

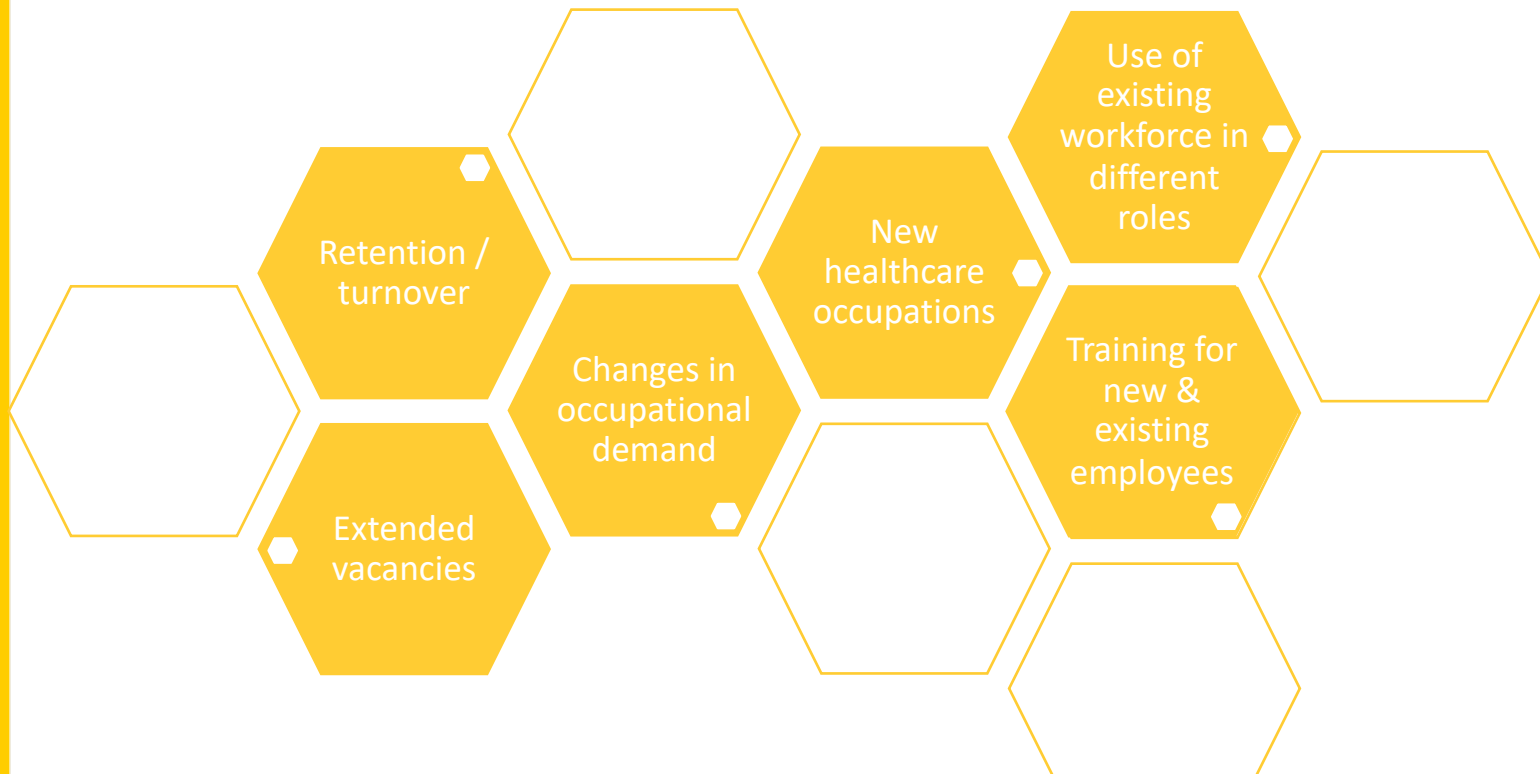


# Virginia Health Workforce Employer Survey

*Center for Health Workforce Research*



The George Mason University Center for Health Workforce Research customized an investigative survey to identify changes and gather needs in the Virginia healthcare community, diving into:

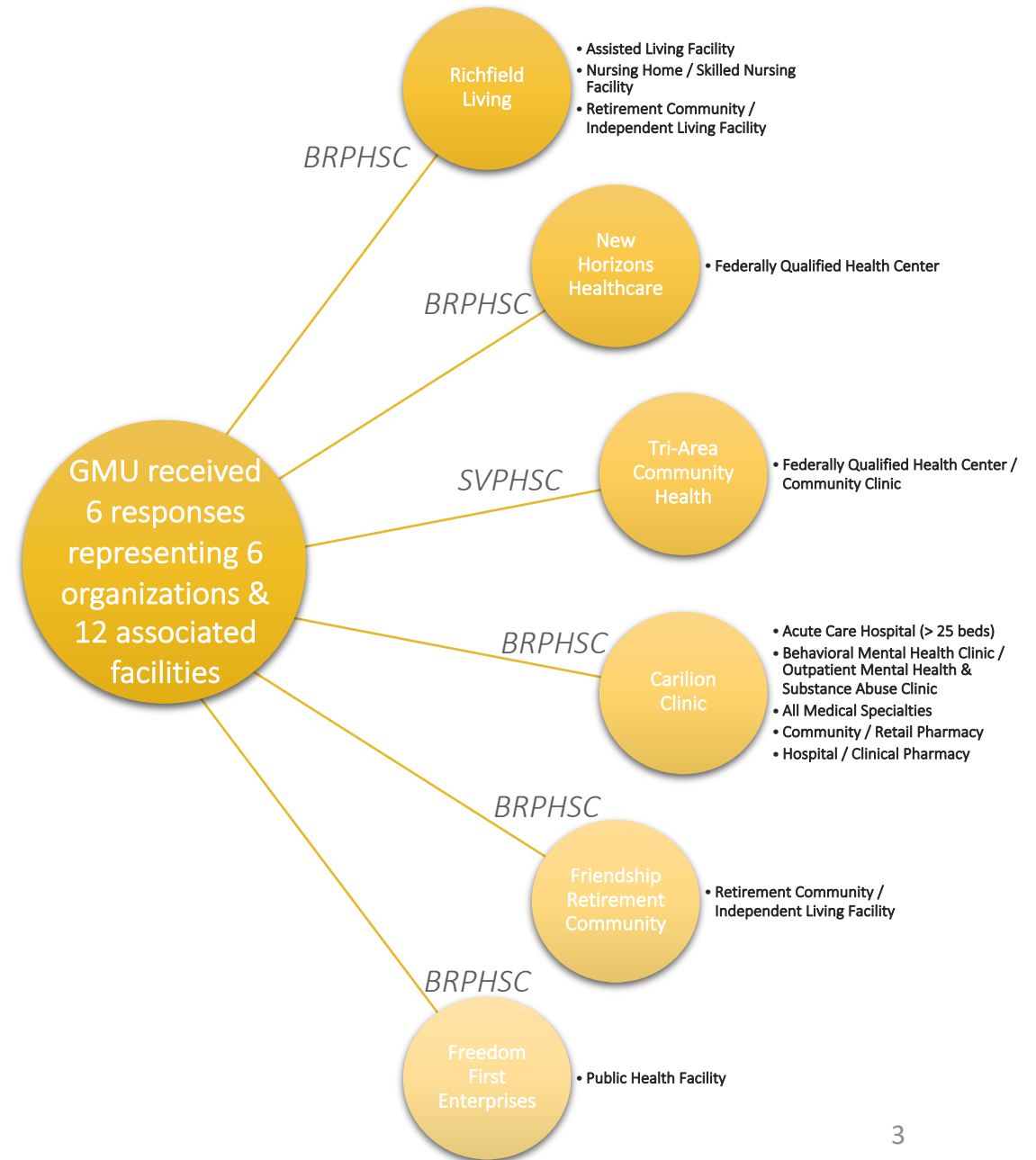


The findings are poised to provide actionable information to policy makers, educators, and employers to better develop the health workforce pipeline, within the context of the COVID-19 pandemic.

