

The COVID-19 Pandemic and its Effect on the Healthcare Systems: UPMC's Response to Shortage of Healthcare Workers

by

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Abstract

The COVID-19 pandemic has affected more than just the patients healthcare organizations serve; healthcare workers have also been exposed to the difficulties a global pandemic brings into their workplace setting. Staffing shortages have become the “new normal” in healthcare organizations disrupting operations and negatively impacting the quality and safety of patient care. Healthcare organizations have quickly adjusted to the shift of workforce challenges and focused their efforts on identifying how the COVID-19 pandemic is affecting their staff and what they can do in improving the recruitment and retention of healthcare workers. University of Pittsburgh Medical Center (UPMC), a \$23 billion world-renowned health care system and insurer based in Pittsburgh, Pennsylvania has deployed a variety of recruitment, retention, and alternative staffing strategies in order to alleviate staffing burdens and return to safe staffing levels. This document explores the staff challenges with both clinical and support service staff that have burdened healthcare organizations throughout the COVID-19 pandemic and how a large integrated health system, UPMC, is overcoming these critical staffing shortages.

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Preface

My sincerest thank you to my essay advisor, Dr. Bonnie Jin, for her mentorship and continued support and guidance throughout my Master of Health Administration program. Many thanks to my essay reader, Dr. David Lebel, for your unwavering support throughout the essay writing process.

I would also like to acknowledge the significant contributions that Julie Hecker and the executive leadership team at UPMC Mercy has provided me with throughout my educational career and within the healthcare field. My Administrative Residency under Julie Hecker has shown me how an incredible leader can impact the culture and quality of an organization.

1.0 Introduction

The World Health Organization (WHO) declared a pandemic in response to the global outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) also known as COVID-19 in March of 2020 (Mayo Clinic, 2022). The COVID-19 pandemic has introduced a series of unique challenges across all aspects of the United States healthcare system, with challenges complicating hospital employees' mental and physical health as well as a hospital organization's quality and financial success. As the pandemic progresses, more COVID-19 positive persons inundate already understaffed hospital systems resulting in a high volume of patients needing additional staffing assistance that is difficult to quickly obtain. The additional healthcare worker assistance is required from either clinical staff such as nurses and nursing assistants and support service staff such as dietary and housekeeping workers.

Much like the patients a hospital organization serves healthcare workers have been affected by the difficulties a global pandemic brings into their workplace setting. While maintaining adequate staffing at hospitals was an issue prior to the COVID-19 pandemic, the virus has heightened the severity of the shortage by introducing a multitude of new reasons for workers to leave the work force either temporarily or permanently. Frontline healthcare workers are those who work in patient facing positions in the direct lines of what has become a deadly pandemic inciting fear of the potential spread of COVID-19 from a patient to themselves and their family. Fear of catching COVID-19 has resulted in employees leaving their position and the retirement of the older worker force. In 2021, the United States experienced an increase of approximately three million additional healthcare workers retiring from the workforce due to the pandemic (Ewall-Wice, 2021)

While fear of the COVID-19 pandemic has impacted whether or not an employee chooses to leave the work force of a healthcare organization, fear is not a primary reason for employees choosing to resign. How a healthcare organization responded with needed operational changes due to the COVID-19 pandemic in 2020 and how they continue to provide support to their employees through the pandemic into 2022 also plays a part in the recruitment and retention of employees. Healthcare workers want to be informed of changes that may affect their work environment and want to feel supported by their management (The Society for Human Resource Management, 2022). Maintaining a positive work culture with transparent and open communication about changes relating to the COVID-19 pandemic have resonated with staff as they face the difficulties from a global pandemic. Hospital organizations have turned their focus to enhancing their employee experience efforts in the hopes of recruiting and retaining healthcare workers.

Employees are at the heart and soul of any organization, providing support and maintaining employee loyalty are crucial to retainment. A shortage of healthcare workers means there are not enough employees to adequately and safely fulfill the needs of day to day operations within a hospital organization. As of October 2021, healthcare employment has decreased by an additional 524,000 healthcare workers (excluding retirements) with a total of 16 million healthcare worker vacancies existing overall nationally post-COVID-19. With a national shortage of healthcare workers, hospitals are changing recruitment and retainment efforts. Recruitment and retainment differ as recruitment focuses on hiring new staff members into an organization and retainment is maintaining the employment of current employees at an organization. Healthcare workers can range from clinical staff such as doctors and nurses to support service staff such as housekeeping and dietary staff. The COVID-19 pandemic has increased competition amongst hospital organizations as there is a lack of applicants wanting to enter the healthcare setting and a surplus

of healthcare workers choosing to leave the workforce. Healthcare workers are moving from organization to organization in search of a good work culture, compensation, and perks where they feel cared for and supported by their management (AHA, 2021).

