

PREPARING FOR

QUALITY CAREGIVING IN NURSING HOMES:

MAJOR CHANGE IS NEEDED IN THE TRAINING
AND EDUCATION OF NURSE AIDES



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Executive Summary

One of NHCC's major advocacy efforts centers on those who actually provide the direct care to residents: nurse aides. They provide almost all hands-on care. The quality of aides' work life directly affects the quality of life and care for residents. NHCC formed its Committee on Staffing Issues to continue to identify common issues of concern to residents and direct caregivers. Among these are the number of training hours for aide certification; aide training curricula and processes; adequate staffing levels; supervision; and professional disciplinary processes.

Nursing Home Residents Need Well-Trained and Educated Caregivers

- Aides provide 90% of all hands-on care given to nursing home residents.
- New York's nursing home population is getting older, sicker, more frail, and more cognitively impaired.
- With the increased reliance on home and community-based long-term care services, only people in need of institutionally-based services requiring advanced long-term care are coming to reside in nursing homes.
- An increasing percentage of nursing home residents are people needing sophisticated short-term sub-acute, rehabilitative, and post-hospitalization services.
- There are growing staff shortages of aides, increasingly-rapid turnover among aides, and increasing reliance upon per-diem aides who do not know the individual residents.
- The remaining aides who are permanent, long-term employees are being required to undertake and handle a scope of responsibilities which is daunting and unrealistic.

November 1999 Conference on Aide Training

In November 1999, NHCC with the support of Service Employees International Union (SEIU) held a major statewide conference, "Teaching and Creating Change for Residents and Caregivers: Training Nurse Aides for a Humane Work Environment and Caregiving Culture". Held in Albany, it brought together all the "major stakeholders" to discuss the issue of training of nurse aides. Residents, their family members, aides, nurses, administrators, advocates, ombudspersons, union officials, industry representatives, researchers and academicians, trainers and educators, and state and federal officials were invited. Over 120 people attended from all corners of the state, including western, central and northern New York, the Southern Tier, the Capital district, the Hudson Valley, New York City, and Long Island. They represented advocacy groups, colleges and universities, government agencies (the NYS Department of Health and Office for the Aging), nursing homes, industry associations, ombuds agencies, trade unions, and training programs.

Breaking up into small work groups of people who live and work in nursing homes, the *real* experts, recommendations were developed to improve the content of the aide training curriculum.

RECOMMENDATIONS FOR CHANGE

In addition to current requirements, nurse aide curriculum must also include:

- Working as part of a team, where all respect each other as equals
- Power relationships and assertiveness training
- Communication skills
- Basic manners and social graces
- Compassion, sensitivity, and understanding
- Care planning
- The aging process, medical, personal, psychological, and social
- Assessment of individual needs, values, and differences

- The importance of autonomy and choice
- The importance of non-medical issues
- Relationship building, with residents, family, and co-workers
- Multi-culturalism and cultural diversity, including sexuality
- Conflict resolution
- Time management
- Stress management
- Human psychology and mental health
- Death, dying, and grief
- Problem solving and creative thinking
- Basic English proficiency (for those who need it)

The training process must include:

- Use of on-going support groups during training, and for several weeks afterwards upon starting work
- Mentoring by senior aides and other caregiving staff both in the certification process and during the first months of work
- Use of extensive field experience as part of the training process
- Use of case studies in the training process, both of residents and family members
- Teaching the value of education and the training process
- Extensive use of role playing
- Holding regular meetings with teachers and trainers during the first months of work
- Including residents and family members in the training process
- Making the training process longer – don't rush it. Take the time and do it right
- Emphasizing the importance of goals and objectives for resident care, not institutional needs
- Including visits to Resident and Family Council meetings during the training process and for several months afterwards

Participants realized that these reforms will require a significant expansion of training hours, both for certification and on-going. As of 1997, several states, some with significant nursing home

populations, require certification training hours beyond New York's 100-hour mandate. These include: Missouri, 175 hours; California and Maine, 150 hours; District of Columbia, Florida, Illinois, Oregon, and Rhode Island, 120 hours; and Indiana, 105 hours. In 1999, the National Citizens' Commission on Nursing Home Reform, a national organization of nursing home advocacy groups, formally recommended that states require a minimum of 160 hours for certification. All of these reforms will require an increase in public resources to make them succeed, but it is an investment well made for New York's most vulnerable, fragile, and needy citizens.

