Professional Personnel in Nursing Homes

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THE THEME of this meeting, "Progress Through Professionalism," is one I find particularly intriguing. I can think of no better, surer path to progress than the development and application of professional skills, knowledge, and principles.

In striving toward professional excellence, those in the nursing home field and those in public health are closely allied. Service to people is a common goal, and both groups share a profound public trust. Both groups incorporate and depend on the work of many professions. Both reinforce and complement each other at many points.

In short, nursing home and public health personnel need each other's help to solve mutual problems and reach mutual goals. The chronic diseases are the chief threat to the nation's health and present major problems to public health today. Chronic illness takes a particularly heavy toll of our older population. Older people are sick more often, their illness is of longer duration, and they require more institutional care than any other group in the population.

The modern American nursing home has evolved as one answer to the need for more institutional resources for the chronically ill and the aged. This evolution is continuing along most commendable lines. The association has worked to raise standards and the quality of care in nursing home facilities. Indeed, nursing home administration is moving steadily toward recognition as a distinct profession in its own right.

A significant recent development is the establishment of the American College of Nursing Home Administrators, designed to foster professionalism in the best sense of the word and to maintain high standards of leadership in the nursing home field.

The Complex of Services

The professional approach is visible in many nursing homes even before one opens the door because the excellent contemporary design indicates the hand of a professional architect. Modern nursing homes are no longer makeshift structures or renovated buildings. They are specifically planned and designed for a special purpose and a special group of patients. Architectural distinction is more and more characteristic of today's nursing homes.

But a medical care facility is built for patients, planned with a functional rather than an esthetic goal in mind. The structure must create an environment in which all the services that patients need can be efficiently provided by a wide range of professional personnel.

These services are many and varied. The Commission on Chronic Illness has pointed out that "the variety of services and facilities useful to long-term patients illustrates the complexity of their needs and the formidable problems of community organization required to meet them. At some time in the course of their illnesses, many long-term patients while at home, in a general or special hospital, or in a home or other institution require several, if not many, of the following services: medical

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supervision, drug and diet therapy, X-ray therapy, surgery, psychiatric treatment, rehabilitation, dental treatment, social service, bedside nursing, physical therapy, occupational therapy, training in self-care, vocational counseling, education, vocational training, sheltered work, personal adjustment training, legal aid, convalescent care under medical supervision, custodial care, counseling to modify the family's and patient's attitudes toward chronic illness, friendly visitors or volunteer corps, and religious opportunities."

This is a formidable list, but I am sure that nursing home administrators have faced many of these needs in day-to-day operations. Obviously, the regular staff of a nursing home cannot be expected to provide all of the services, but resources are available in most communities to meet a variety of needs. Nursing home administrators throughout the country are learning how to utilize these resources and how to develop worthwhile affiliations. On the other side of the coin, communities are becoming more aware of the needs of nursing home patients. Health and welfare agencies are increasingly helping nursing home administrators to identify the local sources of appropriate professional services.

It cannot be pointed out too often that no facility, no agency, which serves older people exists in a vacuum. Each has a unique function to fulfill, but each is a part of the community's total health resources. We can make a maximum contribution to the health and well-being of older people only if we foster an attitude of friendly cooperation and maintain necessary interrelationships.

Let me now consider some of the professional personnel who serve nursing home patients. The very name "nursing home" implies that nursing is the central service in a nursing home. Today's professional nurses are trained to accept a growing share of responsibility for protecting individual and family health. The education of nurses stresses expanded services to patients through a carefully planned arrangement of administrative and supervisory relationships. The upgrading of nurses' training has made possible the differentiation and accurate assignment of nursing duties in hospitals.

This wave of progress is now sweeping through the nursing home field. In coming years, modern training methods and staffing patterns are destined to revolutionize patient care in nursing homes without raising costs above economically feasible levels.

Economically Feasible Care

The reference to costs introduces a thorny problem in nursing home administration. In our zeal for the patient's welfare we may be tempted to recommend for nursing homes all the professional services that the modern hospital offers. But we need to face the fact that no long-term medical care institution can provide the same level of professional service as a short-term medical care institution such as a hospital.

The problem of nursing home costs can never be solved until effective and uniform accounting practices are in general use. The Public Health Service, working with the American Nursing Home Association, has sponsored during the last 2 years a series of accountancy training programs throughout the country, and we have strongly endorsed the Association's praiseworthy efforts to improve accounting practices in order to achieve accurate determination of nursing home costs.

Soon to be initiated is the nursing home cost study, a vital project that could not have been contemplated without the support of the Association. This study is being conducted in response to requests from many quarters—from nursing home administrators themselves and from several Federal agencies, including the Federal Housing Administration and the Small Business Administration.

Nursing home costs are as important to public agencies as to private individuals. It is estimated, for example, that the welfare departments of this country bear the costs for about half of all patients in nursing homes. Of necessity, these agencies must constantly balance the cost of professional services against the value to the patient.

Part of the answer to the problem of costs lies in making the best use of auxiliary personnel. For example, nursing aides are, and will long remain, a major resource for patient care in nursing homes.

Staffing Patterns

The key to this situation is training and proper staffing patterns in nursing homes. The Public Health Service has fostered and supported a wide range of training programs throughout the country. We have encouraged the deans of collegiate schools of nursing to build into their curriculums elements that will help prepare nurses for the administrative and supervisory duties of nursing home work. We are cooperating with State health departments—through consultation, financial support, and the provision of teaching materials—in broadening the scope of training activities for nursing aides.

