

## North Carolina Health Workforce Sentinel Network Findings Brief: Specialty Medical Clinics and Other Health Entities

In Nov. through Dec. 2022, healthcare employers in North Carolina reported on their current workforce needs related to staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly June - Dec. 2022). This brief summarizes the responses from **specialty medical offices and other health entities**.

More findings and responses from other health care settings may be viewed at [nc.sentinelnetwork.org/findings/](https://nc.sentinelnetwork.org/findings/).

<b>17 Specialty Medical Clinics or Other Health Entities</b>	3	Community/Retail Pharmacy
	5	Medical and Diagnostic Laboratory
	6	Specialty Office/Practice or Clinic
	3	Others

### Exceptionally long vacancies

#### By Facility Type

Medical and Diagnostic Laboratory:

- Phlebotomist (40%)

Specialty Office/Practice or Clinic

- Physician/Surgeon (33%)
- Certified Nursing Assistant (33%)
- Medical Assistant (33%)

Other Health Entities

- Dental Assistant (33%)
- Dental Hygienist (33%)

Respondents across the vacancy position types noted struggling to find qualified and interested candidates.

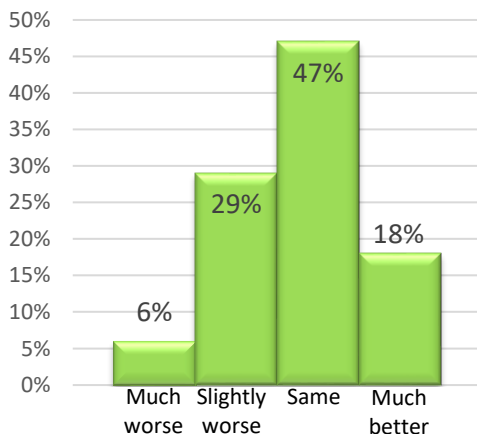
*“This talent group [Phlebotomist] is being diverted to other jobs of similar difficulty and pay is hard to find.”*

*“There are fewer applicants willing to do the expected level of work for the typical pay; applicants want to work less and make more money. The volume of qualified applicants has also decreased.”*

### Impact of COVID-19

**In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?**

(% of 17 responses to this question)



#### Comments on COVID-19 workforce impact over June - December 2022:

**[Much Worse]:** *“I’ve paid more than \$12,000 in the last 6 months advertising to hire SLPs on Indeed and haven’t hired a single SLP. They all want more money than we can pay based upon the compensation we receive for the service.”*

**[Much better]:** *“Less COVID illnesses resulting in a full office workforce to manage the patient load. Also, less cancellations from patients.”*

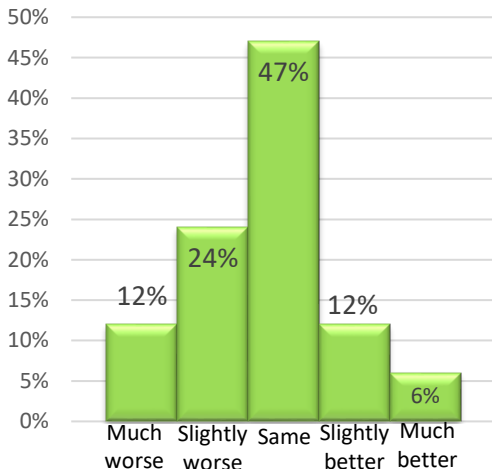
## NC Sentinel Findings Brief: Local Health Departments/Public Health Organizations

### What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
To be fully staffed	Adjust market rate for services from public and private funding sources for specific professions [the example given is Speech Language Pathologists].

### In the past 6 months, has the impact of staff shortages on your facility’s capacity to provide care gotten better, stayed the same, or gotten worse?

(% of 17 responses to this question)



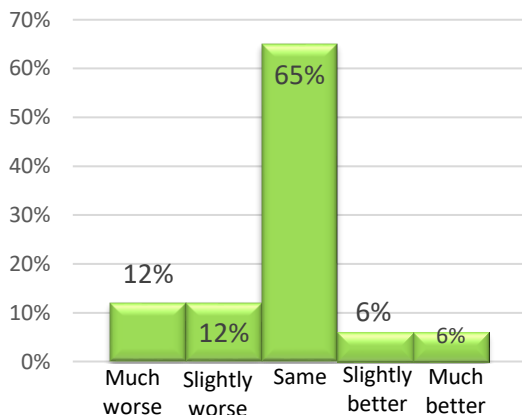
**[Much Worse]:** “You cannot provide services when you do not have staff – our waiting list is months and months long. Children’s [our primary patient group] developing communication skills suffered horribly during the 2 years of mask-wearing during the pandemic and it’s taking a toll. There simply aren’t enough services to go around.”

**[Slightly better]:** “We are slowly filling positions. Even though we are not as short-staffed as much as last year, we have filled positions with less-qualified and/or less experienced employees which required much more on-the-job training. This inexperience has led us not to operate as efficiently and to our max capacity in treating patients.”

**[Much better]:** “No longer experiencing workforce challenges due to employee absences due to illness or exposure.”

### In the past 6 months, has burnout as a workforce issue at your facility gotten better, stayed the same, or gotten worse?

(% of 17 responses to this question)



**[Much worse]:** “Everyone is SO TIRED. The rigor, the demands, the documentation, the cancellations and stress of scheduling is simply brutal. Every clinician that I know is BURNED OUT and feeling like they obtained a master’s degree and completed a clinical fellowship for \$55,000 per year. It’s not worth it seeing patients back-to-back all day and then having hours of documentation when the typical ‘workday’ is done. It’s too much for far too little.”

**[Same]:** “Burnout is not an issue except for management.”

#### Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Spring 2022 Sentinel Network questionnaire (Nov. - Dec. 2022). Generalizability of these findings to the broader North Carolina health care system may be limited.

#### About the North Carolina Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses from all types of health care organizations and to join the network to provide information on your organization’s workforce needs and challenges, visit: <https://nc.sentinelnetwork.org/>

Questions? Contact: [nc@sentinelnetwork.org](mailto:nc@sentinelnetwork.org)

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