



## Essential competencies for the education of nursing assistants and care helpers in elderly care



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### SUMMARY

**Background:** The Dutch health care system faces huge challenges with regard to the demand on elderly care and the competencies of professionals required to meet this demand. However, a recent study showed that the curricula in vocational education for nursing assistants and care helpers remains inadequate to prepare them for the social and healthcare needs of the elderly.

**Objective:** To determine the essential competencies for the initial education of nursing assistants and care helpers in elderly care.

**Methods:** First, a draft version of essential competencies for the education of nursing assistants and care helpers in elderly care (N = 120) was developed and approved by experts, also members of the project steering committee. Second, a Delphi survey was conducted to determine the essential competencies. The Delphi panel consisted of eleven field experts (teachers/educational developers) working for different vocational education training colleges in the Netherlands.

**Results:** Ten panel members participated in a two-round consensus building process via email.

A definitive set of 116 essential competencies for the initial education of nursing assistants and 42 essential competencies for the initial education of care helpers were determined.

**Conclusions:** The competencies in the definitive set are more in line with social and healthcare needs of the elderly like: autonomy, daily functioning prevention of health problems, healthy ageing and wellbeing, involvement of informal care, collaboration between professionals and informal care. The main challenge now is to translate these competencies into educational programmes for vocational education training colleges for care helpers and nursing assistants. Recommendations are made for the implementation of these competencies in the Dutch vocational education training colleges for care helpers and nursing assistants.

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### Introduction

The Dutch health care system faces huge challenges with regard to the demand on elderly care and the competencies of professionals required to meet this demand.

The number of elderly persons (>65 years) in the Netherlands (total population of about 16.7 million people) is growing rapidly from about 2.5 million to 4.1 million in 2030. In addition, the number of frail elderly is likely to increase between 2010 and 2030 from about 650,000 to over one million. Approximately 95% of the elderly live independently at home. In turn, approximately 25% of the elderly who live independently are frail (The National Institute for Public Health and the Environment, 2010). As a consequence of the growing number of elderly, the need

for complex care will also increase (The Netherlands Institute for Social Research, 2011).

Various parties involved (the elderly, professionals, policy makers) feel that the current competencies of professionals are insufficient to meet the increasingly complex needs of the elderly (The Council for Public Health and Health Care, 2010; The National Institute for Public Health and the Environment, 2010; The Netherlands Institute for Social Research, 2011; CSO et al., 2012). At present, the main focus of health care in the Netherlands lies on illness and treatment. However, (frail) elderly need care and support that take their autonomy, daily functioning, prevention of health problems, healthy ageing and wellbeing, involvement of informal care, collaboration between professionals and informal care into consideration as well. Therefore, health care professionals, especially those professionals working in primary care, homes for the elderly and nursing homes, such as nursing assistants and care helpers, will be challenged to a paradigm shift in emphasis from treating illness to promoting health (healthy ageing) and wellbeing (The Council for Public Health and Health Care, 2010; CSO et al., 2012).

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Nursing assistants (European Qualifications Framework level 3) and care helpers (European Qualifications Framework level 2) provide the majority of professional care in primary care, homes for the elderly and nursing homes (Europass, 2015). About one third of the 250,000 students in vocational education training colleges attend health, personal care and social welfare studies (van der Velden et al., 2011; The Netherlands Association of Vocational Education and Training Colleges, 2015). However, a recent study showed that the curricula in vocational education are not suited to educate students, in this case nursing assistants and care helpers, in the competencies that are necessary for the delivery of good quality elderly care (Hamers et al., 2012). The main conclusions were: teachers and schools are not equipped well to anticipate adequately to the developments that are necessary to meet the needs of the elderly; teachers are not sufficiently qualified to prepare students adequately for practices in elderly care; and despite the statutory curricula qualification files, there is much variation in the quality of the curricula of the vocational education training colleges. One of the main reasons for this variation is that the competencies in the statutory curricula qualification files are too general and not focused on competencies that are necessary for the delivery of good quality elderly care. The statutory curricula qualification files prescribe what nursing assistants and care helpers have to 'know and be able to do' to get a diploma. A qualification file indicates what sets of professional knowledge, skills and attitudes are needed to perform the required duties. These files are based on the vocational competences which are developed by the Dutch association for residential and home care organisations in cooperation with representatives from business and labour (Beroepsonderwijs & Bedrijfsleven, 2014a, 2014b).

Good quality elderly care is inextricably linked to well educated (novice) professionals. Therefore, a project was started to determine the essential competencies for the initial education of nursing assistants and care helpers in elderly care.

