David Burda:

Welcome to the 4sight Health Roundup podcast, 4sight Health's podcast series for healthcare revolutionaries; outcomes matter, customers count, and value rules. Hello again everyone, this is Dave Burda, news editor at 4sight Health. It is Thursday, April 18th. It's great to see a treasonous, wannabe fascist dictator finally get his day in court to prove he's innocent of falsifying business records to help him steal an election. Good for him. I'm sure he'll knock it out of the park. It has nothing to do with our topic today, but I'm sure our two experts will knock that out of the park. Our topic is why nurses leave their jobs courtesy of a new study and GMA network or Open. That's the free version of the Journal of the American Medical Association to tell us what we can learn from this new study are Dave Johnson, founder and CEO 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi Dave. Hi, Julie. How are you two doing this morning, Dave?

David W. Johnson:

I'm doing just great, Dave, thanks for asking. I don't know, this is really my favorite time of year. The older, I get more amazed I am that spring follows winter, and so seeing everything come up new and fresh is really fantastic. And I won a silver Asby award for my HFMA commentaries this week, so you won't be able to contain my ego anymore after this.

Burda:

Well, congratulations. That's excellent. Way to go. Yeah,

Johnson:

Thank you. Thank you,

Burda:

Julie, how are you?

Julie Murchinson:

Well, I have been in Boston and New York this week. It's been a big East coast week. And Dave, I have been in two conversations with two of our partner companies where HFMA has come up, so we should talk.

Johnson:

Yes, Networking.

Burda:

That's great. Good to hear It.

Murchinson:

Let's do it. Dave, let’s network.

Burda:

All right. Now before we talk about why nurses leave their jobs, let's talk about nurses you know who have changed their profession. Dave, do you know of any former nurses who left nursing? And if they did, why'd they do it?

Johnson:

I really don't. I mean for once I have nothing to add to you this comment. You're probably both dumbfounded as am I, but I really don't have anything to add here.

Burda:

Julia, I'm out on a limb here Now. Any nurses you know who left the profession?

Murchinson:

No. But the nursing story that is kind of most top of mind for me is the nurse I met who was an Uber driver in South Carolina who quit her job to become a traveler. And then told me about how she picked up a bunch of per diem

shifts where she was traveling and was making three times what she made in South Carolina. So nurses are getting resourceful, there's no doubt about that.

Burda:

Yeah, nurse entrepreneur, that's great. Well, I've been married to a nurse for more than 40 years and she recently retired after proudly serving her entire career in nursing. And most of the nurses I know through her also stated nursing their entire careers. I guess that's why this study caught my eye. Let me tell you about it and then get your reaction. Five researchers, all registered nurses surveyed about 8,000 RNs in New York and Illinois in the spring of 2021. They asked them why they entered their employment in healthcare and gave them 14 choices. By far, the number one reason was planned retirement cited by 39% of the nurses that was followed by burnout or emotional exhaustion at 26%, insufficient staffing at 21%, family obligations at 18%, and COVID-19 concerns at 17%. Far down the list were lack of career or professional growth opportunities at 7% and higher wages and benefits in other industries also at 7%. Dave, is there anything here that surprised you or bucks conventional wisdom? And if you're a healthcare employer, what do these results tell you?

Johnson:

Retirement; the number one reason, no surprise there, followed by burnout and overwork. Money doesn't seem to be an issue. That was pretty far down the list. So a lot of this talk about compensation nurses and so on appears that it may be overblown. I was surprised they didn't ask about frustration relating to limited times with patients or limited time with patients. So that, I wonder if that's not an issue with nurses and Julie, you mentioned the agency nurses and I just have to believe that is a pretty, and maybe continues to be a disruptive phenomenon inside nursing ranks. A new person comes in, they're getting paid a hefty amount above and beyond what long serving nurses have gotten. That's got to be a source of irritation and they're often disruptive. So I would've liked to have seen them dig into that quite a bit. And another thing, the other question that comes up as I think about this issue, alright, this talks about nurses who actually retired. How many nurses are out there that could have retired but haven't and why did they do that? And all of this gets back to

