

FOCUS

Volume 3, No. 4 ♦ Fall 2006



Community Health Care
Services Foundation, Inc.

The premier educational resource for home and community-based care

The home care workforce: challenges ahead

By Charissa Ashman

Collaborative efforts may be the key to developing successful strategies to assure a sufficient and stable home care workforce.

The home care industry is projected to grow at an annual rate of 5 to 10%, making it the fastest growing sector in health care. The U.S. Bureau of Labor Statistics projects a 55.8% rate of employment growth for the home care industry over the next few years. Meanwhile, home care agencies are in the midst of an ongoing staffing shortage. The decreasing labor pool and competition from other employers, including other health care providers, have made staying fully staffed a continual challenge.

While many experience great job satisfaction in home care, the industry also reports significant incidences of burnout and employee turnover. This is occurring at a time when agencies are caring for an aging population with increasingly complex medical needs. The stability and quality of home care services delivered in the future will depend on an adequate supply of well-qualified workers. Thus, the development and funding of programs that adequately train and support the home care workforce are crucial.

The challenge

In 2005, the Center for Health Workforce Studies of the University at Albany surveyed New York's home care agencies to better understand workforce needs, including vacancies, turnover, and perceived recruitment and retention difficulties. Statewide, 30% of agencies reported high vacancy rates for registered nurses (RNs), while more than 26% reported high vacancy rates for home health aides (HHAs). Nearly two-thirds of agencies also reported high turnover rates for HHAs and over half reported high turnover rates for RNs.

Common reasons cited for turnover

The following information comes from the Center's home care survey, CHC workforce surveys and relevant research articles.

■ Home care nurses

Changes made in organizational structures and policies to adapt to the changes in regulation, coupled with inadequate staffing have increased nurses' workloads, job stress and job dissatisfaction. New York agencies indicated the major reason for RN retention problems was job dissatisfaction,

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Workforce shortage

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and two reasons commonly cited were too much paperwork and the highly autonomous nature of RN jobs in home care. Others felt nurses have difficulty making the transition to home care because of a perceived lack of support and education necessary to improve job performance, lower stress levels and increase satisfaction. This can lead to high turnover rates within the first six months of employment.


■ *Personal care aides and home health aides*

Problems cited included low pay, lack of full-time hours and benefits as well as lack of career mobility. Characteristics of the work environment cited as being associated with turnover include: heavy workloads; inadequate training; few opportunities for advancement; lack of respect, inclusion and recognition; and lack of control over one's job. The nature of the work is independent and can be isolating as aides spend their working time in patients' homes.

Financial Challenges

The costs of employee turnover are huge. Such costs include the direct expenses of advertising, recruiting, hiring, and training new employees, as well as reduced productivity of other workers who are "picking up the slack." The direct cost of turnover is estimated to range from \$2,500-\$5,000 per separated employee. Turnover may also trigger indirect costs for providers, such as costs associated with lost productivity, reduced service quality and deterioration in employee morale.

Unfortunately, many home care agencies lack the financial and human resources to invest in retention programs due to reimbursement cuts, unfunded mandates and wage competition.



The indirect and direct costs of employee turnover are staggering — estimated between \$2,500-5,000 per separated employee.

The solution

CHC has been and continues to be involved with projects to benefit the home care workforce. Aside from its expansive educational offerings, CHC submits grant proposals to support the home care industry and collaborates with various foundations, universities, and community organizations (e.g., AHECs, workforce boards) about the home care workforce. Here are some exciting grant projects at CHC:

■ *Recruitment of Direct care staff*

With the support of a grant from the New York State Department of Health, CHC posted interior bus ads in three regions to attract TANF individuals to home care. CHC has a dedicated "800" phone number that callers can request information about the types of home care jobs as well as obtain lists of agencies to contact in their area.

■ *Home telehealth*

With Federal grant support through the Health Resources & Services Administration, nurses in Northern New York were trained in the use of home telehealth equipment. Home telehealth technology is one way agencies can better allocate their nursing services in a shortage situation.

■ *Translation project*

Thanks to a recent grant from Cardinal Health Foundation, CHC will be translating many of its Home Care Community Forum educational programs into Spanish and Russian, which will be made available free of charge to home care aides across the U.S.

■ *Nursing*

In the area of nursing, CHC is seeking funding to develop, promote and evaluate an accredited Home Care Specialty Training Program for RNs. Additionally, CHC is collaborating with researchers at the Cornell Gerontology Research Institute to obtain grant funding for a home care aide retention project.

Jean Moore, Director of the Center for Health Workforce Studies, believes that collaborative efforts may be the key to developing successful strategies to assure a sufficient and stable home care workforce. "It will be important for home care agencies, their associations, educators, policymakers, and foundations to build alliances aimed at the development of programs and policies that support the recruitment and retention of home care workers."

