PROFILE OF THE NURSE'S AIDE IN NURSING HOMES

Marion S. Mayne, R.N.

THE TYPICAL nurse's aide in nursing homes in Los Angeles County is a married woman around 40 years of age, about 5 feet, 3 inches tall, and weighs 144 pounds. She has lived in California 15 years, and in Los Angeles County 8 years. Before coming to California, she lived in an urban area in either the southern or northcentral region of the United States. She has been on her present job about 2½ years, has previously worked as a nurse's aide, and has also done other kinds of work. Her main reason for leaving other jobs was to move to another area. She likes working as a nurse's aide and probably will remain on her present job for the next year.

These and other characteristics were revealed through a survey of nurse's aides conducted during the spring of 1963 in 25 randomly selected nursing homes in the Los Angeles County Health Department jurisdictional area. Questionnaires were distributed to 429 aides in the sample homes, and 266 were completed and returned. The sample was selected from the 114 licensed nursing homes and stratified on the basis of the number of employed aides (see table).

Since nursing home administrators and nursing supervisors are reportedly confronted with problems of recruiting qualified personnel, training currently employed staff, and maintaining a stable staff of aides, the study was undertaken in an attempt to determine the extent to which these difficulties exist and to identify basic reasons for them.

In a detailed report on file in the Los Angeles County Health Department, the results are presented in three sections: (a) "General Characteristics," the general overall characteristics of

Mrs. Mayne is a public health nurse consultant with the chronic illness and aging program, Los Angeles County (Calif.) Health Department. the aides; (b) "Analysis of General Characteristics," the overall characteristics with relation to the factors of age and length of service on the present job; and (c) "Analysis of Characteristics by Size of Nursing Home," whether the characteristics are influenced by the size of the employing facility.

The results and analysis of the findings may guide in the development of preservice and inservice training programs. Information regarding reasons for terminating jobs, number of previous jobs, attitudes toward work, and expectancy in continuing work may suggest the need for establishment or revision of personnel programs which provide for effective hiring practices, performance evaluation, promotional opportunities, and incentives for improving competencies.

Additional information may reveal other occupational needs of this large group of workers whose training, skills, health, and welfare are essential if the care given to the chronically ill and aged by nurse's aides in nursing homes is to be improved.

Summary of Findings

Examination of the data suggested a combination of two factors, age and length of time on the present job, as being most meaningful in analyzing the specific areas of characteristics.

At one end of the scale, aides who had been on the present job 6 months or less, were young (almost one-half were under 29 years of age). More than three-fourths had completed high school, and about two-thirds had attended aide training classes and had had previous aide experience, but not necessarily in a nursing home, since more than one-half had never worked in a nursing home before. A comparatively small number (12 percent) had had no work experience of any kind. Of those who had worked in nursing homes before, more than one-third terminated employment because of low wages and poor working conditions. Another one-third left the job to move to another area. Although a high percentage (97 percent) liked the work they were doing, more than one-third were either undecided about remaining on the present job or were definite about plans to terminate within the year.

In contrast, aides who had been on the present job 3 or more years were older (about threefourths were aged 45 or over.) One-half had a high school education, and about two-fifths had attended some aide training classes. A surprisingly large number (52 percent) had had no work experience of any kind; 58 percent had never worked as aides before, and two-thirds had never worked in a nursing home previously. Similar to the newer employee group, a small number (16 percent) had terminated previous jobs in nursing homes because of low wages and poor working conditions, and 14 percent had quit to move to another area. A rather significant number (4 percent) left because they felt they were insufficiently trained for the work. A large number (90 percent) liked the work, and 80 percent plan to remain on the job during the next year.

With respect to age groups, analysis of the data indicates that nurse's aides in the age group 29 years and under seek and accept employment in nursing homes from the standpoint of vocational interest and to gain experience, select this field of work as a first job, and accept employment as a means of self-support. Also, they seem to terminate at the end of 6 to 17 months because of low wages, poor working conditions, and change of residence.

Aides in the age group 30 to 44 years apparently seek this work because of lack of experience in other fields of employment, to supplement family income, or for self-support if divorced or separated. They tend to remain on the job if unmarried and work sporadically if married. They terminate employment to move to another area.

Aides in the age group 45 years and older seem to accept this employment as a first job without having had training or experience. They continue in this field of work, however,

Aide questionnaires distributed and returned from stratified sample of Los Angeles County, Calif., nursing homes, 1963

Number of aides in home	Num- ber of homes	Questionnaires		
		Number distrib- uted	Number returned	Percent returned
1-9 10-19 20-29 30-39 40 and over	7 9 7 1 1	44 123 155 32 75	$26 \\ 75 \\ 110 \\ 16 \\ 39$	59 61 71 50 52
Total	25	429	266	62

when they have had several years' previous experience. They also tend to remain on a job, possibly for reasons of job security, job satisfaction, less desire for career building and advancement, and wages which may meet their personal needs more satisfactorily. They terminate employment to move to another area and for family and personal reasons.