# Survey Partners

Between December 2021 and January 2022 (overlapping the COVID-19 Omicron variant surge), GMU engaged 51 organizational partners in survey participation to:

- Understand Virginia and organizations’ regional health workforce response to the transforming health care environment, including responses to the COVID-19 pandemic
- Share current and actionable information about emerging workforce needs
- Compare experiences and workforce demand trends across similar employer groups



75% of facility respondents serve **urban and rural** residents

< 1% of facility respondents exclusively serve **urban** residents

1.5% of facility respondents exclusively serve **rural** residents

## Partner Representation

**92%** of respondent organizations experienced workforce demand changes

Represented counties include:  
Salem City, Roanoke, Roanoke City, Carroll, Floyd, Franklin, Grayson, Patrick, Bedford, Botetourt, Craig, Galax City, Giles, Lexington City, Rockbridge, Tazewell, Alleghany, Charlottesville City, Covington City, Lynchburg City, Montgomery, Radford City

# Surveyed Changes

## Occupational Feedback

Virginia healthcare facilities reported changes to their workforce within the past 6 months, with attention to **vacancies, demand, retention, onboarding, modified roles, and new occupations.**

They were encouraged to reflect on the impact of the COVID-19 pandemic, where applicable.

The following slides outline their response.



*75% of respondent facilities experienced exceptionally long vacancies for open positions, including:*

## Impacted Occupations

- Behavioral Disorder Counselor
- Cardiologist
- Cardiovascular Technologist or Technician
- Certified Nursing Assistant
- Chemical Dependency Professional/Substance Abuse
- Community Health Worker
- Dental Assistant
- Dentist
- Diagnostic Medical Sonographer
- Emergency Medical Technician
- Family Medicine Physician
- Healthcare Social Worker
- Housekeepers
- Licensed Practical Nurse/Licensed Vocational Nurse
- Magnetic Resonance Imaging Technologist
- Medical Assistant
- Neurologist
- Nurse Practitioner
- Paramedic
- Pharmacist
- Pharmacy Technician
- Psychiatric Technician
- Psychiatrist
- Radiation Therapist
- Radiologic Technologist
- Registered Nurse
- Respiratory Therapist
- Surgical Assistant

## Reasons

- Not enough *qualified* applications
- Salary/wage/benefit issues
- Competing in market facilities
- Overall lack of candidates
- Competition at a national level, with remote working



*67% of respondent facilities experienced higher demand for specific occupations, including:*

## Impacted Occupations

- Behavioral Disorder Counselor
- Cardiovascular Technologist or Technician
- Certified Nursing Assistant
- Chemical Dependency Professional/Substance Abuse
- Community Health Worker
- Dental Assistant
- Diagnostic Medical Sonographer
- Emergency Medical Technician
- Financial Educators
- Healthcare Social Worker
- Licensed Practical Nurse/Licensed Vocational Nurse
- Magnetic Resonance Imaging Technologist
- Medical Assistant
- Medical and Clinical Laboratory Technician and Technologist
- Medical Transcriptionist
- Mental Health Counselor
- Mental Health and Substance Abuse Social Worker
- Nurse Practitioner
- Paramedic
- Pharmacist
- Pharmacy Technician
- Psychiatric Technician
- Radiation Therapist
- Radiologic Technologist
- Registered Nurse
- Respiratory Therapist
- Surgical Assistant

## Reasons

More opportunities for employees

Increased need/demand in the communities served

*67% of respondent facilities experienced retention or turnover issues for specific occupations, including:*

## Impacted Occupations

- Certified Nursing Assistant
- Dentist
- Emergency Medical Technician
- Licensed Practical Nurse/Licensed Vocational Nurse
- Medical Assistant
- Paramedic
- Pharmacist
- Pharmacy Technician
- Physician Assistant
- Psychiatric Technician
- Registered Nurse
- Respiratory Therapist
- Surgical Assistant

## Reasons

- COVID-19 related workload/patient acuity issues
- Salary/wage/benefits issues
- Increased opportunities for professions
- Lack of applicants
- Competitive pay rates



*17% of respondent facilities  
modified orientation/onboarding priorities for new employees  
(none modified training for existing employees):*

## Impacted Occupations

- Certified Nursing Assistant Worker
- Dental Assistant
- Dentist
- Dietitian/Nutritionist
- Healthcare Social Worker
- Licensed Practical Nurse/Licensed Vocational Nurse
- Mental Health and Substance Abuse Social Worker
- Nurse Anesthetist
- Nurse Midwife
- Nurse Practitioner
- Occupational Therapist
- Pharmacist
- Physician Assistant
- Radiation Therapist
- Registered Nurse

## Changes

- Increasing wages to attract new employees
- Additional position perks to attract new employees
- Remote training (in lieu of in-person training)
- Streamlined/paired-down training

*17% of respondent facilities **deployed members of their existing workforce in significantly different roles.** However, they chose not to elaborate on the occupation types.*

