

WHITE PAPER

Sustaining Effective Care Teams During Staff Shortages: Clinical Leader Insights

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Executive Summary

The 2026 Inovalon research, ‘Sustaining Effective Care Teams During Staff Shortages’ is drawn from a comprehensive online survey of clinical leaders. This survey explored perspectives on the state of clinical staffing, advanced staff scheduling automation, and the linkage between staffing levels and patient safety.

Key Findings:

State of staffing

With annual staff turnover frequently exceeding 20%, most clinical leaders (75%) reported that their organizations are understaffed. As a result, leaders also reported that their organizations were investing substantial time and effort to boost staffing numbers. Issues related to understaffing — including staff lacking training and experience, overreliance on agency and premium labor, and difficulty retaining staff — became more pronounced as organizations moved further from full staffing levels. For the majority of clinical leaders, unplanned absences or callouts were a significant disruptor to shift stability in both fully staffed and understaffed organizations.

Staffing trend

Leaders reported substantial improvement in staffing levels over the past two years, driven largely by focused internal efforts including leadership and culture improvements, compensation parity reviews, expanded recruitment efforts, and retention and development initiatives.

The pace of staffing level improvement is expected to slow over the next two years. This trend, coupled with rising patient acuity, points to the need for advanced staff scheduling that uses automation to assist with staffing decisions. This automation would de-risk shift schedules while improving the experience of staff and the safety of patients.

Advanced staff scheduling automation

Advanced schedule management automation enables leaders to use scheduling as a strategic lever to control labor costs, increase scheduling flexibility for staff, and improve patient safety by stabilizing shifts.

Automated capabilities now utilize clinical information, together with information about workers’ training and experience, to create the optimal care team shift schedule. Clinical leaders saw significant value in these capabilities, which address the dual objectives of staff satisfaction/retention and patient safety. Similarly, predictive capabilities that give staff advance notice of which shift schedules are likely to experience callouts would also address both staff experience and patient safety objectives by avoiding staffing gaps and generalized shift disruption.

Staffing and patient safety

The impact of understaffing on patient safety should be a paramount concern for organizations that experience staff shortages. Clinical leaders identified workforce challenges as a greater threat to patient safety than factors such as safety leadership, culture, or access to safety data or information. Schedule management automation that enables both staff welfare and patient safety imperatives will deliver the greatest value to clinical leaders.

About the Research

Background

As the U.S. population ages and patients present with higher acuity and clinical complexity, healthcare organizations are under growing pressure to ensure they have the right staff, with the right skills, in the right place and time. Developing care teams to meet this challenge is of great urgency. Clinical leaders face a complex balancing act: managing labor costs and keeping care teams fully staffed while supporting schedule flexibility, bolstering morale, and fostering team cohesion.

This research explores understaffing in healthcare organizations and the initiatives hospital and post-acute clinical leaders have undertaken to improve workforce engagement and the day-to-day staff experience.

Method

- More than 230 clinical leaders completed an in-depth online survey in February 2026.
- The sample included clinical leaders from more than 100 hospitals and 100 post-acute facilities.
- Clinical leaders from more than 40 states participated in the survey.

Clinical Leaders on Today's Healthcare Challenges



“The most concerning part of working in healthcare today is the staffing crisis where the demand for care is rapidly overtaking the number of available professionals.”

“The strain on healthcare workers working in a rushed environment.



“It seems so scary and dangerous to patients who are vulnerable.”

“The amount of change happening at any given moment.”

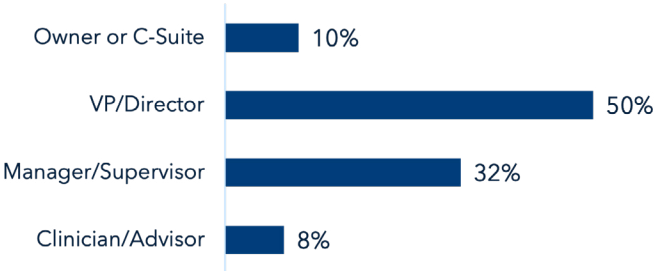


Participating clinical leaders

Survey participants were experienced clinical leaders, including Directors of Nursing, Nurse Managers, Clinical Directors, Clinical Managers, and Chief Nursing Officers. Leaders responded to survey questions about staff shortages, managing staff schedules, patient safety, and the realities of leading care teams.

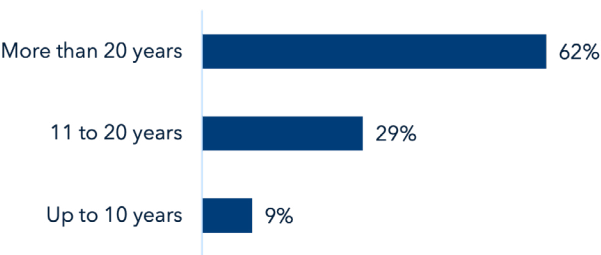
Leaders also shared their perspectives on the rewards and challenges of working in healthcare, including the tension between the caregiving mission and operational realities.

Figure 1. Role in Healthcare Organization



Q. Which of the job categories below best describes your position?

Figure 2. Years Working in Healthcare



Q. For how many years have you worked in healthcare provider organizations, in any role?

Mission vs. Reality

THE MISSION

Many leaders viewed their work as more of a calling than a job. As mission-driven professionals, they focused on providing quality patient care while supporting and mentoring staff.

- “Creating the best workplace for staff so that they can provide the best care to patients.”
- “Helping patients transition safely after a hospital stay. Helping my staff advance their degrees and watching them succeed.”
- “The care provided by my team and my team’s engagement in that care and ways to improve.”

Q: What do you find most satisfying about your job or career?

VS

THE REALITY

Leaders also spoke about challenges affecting patient care, including administrative burdens, resource constraints, and regulations that pull teams away from direct patient care.

- “The increasing regulations/ documentation demands that take nurses away from the bedside.”
- “Inability to replace staff due to productivity targets, which inhibits our ability to accept patients, drives census down, and then amplifies the target issue.”
- “Too much documentation / paper / computer work, too much focus on trends / reports, too little focus on actual care.”

Q: What is most concerning about working in healthcare today?

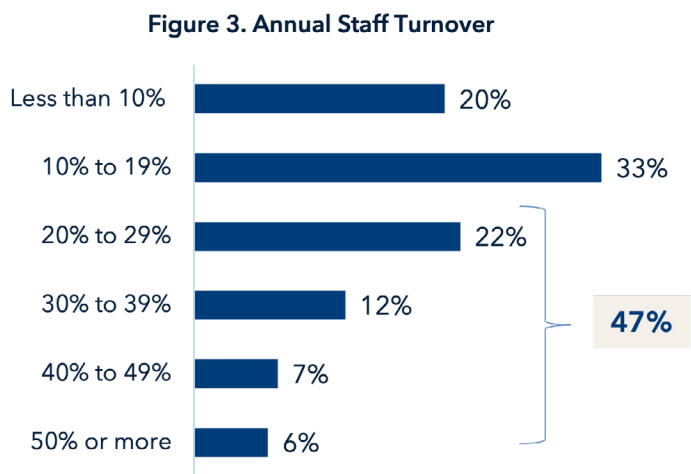
The State of Staffing

Watching them leave: Leader perspectives on staff turnover

Staff turnover, an annualized measure of the rate at which healthcare workers such as nurses and CNAs leave their positions, can be an indicator of workforce instability, worker dissatisfaction or burnout. Elevated turnover can generate a cascade of negative impacts for the enterprise and for remaining care team staff.

- **For the enterprise:** Lost organizational knowledge and training investments, along with the cost and effort of replacing staff
- **For care teams:** Lower team morale and heavier workloads as experience and organizational knowledge are lost
- **For patients:** Reduced care continuity as patient-caregiver relationships are disrupted

Hospital and post-acute leaders surveyed reported a wide range of turnover rates. Almost half of leaders reported turnover of 20% or more (Figure 3).

