

SYNTHESIS REPORT II

NOBOMA - *No Borders Manual* in elderly care to promote mobility, international lifelong learning and the transfer of competences in Eastern, Central and Southeastern Europe

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Introduction

In our analyses of qualitative interviews with experts, learners and professionals in geriatric nursing, our project team applies a model of skill acquisition developed by the professors Hubert L. Dreyfus and Stuart E. Dreyfus and further developed by 3s research laboratory (Vocational Qualification Transfer System - VQTS). On the one hand, the VQTS model focuses on competences related to the work processes and identifies the main tasks within the context of the occupational field, on the other hand, the VQTS model posits that in the development of a skill or competence, a person passes through several levels of proficiency: from novice to expert.¹ These levels - between two and six steps of the competence development process within particular competence areas - illustrate the process of progression from the lower to the higher steps.

Reported here are the results of 75 interviews with elderly caregivers, stakeholders and learners in five different countries: Austria, Bulgaria, Hungary, Romania and Slovenia. The interviews identify various levels of competency in elderly care practice. These steps of competence development are partly described in the words of the elderly caregivers who were interviewed individually.

The value of the interviews lies in the understanding they give us about elderly care. We have learned what expert elderly caregivers do in specific patient care situations and how beginners and experts do it differently. We have also learned how, as their “career” develop, elderly caregivers themselves change their intellectual orientation, integrate and sort out their knowledge, and how they manage their decision-making.

As Patricia Benner, professor emerita of social and behavioral sciences, has said, “*Recognition, reward and retention of the experienced nurse in positions of direct clinical practice – along with the documentation and adequate description of their practice – are the first steps in improving the quality of patient care*”², we want to establish a ladder that would acknowledge elderly care practice. According to the Copenhagen Process it is an important aim to make competences acquired through formal, non-formal and informal learning comparable and recognizable throughout Europe. The NoBoMa project seeks to make a contribution to this.

Together with Synthesis Report I, this report is used as the starting point for the VQTS model transfer in elderly care. The main results provide the central basis for developing a Competence Matrix and Competence Profiles in elderly care.

¹ Vocational Qualification - Towards a European Workspace, see: <http://www.vocationalqualification.net>

² Benner, P.: „From Novice to Expert,” *American Journal Nursing* 82: 402-407. March 1982.

1 Method

In order to understand and to ascertain the differences in old care performance of beginning and “expert” elderly caregivers and per partner country, 75 half-an-hour interviews were conducted by the project partners in the countries Austria, Bulgaria, Hungary, Romania and Slovenia:

- five qualitative interviews with elderly caregivers per partner country
- five qualitative expert interviews per partner country
- five qualitative learners interviews per partner country

The interviews were held either by phone or face-to-face. Each interviewee was interviewed separately. Prior to some interview sessions the interviewees were sent the qualitative interview guidelines if desired. With experience we learned that participation was higher then. The investigation phase started in October 2012 and ended in early December 2012.

The qualitative interviews were conducted in three areas: private households, homes for the elderly and hospices. The project team has decided in it’s second project meeting in September 2012 to disregard traditional hospitals, health clinics, rehabilitation clinics and other clinical-medical centres; this is because, very particular qualifications and competences are required in these work places.

The inquiry was present-orientated and future-orientated. Rooted in basic research, on methodological approaches to qualitative as well as foresight studies, it aimed at identifying work processes, competence areas, steps of competence development and “future competences” as well as relevant key factors leading to success on the European labour market in elderly care.

The professionals were mostly selected by staff development directors. They were instructed to select elderly caregivers currently engaged in direct patient care. Educational background was not a formal criterion for selection. The learners were selected by educational institutions’ directors. They selected pupils currently enrolled in a training programme.³ The experts were selected by the national project partners themselves. Selected experts were stakeholders, managers and HR-specialists of elderly care institutions and researchers or scientists in elderly care. See list of all interviewees (except for the SI interviewees⁴) in [Appendix 6.2](#).

No attempt was made to classify the elderly caregivers themselves according to the proficiency levels, rather, each competence area was judged independently as reflecting a particular level of practice. This is in keeping with the nature of the Dreyfus and VQTS model, which offer no context-free criteria to identify persons as possessing talents indicative of expertise (*„Not all people achieve expertise, even with considerable concrete experience in their domain of specialization.“*⁵).

The interviews were held in the project partner languages. Transcripts were written in English for the textual analysis.

³ Note: Not all learners can be at the same level of vocational education and training. „Typical cases“ were selected for the interviews.

⁴ Note: The Slovenian partner will provide the missing information in January 2013.

