Fulfilled Healthcare Workforce

By Maggie Van Dyke

Using a boat analogy, Tresha Moreland, FACHE, illustrates that many healthcare organizations sailed into the COVID-19 pandemic in a weak vessel, beleaguered by workforce challenges.

“Think of being on a sailboat at sea,” says Moreland, human resources executive consultant, HR C-Suite LLC, Rapid City, S.D. “Suddenly, gale-force winds are testing your boat. The sails on your boat may bend and stretch, but if they don’t break, that’s what



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resiliency looks like. But if something breaks that's stopping you from proceeding on your course, then there's work to be done on organizational resilience.”

Moreland points to the wide-scale resignations occurring across healthcare as evidence that many ships are officially broken. A September 2021 poll of 1,000 healthcare workers found that one in five respondents had quit a job since the beginning of the pandemic, according to decision intelligence firm Morning Consult. Of those still employed, 19% had considered leaving their jobs as well as the healthcare field.

Further evidence of instability can be found in the results of ACHE's *Top Issues* survey, in which personnel

shortages ranked No. 1 on the list of hospital CEOs' top concerns in 2021, replacing financial concerns—the top issue since 2004 (see “CEO Survey” in the March/April 2022 issue).

While COVID-19 has put a severe strain on healthcare leaders and staff, the virus is not entirely to blame. “The pandemic highlighted and accelerated existing issues, making them more intense,” Moreland says. “Staff shortages, burnout and other problems were already issues before the pandemic.”

To repair their organizations, healthcare leaders need to reevaluate and redesign their cultures, Moreland says. “Sometimes you have to take a step back and say, ‘We've got to start over. We've got to talk about how we

can build a stronger more resilient boat.”

What's needed is a people-first mindset, which recognizes and prioritizes the needs of our patients, staff and leaders, says Patrick L. Green, FACHE, executive vice president, Yale New Haven Health, and president and CEO, Lawrence + Memorial Hospital, New London, Conn.

“Building a strong, resilient organization starts with the foundation of our teams,” Green says. “Just as we make investments in our capital infrastructures and our growth, we have to make investments in our people.”

Interviews with healthcare leaders provided a number of considerations and ideas for bolstering a people-first culture and building a resilient workforce.

A Workforce Strategic Plan

It can be tempting for leaders to jump right into problem-solving when faced with workforce issues. But Moreland cautions against a finger-in-the-dam approach. “If you try to solve for one reason, you may plug a leak in the dam but you're not solving the underlying issues, and the dam will start sprouting leaks all over.”

A more comprehensive and calculated approach is needed. With a

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view to the future, Cleveland Clinic launched a strategic workforce planning initiative last year focused on identifying workforce needs two to three years in the future.

“Historically, this is not something the healthcare industry has done well,” says Chad Minor, FACHE, chief of workforce strategies and associate chief caregiver officer. “We aim to get ahead of the needs that will arise in a few years, while also addressing today’s challenges.”

The team is working on analyzing staffing and growth forecasts (e.g., current openings, projected retirements, labor market dynamics) for every clinical and nonclinical area, as well as projecting the type of skills and knowledge that these

positions will soon require. “We also know that we will need roles in the future that don’t exist today,” Minor says.

The team is also looking at the potential for certain technologies, such as artificial intelligence, to improve productivity by reducing the amount of time employees spend on routine tasks that can easily be automated or augmented.

At CommonSpirit Health, Kathleen Sanford, DBA, RN, FACHE, executive vice president and CNO, uses a basic formula for strategy-setting. “You come up with a vision for where you want to be five years from now, then you assess where you are and develop a year-by-year plan to get to the vision,” she says.

A few months before the pandemic struck, Sanford gathered together the system’s nursing leaders to forge a five-year nursing strategic plan, which builds off the health system’s strategic journey. Focus groups were pulled together to get input from front-line nurses, representing all the various units and hospitals in CommonSpirit Health. “I’m extremely biased that you don’t implement anything without the people who will be affected,” she says.

