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# Strengthening Healthcare Workforce Retention Through Effective Administrative and Operational Strategies in the United States

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## Abstract

The U.S. healthcare system is in the midst of a workforce retention crisis. Clinician burnout, administrative burden, inefficient workflows, and other systemic problems have led to a critical shortage of healthcare workers. This article offers an overview of the key drivers of attrition and evidence-based administrative and operational strategies to achieve sustainable retention. Key Points
* The key drivers of clinician attrition include moral injury, inefficient workflows, inadequate staffing, lack of professional autonomy, and burnout.
* Strategies for sustainable retention include acuity-based staffing, health information technology optimization, psychological safety and leadership, career path and scheduling redesign, and competitive compensation.
* Retention should be established as an organization-wide strategic, operational, and financial priority, beyond temporary wellness campaigns or programs.
**Keywords:** Healthcare Workforce Retention; Clinician Burnout; Nurse Staffing Models; Administrative Burden; Operational Strategy

## Introduction

Healthcare workforce retention has become one of the most urgent problems for U.S. healthcare. The ability of healthcare organizations to recruit and maintain a qualified and engaged clinical workforce is under critical threat. The combined effects of clinician burnout and attrition on staffing levels have outpaced the growth of the clinical workforce. While clinicians have long faced stress and burnout, the issues have been exacerbated by the COVID-19 pandemic, which has been described as a 'perfect storm' that caused healthcare workers to reach a breaking point (Shanafelt et al., 2022). The problem is not limited to a particular profession; from nurses and physicians to respiratory therapists and nursing assistants, the problem of workforce attrition and retention is at a critical point.

The implications of the healthcare workforce retention crisis for patients, the healthcare system,

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and healthcare workers themselves are severe. On the financial side, turnover and understaffing are expensive; estimates range from $40,000-$80,000 to replace a single registered nurse (RNs), including recruitment, orientation, and loss of productivity. Operationally, the costs have a significant impact on already-tight margins. Most importantly, for patient safety and clinical outcomes, understaffing and burnout have serious negative implications. From increased medical errors, hospital-acquired infections, patient mortality, and patient dissatisfaction, high attrition and chronic understaffing have been shown to significantly impact adverse patient outcomes and clinical efficiency (Lasater et al., 2021). The problem of healthcare workforce retention and attrition is not limited to clinical professions or hospital settings; for rural and underserved communities, healthcare worker attrition often translates to access issues that have the most significant impact on vulnerable patients who need healthcare the most.

Responses to the current healthcare workforce crisis have ranged from offering resilience training to clinicians to launching employee engagement and wellness apps to providing temporary bonuses. While these programs are well-intentioned, they have been repeatedly shown to have minimal to no effect on reducing the core causes of attrition, which are structural, operational, and organizational factors and not the individual-level issues. In a field where fewer than one-quarter of physicians and one-fifth of RNs report they would choose the same career if they could re-do their career choice, clinicians are not leaving healthcare for a lack of resilience, and the problem is rarely the individual (Carr-Petrovic, 2022). Clinicians are leaving because of the unsustainable and broken conditions and high administrative and clinical workloads, as well as the cultures that have persisted and flourished for too long in our healthcare institutions (Dean et al., 2019; Arndt et al., 2017).

Sustainable retention must be established as a strategic, operational, and financial priority, beyond temporary wellness campaigns or activities. Healthcare organizations must address clinician and employee turnover by applying administrative and operational redesign strategies. By focusing on the root causes of clinician attrition rather than the symptoms of the problem, healthcare organizations can redesign workflows, staffing models, career pathways, and technology to be more efficient, user-centered, and effective to build more resilient, healthy, and sustainable systems and healthcare organizations.

