HRO TODAY RESEARCH FLASH REPORT

KORN FERRY

Rebuilding the Healthcare Workforce



HRO Today Flash Reports are a series of ongoing research initiatives that address today's topics of interest in the HR community. These are focused briefs that can be used to support business decisions and discussions among industry practitioners and thought leaders.

Healthcare organizations are under growing pressure to rethink how work is structured, delivered, and supported. This study examines the evolution of workforce model redesign across the healthcare sector, from the pressures driving change and the functions most affected to the strategies organizations are pursuing and the results they are seeing. It also explores the changing role of Talent Acquisition, efforts to expand talent pools through job redesign, and the emergence of new roles that reflect a changing healthcare workforce.

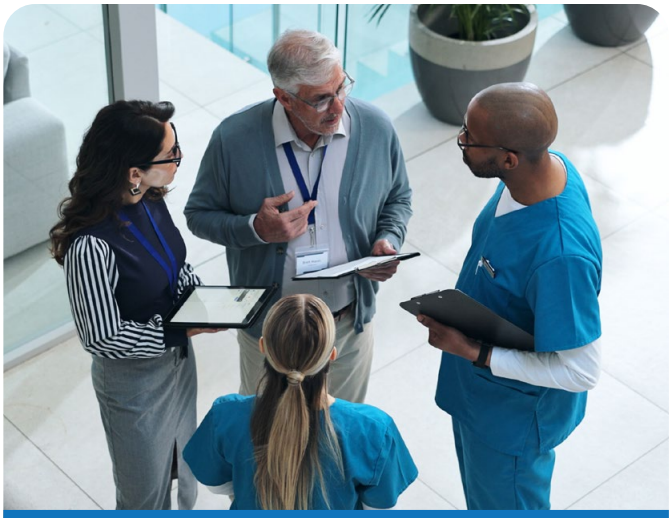
Methodology

Between July 13 and September 2, 2026, a series of emails were sent to the HRO Today North American network, inviting members to participate in an online study.

Respondents were manager level or above within their Human Resources departments and were screened to ensure that their healthcare organization was in a patient-facing role and that they were personally knowledgeable about workforce planning within their organization.

There were 50 usable survey responses from North America.

This study is sponsored by Korn Ferry. Respondents were not made aware of the study's sponsorship during the survey process.



"Healthcare organizations are recognizing that you can't recruit your way out of a workforce crisis. Continuing to compete for the same constrained talent pools will only take organizations so far. The opportunity is to fundamentally rethink how work gets done: where technology can free clinicians to focus on patient care, and how roles and talent strategies evolve alongside changing workforce needs. That shift also requires Talent Acquisition to move upstream, from filling roles to shaping them, bringing labor market insight, talent intelligence and workforce expertise into broader planning decisions. The organizations that pull ahead will be those that stop treating workforce strategy as a series of separate initiatives and instead connect people, work and technology as one integrated approach."

— Andrew Frahm, Vice President, Global Healthcare Practice, Korn Ferry

KEY FINDINGS

Healthcare's workforce challenge is increasingly becoming a work-design challenge, not simply a recruiting challenge. Organizations are under pressure to address shortages, burnout, retention, and high-demand functions, such as nursing and behavioral health, while maintaining performance and patient care. The findings suggest a gradual shift from asking "How do we find more workers?" toward also asking "How should the work be structured, delivered, and supported, and what combination of people and technology is needed to do it?"



Healthcare organizations are still relying heavily on traditional responses to workforce shortages. Increasing recruiting efforts (42%) and retention initiatives (31%) are the two most common approaches to addressing workforce shortages. This suggests that many organizations continue to focus primarily on adding or retaining workers rather than changing how work gets done.



Workforce model redesign is becoming a more urgent strategic priority. Nearly two-thirds (62%) of senior healthcare HR leaders say workforce redesign is more urgent today than it was three years ago, reflecting growing pressure to rethink how work is structured, delivered, and supported.



The workforce challenge extends beyond simply having enough workers. Burnout and retention (64%) emerged as the greatest workforce-related pressure, pointing to challenges with workload, sustainability, and how work is organized, not simply the availability of candidates.



Nursing illustrates the need for fundamental workforce redesign. Nursing was identified by 51% as the function facing the greatest workforce challenge. The combination of demand, talent constraints, turnover, retirements, workload, 24/7 coverage requirements, and labor costs make the challenge one of workforce capacity and configuration as well as recruitment.



Behavioral health is another major pressure point. Forty-four percent identified behavioral health as facing a significant workforce challenge, highlighting that workforce redesign needs to address specialized functions where demand and talent availability are particularly difficult to balance.

