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ABSTRACT

Professionals and paraprofessionals working in long term care facilities for institutionalized older people come from various educational backgrounds. To investigate the learning needs of long term care employees in gerontology, and to determine the validity of the Foundations for Gerontological Education Project as it relates to long term care continuing education, a needs assessment questionnaire was developed using the results of the Foundations Project survey on gerontological education. The questionnaire, listing 40 topics on aging and 27 skills in working with older adults, was completed by a random sample of 74 employees (an 80 percent response rate) of a comprehensive retirement community in Southwestern Ohio. An analysis of the results showed that, due to the unique characteristics of the retirement community, the data that were generated were adequate in determining the training needs of the facility surveyed, but unreliable for projecting the training needs of employees in other long term care facilities. All employees of this facility rated age related topics and training skills needs (e.g., communicating with the elderly, affective needs and responses, and death and dying) as very important. More generic topics and skills such as personality development and pathology were of interest only to professional employees. The findings support the curricular content identified by the Foundations Project. (BL)

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PUTTING THE FOUNDATIONS PROJECT TO WORK

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ABSTRACT

Geriatric care is multidisciplinary care. It is not discipline centered; it is problem centered. The nursing home resident has multiple chronic conditions which share a symbiotic relationship with other psychological, social and economic impairments. To care for the nursing home resident nurses draw on the expertise of a multidisciplinary team of physicians, pharmacists, social workers, dieticians, and rehabilitation specialists. Thus, it is not nursing care alone; but team care that ultimately determines the quality of care.

Traditional education does not promote the development of teamwork in the practice setting. Long-term care professionals are trained in separate and competing schools and the opportunity to develop a collegial relationship with other team members is left to chance. The purpose of the Multi-university/Multi-disciplinary Teaching Nursing Home Project is to develop a totally new paradigm in long-term care education which places a strong emphasis on teamwork. More specifically, the objectives of the project are to train faculty, generate research basic to geriatric care, and train students and staff by combining the resources of Southwestern Ohio Seniors' Services, Inc., Miami University, Xavier University and the University of Cincinnati.

The methods to be used to accomplish these objectives are faculty development, research team development, and education and training. Faculty development seminars and fellowship programs will establish a common knowledge base for multidisciplinary faculty. Meetings will be held for interested faculty and providers to exchange information and discuss potential areas of research. Students and staff will attend inter-university lectures, train in the field as a team, and participate in joint continuing education programs.

The significance of the multi-university/multi-disciplinary project is far reaching. Faculty and students will have an opportunity to learn from their peers in the field. Students will be exposed to the practical aspects and problems of working with the older population. Faculty will be exposed to potential areas of research. From the perspective of the nursing home industry, this project has the potential to improve the quality of care, to expand educational opportunities and to develop a totally new paradigm for long-term care education. Further, this project could be replicated by other universities and nursing homes.

The total cost of this project is \$181,816.00. Forty-seven percent (47%) has already been secured from other sources. The Schmidlapp Foundation has allocated \$32,000.00, and Southwestern Ohio Seniors' Services, Inc. will allocate \$53,000.00. The total amount requested is \$96,468.00.

ABSTRACT

The Foundations for Gerontological Education Project identifies what knowledge is essential for everyone in the field of aging, for clusters of related professions, and for certain specified professions. The results of the project are particularly well suited to identifying the training needs of long term care personnel and developing a continuing education program to meet these needs. This presentation describes the design and implementation of a training needs assessment for long term care personnel based on the results of the Foundation Project. A questionnaire was developed by combining the curricular content considered essential for core knowledge, clusters, and professional programs. The instrument was pretested and distributed to a random sample of personnel at a large retirement community. Of the 93 employees, 74 returned the questionnaire for a response rate of 80%. The results indicate that training in skills for working with older persons has a higher priority than topics on aging. The findings emphasize the importance of skills training, identify the areas of training needed by employees and support the curricular content identified by the Foundations Project.

The ultimate goal of long term care facilities is to provide optimum care for institutionalized older people. One variable that plays a prominent role in the provision of optimum care is continuing education. Continuing education provides personnel with the opportunity to learn, review and supplement knowledge already acquired, and analyze and redevelop attitudes (Tobin et al., 1979). From a management perspective, continuing education can make working in a long term care facility more satisfying, assist in recruiting and retaining staff, improve manpower utilization and personnel relations, reduce accidents and carelessness and, most important, reduce costs while improving services (Miller, 1979).

