

Myth vs Reality: The Workforce Insights *Transforming* Healthcare Hiring



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¹Comscore, Total Visits, September 2025

² Indeed data (worldwide), job seeker accounts that have a unique, verified email address

Contents

06	Overview: Scrubbed Clean: Cutting Through the Hype in Australia's Healthcare Workforce
08	Part 1. Busting Myths, Forward Steps: Healthcare Reimagined
10	Myth #1: "Health Workers Feel Like Heroes"
14	Myth #2: "Burnout is a Personal Problem"
18	Myth #3: "Generational Differences Don't Matter"
22	Myth #4: "AI and Tech Only Help"
26	Myth #5: "Most Time Goes to Patient Care"
30	Myth #6: "Money Isn't the Only Driver"
34	Myth #7: "Onboarding is a Formality"
38	Myth #8: "Future Skills Mean More Tech"
42	Myth #9: "Workers Feel Genuinely Valued"
46	Myth #10: "We Have Enough Health Professionals in Australia"
50	Part 2. The Healthcare Survival Guide For Employers
54	Part 3. How can Indeed help?

Methodology

The Australian Healthcare Pulse Survey was commissioned by Indeed and conducted online by YouGov between 13th and 23rd October 2025.

This research provides robust, sector-specific insights into frontline care, surveying 911 healthcare workers nationwide.³ Respondents span the spectrum of the sector: 316 nurses and midwives, 83 medical practitioners, 194 allied health professionals, 214 aged care and disability support workers, 34 mental health and community services workers, and 70 medical and technical support staff.⁴

Participants range in age from 18 to 50+, with 33.4% aged 18–34 (early- to mid-career professionals), 43.7% aged 35–49 (the sector's largest, most experienced group), and 22.9% aged 50+ (highlighting significant late-career representation).⁵

Generationally, the survey included Millennials (53.9%), Gen Z (14.2%), and Gen X (31.9%). The study explored workplace experience, stressors, culture, and workforce trends, uncovering the lived realities of healthcare professionals in Australia.⁶

The survey also captured representation across organisation size, including workers in small businesses (14.3%), medium enterprises (38.1%), and large organisations (47.6%).⁷ This structured sample enabled analysis of workplace experience, stressors, culture, and workforce trends - uncovering the lived realities of professionals throughout Australian healthcare.



³⁻⁷ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

OVERVIEW

Scrubbed Clean: Cutting Through the Hype in Australia's Healthcare Workforce

Australia's healthcare workforce stands at a crossroads, caught between public myths and lived realities. The comforting myth of *'healthcare heroes'* is wearing thin, and the buzz about automation saving healthcare has missed the bigger picture. What healthcare professionals *actually* want is **recognition** that translates to better pay, smarter workloads, effective onboarding, and fair, flexible work — not just applause at the next awards night.

Backed by the YouGov Australian Healthcare Pulse Survey, this report goes beyond industry clichés to spotlight the voices that matter most: Australia's frontline health professionals. Their experiences and insights cut through assumptions, challenging employers, policymakers, and the public to rethink

what's really driving the pressures in healthcare. With compelling data and genuine stories, **Myth vs reality** puts real people at the centre of the sector's biggest workforce challenges — and brings practical solutions to the surface.

Right from the outset, this report is designed to be actionable. For employers, three priorities come through loud and clear: review pay bands so remuneration keeps pace with the reality of the work; simplify or remove low-value admin so clinicians can focus on patients; and invest in stronger global recruitment, onboarding, and early support initiatives to improve retention and reduce burnout. These are the levers that turn *'we hear you'* into visible change — and they show staff that their time, expertise, and wellbeing genuinely matter.

The survey also reveals that 80% of professionals say being called a 'hero' distracts from what really matters, such as safe staffing levels and pay that reflects the work.⁸ Nearly half have considered leaving in the past year, most often due to burnout and unsustainable workloads, and more than 80% have felt pressured to work while sick or injured, many because they felt they had no choice.⁹

While technology promises to transform care, 27% have privacy and security concerns, 21% have ethical concerns impacting clinical decisions.¹⁰

Meanwhile, admin overload steals more than 25% of time for 2 in 5 workers, pushing patient care to the margins just when it's needed most.¹¹

It's time for a reality check and a reset. The truth? What keeps your team engaged isn't a slogan or a strike, it's whether you understand their grind and back it up with changes that matter: less admin, realistic workloads, better pay, and onboarding that feels like support, not a test.