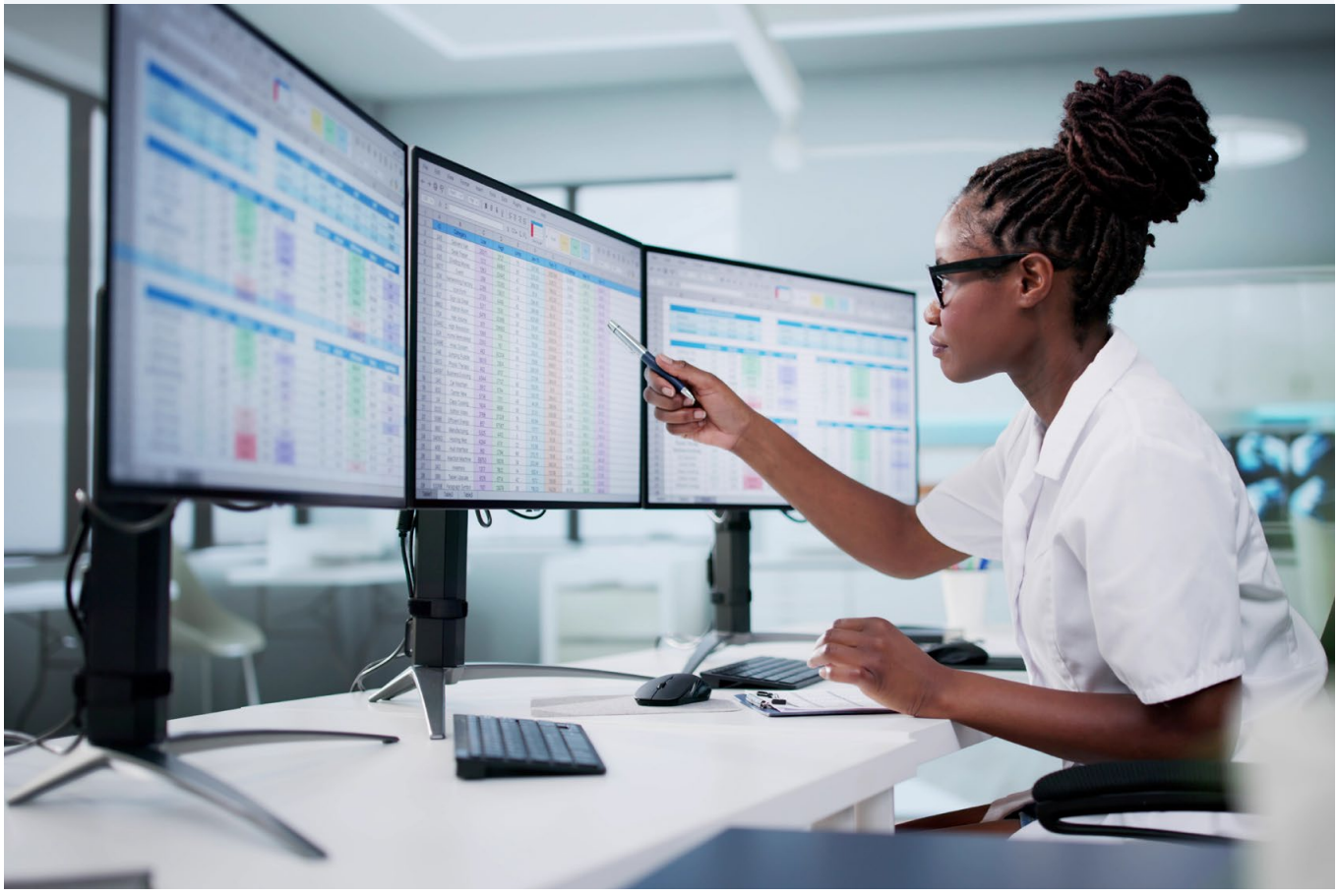


Technology and automation are already producing measurable workforce redesign results. Eighty-four percent reported seeing results from technology or automation in workflows during the past 12–24 months, making it the most cited area where redesign is generating results.

Workforce redesign can affect employee experience as well as operational performance. Employee engagement or experience was cited by 83% as an area where results from workforce redesign are evident, suggesting that redesign is not limited to efficiency or cost considerations.

Talent acquisition is involved in workforce redesign, but its role is often still primarily reactive. While 81% say TA is involved to some extent, 41% say TA primarily fills roles after workforce needs have been defined. Only 32% describe TA as serving as a strategic partner in workforce model redesign, indicating an opportunity for TA to become more involved earlier in workforce planning.

Healthcare organizations are increasingly broadening their approach to talent. Nearly three-quarters (74%) have modified job requirements to some extent in the past year to expand talent pools. This suggests that organizations are beginning to reconsider traditional assumptions about who can perform specific roles, although significant modification remains relatively uncommon.