Recommendations

Improvement in the quality of nursing care of chronically ill and aging patients in nursing homes can be improved only in proportion to the abilities and efficiency of nursing personnel, the effectiveness of nursing administration and adequacy of nursing supervision, and the degree of job satisfaction and security afforded through sound personnel policies and practices.

The results of this study indicate that nursing home administrators, nursing directors and supervisors, the nursing home industry, and others concerned should consider the following actions.

1. Establishing personnel policies and practices, or evaluating existing ones, with respect to insuring the employment and retention of qualified nursing personnel.

2. Re-examining methods of recruitment, job interviewing, selection, and assignment in terms of each facility's experience with employee job performance, personnel turnover, absentee rates, and occupational injury rates.

3. Defining and preparing written requirements for all nursing personnel positions in specific terms of education, training, and experience.

4. Preparing job descriptions for each job classification.

5. Establishing wage scales commensurate with job responsibilities.

6. Setting up job-performance evaluation programs for assisting employees to improve performance.

7. Effecting personnel policies and practices to allow upgrading when job requirements have been met and performance evaluations are favorable to provide promotional opportunities and decrease the loss of well-qualified employees.

8. Providing such employee fringe benefits as vacation and sick leave allowances and health insurance to attract qualified applicants and reduce staff turnover.

9. Instituting orientation and on-the-job training programs for all nursing personnel to standardize nursing care procedures, improve skills and techniques, and increase the employee's security in work practices.

PUBLICATION ANNOUNCEMENTS

Address inquiries to publisher or sponsoring agency.

Development of a Hospital Service Index. Medical Care Studies Publication No. 2. May 1965; 87 pages. Medical Care Studies Unit, State Department of Public Health, 2151 Berkeley Way, Berkeley, Calif. 94704.

Scope and Purpose of the Medical Care Studies Unit and Evaluating the Quality of Medical Care. Medical Care Studies Publication No. 1. April 1965; 8 pages. Medical Care Studies Unit, State Department of Public Health, 2151 Berkeley Way, Berkeley, Calif. 94704.

New Drugs—1965. Evaluated by A.M.A. Council on Drugs. 1965; 510 pages. American Medical Association, 535 North Dearborn Street, Chicago, Ill. 60610.

Licensed Practical Nurses in Nursing Services. 1965; 44 pages; \$1.50. National League for Nursing, Inc., 10 Columbus Circle, New York, N.Y. 10019.

United Mine Workers of America Welfare and Retirement Fund. Report for the year ending June 30, 1965. 1965; 28 pages. United Mine Workers of America Welfare and Retirement Fund, 907 Fifteenth St. NW., Washington, D.C. 20005. Microscopic Diagnosis of the Parasites of Man. By Robert B. Burrows. 1965; 328 pages; \$15. Yale University Press, New Haven, Conn.

Agricultural and Public Health Aspects of Radioactive Contamination in Normal and Emergency Situations. FAO Atomic Energy Series No. 5. 1964; 421 pages; \$7. Columbia University Press, 2960 Broadway, New York, N.Y. 10027.

Home-Delivered Meals for the Ill, Handicapped, and Elderly. A project report of NCOA. Supplement to American Journal of Public Health. Vol. 55, No. 5. May 1965; 86 pages; \$1.50. Health Committee, National Council on the Aging, Inc., 49 W. 45th St., New York, N.Y. 10036.

A Case Book of Home Care Services for the Terminal Patient and His Family and Case Book of a Coordinated Home Care Program for Children. 1965; \$3 single, \$5 two-vol. set. Montefiore Hospital Association of Western Pennsylvania. Training and Information for Home Care and Related Community Services for the Chronically Ill, 3459 Fifth Ave., Pittsburgh, Pa. 15213.

Report to the People, 1963-64. 1965; 36 pages. State Department of Health, Public Health Building, Olympia, Wash. 98502. Public Health and Medical Sciences in the Pacific. A forty-year review. By J. Ralph Audy. Tenth Pacific Science Congress Series. 1965; 133 pages; \$3. University of Hawaii Press, 2327 Dole Street, Honolulu, Hawaii 96822.

Health for Modern Living. By H. Frederick Kilander. 2d edition, 1965; 400 pages; \$5.95. Prentice-Hall, Inc., Englewood Cliffs, N.J. 07632.