At Indeed, we get it. We go beyond just listening to stories; we dig into your team's needs, delivering up-to-date insights, fresh data, and practical tools to help you support, develop, and retain the staff who make your service tick. In 2026, a workplace that 'gets what they need' is one that keeps great people for the long haul. Let's get on the same page and get the job done, together.

⁸⁻¹¹ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

PART 1

Busting Myths, Forward Steps: Healthcare *Reimagined*



Let's call it like it is — those '*healthcare hero*' headlines are the tip of the iceberg. Anyone running a care team knows the real work is what happens after the media vans pull away: nurses powering through back-to-back double shifts, allied health staff buried in admin, team leads scrambling to plug roster holes with lightning speed and duct tape optimism.

Why does nearly half of the workforce consider leaving within a year, even as leaders try new incentives?

There's the nurse eating lunch at four o'clock, the physiotherapist juggling charting, teaching, and broken software before morning tea, or the entire night shift doing more with less, again. But beneath these everyday survival stories, a deeper challenge lurks: the myths that shape expectations and hold the sector back.

Why does nearly half of the workforce consider leaving within a year, even as leaders try new incentives? How do so many healthcare professionals end up working while sick, convinced there's no other choice? And why does new technology spark as much anxiety as optimism, even when it promises to lighten the load? These aren't just quirks of the job, they're signals that the stories we tell ourselves about healthcare don't always match the real pressures staff face every day.

That's why we're pulling back the curtain to expose the **10 biggest myths** that shape everything from policy debates to team culture and staff retention. Each one gets a reality check, straight from frontline voices. Through data and stories, we'll show how these commonly held beliefs are overdue for a rethink and, just as importantly, what's working when employers and leaders choose to break the mould.

This myth-busting isn't about assigning blame or pointing fingers. It's about clearing the static, resetting expectations, and moving forward with honesty, empathy, and a genuine commitment to what healthcare professionals actually need to thrive.

Myth #1

“Health Workers Feel Like Heroes”

Ever get called a ‘hero’ by the local MP and then clock 11 hours on your feet, only to realise the break room’s out of coffee? That’s the state of the Australian health workforce: more medals, fewer meal breaks. For most, the hero talk lands like a motivational poster hung in a windowless storeroom: well-meaning, but beside the point.

What frontline workers say

“Care is underestimated and vastly underpaid. Too many words and waffle yet the remuneration is grossly lacking for what we do and give... This is what makes me want to quit. Governments of both sides take note and please get serious. It will cost you less in the long run if you have an ounce of vision for carers.”¹²

¹² Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

80% say being labelled a ‘hero’ actually distracts from real issues like underpay and chronic understaffing.¹³

75% believe public praise focuses on survival in tough conditions, not the professional skills and expertise they bring.¹⁴

84% Over 8 in 10 insist ‘hero’ is hollow unless backed by wage rises, safe staffing ratios, and better rosters.¹⁵

Frontline reality

Labels don’t fix staff shortages or shield workers from the grind of extra shifts that wear down their wellbeing. The sector isn’t seeking applause or a pedestal. They want their skills respected, not romanticised, and their pay and conditions lifted to match their impact.



TAKEAWAY

Workforce shortages remain acute and unchanged. More than 80% of healthcare occupations are still reported as being in shortage.¹⁶

¹³⁻¹⁵ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

¹⁶ AIHW 2024 <https://www.aihw.gov.au/reports/workforce/health-workforce>

WHAT EMPLOYERS CAN DO NOW

Meaningful change starts with dropping empty praise for real investment.



Fix staffing levers you control: safer ratios, capped back-to-back shifts, protected breaks.



Link recognition to rewards: benchmark and lift pay, conditions, and staffing instead of running hero campaigns.



Reinvest symbolic praise budgets into practical support: funded clinician professional development, admin time, extra ward support, childcare or transport help.



Myth #2

“Burnout is a Personal Problem”

Seen enough **resilience workshops** to last three lifetimes? Here’s the real kicker: burnout isn’t about who forgot their morning affirmations. It’s what happens when staff are told to ‘*go above and beyond*’ until half the team is stressed out and someone’s rostered five weekends in a row.