DETAILED FINDINGS:

Approach to Meet Workforce Challenge Shortage

Which statement best describes your organization's primary approach to workforce shortages?

Study participants were asked to select the statement that best describes their organization's primary approach to workforce shortages. The leading responses are traditional ways to address the challenge. Just under one-half (42%) focus on increasing recruiting efforts.

Nearly one-third (31%) focus on increasing retention efforts, the second most frequently cited approach. But increasing recruiting efforts and retention initiatives may not be the best way to address workforce shortages. These areas address the supply of workers, but not necessarily the underlying amount or configuration of labor the healthcare organization needs.

That distinction is becoming increasingly important as healthcare demand rises while the supply of clinicians remains constrained. The American Hospital Association's 2026 workforce research explicitly points toward redesigning staffing models, workflows, roles and care delivery, rather than relying solely on recruiting more people or trying to keep the existing workforce in place.[1]

Approach to Meet Workforce Challenge Shortage



Urgency of Workforce Model Redesign

Compared with three years ago, how urgent is workforce model redesign for your organization today?

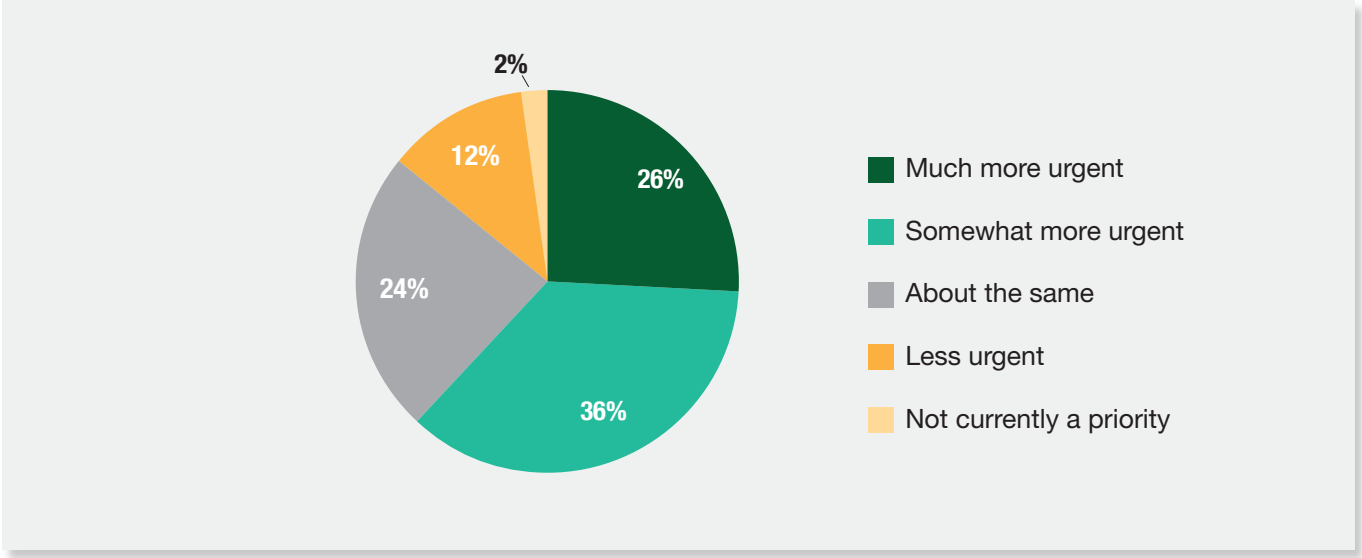
For this study, workforce model redesign was defined as the strategic process of reimagining how work is structured, delivered, and supported and determining who, or what, is best positioned to perform it. It involves optimizing the mix of talent, skills, technology, operating models, and work arrangements to better align with organizational priorities while improving performance, agility, scalability, and cost efficiency.

Nearly two-thirds (62%) consider workforce redesign more urgent now than three years ago. In the recent past, workforce redesign was largely a response to a workforce crisis; today, it is becoming a requirement for operating the healthcare enterprise. The problem has shifted from simply "How do we get enough people?" to "How should the work itself be redesigned so we can deliver care with the workforce and resources available?"

The Conference Board reported in June 2026 that healthcare has more than 700,000 job openings per month compared with about 306,000 unemployed workers available to fill them.[2] That means that several thousand jobs are unable to be filled each month, with demand greatly exceeding supply.

Further, AI, automation, virtual care, digital tools, and improved workforce-management technology create possibilities that weren't nearly as mature in 2023. But technology doesn't automatically create value. The AHA's 2026 Workforce Scan specifically identifies AI, redesigned processes, and redefining workforce needs and roles as interconnected changes. It notes that AI works best when paired with redesigned processes.[3] Technology and AI have changed the question from "who can we hire?" to "what work should people do?" That is workforce-model redesign.

