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# Workforce Shortages: All over the map

*EXECUTIVE SUMMARY*

Examining the workforce shortage in healthcare is like the proverbial drinking from a fire hose. Dozens of studies and stories have been published about the shortage over the past six years—especially from the perspective of nursing, which accounts for the bulk of hospital employees. CEOs know firsthand that there are shortages throughout the workforce, including pharmacists, allied healthcare professionals and even physicians. And each organization faces different challenges. As healthcare is local, so is the healthcare workforce shortage.

In keeping with SI's broad focus on sharing best practices, this issue of Information Edge provides a necessarily eclectic and anecdotal overview of the issue. We talked to three SI member organizations—Cincinnati Children's Hospital Medical Center, Saint Luke's Health System, Kansas City, Mo., and Legacy Health System, Portland, Ore.—to explore innovative approaches they're taking to ameliorate the workforce shortage. We also interviewed SI program partners Cerner and Lawson to determine how the latest generation of IT can improve staff productivity, recruiting and retention. And finally, we talked to a veteran healthcare consultant who says groups like the JCAHO have redirected efforts in the past two years to better address workforce issues and how they impact patient care.

Just as IT has become a key enabler of healthcare organizational strategy, HR is assuming its place in the executive suite, driven by the critical need to provide, develop and retain an efficient and effective labor force. The workforce shortage is undoubtedly growing, heading for a train wreck as baby boomers begin to hit retirement age in the next five years. In that sense, it's not just an abstract economic issue for many of us. It's a matter of personal survival.

## Beating Procter & Gamble

Nothing better illustrates the fact that workforce issues demand an executive-led, community-based strategy than what Jim Anderson, president and CEO of Cincinnati Children's Hospital Medical Center, says was his organization's priority: "The first thing we did was to work hard to win the award as the Best Large Company to Work for in Cincinnati" from the local business journal. That's no idle boast when you consider Children's was



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### *Upcoming Events*

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**March 1**
*End to End Availability: Achieving Uptime and Managing Downtime (Part II)*
- Mary Finlay, deputy CIO, Partners HealthCare, Boston
- Gayle Simkin, CIO, Catholic Healthcare West, San Francicso
- Nancy Staggers, RN, PhD, clinical program director, Catholic Healthcare West, San Francisco
- Rich Pollack, interim CIO, Clarian Health, Indianapolis
- George Brenckle, CIO, University of Pennsylvania Health System, Philadelphia
- Karl West, associate VP, IS, Intermountain HealthCare, Salt Lake City

**March 8**
*Bio-surveillance through Community Interoperability*
- Bill Dwyer, sr. VP, Cerner Corporation, Kansas City, Mo.
- Jeff James, engineering project mgr., Cerner Corporation, Kansas City, Mo.

*more events on next page*

**Jim Anderson, pres. & CEO, Cincinnati Children's Hospital Medical Center**

Cincinnati Children's up against the likes of Procter & Gamble and Federated Department Stores. The award was based upon a survey of each organization's employees.

Cincinnati Children's recognition is built upon specific initiatives, including a nursing education program that the organization developed with local campuses like the College of Mount Saint Joseph, which provides faculty instruction to junior nurses who want to advance to RNs. Nurses can take as many courses as they can fit into their schedules. "The nursing leadership is very pleased with the educational program," says Anderson. RN recruiting has also gotten more assertive by moving away from newspaper ads to direct mail.

To improve recruitment and retention of sub-specialists like anesthesiologists and radiologists, Cincinnati Children's has instituted retention bonuses that are 60% back-end loaded over a two-year period. And there are some workforce issues that only an organization such as Cincinnati Children's faces. The medical center, which ranks third nationally among children's hospitals in funding from the National Institutes of Health, is building a new 12-story, 412,000 square-foot research center. "Recruitment of researchers is space-driven," says Anderson.

Finding the right people may just be a perennial problem for CEOs. "There always seem to be workforce shortage issues," says Anderson, adding that the particular severity of a shortage depends on the segment. For example, the shortage is global for subspecialists and researchers. For nurses, it's local. "Our principal objective is to provide a combination of rewards that are part financial and part exciting environment that is supportive to work with children. If we get that right we'll be more than successful in filling positions."

## Competing with commercial high-tech

Competition from the commercial sector also has an impact on labor at Saint Luke's Health System in Kansas City.

