ENDING THE
HEALTHCARE TALENT CRISIS

Closing America's most important talent gaps

WELEARN

TALENT MARKETS ARE A HORROR SHOW RIGHT NOW.

It's clear to anyone who's even remotely aware of the job market: **Employers of all stripes are facing major, colossal, even hilariously bad talent shortages.**

In the U.S. economy at large, labor-force participation is hovering at a historic low, and employers of entry-level talent are struggling to fill roles. Meanwhile, ManpowerGroup reports that global talent shortages are at a 15-year high. Employees have the upper hand and many of them are starting to use it; in August of 2021, 4.3 million workers (nearly 3% of the U.S. workforce) quit their jobs.

While this environment is new territory for many employers, talent scarcity is nothing new in healthcare. From cardiac surgeons to medical assistants, the healthcare sector has struggled to keep up with the talent demand for years. According to the Bureau of Labor Statistics, the number of job openings in healthcare has nearly tripled since 2011. And if you think that's bad, try this on for size: The U.S. economy has lost over half a million healthcare workers since 2020.

4.3M

In August of 2021, 4.3 million workers (nearly 3% of the U.S. workforce) quit their jobs.

500,000+

The U.S. economy has lost over half a million healthcare workers since 2020.

2

THE FRIGHTENING ARITHMETIC OF AN AGING WORKFORCE

For healthcare in particular, our aging population presents a staggering challenge. As the median age in the United States increases, it creates a "see-saw" effect where the same force that increases the demand for talent in healthcare is also shrinking the size of the workforce as a whole.

If that weren't bad enough, employers in the healthcare sector are trying to recruit and retain enough people to keep providing life-saving care at the tail end of a pandemic that's left too many healthcare workers with real-deal, no-joke post-traumatic stress.

BUSINESS AS USUAL JUST ISN'T CUTTING IT ANYMORE.

So, what's to be done? Right now, you're trying to recruit new talent from **a talent pool that's burned out, overworked, and (worst of all) shrinking.**

Your partnerships with educational institutions are at best a patchwork solution with uneven results. You're struggling to keep your head above water and hoping that patient quality of care doesn't take a nosedive.

In other words, what can't go on forever, won't. Business as usual in healthcare hasn't been working for over a decade. You can't solve these problems by engaging in a no-holds-barred recruiting cage match.

WeLearn believes employers are sitting on mountains of untapped talent. They're ready and willing to work, but we need to start investing in educational solutions built to tackle the talent shortages of modern healthcare. We believe the best way forward is not just to improve our recruiting processes, but to actually grow the pool of qualified available talent.

HIDDEN TREASURE TROVES OF TALENT

27M

As many as 27 million "hidden workers" are excluded from consideration for a massive number of roles

One of the paradoxes of the hiring picture is that there are millions of open jobs and millions of people unemployed, underemployed, or dropping out of the workforce entirely who would be happy for the chance to work or increase their weekly hours. **But these willing and able workers remain hidden from many employers.**

Why? Research from *Harvard Business Review* suggests that as many as 27 million "hidden workers" are excluded from consideration for a massive number of roles because of the unnecessarily high requirements we include in our applicant tracking systems (ATS).

Though these systems are essential to maintaining an efficient recruitment process, **many employers are missing out on enthusiastic, hardworking candidates who could perform well in a role with some extra training** because the ATS is knocking them out for not meeting what is often a laundry list of job requirements.

If you knew someone with 80% of the skills you needed applied for a job, wouldn't you want to see that person's resume and make a determination as to whether it was worth investing in a little skill-building to get them up to speed?

There's also evidence that these outdated practices may have the unintended consequence of excluding minorities and economically disadvantaged candidates from the process. Employers, especially those in healthcare, are in no position to stick to an unnecessarily stringent set of hiring practices. We are not giving out roses, we are *competing for* roses.

Want a better, more diverse set of candidates to select from?

Decide which requirements are truly essential to a role and get rid of everything else.

Open the floodgates to candidates who meet those essential requirements.

Go looking for uncut gems.

ADMIT IT: TALENT PIPELINES ARE BROKEN.

Traditional modes of talent pipelining are fundamentally broken in healthcare. It's not really anyone's fault, **but it is your fault if you persist in clinging reflexively to the status quo.**

Healthcare organizations — whether they're large hospital systems, smaller regional hospitals, urgent care providers, or even the local pharmacy — are simply not getting the talent they need from their current partnerships with educational institutions. If this haphazard patchwork of feeder schools were capable of meeting your talent needs, you wouldn't be fighting tooth and nail for every phlebotomy technician, medical assistant, or pharmacy technician.

BRIDGING THE GAP BETWEEN WORK AND EDUCATION.

Solving the mismatch between talent and employers must begin with rethinking how we **prepare people for careers in healthcare.**

WeLearn is removing the unnecessary, often downright unfair barriers that stand between people and higher-quality careers. In doing this, we believe we can unlock the hidden potential of the workforce at large, giving those who previously existed on the margins a much-needed chance to shine.

We are:

- Identifying and training new potential candidates for in-demand positions
- Upskilling/reskilling your current employees to promote internal mobility and close skills gaps

W
L

How does this get done?

WeLearn partners with employers to:

- Understand their unique talent needs

- Source and screen a slate of candidates

- Train and certify candidates with 60-140 hrs of instructor-led training, hands-on clinical skill-building, skills validation, certifications, and externships as needed.

- Place and onboard candidates to their new roles

Roles We Can Fill

- Clinical Medical Assistant

- Pharmacy Technician

- EKG Technician

- Phlebotomy Technician

- Patient Care Technician

- Dialysis Technician

- Medical Billing and Coding

- Medical Administrative Assistant

We are bridging the gap between work and education, and closing healthcare's talent gaps with **accelerated, hyper-relevant skills development.**

UNDERSTAFFING IN HEALTHCARE IS BAD FOR EVERYONE.

Anyone who's paying attention knows: **Talent shortages. Aren't. Going. Away.**

Our aging population and lower labor force participation were problems decades in the making. You won't find viable solutions to the talent crunch by doubling down on the status quo. We need new approaches that cut down the artificial obstacles standing between you and great talent. There's a vast supply of hidden workers who are diverse, underserved, and hungry for a chance to show what they can do.

WeLearn wants to connect you with these hidden workers by giving them condensed, hyper-relevant training. We partner with accredited institutions everywhere so you only have to partner with us.

Being understaffed at any level in healthcare is bad for society. When hospitals, nursing homes, etc., are understaffed, patient experience and quality of care suffer. When we look at those metrics, lives literally hang in the balance. Closing talent gaps in healthcare matters to everyone. More than that, it's a moral imperative.

Are you ready to stop accepting talent gaps and learn how to fill them, reach out to WeLearn today.

LET'S CHAT

W
L

WELEARN