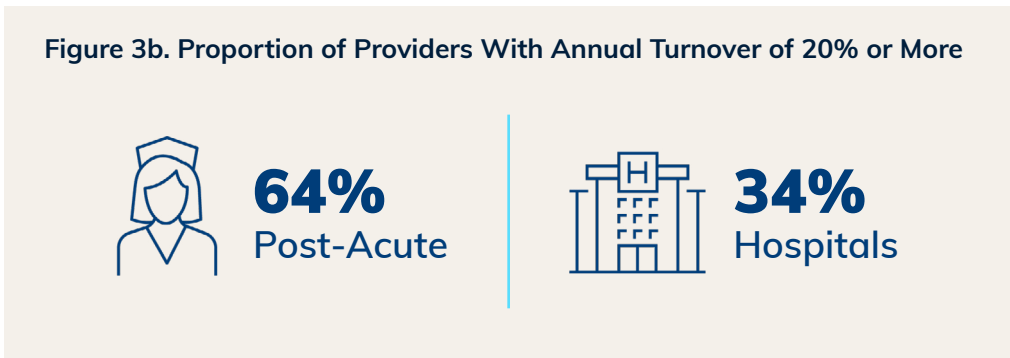


Q. What percentage turnover annually do you see in your team or organization?

“ We have direct incentive programs attract talent, but retention has yet to keep this newly hired talent.”

“ We over-hired at some point so when staff left, we were ok.”

Post-acute leaders reported significantly higher annual turnover than hospital leaders. Almost two-thirds reported annual turnover of 20% or more, compared with about one-third for hospitals (Figure 3b).

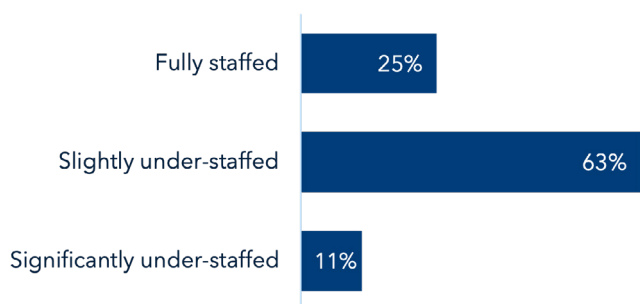


Fully staffed: Achievable, but seldom the current state

Given healthcare's elevated annual turnover rates, it is not surprising that only one-quarter of clinical leaders characterized themselves as fully staffed (Figure 4).

Most commonly, leaders characterized their organization as slightly understaffed, while 11% were significantly understaffed.

Figure 4. Staffing Level of Organization



Q. Which best describes current staffing levels at your organization?

Figure 4b. Comments About Staffing Struggles

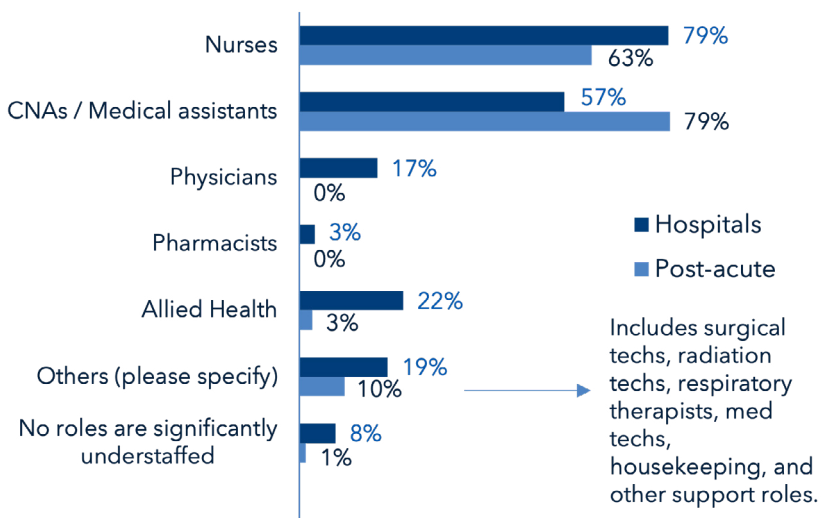
- “Not enough licensed staff available to hire.”
- “Staff transferring to outpatient settings.”
- “More turnover than in the past.”
- “The unavailability of people wanting to work in long term care facilities.”
- “Work at a Federal hospital so administration has put freezes, caps and abolished positions.”

Comments from leaders in understaffed organizations highlight the challenges of recruiting and retaining staff (Figure 4b).

Understaffing by role

Even organizations that characterized themselves as slightly understaffed reported significant shortages in specific roles, most often among nurses and CNAs/medical assistants. CNA shortages were particularly prevalent in post-acute organizations (Figure 5).

Figure 5. Significantly Understaffed Roles
(Multiple responses allowed)



Base: Understaffed hospitals and post-acute

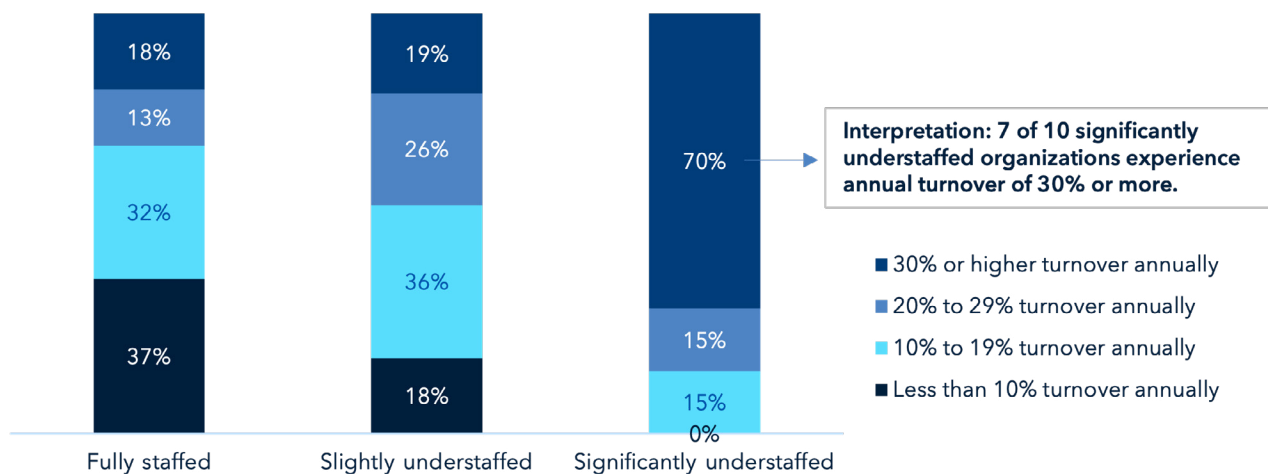
Q. Which roles are significantly under-staffed? Select all that apply.

“CNAs are a high turnover position.”

Turnover and staffing levels: A clear linkage

Understaffed organizations exhibit markedly higher turnover rates than fully staffed organizations (Figure 6).

Figure 6. Annual Staff Turnover by Staffing Level



Q. What percentage turnover annually do you see in your team or organization?

Q. Which best describes current staffing levels at your organization?

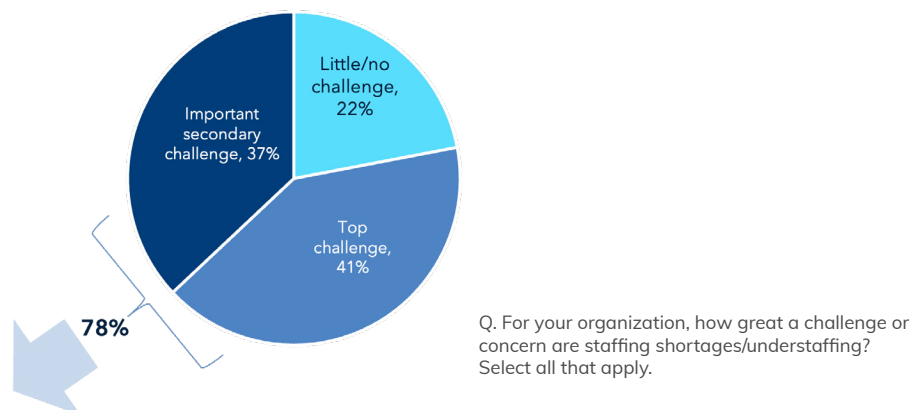
Clinical leaders working in understaffed organizations shoulder a greater replacement burden in order to maintain a sufficient level of staff despite high annual turnover.



Inside understaffed organizations

Given the level of understaffing described earlier, it is not surprising that 78% of clinical leaders consider staffing a significant challenge (Figure 7).

