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Building a Resilient Health Care Workforce

Board leadership can shape strategy to transform workforce design

BY CRAIG DEAO

The way health systems attract, develop and retain talent is no longer just a job for HR — it's a strategic lever for transformation.

Health care boards that embrace this reality are poised to lead their organizations into a more sustainable, resilient and innovative future.

At a time when labor challenges dominate headlines, the opportunity isn't just to "fix" workforce issues. It's to reimagine how work gets done and who gets to do it.

The stakes are high. Labor costs now make up more than [60% of total hospital spending](#). Burnout rates are at record numbers. Traditional staffing models can no longer keep pace with patient needs or employee expectations. Within these challenges lies a powerful inflection point.

Boards don't need deep expertise in Human Capital Management (HCM), but they do need to lead

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with strategic intent. That means asking the right questions and ensuring workforce priorities are embedded in enterprise planning, resourcing decisions and performance oversight. Long-term resilience starts with board-level conversations that treat workforce design as essential to mission success.

Reframing Human Capital Strategy as a Health Care Governance Priority

For decades, health care boards have partnered with management on strategy, performance and growth. When it comes to the people doing the work, the board has rightfully focused on hiring the CEO and strategic topics like expanding services and overseeing capital investments, while workforce planning has often remained in management's lane.

That separation is no longer sustainable. Strategic goals are shaped — and often inhibited — by workforce realities. Can you expand behavioral health services if you can't staff them? Can you digitize the patient experience without a

tech-fluent team? Can you pursue value-based care without a workforce equipped to operate across settings and disciplines?

In today's environment, health care workforce strategy needs to be treated as a central part of the strategic oversight role of governance. Boards must perceive how workforce priorities align with long-term organizational goals. This is why forward-looking boards are reframing HCM as a strategic discipline — one that directly influences enterprise value, mission impact and system resilience. Recognizing the connection between people and strategy empowers boards to govern more effectively and lead with greater results.

Both the Centers for Medicare & Medicaid Services and The Joint Commission emphasize the board's responsibility in ensuring adequate staffing levels and workforce competency to deliver safe, high-quality care. This includes oversight of staffing plans, competency assessments and workforce-related risks that impact quality and patient safety outcomes.

Redesigning Work to Unlock Capacity and Purpose

Understanding the strategic value of the workforce is only the beginning. Boards must also examine [how the work itself is structured](#). Outdated roles and inefficient processes create friction that undermines care delivery and drains employee productivity. This challenge plays out daily among frontline employees.

Take nurses, for example. Studies show they devote up to [40% of their day to documentation](#)

What Is Human Capital Management (HCM)?

HCM is a strategic approach to aligning your workforce with the goals of the organization. It includes the traditional HR-led practices that attract, develop, retain and engage talent. It extends further to integrate talent strategy, leadership development, culture, analytics and technology. The ultimate goal is to ensure your workforce is aligned with your mission and fully equipped to drive clinical, financial and operational performance.

alone. This is an example of several tasks nurses must do that don't use their level of training or expertise, and over time, this misalignment contributes to fatigue, frustration and attrition.

One CEO confronted the issue head-on. Facing hundreds of nurse vacancies, he gathered department leaders weekly with a standing challenge: "What can you take off nurses' plates in the next 90 days?" Housekeeping took on linen stripping. Transport services activated unused technology that reduced the need for nurses to support this function. The goal: Let nurses do what only nurses can do. The result: Safer care, less burnout and better retention.

Redesigning work at this level goes beyond operational tweaks and becomes a strategic driver of performance and resilience. By supporting efforts to align roles with purpose, boards can help their organizations recover lost capacity,

improve employee retention and strengthen the connection between caregivers and the mission of care. When leaders prioritize meaningful work, the entire system performs better.

Building the Right Leadership Team Around the Health Care Workforce

Again, boards don't have to be experts in HR, technology or operations to lead effectively on human capital strategy. But they do have to ensure those experts are in the room at the right times. The complexity of modern health care demands cross-disciplinary insight, especially as people, process and technology become more intertwined.

One of the most important roles a board can play is to create the conditions for smart decision-making. That starts by inviting the right voices into strategic conversations. Chief human resources officers (CHROs), in particular, are being elevated to strategic leadership roles in high-performing health systems, a reflection of the growing recognition that workforce strategy is fundamental to enterprise success. Alongside CHROs, digital and data experts and frontline-informed clinicians should be engaged when long-term strategy is shaped.

Board members should see their role less as problem solvers and more as drivers of critical dialogue that leads to better strategic decisions. Health care's future will not be built by generalists alone. It will require governance fluency in human capital issues and a

deliberate effort to bridge the gap between boardroom vision and workforce execution. This commitment to inclusive and informed governance highlights the deeper opportunity at hand: [Rethinking work requires leadership](#). It calls for building a board capable of envisioning new possibilities and equipped to turn those possibilities into action.

