

# Courses

*for*

## *Nursing Home Personnel*

The advent of chronic and degenerative diseases as major health concerns has ushered in an era in medical care that requires, more than ever before, the personal and active cooperation of many persons. Often these people have the desire and ability to participate in caring for the senior citizen but do not possess the skills required to do so.

Since the fundamental goal in public health is to make available the best health protection and guidance to all, health departments have a role in the training of people caring for the chronically ill and aged. Throughout the country various State and local health departments have assumed this responsibility and are offering training courses for nursing home personnel.

As a contribution to this effort, *Public Health Reports* has assembled three articles dealing with some of the techniques that may be used in training personnel to care for the chronically ill and aged in nursing homes and homes for the aged.

The techniques described in these articles are not panaceas. They merely represent three approaches to training that are being tried. It is sincerely hoped that they will be of assistance to those who are interested in training personnel for nursing homes and homes for the aged.

## Filling Training Needs

BRUCE UNDERWOOD, M.D.

**T**HE LACK of trained personnel is not unique to nursing homes. Perhaps the shortage appears to be more pressing in this than in other health fields because of the great increase in the number of nursing homes in recent years.

What are the facts that highlight this shortage?

There were approximately 25,000 nursing homes containing 450,000 beds in the United States in 1954. Some 7,000 homes were in the skilled nursing home category. The average age of nursing home residents was 80 years, and about half of them were severely incapacitated in one way or another.

Of the 66,000 persons the homes employed to care for these ill and disabled persons, 39,000 could be classified as full-time nursing personnel who performed tasks requiring nursing skill of one kind or another. About 15,000 were either full-time registered nurses or licensed practical nurses. About 60 percent were nursing aides who have received little or no formal training. Only one-third of the homes have either a registered nurse or a licensed practical nurse on their staff.

These figures show that the present staffing of nursing homes with registered nurses and licensed practical nurses is inadequate. We must also realize that, generally, the nursing aides have not been trained as they should be.

Nor will the need for training become less

important. If present projections bear out, we can expect our aging population to number more than 21 million by 1970, and 5 percent of them will require institutional care of one sort or another. Not only will the number of older people increase but their demands for institutional type care can be expected to grow, as insurance and other methods of payment for such care increase. Also, the trend toward living in small homes and apartments will cause more elderly citizens to seek institutional care, since they are unable to live with relatives, as many have in the past.

The problem is twofold; first, to obtain personnel to meet the increasing demands being placed on nursing homes for care, and second, to train them. At present, there is recognition that at least three types of instruction may be applicable in training nursing home personnel: accredited courses in vocational and other educational institutions; special workshops, institutes, and training sessions at central locations outside the nursing home; and training within the home.

Many States have found that the first type of instruction is effective in training licensed practical nurses, food service managers, and other similar personnel.

An example of the second type is a pilot study conducted by the Chronic Disease Branch, Public Health Service, and the Oklahoma State Department of Health to test the effectiveness of the manual entitled "How to be a Nursing Aide in a Nursing Home." This handbook was developed by the Division of Nursing Resources, Public Health Service, published in 1958, and is being distributed by the American Nursing Home Association.

With subject matter for the course drawn

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*Dr. Underwood is nursing home consultant, Chronic Disease Branch, Division of Special Health Services, Bureau of State Services, Public Health Service. The article is based on a speech given at the annual meeting of the Kentucky State Association of Nursing Homes in Lexington, April 29, 1959.*

from the manual, the rapid training method of teaching was used to instruct 51 administrators and 133 nursing aides from 71 homes during the project period (January 1–December 31, 1958). After the study was completed the State continued the course, and an additional 186 aides and 55 administrators have been trained. In 1958 Oklahoma had 554 licensed nursing homes with a total of 7,738 beds employing an estimated 1,200 nursing aides but only 14 graduate registered nurses and 35 licensed practical nurses. The division of public health nursing of the Oklahoma State Department of Health administered the pilot study, and an appointed State advisory committee assisted at the State and local levels.

The Public Health Service has also helped nine other States in developing nursing aide programs. In two of the States registered nurses received instruction in the rapid training method of teaching in teacher-training workshops.

The rehabilitation training program for nursing home personnel being conducted in Illinois under joint Federal, voluntary, and State auspices is an outstanding example of what can be done in inservice instruction. Through intensive training for all personnel in the nursing home this project is endeavoring to ascertain whether effective rehabilitation services can be given to the chronically ill and aged in a nursing home setting. (See pp. 989–994.)

