

punctuation—is highly recommended, but not always required. Many of these programs include supervised on-the-job experience. Some transcriptionists, especially those already familiar with medical terminology due to previous experience as a nurse or medical secretary, become proficient through on-the-job training.

The American Association for Medical Transcription (AAMT) awards the voluntary designation, Certified Medical Transcriptionist (CMT), to those who earn passing scores on written and practical examinations. As in many other fields, certification is recognized as a sign of competence. Because medical terminology is constantly evolving, medical transcriptionists are encouraged to regularly update their skills. Every 3 years, CMTs must earn continuing education credits to be recertified.

In addition to understanding medical terminology, transcriptionists must have good English grammar and punctuation skills, as well as familiarity with personal computers and word processing software. Normal hearing acuity and good listening skills also are necessary. Employers often require applicants to take pre-employment tests.

With experience, medical transcriptionists can advance to supervisory positions, home-based work, consulting, or teaching. With additional education or training, some become medical records and health information technicians, medical coders, or medical records and health information administrators.

**Job Outlook**

Employment of medical transcriptionists is projected to grow faster than the average for all occupations through 2010. Demand for medical transcription services will be spurred by a growing and aging population. Older age groups receive proportionately greater numbers of medical tests, treatments, and procedures that require documentation. A high level of demand for transcription services also will be sustained by the continued need for electronic documentation that can be easily shared among providers, third-party payers, regulators, and consumers. Growing numbers of medical transcriptionists will be needed to amend patients’ records, edit for grammar, and discover discrepancies in medical records.

Advancements in speech recognition technology are not projected to significantly reduce the need for medical transcriptionists because these workers will continue to be needed to review and edit drafts for accuracy. In spite of the advances in this technology, it has been difficult for the software to grasp and analyze the human voice and the English language with all its diversity. There will continue to be a need for skilled medical transcriptionists to identify and appropriately edit the inevitable errors created by speech recognition systems, and create a final document.

Hospitals will continue to employ a large percentage of medical transcriptionists, but job growth will not be as fast as in other areas. Increasing demand for standardized records in offices and clinics of physicians should result in rapid employment growth, especially in large group practices. Job opportunities should be the best for those who earn an associate degree or certification from the American Association for Medical Transcription.

**Earnings**

Medical transcriptionists had median hourly earnings of \$12.15 in 2000. The middle 50 percent earned between \$10.07 and \$14.41. The lowest 10 percent earned less than \$8.66, and the highest 10 percent earned more than \$16.70. Median hourly earnings in the industries employing the largest numbers of medical transcriptionists in 2000 were as follows:

Offices and clinics of medical doctors .....	\$12.25
Hospitals .....	12.14
Mailing, reproduction, and stenographic services .....	11.47

Compensation methods for medical transcriptionists vary. Some are paid based on the number of hours they work or on the number of lines they transcribe. Others receive a base pay per hour with incentives for extra production. Large hospitals and healthcare organizations usually prefer to pay for the time an employee works. Independent contractors and employees of transcription services almost always receive production-based pay.

According to a 1999 study conducted by Hay Management Consultants for the American Association for Medical Transcription, entry-level medical transcriptionists had median hourly earnings of \$10.32 and the most experienced transcriptionists had median hourly earnings of \$13.00. Earnings were highest in organizations employing 1,000 or more workers. Transcriptionists receiving production-based pay earned about 7 to 8.5 cents per Standardized Line (based on a 65-character line, counting all keystrokes). However, independent contractors—who have higher expenses than their corporate counterparts, receive no benefits, and face higher risk of termination than employed transcriptionists—typically charge about 12 to 13 cents per Standardized Line.

**Related Occupations**

A number of other workers type, record information, and process paperwork. Among these are court reporters, secretaries and administrative assistants, receptionists and information clerks, and human resources assistants, except payroll and timekeeping. Other workers who provide medical support include medical assistants and medical records and health information technicians.

