FROM GREAT RESIGNATION
Tackling the Workforce Crisis in Health and Human Services

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Ask health and human services executives what they worry about these days, and the workforce crisis nearly always tops the list.
The staffing challenge in health and human services is not new, of course. But it has reached a new level. Vacancies for eligibility caseworkers at the Texas Health and Human Services Commission, for instance, have quadrupled the last two years.1 When health and human services agencies do hire, new employees often take months to become fully productive. The resulting capacity deficit impedes an agency’s ability to carry out its mission.

The past 20 years have seen a massive shift in the labor force—gradual at first, then drastic, as the pandemic amplified existing trends. Four and a half million workers quit or changed their jobs in 2021—the highest number in history—and that trend in voluntary turnover is projected to continue through 2022.2,3 And as retiring baby boomers are replaced by Generation Z, we are seeing a massive shift in what workers want from their employers.4 Consider the following:

■ The pandemic has accelerated expectations around where work is done: 70 percent of workers want a hybrid remote-office model.5
■ Employers are struggling to engage their workforce: 52 percent of workers are “not engaged,” meaning they are psychologically unattached to their work and organization.6
■ Individuals expect to have multiple employers over their lifetime: the tenure of a worker in the U.S. economy is just four years.7

To effectively navigate this massive disruption, health and human services agencies should consider redesigning the workforce experience (see Figure 1). That will require action on three critical fronts:

■ Improving individual employee and organizational well-being
■ Addressing the persistent capacity gap by investing in learning and development
■ Crafting a new workforce value proposition that reflects critical shifts in worker values

Improving Individual and Organizational Well-Being

A robust body of evidence demonstrates that hope is a psychological strength and a buffer against stress, adversity, and burnout, and that a hopeful mindset improves organizational and individual outcomes.

In 2019, the Oklahoma Department of Human Services (OKDHS) launched an initiative to bake the science of hope into its full range of programs and activities. The goal is to improve staff retention and provide better outcomes for Oklahomans who are trying to overcome trauma and adversity.

Theorists define hope as the belief that the future will be better than the present, and that individuals can take practical steps to achieve that improvement. The concept includes three elements: goals that motivate a person to pursue an outcome; pathways or strategies that can lead to the goals; and willpower, the mental energy that drives an individual along those pathways.8

Working in partnership with the Hope Research Center at the University of Oklahoma, OKDHS designed a program to transform itself into a hope-centered and trauma-informed organization. That means creating policies, programs, and practices based on hope science, and continually evaluating whether those activities nurture a sense of hope or create and communicate hopelessness.9

After developing a road map for its transformation, OKDHS started training its staff in hope science. As of 2021, more than 77 percent of OKDHS staff had completed hope awareness training. Beyond that, 116 staff members had taken training to become hope navigators, expert leaders who help to create a culture of hope in the agency and the communities it serves. Surveys of the staff showed that 91 percent of the workforce had developed a high sense of collective hope, with “a strong sense of connection to our agency, shared goals, collective construction of pathways, and collective willpower to pursue those goals.”10

Addressing the Persistent Capacity Deficit

The loss of capable employees often has a devastating ripple effect. Workloads increase, leading to burnout and lower job satisfaction. This, in turn, begets more turnover. Coupled with a steep learning curve for new
Crafting a New Workforce Value Proposition

A closer look at attrition shows that the “great resignation” is not a great resignation at all, but rather a reflection of the shifting values of millions of individual workers.

For many, the pandemic prompted reflection about what is most important in their lives. Work, it turns out, was not as important as many had thought, and people became less willing to center their lives around it. While some left the workforce altogether, many more reflected on what they wanted to get out of their jobs. Younger workers have long told pollsters that money is only one of several key factors that drive their employment decisions. The tight job market offers the chance for them to follow through on their convictions.

Deloitte’s Global Millennial Survey suggests that dissatisfaction with workplace culture and an employer’s social commitment are equally important reasons to consider leaving a job. Data show that there has been a significant shift in worker values. Today’s workers want:

- Flexibility across all dimensions
- Work that works for them
- An opportunity to exercise their entrepreneurial spirit

Agencies struggling with limited in-house L&D resources are turning to learning as a service (LaaS) as a supplement to support the growth of their direct care, social services, and public health professionals. LaaS offerings provide bundled learning that continually evolves to reflect best practices across all domains of health and human services, reflects changing federal regulations and state interpretations, and meets the needs of all types of learners.

State of the art learning experiences are those that:

- Enable cohort-based, dialogue-driven learning through interactive modules
- Drive learner engagement through short-form content and applied skills practice
- Provide blended learning that builds up gradually, is easily digestible, and integrates a variety of modalities
- Facilitate learner search, guided discovery, and content recommendations

In working to break this vicious cycle, health and human services agencies should invest more in learning and development (L&D) and in greater support for new hires. For many workers—particularly Gen Z and millennials—continuous learning and skill development can vastly improve job satisfaction.

In a study by Udemy, 80 percent of employees said that more L&D opportunities would help them feel more engaged at work. While benefitting individual employees, upskilling and training initiatives can also address specific skill gaps within the organization, while making the workplace more attractive to job seekers. Almost 50 percent of workers say they would consider switching jobs for better training and upskilling opportunities, and more than 60 percent say such opportunities provide an important reason to stay at their current jobs.

A closer look at attrition shows that the “great resignation” is not a great resignation at all, but rather a reflection of the shifting values of millions of individual workers.
An employer that promotes their well-being
A job that allows them to make a difference in the lives of others and a meaningful contribution to society

In light of this shift in values, health and human services agencies need to revisit the value proposition they offer employees and rethink how to manage and reward workers, using both wage and non-wage incentives that align better with new worker values (see Figure 2).

Looking Ahead

The “Great Resignation” is likely to end, but the underlying shift in employee values—especially among Gen Z and millennial workers—is here to stay. To attract the best and brightest to health and human services, agencies should reexamine the workforce experience they offer and craft a new value proposition that reflects this shift. For too long, health and human services agencies have accepted turnover rates that far exceed industry norms. The upheaval thrust upon them by the past couple of years offers an opportunity to correct their course.

Reference Notes

4. See Datar et al.
9. Ibid.
13. See Datar et al.

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