In the Illinois program, a training team composed of two rehabilitation nurses and one occupational therapist goes into the nursing home and works with the staff demonstrating and teaching the techniques to be employed in caring for patients. The team works in the home for approximately 2 months, giving a 1-hour lecture and 7 hours of demonstration daily. The Peoria Institute of Physical Medicine and Rehabilitation provides medical direction.

In evaluating this project one should consider first that it is directed toward a concept and not toward a particular group of employees. Every person working in the home, including the administrator, participates.

Second, it is primarily a teaching and training enterprise, although it does include some patient care. It was considered desirable that

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## Red Cross Helps Train Nursing Home Aides

Authorized instructors in the Red Cross home nursing program will train paid nursing home aides employed in nursing homes, according to an agreement concluded by the Public Health Service with the American National Red Cross and the American Nursing Home Association.

This cooperative program will be an additional resource for public, private, and nonprofit nursing homes throughout the United States in their efforts to train nursing aides in order to improve the care of their patients.

Nursing home operators are also permitted to take the course since many give nursing care. Because they are administratively responsible for patient care they need familiarity with nursing procedures.

Course enrollments may range from 10 to 14 students, the hours for each course from 20 to 30 hours, and the course content will be adapted to the nursing home situation after the instructor visits the home.

For the students, the textbook is "How To Be a Nursing Aide in a Nursing Home," by Dorothy E. Reese of the Public Health Service; and for the instructor, the guide is "Care of the Sick and the Injured," published by the American Red Cross.

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the personnel be trained in the environment where they worked and where the techniques that would be most effective in each home could be adapted and adjusted to the needs of the patients in the specific home.

The program has achieved excellent results and has been enthusiastically received by the participants. Other States are considering similar programs.

Many States have found it desirable to work with all the personnel providing care in nursing homes rather than just with nursing aides. In these States it was felt that only through educating the entire staff in certain basic concepts could the best results be obtained.

An important factor in the success of all three types of instruction has been the interest and enthusiasm of the local physicians, nurses, therapists, and others directly and indirectly caring for patients. It is they who will carry

the responsibility for continuing and expanding programs of improved patient care. Without their help most training programs probably will fail to achieve their objectives.

Various professional schools should also be encouraged to participate in training programs for nursing home staffs. The assistance these schools can give is invaluable.

A portent of the schools' interest in this field was the workshop on chronic disease and nursing service conducted by the division of nursing education, Teachers College, Columbia University, in New York City, June 8-19, 1959. Participants were 15 graduate nurses selected because of their knowledge and nursing experiences in chronic disease and aging, educators and administrators from the faculties of several schools of nursing, and resource consultants.

The nurses appraised and organized their knowledge and experience, and the faculty members developed a plan for the integration of this knowledge into the curriculum of schools of nursing. A report on the workshop will be published this year.

However, the fundamental dilemma is how to organize a training program adapted to the needs and circumstances of an individual community. In my opinion, the first step might be the formation of a statewide advisory committee. It should not be too large but should have representatives from any or all of these interested State groups: hospital and nursing home associations; health, welfare, licensure, and vocational education agencies; medical, dental, nursing, and other professional associations; and the American Red Cross and other voluntary agencies.

This statewide committee can advise on such matters as what program is desirable, how it can be implemented, policies and procedures to be followed, financing and coordination of the training effort, and formation of local advisory committees.

The second step might be to set up local ad-

visory committees. Their membership should also be limited but representative of all the vitally interested official and voluntary agencies as well as the press and interested lay groups.

We believe it is essential to assign a qualified, full-time person to act as coordinator for the statewide training program. His responsibility is to implement the committee's recommendations and to coordinate all aspects of the program. Similarly, each local committee should designate an individual who can work in the community and also coordinate local activities with the State program.

The success or failure of a training program often rests with the local advisory committee that, with its coordinator, actually carries out the training. Therefore, it is important that the committee considers these aspects of the local training program.

- The need for training and whether it should be formal, informal, or on-the-job instruction.

- The number, size, and location of the homes and the number and type of personnel they employ.

- The interest and concern of the homes' administrators, health, welfare, and licensure personnel, and medical and nursing professions.

- Securing a sufficient number of teachers and consultants.

- Methods of financing and various other factors that are essential to such a project.

It is hoped that some of these suggestions will assist the promotion of training programs to improve the care of persons in nursing homes. Ultimately, improved care for them depends on the interest and concern each of us has for their well-being. We can establish and maintain good training programs for nursing aides and we can effectively engage in many other activities in behalf of residents of nursing homes and homes for the aged only if we focus on the needs of the individual patient.