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Introduction

The primary mission of the Nursing Home Community Coalition of New York State (NHCC) is to secure and improve nursing home residents' quality of care and quality of life. A variety of public policy decisions affect the daily lives of nursing home residents. Foremost among these are the development of laws, codes and regulations, and their enforcement through monitoring and the imposition of a variety of sanctions.

One of NHCC's major advocacy efforts centers on those who actually provide the direct care to residents: nurses and nurse aides. In particular, NHCC has long focused on the quality of care provided by nurse aides. They provide almost all hands-on care. The quality of aides' work life directly affects the quality of life and care for residents.

In 1997, the New York State Department of Health proposed lowering by 25% the number of required training hours to certify nurse aides. Given the current challenges nurse aides face and given the complexity of their jobs, the State's proposal made no sense. NHCC mobilized its members and joined forces with trade unions and professional associations representing nurses and nurse aides to successfully preserve New York's current 100-hour training requirement for certification. Building on this ad-hoc collaboration, NHCC subsequently formed its Committee on Staffing Issues to continue to identify common issues of concern to residents and direct caregivers: the number of training hours for aide certification; aide training curricula and processes; adequate staffing levels; supervision; and professional disciplinary processes.

Aide Education and Training Is Important to Residents Because They Need Well-Trained and Educated Caregivers

- Aides provide 90% of all hands-on care given to nursing home residents.
- New York's nursing home population is getting older, sicker, more frail, and more cognitively impaired.
- With the increased reliance on home and community-based long-term care services, only people in need of institutionally-based services requiring advanced long-term care are coming to reside in nursing homes.
- An increasing percentage of nursing home residents are people needing sophisticated short-term sub-acute, rehabilitative, and post-hospitalization services.
- There are growing staff shortages of aides, increasingly-rapid turnover among aides, and increasing reliance upon per-diem aides who do not know the individual residents.
- The remaining aides who are permanent, long-term employees are being required to undertake and handle responsibilities which are daunting and unrealistic.

NHCC's Response to the Issue of Aide Training: Culture Change

All of NHCC's work on caregiving staff issues is grounded in the belief that what is needed to secure and improve the quality of care and quality of life for nursing home residents is a fundamental transformation of nursing home care. The contemporary nursing home must turn away from the dominance of institutional needs toward the ascendancy of "resident-centered" or "resident-directed" care, a fundamental change in culture.

The fundamental locus of this transformation lies in two arenas:

- First and foremost, within the resident-aide relationship. It is here where direct caregiving actually takes place.
- Secondly, with administrators and supervisors who must support a new culture.

This transformation also greatly improves the working life and conditions for aides, as well as the quality of life for residents. Experience shows that people actually want to work and live in these "transformed" nursing homes.

February 1999 Forum on Training Requirements

NHCC members believe that the key to transforming a nursing home is an adequately-trained workforce which is not only trained in medical matters, but also trained in social, cultural, and interpersonal ones. We have long heard concerns expressed by residents, their family members, advocates, and ombudspersons that many aides in conventional homes feel, when they begin their professional careers, that they are ill-equipped for the reality of their daily jobs, and for the typical home as workplace. Conferring with trade unions representing aides, our perceptions have been confirmed.

NHCC believes that something has to be done pro-actively. In February 1999, NHCC convened a one-day forum in New York City which brought together a small group of residents, family members, aides, and advocates. They discussed the reality of current nurse aide training requirements in New York, and suggested areas for further exploration. These areas included certification curriculum content, the certification training process, in-service and on-going training, and the number of training hours.

Participants at the forum strongly endorsed two major initiatives:

- certification training hours need to be increased.
- certification training curriculum and processes must be significantly enhanced.

The day's discussion proved lively and fruitful. Upon review of the forum's discussions, our Committee on Staffing Issues concluded that New York's current training requirements do not go nearly far enough, and that they are woefully inadequate to prepare aides for the reality of contemporary nursing home caregiving, whether the particular nursing home is "transformed" or not.

