



Closing the Looming Health Care Talent Gap

Can HR find the cure for what ails U.S. health care systems?

By Roy Maurer | Oct 23, 2017

The biggest threat to health care in the United States doesn't involve the divisive politics of insurance or even the ever-rising cost of care. The problem is more basic but every bit as difficult to solve. Put simply, the country may not be producing enough qualified doctors, nurses, specialists and support staff to meet the future medical needs of its citizens.

Health care staffing is already one of the biggest challenges for talent acquisition professionals, and it will only get worse as the population ages, creating more demand for care. A looming talent shortage is top of mind for more than 90 percent of U.S. hospital executives, according to a 2017 survey conducted by The Economist Intelligence Unit (<http://accesstohealthcare.eiu.com/wp-content/uploads/sites/42/2017/06/Globalaccesstohealthcare-3.pdf>).

By 2030, the United States is expected to experience a deficit of 40,800 to 104,900 doctors (<https://news.aamc.org/medical-education/article/new-aamc-research-reaffirms-looming-physician-shor/>), the Association of American Medical Colleges (AAMC) predicts. The estimated shortfall of up to 43,100 primary-care physicians will be especially acute. The AAMC also anticipates a shortage of as many as 61,800 doctors in other specialties, including emergency medicine, anesthesiology, radiology and psychiatry.

Projections regarding nurses are also troubling, if more nuanced. The U.S. Bureau of Labor Statistics (www.shrm.orghttps://www.bls.gov/ooh/healthcare/registered-nurses.htm) (BLS) reports that nearly half of registered nurses (RNs) will reach retirement age by 2020, while the need for their services continues to increase. Two-thirds of executives at hospitals with more than 1,000 employees say they are either already facing a nursing shortage or expect one within three years.

The good news is that nursing schools continue to produce tens of thousands of RNs each year—enough to meet the current demand. What's keeping health care leaders up at night is the anticipated knowledge loss from nurses who are winding down their careers.

"We have a lot of older, experienced nurses in the Baby Boom cohort who are now moving into retirement," says Joanne Spetz, a professor for health policy studies at the University of California, San Francisco. "There are enough new graduate nurses to fill those posts, but if the skills gap is not addressed, then we could be in serious trouble."

To shore up projected staffing shortfalls across the entire health care industry, HR must get creative. Of course, good pay and innovative benefits (think debt relief) will help. But the real challenge will be finding and targeting the right candidates—and selling them on your company. That won't be an easy task, but it's an important one: HR's response to the talent crunch will help shape health care delivery in communities across the country for years to come.

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The Growing Gap



One of the biggest factors driving the staffing gap is the aging of the U.S. population. Demand for care among Baby Boomers is expected to swell in the coming years just as providers are retiring.

And while the unemployment rate for health care workers today is near a 10-year low (around 3 percent), the sector is forecast to add the most jobs (2.3 million) of any industry through 2024, according to the BLS.

Meanwhile, the number of applicants per position has been declining over the last three years for the health care industry as a whole as well as for its various component parts, such as hospitals, ambulatory care clinics, nursing homes and assisted-living facilities, according to Josh Wright, chief economist for recruitment software company iCIMS, based in Matawan, N.J.

Talent acquisition leaders say the most difficult part of the recruiting process is finding qualified candidates from among limited available talent. Some jobs are located in sparsely populated areas. Others are in emerging specialties that require a high level of education that few people have.

Case in point: “Critical-care pediatric experience is required for a large majority of our positions, and that talent pool is small,” says Carol McDaniel, director of talent acquisition at Johns Hopkins All Children’s Hospital (JHACH), located in St. Petersburg, Fla., which could lose up to one-third of its workforce in the next 10 years due to expected retirements. “The best of the best are [already] working, and our challenges are to source them and sell them on our organization,” she says.

Get Creative

The No. 1 thing that almost all new doctors need is debt relief, says Barkley Davis, senior director of physician recruitment at LifePoint Health, a health care services company headquartered in Nashville, Tenn. While the need to pay down educational debt has always been a reality for fledgling physicians, medical school tuition has soared in the past 20 years, often leaving doctors in a bigger financial hole than ever as they start their careers. Davis says new types of compensation must reflect the changing financial needs of today’s professionals. These packages could include:

- Stipends in addition to regular pay to new doctors in training to induce them to stay after their residencies end.
- Signing bonuses and relocation assistance for those who take jobs in underserved areas.
- Employer-provided loans that are forgiven after individuals fulfill their employment commitments.
- Student loan repayment benefits.

To address the debt issue, leaders at University of Missouri Health Care (MU Health Care), based in Columbia, Mo., in 2017 began offering \$10,000 toward student loan repayment for nurses and allied health care professionals, says Peter Callan, director of talent acquisition for the academic medical center. Recipients of the benefit agree to work in high-volume areas and hard-to-fill and growing roles, such as psychiatric nurses, respiratory therapists, certified medical assistants, and genetic counselors.

