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A Study on the Professional Competence of Elderly Caregivers under the Integration of Medical and Elderly Care Services

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Abstract: Against the backdrop of the accelerated aging of the population, the elderly care model integrating medical and elderly care services has become a crucial approach to addressing the challenges of elderly care. As direct providers of integrated medical and elderly care services, the professional competence of elderly caregivers directly affects the quality of services and the quality of life of the elderly. This paper aims to conduct an in-depth study on the professional competence of elderly caregivers under the integrated medical and elderly care model. Firstly, it clarifies the components of elderly caregivers' professional competence, analyzes the existing problems in their current professional competence, and proposes targeted improvement strategies. The purpose is to build a high-quality and professional team of elderly caregivers, provide strong support for the development of the integrated medical and elderly care cause, and promote the professionalization of integrated medical and elderly care services.

Keywords: Integration of medical and elderly care services; Elderly caregivers; Professional competence; Population aging

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1. Introduction

Against the backdrop of accelerating population aging, the integrated medical and elderly care model has emerged as a vital strategy to address growing elderly care challenges. As direct service providers under this model, the professional competence of elderly caregivers plays a decisive role in determining the quality of care and the overall well-being of older adults. This paper focuses on studying the professional competence of elderly caregivers in the context of integrated medical and elderly care services. It aims to clarify the components of such competence, analyze existing gaps and problems in current practices, and propose targeted strategies for improvement. The objective is to contribute to the development of a high-quality and professional caregiver workforce, thereby providing robust support for the advancement of integrated medical and elderly care services and facilitating their professionalization.

2. Components of elderly caregivers' professional competence

The professional competence of elderly caregivers exhibits multi-dimensional characteristics, mainly including six core components:

First, professional knowledge, which covers fields such as geriatric nursing, basic medicine, rehabilitation medicine, psychology, and nutrition. Specifically, it requires an understanding of the symptoms and nursing key points of common geriatric diseases, mastery of knowledge about human physiological structure, and familiarity with rehabilitation training methods, psychological nursing techniques, and principles of dietary collocation for the elderly.

Second, professional skills, including daily living care, medical nursing assistance, rehabilitation nursing, and first aid. For example, being proficient in assisting the elderly with daily activities such as eating, dressing, and bathing; accurately measuring vital signs, assisting with medication administration, and handling simple wounds; and mastering rehabilitation training operations and first-aid skills such as cardiopulmonary resuscitation (CPR).

Third, communication ability, which is crucial for building trust with the elderly and their family members and understanding their needs. Caregivers are required to make good use of both verbal and non-verbal communication methods, listen patiently to demands, convey information clearly, and resolve conflicts effectively.

Fourth, teamwork ability. In the integrated medical and elderly care model, caregivers need to cooperate closely with medical staff and other service personnel, actively participate in team decision-making, and support each other to improve service efficiency and quality.

Fifth, professional ethics. Caregivers must possess a sense of responsibility, compassion, patience, and carefulness, respect the elderly's personality and privacy, and strictly abide by professional standards and ethical guidelines.

Sixth, learning ability. As medical technology and elderly care concepts are constantly updated, caregivers need to take the initiative to learn new knowledge and skills, and continuously improve their professional level through participation in training programs and other means [1].

3. Problems in the professional competence of elderly caregivers under the integration of medical and elderly care services

3.1. Mismatch between professional skills and the demands of integrated medical-elderly care services

The integrated medical-elderly care model requires caregivers to possess comprehensive literacy, with the core requirements being "medical care + daily care + humanistic care". However, current caregivers generally have deficiencies in the above aspects. Firstly, they lack sufficient medical skill reserves, making it impossible to provide sound health management services for the elderly. Since many elderly people suffer from chronic diseases, and some disabled or semi-disabled elderly have specific needs for professional technical operations such as wound care and nasogastric tube maintenance, most caregivers at present are only limited to daily living care such as assisting with eating, dressing, and bathing, have little knowledge of disease monitoring, medication use, and other medical-related aspects.

Secondly, they lack skills in interpersonal communication and humanistic care, failing to meet the elderly's psychological and humanistic needs. This can easily make the elderly feel lonely, thereby affecting their quality of life [2].