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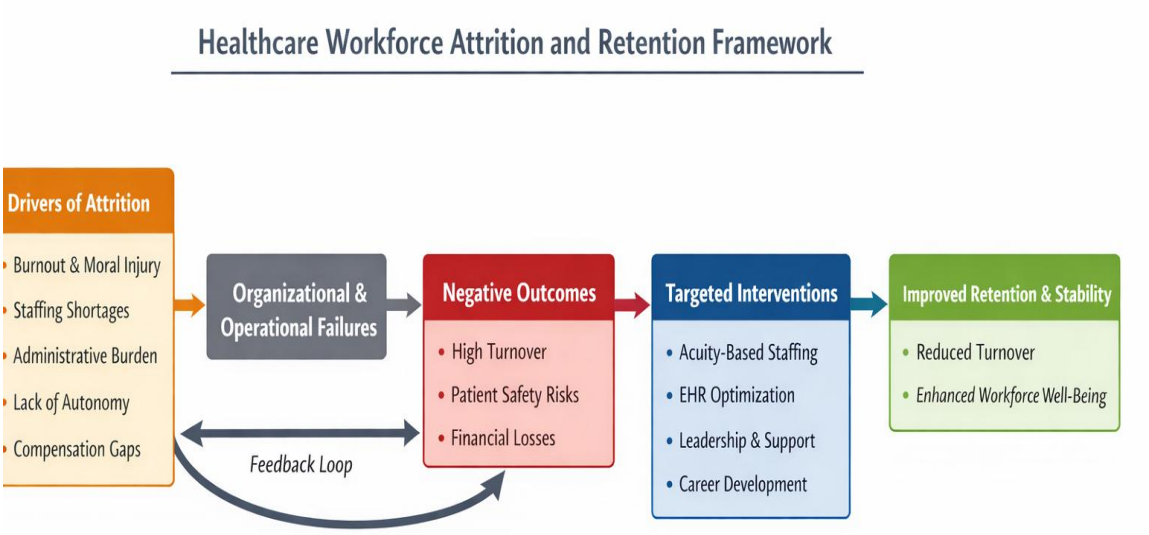


**Figure 1.** Conceptual Framework of Healthcare Workforce Attrition and Retention

**Drivers of Attrition**

The key drivers of healthcare worker attrition and turnover include burnout, workload and staffing issues, insufficient autonomy and empowerment, lack of efficiency and workflow redesign, and inadequate compensation and benefits. Addressing these areas is key to improving healthcare workforce retention.

**Table 1.** Core Drivers of Healthcare Workforce Attrition and Supporting Evidence

| **Driver of Attrition** | **Description** | **Key Evidence / Citation** | **Impact** |
|---|---|---|---|
| Burnout & Moral Injury | Ethical distress, emotional exhaustion | Shanafelt et al. (2022); Dean et al. (2019) | High turnover intention |
| Administrative Burden | EHR inefficiency, documentation overload | Arndt et al. (2017) | Reduced job satisfaction |
| Inadequate Staffing | Chronic understaffing, overtime | Lasater et al. (2021) | Increased errors & exits |
| Lack of Autonomy | Limited decision-making power | Dollard et al. (2019) | Early career exits |
| Compensation Gaps | Pay and benefit inequities | Dollard et al. (2019) | Talent migration |

**Moral Injury and Burnout**

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Moral injury, defined as the distress experienced when one's actions, or the actions of others, transgress one's moral or ethical code, has been identified as a significant issue for healthcare workers during the COVID-19 pandemic (Nguyen et al., 2021). As researchers and clinicians have attempted to grapple with the reasons for the crisis, it has become clear that moral injury and burnout are complex, interpersonal issues that often arise when healthcare providers feel that their systems and workplaces are not supporting them to the best of their ability.

Empirical research on the impact of COVID-19 on healthcare workers and burnout has demonstrated a significant association with intention to leave. A recent longitudinal study of more than 15,000 nurses found that the number of nurses who reported symptoms of burnout associated with increased job turnover (Lasater et al., 2021). In addition to intention and turnover, a recent survey of nurses showed the impact of burnout on other measures such as intention to leave, mental health, and wellness, with nearly half of nurses surveyed saying that they had symptoms of burnout and nearly a third reporting that they were 'burned out' or 'struggling' (Sprager et al., 2022).

