

## FROM THE GUEST EDITOR

### **Inspiring, Recruiting, and Retaining the Health-Care Workforce: What Will It Take?**

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#### Abstract

The U.S. health-care system, the costliest in the world, is facing an exodus of nurses and other health-care workers. The growth of corporate medicine has contributed to clinician stress and burnout, and has created conditions that have eroded autonomy. Reform is needed that creates cultures in which health-care providers have agency to make decisions that impact their practice and all aspects of patient care. Massive change is needed to inspire, recruit, and retain the health-care workforce.

Keywords: Stress; Burnout; Retention; Nurse Autonomy

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We are at a concerning juncture in health care, in which neither patients nor health professionals are satisfied with the operation and outcomes of the U.S. health-care system. While there are sterling examples of extraordinary care that is lifesaving, all too often patients experience care that is fragmented, narrowly focused on a disease process rather than the whole person, and very costly. Even with the passage of the Affordable Care Act, 31.6 million U.S. citizens of all ages were uninsured in 2022 (Cha & Cohen, 2022).

Prior to the Covid-19 pandemic, rates of stress, burnout, and early exit from health professions had reached epidemic levels. Studies published since the onset of the pandemic are predicting a mass exodus of health-care workers. A recent National Academy of Medicine (NAM) report noted that 54% of U.S. physicians and nurses report symptoms of burnout, characterized as high emotional exhaustion, high

depersonalization, and a low sense of personal accomplishment from work (NAM, 2022). According to a survey of health-care workers conducted by Elsevier Health (2022), 1 out of 3 workers report intending to leave their current position by 2024, and half of this group intend to leave health care entirely. The survey, conducted two years after the onset of the pandemic, found that nurses and doctors are burned out and at risk of leaving their professions, and that the majority of health-care workers report unhealthy work-live balance. The NAM *National Plan for Health Workforce Well-Being* (2022) noted that addressing the issue of burnout from multiple angles is necessary to redesign environments. Health workers who find joy, fulfillment, and meaning in their work can engage on a deeper level with their patients so that human connection is strengthened, health equity is achieved, and trust is restored. Also noted was the critical role of leadership in addressing system issues that contribute to workplace stress and burnout.

#### **HOW DID WE GET HERE?**

The health-care sector is massive and complex, and accounted for more than 18.3% of the U.S. gross domestic product in 2021 (Centers for Medicare & Medicaid Services, 2022). The sector includes health systems (hospitals and clinics); health insurance; managed health-care companies; and the pharmaceutical, medical equipment, and health-care technology industries. Paul Starr, in his book *The Social Transformation of American Medicine* (2017), chronicles the growth of corporate medicine and the rise of new hierarchies of power and authority. With the rise in the sovereignty of medicine, there was a parallel emergence of a bureaucratic and corporate regime. The boundaries of medical authority expanded and translated into economic power and political influence. These developments have not prioritized the needs of patients or health-care employees. Illustrative of corporate greed are the salaries of health-care CEOs who made an average of \$15.3 million in 2021 (Herman et al.).

David Wagner, in his article, “The Proletarianization of Nursing in the United States, 1932-1946” (1980), describes the evolution of nursing from autonomous private practice to institutional practice based in hospitals and nursing homes. He notes that prior to the Depression, nurses worked as entrepreneurs, without the regimentation, rigid

division of labor, and intense supervision characteristic of modern hospitals. He argues that this unwritten history of nursing has been obscured by professional nursing leaders who are still suppressing revolts by rank-and-file nurses against the conditions of hospital work.

Whether you perceive Wagner's analysis to be unfairly harsh or reasonably accurate, the current reality is that the U.S. health-care system is the most expensive in the world, and our health outcomes are near the bottom of the Western world (Tikkanen & Abrams, 2020). And, the majority of the largest group of health professionals—nurses—are stressed and/or burned out, and are considering leaving their current positions. According to the *Covid-19 Impact Assessment Survey* released by the American Nurses Association (ANA) Enterprise COVID-19 Resource Center (2022), 75% of nurses report feeling stressed, frustrated, and exhausted; 60% of acute care nurses report feeling burned out; and 52% of nurses are considering leaving their current position. Thus, the theme of this issue, how to inspire, recruit, and retain the health-care workforce, is both urgent and timely.

### **WHAT WILL IT TAKE?**

Inspiring, recruiting, and retaining the health-care workforce is a very tall order. This issue of *Creative Nursing* includes papers that focus on several salient topics, including self-care, care model innovation, and system changes within education that will hopefully spark reflection, deep discussion, and action. So much is needed within health-care environments to create a culture in which nurses and other health-care providers have more than a voice: they have agency to make decisions that impact their practice and all aspects of patient care. We clearly are not going back to the pre-World War II era that Wagner describes, nor would that even be desirable or feasible given the complexity of care that often requires both a team-based model of care and specialized technology. What is desperately needed are health-care environments where the nurses and other clinicians have autonomy, agency, and control as well as accountability for decisions made and outcomes

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achieved. May the year 2023 be a year in which we focus within our own work settings on strategies that will enable the health-care workforce to not only survive, but thrive.

Cite this article: Kreitzer, M. (2023). Inspiring, recruiting, and retaining the health-care workforce: What will it take? *Creative Nursing* 29(1), Article 3.

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