Figure 7. Concern About Staff Shortages/Understaffing
(Multiple responses allowed)



Clinical leaders were asked to pinpoint the issues driving their concern, and unplanned employee absences or callouts were cited most frequently (73%). These last-minute absences due to illness, family emergencies, or other unforeseen circumstances create immediate staffing disruption (Figure 8).

Callouts were cited as an issue by a majority of hospital leaders (63%) and were even more prevalent in post-acute facilities (88%).

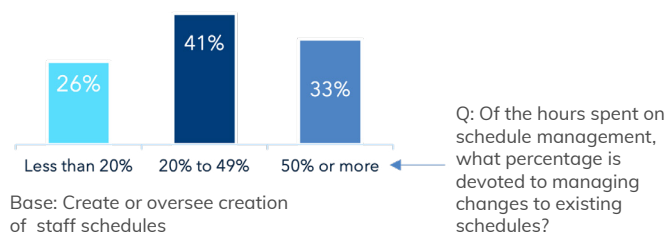
Figure 8. Issues Associated With Staff Shortages/Understaffing
(Multiple responses allowed)



Base: Staffing is a significant challenge.

Q. You mentioned staff shortages as a significant challenge for your organization. What specifically are the issues? Select all that apply.

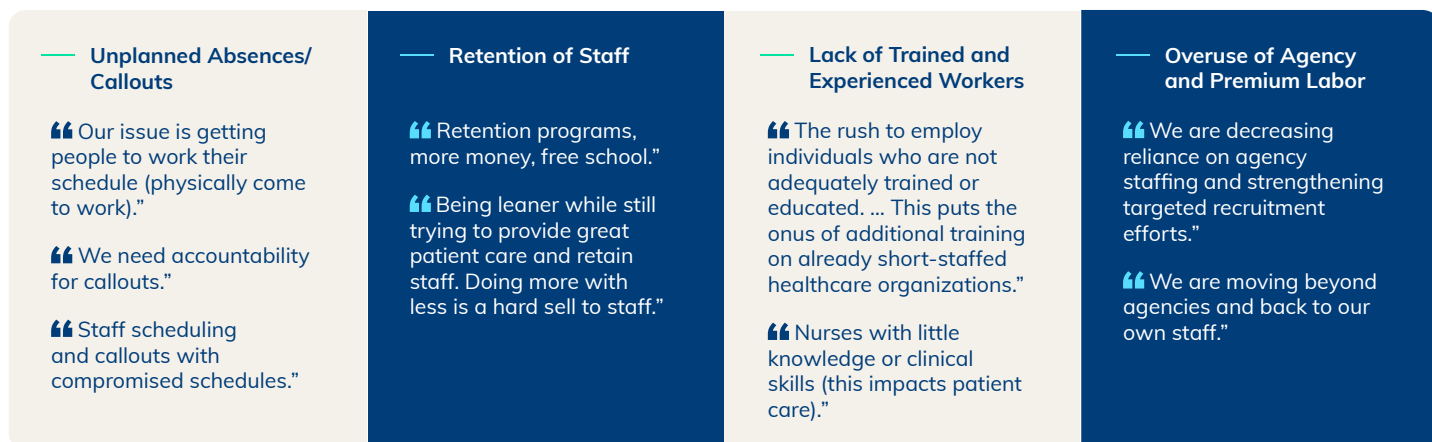
Figure 8b. Proportion of Total Scheduling Time Spent Managing Schedule Changes



Note: Callouts can cause significant disruption to upcoming shifts. They can also create inefficiencies for those responsible for creating and managing changes to schedules. More than two-thirds of leaders responsible for scheduling reported spending a high proportion of their time making changes to existing shift schedules (Figure 8b).

In addition to callouts, other issues driving staffing concerns include retaining staff (55%), insufficient staff training and/or experience level (30%), and/or overuse of external or agency workers (29%).

Figure 8c. Leader Verbatims on Issues Underlying Staff Shortages

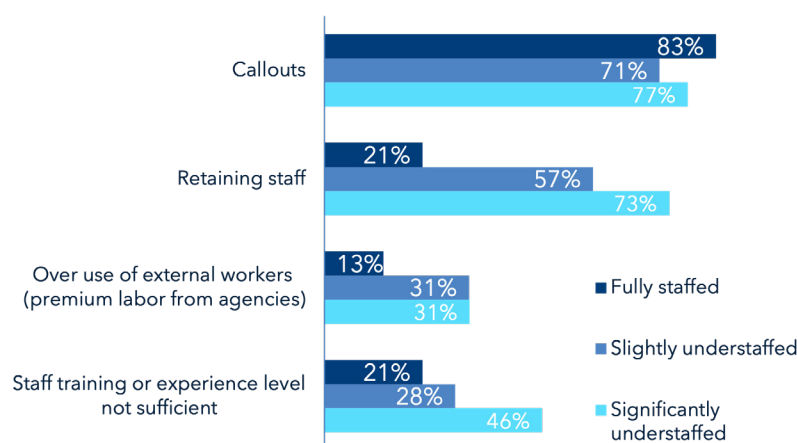


Understaffing makes everything worse

Most issues associated with understaffing including retention, overuse of agency or premium labor, and insufficient staff training or experience were reported more frequently by understaffed organizations, especially those that were significantly understaffed (Figure 9). This finding is not surprising, as understaffed organizations have fewer resources to mitigate the effects of staff turnover, agency worker reliance, and inexperienced or undertrained staff.

Callouts remain a challenge regardless of staffing level. They cause substantial staffing disruption in both fully staffed and understaffed organizations (Figure 9). Their prevalence points to the need for strategies that reduce operational disruption when unplanned absences occur. At the same time, callouts can be difficult to address directly given the need to retain staff, and the unique and sometimes sensitive circumstances underlying each callout.

Figure 9. Issues Worsen as Understaffing Becomes More Severe
Frequency of mention by level of staffing
(Multiple responses allowed)



Base: Staffing shortages are a significant challenge

Q. You mentioned staff shortages as a significant challenge for your organization. What specifically are the issues? Select all that apply.

Staffing Trends and Outlook

Treadmill or trend: Have leaders moved the needle on staffing?

Clinical leaders reported substantial improvement in staffing levels over the past two years. One-third reported that staffing levels were much better, and 26% said somewhat better (Figure 10).

Leaders' comments suggest staffing improvements were largely driven by creative, intentional management initiatives and organizational effort (Figure 10b). Passive improvements driven by favorable economic or labor market shifts were cited far less often (Figure 10c).

Only 12% reported worsening staffing levels over the past two years. Leaders attributed worsening staffing levels to factors such as below-market pay, inadequate training or orientation, and productivity targets that made staff replacement more difficult (Figure 10c).

Figure 10. Current Staffing Level Compared to Two Years Ago



Q: How does your current level of staffing compare to two years ago?

Figure 10b. Leaders' Comments on Factors Leading to Staffing Level Improvement

Internal management effort

“Staffing improved due to a combination of increased recruitment, better retention of existing staff, and more effective scheduling and workforce planning. Efforts to reduce workload, introduce supportive roles, and strengthen leadership oversight also helped stabilize staffing levels and better match staff resources to patient needs.”

“Frequent staff meetings and education. Staff encouragement by nursing management. Positive re-enforcement for great performance such as patient care, customer service, safety awareness, etc.”

“Change in leadership, accountability for callouts. Efforts to increase retention, such as bonus programs.”

Passive factors (demographic or economic shifts)

“Less travel options available and people returning to local workforce.”

“Settling of economy – decreased market competition.”

Q. What factors contributed to the improvement in staffing?

Figure 10c. Leaders' Comments on Staffing Level Decline

“Pay, work environment, economy, increased complexity of patients.”

“Discontinued agency staff, insufficient orientation of staff, staff burnout due to anxiety about making errors, mandatory overtime.”