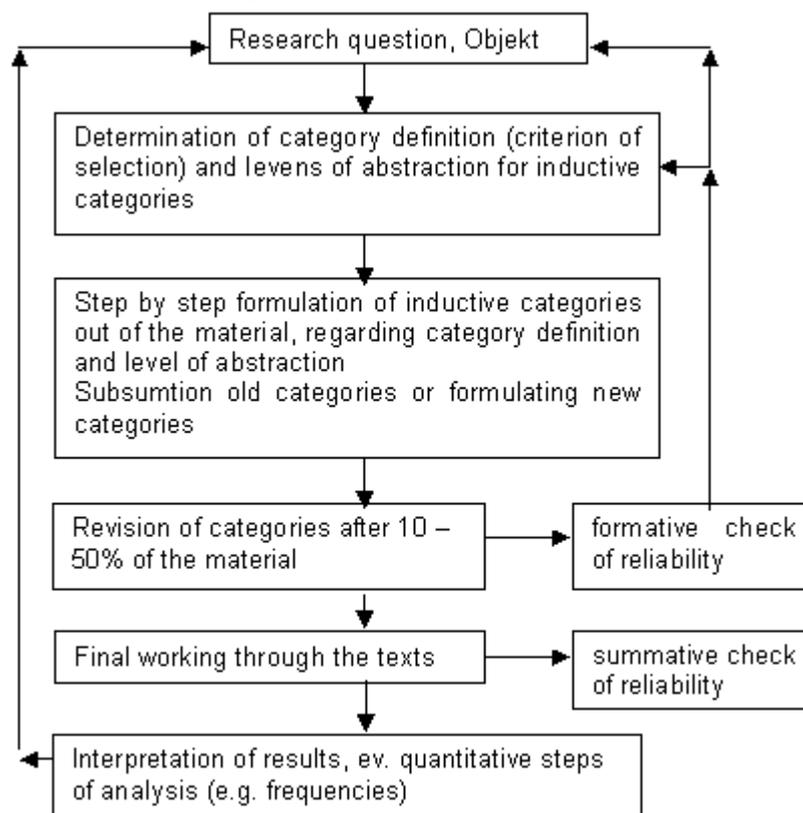
⁵ Benner, P./Tanner, Ch./Chesla, C.: Expertise in Nursing Practice: Caring, Clinical Judgment, and Ethics. New York: Springer Publishing 2009, p.9.

2 Analysis and Interpretation of Data

In the content analysis according to Philipp Mayring⁶ the material is reduced to the relevant content and a clear and compressive text remains. It presents itself when one is only interested in the contents of the material and a sense of the essence of the text is required.

It is of main interest of qualitative approaches and therefore of the content analysis of Philipp Mayring, to develop the aspects of interpretation, the categories, as near as possible to the material and to formulate them in terms of the interview material (inductive category development, see Figure 1). The main idea of the procedure is to formulate categories, derived from theoretical background and research question, which determines the aspects of the textual material taken into account. Following these categories the material is worked through step by step. However, although a category system normally forms the central point of the analysis, this is revised during the analysis in feed-back loops and the material is adjusted flexibly.

Figure 1: Inductive category development



Source: Mayring Ph. 2000.⁷

The analysis of the interviews was carried out in the following steps: First of all, the interviews were transcribed. This was the first step of reduction, since the spoken word was transferred into

⁶ Mayring, Ph.: Qualitative Inhaltsanalyse. Grundlagen und Techniken (7th edition, first edition 1983). Weinheim: Deutscher Studien Verlag 2000.

⁷ Mayring, Ph.: Qualitative Inhaltsanalyse. Grundlagen und Techniken (7th edition, first edition 1983). Weinheim: Deutscher Studien Verlag 2000.

structured writing, reality is automatically reduced. Then each interview was dealt with individually and categorized. The categories arose from the interview guidelines. Finally, the content analysis of Mayring was carried out. All interviews were put into relation with each other (perspectives of learners, professionals and experts) and similarities and differences were extracted per partner country by the project partners. Significant statements of the interviewees had been quoted.

Considering the principles of the Thomas theorem⁸, a sentence was not understood by analyzing the words alone. Rather, we understood a sentence as part of a larger whole and interpreted its meaning from the context in which it was found. To understand activities, therefore, we had to look at them in their larger context. Competences and work processes must be studied holistically. This can easily be illustrated by mentioning that the meaning of a bed bath changes with changes in the health condition of an old person.

The competences of elderly care practice that will be presented in Chapter 3 illustrate this situation-based interpretive approach to identifying and describing knowledge embedded in core work tasks.

⁸ The Thomas theorem is a theory of sociology which was formulated in 1928 by W. I. Thomas and D. S. Thomas (1863–1947).

3 Results of the study

3.1 Competences in relation to the work context

3.1.1 Austria

In Austria, elderly caregivers work in the health care sector (hospital facilities, rehabilitation centers), in the social services sector (residential homes for the elderly, nursing homes, psychological counselling services, self-help organizations a.s.o.) and in the mobile care sector (home care in private households). The tasks of elderly caregivers differentiate between working fields (health care sector, social services sector, mobile care sector) and are dependent from work places.

If an elderly caregiver works in the *mobile community*, he/she is likely to travel throughout the day between patients' homes. The elderly caregiver is "guest" of the patient. Families of the patients are more involved in psycho-social care than in residential homes or hospitals. This situation brings about a different behavior of elderly caregiver. Also, elderly caregivers have to make their own decisions. The know-how of the caregivers has to be competent and well founded.

In Austria, a special type of home care is the *24h-home care sector* ("24-Stunden-Betreuung", see "Personenbetreuungsgesetz" in AT⁹). This group is in charge of caring a patient day and night in his/her home – without breaks and vacations. Mostly women from abroad (Romania, Hungary, Slovakia a.s.o.) do these jobs according to the expert interviews. Only a few of them have a diploma, most of them are low skilled (6 weeks-lasting training). This type of caring often leads to much strain, stress and emotionality (involvement versus distance). In the 24h-home care sector intensive elderly caregiver – patient relationships exist:

*"Omi stirbt."*¹⁰ [„Grandmother is dying.“]

If an elderly caregiver works in *hospitals or other institutions such as residential homes*, he/she is part of a team composed of doctors, physiotherapists and the nursing staff. In serious situations they make joint decisions. Elderly caregivers are not on their own. In residential homes strict schedules structure the days and nights (e.g. lunch at noon, bedtime at 7pm a.s.o.). Some professionals are dissatisfied with the fact that they often could do only too little beyond the background of strict time schedules:

*„Wir können nicht alle Wünsche erfüllen. Wenn jemand erst am Abend duschen möchte, geht das nicht, weil das in den Nachtdienst [Note: The night shift starts at 7pm in that institution.] fällt und dieser Pfleger darf dann nicht Patienten duschen, weil er der einzige auf der Station ist. [...] Das sind Dinge die manchmal nicht sehr gut funktionieren, muss ich sagen.“*¹¹
[„We can not fulfill all wishes. If anyone would like a shower in the evening, this is not possible, because in the night shift [Note: The night shift starts at 7pm in that institution.] the elderly caregiver

⁹ Bundesministerium für Wirtschaft, Familie und Jugend: <http://www.bmwfj.gv.at/Seiten/default.aspx>, Hausbetreuungsgesetz 2009 BGBl. I 33/2007 PDF 35KB [online: 23.11.2012]. Note: The Austrian government tried to combat illegal nursing in home care by making illegal workers from abroad legal by means of the new reform „Personenbetreuungsgesetz“.