November 1999 Conference on Aide Training

NHCC, with the support of the Service Employees International Union (SEIU) held a major statewide conference in Albany in November bringing together all the "major stakeholders" to discuss the issue of training of nurse aides. The conference was titled "Teaching and Creating Change for Residents and Caregivers: Training Nurse Aides for a Humane Work Environment and Caregiving Culture". Residents, their family members, aides, nurses, administrators, advocates, ombudspersons, union officials, industry representatives, researchers and academicians, trainers and educators, and state and federal officials were invited.

Over 120 people attended from all corners of the state, including western, central and northern New York, the Southern Tier, the Capital district, the Hudson Valley, New York City, and Long Island. They represented advocacy groups, colleges and universities, government agencies (the NYS Department of Health and Office for the Aging), nursing homes, industry associations, ombuds agencies, trade unions, and training programs.

Keynote Address

The keynote address was given by Catherine Unsino, CSW, nationally-known consultant in long-term care, aide training, and nursing home culture change. Her remarks centered on the crucial role of nurse aides in nursing home "ecology". Within the context of changing nursing home culture, she described two competing operational paradigms: the "traditional" one that labels and controls residents and requires aides to "treat patients", and a "transformed" one which liberates and empowers residents and aides-as-caregivers. It allows residents and aides to create a wholesome quality of life and quality of work for both as individual human beings.

Central to achieving this goal in nursing home life is respect for the sanctity of the resident-aide relationship. This relationship is at the core of nursing home ecology. It is the point where the resident and his/her caregiver are known and respected and valued as human beings. How the other stakeholders treat and respect this relationship within the aide training process affects the entire home's ability to provide quality resident care and uphold the dignity of residents and hands-on caregivers. Under this

approach, all staff are continually in the role of both student and teacher, as they work together to learn about each individual resident and staff person and how best to meet his/her needs. Learning and skills development are tailored to particular situations and individuals' qualities and needs. In this approach, small group peer counseling and brainstorming become important techniques for learning through which everyone develops a repertoire of skills and abilities are enhanced.

Small Groups: Morning Session

Following the keynote address, participants broke into one of nine small work groups to which they had been assigned. Each group was carefully constructed to include the diversity of roles and geography represented at the conference. It was within these groups that the work of the conference was actually accomplished. The morning small group session focused on identifying the reality of the current role of the aide in the typical contemporary nursing home (see below.)

Luncheon Address

Reconvening, conferees heard from Ellen Hoist, RN, MSN, Director of the Licensed Practical Nurse (LPN) and nurse aide program at Bronx Community College. Professor Hoist, herself a former aide, nurse, and nursing home resident, spoke about the importance of broadening the understanding of aide training beyond mechanistic and task-oriented concerns, to encompass a life-long process of learning, education, and professional development. She identified important components of this process that includes other aides, experienced aides as mentors, residents, and family members. In addition, she underscored the importance of aides' identifying themselves as professionals, working as part of a team, and developing themselves as experienced caregivers.

Small Groups: Afternoon Session

Following the luncheon address, participants returned to their small work groups. Each group was given a particular cluster of training issues to discuss (see Appendix.) These clusters came out of NHCC's February 1999 forum (see above.) The groups were asked to make recommendations in their areas.

RESULTS OF SMALL GROUP WORK: MORNING SESSION

The roles aides fill or play in contemporary nursing homes were identified:

- Assistant to other nursing and medical staff, rather than the resident
- Listener to residents needs and concerns, if and when possible
- Hand-holder for residents in emotional crises
- De-facto family member and friend for residents
- Nurturer of a resident's spirit
- Advocate for residents
- Frontline communicator and information source to family members and other staff
- Eyes, ears, and sense of touch for residents

Common circumstances aides now experience on the job were identified:

- Making do with antiquated equipment and short supplies
- Working under supervisors who are overwhelmed by paperwork and unable to properly supervise and assist
- Being inadequately trained for the reality of the working and caregiving environment, especially for residents with complex and special needs
- Having to work to comply with regulations only, rather than meeting residents' real needs

The adverse feelings aides often experience about their work were identified:

- Conflicted between what should be done and what can or cannot be done
- Overworked with never enough time to talk with residents about their own concerns
- Demeaned and disrespected by other staff
- Disempowered, with a task orientation only, instead of "relating" to residents