**John Wade, CIO, Saint Luke's Health System, Kansas City, Mo.**

Saint Luke's Health System

IT staff is at the top of the list for John Wade, Saint Luke's CIO. "We're on the leading edge of IT, one of the early adopters," he says, so Saint Luke's has to be able to compete for IT professionals in a marketplace that includes Cerner and telecom giant Sprint. Saint Luke's has been fortunate to see turnover remain around 3.7% for the past five years. Seeking technical staff in a tight labor market wasn't so much the case two and a half years ago when Sprint, the region's largest employer by a wide margin, laid off thousands of people creating a temporary glut of IT talent. Turnover at that time was only

3.7%. But lately the market has gotten much tighter.

Still, Saint Luke's, which employs more than 100 IT staff, must be leveraging the local talent well. Last year the health system won the coveted Malcolm Baldrige Award and for three years running it has been named one of the best IT shops in the country by ComputerWorld magazine. The magazine bases its rankings on a written survey as well as a phone survey of 25% of an organization's IT workforce. Wade gives credit to the HR department for providing above-market-average salaries, excellent benefits, education and promotional opportunities.

"We're the smallest IT organization to be recognized," he says. That and the Baldrige award have propelled the organization into an elite realm in terms of recruitment and retention of its workforce generally, he says. "Where can you go to work within an IT shop where your organization has been nationally recognized for quality?" Wade asks.

Working toward the Malcolm Baldrige has been a boon in terms of improving the IT department workplace, he says. "We follow Baldrige requirements for setting yearly goals and reporting. Employees can see how their objectives fit into the organization's patient-care and business initiatives. New employees tell us they've never before experienced the kind of open environment we have focused on teamwork."

Saint Luke's IT uses a management principle of Appreciative Inquiry (AI) as part of its program to include all IT employees. According to Wade, "AI asks such questions as, 'What are the things we do well and can we make them even better?' rather than the typical approach of most organizations, which says, 'Let's go in and fix this problem.' AI puts a different spin on it and says, 'Let's lead with our strengths'."

Some organizations pursuing the Baldrige risk the effort backfiring because it requires such an organizational commitment and morale can suffer if the organization doesn't come up a winner. Wade says it's how you approach the goal that counts. "I do not use the word 'win.' I ask, 'Did we achieve the Baldrige?' If you don't achieve it that absolutely doesn't mean you didn't win. You can say that you didn't achieve it because we were not quite up to the standard." But even a Baldrige winner like Saint Luke's can receive a multi-page document called Opportunities for Improvement (OFIs). Wade likes that approach, believing it's the best way to build a healthy and inviting workplace.

Saint Luke's implemented an e-ICU (electronic intensive care unit) solution about two months ago as an IT-enabled initiative to improve workforce productivity. "One of the major reasons for the e-ICU is to comply with the Leapfrog Group standards for having an intensivist on hand at all times. It's clear that an intensivist in the ICU absolutely improves quality, but where do you get them, especially for small rural hospitals? Under the current shortage you can't attract intensivists to urban locations let alone remote locations," he says.

The dual dilemma: While there are about 5,000 hospitals nationwide that use

*Upcoming Events continued*

**March 10**
*Good Usability: Taking the Guesswork out of Designing Patient Extranets*
- Kate Peterson, usability specialist, MasterCard International, O'Fallon, Mo.
- Rebecca Ormsby, usability specialist, MasterCard International, O'Fallon, Mo.

**March 15**
*(co-hosted with HIMSS) e-Prescribing Case Study: Newton Wellesley Internists*
- Daniel Z. Sands,MD, CMO, Zix Corporation, Boston
- Steve Davis, director of physician recruitment and retention, Zix Corporation, Boston

**March 23**
*The Unintended Consequences of CPOE: Examples from Leading Healthcare Institutions*
- Dean F. Sittig, Ph.D., director, Applied Research in Medical Informatics, Kaiser Permanente, Portland, Ore.

**March 24**
*(co-hosted with HIMSS) Taconic IPA Leads the Development of a Multi-vendor Community Health Information Exchange*
- John Blair, MD, CEO, Taconic IPA, Fishkill, N.Y.

**March 29**
*(co-hosted with HIMSS) Sutter Health Sacramento Sierra Region Launches CarePages Connecting the Hospital, Patients, and their Families*
- Tim Hearing, VP & regional CIO, Sutter Health, Sacramento, Calif.
- Lori Thielen, regional marketing director, Sutter Health, Sacramento, Calif.
- Kristin King, regional webmaster, Sutter Health, Sacramento, Calif.

