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AHA OFFERS 10 TIPS ON HOW TO DEAL WITH WORKFORCE SHORTAGE

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AHA offers 10 tips on how to deal with workforce shortage

March 17, 2010 | Bernie Monegain, Editor

CHICAGO – In a recently released report, the American Hospital Association discussed findings on hospital workforce issues explored by its Long-Range Policy Committee, and offered a 10-point plan for dealing with a tight labor market.

The committee looked ahead to the next decade and identified recommendations that hospitals and their associations might use to develop successful strategies to ensure an adequate workforce.

Using as background the latest research on workforce demographics and trends, as well as presentations by health care experts, the committee found that while hospitals generally face low vacancies today, serious shortages and a tight labor market overall are looming.

The committee's report, titled *Workforce 2015: Strategy Trumps Shortage*, describes how hospitals face the overlapping challenges of attracting and retaining replacements for retiring workers, expanding its workforce to care for an aging population, the greater demand for information technology professionals while coping with significant changes in healthcare delivery.

Meeting those challenges requires new thinking about the workforce and workplace, and new strategies about managing human resources, the AHA report concluded.

Following is a summary of the AHA's recommendations:

1. **A.** In a tight labor market, the keys to maintaining an adequate workforce by number and skill are:

- Redesigning work processes and introducing new technologies to increase efficiency, effectiveness, and employee satisfaction,
- Retaining existing workers, including those able to retire, and
- Attracting the new generation of workers.

B. The workforce challenges and strategies facing hospitals require leaders who:

- Have an appetite for leading change,
- Actively cultivate an engaged workforce,
- Are willing to be early adopters of innovative workforce practices, and
- Welcome the new generations to their organizations.

C. To help address the workforce needs of hospitals, the Society for Healthcare Strategy and Market Development should develop an initiative – e.g., template, seminar, or webinar – demonstrating how to integrate workforce strategies in the hospital's overall strategic, business, and service-line plans.

2. Hospitals need to develop new work models that increase efficiency, workforce satisfaction, and patient outcomes. Proven process improvement strategies developed by firms outside of health care may expedite efforts to improve performance.

3. Hospitals need to help staff develop the skills necessary to work effectively in teams.

4. To provide care with a smaller workforce, hospitals need to increase the involvement of patients and families in the care process, including home- and community-based services.

5. **A.** Hospitals and their associations need to continuously assess whether

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changes in payment, scope of practice regulations, and work practices are reinforcing the current occupational patterns or encouraging new caregiver occupations and task allocations.

B. To achieve flexible, efficient work designs, accreditors, regulators, and educational programs must place greater emphasis on outcomes and less emphasis on structural or process requirements.

C. Hospitals need to work with colleges and universities to help educational institutions rapidly transform their traditional degree programs (1) to meet the requirements of new and evolving work models and (2) to provide the critical thinking skills necessary to work with the increasingly sophisticated technology of contemporary medical care.

6. A. In identifying, developing and appointing managers, hospitals need to give increased attention to the person's understanding of, appreciation for, and effectiveness with the multiple workforce generations.

B. To accommodate the preferences of the multiple workforce generations, hospitals need to replace traditional human resources policies which were applied uniformly to all workers with policies and programs that include flexibility and choices.

7. Hospitals need to work with employees approaching retirement age to identify attractive options regarding roles, schedules, and benefits for continuing to work full- or part-time.

8. Hospitals need to evaluate their organizational cultures and assess their attractiveness to the full diversity of their workforce, including young people entering the workforce.

9. Given the generational differences in dress, cosmetics, body art, and communication patterns, hospitals need to orient young workers to the expectation of patients and staff from the traditional, baby boomer, and Y generations as well as to differences in expectation by gender, race, and ethnicity. This should include more substantial orientation and mentoring programs as well as clear policies and guidelines for access to and use of internet sites, including social networking sites.

10. The American Society for Healthcare Human Resources Administration should complement its current project on human resource metrics with a new initiative focused on metrics for new work roles and a new workforce.

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hal9007 says:

March 17, 2010 | 2:36PM GMT

[Acceptance of ideas from "Outsiders"](#)

Delighted to see a willingness to look outside healthcare for new ideas: "Proven process improvement strategies developed by firms outside of health care may expedite efforts to improve performance."

The ideal solution to most major requirements is a blending of "insiders" who know the specific environment (hospital), general category (hospitals) and fresh ideas (outsiders).