In an industry notorious for turnover resulting from long hours and burnout, flexible scheduling is another workplace perk that can be a competitive differentiator. “We’ve had to get creative with scheduling,” says Jeremy Tolley, chief people officer at CareHere, a Nashville, Tenn.-based company that manages more than 200 employer-sponsored health and wellness centers in 26 states. “Our scheduling staff are pulling their hair out because we’re doing our best to accommodate the lifestyles of candidates. Often, we go into a challenging market like Alabama and ask candidates, ‘What hours would you like to work?’”

Stress Your Brands

Make sure you emphasize valuable benefits and flexible scheduling in recruitment marketing materials and employer branding campaigns, not just in job postings, says Gayle Norton, director of talent strategy for DeGarmo, a talent assessment and development firm based in Bloomington, Ill.

For example, Geisinger Health, a system that serves nearly 3 million residents in almost 50 counties in northeastern and central Pennsylvania, urges its nurses to reach out on social media to prospective candidates to promote its bonus and loan offers. JHACH highlights job opportunities and showcases departments and employees using Facebook Live, McDaniel says. The posts generate a lot of user engagement and are designed to boost the number of submitted applications and hires.

Marketing and branding is particularly key to attracting people for hard-to-fill positions and positions in hard-to-sell locations.

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“Rural areas are tough,” Norton says. But there are “people who ... want to be in a smaller town, to get closer to the patients they care for. If you can add career pathing and incentives and play up the idyllic setting of the rural market, you can find the people who want those jobs and may not know they exist.” Even employers with name recognition, such as St. Jude Children’s Research Hospital in Memphis, Tenn., are working to extend their brand to capture the attention of new audiences.

“St. Jude is in growth mode, expanding its mission to include catastrophic illnesses outside of cancer,” says John Leech, the hospital’s director of talent acquisition. As a result, recruiting volume has doubled since 2016. Leech and his team first identified the “best and brightest” across the globe in specialized areas of need and then pushed targeted efforts to get their attention. “Most everyone can connect to our mission, but they may not realize St. Jude is actually a cutting-edge research environment,” he says. “We shared how St. Jude is advancing their area of expertise, with the intent to reshape how they view our institution.”

Target the Right People

The most impactful thing you can do as competition for talent heats up is simple: Target your recruitment marketing to qualified candidates rather than the general public. “Recruitment marketing technology allows you to categorize leads and leverage ‘drip’ marketing [a strategy in which the employer sends, or ‘drips,’ a set of e-mails to prospects over time] to keep them engaged until they’re actively ready to consider a change,” says Bryan Bassett, managing director at Health eCareers Network, a career hub for the industry based in the Denver area.

Earlier this year, McDaniel at JHACH began experimenting with geofencing and retargeting advertising, which are among the hottest trends in talent acquisition. “They’re not new ideas in the world of marketing, they’re just new to recruiting—and have been wildly successful,” she says.

Geofencing helped McDaniel to attract highly specialized acute-care certified neonatal nurse practitioners from across the U.S. to work at the Florida children’s hospital. Recruiting for these positions has always been a struggle, since there are only about 385 people with the right qualifications in the entire country, McDaniel says. To get an edge, she partnered with a marketing agency to identify potential candidates from schools that offer relevant certification programs and then set up a virtual fence around where they live, work, study and even attend industry events. That’s her target area for advertising the job.

This approach—perhaps best known as a tactic retailers use to send advertisements to potential customers in their proximate area—allows McDaniel to identify nurses with the sought-after skills and certifications and to send job postings and recruitment materials to their mobile devices. “We have gone very targeted,” she says. “We don’t want lots and lots of leads; we want the right leads. We’re bypassing the application process ... [and] the careers site and directly targeting talent.”

JHACH also uses retargeting tactics to ensure that people get maximum exposure to job ads. In other words, if candidates don’t click on an ad initially, or if they do but don’t provide their contact information, the hospital retargets them with ads that follow them across the Internet. “We went from zero responses to ads from big pushes on Facebook and LinkedIn to starting to use this tactic in May, and I’m up to 102 leads in July that we’re actively working on,” McDaniel says.

But don’t let these high-tech options cause you to lose sight of the power of high-touch, personal interactions—which is what Callan relies on to recruit experienced nurses. In 2016, he borrowed a page from the athletic program playbook and hired two “talent scouts” to cover the Midwest region. “Their job is to connect with nurses all over the area, by going to meet-and-greets in restaurants in small towns, holding job fairs in midsize towns, visiting area schools and creating online chat groups,” he says. MU Health Care’s talent scouts are “fearless at approaching people in person and experts in social media sourcing,” Callan says.

Create Training Partnerships

Coordinating with local colleges, universities, government agencies and workforce development entities to educate and train students and existing staff in high-demand fields can also help alleviate health care staffing challenges. Try offering registered apprenticeships, internships, externships, residency and fellowship programs, and in-house talent incubators.