*more events on next page*

intensivists, there's a shortfall of 30,000 to 50,000. "If you were an intensivist physician would you move to a small rural community which is 150 miles from Saint Louis or work in the metro area? How else do we get a single physician to service 70 to 90 IC beds?" asks Wade.

The e-ICU was the answer. Using high-definition video and data links between various far-flung ICUs and a centralized intensivist staff, the eICU allows remote monitoring of patients, speeding turn-around time, catching problems earlier in the game and avoiding more serious and costly problems down stream.

"It's not a technology issue; it's a quality issue, and secondarily, it's a business issue," asserts Wade. Saint Luke's currently has 58 ICU beds up and running; it will raise that number to 73 across five facilities by February, 2005. The program requires one intensivist and two nurses per shift working at Saint Luke's e-ICU located in the IT technology center 23 miles from the main hospital. The nurses track all the patients using special software that can screen out false alerts from the monitors. That allows the intensivist physician to concentrate on just the small handful of patients who require her attention.

Wade says it's easy to do the math. "With nine hospitals requiring 24x7 intensivist coverage, we'd need 36 intensivists. Today we're using only four full-time." And Saint Luke's will not have to add an intensivist when it brings up the new digital hospital it expects to open later this year.

Heart monitoring is another area where IT has enabled a new productivity model. Saint Luke's normally would need certified heart-monitoring technicians at remote locations like its Trenton, Mo., hospital, but those full-time techs cost about $100,000 a year including benefits—even if the hospital only has one to two heart patients in a given week. "A hospital just breaking even that has to incur $400,000 a year in personnel costs could push it over the edge. Then, added to that, what do I do about quality of education for those people?" Wade asks.

The answer was found in a GE Medical product called Patient Net, which was connected using SiteLink. When patients come in, a nurse puts them on a heart monitor and activates an electronic link with the heart tech. Should the patient go into defibrillation, the heart tech can notify the nurse using voice communication and the nurse can call in a physician at the heart tech's recommendation.

By using remote heart-monitoring technology, Saint Luke's was able to eliminate eight heart techs at its central hospital, pay the remaining techs more and, presumably, achieve better and more consistent quality of care.

Another benefit of the system is that it allows the main hospital to keep patients admitted for pneumonia or emphysema, for example, whose EKGs might have caused them to be transferred to the heart institute primarily for monitoring. Saint Luke's wireless environment enables patients to stay in the same bed and be monitored remotely by the heart tech. "We don't do those transfers anymore," says Wade. "That allows us to leave more heart-care beds free so we can increase throughput." The strategy made

*Upcoming Events continued*

**April 12**
*Leapfrog Group Update: The 2005 Hospital Rewards Program*
- Paul Zurlo, The Leapfrog Group, Washington, D.C.
- Catherine Eikel, The Leapfrog Group, Washington, D.C.

**April 14**
*Point of Care Medication Administration: Case Studies Demonstrate Approaches and Impact*
- Lauren Sabet, Emerging Practices research group, FCG, Boston
- Fran Turisco, Emerging Practices research group, FCG, Boston

**April 20-22**
*Scottsdale Institute Spring Conference, Scottsdale,Ariz.: "Measured Value from IT Investments"*

**April 27**
*(co-hosted with HIMSS) Transforming Nursing Practice—Clinical Systems and the Nursing Unit of the Future*
- Jon Burns, senior executive for information technology, Cleveland Clinic Foundation, Cleveland

**April 28**
*Information Technology Supporting Infectious Disease*
- Tom Zoph, VP & CIO, Northwestern Memorial Healthcare, Chicago
- Gary Noskin, MD, Infectious Disease, Northwestern Memorial Healthcare, Chicago

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it possible for Saint Luke's to reduce staff in the main facility while expanding the program to other SLHS sites. Most importantly, it allowed the rural hospital to maintain its heart monitor program without having to seek out expensive heart techs.

## Integrating workforce factors into clinical IT

To address one of the top reasons nurses cite for leaving the profession—they feel that their work environment isn't conducive to safe, quality care—Kansas City-based Cerner Corp. has focused on an integrated IT workflow-solution strategy to include workforce planning as part of the clinical information workflow. In addition to Cerner's focus on improving patient safety through integration of clinical content in the nursing workflow, Cerner has added a "workforce" presence in three major areas, according to Doug Wager, Cerner Solutions Manager: 1) Staff scheduling; 2) Measuring staffing needs at any given time, including patient acuity and workload; 3) Measuring outcomes, from clinical, financial and operational perspectives.