Shifting from Present-forward to Future-back Strategy

Of course, bringing in experts is only part of the solution.

Boards must also adopt a different lens for strategy, specifically one that looks beyond current pressures and constraints. Many still operate in a present-forward mindset, focused on reacting to the latest crisis or refining what already exists. But addressing today's health care workforce challenges requires a future-back approach that starts with a vision for the next 10 to 15 years, then works backward to identify the people, technology and structure needed to achieve it. Present-forward thinking optimizes what exists. Future-back strategy designs what's next.

Where present-forward thinking is analytical and grounded in existing capabilities, future-back thinking is creative, systems-oriented and designed to challenge assumptions. Beginning with a long-term vision reframes the conversation around what must change to stay relevant and resilient.

Boards that embrace this mindset move from incremental improvements to transformational thinking. Rather than asking "What

is?" they begin with "What could be?" This question isn't about predicting the future perfectly; it's about having the courage and discipline to shape it.

For example, at one hospital, the board and leadership team conducted a visioning exercise during the COVID-19 pandemic. Despite intense short-term demands, they looked a decade ahead and asked, "What will our health system look like, and what kind of workforce will it require?" Among their bold conclusions: Care would primarily be delivered outside the four walls of the hospital, and talent would be sourced globally, not just locally.

Long-range thinking helps boards make thoughtful, values-driven choices, even when the future is uncertain. It positions organizations to make smarter investments today. And it gives employees a sense of direction and hope, even in turbulent times, by telling them, "We understand today is hard, but here's what we're building for the future."

Leveraging Technology to Enable Workforce Redesign

Future-back thinking makes one thing clear: Workforce change isn't possible without fully integrating technology into the solution. Digital tools are foundational to a sustainable care model and to transforming that model in ways that reflect the preferences of today's health care consumers. According to [Huron research](#), patients increasingly expect care that is convenient, personalized and digitally enabled. Without strong digital infrastructure, health systems will struggle to meet those expecta-

tions, compromising both access and engagement. When tools are absent or poorly integrated, the burden shifts back to employees, who are forced to compensate through manual workarounds that erode capacity, productivity and morale.

This disconnect between workforce design and technology is a major contributor to one of health care's most pressing challenges: clinician burnout. One study reveals physicians [spend 27% of their total workday on direct clinical face time](#) versus 49% on electronic health record (EHR) and desk work. Commonly, physicians also devote after-hours time to logging EHR tasks.

When implemented well, emerging technologies offer [practical solutions to employee burnout](#) and other persistent health care workforce challenges. AI-powered documentation tools like ambient listening reduce the time clinicians spend charting. Automation streamlines administrative workflows, minimizing after-hours inbox management. And intelligent scheduling systems support flexibility, which is an increasingly important factor in reducing burnout and improving employee retention.

The board's role is to ask whether there are capital investments the organization should undertake that would enable a digitally empowered workforce. This means understanding how technologies are being integrated into care delivery in ways that reduce friction and free up clinical capacity. A strong governance role includes evaluating whether digital tools are truly solving frontline challenges or simply adding complexity.

What Boards Should Be Asking About Workforce Transformation

Aligning Workforce With Strategy

- How is our workforce strategy aligned with our long-term organizational goals and clinical priorities?
- What are the most significant workforce-related risks to our mission, strategy and financial performance?

Measuring What Matters

- What metrics are we monitoring at the board level related to workforce health and performance?
- How are we measuring the impact of technology on clinician time and satisfaction?

Redesigning Work to Improve Care

- What efforts are under way to redesign roles, workflows or care teams to reduce burnout and improve efficiency?
- How are we involving frontline employees in decisions that affect how work gets done?

Developing Leaders and Capabilities

- How are we investing in leadership development, especially for clinical leaders and mid-level managers?
- What skills and roles will we need five to 10 years from now that we may not have today?

Strengthening Governance Oversight

- Do we have board members with expertise in workforce strategy, organizational design and digital transformation?

Embracing the Board's Role in Workforce Transformation

People are the greatest driver of both mission and margin in today's health care environment. With labor costs accounting for most hospital spending, and workforce shortages threatening care quality and patient access, no strategic plan can succeed without a disciplined approach to talent.

For boards, workforce strategy is

more than a management concern — it's a matter of financial oversight, enterprise risk management and regulatory compliance. Effective board governance in health care demands visibility into how people are supported, deployed and developed to meet long-term goals. That means treating workforce design not as a cost center but as a lever for value creation, operational stability and competitive advantage.

Boards that lead with this

mindset are not only investing in their people, but they're also strengthening the financial and strategic foundation of their health systems for the years ahead.

Craig Deao (cdeao@hcg.com) is managing director at Huron, based in Pensacola, Fla.

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