Considering the benefits, it is not surprising that many long term care facilities and nursing home chains promote continuing education. A recent survey of southern Georgia long-term care facilities reveals that 70% of facilities polled support more continuing education programs (Today's Nursing Home, 1983a). Similarly, Beverly Enterprises, Hillhaven, Medco Centers, and Manor Care are promoting continuing education for employees to ensure that their staffs have a background in gerontology (Today's Nursing Home, 1983b).

On the supply side of the equation, continuing education programs for long term care personnel are being developed regularly by universities, graduate professional schools, professional organizations, two and four year colleges and long term care facilities. These organizations face some real challenges in long term care. Nursing home employees come from various educational backgrounds. Some have difficulty reading and writing due to limited education. Others have a variety of preservice educational backgrounds.

To meet the challenge, continuing education planners are modifying their approach to assessing the learning needs of long term care employees. Traditional

methods such as observing and listening, informal and formal interviews, advisory committees, departmental committees, skill inventories and the slip technique are extremely effective at the departmental level and below when the training is specialized and builds on preservice knowledge and skills (Tobin et al., 1979). This is not the case, however, for subjects such as gerontology. In this case, the vast majority of employees have no preservice knowledge and skills to work with the institutionalized older person. Few employees whether they are technical or non-technical, professional or nonprofessional know the processes of aging or have the skills to work with older adults.

Within the framework of the preceding perspective this paper will: (1) describe the development of an assessment process which could be used to determine the learning needs of long term care employees in gerontology, and (2) describe the validity of the Foundations Project as it relates to long term care continuing education.

AN ASSESSMENT PROCESS

Long-term care facilities are institutions licensed to provide personal assistance, nursing services and rehabilitative care to a predominantly old population. Miller (1979) suggests that for a facility to become a humanistic, people-centered organization all staff should be sensitive to the processes of aging. She continues by stating "If staff members and volunteers understand aging, a positive attitude may be generated on the part of those dealing with patients" (Miller, 1979:423).

Adequate assessment of staff learning needs is crucial to the development of this understanding. This would be simple if every employee had the same job and was trained in the same educational setting. Unfortunately, this is not the case. Over 50 different occupations are represented in nursing homes and nursing

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homes have the lowest ratio of professional or technical workers of any segment of the health care sector (Department of Health and Human Services, 1981).

Given these parameters, Southwestern Ohio Gerontology Institute developed an assessment process to generate reliable data for continuing education program development in gerontology.

The Instrument

Questionnaires are frequently used as a tool in training needs assessment (Hospital Research and Educational Trust, 1970). Basically, this approach presents the employee with a listing of items to express their needs and interests. The items listed can be drawn from other assessment approaches and/or from previous research. For gerontology, the results of the Foundations Project represent reasonably reliable and valid opinions about gerontological education (Johnson et al., 1980).

The Foundations Project is a milestone in the development of academic programs in gerontology. This collaborative research project attempts to define the "state of the art" of the knowledge base in gerontology and related curricula. The project focuses on determining the components of: (1) a core curriculum essential for all people working in the field of aging; (2) curricula for clusters of related professions or disciplines (biomedical, psychological, socioeconomic), and (3) curricula for specific professional programs (clinical psychologists, nursing, social work, nutrition) (Johnson et al., 1980). The findings suggest that a multidisciplinary core of essential knowledge does exist and outline possible topics and skills that could be included in curricula for clusters of related professionals and specific programs.

The results of the Foundations Project are particularly well suited to determining the training needs of long term care employees. First, long term care is

multidisciplinary care. Johnson et al. (1980) conclude that the core curriculum essential for all people working in the field of aging is "decidedly multidisciplinary." Second, the cluster and professional areas included in the Foundations Project represent a majority of the occupations working in nursing homes. Third, long term care professionals and paraprofessionals are and will continue to be trained in different educational settings and on the job. In most cases, the training does not include information related to working with older adults.

Forty topics and 27 skills identified by the Foundations Project were incorporated in the development of a training needs assessment questionnaire. Figure 1 presents a list of the topics on aging selected from the findings of the Foundations Project. This list represents a combination of topics considered essential for core, cluster and professional curricula. All topics selected met the 90% criterion of consensus (Johnson et al., 1980). Topics listed in the curricula content for Master's Degree Programs in Nutrition were not included in the assessment questionnaire. These topics were excluded because of the small number of nutritionists (N=5) participating in the study.