Doug Wager, Solutions Manager, Cerner, Kansas City, Mo.

"We pull relevant information together so managers know who's working each shift, the acuity of the patients, and the resulting staffing needed to appropriately care for those patients. This allows managers to see where they may need to move or add staff." Wager says it's necessary to look at the issue of workforce multi-dimensionally in order to get control of it—looking beyond the clinical to operational such as HR types of indices: overtime, staff hours per patient day, involuntary turnover, and patient and staff satisfaction. "An organization may have nurses that will practically kill themselves to provide excellent care, but they will only push their limits for so long before they leave the organization for a better work environment. The impact of this doesn't show up when you only measure quality and performance by looking at clinical outcomes of the organization."

Managers can automate their schedules, enabling them to know the availability of all staff at any time, as well as look at cost by labor type, standard pay or contract labor. "If our clients can find a way to avoid contract or agency labor, which is one-and-a-half to two times more expensive than standard employee labor, then they can pay for more hours of care with the same budget. By looking at those three areas we can automate tasks to reduce or eliminate time-consuming manual tasks," he says.

Cerner typically builds its applications on a core architecture, but it opted to partner with a niche vendor as an immediate solution for the market. "We want to prove the power of integrating staff information into the clinical workflow," says Wager, "so, a year ago, we partnered with an organization to quickly demonstrate the value." Non-scheduling functions related to acuity and outcomes were developed as part of its core Millennium product.

The point is to use technology to improve the workplace, whether this is eliminat-

***"An organization may have nurses that will practically kill themselves to provide excellent care, but they will only push their limits for so long before they leave the organization for a better work environment."***

ing the paper chart, preventing errors with embedded rules, or helping organizations staff according to patient need while working with limited resources. "Staffing is a perfect example," says Wager. "It is much easier to let a computer optimize against a large number of constraints, and then tweak the schedule." Automation also enables new strategies to be more easily accomplished, such as self-scheduling and shift bidding, where the system rules can prevent inappropriate actions.

Use of the staffing solution allows an organization to cut by 70% the time it takes to create and manage a nursing schedule and to be better able to reduce overtime and agency staffing. Wager says that even a 5% improvement in the latter can mean big savings for a hospital, given that staff accounts for about 60% of hospital operating expenses. "One organization we talked to invests 1.5 FTEs just on staff requests for schedule changes," he says. Automating that process can eliminate manual processing of about 1,000 of those requests on average every scheduling period. The system includes an employee web portal to handle shift-swapping, shift bidding that allows nurses to bid on shifts, and a self scheduling module that allows staff to schedule themselves from home.

Daron Sinkler, a Cerner solution consultant, says the remote self-scheduling application, which incorporates a bulletin board, not only automates the process, but empowers nurses and gives them flexibility at the same time. "That's a huge satisfaction factor."

For nurse managers that means freeing up time to focus on their real job: managing nurses for better patient care. "If your nursing leaders are spending 40-80 hours every 4-6 weeks on scheduling administration, they're not focusing on their core competency or strategic initiatives," says Wager.

Sinkler notes that one client was able to reduce the time spent in staffing-related tasks in each scheduling period to 40 hours from 110 hours in their first stages of automation. He estimates from informal ROI reviews that such a system can pay for itself within 12 to 18 months by reducing agency and overtime staffing costs alone. When you add the increase in staff satisfaction due to better schedules and better matching of staffing to patient needs, the return on investment is even stronger.

## Streamlining work tasks

Stacey Hicks, an industry marketing director for Lawson who focuses on workforce issues, says the whole workforce shortage issue started years ago with imaging and lab techs but has become particularly acute in nursing.

Stacey Hicks, Marketing Director, Lawson

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"One of the scariest statistics from HHS is that the current shortage of several hundred thousand nurses could hit three quarters of a million in 2020, as baby boomers swell the retired population," she says. The nursing workforce is relatively old, with an

***A whitepaper, "Management Solutions for Combating Workforce Shortages," sponsored by Lawson and the Healthcare Financial Management Association, is available as reprints. Call 1-800-252-HFMA.***

average age around 40 and there are not enough new entrants into the field.