What frontline workers say

“I would love to feel like leadership cared about me as a person and not just a cog in the machine.”¹⁷

¹⁷ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

52%

of healthcare professionals cite stress, 41% work-life imbalance, and 36% excessive workload as their top reasons for leaving the industry.¹⁸

82%

Over 80% have felt pressured to work while sick or injured, driven by duty or short-staffing, not self-care.¹⁹

27%

of men are more likely to cite a desire for career change (vs 19% women); 58% of women cite burnout as a reason for leaving (vs 39% men).²⁰

83%

work in services plugging gaps with temporary or agency staff; 30% say this signals poor retention, and 28% see it disrupt team cohesion.²¹

Frontline reality

Burnout is a system malfunction, not a worker flaw. It’s the inevitable outcome when workplace culture, leadership support, and safety are neglected. In fact, frontline staff cite workplace culture (26%), lack of support from leadership (23%), personal safety concerns (17%), and patient safety concerns (13%) as key drivers of burnout.²² The result is predictable: a conveyor belt of burnt-out temps and permanent staff holding the fort until they’re crisp — or out the door for good. This chronic cycle undermines not just morale, but patient care and safety too.



TAKEAWAY

Nearly 50% of healthcare workers have thought about leaving the industry.²³

¹⁸⁻²³ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

Forget ‘self-care’ spin, leaders must fix the root problem: endless overtime, skeleton crews, and towering paperwork.



Cap overtime and weekend stretches; stop “above and beyond” as the default.



Resource core teams properly; reduce reliance on temps and excess paperwork.



Train leaders to spot and act on burnout signals, not just send people to resilience training.



Myth #3

“Generational Differences Don’t Matter”

Ever had Gen Z ask for ‘*more constructive feedback*’ via Teams while the Boomers shake their heads about the lost art of the in-person chat? Multi-gen teams are a sitcom in the making and also a blind spot for too many hospital leaders.

What frontline workers say

“Encourage people to open up about issues they face in their workplace because so many people tend to share with friends outside their industry due to lack of support from their managers.”²⁴

²⁴ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

88%

of healthcare professionals say generational divides impact daily working life, especially:

- Teamwork and collaboration (45%)
- Work-life balance preferences (45%)
- Communication styles (44%).²⁵

Younger staff are most attuned to generational friction, including differences in attitudes towards technology and new processes:²⁶



Men are more likely than women to notice these differences (91% vs 85%).²⁷

These divides show up in all roles (nurses, GPs, allied health), and are most pronounced in the largest workplaces.

Frontline reality

One-size-fits-all policies don’t fit anyone. When generational differences get brushed aside or left unspoken, culture sours: junior staff quietly disengage and veterans start wishing for the ‘good old days.’



TAKEAWAY

Intergenerational misunderstanding and unaddressed friction lead to disengaged teams, reduced collaboration, and can drive turnover, especially with Gen Z and Millennials making up a growing share of the healthcare workforce.

²⁵⁻²⁷ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

Now's the time for cross-generational allyship — mentorship, honest feedback, and empathy over eye-rolls.



Run cross-generational huddles where staff can safely surface friction points and suggest fixes.



Train leaders to flex communication and feedback styles by generation, not rely on one default.



Set up structured mentoring and reverse-mentoring so experience and new perspectives flow both ways.



Myth #4

“AI and Tech Only Help”

The IT team promises, ‘*we’ll save you time,*’ but the new AI system means spending two hours watching a loading wheel. Nurses want fewer clicks, not a digital overlord. The excitement about “smart” tools fades fast when one bug erases your whole shift report. Not to mention the mere fact that some patient records are still entirely paper-based!

What frontline workers say

“*I wish I could save more lives by being more efficient, and direct.*”²⁸

²⁸ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

64%

of healthcare professionals say AI is actively reshaping their work.²⁹

28%

agree AI has improved efficiency, but 27% worry it has introduced fresh headaches around security and privacy, and 21% have ethical concerns impacting clinical decisions.³⁰

90%

of men have doubts about AI-driven job matching; 66% of women highlight the risk of removing too much human judgement.³¹

Frontline reality

The dream for most staff is simple: less admin, more patient time. The anxiety? Tech outsourcing decisions formerly made with a nurse’s gut instinct, or ending up with twice the paperwork when automation backfires.



TAKEAWAY

While AI promises to reduce paperwork and streamline processes, many staff still worry about fairness, safety, and losing the human side of care when tech takes over too much.

²⁹⁻³¹ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

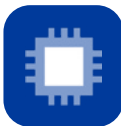
True innovation supports care — it doesn't create new bottlenecks.



