

Geriatric Caregiver Training

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Progressive biological decline is an inherent feature of old age. Prolonged illness, disability or simply the challenges of aging can significantly alter the lifestyle of elderly individuals where daily responsibilities can become difficult. Elders need generalized care that combines respect, physical aid and company. Efficient coordination of medical, personal and social service resources can enhance the quality of life for older adults.

With the breakdown in traditional support systems and shortage of hospital beds, an increasing number of elderly require home care. Today, there is a persistent shortage of beds in barely existing long-term care facilities across India. Culturally, the responsibility of care for the ailing falls on family members for whom balancing work and elder care can be a challenge. Family members provide 80% of care for older adults even in the United States. It's about being on call 24/7. Informal caregivers, usually family members are ready to put their lives on hold, but they may not be able to cope up with it. Many family caregivers are employed either full or part time. For employed caregivers, personal health, job performance and the ability to advance their career are affected by the burden of their caregiving responsibilities.¹

Sometimes, the only option is a professional caregiver who is trained to take care of a dependent's daily needs, someone who feeds him, administers regular medication, takes care of sanitation and monitors mobility. Geriatric care professionals range from a manager to service providing caregiver. Geriatric care managers should have a bachelor's degree or substantial equivalent training in gerontology, social work, nursing, counseling, psychology or in a related field, while geriatric caregivers have training in homecare and bedside assistance. Geriatric care professionals specialize in assisting older people and their families with long-term care arrangements. Geriatric care managers assist older adults in maintaining their independence at home and can ease the transition to a new setting, if needed. They also help to conduct

care-planning assessments to identify problems, eligibility for assistance and need for services. They would also review financial, legal or medical issues and offer referrals to geriatric specialists to avoid future problems and conserve assets. They act as a liaison to families at a distance; making sure that things are going well and alerting families to problems. Geriatric care managers can fill the needed gap by communicating with the physicians. Ideally, those willing to join this sector should be physically strong, with decent communication skills, a positive attitude and an alert mind. They should also be prepared to adapt.

In view of complex care needs of older adults across settings, there is a need for special training for geriatric caregivers. This would reduce the risk for medication errors and poor outcomes.² L Jankauskiene et al have also demonstrated that education of family caregiver improved patient's ability to live with heart failure and reduce need for hospitalization.³ In order to cope up with the problems faced by the aged, it is necessary that the caregivers be made aware of the physical and mental conditions and problems of the elderly people so as to meet their needs as far as possible in the home setting. A community based program for family caregivers of impaired older adults should be designed and implemented to teach care giving skills and techniques. The purpose of the program would be to enhance caregivers' sense of competency in performing caregiving tasks and to reduce their risk of physical strain. Dementia care will be an important challenge for them. Main objective of conceptualizing such course is to develop a cadre of frontline personnel of geriatric caregivers (geriatric animators) and to generate skilled manpower focused on intervention in the family and community settings for the welfare of the older persons. The younger generations need to be encouraged to attend to the needs of the older persons. Therefore, creating frontline personnel for old age care by providing them appropriate training in social, psychological and physical needs of elderly is the goal of initiating these courses.⁴

While in developed countries, education programs to increase the skills and confidence of family caregivers

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exist, in India professional caregiving is not yet a well defined concept.⁵ There are only a handful of reputed institutes in our country that train caregivers. Dr Jacob Roy had set up India's first caregiving training center in 1992 in Kochi, under the aegis of the Alzheimer's Related Disorder Society of India. Vidyasagar Institute of Mental Health and Neurosciences (Vimhans) in New Delhi, National Institute of Social Defence (NISD) in New Delhi, Metropolitan Institute of Gerontology in Kolkata, Heritage Hospital in Hyderabad, Chandigarh-based NGO All India Women's Conference (AIWC), Janaseva Foundation School in Pune, INDIAN SPS in Bathinda(Punjab), Vision Age India in Chennai, Confederation of Indian organizations for service and advocacy (CIOSA) in Chennai, Red Cross in Kottayam are few others imparting geriatric caregiver training.

The Ministry of Social Justice and Empowerment launched "National Initiative on Care for Elderly" (NICE) with National Institute of Social Defence (NISD) as a part of the National Policy on Older Persons. Under this initiative, the NISD runs a series of programs/certificate courses to educate and train persons who can provide care to older persons in the family and community settings. The institute is also carrying out orientation programs in several regions of the country to generate awareness among senior citizens on the welfare facilities/programs available for them and also sensitize government and non-government functionaries on special needs of the elderly.

Home Healthcare Helpers Training Program is a novel concept in health care for the elderly infirm, conceived and implemented in 2001 in Karnataka by Canara Bank Relief and Welfare Society. Young girls from economically challenged and rural backgrounds, who have just passed out of school were given an opportunity to be vocationally trained to look after senior citizens who are invalid or indisposed and who need

constant attention.

On similar lines Government of Rajasthan has launched a program "Abhilasha" to train geriatric caregivers.⁶ The program has in effect a dual objective – to provide training and employment opportunities for women from economically challenged backgrounds, as well as provide quality health care helpers to the vulnerable in society. Program will empower families/society to give care to elderly without any help of specialist and enable the elderly to stay at home with their family, receiving suitable care.

Geriatric caregiver training have to be imparted by a team comprising of physician, psychiatrist, nursing tutor, physiotherapist, sociologist and old age home manager. Such training will teach health management, nursing, financial management, operating technical aids and orientation on legal issues. This will form a resource base for integrated geriatric care in community which would help to fill the existing void.

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