"Ultimately, the healthcare industry has to get more people into nursing and that requires a coordinated effort. It has to be an industry initiative. The workforce shortage is definitely affecting the bottom line and it is increasingly being linked to outcomes," says Hicks, who cites legislative and regulatory landmarks as California's mandatory nurse-staffing ratios and JCAHO's promulgation of staffing effectiveness standards as national acknowledgment of the issue. Also, more and more studies are beginning to link length of stay, mortality index and cost per discharge to staff turnover in an organization. A study by the JCAHO, for example, found that nursing shortages contributed to a quarter of cases involving patient death or injury.[1]

"People are starting to connect some of the dots," she says.

Not surprisingly, Lawson is aiming to address the workforce issue by designing solutions that streamline work tasks and use automation to increase productivity. The dual goal: 1) free up clinician time so they can concentrate on patient care; 2) free up administrators' time so they can focus on strategic issues.

Lawson's HR software suite, for example, offers an employee-manager self-service function that frees up employee time by enabling users to conduct routine HR business electronically. Should an employee have a baby, for example, he or she can add the new dependent to their benefits via an automated system, replacing the traditional hassle and paperwork that used to accompany such revisions. That also streamlines HR staff time so they can focus more on recruiting and retention activities.

That system allowed Memorial Healthcare System in Hollywood, Fla., to experience staff growth by a third, from 6,000 to 8,000, without having to add an additional HR staff person. By using Lawson's e-Recruiting software on its hospital website, Cardinal Health System in Indiana was able to cut to mere hours the several days it previously took to post jobs in the newspaper, gather and pore through paper resumes and select top candidates for positions. "That kind of speed and efficiency is critical, especially for positions you're in dire need of filling," says Hicks.

To help maximize clinician's time for patient care, Lawson's supply-chain suite helps ensure consistent supply availability and can track surgical instruments at any point in time so that they are available when and where they are needed. Misplaced, incorrect or damaged surgical instruments, for example, can disrupt flow in ORs, which are hospitals' biggest revenue generators. Gunderson Lutheran Health System (GLHS) estimates it costs their organization $40 per minute for surgery delays. Lawson's Surgical Instrument Management product, a module of the Supply Chain Management Suite, enabled GLHS to reduce the incidence of missing or incorrect instruments by 50%, a direct impact to their bottom line.

## Journey for the Joint Commission

Angie Smeal, a healthcare consultant based in St. Pete Beach, Fla., says

***Automating HR functions allowed Memorial Healthcare System in Hollywood, Fla., to experience staff growth by a third, from 6,000 to 8,000, without having to add an additional HR staff person.***

[1] FitchRatings, "Nursing Shortage Update," May 13, 2003.

hospital cultures vary so widely—from wealthy academic medical centers to small community hospitals and everything in between—that there is no single workforce strategy that works the same for all. "In different states there are different HR shortages. If I know there are two-week delays in getting a CAT scan, that's the kind of patient I'll look for to evaluate how staffing is affecting care at that particular facility. If they don't have staff, they'll have to ship the patient to another place," she says.

*Two years ago, the Joint Commission began assessing how 23 different staffing factors like turnover affected patients across all departments of a hospital.*

Smeal says two years ago the Joint Commission began assessing how 23 different staffing factors like turnover affected patients across all departments of a hospital. A hospital must now prove that it is measuring at least two hospital or HR standards from the 23 listed in the 2005 JCAHO manual. "They have to show what they've been doing 12 months prior to our visit. Hospitals or healthcare agencies must do a staffing assessment wherever they're doing patient care. That means demonstrating what their indicators are," says Smeal.

Survey teams try to determine, for example, if a facility has three professional openings in the ICU but is using agency nurses, using nurses in excessive overtime or has high nurse turnover. The focus of the new Joint Commission survey is perhaps the most dramatic statement that it believes staffing levels affect patient care. Surveyors look directly at patient care factors like "skin breakdown," which indicates whether a patient's wound is receiving proper dressing. "That's directly related to nursing," declares Smeal. "Most patients are diabetic, older people with high blood pressure and prone to pneumonia. Nobody in the hospital should develop a break in the skin. That's a lack of nursing care."