¹⁰ Expert, Care.Consulting, Austria.

¹¹ Elderly caregiver, residential home „Haus St. Katharina“, AT.

on duty is not allowed to shower patients, because he/she is the only one at the station. [...] These are things that sometimes do not work very well, I must say. “]

Elderly caregivers usually work on a shift or rota system including nights, holidays and weekends. Depending on the place of work elderly caregivers organize leisure time activities like doing art/craft projects (e.g. drawing a mask, painting a picture), gymnastics or playing music. They make use of necessary means for doing that (musical instruments, floor mats). Other than in hospitals (where patients usually leave after a 3- or 4-days-lasting stay), in residential homes intensive elderly caregiver – patient relationships exist. In contrast to the hospital the approach is no longer curative: *“It is important to make the last days as beautiful as possible.”¹²*

What are the professional core work tasks of elderly caregivers in residential/nursing homes, in mobile care services and hospices according to the interviews?¹³

According to the interviews, this vocational field, more than any other, is dependent on learning on the job. Even interviews cannot capture the complexity of the various demands placed on the elderly caregivers in practice according to the stakeholders. However, in our study on professional core work tasks of elderly caregivers one can distinguish between three job levels (see further information in chapter 3.2. „steps of competence development“):

Low level jobs (Beginners): Heimhilfe, Abteilungshilfe, PflegehelferInnen, Fach-SozialbetreuerInnen in Altenpflege (without diploma).¹⁴

Medium level jobs (Medium level): Degreed nurses (Diplomierte Gesundheits- und Krankenschwester, Diplomierte psychiatrische Gesundheits- und Krankenschwester), Diplom-SozialbetreuerInnen in Altenpflege.¹⁵

High level jobs (Experts): Academic elderly caregivers (graduation at higher education (HE): Master, PHD).¹⁶

BASIC CARE

- Assisting patients with the maintenance of their personal and oral hygiene, including washing, bathing, mouth and dental care, hair-washing, nail care, shaving, and dressing, undressing. Changing nappies or assisting patients to use toilet facilities.
- Making sure the ward or patients' homes are tidy.
- Helping patients to move around if they find it difficult. Using safe manual handling techniques.
- Assisting patients to eat and drink as per their care plan.
- Turning patients who are confined to bed to avoid pressure sores.
- Making and changing beds.

¹² Student, Vinzentinum, Charity of Sisters, AT.

¹³ Note: Our study does not include academic tasks oriented towards research and development.

¹⁴ Low levels with a maximum of two years of training beyond the level of compulsory education (In Austria nine years of schooling).

¹⁵ Medium levels are situated between two and six years of qualifications after passing the level of compulsory education.

¹⁶ High levels with more than six years of education and training after finishing the compulsory level.

ORGANIZING, INSTRUCTING¹⁷

- Coordinating novices/healthcare assistants and students/internships, giving instructions
- Performing activities in the field of organization and management; e.g.: ordering, storing drugs, completing lists and databases, documenting measures and recovery course
- Organizing and attending ward rounds
- Care planning

„MEDICAL“ TREATMENT¹⁸

- Administering medicine, preparing and administering injections, taking blood samples, preparing infusions and setting catheters, etc. on doctor's order
- Administering prophylactic interventions
- Assisting in medical procedures
- Implementing the doctor's medical plan such as exchanging bandages, administering subcutaneous injections a.s.o.
- Taking care of caring articles of daily use.
- Giving Instructions on deep-breathing exercises and gymnastics

MONITORING and DOCUMENTING¹⁹ a patient's condition; and detecting significant changes in a patient's health condition. The diagnostic, monitoring and documenting function of an elderly caregiver has expanded dramatically according to the professionals as on the one hand the number of quality controls have increased in the past years, and on the other hand relatives and patients make higher demands on nursing and have more rights.

*„Jeder Schritt wird mitdokumentiert: Waschen, Essen, Trinken, Medikamente, Behandlungen wie Salben einschmieren, Zähne putzen, Kommunikation... Alles. Das Dokumentieren wird immer mehr.“²⁰
[„Each step is documented: washing, eating, drinking, drugs, treatments such as smearing ointments, brush teeth, communication... Everything. Documentation is becoming more and more.“]*

The healthcare professional's careful monitoring and early detection of problems are the patient's first line of defense. Many drugs can only be used safely if their effects are observed, if their possible incompatibilities, contraindications, and adverse reactions are caught. Tasks:

- Identifying, recording and reporting abnormal dietary and fluid intake.
- Identifying any abnormalities in body waste.
- Measuring and observing the physical characteristics or condition of patients, including temperature, pulse, respiration, blood pressure, peak flows and weight a.s.o.
- Writing protocols by means of information and communication technology (ICT). Every step must be documented. Wounds have to be documented also. For this reason it is necessary that an elderly caregiver is able to take pictures of wounds, to upload them to the PC and email them to a doctor (ICT skills).
- Providing an early warning signal: Identifying a patient crisis when physician assistance is needed. Considerable knowledge and skills are called for determine the gravity of the

¹⁷ Note: The tasks that are marked gray do perform elderly caregivers at medium and higher level only.