**Sources of Additional Information**

For information on a career as a medical transcriptionist, send a self-addressed, stamped envelope to:

► American Association for Medical Transcription, 3460 Oakdale Rd., Suite M, Modesto, CA 95355-9690. Internet: <http://www.aamt.org>

State employment service offices can provide information about job openings for medical transcriptionists.

---

**Nursing, Psychiatric, and Home Health Aides**

---

(O\*NET 31-1011.00, 31-1012.00, 31-1013.00)

---

**Significant Points**

- Job prospects for nursing and home health aides will be very good because of fast growth and high replacement needs in these large occupations.
- Minimum education or training is generally required for entry-level jobs, but earnings are low.

**Nature of the Work**

Nursing and psychiatric aides help care for physically or mentally ill, injured, disabled, or infirm individuals confined to hospitals, nursing and personal care facilities, and mental health settings. Home health aides duties are similar, but they work in patients’ homes or residential care facilities.

*Nursing aides*, also known as nursing assistants, geriatric aides, unlicensed assistive personnel, or hospital attendants, perform routine tasks under the supervision of nursing and medical staff. They answer patients’ call bells, deliver messages, serve meals, make beds, and help patients eat, dress, and bathe. Aides also may provide

skin care to patients; take temperatures, pulse, respiration, and blood pressure; and help patients get in and out of bed and walk. They also may escort patients to operating and examining rooms, keep patients' rooms neat, set up equipment, store and move supplies, or assist with some procedures. Aides observe patients' physical, mental, and emotional conditions and report any change to the nursing or medical staff.

Nursing aides employed in nursing homes often are the principal caregivers, having far more contact with residents than other members of the staff. Because some residents may stay in a nursing home for months or even years, aides develop ongoing relationships with them and interact with them in a positive, caring way.

*Psychiatric aides*, also known as mental health assistants or psychiatric nursing assistants, care for mentally impaired or emotionally disturbed individuals. They work under a team that may include psychiatrists, psychologists, psychiatric nurses, social workers, and therapists. In addition to helping patients dress, bathe, groom, and eat, psychiatric aides socialize with them and lead them in educational and recreational activities. Psychiatric aides may play games such as cards with the patients, watch television with them, or participate in group activities such as sports or field trips. They observe patients and report any physical or behavioral signs that might be important for the professional staff to know. They accompany patients to and from examinations and treatments. Because they have such close contact with patients, psychiatric aides can have a great deal of influence on their outlook and treatment.

*Home health aides* help elderly, convalescent, or disabled persons live in their own homes instead of in a health facility. Under the direction of nursing or medical staff, they provide health-related services, such as administering oral medications. (Personal and home care aides, who provide mainly housekeeping and routine personal care services, are discussed elsewhere in the *Handbook*.) Like nursing aides, home health aides may check pulse, temperature, and respiration; help with simple prescribed exercises; keep patients' rooms neat; and help patients move from bed, bathe, dress, and groom. Occasionally, they change nonsterile dressings, give massages and alcohol rubs, or assist with braces and artificial limbs. Experienced home health aides also may assist with medical equipment such as ventilators, which help patients breathe.

Most home health aides work with elderly or disabled persons who need more extensive care than family or friends can provide. Some help discharged hospital patients who have relatively short-term needs.



*Aides help care for physically or mentally ill, injured, disabled, or infirm individuals.*

In home healthcare agencies, a registered nurse, physical therapist, or social worker usually assigns specific duties and supervises home health aides. Aides keep records of services performed and patients' condition and progress. They report changes in patients' conditions to the supervisor or case manager.

### **Working Conditions**

Most full-time aides work about 40 hours a week, but because patients need care 24 hours a day, some aides work evenings, nights, weekends, and holidays. Many work part time. Aides spend many hours standing and walking, and they often face heavy workloads. Because they may have to move patients in and out of bed or help them stand or walk, aides must guard against back injury. Aides also may face hazards from minor infections and major diseases, such as hepatitis, but can avoid infections by following proper procedures.