*17% of respondent facilities hired new healthcare occupations, not previously employed. However, they chose not to elaborate on the occupation types.*

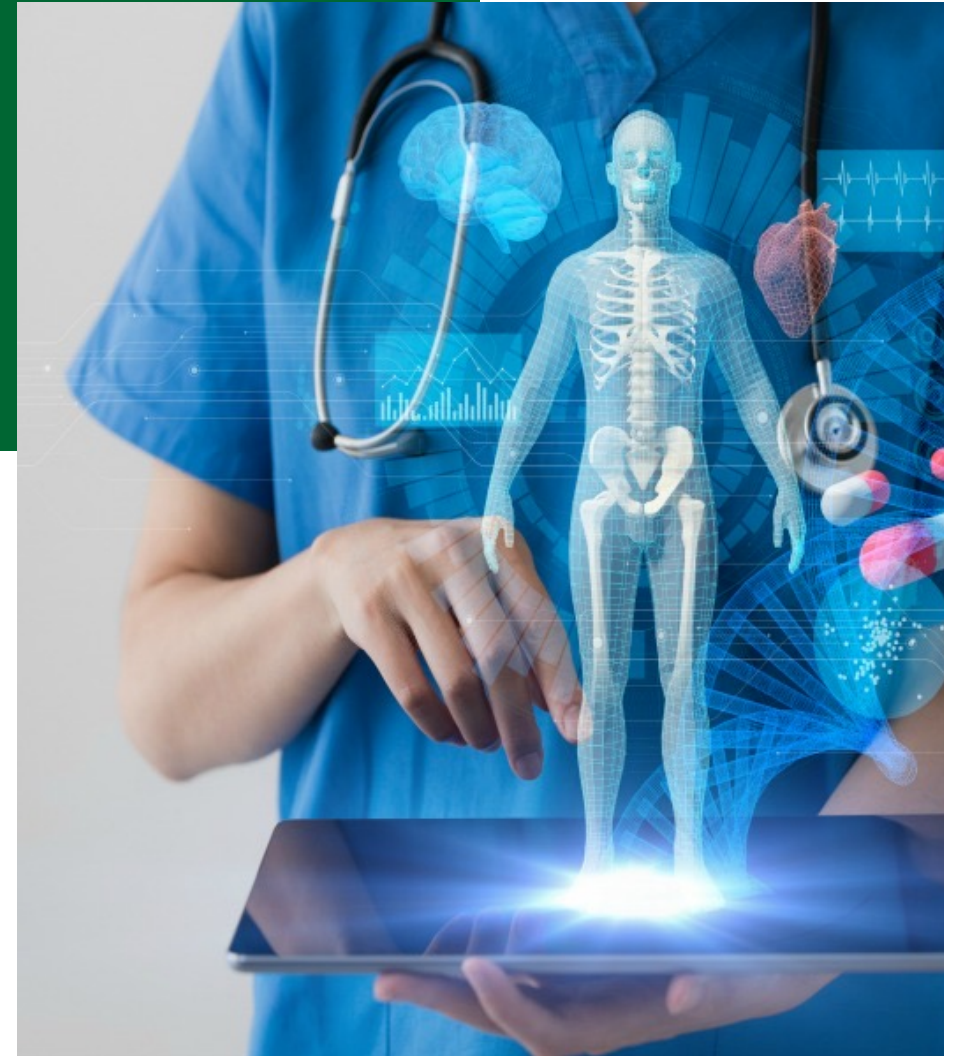
# Supporting Narrative

## Evolution of Needs

Virginia healthcare facilities shared feedback regarding **staffing challenges, telehealth use, and workforce** needs experienced within the past 6 months.