This essay's purpose is to delve into how the COVID-19 pandemic has affected the national healthcare worker shortage regarding both clinical and support service staff and how the current practices of an extensive integrated delivery financing system in Western Pennsylvania, the University of Pittsburgh Medical Center (UPMC), is combatting staffing challenges during the COVID-19 pandemic. Specific information pertaining to recruitment and retainment at UPMC is supplied from documentation from the "Focus on Our People" initiative led by workgroups involving health service division leaders at UPMC. Common themes throughout the initiative include a focus on accommodating current employees' needs and personal requests and how to acquire new talent. While the volatile staffing levels at UPMC and across the United States have improved with interventions, they have not returned staffing levels to before the COVID-19 pandemic. However, UPMC has shown their determination in creating a culture of caring and safety with their focus on their staff to help solve recruitment and retention issues.

1.1 Coronavirus Disease (COVID-19)

The coronavirus disease (COVID-19) is caused by a virus known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). COVID-19 is highly contagious and is contracted between those who are in close contact, within approximately six feet, through respiratory droplets when someone coughs, sneezes, or talks. The severity of COVID-19 varies from asymptomatic to potentially life threatening (Mayo Clinic, 2022).

COVID-19 originated in the city of Wuhan, China in December of 2019 with conflicting research on the zoonotic origination. The virus rapidly spread into the United States in January of 2020 and soon became a global pandemic in March of 2020 (Mohan & Nambiar, 2020). The first known case of COVID-19 at UPMC was identified in March of 2020. Since the start of the COVID-19 pandemic and as of April 2022, the United States has confirmed 79,978,129 million COVID-19 positive persons with 978,852 COVID-19 related deaths (CDC, 2022). In Allegheny County in PA, there has been 2.78 million confirmed positive COVID-19 cases with 44,316 COVID-19 related deaths (CDC, 2022).

1.2 University of Pittsburgh Medical Center (UPMC)

The University of Pittsburgh Medical Center (UPMC) is a \$23 billion world-renowned health care provider and insurer based in Pittsburgh, Pennsylvania. UPMC is the largest nongovernment employer in Pennsylvania with over 92,000 employees and operates 40 academic, community, and specialty hospitals, 800 physician offices and outpatient sites, and an array of rehabilitation, retirement, and long-term care facilities. In 2020, the number of staff members employed at UPMC facilities increased 6% from 2019 (see Figure 1). UPMC is renowned for their centers of excellence in transplantation, cancer, neurosurgery, psychiatry, rehabilitation, geriatrics, and women's health. The U.S. News & World Report consistently ranks UPMC's flagship hospital, Presbyterian Shadyside, in the top 20 "Best Hospitals" in the United States (Luyre, 2021). UPMC strives to create a future built on ideas, innovations, and care.