¹⁸ Note: The tasks that are marked gray do perform elderly caregivers at medium and higher level only.

¹⁹ Note: The tasks that are marked gray do perform elderly caregivers at medium and higher level only.

²⁰ Elderly caregiver, residential home „Haus St. Katharina“, AT.

situation and the necessity of rapid intervention.

- Participating in interventions of quality assurance.

COUNSELLING²¹

- Health protection and counselling
- Counselling family members
- Supporting older adults and their families to draw on their own abilities and resources for self-care and health promotion
- Help people to help themselves

SOCIAL TASKS

- Talking to patients to help them feel less lonely or anxious.
- Serving elderly people in personal and social matters.
- Crisis intervention.
- Singing and playing music, playing card games a.s.o.
- Giving advice on serious questions regarding relatives, life a.s.o.
- Organizing recreational activities and stimulating social contacts.
- Organizing parties and excursions.
- Accompanying elderly people to doctors and public authorities
- „Biografiearbeit“²² [„Biography work“]
- Entertaining the elderly in residential homes.
„Das ist eine individuelle Geschichte. Das mit den Leuten machen, was die Leute gerne machen.“²³
[„This is an individual issue. Doing that what the people like to do.“]

Competence Requirements and personal demands in this job²⁴

- Leadership skills
- Being aware of legal situation of patient
- Professional know-how
- A friendly and caring personality
- Physical force
- Mental resilience
„In the night duty you have to take care of 60-80 people. There are no physicians employed in residential homes for elderly.“²⁵
- Tolerance
- Patience
- Power of observation
- Learn to learn
- Reflecting capacity
“Wichtig ist, sich der Routine bewusst zu werden und das eigene Tun kontinuierlich zu reflektieren.“²⁶
[„It is important to be aware of the routine and reflect on their own actions continuously.“]
- The ability to relate to people from a wide variety of backgrounds

²¹ Note: The tasks that are marked gray do perform elderly caregivers at medium and higher level only.

²² Self-employed professional, Altenheim Neuhofen an der Krems, AT.

²³ Director, residential home „Haus St. Katharina“, AT.

²⁴ Note: The tasks that are marked gray do perform elderly caregivers at medium and higher level only.

²⁵ Professional, Vinzentinum, Sisters of Charity, AT.

²⁶ Expert, Care.Consulting, AT.

- Readiness/Willingness
„Bereitschaft, dass wir wirklich da sind. Weil wenn wir gedanklich woanders sind, dann klappt gar nichts. [...] Wenn die Patienten Hilfe brauchen, müssen wir da und bereit sein. Für alle Patienten. Die Patienten wissen nicht, welche Schwester für sie zuständig ist.“²⁷
[„,Readiness that we truly are here. Because if we are mentally somewhere else, then nothing works. [...] If the patients need help, we need to be there and ready. For all patients. The patients do not know which sister is responsible for them.“]
- Tact and sensitivity
- Ability to work under time pressure
„Zurechtlegen sinnvoller Prozessabläufe, um nicht nur in der institutionellen Strukturen eingeengt agieren zu können, sondern auch Freiräume für die Beschäftigung mit den Bewohnern zu finden.“²⁸
[„,Setting meaningful processes to operate not only in the institutional structures, but also to find space for activities with residents.“]
- A holistic, systemic approach
„Nicht „das Kind“ ist krank, sondern die Familie.“²⁹ [„,Not „the child“ is sick, but the family.“]
- The ability to work on your own initiative and as part of a team
- A sense of humour
- Socio-cultural competences
- In residential homes: How do I integrate a person to a residential home?
- Language skills: being able to express oneself precisely and appreciative
- An understanding and respectful approach to patients/empathy:
„Man braucht ein Gespür für die Leute. Man muss in der Lage sein können, sich in die Person hineinzufühlen.“³⁰
[„,You need a sense of the people. One must be able to empathize with the person.“]
- Dealing with death: According to two learners, this is one of the main challenges in the occupation „elderly care“.
- One student points out the difficulty in handling “involvement versus distance”.
- Know-how in „validation“. The validation is both a method and an attitude in dealing with people with dementia.

3.1.2 Bulgaria

Competences

- Facilitating, preparing, planning and controlling daily activities for personal maintenance of elderly people
- Recognition of special therapies for elderly people

According to the interviews of learners, the typical professional activities are sanitary hygiene, communication, medical treatment and permanent screening and diagnose of the somatic state. The main working tasks aim to give social protection, social security, legal and administrative support. A general professional competence when summarized is achieving: „компетенции по обслужването“ („competences of attendance“). Those competences require „good cognition in

²⁷ Elderly caregiver, residential home „Haus St. Katharina“, AT.

²⁸ Lector and researcher, UMIT, AT.

²⁹ Expert, Care.Consulting, AT.

³⁰ Director, residential home „Haus St. Katharina“, AT.

the field of medicine and psychology“:

„има предвид гериатрични познания и психологически курсове за развитие на комуникативни умения за работа с възрастни хора, но да са отделни специализирани курсове, не просто теми от други курсове.“³¹
[“What I mean is to get geriatric knowledge and psychological information from courses, which teach how to develop communication skills for work with elderly, and those courses to be specifically directed to these issues, not part of other curricula.”]