3.2. Lack of systematic design and targeted measures in the training system

The existing training models are unable to meet the strategic needs of integrated medical-elderly care, with the main problems as follows: First, the training content is fragmented and divorced from practical needs. Most training programs focus on daily living care, while covering little knowledge related to medical care. They lack training on nursing skills for common diseases in the elderly during daily care work; in addition, the teaching materials are outdated and do not include the operation methods of intelligent elderly care equipment. These issues make it difficult for caregivers to adapt to the working environment of modern elderly care institutions. Second, the training methods are theory-oriented and lack practical exercises, resulting in insignificant skill transformation effects [3]. Most training is conducted in the form of lectures, with few practical operations and no real situational simulations. For example, in the learning process of rehabilitation care, if there is no situational immersion and learning relies entirely on theory, caregivers will find it hard to master the key operation points, which increases the risk of injury to the elderly [4]. Third, the training lacks continuous and hierarchical planning. Different service recipients require caregivers with different levels of competence and literacy. However, the current training adopts a "one-size-fits-all" model: it fails to design hierarchical courses based on caregivers' levels and lacks a continuing education mechanism. As a result, caregivers have few opportunities to improve their skills after employment, and

3.3. Low professional identity affects team stability

First of all, caregivers have a poor sense of self-identity towards their work, mainly due to social misunderstandings about the elderly care profession and an unreasonable working environment. From a social perspective, the public's perception of elderly care services is still confined to the "low-end service" category. There is a generally low level of recognition of the elderly's professional care needs in society, which leads to caregivers' weak professional identity and low work enthusiasm. From the perspective of career development, elderly caregivers are in an awkward position characterized by "three lows": The salary is lower than the social average. Moreover, some institutions fail to pay social insurance in full, and there is a common practice in society of insufficient social insurance coverage for elderly caregivers. There is limited room for promotion and a lack of professional promotion channels. The social recognition of this profession is low. These factors have led to a persistently high turnover rate in the caregiver team, which seriously affects the continuity and stability of services [5].

3.4. Inadequate management mechanisms restrict capacity improvement

Firstly, the low entry threshold and inconsistent professional standards restrict the professional development of elderly caregivers. To begin with, the entry threshold is low and there is a lack of institutional norms. In China, a unified professional qualification assessment mechanism for elderly caregivers has not yet been established. Requirements regarding caregivers' vocational education background and skill levels vary across different regions: in some areas, the minimum requirement is only a junior high school diploma, and individuals can start working without undergoing strict technical assessments. What is even more concerning is that some companies hire personnel who have not received relevant training to provide care services. These circumstances have thus easily created hidden risks for the quality of caregiver services [6]. Secondly, the supervision and assessment systems are incomplete. Most regions focus on inspecting the equipment conditions of elderly care institutions but neglect the supervision of caregivers' service processes. Some institutions only conduct "formality-based" assessments, merely checking whether caregivers "take good care of the elderly" while failing to include the elderly's physical condition and life satisfaction in the assessment indicators. This leads to a lack of motivation for institutions to

improve their services. Finally, the cross-departmental coordination mechanism is insufficient. The integration of medical and elderly care involves multiple fields, but at present, the division of responsibilities among various departments (e.g., in caregiver training and qualification certification) is unclear, making it difficult to integrate resources. For instance, the medical resources of the health department are not fully involved in training, and the vocational skill appraisal of the human resources and social security department is not connected with the standards of medical institutions.

4. Strategies for enhancing the professional competence of elderly caregivers

4.1. Establish a hierarchical and classified skill development system

The content structure and teaching model of skills training should be tailored to the needs of the integrated medical and elderly care model. First, design an educational content system featuring "basic + professional + characteristic" modules. The basic module covers general skills for daily living care of the elderly such as assistance with daily activities and routine care. The professional module includes skills for nursing common geriatric diseases such as diabetic foot care and cognitive function recovery and medical assistance such as blood pressure monitoring and insulin injection. The characteristic module focuses on skills for spiritual care and the design of humanistic activities. Second, offer courses on the use of intelligent elderly care equipment to ensure caregivers can proficiently operate and flexibly apply intelligent health terminals and other smart care tools. For the practical teaching model, a "online + offline" blended approach is adopted for theoretical learning: During theoretical sessions, micro-courses, live broadcasts and other methods are fully utilized to enhance the flexibility of teaching [7]. For practical training, on-site instruction is provided, where medical staff offer one-on-one guidance in real-world scenarios. In the internship phase, caregivers are required to work at relevant institutions: during the on-the-job training period, they will intern at integrated medical and elderly care facilities for 1–2 months, participate in real service processes, and acquire skills through the "mentorship system" where experienced caregivers train new ones.

