



HOW EMPLOYEE WELLBEING IS SMART BUSINESS

Recording Transcript

Patty Enrado: Hi, I'm Patty Enrado with HIMSS. In today's podcast, we're going to talk about the importance of employee well-being and how you can foster employee well-being in your organization for positive business impact. Today, I'm with Sig Shirodkar, a managing director in Accenture's Health and Public Service industry specializing in Talent & Organization. He's joined by his colleagues, senior manager Jennifer Hammond and manager Christina Murtaugh. Welcome Sig, Jennifer and Christina.

Sig Shirodkar: Thanks, Patti. I'm happy to be here! What I'd like to do, Patty is to open with what our work is all about and bring in both Jennifer and Christina to provide greater depth. That will help us to frame all the other questions and topics that we ought to talk about today. So again, thank you for having me.

Our work in this space is grounded in Accenture's mandate to do better research. What this research found was that there was a 26% gap between workforce expectations and what employers provide to make employees net better off. What's happened in the last 18 to 24 months is that COVID 19 has been both the plague that we're all familiar with and an

opportunity for employers to accelerate their focus on driving positive change in their workforces.

Six dimensions make up our case to do better research. Two of those dimensions are well known and potentially probably overused. One of them is the financial aspect. The other is employability. Those things are innate to what we do as a workforce employed by our companies. But four other dimensions have been underplayed and can likely help close that 26% workforce/employer gap. The first is emotional and mental, the next one deals with the relational or relational physical. And then lastly, purposeful along with financial and employable. It makes up our six dimensions that we're going to get into as we talk about three very specific personas.

I'm going to invite my colleagues, Jennifer, and Christina – Jennifer first – to talk about David, the physician, and then we'll talk about Nancy, the nurse and Anika, the patient attendant. So, take it away Jennifer

Jennifer Hammond: Thanks, Sig. While this focuses on our health or hospital systems, you can use these personas in any industry. It's about sitting down and saying, what are the critical roles that we

know will enable our long-term strategy and how are we going to address them?

David's lifelong dream is to be a physician. He's worked on this since early in his education, and the goal was to provide better care and outcomes and fundamentally make a difference in patient care. David is facing changes in the health care field. You've got more technology coming in, new patient expectations, or different access challenges for patients to see physicians. David is focused on how to continue to keep his practice running and healthy while also addressing the increased demands of his patients' expectations and needs. He also wants to optimize his function from a tech perspective. How does he take all these cool new things that may be out there? These are all pressures that he's already facing.

Then you overlay COVID, as an example – there'll be many other things to come that he'll be struggling with as well. Using the COVID example, we can start to identify the gaps for David related to how he's functioning in terms of patient care and technology.

What we're finding with the Davids of the world who are physicians is that the current situation is creating significant mental strain. People like David are fundamentally asking themselves, do I still want to be in this role serving patients daily? Are there other opportunities?

We're seeing physicians in our research looking outside, asking themselves, are there other roles that they can play with their skills and their ability, and their passion? This creates problems since we already know there

are access issues in the United States in particular. When you have David questioning his long-term career path, that's something that we must pay attention to. I'll also share with you the Nancy the nurse scenario, and then I'll let Christina talk about our patient attendant.

Nancy is a nurse, and if you're watching TV, you're hearing about the tremendous amount of pressure that nurses are facing right now. But now a special need is highlighted. And so you've got Nancy, who loves the social aspect of nursing and also wants to be part of care delivery and a mid-range earner. Currently, she's looking around and seeing this great resignation, not just with other fellow nurses, but among people in her family, lots of different industries, all asking themselves what they want to do long-term in their lives.

She sees colleagues and fellow nurses asking themselves that, and it starts to create doubt. "What am I missing?" As the workplace shifts, the pressure for the Nancys – the nurses who remain – becomes greater with less staff to support the patients, higher patient-to-nurse ratios, et cetera. One of the things we looked at with this study was how can we atomize that nurse experience now and forever, looking at technology and asking ourselves about the social components, the expectations that nurse Nancy has from a social standpoint, and then fundamentally challenging the rule book. That means looking at the way we schedule nurses, the way nurses function within hospital systems in particular – is that the way going forward? So those are our first two personas. Christina, do you want to talk about the patient attendant?

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Christina Murtaugh: Our third persona is Anika, the patient attendant. This is someone who graduated high school but didn't have the opportunities to go on to higher education. And yet she wants a stable job, wants the commitment of an employer, and values being able to care for patients in that role on the front line of patient care in hospitals. Anika wants future opportunities, but in her role struggles to find the ability to learn and upskill. This is someone who can't listen to videos that will affect the patient. She needs formal learning as opposed to a lot of our other employees who are looking at micro-learning sessions and other features. Anika has absorbed a lot on the frontline of COVID and yet is also looking to secure future earnings for her and her family, trying to rise out of the lower income earning levels. When we look at other dimensions of net better off for Anika, it involves thinking about the role she's playing now, her education level. But then also, how do we get her the opportunities to grow professionally and have that upward mobility she's looking for?