The Population Council, 1952-64. A report. July 1965; 63 pages. Population Council, Inc., 230 Park Ave., New York, N.Y. 10017.

Comparability in International Epidemiology. Vol. 43, No. 2, pt. 2. By Roy M. Acheson. April 1965; 432 pages; \$3. Milbank Memorial Fund, 40 Wall St., New York, N.Y. 10005.

Your Health is Your Business. By Harry J. Johnson, M.D. Public Affairs Pamphlet No. 372. 1965; 20 pages; 25 cents. Public Affairs Pamphlets, 381 Park Ave. South, New York, N.Y. 10016.

In Case of Emergency. What to do until the doctor arrives. By Bry Benjamin, M.D., and Annette Francis Benjamin. 1965; 224 pages; \$4.50. Publicity Department, Doubleday & Co., Inc., 277 Park Ave., New York, N.Y. 10017.



Neurological and Sensory Diseases Senior Clinical Traineeships. PHS Publication No. 1361; 1965; leaflet. Explains the Neurological and Sensory Disease Service Program's senior clinical traineeships, whose objective is to improve and extend community services by providing opportunities for qualified physicians to obtain additional training in the specialty fields of neurological and sensory diseases. Discusses administration, applications, eligibility requirements of the candidate, training director, and training facility: stipends and allowances, length of traineeship, reports, tax exemption, transfer or termination of traineeship, and publication and public presentation of results.

Nursing Part Time in Industry. PHS Publication No. 1296: September 1965; 74 pages: 35 cents. Voluntary and official agencies should find publication useful as a guide for developing, administering, promoting, and providing nursing services in small establishments. Includes sample forms, examples of procedures, standing orders, and programs. Contains an extensive bibliography.

Five-Year Trend in Graduate Enrollment and Ph.D. Output in Scientific Fields at 100 Leading Institutions, 1959-60 to 1963-64. Resources for Medical Research Series, Report No. 6; National Institutes of Health; June 1965; 154 pages; \$1.

Prepared by the Office of Program Planning of the National Institutes of Health. Presents a 5-year view of significant trends in graduate enrollment in selected fields of science most relevant to the present and future supply of Ph.D.-trained scientists for medical and health-related research.

surveys of "Enrollment for Advanced Degrees," conducted by the U.S. Office of Education and focus on 100 leading institutions of higher education which currently constitute a sensitive indicator of the nation's Ph.D. output and Ph.D.-oriented graduated training capabilities.

Provides an in-depth analysis of enrollment trends since 1959 and examines major shifts in enrollment patterns by level and discipline, with special emphasis on the basic medical sciences. Includes sections on enrollment of women in selected science fields, projections of graduate enrollment and Ph.D. output, and implications for medical research and education.

Presents appendix tables which give detailed graduate enrollment data in the selected science fields by year, institution, field of study, sex. and enrollment level. Also includes statistics relating to earned degrees conferred by field of study, level, and sex.

Senior Clinical Traineeships, Cancer **Control Branch, Division of Chronic** Diseases. PHS Publication No. 1359; 1965; 4 pages. Explains how qualified physicians may obtain additional training in their specialty fields with major emphasis on management of patients with malignant diseases. Lists eligibility requirements and describes program objectives and responsibilities of the trainee.

Film Reference Guide for Medicine and Allied Sciences. PHS Publication No. 487; revised 1965; 405 pages; \$2.50. Includes entries for selected medical films and filmstrips that are useful in the medical training programs of one or more of the member agencies that comprise the Federal Advisory Council on Medical Training Aids. Members include Data are derived from the annual the Department of the Army, De-

partment of the Navy, Department of the Air Force, the Veterans Administration, and the Public Health Service. Film descriptions are arranged by subject with a title index. and a category listing is provided. All materials listed are currently available for borrowing or renting: no films listed are for sale only.

Location of Manpower in 8 Health Occupations, 1962. PHS Publication No. 263, Section 19: 1965; by Maryland Y. Pennell and Kathryn I. Baker: 167 pages; \$1. Provides a quantitative statement in numerical and graphic terms on the location of personnel in eight health occupations, dentists, nurses, pharmacists. physicians (M.D. and D.O.), sanitarians, sanitary engineers, and veterinarians. Selection was based on availability of locality information for personnel essential for civilian health care.

Dental Health Research Grants. PHS Publication No. 1367; 1965; *leaflet*. Describes the need for dental health research and the projects in applied dental research which may be eligible for grant support from the Division of Dental Health. Summarizes eligibility requirements and gives information on how to apply for a grant. Should be helpful to educators, social scientists, engineers, economists, and psychologists, as well as dentists who may be seeking financial support research projects related to dental health.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington, D.C., 20201.