4.2. Improve training support and long-term development mechanisms

All sectors of society are required to collaborate and support caregiver training through multiple channels. Strengthen policy and financial support. First, strengthen policy and financial support. The government should incorporate elderly care worker training into public projects, establish a special training fund to provide subsidies for trainees, and authenticate training institutions through qualification certification and quality supervision agencies. For instance, drawing on the experience of cities like Shanghai and Guangzhou, one-time incentive funds can be granted to those who pass the intermediate and advanced skill assessments to boost their enthusiasm for learning. Second, promote cooperation between medical institutions, elderly care facilities, and vocational education institutions.

Elderly care homes, community health service centers, and tertiary general hospitals should be encouraged to form "medical-care alliances," where medical staff from hospitals serve as training instructors to impart practical experience to trainees. Meanwhile, vocational colleges should be encouraged to offer majors in elderly care and geriatric nursing, and adopt an "order-based" training model to directly supply talents to medical-care institutions [8]. Third, build a long-term learning and career development ladder. Improve the vocational skill evaluation system for nursing staff, dividing it into four levels: elementary, intermediate, advanced, and technician. Clear technical standards and salary levels should be defined for each level to motivate nursing staff to proactively enhance their capabilities. Additionally, an online learning platform should be established to offer continuing education courses, allowing nursing staff to meet promotion standards through credit accumulation, thereby breaking the "ceiling" in

their career development.

4.3. Enhancing professional identity and social value recognition

Make full use of various means to improve the working environment of nursing staff and enhance their sense of recognition and honor. First, reform and improve the remuneration and social security standards for elderly care workers. Elderly care institutions should establish a salary mechanism based on principles such as technical grades and length of service, ensuring that the remuneration of care workers is not lower than the local social average wage. They should pay the "five insurances and one housing fund" in accordance with the law. In addition, seniority bonuses, performance bonuses, and holiday benefits should be set up to enhance employees' sense of well-being, for example, providing necessary medical equipment to reduce their labor intensity, reasonably allocating working hours, and avoiding overwork. Second, strengthen social publicity and popularization efforts, as well as selection and recognition activities for model figures. Promote the outstanding contributions of elderly care workers through various forms of mass media, and showcase their professional skills in films and public service advertisements to eliminate public prejudice against the industry. Conduct selections such as the "Most Beautiful Elderly Care Worker" and technical competitions at regular intervals, award medals to outstanding workers in their daily work, and involve them in the discussion of elderly health care policies to increase their right to speak in the industry [9]. Finally, include elderly care workers in the "Catalogue of Urgently Needed Occupations" and provide corresponding preferential policies in areas such as household registration migration, rental housing, and children's education to enhance the attractiveness of this occupation.

4.4. Improving the industry management and quality supervision system

Take standard formulation as the starting point to regulate the behavior of nursing staff. First, establish unified professional standards and work rules. The government shall issue the Professional Standards for Elderly Caregivers in the Integration of Medical and Elderly Care Services, which unifies the entry standards from aspects such as the educational background, technical level, and job responsibilities of practitioners. For example, only those who have a junior high school education or above, have undergone a health check-up and background check, and obtained the corresponding professional title level by passing professional and technical grade skill examinations are eligible to work with a certificate. Second, establish a service quality supervision and evaluation system. Each medical institution shall keep a service record for each caregiver, and factors such as customers' satisfaction scores and the results of assessed skill tests shall serve as the basis for deciding whether to retain or promote the caregiver. At the same time, third-party evaluation institutions shall be invited to conduct regular assessments of caregivers' service quality and make the results public, creating a competitive environment where the superior survives and the inferior is eliminated. Third, uphold the humanity of human rights protection. Industry associations shall provide practitioners with services such as legal consultation and rights protection, and coordinate to resolve labor disputes. In addition, hospital organizations of various hospitals shall be invited to establish psychological counseling centers and organize regular collective fellowship activities to relieve work pressure and enhance teamwork [10].

5. Conclusion

To sum up, the in-depth advancement of the integrated medical and elderly care model places higher requirements

on the professional capabilities of elderly care workers, and their competence is directly related to the quality of life and health well-being of the elderly population. Currently, the problems existing in the professional capabilities of elderly care workers, such as insufficient professional skills, imperfect training systems, low professional identity, and inadequate management mechanisms are the result of the interplay of multiple factors, which require joint efforts from the government, institutions, and society to solve. By building a composite skill training system, improving the training support mechanism, enhancing professional identity, and optimizing industry management standards, we will gradually cultivate a team of high-quality and professional nursing staff, providing talent support for the sustainable development of the integrated medical and elderly care cause.

Disclosure statement

The author declares no conflict of interest.

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