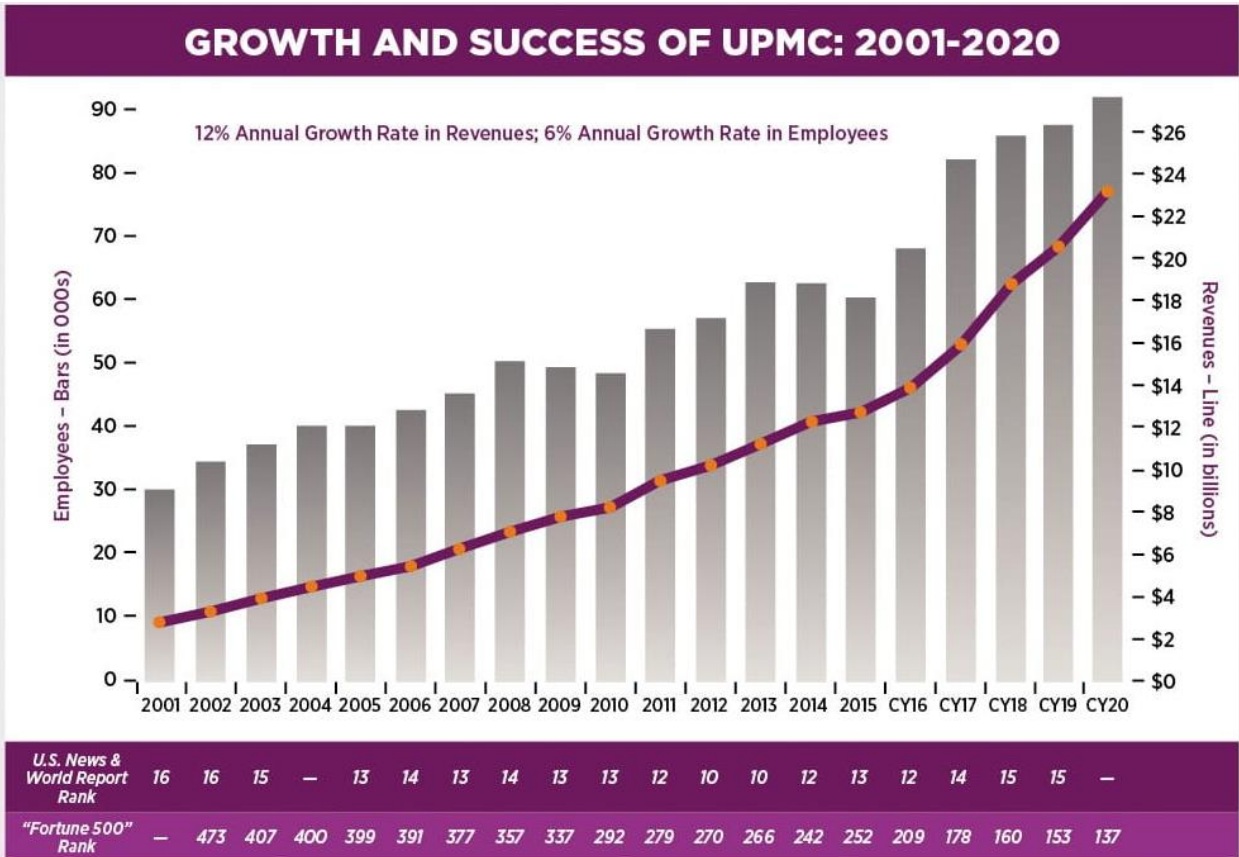


Figure 1: Growth and Success of UPMC: 2001-2020

1.3 Authors Note

The author is currently employed under the Vice President of Operations at UPMC Mercy as an Administrative Resident. UPMC Mercy is a 424-bed facility in Uptown Pittsburgh that employs over 2,500 staff members and serves over 20,800 patients a year as of 2020. At UPMC Mercy the author participated in meetings pertaining to the direct effects that the COVID-19 pandemic has brought into a large health system. Trends regarding staffing challenges were seen through vacancy data and observations within both clinical and non-clinical areas at UPMC Mercy reflecting the nationwide struggle health systems are facing as a result of the COVID-19 pandemic.

Engagement in work relating to the employee experience inspired the author to further research and investigate best practices that UPMC is employing throughout their hospital services division to recruit and retain both clinical and support service employees during unprecedented times.

2.0 Literature Review

2.1 National Healthcare Worker Shortage

The onset of a global pandemic amplified flaws within the United States healthcare system, including staffing shortages that had existed prior to the COVID-19 pandemic. The COVID-19 pandemic has emphasized the extreme stressors involved with working in the frontlines of the healthcare setting. Healthcare staffing shortages have already been an area of concern due to the nation's increasingly aging population with the Baby Boomer workforce nearing retirement age and COVID-19 escalating its arrival. Before the pandemic, studies predicted shortages of in-home health aids, nursing assistants, nurse practitioners, and medical lab technicians by 2025, leaving an already vulnerable work force to be disrupted by the COVID-19 pandemic (Eddy, 2021). The COVID-19 pandemic has worsened the strain on the healthcare workforce negatively impacting hospital quality and finances; approximately 20% to 30% of all types of healthcare workers are leaving the healthcare profession annually for either retirement or in search of a new career path causing a staffing crisis of both clinical and support service staff (Noguchi, 2021). For nurses alone, approximately 45% of positions are left vacant nationally (Sholtis, 2021).

Health systems experiencing steep declines in the number of healthcare workers have turned to increasing employee wages and other strategies to recruit and retain talent. With existing financial hardships due to the COVID-19 pandemic, over one-third of hospitals are projected to lose more money than earned by the end of 2021 with a median operating margin 10% - 11% below pre-pandemic levels (Noguchi, 2021). A decrease in hospital margins (ratio of hospital profits to hospital revenue) are a result of a combination of wage inflation, the high-cost of securing

contracted nurse staffing firms, and the expansion of worker benefits such as paid time off (PTO) and childcare reimbursement. Employee wages and benefits are the largest expense for healthcare organizations, totaling more than 50% of a healthcare organization's total expenses (Eddy, 2021). Between February 2020 and August 2021, the average hourly wage for healthcare employees rose 8.5% and is continuing to increase. The severe healthcare worker shortage has and will continue to force hospitals to incur increased costs during the ongoing COVID-19 pandemic due to the hiring of more expensive temporary or travel nurses, increased retention perks, and increased recruitment efforts and bonuses (AHA, 2021).