Urgency of Workforce Model Redesign



Workforce Pressure Impacted Areas

Which workforce pressures are creating the greatest strain on your organization? Select up to three.

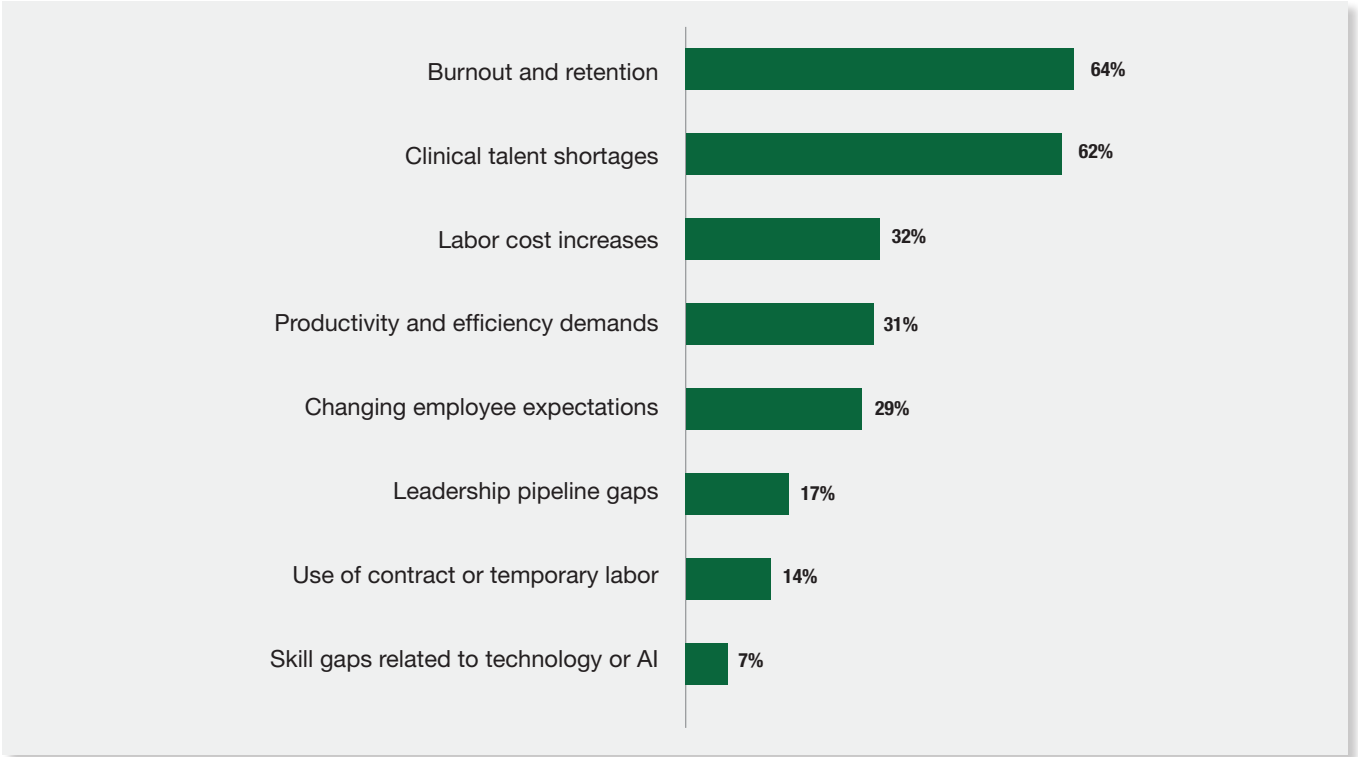
Respondents were asked to select up to three workforce-related areas that are the greatest challenge for the organization.

Two pressures clearly produce the greatest strain. Burnout and retention is cited by nearly two-thirds (64%) of respondents, while clinical talent shortages were indicated by 62%.

Burnout and retention create the greatest strain because they attack both sides of the workforce equation: burnout reduces the capacity of the people an organization already has, while turnover removes experienced talent it cannot easily replace. The result is a cycle of understaffing, increased workload, higher labor costs and further burnout, making workforce challenges an operational and strategic problem, not simply a recruiting problem.

Sixty-two percent of senior healthcare HR leaders indicated clinical talent shortages as a great source of strain on their organization. Clinical talent shortages create outsized strain because healthcare cannot simply defer the work when qualified clinicians are unavailable. Vacancies increase workloads for existing staff, contribute to burnout and turnover, raise labor costs, and can ultimately constrain an organization's capacity to deliver care. As clinical skills become increasingly scarce, organizations must look beyond recruiting and consider how work can be redesigned, redistributed and augmented by technology to make better use of the talent they have.