Co-design AI and digital tools with clinicians so they remove clicks and admin, not add to them.



Set clear guardrails: keep a human in the loop for clinical decisions, and stress that AI supports judgement, it does not replace it.



Pilot, measure, and iterate: test with small teams, track time saved vs time lost, and pause or fix tools that create new bottlenecks or risks.



Myth #5

“Most Time Goes to Patient Care”

You start your shift expecting to help patients. By the end, you’ve helped yourself (again) to a pile of paperwork. For many in healthcare, patient-facing roles now come with a side of admin that just keeps growing.

What frontline workers say

“Reduce administrative paperwork so I can spend more time on clinical leadership, staff mentoring and improving patient care outcomes.”³²

³² Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

25% of an average healthcare worker’s week is spent on admin rather than patient care.³³

2 in 5 staff (40%) report spending even more than a quarter of their work on paperwork and compliance.³⁴

The burden is heaviest in bigger organisations and for younger staff.

Frontline reality

Staff want more interaction with those they care for, not just blank forms and busywork. This mountain of admin isn’t just a time-waster, it’s become an everyday source of fatigue, frustration, and lost purpose.



TAKEAWAY

Mounting administrative burden now eats up a significant chunk of every shift. If left unchecked, it threatens job satisfaction, patient outcomes, and retention at every level.

³³⁻³⁴ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

Streamlined workflows that let healthcare professionals focus on the patients — where they can have the biggest impact.



Strip low-value paperwork: remove or simplify forms and reports that do not clearly improve safety, funding, or patient outcomes.



Redesign workflows so senior clinicians spend more time on direct care, mentoring, and clinical leadership, with admin tasks shifted or automated.



Invest in practical tools and support roles (e.g. ward clerks, better electronic health record templates) that cut duplicate data entry and free up time at the bedside.



Myth #6

“Money Isn’t the Only Driver”

Purpose is noble, but the mortgage still needs to be paid. Healthcare professionals are in the business of making a difference, not stretching their passion to fill the gaps left by stagnant pay and tough working conditions. In today’s environment the most valued bonus isn’t a gold star — it’s a pay cheque that covers the essentials.

What frontline workers say

“I would improve pay rates and try to recruit and retain more staff. Being understaffed all the time is hideous.”³⁵

³⁵ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

47% say salary is their top priority.³⁶

41% pick flexible working arrangements as key.³⁷

Gender differences stand out: women value salary, flexibility, and location; men place more weight on benefits and mental health support.

Gen X and older workers rank location and supportive management highest, while Gen Z and Millennials look for career advancement and mental health support.

Beyond pay and flexibility, job security (29%), location and commute (29%), and workplace culture (28%) also weigh heavily on career choices.³⁸

Frontline reality

Younger staff want clear career paths. Parents need rosters that can adapt to real life. Everyone is looking for a payslip that does justice to the workload, not just recognition on paper.



TAKEAWAY

Retention isn’t a mystery, it’s meeting real-life needs. Competitive pay, flexibility, supportive leadership, and visible pathways for advancement build loyalty and trust in any healthcare organisation.

³⁶⁻³⁸ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

If you want people to stay for the long haul, solve for livelihoods first.



Lift base pay and benefits to at least market levels, with clear, communicated pay bands by role and experience.



Build flexible options into rosters (self-scheduling, shift swaps, part-time pathways) so staff can actually fit work around life.



Offer visible, tailored pathways: career maps by role and generation, with access to development, mentoring, and progression conversations baked into regular reviews.



Myth #7

“Onboarding is a Formality”

First day on a new ward, and no one can show you the medicine cupboard, or where to grab a coffee. The learning curve shouldn't feel like a punishment, but many orientations still feel more like a test than a welcome.

What frontline workers say



I would like to see more support for mentorship and professional development, so newer nurses feel more confident and supported in their roles.”³⁹

³⁹ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

59%

of healthcare staff say clear role expectations are crucial.⁴⁰

50%

need early training.⁴¹

35%

of women want greater clarity, while 42% of men place more emphasis on receiving feedback.⁴²

40%

value structured mentorship above everything else.⁴³

Frontline reality

Good onboarding provides structure, support, and mentorship. Poor onboarding? By day three, new staff are thinking, ‘where’s the panic button?’ rather than ‘how do I grow here?’