**Inefficient Workflow and High Administrative Burden**

Administrative burden and burnout have long been identified as key issues impacting clinicians and clinicians' decisions to leave healthcare. Research shows that excessive administrative burden and inefficient clinical workflows are a primary cause of physician burnout and turnover (Sinsky et al., 2016). The recent pandemic has further exacerbated these pre-existing problems, as clinicians report significant increases in burnout due to a lack of efficient workflow and administrative processes.

**Inadequate Staffing and Workload**

Burnout, excessive administrative burden, and inefficient clinical workflows have contributed to higher attrition and turnover, contributing to staffing shortages and high clinical workloads. A survey of over 1,700 nurses at four hospitals found that staffing shortages were associated with higher turnover; 22% of respondents indicated that they had a turnover intention in the last six months (Lasater et al., 2021). Chronic staffing issues and the resulting excessive workloads have been a persistent challenge for nursing; a recent report found that the long hours and work-life imbalance associated with nursing are key reasons why nurses leave the profession (Dollard et al., 2019).

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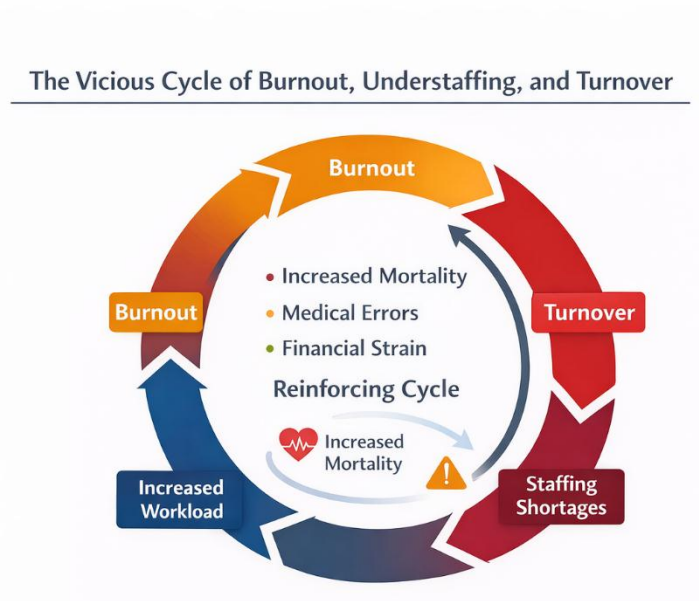


**Figure 2.** The Vicious Cycle of Burnout, Understaffing, and Turnover

**Limited Professional Autonomy and Empowerment**

Research shows that for those who have left, lack of professional autonomy and agency has been a key driver of attrition (Dollard et al., 2019). For example, in a study of 362 physicians, lack of professional autonomy and agency ranked in the top three reasons for respondents who left their organizations. In addition, as discussed, insufficient staffing and high clinical workload were also in the top three reasons for those who have left healthcare (Dollard et al., 2019).

**Inefficient Systems and Lack of Workflow Redesign**

Insufficient clinician involvement in hospital workflow and information technology (IT) design has been shown to be another driver of inefficiency and burnout. A qualitative study of nursing informaticians and nurses found that when nurse involvement in clinical IT was low, nurses experienced more challenges with clinical technology. In contrast, healthcare organizations that increased the involvement of nurses and clinicians in the technology and clinical workflow design significantly improved their efficiency and performance (Chee et al., 2022). Inefficient technology design has long been a problem in healthcare, and systems and administrative processes that cause inefficiency have also been identified as an issue for clinicians (Sinsky et al., 2016).

**Insufficient Compensation and Lack of Benefits**

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A key driver of attrition, which has long been an issue in nursing, is insufficient compensation and benefits. A recent study found that compensation was the primary driver of nurses leaving their positions, while lack of benefits, such as PTO, was a secondary issue (Dollard et al., 2019).