Workforce Pressure Impacted Areas



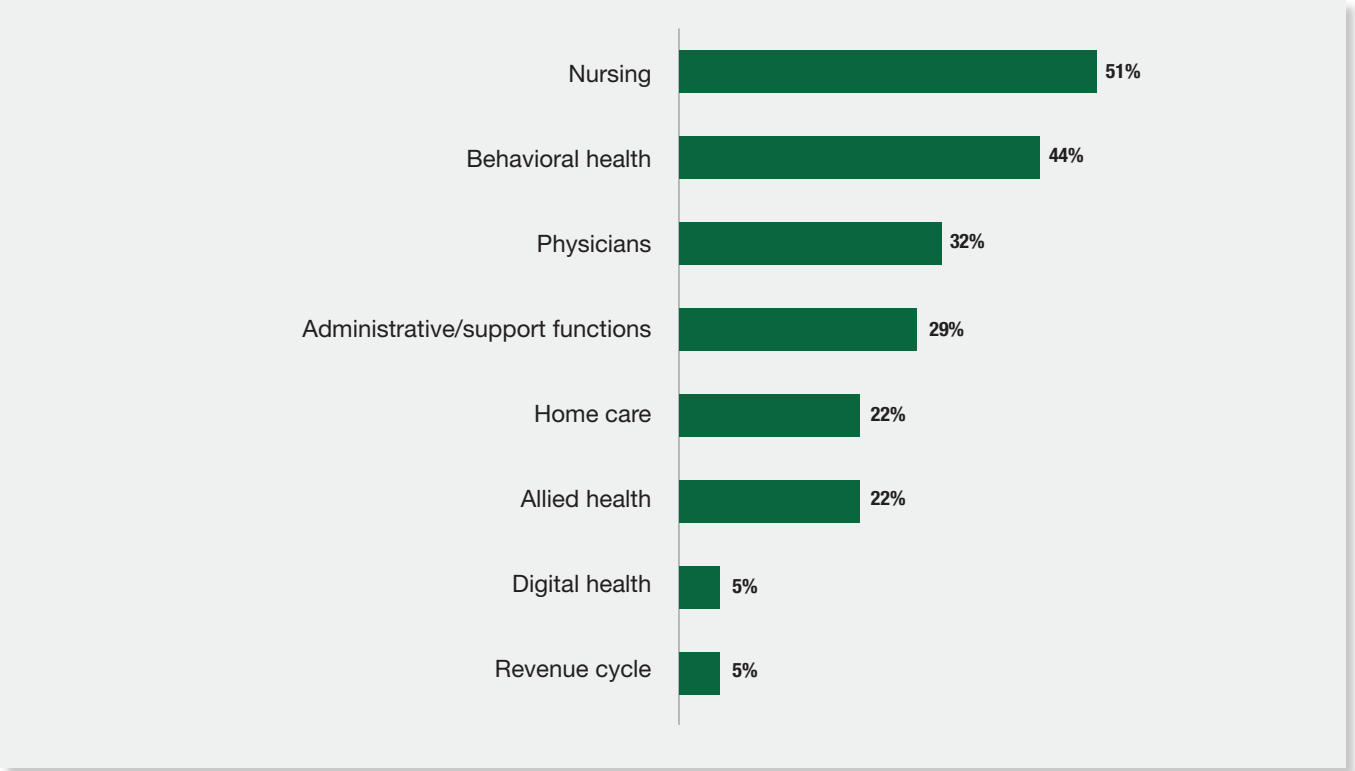
Functions Experiencing Greatest Workforce Challenge

Which functions are experiencing the greatest workforce challenges? Select all that apply.

Study participants were asked to select all the functions experiencing the greatest challenges. Nursing was selected by the majority (51%) of respondents, the most of any of the functions examined. Nursing stands apart because its workforce challenge is not simply a shortage of candidates. It is a systemic capacity problem. High demand, a constrained talent pipeline, retirements, turnover, workload, 24/7 coverage requirements, and rising labor costs all converge in nursing—while much of the work still requires licensed professionals and direct patient interaction. As a result, healthcare organizations increasingly need to rethink not only how they recruit and retain nurses, but how nursing work itself is structured and delivered.

Behavioral health was identified by 44% of healthcare HR respondents as a function facing a great workforce challenge, second most in the study. This reflects more than a shortage of qualified candidates. Demand for behavioral health services has expanded significantly, while the supply of psychiatrists, psychologists, counselors, social workers, and other behavioral health professionals remains constrained. At the same time, burnout, workload, reimbursement constraints, and scope-of-practice limitations can restrict the capacity of the existing workforce. As a result, healthcare organizations increasingly face a capacity problem: simply recruiting more behavioral health professionals may not be sufficient.