Aides often have unpleasant duties, such as emptying bedpans and changing soiled bed linens. The patients they care for may be disoriented, irritable, or uncooperative. Psychiatric aides must be prepared to care for patients whose illness may cause violent behavior. While their work can be emotionally demanding, many aides gain satisfaction from assisting those in need.

Home health aides may go to the same patient's home for months or even years. However, most aides work with a number of different patients, each job lasting a few hours, days, or weeks. Home health aides often visit multiple patients on the same day.

Home health aides generally work alone, with periodic visits by their supervisor. They receive detailed instructions explaining when to visit patients and what services to perform. Aides are individually responsible for getting to patients' homes, and they may spend a good portion of the working day traveling from one patient to another. Because mechanical lifting devices available in institutional settings are seldom available in patients' homes, home health aides are particularly susceptible to injuries resulting from overexertion when assisting patients.

### **Employment**

Nursing, psychiatric, and home health aides held about 2.1 million jobs in 2000. Nursing aides held about 1.4 million jobs, home health aides held roughly 615,000 jobs, and psychiatric aides held about 65,000 jobs. About one-half of nursing aides worked in nursing homes, and about one-fourth worked in hospitals. Most home health aides were employed by home health agencies, visiting nurse associations, social services agencies, residential care facilities, and temporary-help firms. Others worked for home health departments of hospitals and nursing facilities, public health agencies, and community volunteer agencies. Most psychiatric aides worked in psychiatric units of general hospitals, psychiatric hospitals, State and county mental institutions, homes for mentally retarded and psychiatric patients, and community mental health centers.

### **Training, Other Qualifications, and Advancement**

In many cases, neither a high school diploma nor previous work experience is necessary for a job as a nursing, psychiatric, or home health aide. A few employers, however, require some training or experience. Hospitals may require experience as a nursing aide or home health aide. Nursing homes often hire inexperienced workers who must complete a minimum of 75 hours of mandatory training and pass a competency evaluation program within 4 months of employment. Aides who complete the program are certified and placed on the State registry of nursing aides. Some States require psychiatric aides to complete a formal training program.

The Federal Government has enacted guidelines for home health aides whose employers receive reimbursement from Medicare. Federal law requires home health aides to pass a competency test covering 12 areas: Communication skills; documentation of patient status and care provided; reading and recording vital signs; basic infection control procedures; basic body functions; maintenance of a healthy environment; emergency procedures; physical, emotional, and developmental characteristics of patients; personal hygiene and grooming; safe transfer techniques; normal range of motion and positioning; and basic nutrition.

A home health aide may take training before taking the competency test. Federal law suggests at least 75 hours of classroom and practical training supervised by a registered nurse. Training and testing programs may be offered by the employing agency, but must meet the standards of the Health Care Financing Administration. Training programs vary depending upon State regulations.

The National Association for Home Care offers national certification for home health aides. The certification is a voluntary demonstration that the individual has met industry standards.

Nursing aide training is offered in high schools, vocational-technical centers, some nursing homes, and some community colleges. Courses cover body mechanics, nutrition, anatomy and physiology, infection control, communication skills, and resident rights. Personal care skills such as how to help patients bathe, eat, and groom also are taught.

Some facilities, other than nursing homes, provide classroom instruction for newly hired aides, while others rely exclusively on informal on-the-job instruction from a licensed nurse or an experienced aide. Such training may last several days to a few months. From time to time, aides may also attend lectures, workshops, and in-service training.

These occupations can offer individuals an entry into the world of work. The flexibility of night and weekend hours also provides high school and college students a chance to work during the school year.

Applicants should be tactful, patient, understanding, healthy, emotionally stable, dependable, and have a desire to help people. They should also be able to work as part of a team, have good communication skills, and be willing to perform repetitive, routine tasks. Home health aides should be honest, and discreet because they work in private homes.