**Strategies for Sustainable Retention**

Improving retention is an essential step in increasing and maintaining high-performing clinical workforces. While some strategies are well-researched and widely discussed, many have been proposed, and more will be needed. Here is a discussion of seven strategies for sustainable healthcare workforce retention.

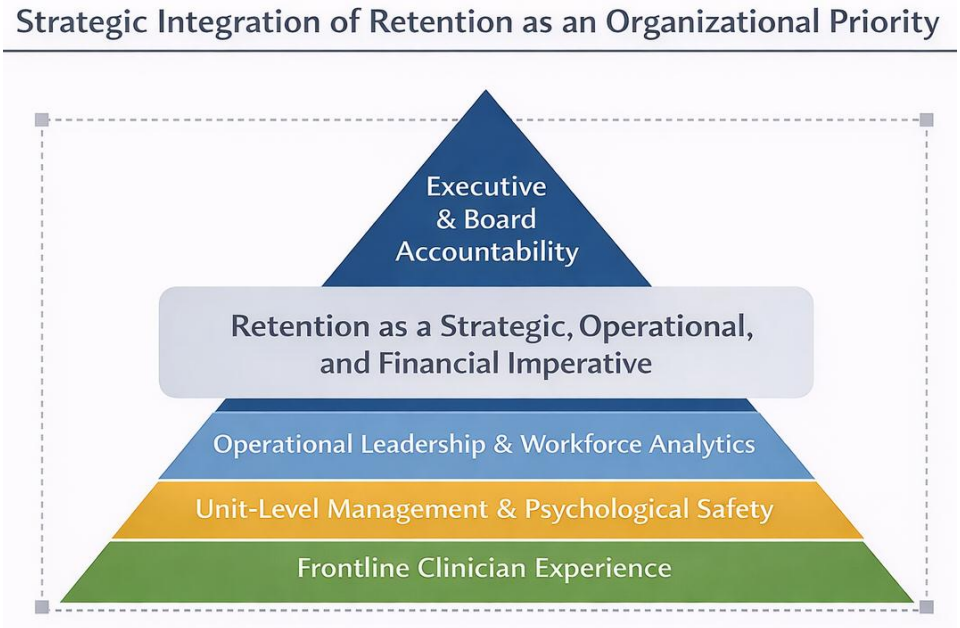


**Figure 3.** Strategic Integration of Retention as an Organizational Priority

**Optimize Staffing Models**

Develop acuity-based staffing models, taking into account workload and skills, and implement them across the organization.

**Health Information Technology and Workflow Optimization**

Address areas of inefficiency, such as redundant technology, workflows, and other administrative processes.

**Psychological Safety and Leadership**

Ensure leaders at all levels understand and take action to build psychological safety, supporting a culture of well-being.

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**Career Path Redesign and Scheduling**
Ensure staffing levels are adequate and aligned with the acuity and skills needed for the unit; redesign career path and role options and staffing models to support skill and career growth.

**Optimize Compensation and Benefits**
Review and optimize compensation and benefits, including salaries, bonuses, and additional support like childcare.

**Scheduling Optimization**
Restructure and optimize scheduling to improve work-life balance and align with employees' preferences and needs.

Establishing Retention as an Organization-Wide Strategic, Operational, and Financial Priority Retention is both a strategic and financial imperative and must be integrated into the highest levels of organizational decision-making. Improving retention is not only a matter of human resources or individual programs but a core part of the operational and financial performance of the organization. By focusing on evidence-based solutions that target the key drivers of attrition and creating a culture that values and supports the well-being of clinicians and staff, healthcare organizations can build a more resilient workforce and healthier healthcare system for patients, providers, and communities.

**Objective**
The purpose of this article is to unpack the core causes of attrition in the U.S. healthcare workforce and highlight an evidence-based, integrated set of administrative and operational interventions to meaningfully address this challenge at scale.