TAKEAWAY

When onboarding is rushed or generic, new staff feel isolated, lost, and unsupported, leading to higher turnover, lower confidence, and missed opportunities for development.

⁴⁰⁻⁴³ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

Investing upfront in onboarding isn't just a nice extra, it's the foundation for a sustainable workforce culture.



Give every new starter a short, clear role outline and a simple "first month" plan.



Pair them with a buddy or mentor for regular check-ins and questions.



Schedule brief, structured check-ins across the first 90 days to review workload, training, and support.



Myth #8

“Future Skills Mean More Tech”

Staff who ace the digital charting system, cheers! But in a code blue, it's still skill, empathy and team leadership that save the day, not the fanciest app. Skills of the future are as much about humans as hardware.

What frontline workers say

“Adjust the time allocation ratio between clinical diagnosis and treatment and patient education, reserve more sufficient communication time for each patient, and focus on popularising knowledge about disease prevention and rehabilitation care, rather than only focusing on the treatment of the current disease.”⁴⁴

⁴⁴ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

49%

want advanced clinical training.⁴⁵

48%

seek leadership development.⁴⁶

47%

value communications and patient care skills.⁴⁷

Frontline reality

People want training that creates real-world impact, not just flashy system upgrades or online modules. Empathy, clinical judgement, and communication remain critical alongside digital know-how, with tech and mental health upskilling following as important but secondary priorities.



TAKEAWAY

Future-proofing healthcare means balancing digital skills with human-centred expertise. Upskilling should be holistic, covering clinical excellence, leadership, mental health awareness, and digital literacy.

⁴⁵⁻⁴⁷ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

Invest in both heads and hearts to keep healthcare effective and compassionate in a fast-changing world.



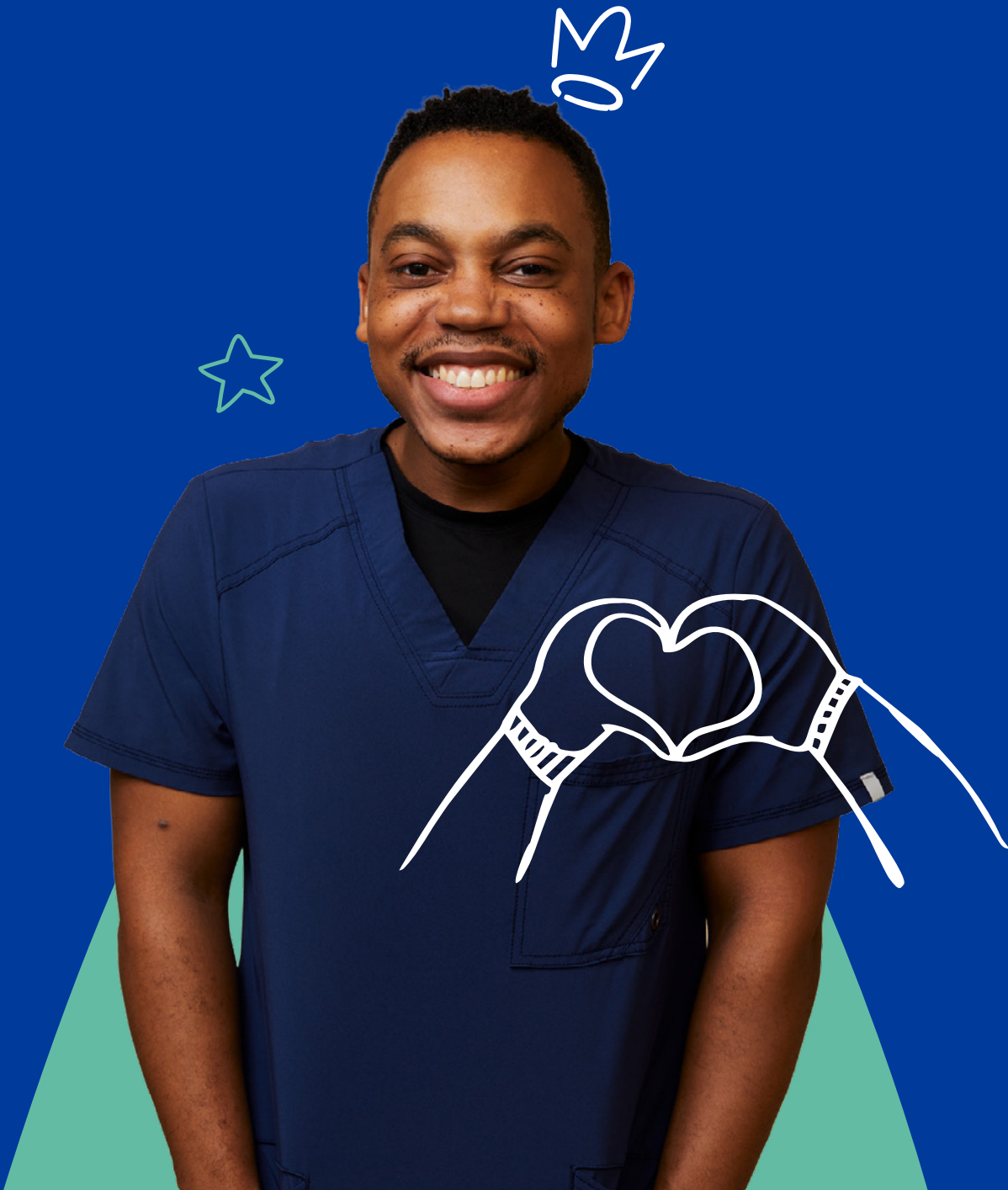
Design training plans that balance advanced clinical skills, communication, leadership, and mental health literacy, not just tech modules.



