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Critical care: Health care HR crisis

By Jaason Geerts

How will this fall go? Some health staff are finally getting a well-earned rest after 17 months of the March that never seemed to end (2020) and, as vaccination rates rise and restrictions ease, people are ready for normal life to resume in September. On the other hand, we are starting a fourth wave in the face and public tolerance for interruptions is increasingly low, which isn't a promising combination.

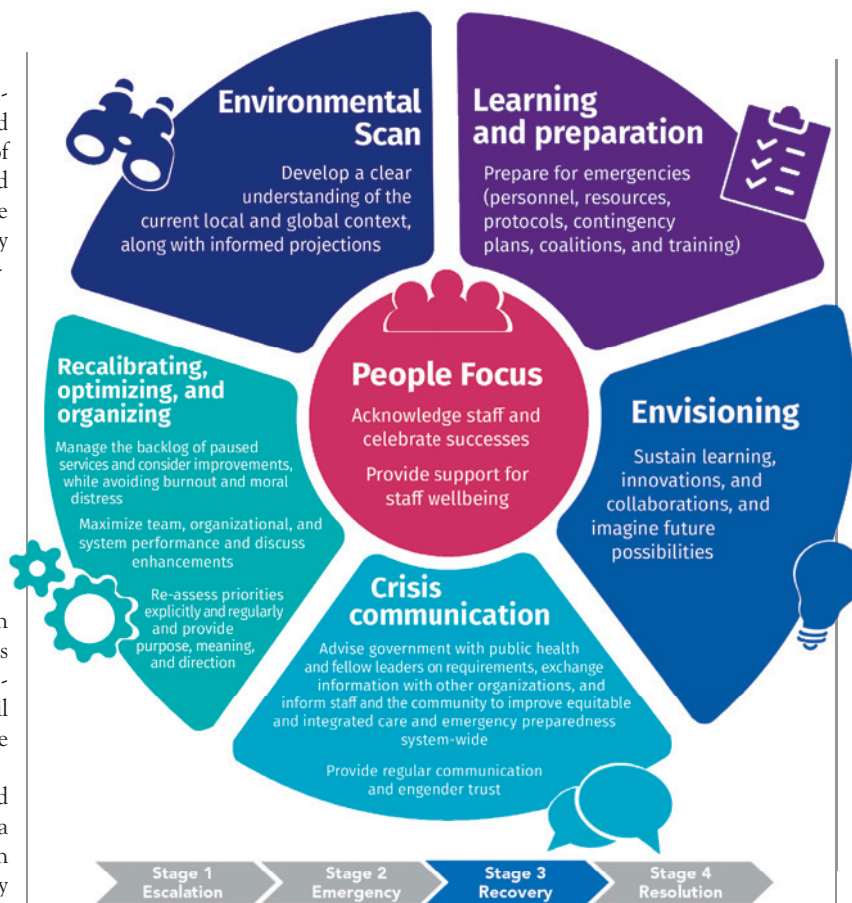
There is hope that we can apply lessons learned to address the deplorable gaps and inequities that this crisis has highlighted; and yet, a critical need for care stands in the way: health human resources (HR). If this critical need is not treated as an urgent priority, our health system is destined to fail the people and communities it is tasked to serve and will fail to realize the co-created vision of one that is improved and more equitable.

With staff vacancy, burnout, and psychological distress and trauma rates in high-alert territory, along with planned and delayed retirements, a key question is, how do we best support our staff and serve our patient populations, families, and communities?

To prepare this article, two sources were consulted. The first is a publication in JAMA Network Open featuring 32 expert co-authors from 17 different countries that presents an evidence- and expertise-based framework for leadership in the Recovery Stage of a crisis. The second was a rapid research study conducted with healthcare CEOs across Canada regarding the Certified Health Executive (CHE) commencement address in June of this year. CEOs were asked, "What are the top two priorities that health leaders can address in the coming year?"

PEOPLE-FOCUS

Putting people first emerged as a top priority in both sources. In the international framework, the first two



imperatives reflect a people-focus: 1) Acknowledge staff and celebrate successes; and 2) Provide support for staff well-being. Similarly, the most frequently cited top priority by the CEOs was staff wellness and resilience. Health HR is vital on a human level, as well as to ensure that health organizations have the resilience and capacity needed to manage further developments of the pandemic, to address the service backlog, to confront exposed gaps and inequities in access and care, and to continue to innovate and collaborate as we strive to optimize healthcare equitably moving forward.

No progress on any front can be made if the people priority is overlooked. Key questions are: to what extent are leaders accurately in tune with the wellness and needs of their staff? Are staff aware of available sup-

ports? Is prioritizing one's own wellness a shame-free process? What are the best strategies for people (staff, patients, families, and community) to maintain regular operations, while also addressing the service backlog? This is no simple undertaking, but clearly, just working more or harder is not the answer. This situation forces us to make hard choices, ensuring that people are the priority, that our focus is on the heart of the matter (preeminent values and services), and that we commit decisively to cutting what should not be prioritized. These decisions should involve input from many sources, including those delivering the care.

SILVER LININGS

Despite the challenges the system now faces, the health HR crisis presents opportunities for improvement.

1. There is an opportunity to fill leadership vacancies with the most suitable candidates, prioritizing equity, diversity, and inclusion, expertise, and leadership capabilities of emotional intelligence, empathy, communication skills, resilience, and cultural sensitivity

2. By addressing staff wellbeing and providing the requisite support, there is an opportunity to create a more human work culture that values its people and their health above all else, without compromising the quality of care provided

3. Similarly, by informing government of organizational and community needs related to health HR, there is an opportunity to encourage budget allocations and policy changes that support people and their health

4. There is an opportunity to increase organizational resilience, capacity, and efficacy through structured discussions with staff of lessons learned during the pandemic and training, with particular focus on best serving one's people

5. As we build back better and re-introduce paused services, there is an unprecedented opportunity to re-assess priorities, address gaps and inequities, and optimize how care is provided, all centred on what is best for one's people.

To paraphrase Muriel Strode (attributed to Emerson), let's not follow where the path may lead; let's go instead where there is no path and leave a trail. In healthcare, this is the time to trailblaze – there are so many opportunities... not one of which we can achieve if we fail to put our people first. **H**

(* * * This article is the third in a series on health leadership during the pandemic and is informed by more than a year of international research projects by the Canadian College of Health Leaders (CCHL), funded in part by Healthcare Excellence Canada (HEC)).

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