Patty Enrado: Of these three health personas that you detailed, are they indicative of the current state of the health care workforce today?

Sig Shirodkar: We think so. And I think we're seeing a lot of it, as Jennifer mentioned, in the nursing profession. You've got several tensions out there. Not just the one that we are going through right now with COVID 19

and the high turnover, the stress, the mental health issues that not just nurses, but others are facing. As to the "great resignation" that Jennifer also referenced, it relates to health as it relates to care delivery as it relates to nursing. A great number of nurses are leaving traditional hospitals and other care venues for travel nurse programs where the pay is far greater. The financial aspects of nursing are being hit hard and represent a huge factor for folks considering leaving traditional care situations. People are thinking, is there a way for me to continue being a nurse? Is there a way for me to do that without the daily onslaught that has increased with patient acuity, the volume of patients, with the amount of suffering that they're seeing in a short timeframe? There are nurses thinking about other ways to contribute. Then you've also got the next generation of care and of companies to consider.

It's no secret that big tech firms are attracting nurses to help build their health businesses, whether those are going to be brick and mortar or some sort of telehealth and everything in between. There is, on the one hand, a fantastic opportunity for nurses that are leaving traditional models. However, it's a real problem in these traditional care delivery models where fewer and fewer nurses are playing. Just one example, perhaps. Christina and Jennifer, can you talk a little bit about the physician fatigue that we've been seeing well before COVID, as well as the need for other parts of the health care delivery workforce to rise up to take on newer jobs?

Jennifer Hammond: Let's talk a little bit about David, the physician, and it ties to what Sig said. It's something we're seeing across the spectrum. You've got these tech companies and retail companies that are starting to play in the health space. And don't forget our insurers who have chief medical officers and nurses that do complex case management. They're going to roles where they have a more consistent schedule. There is a nice incentive compensation package for physicians or nurses coming into the tech, retail, and or insurance. We talked about David, the physician-focused on changing the way patient care is delivered. Well, if you're in a day-to-day situation where you see patients all day, plus all the stressors we talked about and a tech company comes and says we want to build technology to enable the patient experience, you may say that's exactly what I want to do. You know, doing the nine to five. Seeing a patient maybe doesn't feel like it's progressing the quality of care the way I want to do. This does. It's not just about stress and fatigue for physicians, it's about that passion, that drive and where can they see themselves having the most impact? Unfortunately, that's not necessarily face-to-face with patients.

Christina Murtaugh: The last thing I'd like to address concerns mental health issues. I talked a little bit about it with Anika, the patient attendant, but I think it applies to all three. One of the key indicators involves the psychological safety experienced by these groups. How do we build that so that they can feel more confident regarding their mental health and address it as they try to be more productive and supportive teammates? A lot of frontline health workers don't always feel

fully empowered in their roles. They have a lot of other factors controlling their schedules. How do we start to build up some of those elements so that they experience safety and empowerment in their jobs?

Patty Enrado: All three of you talked about the impact of COVID-19, but can you go into a deeper dive regarding how has that affected these health workers?

Sig Shirodkar: In the early days it was just not having enough individual capacity to care for this onslaught. However, as we've gone through the waves, the rises and falls, the peaks and valleys, people have gotten smarter. Some people have perhaps even become numb to these peaks and valleys. But everyone has experienced this, not just the health worker, but allied health and folks that are just in the general workforce. People have come to a point in their professional lives and personal lives where they feel like they are at a fork in the road more than before and have to decide to say, "Do I want to stay in this mode and just do more and be asked to do more? Or do I for the first time, look up and say, what else is out there, and take a different path?" Having said that, though, we're seeing new waves of workers coming into the health care workforce.

But you know, it's still five, seven, ten years out or more when we'll see waves. I use this analogy: after 911 some so many people were triggered but also really found a purpose. They may have looked at one of the dimensions in our six dimensions and said, you know, I want to do more for this country in a different way than before. We're seeing that

now, except that it didn't happen overnight.

It's happened over the last 18 months. We're going to see a new wave of folks coming in. We're also going to see people who are veterans move on to something else. And I think that we've got to figure out how to make those new waves stick and how to provide new technologies. And not just the new tech but the new thinking and the different modes of work and making it so that the workers are focused rather on the core work at hand because they're not having to do all this other stuff that could be done potentially by technology or by different workforces. So, we've got to rethink and reimagine health care and health care delivery. And we've been presented with this opportunity to do that.