Aides must be in good health. A physical examination, including State regulated tests such as those for tuberculosis, may be required.

Opportunities for advancement within these occupations are limited. To enter other health occupations, aides generally need additional formal training. Some employers and unions provide opportunities by simplifying the educational paths to advancement. Experience as an aide can also help individuals decide whether to pursue a career in the healthcare field.

**Job Outlook**

Overall employment of nursing, psychiatric, and home health aides is projected to grow faster than the average through the year 2010, although individual occupational growth rates vary. *Home health aides* are expected to grow the fastest, as a result of growing demand for home healthcare from an aging population and efforts to contain healthcare costs by moving patients out of hospitals and nursing facilities as quickly as possible. Consumer preference for care in the home and improvements in medical technologies for in-home treatment also will contribute to much faster than average employment growth for home health aides.

*Nursing aide* employment will not grow as fast as home health aide employment, largely because nursing aides are concentrated in

the relatively slower-growing nursing home sector. Nevertheless, employment of nursing aides is expected to grow faster than the average for all occupations in response to increasing emphasis on rehabilitation and the long-term care needs of a rapidly growing elderly population. Financial pressure on hospitals to discharge patients as soon as possible should produce more nursing home admissions. Modern medical technology will also increase the employment of nursing aides. This technology, while saving and extending more lives, increases the need for long-term care provided by aides.

Employment of *psychiatric aides*—the smallest of the three occupations—is expected to grow as fast as the average. The number of jobs for psychiatric aides in hospitals, where one-half of psychiatric aides work, will decline due to attempts to contain costs by limiting inpatient psychiatric treatment. Employment in other sectors will rise in response to growth in the number of older persons—many of whom will require mental health services, increasing public acceptance of formal treatment for drug abuse and alcoholism, and a lessening of the stigma attached to those receiving mental health care.

Numerous openings for nursing and home health aides will arise from a combination of fast growth and high replacement needs for these large occupations. Turnover is high, a reflection of modest entry requirements, low pay, high physical and emotional demands, and lack of advancement opportunities. For these same reasons, many people are unwilling to perform this kind of work. Therefore, persons who are interested in this work and suited for it should have excellent job opportunities.

**Earnings**

Median hourly earnings of nursing aides, orderlies, and attendants were \$8.89 in 2000. The middle 50 percent earned between \$7.51 and \$10.59 an hour. The lowest 10 percent earned less than \$6.48, and the highest 10 percent earned more than \$12.69 an hour. Median hourly earnings in the industries employing the largest numbers of nursing aides, orderlies, and attendants in 2000 were as follows:

Personnel supply services .....	\$9.82
Local government .....	9.66
Hospitals .....	9.42
Nursing and personal care facilities .....	8.61
Residential care .....	7.96

Median hourly earnings of psychiatric aides were \$10.45 in 2000. The middle 50 percent earned between \$8.38 and \$13.02 an hour. The lowest 10 percent earned less than \$7.10, and the highest 10 percent earned more than \$15.50 an hour. Median hourly earnings of psychiatric aides in 2000 were \$12.61 in State government and \$10.50 in hospitals.

Nursing and psychiatric aides in hospitals generally receive at least 1 week’s paid vacation after 1 year of service. Paid holidays and sick leave, hospital and medical benefits, extra pay for late-shift work, and pension plans also are available to many hospital and some nursing home employees.

Median hourly earnings of home health aides were \$8.23 in 2000. The middle 50 percent earned between \$7.13 and \$9.88 an hour. The lowest 10 percent earned less than \$6.14, and the highest 10 percent earned more than \$11.93 an hour. Median hourly earnings in the industries employing the largest numbers of home health aides in 2000 were as follows:

Nursing and personal care facilities .....	\$8.65
Personnel supply services .....	8.60
Residential care .....	8.16
Home health care services .....	7.91
Individual and family services .....	7.89

Home health aides receive slight pay increases with experience and added responsibility. They usually are paid only for the time worked in the home; they normally are not paid for travel time between jobs. Most employers hire only on-call hourly workers and provide no benefits.