The Public Health Service does not supply publications other than its own.



BRUCE, DANIEL W. (Public Health Service), REMARK, D. G., and AVERETT, W. J.: Cesium 137 body burdens of Alaskan men, spring 1965. Public Health Reports, Vol. 80, November 1965, pp. 949–953.

To assess the extent and the magnitude of the reportedly elevated cesium 137 body burdens in Alaska, 180 men in seven communities scattered throughout the State were counted in April and May 1965 to determine their cesium 137 body burdens. In addition, they were interviewed about their dietary consumption.

The whole-body counting device consisted of a portable, unshielded, gamma scintillation detector coupled to appropriate instrumentation. The measurement indicated that body burdens higher than those recorded in the conterminous United States existed throughout Alaska.

The data were divided according to whether or not the subject ate caribou (reindeer). The average body burdens for the caribou eaters were significantly higher than for noncaribou eaters. Based on these measurements, the Public Health Service is continuing its program of surveillance in Alaska. However, the higher burdens do not exceed the radiation protection guidance recommended by the Federal Radiation Council.

FISHER, GAIL F. (Public Health Service), and VAVRA, HELEN M.: Screening high-yield groups for diabetes. Public Health Reports, Vol. 80, November 1965, pp. 961–968.

New cases of diabetes are diagnosed more frequently among screenees with selected characteristics than among the general population. Data for this paper were obtained from reports of diabetes screening programs sent from all parts of the United States to the Public Health Service and from special projects where detailed information on participants' characteristics was available. Reports sent to the Service on 176,000 persons screened throughout the country in the diabetes screening programs show that case yield is highest in older populations. Reports on 8,980 Federal employees screened in various cities also show that case yields are higher in those who are older, overweight, have a family history of diabetes, or have a history of births of large babies. Data from other special projects confirm these results.

Data for the Federal employees demonstrate that in diabetes screening programs consideration should be given to testing only those over 40 and those under 40 who have a family history of diabetes. In the Federal employee screening project, the 69 percent of the total population with these characteristics yielded 95 percent of the new cases.

SCHUCKER, GEORGE W. (Baltimore City Health Department), VAIL, EDWARD H., KELLEY, ELIZABETH B., and KAPLAN, EMANUEL: Prevention of lead paint poisoning among Baltimore children: A hard-sell program. Public Health Reports, Vol. 80, November 1965, pp 969–974.

An intensive "hard sell" program was conducted in Baltimore during 1962 through 1964 to prevent lead paint poisoning in three census tracts of the city. The primary emphasis was on home visits by a sanitarian and personal communication with the person caring for the child.

It was not possible to demonstrate statistically that the program reversed the trends either of clinically diagnosed plumbism or abnormal absorption of lead in children under 4 years of age. During the 3-year program, the average annual rate of diagnosed lead poisoning and elevated blood-lead levels among children under 4 years of age was 4.5 per 1,000 in the study area and 5.4 per 1,000 in the control area. During the preceding 3year period, the average annual rate had been 7.4 in the study area and 10.4 in the control area.

The limited success of the hard-sell program apparently would not justify its citywide expansion with relatively costly professional personnel on a full-time basis for home instruction. The educational procedure would appear to have possible application to community-centered projects such as poverty programs, where area workers in frequent contact with residents could be trained by their health departments to include education on the prevention of lead paint poisoning as part of the routine family visits. Such education would have its greatest effect in large-scale programs, where the highly mobile population would not be lost as people move from place to place within the general area.

ALLIS, JOHN B. (Public Health Service): Orienting the physical therapist to public health practice. Public Health Reports, Vol. 80, November 1965, pp. 975–980.

A physical therapist needs supplemental education to develop his highest professional degree of competency in order to make his most effective contribution to the practice of public health. Professional qualifications, training, and experience are factors worthy of evaluation in selecting physical therapists for public health practice. The therapist, too, needs to weigh his personal and professional objectives before entering the practice.

In general, education in physical therapy is not attuned to current needs as they interrelate with physical therapy, the community, and public health practice. Except for formal graduate study in public health, the usual mechanisms available to physical therapists for professional growth in the area of public health are ineffectual. For a physical therapy consultant, the orientation program assumes monumental importance as he shoulders broad responsibilities. Too often he enters the practice of public health without previous relevant education or experience.

Orientation programs are highly individualized and require long-range planning. They should include orientation to the agency, division, and program, in that order. One objective carried throughout is the development of an understanding of public health principles and philosophy.