## Methods

### Procedure and Participants

First, a draft version of essential competencies (N = 120, Table 1) for the initial education of nursing assistants and care helpers in elderly care was developed. The competencies were extracted from national and international literature on essential competencies in elderly care focused on relevant themes in elderly care like: autonomy, daily functioning prevention of health problems, healthy ageing and wellbeing, involvement of informal care, collaboration between professionals and informal care (Winchester, 2003; Arnetz and Hasson, 2007; Hasson and Arnetz, 2008; Furaker and Nilsson, 2009; Paraprofessional Healthcare Institute, 2009; Partnership for Health in Aging, 2010; Sengupta et al., 2010; Lange et al., 2011; Yu and Chen, 2012; CSO et al., 2012; V&V 2020, 2012; CSO et al., 2013; Eggenberger et al., 2013; Lange et al., 2013). The competencies were ordered according to the CanMEDS framework. The CanMEDS framework is originally

**Table 1**  
Essential competencies draft—and definitive set for the nursing assistant and the care helper divided on the CanMEDS professional roles.

CanMEDS professional roles	Number of essential competencies		
	Startset (n = 120)	Definitive set	
		Nursing assistant (n = 116)	Care helper (n = 42)
1. Expert role	41	40	6
2. Communicator role	22	22	7
3. Collaborator role	11	9	4
4. Scholar role	7	6	4
5. Health advocate role	8	8	4
6. Manager role	14	14	3
7. Professional role	17	17	14

developed for physicians (Fig. 1). However, the framework is internationally also used for other healthcare professionals (The Royal College of Physicians and Surgeons of Canada, 2005, Sottas, 2011; V&V 2020, 2012).

The framework describes the knowledge, skills and abilities that healthcare professionals need for better patient outcomes. The framework is based on the seven roles that healthcare professionals need to have, to be better professionals: expert, communicator, collaborator, manager, health advocate, scholar, and professional.

The draft version was approved by experts, also members of the project steering committee, representing: the Netherlands Association of Vocational Education and Training Colleges, the Association of Cooperating Organizations for the Elderly, the Dutch Nurses' Association, Calibris Knowledge Centre for Vocational Education, and the Dutch Association for Residential and Home Care Organizations.

Second, a Delphi survey was conducted to determine the essential competencies for the education of nursing assistants and care helpers in elderly care. A Delphi survey is a useful method to determine curricula content (Finch and Crunkilton, 1999). Although there are no criteria upon which to determine the optimal panel size of a Delphi survey, it is suggested that a reasonable result can be obtained with small panels of 10–15 individuals, especially when the group is homogeneous (Adler and Ziglio, 1996; Hsu and Sandford, 2007).

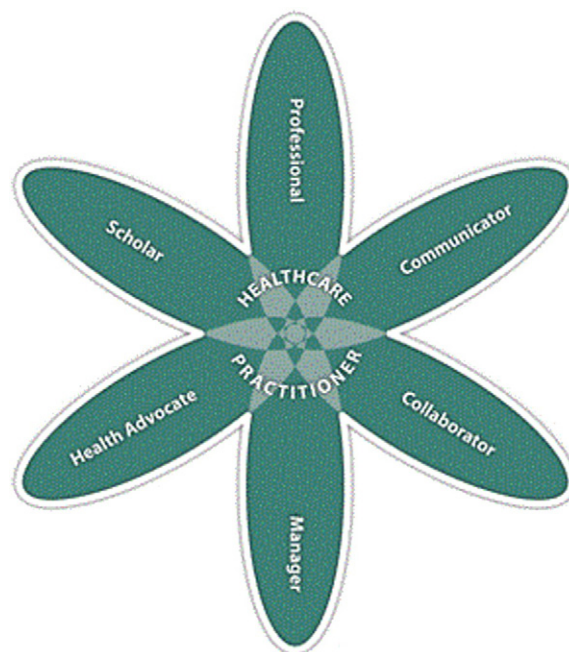
The Delphi panel in this survey consisted of eleven field experts (teachers/educational developers) working for different vocational education training colleges in the Netherlands. These experts were recruited via the steering committee of the project, a network of vocational education training colleges in the north of the Netherlands, and during a conference on the theme elderly care in the curricula of secondary vocational education training colleges.

All panel members were contacted via e-mail and received the draft version of essential competencies for the initial education of nursing assistants and care helpers in elderly care.

The panel members were asked to answer the following questions:

- 1) To what extent are the competencies in the draft version essential to the initial education of care helpers and/or nursing assistants and
- 2) Which competencies are missed?

Reminder emails were sent to the non-responders 14 days after the initial email.



**Fig. 1.** CanMEDS framework.

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