Competence

- Recognition and helping of the special need activities for elderly people

The most important competence is „psychologically correct treatment“:

„...реална преценка за състоянието на пациента, иначе как ще да реагираме адекватно и навременно и как да знаем към какъв специалист да се обърнем.“³²
[„...getting real assessment of the patient’s condition, otherwise we can’t react adequately and immediately and wouldn’t know what professional help is needed.”]

The challenges include physical and psychological overload, skills to communicate („с отчаяни хора“/„with desperate people“), low payment, lack of training possibilities, bad working conditions. The interviewed stated that the programmes in both universities are centered neither around the requirements nor on the challenges.

Competences

- Understanding the use, service and management of instrumental assistance for elderly people
- Knowledge and monitoring of the medical treatment with respect to relevant diseases for elderly people
- Maintenance, support and control of the immediate environment, including the families of the elderly people
- Organizing group activities to keep up, retain and sustain the social competencies of elderly people

According to the interviews of professionals, whose work experience is in the range of 2 to 31 years, (2,5,7,21,30,31 years respectively), the typical professional activities and the main working tasks of an elderly caregiver are ranked as follows: medical help (nursing manipulations, giving medications, rehabilitation), hygiene maintenance (personal and of the living place), nutrition (bringing food and helping with feeding), communication (talking with the patients), organizing and carrying out group activities (excursions, watching movies and discussions, organization of teaching courses, etc.). Their sequence and rank depend on the job of the interviewed professional. For the „sanitar“ (caregiver, level 1) the sequence is: nutrition, hygiene and

³¹ Fourth year student in “Health management”, Medical Academy in Sofia, BG.

³² Fourth year student in “Social activities”, Sofia State University, BG.

communication, for the nurses – medical help and rehabilitation, for the social workers – group activities.

The professional competence requirements for the job differ depending on the profession: for the „sanitar“ they are timing, knowledge about the most common states and diseases (dementia and Alzheimer), communication skills and personal balance; for the nurses, they are medical and psychological knowledge about elderly; for the social workers – gerontological and psychological knowledge, skills for teamwork and legal and administrative knowledge.

The main challenges for the job according to the „sanitar“ is physical and psychological overload and lack of knowledge about the difference in medical treatment depending on the disease:

„Няма мъже, погледнете, ние сме слаби, бедни, останали сме без зъби, а трябва да вдигаме някои от пациентите, при това и не знаем каква е спецификата на заболяването, често правя грешки макар да искам да служа. Трудно ми е да се държа дистанцирано, да поддържам неемоционално отношение с пациента, напомня ми на родителите ми, плача често.“³³
[„There are no men; look, we are feeble, poor – we are left with no teeth but we have to hold and carry some of the patients, and we don't know what is the specifics of the disease and I often make mistakes, although my wish is to help. It is difficult to keep distance from the patients, to stop being emotional, they remind me of my patients, I often cry.“]

For the nurses the main challenge is to balance the need for attention on the side of the patient („те се надпреварват кой да е по-близък с мен“/“they compete for my attention“) and the claims of the children, grandchildren, relatives:

„Аз трябва да изслушвам претенциите на близките и в същото време да се съобразявам с възможностите ни и това, което даваме, които впрочем не само съответстват на таксата от 600 лв. месечно, а и са далеч повече.“³⁴
[„I have to listen to the claims of the patients' close family members and at the same time to consider our resources and the services we give, which by the way are more than one should expect for BGN 600.“]

The challenges for the social workers stem from the difficulty to organize the patients into groups and to motivate them for planned activities.

Competences

- Support and command of the management for elderly people
- Knowledge and use of legal, financial and administrative work for care of elderly people

For the experts the typical professional activities of an elderly caregiver are care and support, consultation, psychological diagnostic and psychotherapeutic activities, preventive activities. The main tasks are concrete forms of preservation the physical and psychosocial wellbeing of the elderly, like health related medical procedures, regular assessment of the psychological ageing and intervention programmes for prevention of behavioral and psychological problems of old age.

³³ Professional (sanitar) , State Home „Knjajevo“ in Sofia, BG.

³⁴ Professional (nurse), Private Home for Elderly „Rai“ in Sofia, BG. Note: Although this Home for elderly is privately owned it has relatively low taxes. In the state Homes the tax is covered by the pension of the elder person, the maximum pension being BGN 700, and by state financing. Other private homes charge between BGN 1000 and BGN 3000 a month.

The most important professional competence requirements for this job are professional knowledge in health care, gerontology, psychology, geriatric management:

*„... иначе как да се очаква, че може да се изготви мултимодална индивидуална оценка.“³⁵
[„... otherwise it would be impossible to expect the preparation of a multimodal assessment of the individual.“]*

According to the experts, most of the requirements are met by those professionals who have specialized education (social work, health management) while for the others it takes time to get enough experience. A good setting for elderly care needs above all planned intervention and state politics:

*„... разработване на програми за стареенето и старостта по отношение на здравето състояние и поведението, социалната мрежа, семейното консултиране и подкрепа на домашните грижи за безпомощни стари хора, продължаващо обучение и образование, възрастни в риск като дементни, депресивни, самотни, терминално болни и др.“³⁶
[„... well-developed programmes for ageing in the field of health state and behavior; social networks; family consulting and support for members of the family, who take care of helpless elderly at home; continuing training and education of professional staff; and programmes for elderly in risk - with dementia, depression, being lonely, terminally ill, etc.“]*

Further on the experts state that the working tasks may differ only in small details regarding the different jobs.

3.1.3 Hungary

The competences and skills related to the care work context had been listed during the interviews. The interview transcripts had been analysed from the perspectives of practicing professionals (i.e. carers and nurses), of experts in elderly care (heads of care providing institutions) and that of learners, who presently learn in an educational institution to be skilled elderly carers.