Functions Experiencing Greatest Workforce Challenge



Results from Workforce Redesign Efforts

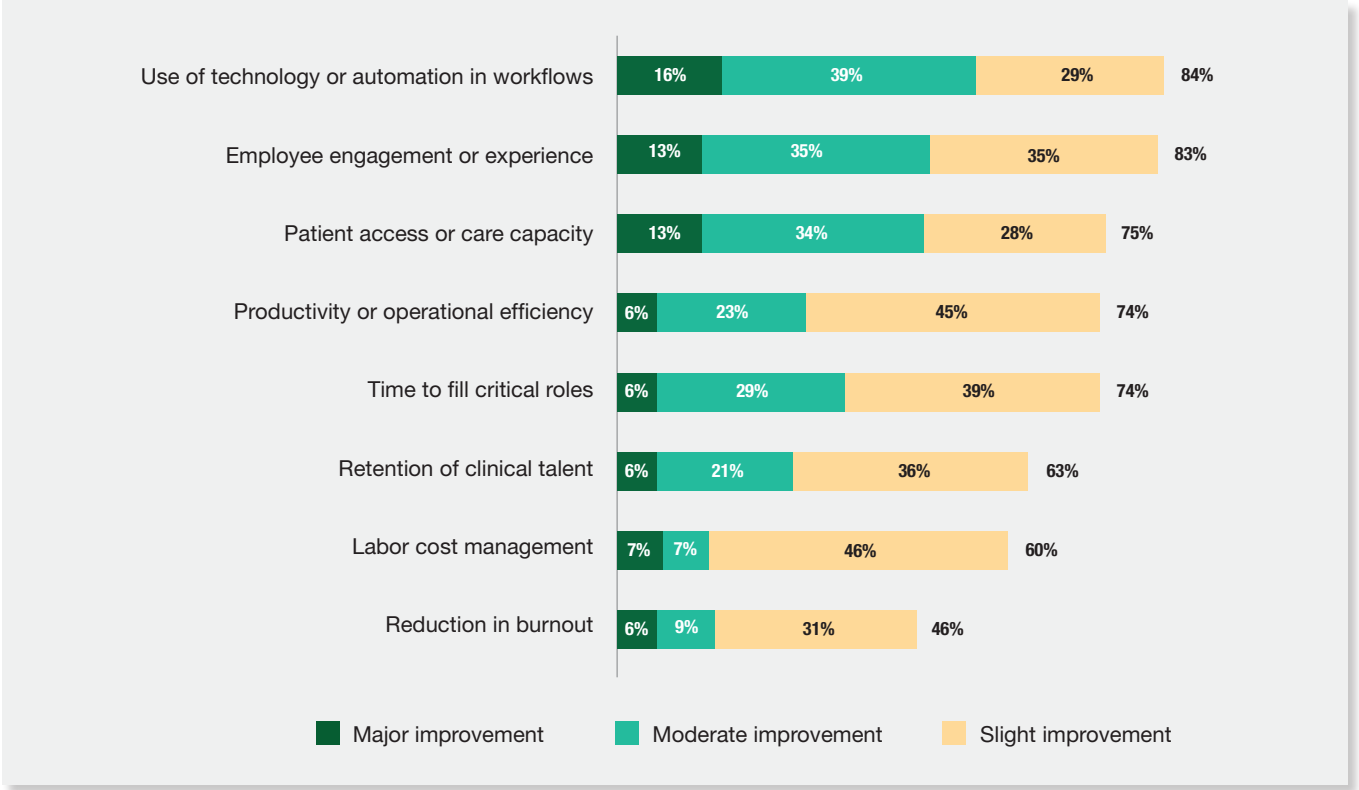
Where has your organization seen results from workforce redesign efforts over the past 12–24 months?

Senior healthcare HR leaders were asked to indicate where they have seen results from workforce redesign in the past 12 to 24 months. Overall, the use of technology or automation in workflows was the most common, as indicated by 84% of study participants.

Technology and automation are often the clearest signs of workforce redesign because they fundamentally change how work is performed rather than simply layering technology onto existing roles. By automating repetitive administrative tasks, improving information flow, supporting decision-making, and coordinating workflows, organizations can reduce labor needs for certain activities and redirect employees to higher-value clinical, analytical, and interpersonal work.

Employee engagement or experience was indicated by more than 8 in 10 respondents (83%) as the second strongest area examined where workforce redesign results are most evident. Employee engagement and experience may be one of the most visible outcomes of workforce redesign because redesign changes the day-to-day experience of work. In healthcare, redesign can reduce administrative burden, streamline workflows, redistribute responsibilities across teams, introduce technology that removes repetitive tasks, and allow employees to spend more time on higher-value work.[4]

Results from Workforce Redesign Efforts



TA's Current Role in Workforce Redesign

Which statement best describes Talent Acquisition's current role in workforce redesign at your organization?