Charissa Ashman is Administrator of Grants & Demonstrations for CHC.

Can education and training help improve retention?

By Kathleen Marçais



As happens in other agencies, good staff members considered leaving our agency because they wanted new challenges and/or felt that there was no room for advancement in our organization. For example, we had a per diem nurse who was thinking about what she would do when her young children were in school and she could work more hours. She was really interested in wound care but wasn't sure that her goals could be accomplished in home care.

Administration felt our agency needed a Wound, Ostomy, Continence Nurse (WOCN) to help achieve positive outcomes in patients with wounds. So, the organization paid for the nurse's WOCN training in return for a service commitment. What the agency got was better patient outcomes, community recognition for being another resource for specialty care, and a committed clinical specialist who works to educate and assist all health care professionals as well as patients.

The positive outcome to this scenario encouraged us to pursue a Health Workforce Retraining Initiative Grant offered by the New York State Department of Health to help facilitate our employees' career goals. We were awarded the grant and had 42 participants who completed training. Of those 42, three were placed in new jobs in this agency; 24 returned to their existing jobs; and 15 assumed new job responsibilities within their current positions.

The list of accomplishments for those who participated is impressive. We now have employees who are certified in Facility Management, OASIS, HIV, Eden Alternative, Adult Weight Management, Home Care Coding, PRI Screening, Gerontology, Diabetes, Pilates, and Wound Care. Others have developed new expertise/skills in computer software programs such as Photoshop, Word, Access and Excel.

Employees were slow to commit to pursuing educational activities during the first year of the grant. Once administration reorganized the clinical services department to accommodate and foster the use of new skills, and demonstrated how individuals' expertise and interests could generate organizational changes as well as increase job satisfaction, we saw more participation in activities supported by the grant.

We now have a career pathway from professional field staff to management — one that does not necessarily take the employee out of delivering direct patient care. That has been an important point in persuading qualified individuals that management is the next step along their career path. We have been able to solve long-standing clinical supervisor vacancies with new positions that require clinical specialty responsibilities in conjunction with traditional management functions.

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Upcoming educational events

To register for an event, visit www.chcforum.org or call 518/463-1167, ext. 817.

Partnering for Successful Discharge Planning

November 28, 2006
Onsite conference, 8:15 am - 4 pm
Albany, NY
Learn more and register at www.ipro.org/nhqj

Nurse Supervisor Training

December 6, 2006
Interactive webinar, 11 am - 12:30 pm
Presenter: Patricia Tulloch, RN, BSN, MSN, HCS-D, RBC Limited
\$165 HCP Members
\$265 Non-members

Forum #29: Geriatric Depression: A Practical Approach

January 25, 2007
Audio conference, 3 pm - 4 pm EST
Presenter: Lisa Kendall, LCSW, Family & Children's Services of Ithaca, Home Care Program
Free for all registered Forum participants

Coordinator Training

February 7, 2007
Onsite conference, 8:30 am - 4 pm
Jamaica, New York

Private Pay Conference

April 25-26, 2007
Onsite Conference
Turning Stone Resort & Casino
Verona, NY

Retention success

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Preceptor training on the middle management level has also been helpful in retaining staff.

Since the completion of the grant project, we have one RN who has enrolled in a bachelor's program because she successfully completed a certificate program through the grant and this gave her confidence that she could and should continue her education in gerontology. One nurse is now studying for national certification in pediatrics and will take the test this fall. A registered dietitian will be taking the national certification test for Certified Diabetic Educator. Three individuals are currently working their way through computer training programs in Microsoft Word, Excel, and Access.

We have applied for another Health Workforce Retraining Initiative Grant and are awaiting award announcements. If we receive this grant we will be able to fund the education for one home health aide to become an occupational therapy assistant and the nursing program expenses for a home health aide and a respiratory therapist who wish to become registered nurses.

Employee investment pays off

One of the concerns of management was that once an employee became more valuable due to certification or training that she/he would leave our agency for another job either for more pay or a higher organizational position. We had one nurse leave but not for any of those reasons. Everyone else seems to feel more valued by our agency because we worked to provide them with educational opportunities as well as rewards by way of autonomy and input into job functions, responsibilities and roles. We hired new staff this year who said that they applied to our agency after hearing about how we helped employees obtain more education and new

job skills. They said that it was evident that most of our staff enjoyed their jobs.

In implementing these projects we have discovered what motivates our staff to stay with us and what they think they need to feel valued. Our challenge is to sustain the energy, interest and enthusiasm that have been generated.

Kathleen Marçais, R.N., B.S., is Director of Staff Education at Community Health Center, Johnstown.



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