According to the carers and nurses, the **typical professional activities** of an elderly caregiver include the following: fulfilling the basic needs of clients, providing a secure environment for them, and adequate communication with the clients.

Their daily routine activities cover providing assistance in eating and/or feeding, administering liquids (assisting at drinking); observation and measurement of the vital parameters of the client; application of prescribed medication; providing personal hygiene, escorting to the toilet, assisting in bathing and handling incontinence pads and bedpans.

The carers also may do shopping and perform household duties such as doing the beds, cleaning the house, taking care of administrative issues of their clients, especially when the clients live in their own homes. The mobility of the clients is supported by the carers: turning in bed, moving from bed to chair and back, assisting in taking a walk etc.

³⁵ Expert, Ministry of labour and social care, Ex-director of a state Home for elderly in Sofia, BG.

³⁶ Expert, Assoc.Prof. in Gerontology at the Department of Public Health, Medical Academy in Sofia, BG.

The carers also communicate with the client not only to exchange information, but also to keep company. The carers also keep contact with family members, the family doctor, with health institutions and whatever is needed.

The students also mentioned that providing spiritual, psychic and mental help is an additional task of elderly carers.

The experts provided a list with the same tasks as the carers and the students, but add that providing a secure environment, performing administrative duties, prevention and advocacy are also tasks of the carers and nurses.

The **competence requirements** of carers are – in the words of the interviewed professionals: respect, high command of professional skills, reliability, empathy, respecting privacy, solidarity, patience and flexibility.

The students had a much narrower view of the topic. They only mentioned professional skills (caring and nursing), empathy and communication with experts in the care process.

The experts' expressions for competence requirements were the following: professional knowledge, such as theory and practice of nursing, clinical knowledge, psychological and legal knowledge, communication skills, ethical aspects, documentation and administration, organizational competences, addressing and solving problems, personal competences (commitment, sense of responsibility, dedication, endurance, decisiveness, precision, and emotional stability) and interpersonal competences (ability to establish connections, empathy, tolerance, openness, patience, conflict solving).

The **hardships and challenges** of the elderly carer profession are illustrated by a statement from a personal carer:

“A kihívások a munkában: az állapot szintentartása, feljavítása, jó kapcsolat kialakítása a klienssel, a nehézségek állapottól függőek, de például a kötődés, elválás halálozás esetén nagyon nehéz, valamint a szűkebb-tágabb környezettel a kapcsolattartás, a családtagok lelki vezetése, támogatása tárgyi veszteséskor.”³⁷

[“The challenges in this work include maintaining or if possible, improving the status of the client, establishing a good relationship, whereas the difficulties may vary depending on the condition of the client. But in every case, the bonding and departing in the event of death is very difficult, also keeping contact with the closer and larger entourage is hard, and the spiritual guiding of the family members in their loss.”]

³⁷ Personal carer, Home Care Service, Hungarian Maltese Charity Service, Pécs, HU.

3.1.4 Romania

The interviewed persons work in different specialized institutions or private initiatives providing care services to elderly people in different parts of Romania. They have an experience in this field varying between 3 and 20 years.

There is a relative specialization of responses regarding the typical professional activities of an elderly caregiver between the different target respondents. The employers are rather focused on the managerial aspects of running a centre, diagnosing the needs, devising a system for individualisation of services and catering for specific needs etc. It is essential from a managerial perspective to identify resources, prepare proper facilities, provide the elder people the needed space and assure optimal condition for their living. At the same time it is important to assure enough staff to assure continuous overseeing, prepare and provide the timely food; to provide medical treatment and assistance; provide corporal caring; organize meetings with family members of the cared persons and all operations needed in caring persons immobilised at bed.

From the practitioner point of view the accent falls on specificities of activities for the elder people. The first and most important prerequisite in dealing with this target group is proper communication with them, listening to their needs and worries, comforting them with nice words. The specific activities include: cooking, feeding, caring, overseeing over the night, giving assistance, administering the medical treatments, assuring their needed hygiene (washing, combing, referral and mediation with other support professionals), counselling, socialising activities, recreational activities (involving them personally in shows/cultural activities some are musicians themselves i.e. harmonica) as well as applying measures of fighting and preventing the use of alcohol. Among these there are also a set of administrative tasks including filling out forms for payment obligations and periodical assessment. From a kinetotherapist perspective the most important is recovery and/or improvement of life quality through different methods and techniques of acquisition of daily activities.

The most important competence requirements in this profession vary according to the place of work. While some professionals consider a minimum graduate level of an elderly caregiver as it best, others consider that no theoretical training is able to endow the practitioner with the necessary competences, except a proper attitude based on desire to help old people and an affectionate attitude. To be competent in this job it is needed first of all to be very patient (without this it is not possible to understand and to help a helpless old people) and to show love to the cared person, to empathize with the needing person and generally to act according to the principle of *„doing him what you would have liked to be done by another one if you were in his place”*³⁸. Among the most cited qualities are: earnestness, affectivity, being very skilled, being receptive, being patient, having a loving attitude and being very compassionate.

*„Să fii calm ca să poți vorbi cu omul, să-i înțelegi problemele, să păstrezi confidențialitatea datelor, să ai un program flexibil, să fii mereu în preajma beneficiarului.”*³⁹

³⁸ Volunteer, Banu Church Asylum Buzau, Cluj Napoca, RO.

³⁹ Kinetotherapist, private cabinet Cluj Napoca, RO.

[„...being calm in order to be able to talk with the person, to understand his/her problems, to keep the confidentiality of data, to have a flexible programme, and be there always near him/her..”]

One of the biggest challenges in this profession is that it is very difficult to understand the real need of an old person, especially when he/she is very old and sick/disabled and cannot communicate properly his/her needs, and „...noi trebuie să depășim toate crizele lor...”⁴⁰ [„...we must overcome all their crisis...”].