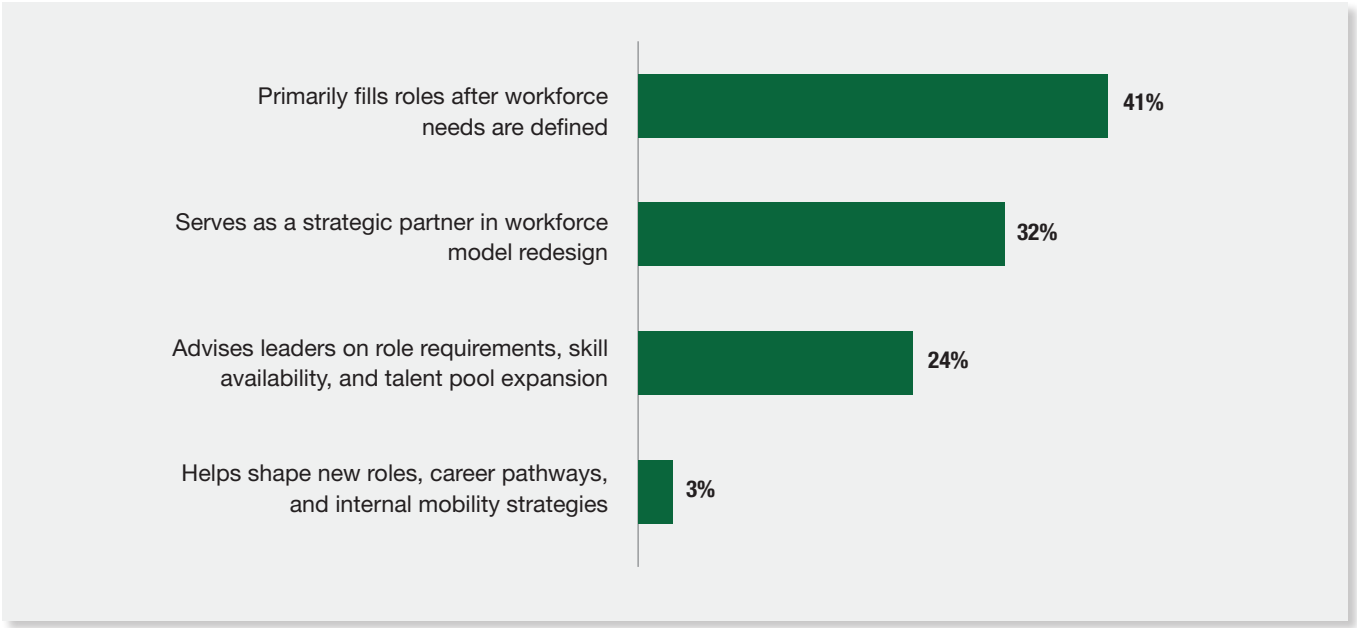
Overall, 81% felt that TA is currently involved to some extent in workforce redesign.

Among those citing at least some TA involvement, no area examined reflected most respondents' views about TA's current role in workforce redesign. However, "Primarily fills roles after workforce needs are defined" was the most prominent, with 41% citing it.

Serves as a strategic partner in workforce model redesign was indicated by nearly one-third (32%) of senior HR healthcare leaders.

Talent acquisition's role in workforce redesign is to help organizations determine how and where talent should be sourced as work, roles, and operating models change. Rather than simply filling existing vacancies, TA provides labor-market intelligence, helps define the skills and capabilities required for redesigned roles, identifies where external hiring is necessary, expands access to new talent pools, and builds pipelines for future workforce needs.

TA's Current Role in Workforce Redesign — Base: TA Currently Involved in Workforce Redesign



Extent Organizations Have Modified Job Requirements to Expand Talent Pools

Has your organization modified job requirements in the last 12 months to expand talent pools?

