

NOVEMBER 1974

sh- TRAINING AND EDUCATION Service

What exactly do aides do?

by
V. Clayton Sherman
Director of Human Resources
Homemakers/Upjohn

What exactly do aides do?

By V. Clayton Sherman

Hospitals, nursing homes and home care facilities are all dependent upon health aides; yet no two health administrators define and describe aide duties or determine qualifications for health aide jobs in the same way.

The number of aides' services have burgeoned to meet a rapidly growing demand. And, as usually happens in any area marked by suddenly developing pressures, no system has evolved to organize, train and make the best use of the aide effort. The result is chaos.

Third-party payment such as Medicaid has contributed to overloading the health care system. Many elderly people who couldn't afford nursing care before are now demanding it. This, the growth both in number and size of nursing homes, and an upswing in requirements for the use of home health care are important reasons why the health-care delivery system is hard put to recruit enough aides.

Administrators and trainers are confronted continually with the problem of hiring and training an influx of aides who all too often are here today, gone tomorrow. A way must be found to overhaul and update this process, eliminating the wasteful disorder of the present non-system.

Under prevailing conditions, most administrators have no way of knowing what they're getting when they hire an aide. Since they have no idea what the aide already knows, they don't know what they must teach her; therefore, most aide training programs start from scratch. Worse still, the absence of standards and criteria tends to assign a lowly status to the job as perceived by the administrator, the supervisor and even the aide herself. What more



valid reason need one look for to explain the notoriously high turnover?

Turnover resulting from dissatisfac-

If we could agree on their tasks, we could standardize aide training. This might cut turnover and improve patient care.

tion on the job squanders funds which cannot be spared at a time when health care costs are skyrocketing. All too often it seems that aides quit just at the point where the expense of training them is beginning to pay off. The cost in human wastage is incalculable; on the one hand we have a self-perpetuating cycle of disaffected workers in dead-end jobs, on the other a chronically unsatisfactory level of patient care.

In 1972, we first began to take a long, hard look at the problem. At that time, the Metropolitan Washington, D.C., Regional Medical Program commissioned a study, undertaken as a special project grant to Homemakers Home & Health Care Services, Inc., a subsidiary of The Upjohn Company, to come to grips with this double-barreled dilemma. (The study resulted in a report which I co-authored with Thomas J. Gilligan, *Health Aide Education and Utilization: A Task Identification Study*.)

First, we distributed questionnaires to more than 600 licensed practical nurses (LPNs), nurse aides (NAs), and homemaker-home health aides (H-HHAs) in eight hospitals, seven nursing homes, eight providers of home health care and seven other health care facilities in the metropolitan area.

Of the questionnaires returned, 492 were usable and are the data base of the study. Also included in the base are responses of employers. They rated each of 346 tasks according to how often they felt aides performed them. They also ranked each task according to their concept of its importance to each job title. Additionally, the study identified the organizational milieu in which aides work and the barriers to full aide utilization.