the relative passion for the job and is that as strong as it's ever been weakening, getting stronger, there are record applications to nursing schools, so there's huge amount of interest in becoming a nurse. And I wonder how much of that is really getting dampened as people get into the field and experience the day-to-day mechanics of being a nurse and some of the drudgery that obviously goes with it since all of the researchers doing this were registered nurses. I guess I got to be careful here. The findings support, a broad narrative regarding an overburdened healthcare workforce, and I'm just not sure that's true. I'm not sure these numbers support that narrative and for all the reasons I talked about some of the nature of the survey and the low response rate and so on. Having said that, I think it's pretty clear that the way healthcare is working isn't really working. There is an enormous amount we can do to help nurses achieve better work-life integration. Notice I didn't say work-life balance. That doesn't exist anymore in our 24/7 world. But work-life integration is a real thing and there's lots we can do with technology and a more liberal approach to staffing that can address many of the more burdensome issues. And at the end of the day, I still think with professionals, it comes down to what Dan Pink called A-M-P; amp, autonomy, mastery and purpose. And if we give professionals enough autonomy, we enable them to master their professions and really feel that they have purpose in their work life, they're going to be happier and more productive employees. And I think we're doing a lot to not create AMP for nurses. And if I were running an organization, Dave, to your question, I'd be spending all of my time thinking about this, and I'm a bit influenced by what Paul Kusserow did at Amedisys. And there we're not talking about nurses. By and large we're talking about nurses aides, an even tougher workforce segment with much higher turnover. And Paul said he tried to practice the golden rule approach to management, treat your employees well and they'll treat your customers well and the company will do well. And so he spent a third of his time on the road with nurses aides doing visits, asking what he could do or what the company could do to make their work lives better. And that became the basis for the strategic plan. And Amedisys cut their turnover rate in a half and probably no other single factor improved the company's performance in its market capitalization more. I think a lot of what we have to talk about when we're talking about healthcare professionals, whether they be nurses, doctors, technicians, pharmacists, is how do we make the work more meaningful and less

burdensome and really taking that seriously? And so anybody running an organization ought to have their ear to the workforce and have an open heart, listen and adapt accordingly.

Burda:

Yep. Sounds simple, but few do it. Thanks Dave. Julie, any questions for Dave?

Murchinson:

Yeah, Dave, do you view nurses issues as similar to physician satisfaction issues? On the show, we've talked a lot about how there may not be a physician supply problem, but do we have a nursing supply problem and if so, what do we really do about it?

Johnson:

Yeah. Julie, I'm going to turn the table on you just slightly. I'm not sure that we do have a nursing supply issue in the same way we've got a physician supply issue. It's created by doing straight line measurement of historic patterns and if we're all right about the disruption that's coming to the industry, why in the world we look at historic patterns for determining the future is beyond me. I am skeptical of the nursing shortage issue, big picture and sort of medium to longer term. I do know that there are some significant short-term issues, and I also know that throwing money and bodies at the problem isn't going to solve those underlying core challenges. I'd mentioned the Amedisys example and what Paul Kusserow was able to do as CEO and that by paying attention to the workforce, providing meaning, autonomy, enabling purpose, all of those things are really important. Probably at the end of the day, since money wasn't the issue, why nurses were leaving, at least according to the survey, those other issues, autonomy, mastery, purpose probably rise to the occasion, I will say on doctors versus nurses, and this will be controversial, but so what? With generative AI, I think about 80% of what doctors do goes away. 80% of what doctors do is pattern recognition for diagnosis and treatment. And the machines can pick up a huge amount of that burden. And if that's the case, what do we need doctors to do and what do we

need nurses to do? And that really falls more into engaging with patients, helping to explain what's going on. And there's a part of me to that believes when all of that kind of comes into being, which I think it will over the next five to 10 years, nurses will be as important to doctors and the delivery of better health outcomes for the country as a whole. So you heard it here first, go nurses!

Burda:

Wow. Pattern recognition. One of these things is not like the other. We used to sing that a long time ago. Thanks Dave. Julie, let me ask you the same questions. Does anything here jump out at you as surprising or counter to what you're hearing in the field and how should healthcare employers react to the results?

Murchinson:

So interesting that you call them healthcare employers. They don't really behave like the corporate employers behave as it relates to health and health benefits and all that. But that's not the point of my discussion here. One of the best quotes I read on this subject is from a nurse leader from the Center for Health Outcomes and Policy at Penn who said, and I quote; “Nurse staffing is a modifiable feature. It's something that hospitals can choose to invest in if they want to have better outcomes for patients and reduce some of the high turnover in departures.” Modifiable feature. But that's a pretty interesting phrase, and I continue to hear horror stories about nurse staffing ratios. I heard from someone directly in New York yesterday. So it's not exactly new news though. And I do think some of these issues, I'm kind of on Dave's page, are really related to the fairness and equity in the workplace. Okay, I'm a nurse at NYU… am I being treated fairly? Have doctors been treating me fairly my entire career? Not going to answer, but we all know these stories. Am I perceived well in society today? I mean, doctors in health systems approval ratings have plummeted in the last few years. So this is about pride in what I do and is it worth it to work the way I do? I mean, Dave is this kind of your point about passion?