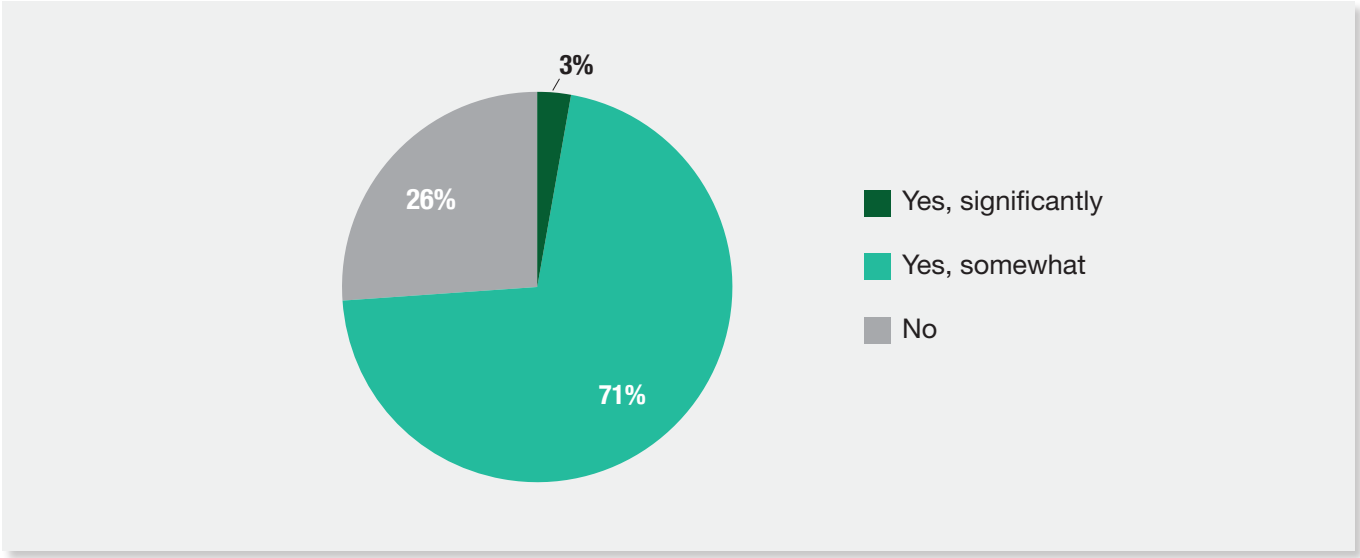
Nearly three-quarters (74%) have modified job requirement to expand talent pools to some extent, though few (3%) have done so significantly.

Healthcare organizations are increasingly loosening traditional job requirements and changing how they define "qualified" talent, particularly for patient-facing and frontline roles. The goal is to recruit people with the potential to succeed and then provide the training, education, and clinical support needed to close skill gaps.[5]

Healthcare employers are increasingly distinguishing between credentials that are legally/clinically necessary and credentials that have traditionally been used simply as screening mechanisms.

For roles where a bachelor's degree is not essential to safe patient care, organizations can consider candidates with high school diplomas, associate degrees, certificates, relevant experience or demonstrated competencies, depending on the position and applicable licensing requirements.[6]

Extent Organizations Have Modified Job Requirements to Expand Talent Pools



New Roles Being Recruited Today

Which new roles are you hiring today that did not exist three years ago? (Open-ended question)

SUMMARY OF RESPONSES:

New hiring in healthcare is increasingly centered on AI, data, technology, advanced clinical practice, and new models of care. Senior HR leaders cited emerging roles such as AI implementors, data scientists, clinical informaticists, EMR analysts, virtual nurses, telehealth providers, advanced practice clinicians, and business analytics professionals. Other organizations are adding roles focused on operations, transformation, revenue optimization, quality and risk, and workforce development. At the same time, several respondents reported little change in the types of positions they hire, suggesting that the pace of workforce-model change varies considerably across healthcare organizations.



Conclusion

The organizations making the greatest progress are not just filling vacancies faster. They are modifying role requirements, creating new career pathways, expanding sources of talent, leveraging automation and involving Talent Acquisition earlier in workforce planning decisions. As workforce planning, organizational design, clinical operations, leadership and Talent Acquisition become increasingly interconnected, TA must evolve from a reactive hiring engine to a strategic partner in workforce model redesign.

Notes

1. "2026 Healthcare Workforce Scan: Executive Summary," *American Hospital Association.* 2025. https://www.aha.org/aha-workforce-scan

2. "Report: America's Health Care Workforce Shortage Threatens Patient Access and Economic Competitiveness," *The Conference Board.* Accessed September 22, 2026. https://www.conference-board.org/press/americas-health-care-workforce-shortage

3. "2026 Healthcare Workforce Scan: Executive Summary," *American Hospital Association,* Accessed September 22, 2026. https://www.aha.org/aha-workforce-scan

4. "Workforce Strategies That Are Working for Your Peers, *American Hospital Association,* https://www.aha.org/aha-workforce-scan

5. "Why Hospitals Are Building Their Own Nursing Pipelines," American Hospital Association, November 4, 2025. https://www.aha.org/aha-center-health-innovation-market-scan/2025-11-04-why-hospitals-are-building-their-own-nursing-pipelines

6. "4 Ways to Build Your Talent Pipeline," *American Hospital Association,* December 19, 2023. https://www.aha.org/aha-center-health-innovation-market-scan/2023-12-19-4-ways-build-your-talent-pipeline

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