Why was this survey done?
One factor in assuring access to quality health care for all Vermonters is an ongoing understanding of the state’s health workforce resources. To this end, the Office of Nursing Workforce Research, Planning, and Development conducted the Health Workforce Assessment Survey in February 2009.

Who was surveyed?
The Vermont Health Workforce Survey was sent to the office manager in a convenience sample of 206 outpatient provider offices. The response rate was 48% (n=98).

What was learned?

**Average Vacancy Rate (Range)**
- Nurse Practitioner/Physician Assistant (0–100%) .................. 6%
- Medical Assistant (0–100%) .................................. 6%
- Registered Nurse (0–100%) ................................. 4%
- Licensed Practical Nurse (0–50%) ...................... 2%
- Scheduler (0–33%) ........................................ 1%

**Average Turnover Rate**
- Registered Nurse (0–400%) ............................ 11%
- Scheduler (0–500%) .................................. 10%
- Medical Assistant (0–100%) ....................... 7%
- Nurse Practitioner/Physician Assistant (0–100%) ........ 4%
- Licensed Practical Nurse (0–33%) ................... 1%

**Average time to fill position for offices recruiting in past year**
- Nurse Practitioner ................................. 28 weeks
- Medical Assistant ................................... 9 weeks
- RN ................................................... 6 weeks
- LPN ................................................ 4 weeks

**Recruitment incentives:**
- 54% of offices reported adequate salaries for recruiting nurses
- 15% of outpatient provider offices reported a pay differential for RN educational preparation (ADN vs. BSN).
- 13% of outpatient provider offices reported a pay differential for credentialed RNs (e.g. RNC).
- Flexible schedules, fewer hours per week, limited physical demands and generous retirement fund were identified as ways to retain nurses over 50 years of age.
- Reported methods for covering vacancies included: job sharing/cross training, float pool, per diem staff, “everyone works harder”, increased patient load on other providers, call retired RN, extra shifts, and overtime.
## Impact of Shortages

<table>
<thead>
<tr>
<th>Issue</th>
<th>Never</th>
<th>Several times a year</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
<th>Missing or n/a</th>
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</thead>
<tbody>
<tr>
<td>Curtained plans for acquiring new technology</td>
<td>50%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>46%</td>
</tr>
<tr>
<td>Reduced service hours</td>
<td>62%</td>
<td>5%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>31%</td>
</tr>
<tr>
<td>Increased wait times to surgery</td>
<td>33%</td>
<td>1%</td>
<td>1%</td>
<td></td>
<td></td>
<td>64%</td>
</tr>
<tr>
<td>Cancelled surgeries</td>
<td>33%</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td>65%</td>
</tr>
<tr>
<td>Mandatory staff overtime</td>
<td>42%</td>
<td>11%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>40%</td>
</tr>
<tr>
<td>Decreased patient satisfaction</td>
<td>42%</td>
<td>14%</td>
<td>4%</td>
<td>6%</td>
<td>2%</td>
<td>32%</td>
</tr>
<tr>
<td>Increased patient complaints</td>
<td>40%</td>
<td>16%</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td>32%</td>
</tr>
<tr>
<td>Decreased staff satisfaction</td>
<td>27%</td>
<td>24%</td>
<td>8%</td>
<td>8%</td>
<td>2%</td>
<td>31%</td>
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<tr>
<td>Curtailed plans for facility expansion</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>71%</td>
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<tr>
<td>Discontinued clinical programs</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>76%</td>
</tr>
</tbody>
</table>

## Conclusions
Vacancy and turnover rates continue to be the lowest in outpatient provider offices when compared to the hospital, home health, and long term care settings in Vermont. There appears to be a slight increase in the number of offices seeking providers (NP/PA/MD). Many offices have a very small number of staff and do not employ RNs. The respondents to this survey reported few incidents of health care worker shortages.