Rather than its traditional focus on abstract factors, the Joint Commission chose to focus on the patient. "It totally switched from policies and procedures to the patient in 2004. Everything has to work for the patient. Surveys ask, 'What does the patient need?' whether it's in the ER, rehab or cardiac cath lab. We go everywhere the patient has gone and look at staffing and quality of care in an integrated way," she says.

Another key change was to focus more on the patient: the surveyors no longer give out their schedule beforehand. "Now we make up a schedule based on the patients they have. They used to be in control of us. Now we're in control," says Smeal, adding that the change was prompted by complaints that Joint Commission surveys were not patient focused and that survey teams needed to beef up their clinical teaching.

Smeal says that one of the economic trends that has affected nurse-staffing levels the most is that nurses now have so many options in an increasingly diversified healthcare landscape. They can work a standard Monday through Friday 40-hour week at an outpatient surgery clinic or at a health plan. If their lifestyle is flexible enough, nurses can fly to distant locations on temporary assignment, making high hourly wages. "Some might make $100 an hour. They couldn't do that eight years ago. Why do they have to be on call?" she says.

Smeal says that nurses are probably less interested in money than in respect in the workplace, citing the Magnet Hospital program as perhaps the best model for that kind of environment. "Everybody in the Magnet program supports nursing because they support the patient. If a switch is broken, nurses should be able to call up the appropriate person to fix it, rather than have to worry about it themselves. You have to have independence in nursing."

## Non-IT strategies work too.

Automation is an enabler for workforce productivity, but not necessarily the only answer. Matthew Calais, chief administrative officer at Portland, Ore.-based Legacy Health System, says the organization is not focusing on IT-based strategies per se to address the workforce shortage. "We're dealing with recruitment issues but to say we're meshing IT into the effort is a bit of a stretch." He should know. As chief administrative officer, he is responsible for both IT and HR.

Mathew Calais, Chief Administrative Officer, Legacy Health System, Portland, Ore.

Calais denies the organization is doing anything unique, but tactics like Legacy's Bridge to Practice mentor transition program is solidly successful in helping student nurses plan career paths by bonding those junior nurses with senior nurses. A subcomponent of that program supports mentoring of nurses for leadership positions. "The goal," he says," is to grow our own leaders."

Calais says the effort is paying off. "Where we are now is different than where we were three years ago. The shortage is not acute like it was then." Also, the turnaround time for filling nursing positions has been brought in line with other positions in the organization.

There is no shortage of applicants to Portland area nursing schools but there is a shortage of teachers, which results in restricted class size. Legacy has a long-term relationship with nearby Lynfield College but no dramatic surge in new nurses has occurred.

Another factor: Legacy's employees are not unionized, while competitor Providence's are. "We've been relentless in creating competitive compensation plans for nurses—and not every three years, but revisiting them every six months to stay competitive," says Calais, adding that the entire effort must be multidimensional. "Dealing with the nursing shortage can't be a single-threaded plan. It must have multiple points of attack." That's why Legacy also has developed loan-repayment plans, scholarships and partners with various other local nurse-education programs, rotating interns and nurse teachers. All that has allowed the organization to cut nurse turnover to only 9%.

"Our biggest problem has been demographics," he says. "A large percent of the nursing workforce is retiring in the next 10 to 15 years. We're setting ourselves up for an internal problem if we can't recruit younger nurses." Snaring a nurse

***"We've been relentless in creating competitive compensation plans for nurses—and not every three years, but revisiting them every six months to stay competitive."***

right out of school for two to three years is not the problem, according to Calais. "We see them jump ship between the five and 10-year period after graduation, when the loss rate climbs to 25%. That's what has us concerned."

In a broad strategy to create an attractive environment Legacy has instituted a shared-governance program for nursing, which includes the making of clinical decisions on the care unit rather than centralizing in the nursing management office. There's also a special Nursing Network for advancement and recognition of nurse performers. Finally, the organization has instituted unit-practice scheduling, which allows nurses to create their own work schedules within basic guidelines. Says Calais, "That's a definite workplace satisfaction move. That's one we're automating so they can do it online."

## Conclusion

While the nursing shortage is acute and becoming more so, healthcare is experiencing shortages throughout its workforce. The causes and types of shortages vary depending on geographic location and organizational culture. Healthcare organizations need to devise workforce solutions that are multidimensional, systematic, supported by senior management and community-oriented. For those of us Baby Boomers who can glimpse retirement and its associated health issues in the not-too-distant future, finding a way to solve the workforce shortage in healthcare should be a national imperative.

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