Figure 2 presents a listing of the skills/approaches selected from the findings of the Foundations Project. This list represents a combination of skills/approaches considered essential for core, cluster and professional curricula. The selection criteria for the list of skills/approaches was identical to topics.

Each topic and skill listed in the questionnaire was ranked on a scale from 0 to 2. After reading, "If you had the opportunity, how interested would you be in learning more about the following topics in aging," respondents checked (0) not interested; (1) somewhat interested, or (2) very interested.

Figure 1. TOPICS IN AGING

| | CORE | CLUSTERS | | | PROFESSIONS | | |
|--|------|-------------|---------------|----------------|---------------------|---------|-------------|
| | | Bio-medical | Psycho-social | Socio-economic | Clinical Psychology | Nursing | Social Work |
| Psychology of aging (normal) | X | X | X | X | X | X | X |
| Health and aging | X | X | X | X | | X | |
| Biology of aging (normal) | X | X | X | X | | X | |
| Sensory change, e.g., hearing, vision, touch | | X | | | | X | |
| Demography of aging, e.g., age, structure of society, trends | | X | X | X | | | X |
| Sociology of aging | | X | | X | | | X |
| Environment and aging | | X | | X | X | | |
| Mental health & illness, e.g., depression, senility | | X | X | | X | X | X |
| Economics of aging | | | | X | | | X |
| Attitudes toward aging and aged, stereotypes | | | | X | | | X |
| Public policy for aged | | | | X | | | X |
| Cognition, cognitive changes, e.g., intelligence, hearing, memory | | | X | | X | X | |
| Health care and services | | X | | | | | X |
| Morital and family relationships | | | X | X | X | X | X |
| Nutrition and aging | | X | | | | X | |
| Behavior, behavioral changes | | X | | | | X | |
| Stress or loss, response to it | | X | | | X | X | |
| Legislation concerning aged, e.g., Medicare, retirement law, SSI | | | | X | | | X |
| Physiology of aging, e.g., organ and systemic changes | | X | | | | X | |
| Chronic and/or multiple conditions | | X | | | | X | |
| Exercise physiology (physical functioning), e.g., physical fitness | | X | | | | X | |
| Personality development | | | X | | X | | |
| Pathology, disease processes | | X | | | | X | |
| Pharmacology and aging | | X | | | | X | |
| Brain disorders, acute and chronic | | | | | X | | |
| Intergenerational relationships | | | | | X | | X |
| Senile (pre-senile) dementias | | | | | X | | |
| Motivation, motivational changes | | | | | X | | |
| Interpersonal relationships | | | | | X | | |
| Life span developmental approach | | | | | X | | |
| Physical functioning, fitness | | | | | | X | |
| Health promotion & maintenance for aged | | | | | | X | |
| Affective needs & responses, (fear, anxiety, loneliness) | | | | | | X | |
| Long-term care | | | | | | X | |
| Death and dying | | | | | | X | |
| Sexuality | | | | | | X | |
| Ethical issues in health care of the aged | | | | | X | X | |
| Social programs and services | | | | | | | X |
| Service delivery systems | | | | | | | X |
| Economic status and security | | | | | | | X |
| Agencies and services | | | | | | | X |

Figure 2. SKILLS FOR WORKING WITH OLDER ADULTS

| | CORE | CLUSTERS | | | PROFESSIONS | | |
|--|------|-------------|---------------|----------------|---------------------|---------|-------------|
| | | Bio-medical | Psycho-social | Socio-Economic | Clinical Psychology | Nursing | Social Work |
| Understanding aging as a normal process | X | X | | X | | X | X |
| Interdisciplinary collaboration | | | X | | | | X |
| Assessment of health status (physical or mental) | | X | | | X | X | |
| Planning, program development | | | | X | | | X |
| Use of age-appropriate test & methods | | | | | X | | |
| Therapy modes, case planning and management | | | | | X | | |
| Research methodology (general) | | | | | X | | |
| Communicating with the elderly | | | | | X | X | X |
| Awareness of attitudes and values (own & others) | | | | | X | X | |
| Interviewing, history taking | | | | | X | | X |
| Counseling | | | | | X | | |
| Nursing methods | | | | | | X | |
| Skills pertinent to specific setting, e.g. home health care, ward care | | | | | | X | |
| Evaluation of care | | | | | | X | |
| Intervention techniques | | | | | | X | |
| Referral to community (local) resources & support services | | | | | | X | |
| Assessment and diagnosis, physical | | | | | | X | |
| Understanding role of nurse | | | | | | X | |
| Familiarity with roles of other staff/employees | | | | | | X | |
| Health education of elderly | | | | | | X | |
| Preventive approach to care | | | | | | X | |
| Understanding social worker's role | | | | | | | X |
| Appreciation of older person's individuality | | | | | | | X |
| Advocacy | | | | | | | X |
| Group work | | | | | | | X |
| Social treatment, therapeutic intervention | | | | | | | X |

