

Developing an Adequate and High Quality Nurse Aide Workforce in North Carolina

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North Carolina is experiencing a shortage of direct care workers. Direct care workers include an array of paraprofessional caregivers such as nurse aides, home health aides, and personal care aides.¹ Nurse aides work under the supervision of a registered nurse and represent a significant portion (54%) of North Carolina's direct care workforce.² Nurse aides are employed in a variety of healthcare settings such as hospitals and doctors' offices and are also widely employed in an array of long-term care settings such as home care agencies, adult care homes and skilled nursing facilities.

Nurse aides (and other direct care workers) are recognized as the front-line caregivers in the long-term care arena and are the staff likely to have the most direct contact with residents. Nurse aides help residents with basic daily living tasks such as bathing, dressing and toileting and also perform various healthcare tasks such as taking vital signs, changing dressings, skin care, transferring, positioning and turning, and basic restorative services.

Direct Care Worker Turnover Rates

The North Carolina Department of Health and Human Services, in collaboration with the UNC Institute on Aging, annually compiles turnover data on direct care workers employed in licensed home care agencies, adult care homes and nursing facilities. Data collected through this process helps illustrate that the average annual turnover rate for Nurse Aides in North Carolina's nursing facilities was 95% in 2002. This compared to 115% for direct care workers in North Carolina's

assisted living facilities and 37% for direct care workers employed in licensed home care agencies. Table 1 shows average annual turnover rates for 2000 through 2002 for direct care workers in three major categories of long-term care settings.

Table 1.
Average Annual Turnover Rates of Direct Care Workers in NC, 2000-2002

Setting	2000	2001	2002
Skilled Nursing Facilities	100%	103%	95%
Adult Care Homes	119%	113%	115%
Home Care Agencies	50%	50%	37%

Note: All percentages have been rounded to the nearest whole number. Turnover data for these settings is collected and analyzed annually through a collaborative effort between the NC Department of Health and Human Services and the UNC Institute on Aging.

According to the US Bureau of Labor Statistics, nurse aides are among the top 10 occupations nationally with the largest projected growth rate between 2002 and 2012. The number of nurse aides needed nationally will increase by 25% between 2002-2012. In contrast, North Carolina is projected

to see a 36% increase in the number of nurse aides needed between 2000 and 2010 (most recent state-specific data available) increasing from 44,850 in 2000 to 61,050 in 2010. This equates to 2,220 new job openings per year over the ten-year period. The projections are inclusive of both new jobs created and existing jobs that are vacated.

North Carolina's Nurse Aide I Registry includes all individuals who have successfully completed a North Carolina approved Nurse Aide I Training and Competency Evaluation Program or a Competency Evaluation Program. Over the last three years North Carolina has seen an increase of over 16,500 individuals eligible to work as Nurse Aide I's. While this increase has helped to relieve the workforce shortage, much of this increase may be attributed to the reduction in employment opportunities in other competing sectors as a result of the soft economy. It is anticipated that improvements in the economy will bring added competition from other employment sectors for these

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individuals. Therefore, the challenge that faces the state is the development of incentives, both financial and career advancement, which will keep these individuals in the healthcare field.

Recruitment and Retention Efforts

The NC Department of Health and Human Services, in collaboration with many partners, has a number of initiatives underway to improve the recruitment and retention of direct care workers as well as improve the quality of direct care jobs. The Kate B. Reynolds Charitable Trust provided grant funding for the design and planning of the recruitment and retention initiative, which included the initial funding for the Win-A-Step-Up program as well as the turnover and labor market data collection efforts outlined earlier in this article.

Major activities underway include the development of two new job categories intended to provide career advancement opportunities for paraprofessionals and respond to staffing needs of long-term care related providers. The two job categories include a medication aide and a geriatric nurse aide.

The Medication Aide Project is a cooperative effort between the NC Department of Health and Human Services and the NC Board of Nursing, and is in the second year of development. The project is now in the final stages of developing standards for prerequisites and training requirements for faculty and students, statewide competency testing and the creation of a statewide registry. Pilot testing is expected to begin in the spring of 2004. Legislation that may be needed to implement this initiative will be developed for introduction in the 2005 session of the North Carolina General Assembly.