## Discussion

### 1. Core Drivers of Attrition

Recommended actions must address root causes rather than symptoms. Key contributors to turnover are:

- Burnout and Moral Injury: High rates of burnout and related phenomena like moral injury among healthcare workers persist. A recent national survey showed 63% of physicians experiencing symptoms of burnout (Shanafelt et al., 2022). Moral injury, often a precursor to burnout, involves psychological distress from being unable to provide high-quality care (Dean et al., 2019).

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- Excessive Administrative and Documentation Burden: Poorly designed or implemented Electronic Health Records (EHRs) and other documentation requirements lead to what has been called "digital abuse". Cumbersome clerical tasks, especially medical charting, which often spills into after-hours or "pajama time", directly reduce work-life balance and satisfaction.
- Inadequate Staffing and Resources: A strong driver of turnover and burnout is being asked to work in understaffed conditions, leading to unsustainable workloads, "workscapes of constant crisis" (Lasater et al., 2021, p. 1), and mandatory overtime. Not only do such environments lead to more stress and burnout but in fact the resultant turnover worsens the understaffing that often was the driver of turnover in the first place (Lasater et al., 2021).
- Poor Autonomy and Career Development: Clinicians generally want some control over how they practice medicine or nursing. This includes the ability to have a voice in unit-level decisions (as opposed to a strict top-down approach to management), as well as clear clinical ladders (career development pathways) and professional development opportunities. Work environments that offer little autonomy or growth opportunities at any level are less likely to retain clinical talent.
- Compensation and Inequities: Adequate and equitable total compensation, which includes benefits such as mental health coverage and maternity/paternity leave as well as salary, is not the only reason people work but it is a "hygiene factor"—and one that has powerful push (prevent people from staying) and pull (encourage people to join from other employers) effects on recruitment and retention, particularly in an environment where the healthcare labor force is nearly back to full employment.

## 2. Administrative and Operational Interventions to Support Retention

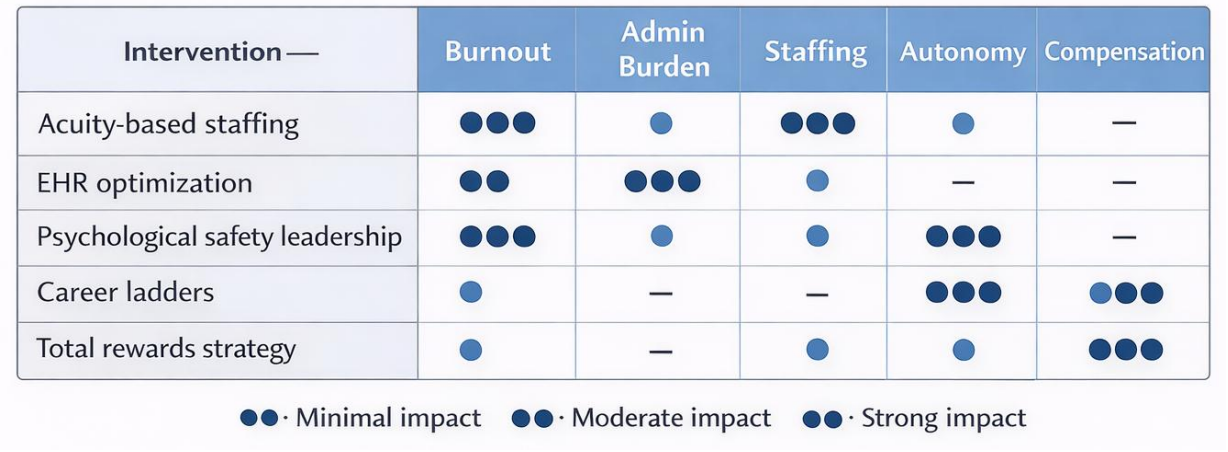


**Figure 4.** Administrative and Operational Interventions Mapped to Attrition Drivers

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Retention must be operationally embedded to be effective.
A multi-faceted, well-resourced set of actions is required. Recommended actions to improve retention include:

- Workforce Management and Safe Staffing: Rather than rigid staffing ratios, it is crucial to move toward validated, patient acuity-based staffing models that respond to patient needs, such as those outlined in the California safe staffing legislation. Research on California's mandated staffing legislation has associated it with lower mortality and better nurse retention, and it is expected that it will have similar beneficial effects on other disciplines (Lasater et al., 2021). Other actions include investment in workforce analytics to enable predictive workforce planning and building float pool "bench" staff to allow for rapid response to patient census changes rather than "triage by float pool" or using mandatory overtime.
- Reduce Clinical Documentation and Health IT Burden: It is possible to have less "digital abuse" and clerical burden through a combination of: (1) EHR optimization including usability improvements, as well as utilization of medical scribes or voice-recognition transcription software for clinical documentation; (2) team-based documentation such that documentation is "owned" by the whole clinical team and leverages each role's practice within their scope; and (3) administrative and clinician advocacy for administrative and billing burden reduction on the policy level (Arndt et al., 2017).
- Culture of Well-Being and Leadership: Perhaps the single greatest unit-level driver of retention and burnout/clustering is unit-level leader behavior. Unit-level leaders can (and should) be trained to create a psychological safe(r) environment where staff are able to openly discuss unit problems without fear of being blamed for system failings and can advocate for change to avert burnout and prevent moral injury before it occurs. Clinical well-being and retention/clustering metrics should be part of unit-level leader scoreboards to elevate the issue at the executive level. Formal peer support programs may also be helpful to support staff struggling with patient-related distress.
- Career Ladders and Professional Development: One of the best ways to retain high-performing, more "upwardly ambitious" talent is to create "lattice" career pathways. For example, hospitals should have formal clinical ladders with defined clinical (read: not administrative) development and compensation milestones. In addition, hospitals should work with clinicians to expand career lattices to facilitate lateral movement and hybrid roles within the hospital (e.g., nurse practitioners that are formally able to "float" to provide relief in any clinical area). Finally, formal mentorship and sponsorship programs should be put into place as a key part of the retention strategy, giving junior and laterally entering talent a "fuller picture" of the hospital's "lattice".
- Flexibility in Work Arrangements: Control over one's work time to some extent allows staff to better integrate work and personal lives. Self-scheduling is one key step to

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empowerment. Other options that should be explored include telehealth work (as appropriate), job-sharing, and compressed work schedules, where allowed by the clinical setting (but also should be tied to performance management). Paid time off policies should also be "parental leave friendly" and "sick leave generous" (Lasater et al., 2021), including providing strong mental health days and coverage.

- Total Rewards: When done correctly, compensation can help to attract and retain talent. However, a good total rewards strategy starts with frequent market and equity reviews to ensure that pay (as well as benefit offerings) are fair internally and competitive externally. In addition to benchmarked base pay, strong hospitals also create incentive structures, which can be "balanced scorecards" that account for not just productivity (already accounted for in base pay) but also patient experience and teamwork, which go to incentive "pots" based on unit-level performance and quality.

Finally, comprehensive benefits that support holistic well-being, including but not limited to robust mental health support, childcare/parental leave benefits, and other creative support such as student loan repayment assistance should also be considered (if not already in place).

## Conclusion


**Figure 5.** Outcomes of Effective Retention Strategies

Retention issues in the healthcare workforce are not just individual challenges but indicators of systemic operational dysfunction. Piecemeal wellness initiatives, though beneficial, cannot by themselves overcome the deeper structural and cultural forces that drive attrition. To truly change the dynamic, healthcare organizations need a strategic, organization-wide commitment to reimagining how work is designed and managed. This includes operational leaders and healthcare administrators making systemic changes such as safe staffing, minimizing non-patient

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care work, fostering empathetic leadership, creating a sense of career progression, providing authentic flexibility, and ensuring fair compensation. By shifting the narrative on retention from a HR issue to a fundamental operational and strategic priority, the U.S. healthcare system can begin to forge a more stable, engaged, and committed workforce for the future.

