

Briefly noted

The training of carers in homes for the aged

Few homes for the aged are able to staff a frail-care facility entirely with professional nursing staff. For this reason most homes have a staff mix of a few nursing sisters supported by less qualified personnel such as enrolled nursing auxiliaries, who in turn are assisted by carers (previously called ward aides).

Carers have been shown to do valuable work in homes for the aged. Despite working in a type of "no-man's land" as far as professional responsibility is concerned, they can be and often are trained to very acceptable levels of competence and professional conduct. This has especially been the case where individuals have been judiciously selected and appointed.

However, a poor attitude towards carers has been noted among senior nursing and management staff at some institutions, which as it were tends to "sweep them under the carpet;" it is pretended that carers do not assist nursing staff in any meaningful way.

Over the past year I have attempted to develop an in-house training programme for carers. My methodology has been to give short talks on basic subjects to day-staff carers and enrolled nursing auxiliaries, as well as to their night-staff counterparts during the early evening. An evaluation of my training programme has led me to the conclusion that short, intermittent "in-service" training given by sisters-in-charge of a home's nursing staff over a continuous period is superior to "outside" training received by some personnel in these ranks. ("Outside" trainers are disadvantaged in not being a member of the "team" – especially where practical training is concerned. It is frequently not possible for outside trainers to train night staff.) I therefore argue that sisters-in-charge at homes for the aged should be provided with standardized materials to assist them in training carers.

Typical staffing pattern in homes for the aged

Typical staff categories at homes for the aged are a professional nurse (previously called a "sister"), an enrolled nurse (previously called a "staff nurse"), an enrolled nursing auxiliary (ENA) and a carer. Carers are not registered or enrolled with the South African Nursing Council; this means that the Council is not responsible for errors made by carers. A professional nurse at a home assumes responsibility for a carer's performance of her/his duties.

Professional nurses, enrolled nurses and enrolled nursing auxiliaries are employed in ratio to one another, which usually follows the recommendations of the "The Provision of Nursing Personnel for Homes for the Aged," which is sanctioned by the government and the South African Nursing Association. However, in a number of homes carers are used in the place of enrolled nursing auxiliaries. One may find two, three or even four carers in a day or night shift, supervised by an enrolled nurse, or even by an enrolled nursing auxiliary.

A carer's duties are to assist an enrolled nurse or the professional nurse on duty. A carer is not merely the cleaner of floors, bathrooms, toilets and ward furniture. She is in fact

involved in caring for residents in ways that are intimate enough to require basic nursing skills.

This being the case, it is clear that she should be equipped to perform these tasks by being given appropriate training. Such training should be practical and verbal. Her performance and capabilities should also be periodically assessed by the professional nurse-in-charge. Written assessments of her performance should be shown to the carer.

In many health-care institutions periodic but continuing in-service training is now encouraged or even insisted upon. Such training is by no means confined to the lower staff echelons. Further, many health-service agencies, such as community-health centres, carry out periodic self-audits.

If training is necessary, what type of training should be provided?

In several homes for the aged in Cape Town and the Western Cape region, professional nurses and matrons have devised and implemented very effective training courses for carers and aspirant enrolled nursing auxiliaries. They have informed me of their training efforts and supplied excellent notes. However, they all acknowledge a need for the standardization and broader application of such training. There appears to be wide variation in the effort put into training in homes for the aged.

A carer who has a desire to develop her nursing competence and who has the required school-level certificate should be encouraged and helped to secure a position as an ENA in a teaching hospital. However, few hospitals in the Western Cape region provide training for enrolled nursing auxiliaries which means that an individual who has been accepted for training must leave the institution where she is employed to undergo full-time training at a teaching hospital for a period of at least six months.

Questions that will inevitably arise in such cases are "Will I be paid while I am learning and paid by whom?" and "Will there still be a job for me when I have completed my training?" These uncertainties are likely to daunt the career ambitions of carers, who in many cases may also lack the required school certification to be admitted to a course.

It therefore seems that the only way to establish and improve a carer's competence is through in-service training. If this is so, it is important to consider what the content of such training should be and who should give the training.

What should carers be taught?