- Scapegoated, with nowhere to turn for relief
- Burnt out and stressed out
- Far down on the staff "totem pole"
- Underpaid for the work they do, often without adequate benefits
- Conflicted between institutional rules and residents' needs
- Stiffed in their sense of personal compassion and humanity
- Unfulfilled and dissatisfied at the end of the shift
- Stuck in a dead-end job with little possibility of advancement or professional development
- Alienated as part of the care team

Characteristics which comprise an ideal role aides could play were identified:

- An interdisciplinary "team player" who works alongside, not under, other staff, with full two-way communication between team members
- A caregiver, and not just a laborer, who has responsibility for a reasonable workload that can be handled
- A professional working in a team with other aides, and involved in the hiring and orientation of new aides

Improvements were suggested to enhance aides' work life:

- Adequate pay, with benefits
- Adequate training for the full spectrum of an aide's work, including adequate time for training
- A flattened management structure
- Ability to make decisions involving resident care
- Recognition by other staff as the staff caregiver closest to the resident
- Involvement in care planning
- Ability to enter information into a resident's records
- Allowance for quality time to converse with residents and be their friend
- Appreciation by administrators and other staff as a professional caregiver

Aides themselves reported the desire for:

- Fulfillment in one's work
- Being in a humanistic, and not just a mechanistic, relationship to residents and family members

RESULTS OF SMALL GROUP WORK: AFTERNOON SESSION

Changes Needed in Curriculum Content

During the conference seven of the nine small work groups met to develop recommendations to improve the content of aide training curriculum. The list of specific ideas was quite extensive (see Appendix A.)

Common ideas among all groups for inclusion in the training curriculum include:

- Working as part of a team, where all respect each other as equals
- Power relationships and assertiveness training
- Communication skills
- Basic manners and social graces
- Compassion, sensitivity, and understanding
- Care planning
- The aging process, medical, personal, psychological, and social
- Assessment of individual needs, values, and differences
- The importance of autonomy and choice
- The importance of non-medical issues
- Relationship building, with residents, family, and co-workers
- Multi-culturalism and cultural diversity, including sexuality
- Conflict resolution
- Time management
- Stress management
- Human psychology and mental health

- Death, dying, and grief
- Problem solving and creative thinking
- Basic English proficiency (for those who need it)

Changes Needed in Training Process:

One small group also met to discuss the training process, and developed the following recommendations for improving the training process:

- Use of on-going support groups during training, and for several weeks afterwards upon starting work
- Mentoring by senior aides and other caregiving staff both in the certification process and during the first months of work
- Use of extensive field experience as part of the training process
- Use of case studies in the training process, both of residents and family members
- Teaching the value of education and the training process
- Extensive use of role playing
- Holding regular meetings with teachers and trainers during the first months of work
- Including residents and family members in the training process
- Making the training process longer – don't rush it. Take the time and do it right
- Emphasizing the importance of goals and objectives for resident care, not institutional needs
- Visiting Resident and Family Council meetings during the training process and for several months afterwards

Changes Needed in In-Service and On-Going Training: Design, Content, Amount, and Frequency

One small group met and developed the following recommendations concerning on-going and in-service training:

- Increasing certification training hours significantly beyond

current requirements

- Emphasizing how to deal with residents as individuals, not as categories
- Offering specific training for specific diagnoses
- Focusing on relationship-building with residents and family members
- Using care plan development, documentation, and revision as teachable moments
- Using senior aides as trainers, as well as other caregiving staff
- Including residents, family members, advocates, and ombudpersons in the planning and training process
- Mandating one week of in-service training every 6 months
- Making available immediate training opportunities when special needs arise.
- Training aides to be part of the care planning process, documentation

Conclusions

New York's training requirements for nurse aides need to be significantly re-vamped. In particular, the state's curriculum content for certification must be significantly expanded beyond basic medical care and task-orientation to include the variety of human dynamics, the care planning and caregiving process, the process of work, teamwork and handling responsibility, social and cultural matters, and aging issues. The process of training must also be expanded beyond traditional classroom techniques and fieldwork to include support groups, mentoring, role playing, case studies, and inclusion of residents, family members, and advocates. In-service training must also be expanded to include further development of these issues and processes.