Nurses voted for one of two possible visions. The winning vision that was selected cites human kindness as a guiding force when interacting with everyone, as well as the importance of advancing the science and art of nursing.

The first-year plan of the vision began this spring. Two key components will provide for increased staffing coverage and flexibility via virtual care and an in-house staffing agency.

Flexibility and Coverage

One year into the pandemic, with administrative staff working from home, Cleveland Clinic leaders decided to make remote work a long-term strategy. “We realized that there is work that doesn’t need to occur within the walls of an organization,” Minor says.

Remote/hybrid work. All staff are now assigned to one of three work

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Cleveland Clinic

arrangements: on-site, remote or hybrid. For instance, patient care staff work on-site, while many administrative staff work remotely or hybrid. Staff in hybrid positions divide their time between on-site and remote, with most coming to the office two days a week. When hybrid staff are in the office, the goal is to make it purposeful so staff leave the day feeling like they couldn't have had that experience in a remote setting. Most in-office time is spent ideating, collaborating and team building.

Quantitative metrics are used to track productivity and other outcomes to ensure staff meet goals and targets set by department leaders. "The goal has been to promote and create flexibility for employees," Minor says. "In this labor market, job seekers are prioritizing and expect flexibility."

An employee engagement survey conducted in 2021 suggests the remote/hybrid strategy is well liked. When asked "Would you recommend Cleveland Clinic as a place to work," 90% of remote employees and 89% of hybrid employees responded "yes."

Self-scheduling. Addressing flexibility demands from nurses and other patient care staff is considerably more challenging, especially on inpatient units that need 24/7 coverage.

To start addressing this problem, Cleveland Clinic instituted self-scheduling for nurses several years ago. "Allowing nurses to have some autonomy and flexibility in their scheduling has been critical," Minor says.

Nurse managers create schedules for their units/departments based on projected patient census and patient-nurse ratios. Individual nurses can sign up for the shifts that best fit their schedules. The health system is looking at expanding self-scheduling to other clinical areas as a way to promote greater flexibility for employees who work on-site.

In-house staffing agency. To help ensure adequate patient coverage, CommonSpirit Health will soon be launching an internal staffing agency with 500 nurses available to travel as needed to the system's 1,000 care sites and 140 hospitals in 21 states. Eventually, the agency will employ other clinicians as well such as respiratory therapists.

"It makes sense to have our own travel staff who understand our mission, vision and policies and procedures," Sanford says.

For the nurses who work for the in-house agency, it also offers the flexibility to travel and see different parts of the country.

Virtual care. Another way CommonSpirit Health is ensuring coverage is by integrating virtual care with face-to-face care. "If the prognosticians are correct, there aren't going to be enough nurses in the future," Sanford says. "We have to figure out new models that help our nurses and other team members work at the top of their licenses."

Sanford has been testing virtual nursing care models for more than 10 years. As a result, when COVID-19 struck, CommonSpirit Health was ready to rapidly roll out some of these models. For instance, at several system hospitals, virtual nurses are helping complete time-consuming, admission-discharge-transfer arrangements for inpatients, freeing up on-site nurses for direct patient care.

The exact way virtual care can be successfully deployed will vary from hospital to hospital and market to market, Sanford stresses. "The people on the front lines can tell you what will work best," she says.





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For example, Iowa's MercyOne, which is co-owned by CommonSpirit Health and Trinity Health, is using virtual care to help rural hospitals. During pandemic surges, large referral hospitals were full to capacity and unable to accept transfer patients. To help rural clinicians manage complex patients, MercyOne expanded a telemedicine service that allows rural clinicians to consult with specialty physicians and nurses. Currently, four virtual teams of hospitalists, nurses and pharmacy technicians are managing 72 beds virtually from a command center in Des Moines with plans to expand.

For virtual nursing support, patient rooms are equipped with digital screens so on-site and virtual staff can interact with each other and

the patient, beginning with the patient assessment. "The telemedicine team's role is to augment and support the caregiving team that is on the ground in-person and provide a better patient experience," says Bob Ritz, FACHE, president and CEO.