In addition to rank ordering learning needs, respondents were also asked:

Please check the appropriate category which best describes your current position,

- Professional/Technical: Medical/Health
- Professional/Technical: Social Services
- Professional/Technical: Administration/Management
- Service Worker: Housekeeping
- Service Worker: Dietary
- Service Worker: Health
- Service Worker: Activities/Recreation
- Service Worker: Security
- Clerical Worker
- Other _____ (Please specify)

This question was constructed to accommodate analyses of learning needs from the perspective of a profession, cluster, department and/or facility.

The final question was:

Please rank order (1 or 2) the area of training you feel is most important to you at this time.

Topics in Aging
Skills/Approaches to working with Older Adults

The Foundations Project did not differentiate between the importance of topics over skills or vice-a-versa in the development of academic program curricula. This difference is very important in setting training priorities in continuing education.

The Survey

Following a pretest of the questionnaire two items, cognition and demography, were redefined to insure all respondents understood the meanings of the labels given topics and skills. Then, 93 employees of a comprehensive retirement community in Southwestern Ohio were randomly selected for the training needs assessment. This represents approximately 33% of the full-time staff. Of the 93 employees who received the questionnaire, 74 returned them, for a response rate of 80%.

The data generated was adequate to determine the training needs of the facility surveyed, but it was unreliable for projecting the training needs of employees in other long-term care facilities. The principal reasons for this are the unique characteristics of the retirement community selected and the random selection of employees.

Consequently, a computer simulation was developed to weigh the data base to represent a 100-bed facility with a professional/technical staff of 13 (19%) and 55 (81%) service workers (Nie et al., 1975). The weights and percentages selected were determined using a nursing home employment by detailed occupation projection for 1985 (U.S. Department of Health, Education and Welfare, 1980) and the National Nursing Home Survey (U.S. Department of Health, Education and Welfare, 1979).

The Findings

Forty topics on aging and 20 skills in working with older adults were measured to determine if given the opportunity, employees would be interested in learning more about them. The findings are reported from two different perspectives: Table 1--all employees, and Tables 2 and 3--Professional/Technical versus Service Workers.

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TABLE I TRAINING NEEDS* ALL LONG TERM CARE FACILITY EMPLOYEES

| <u>Subject Area</u> | <u>Category</u> | <u>Rating</u> (0-2) |
|--|-----------------|------------------------|
| Communicating with the Elderly | Skill/Approach | 1.8 |
| Affective Needs and Responses | Topic | 1.8 |
| Death and Dying | Topic | 1.8 |
| Mental Health | Topic | 1.7 |
| Familiarity with the Roles of Other Staff | Skill | 1.6 |
| Appreciation of the Older Person's Individuality | Skill | 1.6 |
| Health and Aging | Topic | 1.6 |
| Behavior Changes | Topic | 1.6 |
| Long Term Care | Topic | 1.6 |

*Rated at 1.6 or above

TABLE 2 TRAINING NEEDS* OF PROFESSIONAL/TECHNICAL LONG TERM CARE FACILITY EMPLOYEES

| <u>Subject Area</u> | <u>Category</u> | <u>Rating (0-2)</u> |
|------------------------------------|-----------------|-------------------------|
| Ethical Issues in Health Care | Topic | 1.9 |
| Mental Health | Topic | 1.9 |
| Death and Dying | Topic | 1.9 |
| Legislation Concerning Aged | Topic | 1.8 |
| Senile (Pre-Senile) Dementias | Topic | 1.8 |
| Evaluation of Care | Skill | 1.8 |
| Health and Aging | Topic | 1.7 |
| Attitudes Toward Aging and Aged | Topic | 1.7 |
| Stress and Loss, Response to it | Topic | 1.7 |
| Personality Development | Topic | 1.7 |
| Pathology, Disease Processes | Topic | 1.7 |
| Brain Disorders, Acute and Chronic | Topic | 1.7 |
| Motivation, Motivational Changes | Topic | 1.7 |
| Social Programs and Services | Topic | 1.7 |
| Assessment of Health Status | Skill | 1.7 |
| Communicating with the Elderly | Skill | 1.7 |
| Intervention Strategies | Skill | 1.7 |
| Health Education of the Elderly | Skill | 1.7 |