These reforms will require a significant expansion of training hours, both for certification and on-going. As of 1997, several states, some with significant nursing home populations, require certification training hours beyond New York's 100-hour mandate. These include: Missouri, 175 hours; California and Maine, 150

hours; District of Columbia, Florida, Illinois, Oregon, and Rhode Island, 120 hours; and Indiana, 105 hours. In 1999, the National Citizens' Coalition on Nursing Home Reform, a national organization of nursing home advocacy groups, formally recommended that states require a minimum of 160 hours for certification. All of these reforms will require an increase in public resources to make them succeed, but it is an investment well made for New York's most vulnerable, fragile, and needy citizens whose population will double over the next 30 years.

APPENDIX A

Specific Recommendations from November 1999 Conference re: Certification Training Curriculum Content

Group 1 – Working as part of a team; communicating with supervisors; and developing relationships with peers. This group recommended teaching about:

- The concept of working as part of a team
- Communication skills
- Manners, compassion, and sensitivity
- The psychological effect the job can have on caregivers, and how to handle stress and avoid burn-out
- Basic English proficiency (for those who need it)

This group also recommended the use of experienced aides as mentors, role playing of situations, and the inclusion of residents, family, and other staff in the training process.

Group 2 – Promoting resident choice and autonomy; care plan development and management; individualized resident care; resident-directed care. This group recommended teaching about:

- Care plans, their rationale, how they are devised, and the role of aides, the residents, and family in its design, implementation, and revision
- Care goals and interventions
- Communication skills with residents
- The breadth and complexity of common problems of the aging process
- How to relate to cognitively-impaired residents so that they feel included and their ideas/needs are respected in the care plan process
- How to assess residents care needs during the caring process, and then communicate it to others
- The importance of non-medical aspects of each resident (personal, social, cultural)
- The value of resident autonomy and choice
- The importance of valuing and getting to know residents as individual human beings, and of not referring to them by diagnosis or room number

This group also recommended changing the term “nurse aide” to “resident assistant” or “resident caregiver”.

Group 3 – People skills to work and develop relationships with residents and family members. This group recommended teaching about:

- Communication skills
- The role of the aide as caregiver
- The admission process
- Multi-culturalism and the variety of cultural values
- Basic skills in social graces
- The process of “getting to know” a resident and family members
- Basic English proficiency (for those who need it)

This group also recommended that:

- Residents and family members be included in the training process
- Role-playing be included in the training process
- Trainees spend one-week with a mentor prior to beginning the training process

Group 4 – Conflict resolution; stress management; coping with limitations on the job; time management. This group recommended teaching about:

- Conflict resolution, and time and stress management
- Open discussions of the “real world” limitations of the job, especially dealing with staff shortages
- Medical language, concepts and terminology
- Communication skills
- Internal vs. external stresses
- Cultural diversity

In addition, this group also suggested:

- Role playing out situations
- Setting up “buddy systems” and support groups for aides once on the job

Group 5 – Cultural diversity, including race, ethnicity, religion, national origin, cultural background and values, and sexuality/sexual orientation. This group recommended teaching about:

- Different value systems and their implications for everyday lives
- How to assess residents' and family members' values and life experiences
- The role of family value systems
- How to help families deal with the guilt they often feel at placing a family member in a nursing home
- Communication skills
- Compassion and understanding
- Individual differences
- The value of the social worker as a resource/ally
- Sexuality in the cultural awareness process

This group also recommended including aides in residents' admission and orientation process.

Group 6 – Responding to residents with special needs: depression, dementia, pain management, palliative care, and death and dying. This group recommended teaching about:

- Depression, dementia, pain management, and palliative care
- The death and dying process, for the resident, family members, and aides/caregivers
- How to notice medication contraindications
- Various approaches to dementia, depression, and pain management, including alternative and non-medical approaches
- Grief counseling
- Good communication skills
- Basic human psychology and mental illness
- New resident adjustment

Group 7 – Promoting aide choice and autonomy; care plan development and management; problem identification and problem solving; making decisions; recognizing when help is needed and how to request it; listening and prioritizing. This group recommended teaching about:

- Communication skills
- Power relationships within nursing homes, what they typically are and what they could/should be
- Regulations, surveys, and code enforcement
- How a nursing home works – codes, surveys, reimbursement, etc.
- Self-esteem, self-confidence, and self-reliance
- Assertiveness training
- Problem solving and decision making
- Include role playing
- Creative thinking
- Ethical and professional codes
- Cultural diversity
- Care plans

This group also recommended the inclusion of role-playing and assertiveness training in the training process.