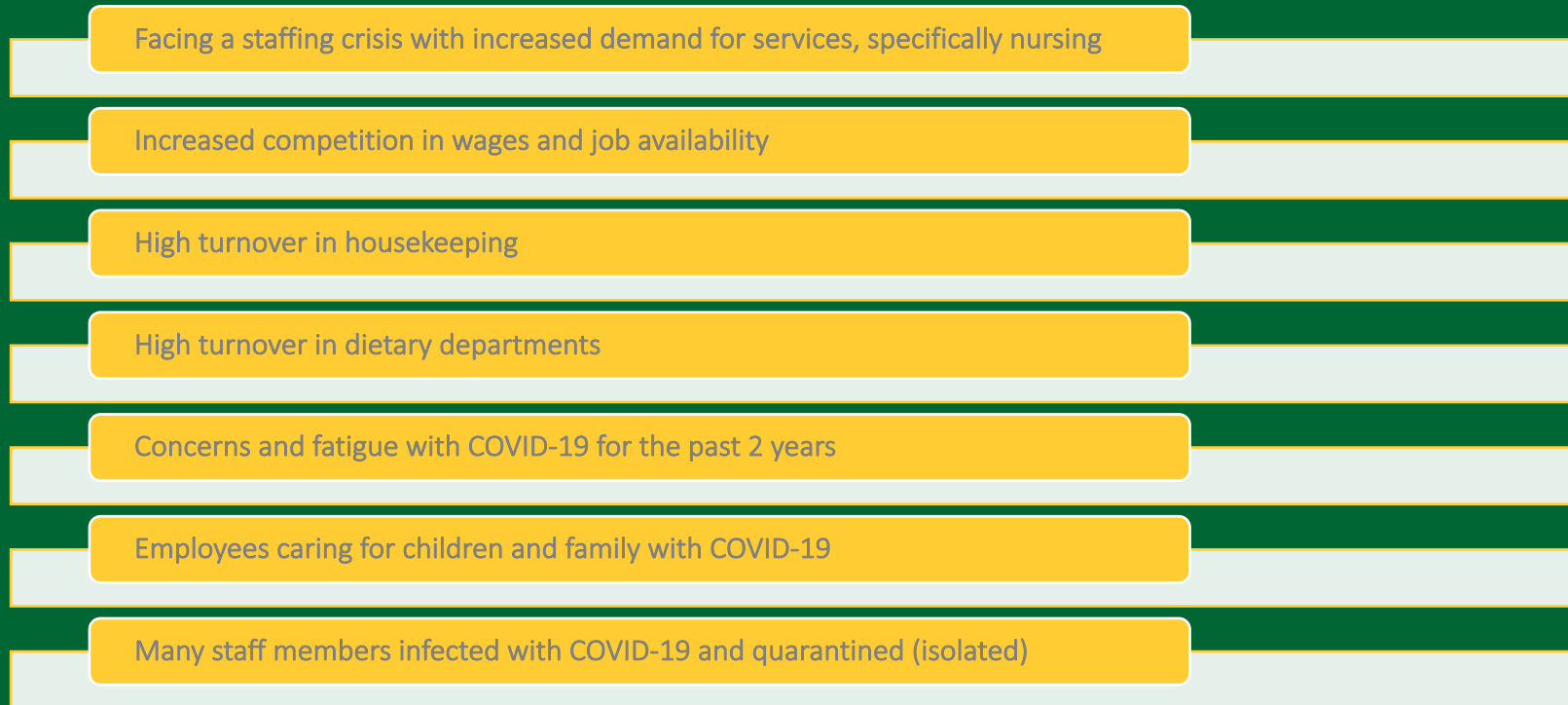
They were encouraged to reflect impacts of the COVID-19 pandemic, where applicable.

The following slides outline their response.



# Staffing Challenges

*42% of respondent facilities experienced staffing challenges or disproportionately COVID-affected staff, noting:*



# Telehealth Evolution

*42% of respondent facilities noted experiences with telehealth, sharing a spectrum of familiarity and execution:*



## Negative Experience

Prevented personal touch with patients



## Training

Training staff in capabilities and healthcare provision



## Hiring

Added positions to accommodate technology-based services



## Maintained telehealth use

Telehealth available and operational prior to the pandemic

# Top Workforce Needs

*17% of respondent facilities identified priority policy/regulatory/payment rule needs that would alleviate staffing challenges:*

Expand Telehealth Services

Temporary changes to the Medicare telehealth reimbursement rules for FQHCs should be permanent, otherwise facilities will not be reimbursed for services post public health emergency

Payment

Need insurers to value remote care and reimburse appropriately

“

**People are changing  
professions and  
rethinking how to earn a  
living...the pandemic  
caused fear and excessive  
stress for the healthcare  
industry**

- VA Assisted Living Facility





George Mason University conducted this survey in an initiative to support the Claude Moore Scholars Program and health workforce planning in Virginia.

The Claude Moore Charitable Foundation provided funding for this initiative.

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