Patty Enrado: Let's talk about why the C-suite should care.

Sig Shirodkar: Over the last 15 years, talent has made it to the top three challenges in most C-suite conversations: the war for talent. How do we get the talent that we need for these emerging jobs, these emerging skills? But it feels like it's been a war on talent over the last several years. Couple that with the ability to have an individual use computer technology and the apps that are available to them to start a business on their own without the need for all the bricks and mortar and teams and huge investment.

The C-suite, when they're thinking about their strategy – what's their intention, what are they in the service for? They need the right labor to drive those plans. They are going to be concerned about this. As we bring it to health

care. You've got beds, you've got patients, you're putting teams around this. If those teams start to dwindle, those patients are not going to come to your hospital – we're talking about providers here specifically – they might go elsewhere, but there are fewer and fewer places to go for nursing talent. We're seeing a rise in-home care services. So again, the traditional hospital model is going to lose right there – the throughput, if you will, because care will be provided elsewhere. And there are new models with new entrants coming in to say if you have a lower acuity and you're in chronic care, why wouldn't you be taken care of at home if you've got the right tools? If you've got the right professionals that can come in?

Without naming specific companies, you've got retailers who are thinking, well, we can bring connected technologies into the home. You've already got Wi-Fi, you've already got any number of home technologies that help you with your lights and help you with your music and help you with everything else and you start to connect more and more things to that. What if you could have your blood pressure monitored that way, your glucose monitored that way? And all of that is fed to the doctor's office or to the nurse clinician where you don't have to come in and make an appointment, that's all happening in real-time or in some remote way.

If I'm a member of the C-suite of a hospital, I'm thinking my business is being potentially redirected and cannibalized by other businesses. Do I go to the other side and open a home care business in addition to the hospital business that I have? There are

several variations on that. I would love for Jennifer and Christina to add to that.

Jennifer Hammond: The one thing I'll add, because I think you said it so well, Sig, is fundamentally about the hospitals. The C-suite is in the business of caring for patients and creating a positive patient experience – a relationship with that patient in the context of the patient's expectations being set by things like Amazon, speed of delivery and digital breakthroughs.

To meet those expectations, it takes the right talent, the right doctors – the right Davids, the right Nancys, and the right Anikas – to make that happen. And we're coupling that with what we've already been talking about, which is the huge gap caused by people who are leaving this profession altogether or are looking at the alternatives for care for their employment options.

Christina Murtaugh: I think I'll just add one thing to round this out. You know, from a C-suite standpoint, we're seeing companies that have lagged in technology progressing their organizations, adopting technology, making the investments, maintaining the investments. And with this great resignation, where people are asking themselves what they want to do, you start to see the reliance on people and how that aligns or does not align with your overall digital roadmap. If I were sitting at the table, I would say this is a moment of clarity if I want to continue to support and grow the business. What is the right mix of technology and the right mix of people?

Patty Enrado: What can the C-suite do to make health care workers net better off?

Sig Shirodkar: Yes, great question. We have posited as we've looked at our six dimensions and at these personas and the research that fundamentally there's one word that captures what everybody wants, which is experience. And that experience is multi-dimensional. As a C-suite team, they've got to be thinking about how do they recapture the work, the worker, and the workforce to come to the organization because it is a better experience compared with the others and to be able to have a better experience, it can't be one-dimensional. It just can't be, I'm paying you. Hey, I'll take the pay, Thank you. But that can't be it. What else is there? For the first time probably ever, we're seeing that the worker is calling the shots, not the employer. I'm oversimplifying. It's the workers saying, "I want these experiences. Can you give me that? Because if you can't, I'll go to the next place and look to see if I can get that experience, or I might create that experience myself and start a company." I'm the new C-suite, right? There are options in this day and age that just didn't exist before. And not just in health care, in so many fields.

When was the last time an entertainer, a musician, went to a record company to get a deal versus putting their music online and having it go viral? And then had the record company come to them to say, we want to work with you. That is a paradigm shift and that's coming to health care.

Christina Murtaugh: What I'd add is then let's take that a level deeper to talk about what that looks like. You start to talk about how you get

get technology at the fingertips of the workforce so they have the flexibility to define what their experience looks like, rather than having the company define it for them? How do you cultivate psychological safety within teams of organizations so they feel confident to share and develop their team experiences with one another? Jennifer's doing interesting work in this space specifically, how you start to give people the power to create their own experiences with the health workforce.

Patty Enrado: So, what are employees now expecting and how can employers meet these expectations?