Training should not include subjects for the instruction of nursing students, such as anatomy, physiology, surgical nursing and the human reproductive system. These subjects are complex and the detail is not required in the type of care that carers render. Rather, the subject matter of the training should include

- the prevention of bed sores;

- how to assist an incontinent patient;
- how to assist a confused patient;
- how to prevent accidents in the home;
- how to feed a helpless patient;
- how to turn and assist a bedridden patient;
- how to give a bed bath;
- how to assist a frail person to bath and to go to the toilet;
- how to use a wheelchair;
- how to accompany a frail person on a walk;
- how to maintain a patient, kind regard for sometimes irritable, or even openly aggressive elderly persons, whose mental abilities are diminished.

Further, carers should be taught the importance of reporting accidents; of looking for and reporting unexpected changes in a resident's condition; and other practical aspects of caring for frail people. Clearly, professional nurses should teach carers.

Should in-service training of carers be standardized?

Standardization is vital. It will enable newly-appointed professional nurses to take over the training from retiring nurses. When carers transfer from one home to another, staff at the new home where they are appointed will know the nature of their previous training.

How should training be standardized?

This is a difficult question to answer. Training at present is fragmented – despite the high-quality training procedures which are carried out in several homes. Most advocates of improved training for carers feel that training institutions should be established to which carers go to attend courses. However, it will take many months for such courses to be set up and for them to be standardized.

I am therefore lobbying an interim scheme whereby regional and central government authorities are persuaded to insist on in-service training of carers in all homes for the aged. Such training should be part of the job description of professional nurses-in-charge of homes. The authorities should supply brief course notes on the subjects listed, to help the sister in the training. Finally, the Nursing Council inspectorate should ensure that such training is satisfactorily carried out in all homes.

Dr J.R.H. Tooke
59 Union Avenue
Pinelands 7405
Republic of South Africa

Rejoinders

Thank you for the opportunity to comment on Dr Tooke's brief.

The importance of adequate and ongoing training of caregivers in homes for the aged cannot be sufficiently stressed. Obviously standardization of the minimum requirements for

such training is desirable and the creation of a mechanism for this would be welcomed.

There are two issues raised in Dr Tooke's brief on which I should like to comment specifically: First, the writer's statement that as the carers are not registered or enrolled with the Nursing Council, "the Council is not responsible for errors made by carers." This implies that the Council is responsible for errors made by persons who are on its registers or rolls. This is not the case: each registered or enrolled nurse is personally responsible and accountable for his/her actions. The Nursing Council's responsibility is to investigate charges of professional misconduct and to apply sanctions in those instances where the person is found guilty of unprofessional conduct.

Second, in the final sentence of his brief, Dr Tooke suggests that "the Nursing Council inspectorate should ensure that such training is satisfactorily carried out in all homes." I must point out that the Council has statutory authority to inspect training schools for nurses and midwives only. Thus, unless a home for the aged is an approved training school for such categories, the Council does not carry out any inspection of the institution. Further, as caregivers are not registered or enrolled by the Council, the Council has no statutory authority for insisting that their training should be of a satisfactory standard.

F. Germishuizen

Registrar
The South African Nursing Council
P O Box 1123
Pretoria 0001

Thank you for asking for our input in this regard. The comments below are not the official policy of the South African Nursing Association.

The carers certainly do valuable work, not only in homes for the aged but also in other institutions such as hospices. Many training schools, each with its own course content, are currently popping up all over the country, producing different groups of lay health workers with different levels of training. Standardized training for carers is commendable and should be pursued.

As the professional nurse assumes responsibility for a carer's performance, she would of course be the ideal person to train the carers. Appropriate training of these carers, which should preferably be standardized, will enable the professional nurse to utilize these carers more effectively in the workplace.

The establishment of a standardized training course and a clearly defined scope of practice for such carers will further assist a professional nurse in ensuring that she plans for safe patient care, in that carers who lack certain skills will not be asked to care for patients requiring these skills.

Knowledge of the carers' scope of practice and skills acquired during standardized training will also facilitate optimal manpower planning.

Nelouise Geyer

Manager: Training and Development
The South African Nursing Association
P O Box 1280
Pretoria 0001