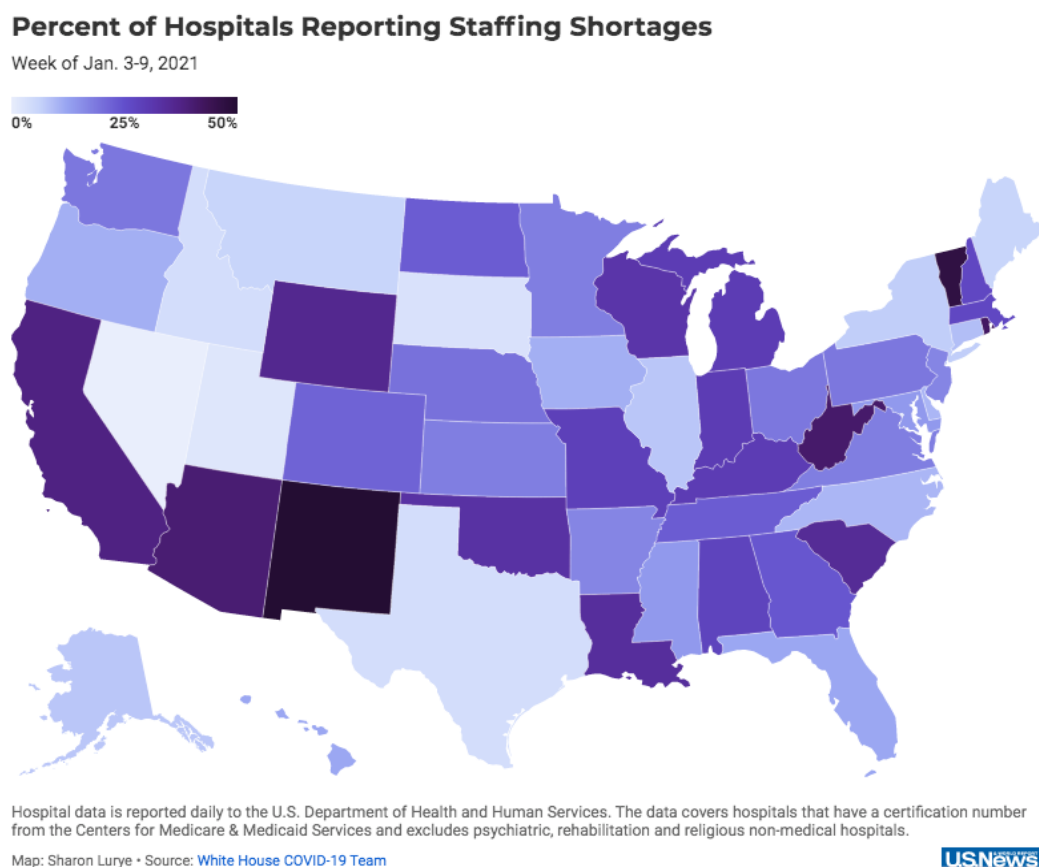


Figure 2: Percent of Hospitals Reporting Staffing Shortages

A sufficient, healthy workforce is fundamental to maintaining high quality care, especially as healthcare organizations are strained due to COVID-19 hospitalizations. Examples of positions enduring shortages include clinical staff such as nurses, respiratory therapists, and technicians to nonclinical workers, such as dietary and environmental services staff. Since February 2020, national hospital employment overall has decreased by nearly 94,000 staff members. Average turnover of staff due to COVID-19 has increased from 18% to 30% annually as the pandemic persists (AHA, 2022). Figure 2 shows the percentage of hospitals nationally reporting staffing shortage within their organization with some states reporting upwards of 50% of their hospitals experiencing staffing issues. U.S. News and Report predicts that the staffing crisis will continue and that there will be a critical shortage of 3.2 million healthcare workers nationally by 2026 (AHA, 2022).

2.2 Why Healthcare Workers Are Leaving the Workforce

2.2.1 Burnout

The COVID-19 pandemic has made many healthcare workers rethink whether the benefits of working in healthcare are worth the risk of their mental health declining and potential burnout. Burnout can be defined as a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do people-work of some kind. It can be defined in three dimensions (Maslach and Jackson, 1981):

- Emotional exhaustion
- Low impact, not being able to see accomplishments have impact on patients

- Cynicism, uncaring towards patients

Due to the COVID-19 pandemic, the healthcare workforce is experiencing emotional exhaustion and low impact towards their work. A recent study by the Kaiser Family Foundation concluded that three in ten clinical healthcare workers considered leaving their profession, and about six in ten said pandemic-related stress had harmed mental health and caused emotional exhaustion (AHA, 2022). The pandemic has left frontline healthcare workers exhausted and overwhelmed, fueling a greater level of already high emotional exhaustion. With vacancies up to 30-40% in multiple essential service areas such as clinical staff and support services within a hospital, current employees are expected to support and fill in for struggling teams leading to exhausted and overwhelmed employees. A Journal of Internal Medicine survey of 500 healthcare workers identified that a substantial majority of healthcare workers are experiencing clinically significant psychiatric symptoms (Hendrickson, 2021) with the percentage of healthcare workers self-reporting:

- Post-traumatic stress disorder (38%)
- Depression (74%)
- Anxiety (75%)
- Newly developed thoughts of suicide or self-harm (15%)

One survey respondent recalls:

“People begging for your help. I feel so evil and dirty having to place a BiPap [breathing machine] on a patient begging me not to. They don’t like it and cry and beg for me to let them die. I must put patients in restraints to keep them from pulling out their tubes. They cry for me to let them go. It’s like a bad horror movie.”