Protect time in rosters for patient education and communication, not only diagnosis, treatment, and documentation.



Involve staff in choosing and shaping development programs so learning links to real cases, team leadership, and patient outcomes, not just new apps.



Myth #9

“Workers Feel Genuinely Valued”

Nothing says ‘valued’ like praise at the holiday party followed by a roster stacked with overtime. Australian healthcare workers want proof, not platitudes, that their efforts matter every shift.

What frontline workers say

“More support from management and everyone is different. Do not put everyone in the same basket. Treat and value every talent with respect”⁴⁸

⁴⁸ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

74%

of healthcare staff say they feel valued at work, but only 31% strongly agree.⁴⁹

64%

of Nurses and Midwives and 69% of Allied Health Professionals feel the least valued, especially within large organisations.⁵⁰

Frontline reality

True recognition is specific, personal, and ongoing — not just a generic ‘good job’ email or annual applause. Too often, workers feel unheard and undervalued when feedback is missing or one-size-fits-all.



TAKEAWAY

Valuing staff isn’t about more praise or perks, it’s about showing up with tailored, authentic recognition. It involves listening more and celebrating individual contributions, big and small.

⁴⁹⁻⁵⁰ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

WHAT EMPLOYERS CAN DO NOW

Treating every worker as seen and heard forms the bedrock of loyalty, motivation, and team culture.



Make recognition specific and frequent: thank people for concrete actions and impacts, not just ‘hard work.’



Build in listening time: regular 1:1s and team forums where staff can safely raise concerns and ideas and see follow-through.



Tailor appreciation to the person: ask how different roles and individuals like to be recognised, then match rewards, feedback, and opportunities accordingly.



Myth #10

“We Have Enough Health Professionals in Australia”

When there’s that one overseas nurse who never gets lost, always picks up the extra shift, and knows every shortcut in four hospitals, it’s a wake-up call. International recruitment shouldn’t be the panic button, but a central strategy for survival.

Australia’s health system is now structurally dependent on overseas and temporary skilled staff, and that reliance is growing faster than local training pipelines can keep up. Population growth and ageing are amplifying this gap, while migration and qualification rules sit on a political fault line.

Local supply cannot meet current demand and is projected to fall further behind as the population both grows and ages, driving higher acuity and care complexity across hospitals, aged care and community settings.

Australia’s population grew by 1.6% over the past year, which is still strong by historical standards and adds pressure to already stretched services.⁵¹

What frontline workers say

“More support to staff via improved ratios, more staffing either by EFT or casual/pool/agency, and reducing the risks associated while on the job.”⁵²

⁵¹ Source: [ABS](#), 2025

⁵² Indeed Survey with YouGov 2025. Total N=911 healthcare workers

What the data shows

83%

of healthcare teams rely on agency or overseas staff to fill critical gaps.⁵³

37%

say temporary and agency staff are a valuable resource that helps manage workloads, while 20% say they improve the overall quality of patient care.⁵⁴

Frontline reality

Overseas hiring isn’t a ‘*nice to have*’, it’s the difference between a unit meltdown and a miracle. Critical patient-facing services and safe workloads depend on nurse migration and international recruitment just to keep the doors open.