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MPenn1 says:

March 17, 2010 | 2:29PM GMT

[Labor Shortage Really?](#)

With 10.2% unemployment the last thing I hear is that there is a labor shortage. What I am hearing is that vendors want people who are already trained in their applications, hospitals for some strange reason are trying to put nurses into IT positions, and no one wants to hire a hoard of staff they are just going to have to RIF later.

Article after article continues to bemoan this alleged labor shortage. Well here is the bullet..

- 1) There are no 20 something's with 10 years of experience
- 2) You can't pay 40 & 50 something's as if they were 20 something's
- 3) IT and Nursing are two different legitimate professions for a reason
- 3) There is already a nursing shortage why would they want to make it worse?
- 4) HR Departments complain that they are besieged with hundreds of resumes of unqualified applicants because no one has done a sufficient job of explaining exactly what is needed, so they retreat to the same roles they understand...IT is techie..Nurse is clinical.... therefore a Clinical Application person must be a nurse because Clinical comes first....

I was contacted by a local college to assist them in developing their healthcare IT curriculum. When I asked where these graduates were going to work the response was that was not the college's job, they already had their grant money to develop the program.

My state was awarded \$43,000,000 to develop it's HIE...they have been searching for a CEO for 3 months now and all they have managed to do is increase the number of board members to oversee the agency, assuming one is ever started.

I have been a good sport about this for a long time now...a dutiful member of CHIME, HIMSS, AHIMA, and even the NeHC...so I do have at least the basics down. I see no evidence of a labor shortage now or in the future and giving hope to a large group of people is frankly, just mean. Please move on to more productive areas and stop pumping out these articles day after day.

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chdr.in says:

March 17, 2010 | 1:01PM GMT

[10 correct ways to deal with healthcare labor shortages](#)

1. Longterm Policy and short term labor shortage don't go together.
2. Doesn't say who should do this -- Redesigning work processes and introducing new technologies to increase efficiency, effectiveness, and employee satisfaction. Hospitals are too scared of doctors, nurses to do this especially when labor market is tight. Who has the incentive to do this? The Center for Healthcare Delivery Research, krish(at)chdr.in, Bangalore, India can do this work for the US Hospitals.
3. Hospital leaders just want to retain their jobs until retirement, have no incentive or the ability to adopt innovative workforce practices
4. Hospitals need to develop new work models that increase efficiency, workforce satisfaction, and patient outcomes. Proven process improvement strategies developed by firms outside of health care may expedite efforts to improve performance -- The Center for Healthcare Delivery Research, Bangalore, India -- krish(at)pace.in or krish(at)chdr.in is the person to contact.
5. To achieve flexible, efficient work designs, accreditors, regulators, and educational programs must place greater emphasis on outcomes and less emphasis on structural or process requirements -- Easy to say but measuring health outcomes correctly is very difficult. - - The Center for Healthcare Delivery Research, Bangalore, India -- krish(at)pace.in or krish(at)chdr.in is the person to contact.
6. This is very vague. The Center for Healthcare Delivery Research, Bangalore, India -- krish(at)pace.in or krish(at)chdr.in is the person to contact to redesign the medical education system --> Hospitals need to work with colleges and universities to help educational institutions rapidly transform their traditional degree programs to meet the requirements of new and evolving work models.
7. The American Society for Healthcare Human Resources Administration may contact the Center for Healthcare Delivery Research, Bangalore, India -- krish(at)pace.in or krish(at)chdr.in is the person to contact. It appears that the ASHRA - ashra.org is geared upto this challenge.
8. The Society for Healthcare Strategy and Market Development may contact the Center for Healthcare Delivery Research, Bangalore, India -- krish(at)pace.in or krish(at)chdr.in is the person to contact.
9. This is not a tangle between the OLD and the YOUNG. Reverse mortgage laws, estate taxation rules, and End of Life/ Hospice related policies must be revisited and amended.
10. Contact the Center for Healthcare Delivery Research, Bangalore, India -- krish(at)pace.in or krish(at)chdr.in is the person to contact --> to provide the critical thinking skills necessary to work with the increasingly sophisticated technology of contemporary medical care.

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pgfirob says:

March 17, 2010 | 12:44PM GMT

[Workforce shortage](#)

Pay people more. You'd be surprised how many people turn up, train up, and don't retire if wages are boosted. Has anybody in this Country ever taken an economics course?

Pay IT people what you pay doctors! Workforce shortage is gonzo-alonzo. Not fair? Not same training? Not same responsibility? Prices should be set by supply and demand. If you do not have enough IT workers it just says the price is too low. Same goes for Doctors. This is simple economics.

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