While emotional exhaustion has caused great distress, the low impact dimension of burnout by treating COVID-19 patients is severely affecting healthcare workers. Healthcare workers cannot cure positive COVID-19 patients, they can only provide patients with comfort measures and wait to see if they recover. Healthcare workers have witnessed the casualties the pandemic has brought to the healthcare system. Burnout from witnessing the struggles of COVID-19 patients have ultimately caused employees to permanently leave the healthcare work force.

2.2.2 Childcare

Healthcare workers not only have to face the struggles that a global pandemic brings into their workplace, but also endure the effects it brings to their personal life. With waves of school and child care closures to students moving to remote learning, healthcare workers are over extending themselves both at work and at home. A study conducted by The Center for American Progress estimates that of approximately 4.6 million health care workers in the United States, 30% have children who are too young to be left home alone with an estimated 78% of those workers being women who are statistically more likely to suffer when they cannot find reliable childcare. This study suggests that millions of needed healthcare workers are potentially struggling to secure childcare, endangering their ability to work at a moment when the United States healthcare infrastructure is already spread too thin (Novoa, 2020).

Some employers do offer daycare services, but many options are not set up to accommodate the evening and night shift hours a healthcare employee works. For those searching for child care services outside of their work place, the price of child care is out of reach for many parents who are working in the healthcare industry where the median income is \$42,340. Child care for two

young children costs upward of \$20,000 per year, almost half the median income of the average healthcare worker (Novoa, 2020).

2.2.3 Vaccination Mandates

COVID-19 not only affects the health and safety of the patients a healthcare organization serves but also of its healthcare workers. Healthcare workers are expected to follow the Center for Disease Control and Prevention's (CDC) national COVID-19 guidelines such as wearing appropriate personal protective equipment (PPE), social distancing, quarantining, and receiving a COVID-19 vaccination (CDC, 2022). The Centers for Medicare and Medicaid Services (CMS) have mandated that for any healthcare organization with Medicare or Medicaid suppliers, their staff must be fully vaccinated with either a two-dose vaccination (Moderna or Pfizer) or a single dose vaccination (Johnson and Johnson) with the exception of those who have been granted religious or medical exemptions to continue working in their health system (CDC, 2022). This has left healthcare workers with an ultimatum, either get their COVID-19 vaccinations or be terminated from their hospital organization. For personal reasons, some healthcare workers chose not to receive the COVID-19 vaccination. It is estimated that approximately 1% of healthcare organization's clinical and support service staff have either left or have been terminated from the workforce due to vaccination requirements, meaning healthcare organization are having to relieve essential staff in order to comply with CMS guidelines. UPMC has not reached the end of their mandated vaccination period meaning that termination due to lack of the COVID-19 vaccination has not yet been required. Looking at a nationally recognized organization that has already completed their mandated vaccination period, the Mayo Clinic in Rochester, Minn. had 1% of their 73,000 employees (730 employees) who were noncompliant with COVID-19 vaccination

requirements and were terminated (Gooch, 2022). While 1% of employees does not seem like a significant amount, healthcare organizations are desperate to maintain all employees as hospitals are operating at an overall vacancy rate of 13.5% as of January 2022, double the rate from the start of the COVID-19 pandemic (AHA, 2022).

2.2.4 Competition

The national staffing crisis is affecting every industry across the United States not just within the healthcare sector. With healthcare organizations consisting of both clinical and support services staff, there has been competitive challenges in recruiting staff not only within the healthcare industry but also within the fast food and retail industry for support services employees. Approximately 25% of a hospital organization's employees consists of support services persons such as maintenance, housekeeping, dietary, and security. Support services employees such as housekeeping and dietary staff, who typically make minimum wage, are in high demand due to the severe shortage of their positions in all industries. Organizations such as McDonald's and Amazon are implementing rigorous, high cost recruitment tactics to resolve staffing shortages within their organization to recruit minimum wage workers without specific specialized skillsets. For example, for support service workers, Amazon is currently offering \$18.32 an hour for minimum wage workers, UPMC offering \$15.75 an hour, and McDonald's offering \$13 with tuition assistance for those pursuing higher education (Herrera, 2021) (Marx, 2021) (Davant, 2021). Many of these competitors are offering higher wages, benefits, and flexible work hours attracting non-clinical workers from within the healthcare setting leading to a greater shortage of workers within the healthcare industry, especially for smaller hospitals unable to compete with larger organizations (Marx, 2021).