Watch Indeed’s webinar on demand, [Expanding Borders: Leveraging Indeed’s global position for international medical recruitment](#), for further insights.



TAKEAWAY

Reliance on international talent has escalated: 10.8k temporary skilled visas were granted for healthcare roles in 2024–25, compared with an average of about 5k a year over the last decade. For many Australian health teams, temporary and overseas-trained staff are not a contingency measure, they are fundamental to maintaining services.⁵⁵

⁵³⁻⁵⁴ Indeed Survey with YouGov 2025. Total N=911 healthcare workers

⁵⁵ Source: [Department of Home Affairs](#), 2025

WHAT EMPLOYERS CAN DO NOW

Fast, ethical, and well-supported international recruitment is a lifeline for both team survival and patient safety.



Make international recruitment a core workforce stream, with clear targets by role and region, not a last-minute fix.



Invest in fast, ethical onboarding and pastoral support for overseas staff so they can stay, settle, and progress.



Advocate and plan jointly with governments and partners to align visas, scopes of practice, and training so international hires can work at their full skill level.



PART 2

The Healthcare Survival Guide For *Employers*

You've seen the data and the myths. Now here's what needs to change in practice and how it lines up with what workers are asking for.



Pay properly (or don't expect a full roster)

Guess what? Calling your nurse a 'hero' while their payslip looks like it's been on an intermittent fast won't fill a single shift.

- Check your pay rates: Can staff actually afford mortgage, bills AND coffee? If not, don't act surprised by empty rosters.
- Staffing shortages? If your best problem-solver is the agency staffer who learned your hospital layout quicker than you did, it's time for a rethink.
- If your solution to underpaying permanents is cycling through higher-paid agency staff, you don't have a staffing problem, you have a strategy problem.

Actually fix burnout (no, meditation apps don't count)

Staff burnout isn't cured by a lunchtime affirmation. It's fixed when the payroll system recognises overtime and rosters let people breathe.

- If half your ward is turning up sick because there's no one else, that's not grit – that's a system failure with a safety risk attached.
- Swap posters for policy: retire '*just push through*' and replace it with safe staffing, enforced breaks, and leaders who intervene before exhaustion becomes someone's exit plan.
- If your last wellbeing initiative told you more about cake preferences than workload pressure, scrap it and start again with questions about capacity, safety and what it would take for people to stay.

Stop treating overseas staff like “Plan B”

If 83% of teams are leaning on agency or overseas staff, they’re not your backup plan — they’re the spine that’s keeping the roster upright.⁵⁶

- Design around that reality: build permanent international hiring streams, standardised onboarding, and clear progression so your miracle overseas nurse isn’t the only thing between your unit and a meltdown.
- Match the stakes, not the slogan: if your service runs on international talent, back it with real visa support, relocation help, and leadership pathways. Otherwise, you’re asking people to hold your system together on paperwork stress and goodwill alone.

When you strip it back, the survival guide is simple: pay fairly, design work systems that support and enhance, and treat overseas staff as core teammates, not contingency. Get those three levers moving in the right direction and you shift from crisis patching to a workforce that can deliver safe, sustainable care shift after shift.

⁵⁶ Indeed Survey with YouGov 2025. Total N=911 healthcare workers



PART 3

How can Indeed *help?*

When local pipelines are tight and you're competing globally for clinicians, you need more than a job ad, you need a brand that travels. Indeed's employer branding tools help you tell your story consistently, from Sydney to Seoul to São Paulo, and then bring the right talent back to your open roles.

Here's how to use Indeed to bolster both local and international healthcare recruitment:



Make a home base for global talent

[Indeed](#) and [Glassdoor](#) are the front door for employers to source global talent. Trusted destinations where candidates can see your values, benefits, relocation support, and real reviews to inform their job searches and applications. Use them to showcase what makes your wards, regions, and teams worth crossing borders for: support for overseas-trained staff, visa pathways, mentorship programs, and clinical development.



Make it easy for healthcare professionals to say 'yes'

[Indeed Apply](#) lets clinicians apply in seconds from any device, without clunky logins or duplicate forms, which means less drop-off and more completed applications. For employers, that translates to a bigger, higher-quality pipeline (often several times more finished applications) plus built-in screener questions so you can quickly surface candidates with the right registrations, experience, and shift flexibility.