The Geriatric Aide Project is a cooperative effort of the NC Department of Health and Human Services and the NC Community College System. A curriculum is currently under development and is focused on more in-depth education for nurse aides in the areas of prevention and care of pressure ulcers, unplanned weight loss/dehydration, infection control, pain management, behavioral management, resident depression, safe mobility, care of the terminally ill and care of the caregiver. This educational program will require Nurse Aide I training as a prerequisite and will be a key component of the state's overall career ladder initiative for direct care workers.

- A program, known as Win-A-Step-Up, is a voluntary program that provides financial and other incentives to nurse aides working in nursing facilities in exchange for completion of certain training components and agreeing to stay with their employer for a specific period of time. Employers must

agree to provide either a wage increase or bonus (or both) to participants who complete the training and retention commitment. This program is a collaborative effort between The NC Department of Health and Human Services and the UNC Institute on Aging.

- North Carolina is one of five state-based coalitions funded nationally to implement a *Better Jobs Better Care* demonstration grant. These 42-month demonstration grants, funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies, are intended to implement policy and practice changes that will improve the ability to attract and retain high-quality direct care workers to meet the needs of long-term care consumers in both home-and-community and facility-based settings.

Specifically, North Carolina's *Better Jobs Better Care* coalition will develop, pilot, and implement a uniform set of expectations

and criteria. These will be applied on a voluntary basis in home care, adult care homes and nursing facilities across the state and will result in a special licensure designation for entities that meet the voluntary criteria. Expectations and criteria being developed will address issues such as: effective care

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teams; peer mentoring, coaching supervision and other supportive workplace criteria; staff development and career advancement opportunities, safe and balanced workloads, etc. This special licensure designation is intended to potentially serve as the basis for awarding a differential reimbursement increase or eligibility for labor enhancement funds.

Nurse Aide Training

Because nurse aides represent such a large component of the direct care workforce, statewide availability of nurse aide training programs is a key factor in the success of any direct care recruitment efforts being implemented. The NC Community College System has taken on the responsibility of serving as the primary resource for nurse aide training across the state. In some parts of the state, access to a community college-sponsored nurse aide training program by persons interested in working as a nurse aide is limited. This is due to a variety of reasons, including insufficient clinical lab space and demand for nurse aide training programs by students interested in enrolling in registered nurse training programs. The Community College System's ability to respond to training needs of both persons seeking further professional nursing education and nurse aide training will be an important building block to developing an adequate and stable



supply of nurse aides available to provide care in long-term care related settings, hospitals and other healthcare-related settings.

Conclusion

The nursing workforce challenges that North Carolina faces are complex, with even more complex solutions. The current workforce shortage is seen as short-term, but the labor shortage that is predicted for the next 30 years is not. North Carolina's population and nursing care workforce, like the nation's, is aging and there will not be enough people in the workforce to fill healthcare positions when they are needed the most. According to the US Bureau of the Census *1999 Statistical Abstract of the United States*, between 2010 and 2030, there will be a 7% increase in the number of people 65 and over as a proportion of the total population and a 6% decrease in the proportion of people ages 18 to 64, relative to the total population. Competition for qualified individuals to enter the healthcare workforce of the future will be keen and the North Carolina Institute of Medicine and the Duke Endowment should be applauded for their foresight in recognizing the need for North Carolina to act now to develop a comprehensive approach to address this complex issue. We believe that the initiatives that are currently underway and supported by the Task force on the NC Nursing Workforce to address the direct care workforce shortage are a good start. **NCMJ**

REFERENCES

- 1 The US Bureau of Labor Statistics classifies direct care workers into three major categories including: 1) nurse aides, orderlies, and attendants; home health aides; and personal and home care aides and attendants. It should be noted that the term "direct care workers" is not to imply that licensed nurses are not involved in direct patient care.
- 2 US Bureau of Labor Statistics, 2002 Employment and Wage Data, North Carolina specific data. It should be noted that the term "direct care workers" is not to imply that professional nurses are not involved in direct patient care.