„Unul are 96 de ani, altul 64, modul de gândire e diferit, mediul din care vin...nu pot aplica instrumentul din facultate, mai mult vorbesc cu ei.”⁴¹
[„One of them is 96 years old, another 64 years old, their way of thinking is different, their background... I cannot just use the tool provided during graduate studies, I need to talk with them more.”]

From the managerial perspective one of the biggest problems is the lack of staff. All centers have less staff than necessary. This places a supplementary burden on the existing staff to adapt and extend their activity. Another important difficulty is transporting old people to recovery centres and back, as not always they have the possibility to move.

Some of the practitioners think that they are fit and meet all competence requirements, other interviewed persons express a need to work in a multidisciplinary team and/or to get training in specific activities.

The most important conditions needed by a caring centre in order to guarantee a good setting for elderly care are assuring a comfortable environment, the staff should be not just qualified, but also be educated in this spirit (of helping the needing persons), providing specialized medics to help them with treatments for all their diseases and efforts of the staff to help them and to „smooth psychologically“ their situation. The interviewed persons state that the working tasks differ little depending on the work places. The core competence profile remains the same.

3.1.5 Slovenia

In Slovenia, people with different profiles work in the field of elderly care: Most of them do have a medical background or start as social workers. In addition, special programmes called national vocational qualifications, qualify people for the job „elderly caregiver“.

As seen from the interviews typical professional activities are recognizing and acting in case of a medical condition, medical treatment, screening and diagnose of a somatic state, sanitary hygiene, help with daily activities and communication. The main tasks of an elderly caregiver are to provide social support, social protection and social security, and to act in favor of an elderly person. Main professional competences in this field are: recognizing caring needs, planning and carrying out hygiene interventions and also reporting and documenting certain life activities.

⁴⁰ Social assistant, Piatra Neamț, RO.

⁴¹ Social assistant, Piatra Neamț, Romania.

As elderly caregivers may come from different backgrounds so can vary their working tasks. But the main tasks are the same regardless the background they come from. Main working tasks in the field of social security are: taking part in maintaining elderly social networks and recognizing different needs of the individuals. They must monitor the clients health and general well-being. Elderly caregivers must report and document their health and general status. Caregiver should encourage the elderly to maintain their independence in daily activities. If needed, caregivers are expected to help elderly with housekeeping and other household activities.

As there are different fields in which elderly caregivers operate, the professional competences of the individuals vary. They depend on the job one does. Competences of caregivers who work in the medical field are medical care are especially medical care and recognition of different medical conditions. In addition, providing the necessary support to the person with medical treatments on a daily basis, is a requirement in the job.

Professional competences of caregivers who have a „social work background“ are: knowledge about social security systems, knowledge of the community and social networks, knowledge about social care.

3.2 Steps of competence development

3.2.1 Austria

Experience as an elderly caregiver is a good way to prepare for a range of health related careers, for example in nursing (degreed nurse, higher educated health profession)⁴² or for climbing up the career ladder such as becoming a staff member of the middle management or finally a director. One could also move into specialist work, i.e. in the areas of validation, after care management (in hospitals), basal stimulation therapy a.s.o. However, in reality only a few follow a career path according to the interviews. Studying for a degree or diploma takes time and costs money. This is a barrier for most elderly caregivers who have children.

According to the interviews, we are able to identify the following three typical stages of competence development in Austria:

Beginners⁴³: After graduation elderly caregivers apply their knowledge learned in school and gain routine. Beginners do not have experience of the situations in which they are expected to perform. To give them entry to these situations and allow them to gain the experience so necessary for skill development, institutions often offer short trainings for new employees. The rule-governed behavior typical of a beginner usually is limited and inflexible. The heart of the difficulty lies in the fact that since novices have no or hardly no experience of the situation they face, they must be given rules to guide their activities and performance. But following rules legislates against successful performance because the rules cannot tell them the most relevant tasks to perform in an actual situation.

„Ein Anfänger ist noch unsicher in den Handlungen und bedarf der Kontrolle und der Unterstützung eines erfahrenen Pfleger.“⁴⁴
[„A beginner is still uncertain in the actions and requires the control and the support of an experienced healthcare professionals.“]

Medium level⁴⁵: At this stage elderly caregivers extend their practical knowledge and social skills. Practical knowledge and social skills are gained over time, and elderly caregivers themselves are often unaware of their gains. At this stage, elderly caregivers get more confident in their own decisions and actions. They give instructions and guide beginners and students. Also, they have a more profound theoretical background, especially in medical issues.

⁴² Note: Usually one is only able to further develop his/her occupational career by means of the graduation as registered nurse.

⁴³ Low levels with a maximum of two years of training beyond the level of compulsory education (In Austria nine years of schooling): Jobs: Heimhilfe, Abteilungshilfe, PflegehelferInnen, Fach-SozialbetreuerInnen in Altenpflege (without diploma).

⁴⁴ Professional, Residential Home „Haus St. Katharina“, AT.

⁴⁵ Medium levels which are situated between two and six years of qualifications after passing the level of compulsory education. Jobs: Degreed nurses (Diplomierte Gesundheits- und Krankenschwester, Diplomierte psychiatrische Gesundheits- und Krankenschwester), Fach-SozialbetreuerInnen in Altenpflege (with diploma), Bachelors in elderly care.