Johnson:

Yeah, yeah. Great point!

Murchinson:

Am I finding finding my employer flexible or inflexible? So I've been complaining now since the beginning of covid, right? And I bet if we surveyed more than two states, we might find some variation here in terms of [00:36:00] nurses who have experienced a more flexible in the workplace, because I experienced some health systems trying really hard to figure out how to create more flexibility through new technology management of resources or new relationships or what have you. Okay. If I'm young, if I'm a young nurse, do I want to live my life working nights at the hospital? I dunno. And I mean, frankly, there are new options out there, right? We've been talking about ASCs and carve-outs, private equity backed specialty groups, and I mean, for god's sakes, med spots, there's a lot of new cushy options out there. If I'm a nurse, so do I have to work in the hospital with these patients who were sick and some of them are mean, you have to figure out your new center of gravity. So it's interesting, the approaches we're seeing across health systems. Some are investing very heavily in the supply drivers like nursing education and everything to bring more nurses to the system. Others are managing capacity and leveraging technology to address some of the concerns. Not all, of course, that these reports show, and I mean Houston Methodist, Frieder, Vanderbilt, I could name a ton who are focusing efforts on removing administrivia and creating flexible staffing models and utilizing virtual nursing banks to serve a ton of different roles. So there's a wide variety of innovation here, but I think nurses feel like they have power for the first time.

Burda:

Yeah. And what you're saying is employers can do a lot of things, but many choose not to. So great points. Thanks Julie. Dave, any questions for Julie?

Johnson:

Here’s my question for you: How much could application of readily available technologies and distributed staffing models like the kind you were just describing, alleviate or even eliminate many or in perhaps most of the root

causes for nurse burnout under staffing and insufficient time with patients? What do you think?

Murchinson:
Listen, virtual nursing I think has been met with a lot of skepticism and continues to be something that the health systems are treading into lightly. But we are seeing virtual nurses being used for triaging and doing nurse consultations, admission support, patient education, a lot of other tasks that can be done remotely or separate from the clinical care on the floor and relieve nurses of some of the, I don't want to call all that stuff adminsitrivia but some of their duties to really allow them to focus and spend more time with patients and et cetera, et cetera, improve nurse staffing ratios. There's a ton that technology can do today. You have to reorganize the way workflow works and that moves people's cheese. So we're seeing progress. It's just slower than maybe it could be, of course.

Burda:
Thanks Julie. For me, getting back to the study results, I think you can plug in any profession and get pretty much the same outcomes, right? I'm old enough to retire, I'm burned out. We're understaffed. Nurses are special, but there's nothing special about why they leave healthcare. It's why a lot of people leave their professions. So it does make you wonder about doctors. Now let's talk about other big news that happened this past week. It wasn't all bad, was it Julie? What else happened this week that we should know about?

Murchinson:
Well, in addition to the end of the era of OJ Simpson, something that happened last week that we had already talked by the time this happened, but you probably saw that Epic cut off data to one of the companies Particle Health, which kind of changed the game for a low company like Particle Health overnight and just goes back to demonstrate the power of our friends at Epic.

Burda:

I saw that headline, but I don't know any of the details, but I need to look at that.

Murchinson:

They apparently shared, they violated their data sharing agreement supposedly.

Burda:

Oh boy. And when you're the only game in town, as we have talked about on other episodes, that's very work noting. Thank you. Dave, what other healthcare news made your front page?

Johnson:

Well, we're focused today on nurses and doctors, and I found a tidbit in between, relating to physician assistants getting a rebranding. in Oregon, they're changing the title from physician assistant to physician associate to reflect the really more professional nature of what these PAs do. And I got to say, I think it's long overdue and other states are also looking at this. Of course, doctors see this as a challenge to their brand reputation and so on. And I can say so what? Right? Some of these PAs are just absolutely fantastic, and they get lots of incremental professional training beyond college and do a lot of the core work of coordinating care and communicating with patients. So good for them.

Burda:

Yeah, hear hear. Usually, if organized medicine is against it, I'm for it.

Johnson:

Yeah.

Burda:

Thanks, Dave. Thanks, Julie. That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit

our website at 4sighthealth.com. You also can subscribe to the roundup on Spotify, Apple Podcast, YouTube, or wherever you listen to your favorite podcasts. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.