*Rated at 1.7 or above

TABLE 3 TRAINING NEEDS* OF SERVICE WORKER LONG TERM CARE FACILITY EMPLOYEES

| <u>Subject Area</u> | <u>Category</u> | <u>Rating</u> (0-2) |
|--|-----------------|------------------------|
| Communicating with the Elderly | Skill | 1.8 |
| Affective Needs and Responses | Topic | 1.8 |
| Death and Dying | Topic | 1.7 |
| Familiarity with Roles of Other Staff | Skill | 1.6 |
| Appreciation of the Older Person's Individuality | Skill | 1.6 |
| Health and Aging | Topic | 1.6 |
| Mental Health | Topic | 1.6 |
| Behavior, Behavior Changes | Topic | 1.6 |
| Long Term Care | Topic | 1.6 |

*Rated at 1.6 or above

FOUNDATIONS PROJECT AND LONG TERM CARE CONTINUING EDUCATION

The Foundations Project Report challenges others to experiment with the guidelines in relation to their own particular objectives and circumstances. Our objective was to develop an assessment process to generate reliable data for a continuing education program in gerontology. To meet this objective, we developed a questionnaire survey approach which incorporated the results of the Foundations Project. An advantage to using the Foundations Project is the results can be validated (or rejected). In our situation, the majority of the findings of the Foundations Project were validated.

Age related topics and skills such as communicating with the elderly, death and dying, and affective needs were rated very important by long term care employees. Topics and skills that are more generic in nature such as personality development and pathology were of interest only to professional employees.

Two of the three core topics, Psychology and Health, were rated at 1.5 and 1.6, respectively. Sixty-five percent of the items considered essential for core and cluster curricula content were rated at 1.5 or above and no topic was rated below 1.1 (somewhat interested). The lowest rated topics were those considered essential for only professional programs.

Similarly, understanding aging as a normal process was rated at 1.5. Interdisciplinary collaboration and assessment of health status were rated at 1.4 and 1.5, respectively. The highest rated skills were communicating with the elderly and appreciation of older person's individuality. The lowest rated skills were technical skills specific to only one discipline.

The differences between the training needs rated high by long term care employees and essential by the Foundations Project are related to circumstance.

The core emphasizes normal aging and suggests a departure from a problem-

oriented approach to aging (Johnson et al., 1980). The results of our project emphasize abnormal or pathological aging. Long term care employees feel understanding aging as a normal process is a skill well worth learning. At the same time, skills for communicating with older people are of a more immediate concern. This only makes sense, most nursing home employees don't work directly with the normal aging population. They work with the five percent of the older population that is severely impaired.

Circumstance also would explain why long term care employees put a higher priority on skills than topics. Our study indicates that the majority of employees put a higher priority on skills training. Johnson et al. (1980) suggest that the small number of skills with high endorsement probably results from the opinion that few skills are generally applicable. This may be true for institutions of higher education and their respective educational programs but not for long term care. In long term care most workers are trained on the job and in vocational education programs where skills training is emphasized.

SUMMARY

The most important element in the process of continuing education program development is an adequate determination of employee learning needs and interests. The purpose of this project was to develop an appropriate assessment approach to determine what long term care employees want to know more about in gerontology.

A questionnaire was developed with the findings of the Foundations Project and used to determine the learning needs and interests of employees in a large retirement community. The results indicate that training in skills for working with older persons has a higher priority than topics on aging. The findings emphasize the importance of skills training, identify the areas of training needed by

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employees and support the curricular content identified by the Foundations Project.

Potential users of this format may want to consider refining the questionnaire further. Since skills for working with older persons has a high priority and the Foundations Project has a low skill focus, planners may want to supplement the skills/approaches inventory with the results of other assessment approaches.

Planners may also want to use only the Foundations Project cluster model. Johnson et al. (1980) point out that for programs of larger scale (several disciplines or departments) a cluster model may be more feasible and perhaps more desirable than either one more specialized or less focused. Our experience supports this position.

Finally, planners may want to consider using five response categories for each item rather than three. Five response categories will provide a reasonably good measure of the item and assist in setting priorities.

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