### Related Occupations

Nursing, psychiatric, and home health aides help people who need routine care or treatment. So do childcare workers, medical assistants, occupational therapist assistants and aides, personal and home care aides, and physical therapist assistants and aides.

### Sources of Additional Information

Information about employment opportunities may be obtained from local hospitals, nursing homes, home healthcare agencies, psychiatric facilities, State boards of nursing, and local offices of the State employment service.

General information about training and referrals to State and local agencies about opportunities for home health aides, a list of relevant publications, and information on certification are available from:

► National Association for Home Care, 228 7th St. SE., Washington, DC 20003. Internet: <http://www.nahc.org>

## Occupational Therapist Assistants and Aides

(O\*NET 31-2011.00, 31-2012.00)

### Significant Points

- Certified occupational therapist assistants must complete an associate's degree or certificate program. In contrast, occupational therapist aides usually receive most of their training on the job.
- Aides are not licensed, so by law they are not allowed to perform as wide a range of tasks as occupational therapist assistants do.
- Employment is projected to increase much faster than the average, as rapid growth in the number of middle-aged and elderly individuals increases the demand for therapeutic services.

### Nature of the Work

Occupational therapist assistants and aides work under the direction of occupational therapists to provide rehabilitative services to persons with mental, physical, emotional, or developmental impairments. The ultimate goal is to improve clients' quality of life by helping them compensate for limitations. For example, occupational therapist assistants help injured workers reenter the labor force by helping them improve their motor skills or help persons with learning disabilities increase their independence, by teaching them to prepare meals or use public transportation.

*Occupational therapist assistants* help clients with rehabilitative activities and exercises outlined in a treatment plan developed in collaboration with an occupational therapist. Activities range from teaching the proper method of moving from a bed into a wheelchair, to the best way to stretch and limber the muscles of the hand. Assistants monitor an individual's activities to make sure they are performed correctly and to provide encouragement. They also record their client's progress for use by the occupational therapist.



*An occupational therapist assistant helps a patient restore mobility in her hand.*

If the treatment is not having the intended effect, or the client is not improving as expected, the therapist may alter the treatment program in hopes of obtaining better results. In addition, occupational therapist assistants document billing of the client's health insurance provider.

*Occupational therapist aides* typically prepare materials and assemble equipment used during treatment and are responsible for a range of clerical tasks. Duties can include scheduling appointments, answering the telephone, restocking or ordering depleted supplies, and filling out insurance forms or other paperwork. Aides are not licensed, so by law they are not allowed to perform as wide a range of tasks as occupational therapist assistants.

### Working Conditions

The hours and days that occupational therapist assistants and aides work vary, depending on the facility and whether they are full or part-time employees. Many outpatient therapy offices and clinics have evening and weekend hours, to help coincide with patients' personal schedules.

Occupational therapist assistants and aides need to have a moderate degree of strength, due to the physical exertion required in assisting patients with their treatment. For example, in some cases, assistants and aides need to help lift patients. Additionally, constant kneeling, stooping, and standing for long periods all are part of the job.

### Employment

Occupational therapist assistants and aides held 25,000 jobs in 2000. Occupational therapist assistants held about 17,000 jobs, and occupational therapist aides held about 8,500. About 30 percent of assistants and aides worked in hospitals, 25 percent worked in offices of occupational therapists, and 20 percent in nursing and personal care facilities. The remainder primarily worked in offices and clinics of physicians, social services agencies, outpatient rehabilitation centers, and home health agencies.

### Training, Other Qualifications, and Advancement

Persons must complete an associate's degree or certificate program from an accredited community college or technical school to qualify for occupational therapist assistant jobs. In contrast, occupational therapist aides usually receive most of their training on the job.

There were 185 accredited occupational therapist assistant programs in the United States in 2000. The first year of study typically