Not only is the non-clinical, support services aspect of the healthcare industry suffering from staffing shortages, the clinical aspect is enduring hardships as well. For the largest competing hospital organizations in Pittsburgh, PA, UPMC's average starting salary for a registered nurse (RN) is \$61,332, 6% below the national average, while Allegheny Health Network's (AHN) RN average starting salary is \$55,948, 14% below the national average (Gonzalez, 2021). The traveling nurse industry has become an attractive option for nurses who are looking for more flexible work hours, desired work locations, and a higher wage. Travel nurses are registered nurses who work in short-term roles within healthcare facilities and are traditionally employed by independent staffing agencies rather than a single hospital organization. The national wage for a nurse is approximately \$1,400 per week while travel nurses are paid between \$5,000 - \$10,000 without benefits. The wages for travel nurses have increased 25% since the beginning of the COVID-19 in 2020. Travel nurses can both positively impact and negatively impact a hospital organization. While travel nurses can fill in the gaps of the staffing shortages, they are not a permanent solution in solving the crisis due to their high cost and lack of loyalty to a hospital organization. Nurses are reconsidering their employment within a specific hospital to achieve a higher wage and are transitioning to a traveling nurse role further impacting the nationwide shortage of healthcare workers (Yang, 2022).

2.3 Combatting Staffing Challenges

Healthcare organizations have recognized the effect the COVID-19 pandemic has had on the overburdened workforce. In combatting staffing challenges, common takeaways amongst healthcare organizations include a need for:

- Preparedness, readiness, and flexibility to help maintain a trusted, experienced, balanced, and compassionate healthcare workforce at effective staffing levels.
- Ongoing training, clear communication, and continuous employee recognition from visibly involved senior level leaders.
- Cultivating adaptability at all staffing levels in new roles and processes, scheduling, and creative staffing approaches such as virtual hiring and bonuses.

In understanding the evolving needs of the healthcare workforce moving forward, healthcare organizations have created innovative approaches in identifying the best options for their organization in approaching staffing needs. By responding with new processes, tools, designing and implementing systems, and workplace environments that support their staff, healthcare organizations can better understand and act on the ongoing challenges from the COVID-19 pandemic outbreak and its aftermath (Cacciotti, 2020).

2.4 Staffing Shortages' Effect on Quality and Safety

The healthcare industry's national staffing shortage crisis has had clear consequences for the delivery of care and its efficiency causing health care systems to reduce quality and pause nonemergency surgeries and temporarily closing facilities. An increased risk of committing errors while providing routine care by clinical staff have been identified due to lack of adequate staff and the high-intensity nature of frontline healthcare workers jobs (Sadler, 2021). Lacking proper staffing ratios, healthcare workers such as nurses are responsible for caring for more patients,

leading to additional interruptions of duties which is shown to increase patient safety errors. Limited visitation policies of family members and caregivers are a critical piece also leading to decreased healthcare safety. When hospitals do not allow visitors, loved ones are not able to contribute to care. Patients' visitors help to ensure proper medication administration and communication. Nurses rely heavily on family and caregiver support in terms of additional monitoring; now healthcare workers are burdened with the responsibility of increased monitoring due to the lack of a consistent patient support person aiding in a patient's care plan ultimately leading to increased medical errors (Bean, 2021). Hospital units needing additional nursing resources can require excessive overtime shifts, or routine double shifts. A nurse who was involved in a fatal medication error noted, "her fatigue from working a double shift the previous day played a major role in the negative patient safety outcome." (Sadler, 2021)

A report from the CDC found that hospital acquired infections increased significantly in 2020 after previous years of steady decline (CDC, 2022). Researchers recognized the increase in challenges related to the pandemic with staffing shortages and high patient volumes which have limited healthcare organizations' ability to follow standard infection control practices. Data has shown nationally that 569 sentinel events, events needing immediate investigation and response, were reported to the Joint Commission in the first six months of 2021 compared to 437 sentinel events for the first six months of 2020 prior to the COVID-19 pandemic. An increase of sentinel events indicates an increased chance that an unanticipated event in a hospital organization will result in death or serious physical or psychological injury to the patient, not related to the natural course of the patient's illness (Gooch, 2022).

3.0 UPMC Recruitment and Retention Tactics

Every healthcare organization in the United States has struggled from the impacts of the COVID-19 pandemic on their organization, UPMC included. During the beginning of the pandemic in 2020, Jeffery Romoff, president and CEO of UPMC, diligently worked to respond to the challenges presented by the COVID-19 pandemic. After the retirement of Jeffery Romoff in August of 2021, Leslie Davis became CEO and president of UPMC. With over 30 years of executive healthcare administration experience and previously the senior vice president and operating officer of the UPMC Health Services Division, she has played a vital role in positioning UPMC as a national healthcare innovator and has directed the organization's efforts to improve the patient experience, provide superb patient care, and enhance employee and physician engagement.