In addition to helping ensure skilled coverage to patients, virtual care opens up an alternative work option for the nurses and other clinicians. "This remote role is very attractive to some nurses such as those who find the strenuous part of bedside nursing difficult," Ritz says.

Recruitment and Development

Another key workforce strategy is securing and retaining a steady

pipeline of new talent. To do so, healthcare organizations are providing education and development to potential and current staff. For example, applicants to MercyOne's Patient Care Technicians Training Program receive free training at Mercy College of Health Sciences in exchange for agreeing to work at MercyOne for one year. The health system trains 15 techs every six weeks. The retention rate has exceeded 90% since last summer.

In another example, Yale New Haven Health has partnered with local nursing colleges to give students in their final semesters an opportunity to get preceptor-guided bedside experience on various specialty units. The goal of the program, called Bridge to Professional Practice, is to recruit these student nurses for paid positions after graduation.

"It's an accelerated program that helps us improve our staffing situation while helping nursing students gain confidence in their roles as new nurses," says Green.

Nursing turnover rates are highest among new graduates. Almost one-fourth (23.9%) of all first-year RNs left their jobs in 2020, according to an NSI Nursing Solutions survey. "New grads tell me that they are overwhelmed," says Sanford. "What nurses learn in school is not enough to prepare them for what they

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CommonSpirit Health

actually have to do when caring for a group of patients.”

CommonSpirit Health’s new one-year nurse residency program, which launches this spring with its first cohort, aims to better prepare new graduates. In addition to on-the-job learning, the residency will include didactic courses on topics that are not typically taught in college such as critical thinking skills and how to deal with workplace bullies. In addition, residents will have ready access to coaching and mentoring from both in-person and virtual staff nurses when they have questions on how to handle specific situations with patients and fellow staff.

Peer-based coaching and mentoring is being used by numerous organizations as a way to help staff and leaders effectively solve problems and deal with various situations, while also combatting burnout. Cleveland Clinic has trained close to 2,000 people inside and outside the health system on their coaching approach, which encompasses active listening and empathy. Outcomes show increased engagement, resilience, academic productivity and retention of program participants.

Recognition and Support

When the chief nursing executive at Yale New Haven Health was rounding on units during the first

surge of the pandemic, she asked nurses what they needed and how leadership could help. One of the front-line nurses said, “Just don’t forget about us.”

That struck a chord with system leaders. In response, a Week of Gratitude for all front-line staff was launched, where leaders spend the week rounding on departments across the system to commend and show gratitude to managers and staff. In addition, during the first wave in spring of 2020, all staff were given a monetary award to demonstrate appreciation for their dedication and sacrifice while battling through the pandemic. “We wanted to go beyond words of gratitude and show them that we recognize their efforts,” Green says.

Organizations are also strengthening their wellness programs and strategies to help ensure leaders and staff get the help they need. Yale New Haven Health started a buddy program, encouraging all staff and leaders to find a colleague who they can talk to openly and honestly through ups and downs. If staff can’t find a buddy, then leaders will help assign them one.

At CommonSpirit Health, nurses are being trained to help spot fellow team members who seem burned out or are suffering from a mental health problem. The program, called Mental

Health First Aid, will launch soon with the first cohort of trainees. The nurses are learning how to approach fellow employees and connect them to helpful resources.

A High Say-Do Ratio

When asked how to engage staff in building a more resilient organization, Moreland suggests being honest and vulnerable. “Instead of throwing up some new branding statements or those same old slide presentations on mission and values, be honest with them,” Moreland says. “If the last two years were really rough, and tough decisions had to be made, then admit that you were learning as you went through this pandemic. Then stress that you want to work with them on building a stronger, more resilient boat.”

Moreland also stresses the need to back up intentions with actions. “We hire smart people. When you give them what I call leadership by lip service, they see right through that,” she says.

Green sets a high say-do ratio for himself and his fellow leaders at Yale New Haven Health. “One of our core values is integrity,” he says. “When we say we’re going to do something, it’s our role as leaders to ensure that it happens.”

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