Geisinger Health recently launched an in-house training program in partnership with a local college for certified medical coders, which are in short supply. “Instead of going externally and looking for new hires, we offered current employees who were interested in becoming coders the opportunity to be trained and sit for certification,” says Julene Champion, SHRM-SCP, Geisinger’s vice president of human resources for talent.

It’s a stellar example of aligning career advancement opportunities with recruiting needs and boosting employee engagement and retention along the way.

MU Health Care started a career institute for its workers after realizing it had a critical need for more medical assistants and neurodiagnostic technologists to staff a growing number of outpatient facilities. “Our top front-line employees—food service, housekeeping, distribution—who are interested in furthering their careers or getting on a different career track can apply to our career institute,” Callan says. “This program allows us to invest in our employees and grow our own clinical staff in areas where we see the greatest need.”

The health care sector is expected to add 2.3 million jobs through 2024.

HR leaders at MU Health Care worked with nearby Columbia College on a curriculum, invested in a clinician to support the students and paid all tuition. Callan expects to soon expand the program to medical coders and lab personnel.

Registered apprenticeships are typically associated with construction and manufacturing jobs, but they can also provide the skills needed for a wide range of hard-to-fill health care roles.

For example, the U.S. Department of Labor’s (DOL’s) Office of Apprenticeship has developed programs for 40 health care occupations, including certified nursing assistant, laboratory technician, home health aide and licensed practical nurse. The programs take an “earn while you learn” approach by providing on-the-job training, classroom instruction and incremental wage increases as apprentices advance through the program.

The apprenticeships are typically used for positions that require an associate degree or less. They are helping to close staffing shortages for medical assistants, surgical technicians and nurses, explains Kelly Aiken, vice president and director of CareerSTAT, a health care network within the National Fund for Workforce Solutions, a nonprofit workforce development organization in Washington, D.C., that works to expand apprenticeships to nontraditional industries, including health care.

Apprenticeships can also promote diversity and enrich communities by teaching people new skills—which is especially valuable in rural areas where there are few opportunities. “We started to think about reaching underrepresented populations and how to create opportunities for people who wouldn’t traditionally be interested in health care jobs,” says Shana Welch, SHRM-SCP, regional director of talent acquisition for Mercy Health, a system of hospitals and providers throughout Western Michigan, and a member of the Trinity Health system based in Livonia, Mich.

In 2015, Mercy partnered with three community colleges, the local workforce development board and the DOL to launch a yearlong registered apprenticeship program for medical assistants. “They go to school part time and work for us part time, earn a paycheck and benefits,” Welch says. “When they graduate, our intention is to have 100 percent placement.” The program has generated over 500 applications in the past two years and has executive leadership excited about expanding it to other high-demand positions.

HR’s Prescription For Health Care Staffing

To meet the challenges of health care staffing, HR professionals may need to get creative. Here are some ideas:

Provide debt relief. Help doctors pay down their often-substantial school-related debt through student loan repayment plans, signing bonuses and stipends.

Offer flexible scheduling. Ease the burden of long hours and prevent burnout by letting health care workers choose their shifts and hours.

Brand yourself. Attract people for hard-to-fill jobs and hard-to-sell locations by standing out from the crowd and clearly defining yourself and your mission.

Use technology to target candidates. Leverage geofencing and other recruitment marketing tools to pursue only qualified candidates.

Apply the personal touch. Hold job fairs, visit schools and create chat groups to find and connect with candidates.

Create training partnerships. Work with local colleges, governments, and business groups to educate students and staff in high-demand fields.

Sponsor apprenticeships. Partner with the U.S. Department of Labor's Office of Apprenticeship to help close the staffing gap for medical occupations that typically require an associate degree or less.

Redefine job responsibilities. Use highly qualified nurse practitioners and physician assistants to stand in for doctors when there are shortages.

Let Nurses Stretch

Another growing trend is the use of highly qualified nurse practitioners (NPs) and physician assistants (PAs) as alternate candidates for difficult-to-fill provider positions traditionally held by doctors, especially in family medicine.

“We’re already seeing rapid growth of the use of NPs and PAs to improve access to care and fill the primary-care gap,”

Bassett says.

CareHere is relying more these days on NPs and PAs under the supervision of a doctor, sometimes virtually. “This is the way health care is going,” Tolley says. “Ten years ago, if you had told the patient that the person providing medical advice was an advanced nurse practitioner, they might’ve been skeptical, but [NPs] are increasingly being used to render services, particularly in rural and remote areas, to make up for physician shortages.”

As health care in the U.S. continues to evolve and the demand for services increases, a shortage of doctors, nurses and other providers is a growing threat. By taking steps now to address the staffing gap, you can help to ensure that your community continues to receive quality care.

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