



## EXECUTIVE BRIEF

# The Great Resignation

What drives healthcare workers to quit their jobs—and what healthcare executives can do about it

The numbers are frightening. During the second quarter of this year alone, more than 1.6 million healthcare workers quit their jobs, according to the [latest available data](#) from the U.S. Bureau of Labor Statistics.

That's even more frightening if you're a hospital or health system executive who's trying to steer their organization through and past the clinical, financial, and operational effects of the COVID-19 pandemic. That's a lot harder to do if you don't know who's showing up for work tomorrow.

Unfortunately, these workplace challenges won't end with the pandemic. COVID-19 accelerated an already simmering situation, which we now know as "the Great Resignation," and brought it to the surface. It's not a pandemic-induced aberration. The Great Resignation led to the Great Renegotiation, and the repercussions are here to stay. As a result, solutions to the challenge must be sustainable if hospitals and health systems are going to survive in the new, volatile healthcare economy.

## The roots of the Great Resignation

Successfully recruiting and retaining talent today starts with understanding why healthcare workers are not just leaving their jobs for other healthcare jobs but leaving the profession altogether.

There are, of course, the traditional reasons. Employees want to grow, but there's little opportunity to do so in their current organization, so they move. Employees leave—or stay—because of their manager, so they move to another to work for a new manager they like. Employees leave because they're feeling burned out at what they do. What once was a calling or career is now exhausting, not exhilarating. So, they leave for another type of healthcare job they think will re-energize them.

But there are new, complex, and more nuanced reasons why people are quitting healthcare jobs in record numbers, many moving to jobs outside of the industry. Most hospital and health system executives aren't tuned into these new reasons, and that's why many are scratching their heads as their people walk out the door.

Let's run down some of these new reasons.

- Employees are not feeling appreciated for what hours and risk they endured during the peak of the pandemic.
- Employees are frustrated with disconnected processes and workflows in their jobs, and they're no longer willing to put up with them or to pursue time-consuming workarounds.
- Employees are willing to sacrifice salary and benefits for:
  - More flexibility in when they work, where they work, and how long they work.
  - Professional growth. One step back or sideways for two steps forward.
  - To find a job that gives them more purpose and meaning in their work. As Simon Sinek famously states, "It's not what you do, it's why you do it."
- Employees are not willing to sacrifice their home life, family or personal connections for salary and benefits. Work to live, not live to work.
- Employees are looking for ESG-adherent work environments that align with their personal priorities.
- Employees are looking for work environments that prioritize reducing workplace violence and improving workplace safety.
- Employees are attracted to all the new "gig economy" job opportunities that can give them what they're missing from their current positions.

As the above reasons illustrate, it's not just about salary, benefits and free pizza nights anymore.

## Culpability of the C-suite

If you're a hospital or health system executive, and all those new, complex and nuanced reasons underlying the Great Resignation sound foreign to you, you could be part of the problem.

Subjectively, you may be detached from all these reasons because you're not listening. Or you could be listening but not particularly sympathetic because you got to where you are today the old-fashioned way: Hard work, nose to the grindstone, long hours and little time for anything or anyone else.

Objectively, you could be detached from new these reasons because you're so far removed from the dysfunctional processes and workflows given the organizational distance between you and frontline caregivers and workers. You could have a strong-willed CFO who won't approve new expenditures on additional staff, staff with new skill sets or work life-changing technologies. You could have a conventional CHRO who won't move outside of his or her comfort zone of hiring, firing, job evaluations, performance improvement plans and salary schedules. They may be uncomfortable with considering creative ways to attract and develop talent or work in concert with other C-suite leaders to develop coordinated solutions to the Great Resignation.

In short, it may be you, not them.

## The time to change is now

That said, it's not too late to change. In fact, the time to change is now, before the Great Resignation irreparably harms your hospital or health system. You must change your mindset from conventional to contemporary.

Let's start in the C-suite. Your CHRO must be able to see the big picture and have the ability to collaborate with other C-suiters, especially the CNO, the CIO and your top supply-chain executive. Your CFO, meanwhile, must be open to adding staff, skill sets and technologies with proven results and demonstrable returns on investment.

Outside of the C-suite, your hospital or health system should get more creative in offering new opportunities to both non-clinical and clinical staff, especially nurses. Not everyone gets to be the clinical nurse manager on the floor. The opportunities could include clinical research or committee work to develop new care-delivery models. Opportunities could include committee work to develop new work models as well. Your staff knows the jobs-to-be-done if you give them a chance to make meaningful contributions to your overall strategic objectives or a greater voice in how things operate. You must start using your people in nontraditional ways or risk losing that institutional knowledge to traditional competitors or new entrants to the healthcare market like Amazon.

## Work-life integration, not work-life balance

In the new healthcare economy, as in most other industries, there is no work-life “balance” because one doesn’t shut off when the other turns on. There is no hard, impenetrable line between the two. As a result, as a healthcare employer you must pursue work-life *integration* for your employees. That means supporting both so employees can flourish. Well-being at work and home at the same time.

What does that mean in practice? It starts with creative and comprehensive employee benefits packages that go far beyond physical health. They include benefits that promote mental health, financial health, professional health and social health. Healthcare organizations also must tailor those creative and comprehensive benefits packages to the *individual* well-being needs of each employee.

It also means offering flexible work options that match the lifestyle or lifestyle needs of individual employees. That could be working remote. That could be working non-linear, nontraditional hours. That could be working nontraditional shifts. That could be working in other jobs that employees are equally qualified for. That could be working on other floors, in other units, in other offices or in other locations. Flexibility is the ultimate attractant in the gig economy. It can be your ultimate attractant, too.

Then add two nonnegotiable changes that promote workplace well-being. First, become laser-focused on workplace safety. That includes both procuring adequate supplies of personal protective equipment and securing the workplace from violence. Second, get serious about diversity, equity, and inclusion.

## The role of the right technology

While it’s true that the wrong technology or technology used the wrong way can exacerbate the Great Resignation in healthcare, the right technology or technology used the right way can have the opposite effect.

For example, intuitive, self-service scheduling technology can go a long way toward giving employees the flexibility in work hours they need when a permanent or temporary lifestyle change demands it. Technologies that eliminate friction in work processes and workflows can reduce the frustrations that lead to burnout. Technologies that simplify or eliminate repetitive, rote tasks can empower clinical and non-clinical staff to practice at the top of their license or perform higher-level and more gratifying responsibilities. Technologies that help people do their jobs better can improve both job performance and job satisfaction.

Technology is a fundamentally human endeavor—it should automate, augment, and advise.

The effects of the Great Resignation are here to stay. It’s a volatile hallmark of the new healthcare economy. Whether your hospital or health system succumbs to it or overcomes it will depend on how well and how fast you adopt new solutions that address the new reasons people are leaving your organization.

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