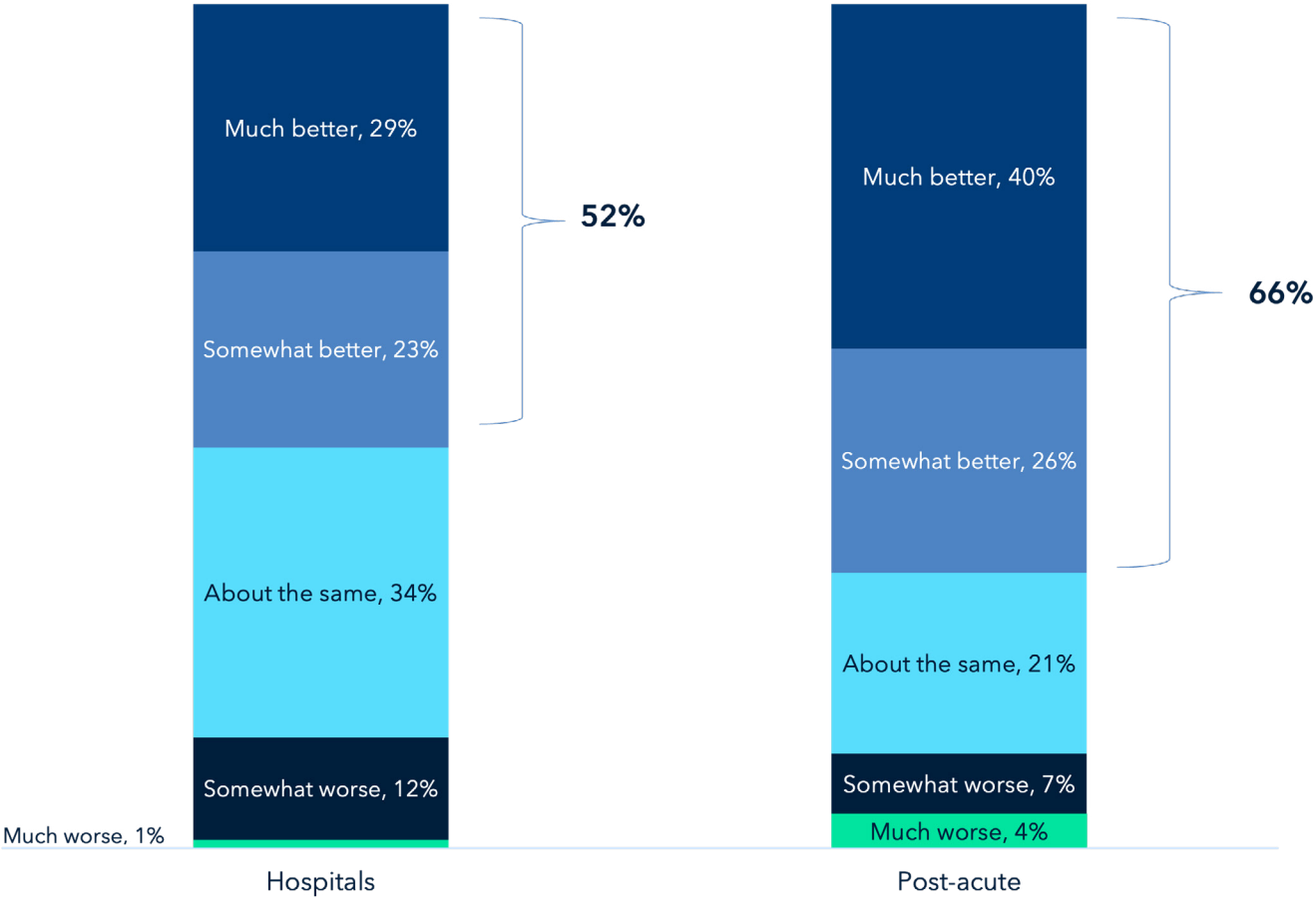
“Lack of staff retention. Administration maintaining ratios to a minimum.”

“Not enough licensed staff available in the workforce within commuting distance.”

Q. What factors have exacerbated staff shortages?

Although both hospital and post-acute leaders reported substantial improvement in staffing levels over the past two years, post-acute organizations reported the greatest improvement (Figure 11).

Figure 11. Current Staffing Level Compared to Two Years Ago by Care Setting



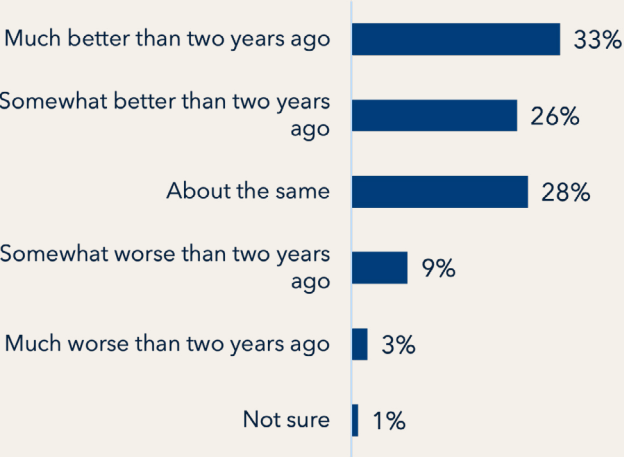
Q. How does your current level of staffing compare to two years ago?



1. Clinical leaders expect improvement in staffing levels to slow, suggesting human-driven efforts to shore up staffing may be nearing their practical limits.

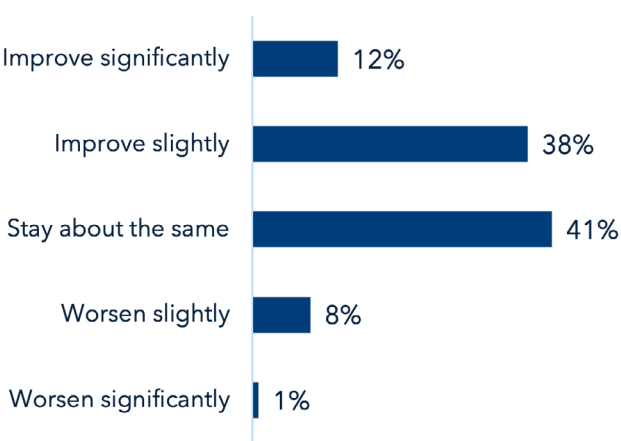
Leaders shared projections for how they expect staffing levels to change over the next two years. As shown in Figure 13, they anticipate a slower pace of improvement than they experienced over the past two years (Figure 12). This may reflect diminishing returns from staffing improvement initiatives already in place.

Figure 12. Staffing Level Trend:
Current Staffing Compared to Two Years Ago



Q: How does your current level of staffing compare to two years ago?

Figure 13: Staffing Level Trend:
Anticipated Staffing Change over Next Two Years



Q: How do you anticipate staffing levels at your organization will change over the next two years?

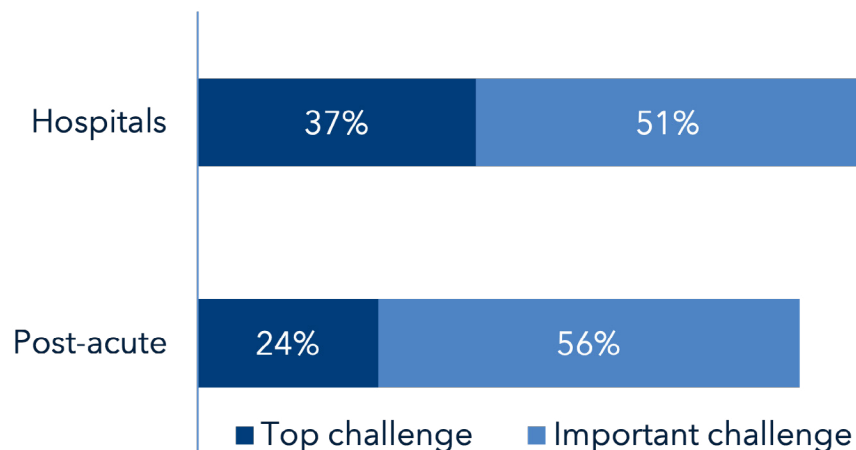


2. Clinical leaders are experiencing challenges with rising patient acuity.

Caring for sicker, more complex patients was a significant concern for both hospital and post-acute leaders. Concern was highest among hospital leaders, with 88% identifying rising patient acuity as a significant concern. Post-acute leaders reported similarly high levels of concern (Figure 14).

Leaders' comments suggest that higher patient acuity demands more from care teams, making it increasingly important to maintain teams of qualified, experienced, well-trained, and engaged staff.

**Figure 14. Level of Concern
High or Rising Patient Acuity**



Q. For your organization, how great a challenge or concern is high or rising patient acuity?

“The increased acuity of patients and meeting their needs appropriately.”

