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CORRESPONDENCE

Childcare as Workforce Infrastructure: A Practical Strategy For North Carolina's Health System

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To the Editor—A surgeon's skill means little without the team and infrastructure that makes safe surgery possible. With over ten years in health care, including seven as an ICU nurse, I understand how pivotal staffing is to patient care. That reality became unmistakable during a cardiac rotation for my nurse anesthesia training. Two surgeons were discussing whether open-heart surgeries could proceed the next morning. The surgeons were ready. Anesthesia was ready. The barrier was not clinical preparedness. The barrier was child care.

Two operating room scrub technicians had to call out because their child care fell through. The decision to postpone one case while proceeding with the other was not a unique problem. A single absence at any level can impact whether a life-saving procedure happens on time. Childcare issues contribute to systemic attrition as well. My partner ultimately left her hospital nursing position so our family could align with day care hours.

The United States faces a severe health care workforce shortage,[1] yet child care systems remain structured around 9-to-5 schedules rather than the early mornings, evenings, nights, and weekends that clinical care requires. Hospitals in the Raleigh–Durham area offer tuition subsidies, backup care programs, or on-site centers.[2-5] These programs help with cost, but they do not completely address the problem of inclusive access outside traditional business hours.

North Carolina has the beginnings of a policy response. Statewide initiatives have emphasized child care as a workforce retention concern.[6,7] The Tri-Share Childcare Program divides costs among the employer, employee, and the state.[8,9] Despite statewide expansion, only 18 employers have enrolled, and none of the major Triangle-area health systems are publicly listed.[10]

A health care-focused Tri-Share track could extend access. Hospitals could partner with licensed providers to support extended-hour coverage, using tiered pricing to ensure affordability for lower-paid staff while still including extended hour access for higher income earners. Within six months, the state could establish a health care participation pathway. Within a year, Triangle

systems could pilot enrollment and report early outcomes. By 2027, the state could scale incentives tied to measurable improvements like staff attendance and retention, on-time surgeries, or patient length of stay.

Timely, dependable child care for health care workers is not a perk. It is workforce infrastructure, and a necessary investment for North Carolina's health system.

Declaration of interests

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