Sig Shirodkar: That's the million-dollar question. It's not monolithic: there are different segments of workers and they have to calibrate their value and what they can get for their value. What's the return they can get? This might be repeating some of these things, but it's really about the employer having clarity on the type of skills they need, and going further and wider. We haven't touched on this in this conversation, but looking at the diversity of people who have those skill sets and being much more open-minded, opening up the aperture to say, I need these skills wherever they might be. And on the other side, you've got the worker saying, how do I upskill? How do I get to the next level of skill? It's continuous learning for the worker. It's about purpose. It's important to be constantly learning and constantly keeping one's skills at the leading edge because the world is changing a lot faster than it was before. What I knew last year or even six months ago is no longer true, because there's something else that's come in and proven to be different.

We're finding that relationship is very symbiotic. It's not one where I pay you. You work. Thank you. Instead, it's what am I? What can I do for you? What can you do for me? How can we help each other out? And what we're seeing is this rise in these skilling experiences.

That traditional training to acquire skills over three months, six months, that's gone by the wayside. It's all about fast learning. We live in a video world and access snippets of knowledge. And in some ways, the leading-edge hospitals are moving toward experiential learning as opposed to textbook training. That's an example of how we need to work symbiotically.

Patty Enrado: Does this change the way we approach managing the talent of clinicians?

Sig Shirodkar: I think so. Let me invite Jennifer and Christina to take that question.

Jennifer Hammond: Yes, it does. And probably the one thing that you remember from this conversation is as a former recruiter you really must challenge the playbook at this point. You know, if I look back at my opportunities for recruiting clinicians in the past, we think we know what they want. We think we know how to source them. We think we know how to onboard them and retain them. And I'm telling you, I'm questioning that today. Does our previous experience hold today based on all the things you just heard Sig say? So yes, you have to fundamentally challenge the playbook and ask yourselves what is the workforce of the future for clinicians?

How can you get ahead of that? And to Sig's point, we're in an employee market, how do you create a

situation where they want to come to you? I can't stress this enough. It's also leadership and HR leadership challenging their thinking on what they think clinicians want going forward.

Patty Enrado: What role does technology play in this people challenge?

Christina Murtaugh: Technology is a huge opportunity if done well. When you think about technology, we're talking about everything from how we look at the skills needed today to what could be automated to free up the bandwidth of these employees and put their time toward more valuable work and more valuable skill sets.

But then how do we also put technology at their fingertips so that it's not about the employer managing their time. Their decisions on doing the work and then the last piece that technology does enable. And we've talked about it as cultivating the relationship between the employer and the employee.

I think that's one of the areas that health care could start to invest in and expand. But that conversation today is very one-dimensional: from the employer to the employee. To cultivate all six dimensions to make these net better off, leveraging technology to facilitate that conversation becomes a huge piece of the solution.

Patty Enrado: All three of you said some great things today, and I'm going to try and synthesize a couple of the key points I came away with. Talking about these six dimensions, what has been underemployed is emotional,

mental, relational, physical, and purposeful. And I think COVID-19 probably really put pressure on those and highlighted the need for them.

You talked about what do these health personas want and need and the gap that employers think that they're covering, but they're not. Employers need to think about what they need, the skills they need, and how they can find those people and retain them.

Jennifer talked about challenging the playbook because everything's changed. Everything's been turned around. One thing that was also said was how technology can help support those underemployed dimensions and how it can help cultivate relationships. It could automate and free up the workforce.

Trying to look at technology is helping to leverage that relationship between the employer and the employees. And to encompass all six of those dimensions so that you have a happy workforce and happy employer as well.

Sig Shirodkar: I'll just add in closing, thank you, Jennifer and Christina, for joining me in this conversation. And Patti, thank you for having us.

I would say in closing that at the end of the day, health care has a mission orientation. People don't join health care in whatever profession, whether clinical or administrative, just because it's a job. They do it because they believe in a higher purpose. They are looking to solve big challenges that face society, conquer various diseases, and bring about cures. However, now it's not a mission orientation at any cost. It must be a mission orientation enabled by all that is modern in our lives and too often we have in healthcare have paid attention to the front line –

patient care and the technologies that go into that as we should – but we've ignored the back office until recently.

The fact is, there's so much more efficiency and modernization that the middle to back-office can still have in health, which will allow health to leapfrog what other industries have gone through to get to where they are today. Because we've seen that, we've done that, we've learned from it. And here's an opportunity for the courageous among us in healthcare to take that leap forward. And that opportunity right now looks like it's going to the cloud.

How do you take what you have and automate it without going through all the extra steps of building out the programs? Because at the end of the day, what you want is information and you want that information accurately and you want it fast. Those are the kinds of things we're now looking at. And that's a mission in and of itself that will bring more workers to this space.

Parry Enrado: Great. Thank you so much, Sig, Christina and Jennifer for your time.