“The increasing demand and patient acuity increasing.”

“Higher acuity of residents with increased cognitive impairment.”

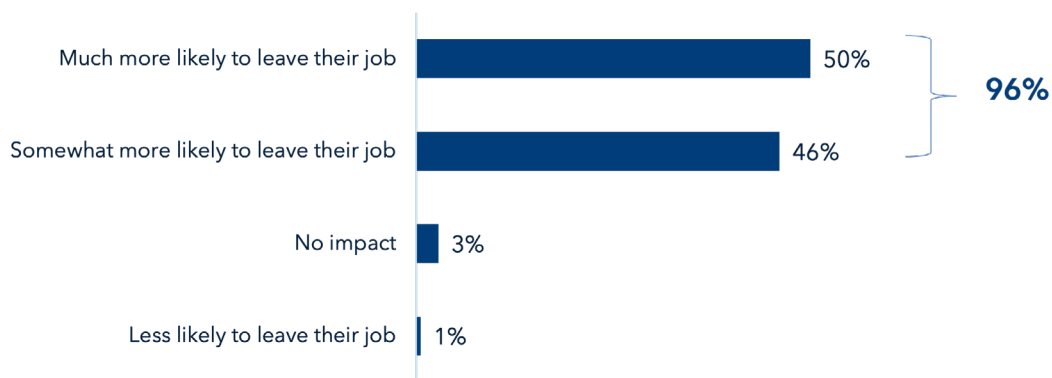
3. Understaffing will continue to drive clinical turnover and, at worst, an exodus.

Given the pressures of working in chronically understaffed organizations, clinical staff may decide that the professional and mission-based risk is no longer acceptable and choose to end their employment.

This research explored that potential breaking point by asking clinical leaders about the impact of understaffing on employees' likelihood of leaving their jobs. The response was nearly unanimous: understaffing is a significant driver of clinical staff departures.

This additional risk to staff stability can be viewed as a compounding cycle: as departures increase, the burden on remaining staff grows heavier. Team morale erodes, patient safety risks rise, and organizations become even less equipped to stabilize and sustain their workforce.

Figure 15. Understaffing Drives Employees Toward Permanently Leaving Their Jobs



Q. In your opinion, what is the impact of under staffing on employees' likelihood to leave their job? Are employees in under-staffed organizations...

“ Staff burnout, nurses leaving the profession will cause a bigger shortage.”

“ Staff burnout due to anxiety about making errors.”

“ People are leaving the industry.”

“ Increasing the ratio of caregivers to residents decreased turnover.”

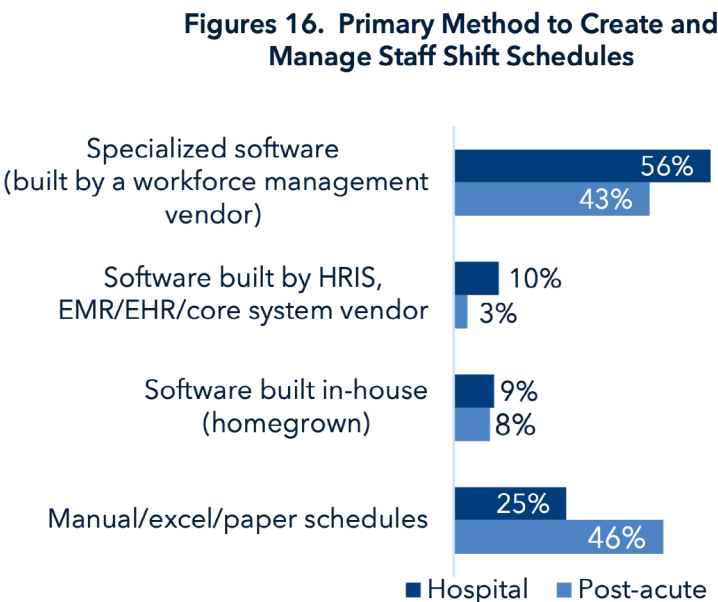
Automation of Staff Scheduling

Wave 1: From spreadsheets to staff scheduling automation

Developments in staff scheduling automation have been underway for decades, improving scheduling efficiency, labor cost control, and the care team experience. For organizations moving off spreadsheets or paper/calendar-based methods, these systems enable faster and more accurate schedule creation.

This research assessed organizations' primary methods for creating and managing staff schedules (Figure 16).

Most hospital leaders and nearly half of post-acute leaders use automated staff scheduling software. Workforce management vendors are the most common source of scheduling software (56% hospitals, 43% post-acute). Nevertheless, many clinical leaders continue to rely on manual staff scheduling methods, particularly in post-acute settings (Figure 16b).



Q. What method/software does your organization primarily use to create and manage staff shift schedules?

Figure 16a. Manual Methods Used: Leader Comments

“It’s just what everyone is used to; we aren’t that big.”

“Management friendly and user friendly for mature nursing staff.”

“It is low cost.”

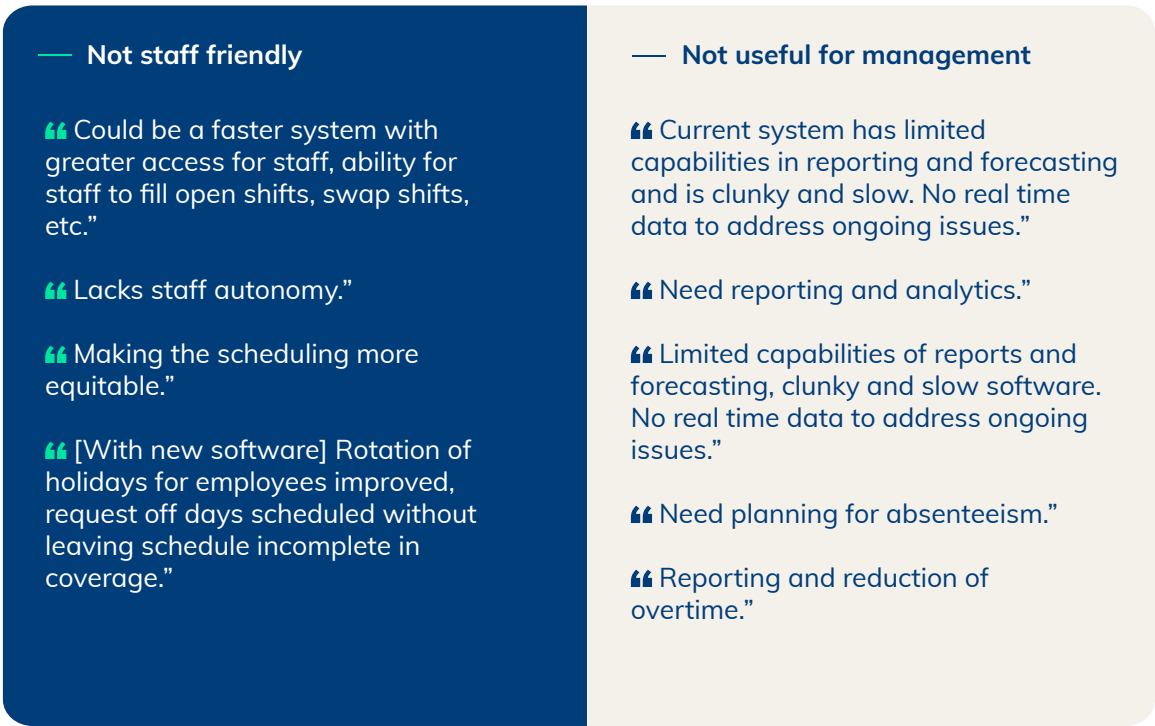
“It is all we know.”

Leaders identified both the benefits of scheduling automation and the areas where their current scheduling processes fall short.

Figure 16b. Automated Staff Scheduling: Benefits
Leader Perspectives



Figure 16c. Staff Scheduling Method: Shortcomings
Leader Perspectives



Wave 2: Advanced staff scheduling automation

A bridge to better care for staff and patients

The second wave of staff scheduling automation is transforming workforce scheduling into a strategic lever for operational excellence and workforce well-being.

Advanced staff scheduling solutions can incorporate staffing ratios, patient acuity, compliance requirements, employee availability, experience level, seniority, shift preferences, overtime, and individual commitments to create more equitable, compliant, and cost-effective schedules.