As the new CEO, Leslie Davis has chosen to center her efforts by focusing on what she knows best, enhancing the employee experience. Under her leadership, efforts to focus on the frontline healthcare workers in both clinical and support service positions in UPMC were implemented through an initiative called *Focus on Our People* to help improve staffing at UPMC's 40 hospitals. The goal of this initiative was to recruit, retain, and look into alternative staffing methods to better the employee experience for those currently employed at UPMC and for new staff when they join UPMC.

3.1 Retention

UPMC understands burnout is a primary reason healthcare workers are choosing to leave the healthcare industry or seek employment at other healthcare organizations. Therefore, UPMC has focused on enhancing the employee experience to lift morale through a variety of employee engagement activities to destress their employees and get them excited to come to work. UPMC conducts a quarterly event called, “Welcome to Work” which consists of the distribution of free breakfast items such as fruit, donuts, and beverages for staff as they enter the UPMC facility in the morning. During this time, executive leadership greet, distribute, and express gratitude towards healthcare workers for their hard work and dedication to UPMC. The author was involved in the creation of an event called “Inpatient Pups” where therapy dogs are brought into the UPMC facility to spend time with staff to help them destress. This event occurs every two months and has been very successful. When an “Inpatient Pups” event occurs, staff are already asking when the next one will take place. UPMC has also given all inpatient floors in their facilities at UPMC Mercy a “serenity room.” The “serenity room” is a dedicated room consisting of a massage chair, magazines, and a Zen sand garden box to allow staff to take a break and relax without any interruptions. There was initially one “serenity room” throughout UPMC but expanded to every inpatient unit per request of staff.

Enhanced communication has been distributed from executive level leadership down to the employees whether it be in the form of newsletters, emails, flyers, huddles or townhalls to create a culture of caring and listening. Townhalls consisting of executive leadership have shifted from quarterly to monthly in an effort to become transparent and inform healthcare workers of any changes occurring at the organization. Opportunities exist to anonymously ask questions as the townhalls occur virtually in order to reach healthcare workers who are too busy to leave their work

zone. Healthcare workers have appeared to become more engaged in asking executive management questions in townhalls, asking questions beyond concerns related to the COVID-19 pandemic. From the author's experience in attending monthly UPMC townhalls since the Spring of 2021, staff attendance has increased. Staff continue to ask operational questions about COVID-19 due to the ever-changing regulations and guidance from government sources such as the CDC and CMS. When initiated in the Fall of 2021, staff had not previously utilized the entire one-hour townhall to ask questions, often leading the meeting to end in approximately 40 minutes. Now, staff are asking more questions related to COVID-19, non-COVID-19 operational questions, and suggestions and questions about upcoming employee engagement events and activities at UPMC filling the whole hour.

The COVID-19 pandemic has affected the workplace environment and the personal lives of the healthcare workers employed at UPMC. Becoming flexible to the needs of the employees have been successful in retention efforts as employees feel cared for and supported by management when their feedback is elicited and listened to. UPMC has encouraged staff members to speak with their supervisor about flexible work arrangements or accommodation requests. These requests can range from hotel and lodging, mental health resources, or alterations to work hours such that the environment they work in is flexible in response to these challenging times. For those experiencing issues in obtaining childcare, options for flexible hours have allowed healthcare workers the opportunity to schedule working hours to accommodate their child's schooling.

As a token of appreciation to the commitment of UPMC's employees to the organization and the vital work they do during the COVID-19 pandemic, all 92,000 UPMC staff members received a one-time \$500 bonus. Executive leadership were the only staff members excluded from receiving the bonus (Gonzalez, 2021). In announcing the \$500 bonus, Leslie Davis also wrote to

staff via email communication, “Over the past 20 months, you have risen in truly exceptional ways to meet challenges we could have never anticipated. With your critical support, UPMC continues to care for so many.” Leslie Davis made the announcement of the bonuses on behalf of the UPMC board of directors. The author was one of the UPMC employees who received the \$500 bonus from UPMC. She identified that there were mixed emotions in response to the bonus with many healthcare workers feeling that UPMC owed their healthcare workers the \$500 bonus and so much more for their hard work and dedication to the organization during the COVID-19 pandemic.

In December of 2021, UPMC implemented a long-term strategy and expanded their operating room (OR) registered nurse (RN) career ladder. UPMC has added another tier to their staffing model designations with the highest level an OR RN could previously achieve being a senior professional staff nurse II, now the highest level is an expert professional staff nurse. The promotion is eligible for OR RNs who achieved high performance on their annual evaluations from management. The OR RN’s salary would increase by 4% when promoted. UPMC targeted OR RN’s due to high vacancies of RN’s and surgical technicians in UPMC’s OR. RN’s can cross train as a surgical technician in the OR when needed to fill a vacancy.