The duration of an orientation program is flexible. Some agencies provide no formal program while others devote several weeks to orientation. Some agencies provide supervised field experience, which can be introduced only after some knowledge and understanding of public health philosophy and practice have been attained.

Because of the need for guidelines in orienting physical therapy consultants to public health practice, the following recommendations are made: (a) include courses in public health practice in the curriculum of schools of physical therapy and appropriate experience in public health programs during clinical training ; (b) establish field training centers at locations where facilities, staff, programs, and communities meet requirements of the approving bodies of the American Public Health Association and the American Physical Therapy Association: and (c) conduct field training in two phasesa carefully supervised initial phase lasting a few weeks and covering a variety of meaningful experiences, and a 6-month secondary phase of on-the-job training with supervision geared to the professional and personal attributes of the new assignees.

RAVENHOLT, REIMERT T. (University of Washington), LEVINSKI, MARY JO, JOHNSON, MARY, and RAVENHOLT, ASTRID M.: Immunizable disease occurrence and prevention in Seattle: 1890–1964. Public Health Reports, Vol. 80, November 1965, 981–993.

The secular experience of the Seattle-King County community with the occurrence of immunizable diseases such as smallpox, diphtheria, pertussis, tetanus, poliomyelitis, influenza, and measles, with related preventive activities, is reviewed. The findings of the study indicate that eradication of these and other diseases by means of immunization is especially dependent on thorough immunization of children of all socioeconomic, cultural, and neighborhood groups within the community, rather than on the general level of immunization.

For this reason three routine or periodic roll-call surveys of immunizations and reasons for nonimmunization (at first birthday, on entry to elementary school, and when moving into public housing) are recommended for ascertaining and improving the status of immunization in every community.

Such a roll-call, or roster, survey of all (6,595) second-grade school children in a representative one-third sample (87) of the elementary schools in Seattle and King County during 1960 revealed that 84 percent of all the children were fully immunized with all recommended vaccines, 14 percent were incompletely immunized, and 1.1 percent had never been immunized with a vaccine.

In the upper socioeconomic neighborhoods, immunization was deficient mainly because of religious beliefs. In the lower socioeconomic neighborhoods, neglect, procrastination, and fear of immunization, rather than religious belief, were the main reasons for nonimmunization.

LEFFINGWELL, LOIS (Texas State Department of Health), and IRONS, J. V.: Rabies antibodies in human serums titrated by the indirect FA method. Public Health Reports, Vol. 80, November 1965, pp. 999–1004.

The indirect fluorescent rabies antibody (IFRA) test was evaluated for its usefulness in titrating rabies serum antibodies. The titers obtained were compared to the logs of virus protected in the serum neutralization (SN) test. There was complete agreement between the two tests for 78 (93 percent) of the serums. Five serums were IFRA positive, SN negative; in only one instance was a serum SN positive. IFRA negative.

In all instances where there were several serums from one person (prevaccination and post-vaccination), the indirect fluorescent antibody method detected the increases in titer, and in three instances the FA response was noted first. This initial response was subsequently confirmed in later specimens by rises in titer by both the IFRA and SN methods. In no instance did the serum neutralization test detect the initial response before the IFRA test. These results suggest that the indirect fluorescent antibody method may be the more sensitive. If so, it could ultimately supplant the neutralization test as a sensitive, rapid, high-resolution diagnostic method in comparing titers of prevaccine and post-vaccine serums.

GOGGIN, JOYCE E. (New York State Department of Health), HADDON, WIL-LIAM, Jr., HAMBLY, GEORGE S., and HOVELAND, JANET R.: Incidence of femoral fractures in postmenopausal women. Before and after water fluoridation. Public Health Reports, Vol. 80, November 1965, pp. 1005–1012.

Femoral fracture incidence among women 60 years or older in Chemung County including Elmira, N.Y., was studied before and after fluoridation of their community water supply. The femoral fracture rates during the 5 years after fluoridation did not change significantly. Whether fracture rates are lowered when women receive fluoridated water before the menopause or for longer periods is unknown and should be investigated.

A large proportion of the femoral fractures in women 60 years or older were attributed to minor falls. These data support previous evidence that a decreased mechanical injury threshold is involved in the etiology of femoral fractures in aging women.

The femoral neck and trochanter were the most common anatomical sites of fracture, and a shift in the site of fracture with age was found. There was no evidence of increased fracture incidence in winter months.

Age-specific femoral fracture rates for men exceeded those for women during the first 40 years of life, after which the rates for women were progressively higher than the rates for men, although increases in the rates for men also were observed.

Vol. 80, No. 11, November 1965