With smarter schedule balancing, automated shift management, and near real-time visibility into overtime and agency utilization, healthcare leaders can proactively reduce labor costs, mitigate staffing risks, and close coverage gaps.

Advanced staff scheduling capabilities have value for clinical leaders

Clinical leaders responded positively to advanced staff scheduling capabilities (Figure 17).

Two-thirds of leaders valued mobile capabilities, likely reflecting the importance of engaging and retaining care teams. Many also valued capabilities that provide visibility into staffing risks such as unplanned absences or overtime. Nearly half valued capabilities that help align staff experience levels with patient acuity and care complexity.

Advanced staff scheduling capabilities were especially valuable for clinical leaders in understaffed organizations.

Figure 17. Evaluation of Advanced Staff Scheduling Capabilities
(Multiple responses allowed)



Note: Prior Inovalon research found that adoption of automated schedule management systems may occur in one of several units rather than across the enterprise. Organizations using this partial adoption strategy will not benefit from the enterprise-level staffing visibility that advanced schedule management systems provide.

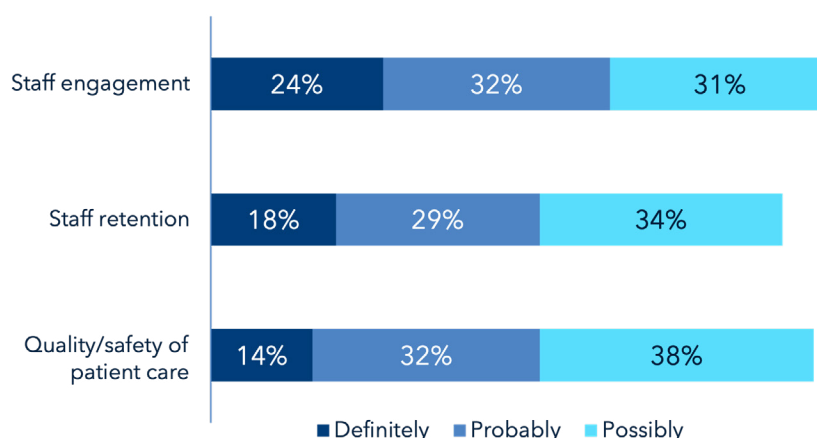
Advanced staff scheduling can positively impact engagement, retention and patient safety

This research evaluated the potential impact of staff scheduling automation in three areas: staff engagement, retention, and quality and safety of patient care.

Many leaders without staff scheduling automation believe advanced scheduling capabilities could improve staff engagement and retention while supporting the quality and safety of patient care. About half said advanced scheduling automation would definitely or probably have an impact, while another one-third said it could possibly improve these areas (Figure 18).

The experience of organizations already using staff scheduling automation reinforces this view, with leaders reporting measurable improvements in engagement, retention, and the quality and safety of patient care (Figure 19).

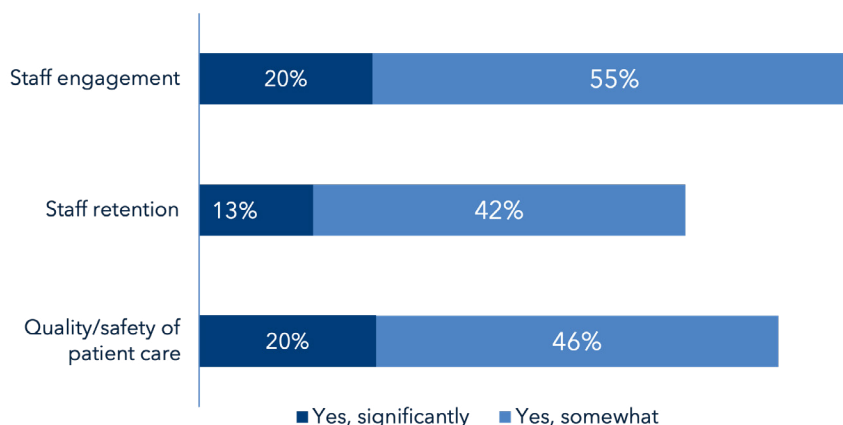
**Figure 18. Advanced Staff Scheduling:
Projected Benefits Among Non-Users**
(Multiple responses allowed)



Base: Use manual staff scheduling methods

Q. In your opinion, could advanced staff scheduling software help with any of these issues? Select all that apply.

**Figure 19. Automated Staff Scheduling Systems
Improvements Experienced by Users**
(Multiple responses allowed)



Base: Use automated staff scheduling systems

Q. Has your method/software used to create and manage schedules helped in these areas? Select all that apply.

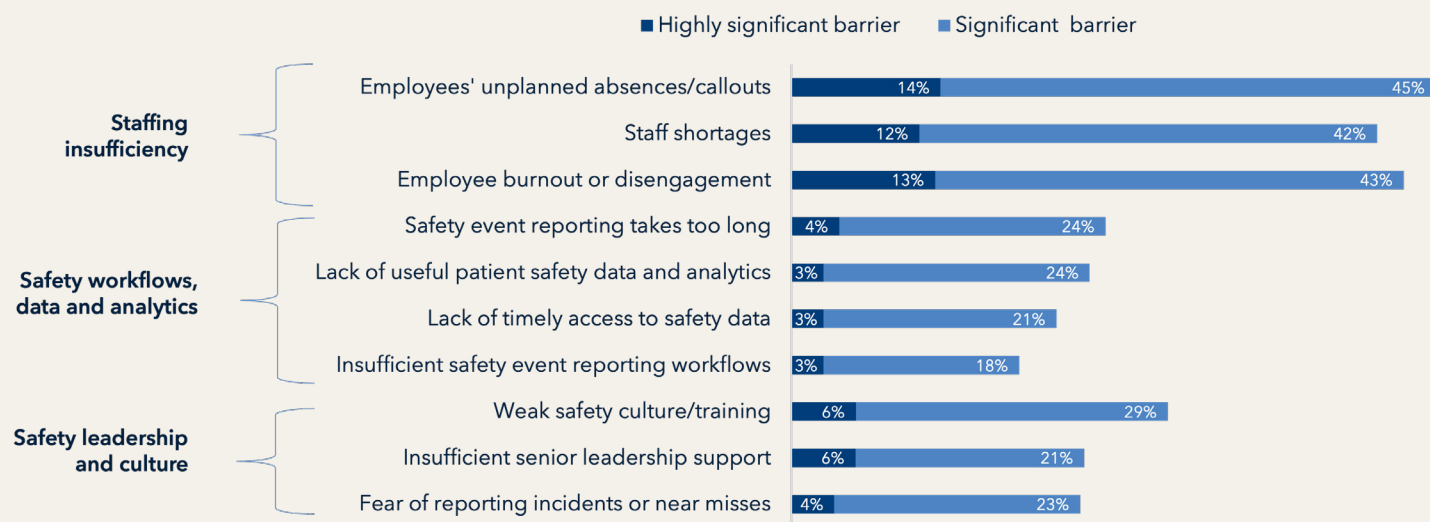
Understaffing is the leading barrier to safer patient care

How significantly does understaffing compromise patient safety? It is the leading factor.

Leaders were asked about barriers to maintaining or improving patient safety. The results, shown in Figure 20, point to a clear conclusion: maintaining consistent, stable clinical teams with engaged staff is both critical and foundational to safe patient care.

Viewed another way, understaffing poses a significantly greater threat to patient safety compared to gaps in safety leadership and culture, safety workflows, data, or analytics. This finding was consistent for both hospital and post-acute leaders.

Figure 20. Barriers to Maintaining or Improving Patient Safety



Q. To what extent is each of these items a barrier to maintaining or improving patient safety at your organization?

“The greatest challenges in improving patient safety have included staffing shortages and workforce burnout, which can affect consistency in care, as well as variation in adherence to protocols and workflows.”

Overcoming Understaffing: Real-World Initiatives and Advanced Scheduling Automation to Sustain Care Teams

In the months and years ahead, optimizing an organization's ability to maintain effective staffing levels and care team performance will require continuous initiatives around outreach, recruitment, staff engagement development, and compensation, coupled with staffing technology that enables care team engagement and retention.