3.2 Recruitment

UPMC have created new staff resourcing options and strategies in their search for necessary healthcare workers. In an effort to recruit additional support service staff members such as dietary and housekeeping workers, UPMC identified the potential to remove educational requirements to hire available talent for support service positions. Prior to the COVID-19 pandemic, UPMC had the minimum educational requirements of a general educational

development test (GED) in order to hold a minimum wage position. Now, UPMC has removed the barrier of GED requirements to reach a larger pool of job applicants. There is an assumption that the GED requirement prevented potential applicants from applying to UPMC with approximately 16,300 adults without a high school education or GED in Pittsburgh are now eligible to work at UPMC (World Population Review, 2022).

UPMC is growing their educational services and schools to train and develop young healthcare workers through its “Grow Our Schools” initiative. UPMC has vowed to make education affordable and more easily obtainable for those without a degree and for those who wish to further their existing education. The “Grow Our Schools” initiative serves the dual purpose of empowering potential applicants to further develop their careers as well as remedy the organization’s ongoing staffing issues across various positions. UPMC has created and expanded their educational programs across their system with the addition of a new surgical technologist school and medical assistant training program and the expansion of its three nursing schools. The UPMC School of Surgical Technology educates and trains 14 individuals for one year at no cost in return of three years of work commitment after graduation at a UPMC hospital; failure to stay in the program for the three years results in tuition payment being owed. This program has allowed individuals within entry-level service roles to gain the knowledge and necessary certification to help facilitate life changing operations within the system’s ORs. The UPMC School of Surgical Technology has completed their first year of the program in the Spring of 2022. Success of the program can be determined by the number of students who complete their education and stay for the full three-year work commitment at UPMC.

UPMC hospitals located in Pittsburgh are in close proximity to multiple universities and have taken advantage of their close proximity to higher education centers to capture clinical staff

such as nurses outside of UPMC's nursing school. UPMC is now offering a monthly loan forgiveness program for graduate nurses and sign-on bonuses in return for a work agreement with UPMC. Having a work agreement guarantees temporary talent who can also potentially turn into a permanent healthcare worker at UPMC. This is a short-term solution to a lasting issue since retention initiatives need to be utilized to make the work agreement last past the designated timeline.

3.3 Alternative Staffing

With the unique challenges COVID-19 has presented, UPMC has created staffing alternatives for the evolving healthcare landscape. Inpatient units are struggling from the challenges of an understaffed unit, ultimately leaving patients to see healthcare workers less frequently posing quality and safety concerns. In response, UPMC has created a new position called a "Hospitality Associate" to accommodate the basic needs of the inpatient floor. Tasks for this position include tidying up the inpatient floor, answering call bells, filling water pitchers, with the majority of the position focused on conversing with patients to make them feel comfortable and cared for during their visit. The Hospitality Associate role has been successful in alleviating the burden of understaffed floors by lessening basic job duties from clinical healthcare workers. For example, call bells are utilized by patients for both medical needs and basic needs such as requiring assistance in changing television channels; when call bells are answered by the Hospitality Associate they can determine if nursing assistance is needed. The Hospitality Associate is offered in a casual position, defined as a replacement for permanent full-time employees who are out on long-term absences and are paid only for the actual worked time. This position is unique

as it targets the recruitment of retired healthcare workers and college students looking towards a career in health care. Currently, the new position has been successful in recruiting approximately 80 Hospitality Associates with an additional 100 students from Duquesne University who are currently onboarding into the Hospitality Associate role.

In an effort to utilize existing talent, management have been encouraging nursing and patient care professionals who are currently serving in corporate, non-patient facing roles at UPMC who have up-to-date licenses to take bedside shifts. Monetary incentives and flexible hours have been offered to healthcare workers who return to the bedside. Doing this will not resolve the staffing crisis, however it a short-term solution that will temporarily alleviate the staffing burden and become potentially effective in permanently gaining full-time nurse and patient care professionals. In times of need a reliable and certified clinical staff member already at UPMC can fill in the place of a missing and needed staff member to reduce workload in a hospital organization. These staff members primarily come from a corporate, desk job that their position can more easily be filled.

4.0 Conclusion

Healthcare workers have been exposed to the difficulties a global pandemic brings into their workplace setting. Healthcare organizations are continuing to find innovative solutions to the challenges the COVID-19 pandemic has caused in achieving safe staffing levels. These challenges have impacted healthcare organizations by negatively impacting a patient's quality of care, organizational finances, and the mental health of their healthcare workers.

Healthcare workers in both clinical and support service positions are either permanently leaving the healthcare setting or searching for a healthcare organization who can provide them with better compensation, benefits, and flexibility, and support and compassion throughout these troubling times. UPMC has identified these needs and have taken action to recruit, retain, and look for alternative staffing options to alleviate staffing burdens for their healthcare workers. UPMC has taken innovative approaches in addressing issues with staffing shortages that have seen success such as their work with alternative staffing. The national staffing shortage will continue to negatively affect healthcare organizations as the COVID-19 pandemic progresses, looking for innovative staffing solutions will alleviate the challenges effecting healthcare organizations and their healthcare workers.

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