## References

Arndt, B. G., Beasley, J. W., Watkinson, M. D., Temte, J. L., Tuan, W.-J., Sinsky, C. A., & Gilchrist, V. J. (2017). Tethered to the EHR: Primary care physician workload assessment using EHR event log data and time-motion observations. *The Annals of Family Medicine, 15*(5), 419–426. https://doi.org/10.1370/afm.2121

Dean, W., Talbot, S., & Dean, A. (2019). Reframing clinician distress: Moral injury not burnout. *Federal Practitioner, 36*(9), 400–402. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6752815/

Lasater, K. B., Aiken, L. H., Sloane, D. M., French, R., Martin, B., Reneau, K., Alexander, M., & McHugh, M. D. (2021). Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study. *BMJ Open, 11*(12), e052899. https://doi.org/10.1136/bmjopen-2021-052899

Shanafelt, T. D., West, C. P., Dyrbye, L. N., Trockel, M., Tutty, M., Wang, H., Carlasare, L. E., & Sinsky, C. A. (2022). Changes in burnout and satisfaction with work-life integration in physicians during the first 2 years of the COVID-19 pandemic. *Mayo Clinic Proceedings, 97*(12), 2248–2258. https://doi.org/10.1016/j.mayocp.2022.09.002

Osuala, C., Okeke, N., Obozokhai, L., & Ifeoluwa, A. Digital Transformation as a Strategic Tool for Improving Operational Efficiency: Evidence from US Small and Medium Enterprises. *Management*, *2*(12), 8-22.

Osuala, C., & Piserchia, O. (2025). The Impact of Omni-Channel Retail Operations on Customer Satisfaction: Evidence from US Brick-and-Click Retailers. *Contemporary Journal of Social Science Review*, *3*(4), 1594-1606.

Osuala, C., & Piserchia, O. (2025). From Reactive to Predictive: The Transformative Impact of Predictive Analytics on Global Inventory Optimization in E-Commerce. *Contemporary Journal of Social Science Review*, *3*(1), 1360-1375.

Osuala, C., & Ifeoluwa, A. (2023). Integrating Circular Economy Principles in Retail: Competitive Advantage Amidst Resource Constraints. *Contemporary Journal of Social Science Review*, *1*(3), 1-17.

Edoga, C. O., Okoh, E. C., & Nebechi, S. C. Effect of Zingiber officinale Ethanol Extract on Neurological Indices of Male Wistar Albino Rats Induced with Inflammation.

Nwashili, O. G., Abiodun, K. D., Amosu, O., & Oghoghorie, S. Building Trustworthy AI Products: A Checklist for Product Managers on Bias, Safety, and Transparency. *Management*, *2*(12), 31-39.

**ISSN Online: 3078-3011 ISSN Print: 3078-3003**

**Volume No: 01 Issue No: 01 (2024)**

Nwashili, O. G. (2025). Scaling Ai Features in Large Organizations: A Product Management Perspective. *IRASS Journal of Economics and Business Management*, *2*(12), 23-30.

Akinsete, O. O., Nwashili, O., & Isehunwa, O. (2020). A Simplified Approach to the Analysis of Oil Displacement by Water in Stratified Reservoirs. *Int. J. Pet. Gas Eng. Res.*, *4*(1), 1-12.

Nwashili, O. G. (2024). A Simple Tool for Prioritizing AI Product Features: Balancing Customer Value, Data Readiness, and Implementation Cost.

Nwashili, O. G., Abiodun, K. D., Amosu, O. & Oghoghorie, O. (2025). The Product Manager's Role in AI Security: Preventing Data Leaks and Model Manipulation in Consumer Applications. IRASS Journal of Multidisciplinary Studies, 2(12), 30-35.