Use targeted ads to reach clinicians who aren't looking (yet)

Most of the nurses, doctors, and allied health professionals you want are already employed. [Employer Branding Ads](#) let you meet them where they are (scrolling content, reading the news, or browsing on mobile) with visual, emotion-led creative that cuts through the noise and makes them imagine themselves working with you. These ads drive awareness off-site, then funnel interested candidates back to your Indeed and Glassdoor hubs, where your [Sponsored Jobs](#) and open roles are waiting.



Pair brand storytelling with job ads

Think of [Sponsored Jobs](#) as your performance engine — they capture active, high-intent jobseekers. [Employer Branding Ads](#) set the stage, warming up new and international audiences who don't know you yet, so when they're ready to move countries or employers, your roles feel familiar and low-risk. Running both together helps you:

- Reach fresh, passive audiences across multiple markets.
- Improve apply rates and reduce cost per application over time.
- Build a repeatable pipeline for international recruitment, not just a one-off campaign.

93%

of Employer Branding Ad impressions on Indeed reach a fresh audience.⁵⁷

⁵⁷ Indeed data (AU), 2024. Fresh audience is defined as job seekers who saw an Employer Branding Ad but had not been exposed to one in the previous year. ([source ADH](#))

4.5x

Job seekers who see an Employer Branding Ad 30 times are 4.5X more likely to visit your company page.⁵⁸



Build a challenger brand in global healthcare

In a world where every hospital claims to be supportive and innovative, blending in is expensive. Use Indeed's Employer Branding Hub to act like a challenger brand:

- Lead with bold, specific messages ("Ready to swap overtime guilt for a roster that respects your life?") instead of generic "We're hiring".
- Show real teams, real wards, and real international clinicians, not stock photos.
- Tailor creative by market: what matters to a UK ICU nurse considering Australia might differ from a Filipino nurse or Indian doctor so tweak your value proposition accordingly.

In short: treat Indeed not just as a place to post jobs, but as your global employer brand engine — one that helps you stand out in crowded markets, de-risk international moves for clinicians, and build a sustainable pipeline of local and overseas health talent.

⁵⁸ Indeed data, Worldwide

CASE STUDY



Bupa's customer-first employer brand in action

Bupa wanted to attract better-matched talent, reduce its heavy reliance on external job boards, and bring its employer brand in line with its ambition to be the most customer-centric healthcare company. By treating candidates like customers, building a research-led employee value proposition (EVP) and careers site, and running targeted campaigns with Indeed to drive traffic to its own channels, Bupa turned branding into a performance lever.

The results:

- Time to hire reduced from 26 days to 12 days.
- 187% increase in job views and 333% increase in new visitors to the careers site.
- 20% more “apply” clicks and a 79.5% increase in job alert sign-ups.
- 20% reduction in reliance on paid external job boards and overall careers-site traffic tripled.

Bupa's experience shows what's possible when an authentic employer brand, a strong hub experience, and media solutions like Employer Branding Ads and Sponsored Jobs work together — proving you can shift both perception and hard hiring metrics, even from a constrained starting point.

[Read the full story →](#)



CASE STUDY



Alliance Australia's new nursing pipeline with Indeed

Alliance Australia, home to brands like Alliance Nursing and Alliance Rural & Remote, knew that using the same job boards as every other agency was delivering the same, limited pool of nurses. To diversify their pipeline, they partnered with Indeed to test a different mix of channels, add international reach, and get clearer insight into what was actually working.

By running a pilot with tailored campaigns on Indeed, Alliance:

- Opened up a genuinely new pipeline of nursing candidates rather than recycling the same databases
- Used flexible brand activity to tap into talent in New Zealand, Ireland, and the UK when local supply tightened
- Switched on smart sourcing tools to proactively search for nurses who matched their needs
- Worked closely with an account team to tweak creative, targeting, and budgets in real time, rather than relying on set-and-forget ads

The pilot reduced reliance on traditional paid job boards and re-framed hiring as an ongoing, collaborative project rather than a series of one-off transactions. For National Manager of Strategic Sourcing, Kate Gormley, the real value was the partnership: a team that actively monitored performance, flagged opportunities, and felt more like colleagues than suppliers.

Now Alliance is expanding this model across Community, ACA, and Extra Staff, using the same approach to scale what works, grow international reach, and keep critical healthcare shifts covered.

[Read the full story →](#)