Improvement initiatives that increased staffing levels

Clinical leaders recounted how their organizations achieved staffing improvements:

Recruitment Expansion and Hiring Strategies

- Aggressive recruitment campaigns and expanded recruiting teams
- Partnerships with nursing schools, colleges, and CNA/MA training programs
- Internal CNA classes, free training programs, and on-site certification pathways
- Hiring international or overseas nurses; Internationally Educated Nurse (IEN)
- Internal traveler programs that converted many staff to full-time
- Recruitment Process Outsourcing (RPO) pipelines
- Over-hiring to prepare for turnover

Q. What factors contributed to the improvement in staffing?
[over previous two years]

“Offering no-cost CNA classes for candidates and increasing hiring efforts.”

“Implemented a nurse residency program, partnered with local nursing programs to hire new graduates, and addressed retention challenges.”

“Increased pay rates and eliminated agency.”

“Our internal traveler program converted 50% of participants to full-time staff while helping us remain competitive as an independent community organization.”

Retention, Development and Improving Work-Life Experience

- Nurse residency programs and more structured onboarding
- Improved training, education, and career advancement opportunities
- Reduced workloads, more support staff roles, more consistent scheduling
- Efforts to improve work-life balance and provide stable hours
- Recognition of staff longevity, team awards, and motivational programs
- Improved leadership and culture to support retention and engagement

Q. What factors contributed to the improvement in staffing?
[over previous two years]

“ We opened more full-time positions across all 3 shifts, reducing reliance on part-time employees, so there’s more consistent scheduling.”

“ Unit councils, employee rounding, recognition programs, and shared governance.”

“ Increased staff retention and recruiting. Improvement with nursing residency candidates and more opportunities for employed physicians to join the organization.”

“ Frequent staff meetings and education, encouragement from nursing leadership, and positive reinforcement for strong performance in patient care, customer service, and safety.”

Leadership and Culture Improvements

- Emphasis on consistent, accountable leadership
- Efforts to strengthen relationships and build trust
- Culture change initiatives and improved communication
- Unit-based councils, shared governance, staff engagement programs
- Increased morale efforts, employee appreciation, and recognition programs

Q. What factors contributed to the improvement in staffing?
[over previous two years]

“ Staff appreciation, getting right leadership into the roles, hiring and ensuring staff know our expectations.”

“ Increase in salary, unit culture, decrease in agency staffing, and new leadership.”

“ Focused leadership efforts in staff development and retention alongside replacement of vacant positions.”

“ Improved communication between management and staff, along with a stronger interview process.”

“ Consistent leadership, ensuring employee satisfaction.”

Compensation, Incentives, and Financial Strategies

- Increased wages, updated pay scales, competitive salary adjustments
- Retention bonuses, sign-on bonuses, revised bonus programs
- Improved benefits packages
- Rate adjustments to match market shifts
- Compensation adjustments following organizational acquisition
- More intentional workforce planning
- Efforts to reduce reliance on agencies as permanent staff levels improve

Q: What factors contributed to the improvement in staffing?
[over previous two years]

“Improved staffing ratios, increased wages, and stronger recruiting through job fairs.”

“Reduced wage competition and improved caregiver-to-resident ratios helped decrease turnover.”

“Remaining competitive in the market. Revised retention bonus program and updated salary rates. Investment in shared governance.”



Advanced scheduling automation to proactively staff to acuity

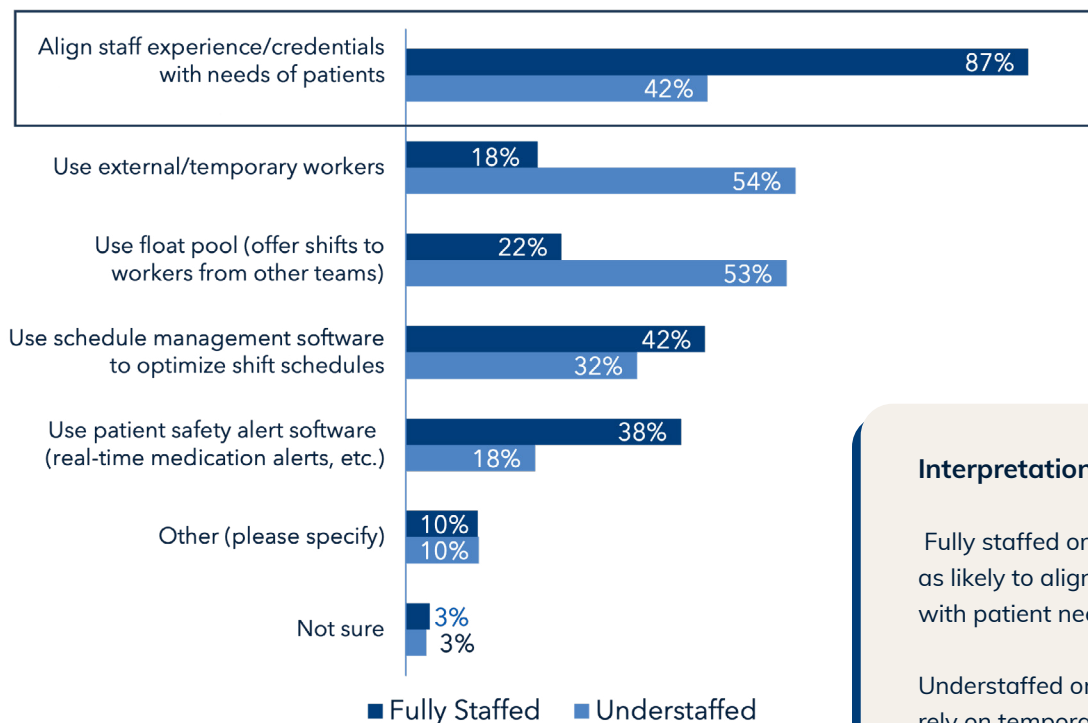
Maintaining effective staffing levels and care team performance will increasingly require advanced scheduling automation.

Patient acuity can vary significantly from one patient to the next, making staffing decisions based solely on census an imprecise approach. Advanced scheduling technology can incorporate patient acuity into staffing decisions, helping organizations better align resources with care needs and support safer outcomes.

Survey findings suggest a clear distinction between fully staffed and understaffed organizations. Most fully staffed organizations align staff experience and credentials with patient needs (87%), compared with just 42% of understaffed organizations (Figure 21). For some, this may be a manual process of comparing schedules against patient needs on the unit. But, in an era of rising patient acuity, manual alignment may not be sufficient.

There are obvious patient safety benefits in automating this practice within the schedule management system. However, the survey finding above suggests that staff-to-patient acuity alignment might be used as a component of a strategy to achieve and maintain full staffing.

Figure 21. Actions Taken To Help Ensure Patient Safety
Fully Staffed vs. Understaffed Providers
(Multiple responses allowed)



Base: Fully staffed

Q. What actions does your organization take to help keep patients safe?
Select all that apply.

Base: Understaffed

Q. How does your organization reduce impacts of staff shortages on patients?
Select all that apply.

Interpretation of Figure 21

Fully staffed organizations are more than twice as likely to align staff experience and credentials with patient needs (87% vs. 42%).

Understaffed organizations are more likely to rely on temporary staff, agency workers, and float pools to address staffing shortages.