I believe that the public health profession and the nursing home profession will meet this challenge jointly. By the multiplication of skills, through training and adequate patterns of supervision, we can achieve a satisfactory level of care in America's nursing homes at an economically feasible cost, despite the stringent personnel shortages.

Nurses and physicians have always formed an inseparable team. We cannot explore professionalism in nursing homes without examining the role of the physician. The medical responsibility for nursing home care is clear, and local medical leadership is decisive in any serious efforts to raise the level of nursing home services.

When the physicians of a community carry their concern for their patients' welfare into the nursing homes, and make this concern known and felt, then the community will have taken a long step toward better care in nursing homes. The tremendous improvement in the nation's hospitals has resulted from this kind of concern. This story will, I know, be repeated in the nation's nursing homes.

Working under medical supervision, for example, the physical therapist can make a vital—and thus far insufficiently appreciated—contribution to the nursing home patient's well-being. He can help the patient become more self-reliant and self-sufficient and thus restore his self-respect. The bedfast patient can progress to the wheelchair, and the patient in a wheelchair can be helped to widen his daily activities. For the very elderly, who comprise the bulk of our nursing home population, rehabilitation cannot, of course, return the individual to active work. It can, however, bring back an interest in life and a personal dignity that cannot be shared by patients whose fate it is to vegetate.

The skills of the occupational therapist complement those of the physical therapist. Once the latter has restored the patient's interest in life, the former gives him many new things to be interested in, many new ways to exercise his mind, and many new satisfactions to discover.

The therapists work closely with the medical social worker, who helps the patient adjust to the nursing home environment and the patient's family adjust to the total situation. In addition, the social worker is trained to understand the problems of mental health, which are so important in nursing homes, and to assist in meeting the problems.

As is the case with nurses, these professional personnel cannot be expected to serve all nursing homes on a full-time basis. Many hospital staffs still lack full-time medical social workers, and we can scarcely expect all nursing home staffs to include a social worker. Social workers are available in most communities, however, and close relationships should be developed to meet the needs of nursing home patients.

The professional nutritionist or dietitian can be valuable to nursing home administrators in many ways, quite apart from the clearly indicated feature of therapeutic diets for patients. Food service covers a whole range of important functions, from planning menus through purchase and storage of food, cooking, and serving of meals. Again, the professional who understands these functions can seldom be on the home's staff, but appropriate consultation will help all staff members concerned with food service, and will greatly benefit patients—the ultimate goal of all nursing home services.

To help meet their needs for professional personnel, many nursing homes are establishing formal or informal affiliations with community hospitals. Under this arrangement, hospital staff members serve as consultants to the nursing home administrators. In turn, chronically ill patients are tranferred, as the occasion requires, to the nursing homes for care.

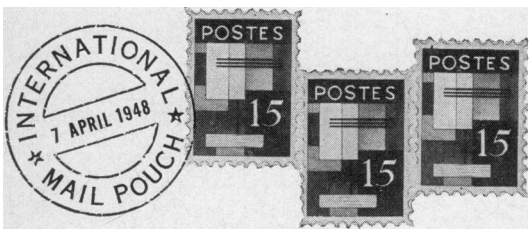
This procedure, which the Public Health Service helped to test and demonstrate in a

dozen communities in the past 2 years, is meeting with increasing support and enthusiasm. We share the belief of the communities which have successfully pioneered this plan of voluntary affiliation that it will be widely adopted throughout the country in the next few years, with, of course, many regional and local adaptations of the basic idea.

In conclusion, we applaud your steady development toward professionalism. In the beginning, centuries ago, there were just three professions: theology, law, and medicine. Now there are scores of professions. But whether the number is 3 or 300, the true significance of a profession—a unique service, specialized training, and high standards—has never altered. The hallmark of a professional person is his dedication to duty. His only pride is in the value and integrity of his work.

Society regards health as a matter of such overwhelming importance that it cannot be entrusted to any but dedicated persons, professional persons. Perhaps this is the essential meaning of the precept of Francis Bacon: "I hold every man a debtor to his profession."

Society has given us a trust and a mission. This makes us humble but it also inspires us to the challenge of excellence. I am sure that the nursing homes of this country will rise to that challenge.



Molecular Biology Research Institute

An international symposium in biology marked the opening in June 1963 of the Ullmann Institute of Life Sciences, devoted largely to research in molecular biology. The new institute is part of the Weizmann Institute of Science in Tel Aviv, Israel.

The Ullmann Institute's new four-story building contains 250 laboratories and offices, including a unit for growing bacterial culture, 14 "cold" rooms, a laboratory for work on radioactive substances, a large regional library, and seminar and lecture rooms. The $2,833,000-structure houses 150 scientists and technicians working in the fields of biophysics, biochemistry, electron microscopy, genetics, cell biology, chemical immunology, and theoretical chemical physics.

Pilot Project Set for Ecuador

To improve its preventive and curative services, Ecuador, with the aid of WHO and UNICEF, will embark on a pilot project in the reorganization of health services.

The New Jersey-sized province of Manabí on the Pacific coast with a population of 558,000, more than half rural, will be the site of the pilot project. Health officials expect to apply experience gained there to plans to reorganize the nation's health services.

Under a three-way agreement signed in June 1962, WHO will assign a team consisting of a health administrator, medical officer, public health nurse, and a sanitary engineer to the project and provide fellowships for Ecuadorian health workers to study abroad, budgeting $30,000 in 1963 and $44,000 in 1964 for these purposes.

UNICEF will give $109,000 for medical supplies and equipment and for training auxiliary nurses and sanitary inspectors. To meet local costs, Ecuador will spend S/2,287,200 (U.S. $106,000) in 1963 and S/3,017,800 (U.S. $140,000) next year.