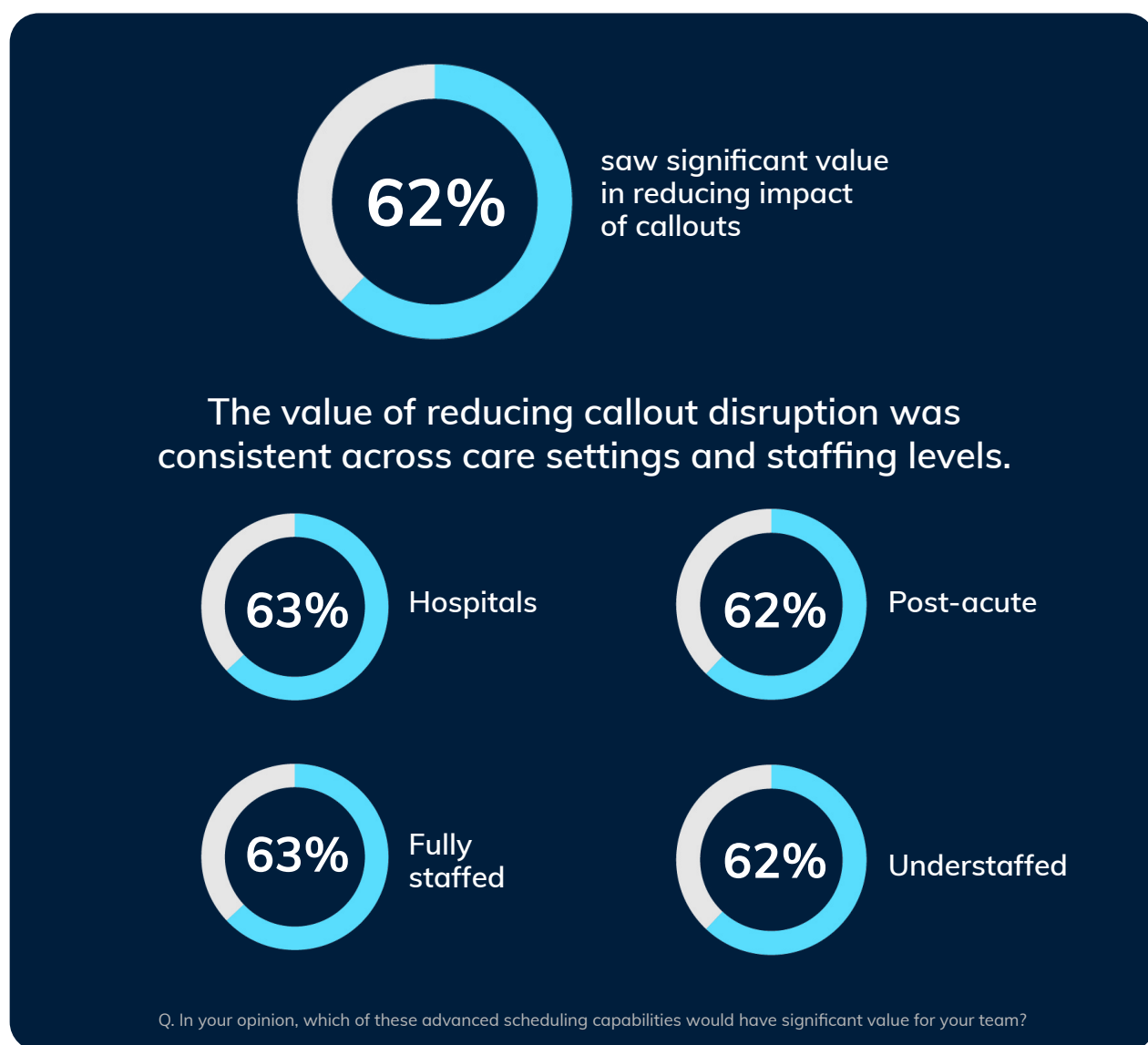
Advanced scheduling automation to proactively manage callout disruption

Advanced scheduling automation can help identify shifts at risk for unplanned absences or callouts before they occur. This capability will monitor shift schedules to identify potential callout risk in advance, giving leaders time to plan ahead, adjust schedules, and reduce disruption if absences occur. The result is less time spent scrambling to fill gaps and more time focused on patient care.

The opportunity to reduce callout disruption was widely valued by clinical leaders, with 62% identifying this capability as significantly valuable.

Hospital and post-acute leaders reported nearly identical levels of interest, as did leaders from both fully staffed and understaffed organizations (Figure 22).

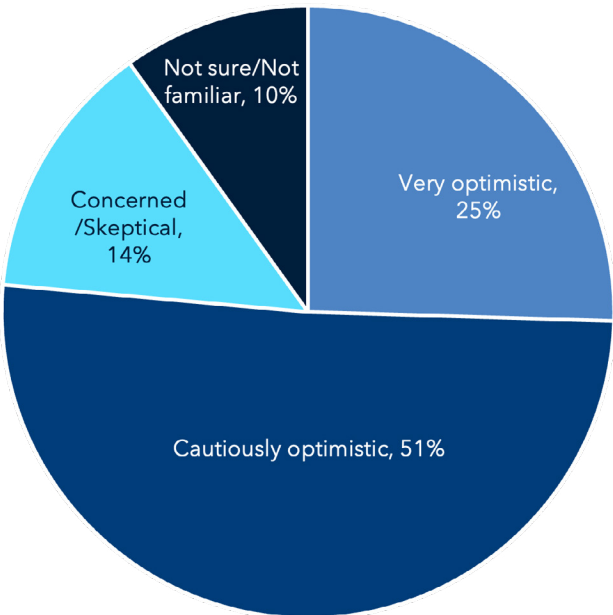
Figure 22. Clinical Leaders See Significant Value in Reducing Callout Disruption



Clinical leaders approach AI in schedule management with cautious optimism

Leaders were asked about the use of artificial intelligence (AI) in staff scheduling software. Most were at least cautiously optimistic about its potential benefits, with sentiment remaining consistent across care settings, management levels, and staffing levels.

Figure 23. Opinions on AI in Staff Scheduling



Q. What is your opinion about using artificial intelligence (AI) in software used to manage and schedule staff?

While leaders acknowledged AI’s potential to improve scheduling efficiency and workforce management, most expressed cautious optimism rather than unqualified enthusiasm.

Concerns focused on implementation risks, security, and the need for proven outcomes. Representative comments are shown in Figure 23b.

Figure 23b. Opinions on Using AI in Staff Scheduling

- “I am optimistic that AI can help decrease amount of time spent building schedules.”
- “I feel that AI can be useful in applications not involved with direct care or documentation of that direct care.”
- “Open to it, though our organization is very wary of new software that could pose a security risk.”
- “AI can be a strong tool but should be used with caution, as it needs to be reviewed and checked for accuracy – trust but confirm.”

Figure 23c. Early Examples of AI in Staff Scheduling

- “AI scheduling has been a game changer. Looking forward to future upgrades.”
- “We are currently using an AI-based scheduling platform, with mixed results.”
- “Self-scheduling platform, uses AI technology to find coverage and swaps easily.”

Few leaders referenced current AI use in staff scheduling, reflecting the cautious optimism seen throughout the survey (Figure 23c).

That said, anecdotal responses suggest early adoption is already underway in some organizations.

Centering Staff Scheduling Automation on the Care Team

This research highlights an important truth: Staff scheduling in healthcare directly impacts patient lives. Therefore, automation must be designed to support clinical leaders and care teams in that mission. Staff scheduling automation must set teams up to provide safe and successful patient care, orchestrated by clinical leaders who have actionable staffing information available in their scheduling system, and who have the information needed to make confident staffing decisions.

In short, effective scheduling automation must keep both care teams and patient care at the center of every decision.

Healthcare staffing shortages remain one of the most urgent challenges facing provider organizations, directly tied to a compounding cycle of departures and elevated risk to patients.

Many staffing gains achieved over the last two years have come through organizational initiatives in greater outreach, hiring, leadership, culture, compensation, and retention. Given limits on time and resources, these initiatives may be difficult to continually leverage for additional staffing improvement.

AI and advanced schedule management automation offer the potential to sustain care teams and patient outcomes by reducing the impact of staffing shortages, gaps in shift schedules, and rising patient acuity.

Mitigating the impact of understaffing on patient safety should be of paramount concern for all healthcare provider organizations. Schedule management automation that promotes both workforce well-being and patient safety imperatives will deliver the greatest value to clinical leaders.

Inovalon Blueprint for Staff Scheduling Automation

- **Credential alignment:** Enable staff to fully utilize their professional knowledge and expertise, while having flexibility and autonomy in their schedules.
- **Shift stability:** Maximize shift stability by developing innovations that help prevent shift disruption/gaps, and match staff experience to patient needs.
- **Analytics:** Help leaders understand staff scheduling impacts for individual staff, care teams, and the enterprise.
- **Care setting consideration:** Understand and account for the differences and nuances in staff scheduling in hospitals, post-acute settings, and other residential care settings.
- **Innovative customization:** Enable clinical leaders and care teams to innovate to improve patient care.
- **Patient outcomes:** Support safer, more consistent care experiences and better patient outcomes.

See What's Possible

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Inovalon is a leading provider of data and solutions empowering data-driven healthcare. We bring together national-scale connectivity, real-time primary source data access, and advanced analytics into a sophisticated platform empowering improved outcomes and economics across the healthcare ecosystem. The company's analytics and capabilities are used by over 50,000 active, licensed customers. Learn more at www.inovalon.com.

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