Experts:⁴⁶ Expertise develops when the elderly caregiver tests and refines propositions, hypotheses, and principle-based expectations in actual practice situations. Experience, as it is used here, results when preconceived notions and expectations are challenged, refined, or disconfirmed by the actual situation. Experience is therefore a requisite for expertise according to the expert interviews. The dealing with the elderly, the manner in problem-solving, the manner in dealing with patients and relatives etc. of an expert differs from that of a beginner. This difference can be attributed to the know-how that is acquired through experience. The expert elderly caregiver perceives the situation as a whole, uses past concrete situations as paradigms, and moves to the accurate region of the problem without wasteful consideration of a large number of irrelevant options. One professional asked in the interview suggests to gain experience at different work places in order to be able to develop expertise:

„Man sollte einen jeweiligen 5 Jahres-Wechsel der Sparte machen: Pfleger im Krankenhaus, dann Pfleger in Pflegeheimen und dann Pfleger in der mobilen Pflege. Du gewinnst mehr Sicherheit in der Ausübung des Berufs, weil du von überall ein bisschen ein anderes know-how mitnimmst. Man sollte nicht in eine Routine schlittern.“⁴⁷

[„One should make a work place change after 5 years: Being an elderly caregiver in an hospital, being an elderly caregiver in residential homes and then being an elderly caregiver in the mobile sector. One is able to gain more security in the performance, because you gain a bit of a different expertise from anywhere. One should not slide into a routine.“]

„Der Experte handelt allein und selbstverantwortlich.“⁴⁸
[„The expert is responsible solely.“]

Experts need to have leadership skills. Especially academic experts often lead institutions and departments (see: LEADERSHIP SKILLS).

Main characteristics of an expert:

FUTURE THINK: One outstanding characteristic of expert elderly caregivers is that they spend a great deal of their caring time thinking about the future course of a patient, anticipating what problems might arise and what they would do about them. Having seen many scenarios of patients, they are equipped with reality-based expectations and concerns for the ones they are currently dealing with. Their anticipation is contextual, however. It is based on what they observe to be occurring with a specific patient, rather than what might happen to patients in general. Yet, they are able to recognize subtle physiological changes.

„Man muss in der Pflege vorausschauend und vernetzend denken. Welche Komplikationen können auftreten, wenn ein bestimmter Laborwert nicht passt? Wir haben in Pflegeheimen nicht immer einen Arzt da. [...] Ich muss einen Herpes Zoster [Anm.: Viruserkrankung] erkennen. Wenn ich nur drei Blaserl sehe und mir denke, ja ja, das sind halt drei Blaserl und hole da keinen Arzt, weil ich mir denke, das geht eh wieder weg, kann es sein, dass sich dann andere Leute anstecken.“⁴⁹

[„You have to think in advance in the field of elderly care. What complications can occur when a particular laboratory value does not fit? Usually there are no physicians in residential homes. [...] One has to recognize a herpes zoster [Note: viral disease]. If one only sees three blisters and one thinks, ok

⁴⁶ High levels with more than six years of education and training after finishing the compulsory level. Jobs: Academic elderly caregivers (Graduation in an higher education institution: Master, PHD).

⁴⁷ Professional, Residential Home „Haus St. Katharina“, AT.

⁴⁸ Professional, Residential Home „Haus St. Katharina“, AT.

⁴⁹ Expert, Residential Home „Haus St. Katharina“, AT.

these are just three blisters and does not contact a doctor, because one thinks, that will disappear anyway sometime, it may be that other people will be infected.“]

HOLISTIC THINKING and EMPATHY: Another characteristic of an expert is to be able to empathize with patients and to be capable of holistic thinking. An expert described taking care of a 102 years old woman as an novice. The old woman once talked about dying and death. The young elderly caregiver then answered „It’s early days yet.“ The 102 years old woman then was very angry and showed the novice the door. The interviewee understands the old woman’s reaction nowadays and says:

*„Ich habe damals die Frau dahinter noch nicht wahrgenommen.“⁵⁰
[„At that time I was not able to see the human being behind. For me the woman was a „case“.“]*

DEEP BACKGROUND UNDERSTANDING and THEORETICAL KNOWLEDGE: Both the professionals and experts state that the characteristic of expert human decision making is that the situation structures the approach so that the response is only as orderly as the situation demands. In the practical world the expert human decision makers bring a deep background understanding and sound theoretical knowledge to the situation, so that they can grasp the whole and attend to the most salient aspects. They do this by sharing in the meanings embedded in the situation.

*„Ich schöpfe aus der Schatzkiste, die ich in mir trage.“⁵¹
[„I draw from the treasure chest, which I carry with me.“]*

*„Bei der akademischen oder diplomierten Person ist die theoretische Ausbildung wesentlich umfangreicher. Dadurch können die Zusammenhänge besser erkannt werden.“⁵²
[„The theoretical know-how of an academic/qualified person is much more extensive. Therefore, he/is is able to identify medical and social interrelations more precisely.“]*

COMMUNICATION and INTERPERSONAL SKILLS: Another characteristic of experts is that they have developed sound communication and interpersonal skills. The manner in dealing with people is different from a novice.

*„Zuwendung zum Menschen. Wir müssen hinschauen und hinhören. Das muss gelernt werden. Zum Beispiel sind manche Patienten in gewissen Bereichen noch selbstständig. Es ist schlimm für den Patienten, wenn wir ihm die Selbstständigkeit nehmen.“⁵³
[„We have to listen and look. This must be learned. For example, some patients act still independently in certain areas. It is bad for the patient if we ignore this.“]*

„Der Umgang mit Menschen ändert sich. Als Erfahrene weiß ich, wie ich mich zu verhalten und auszudrücken habe, damit die Leute ruhig bleiben, zum Beispiel bei der Körper-Intimpflege oder ich sie zu etwas bewegen kann. Als Anfängerin nicht. Als Erfahrene weiß ich auch, wie ich Patienten mit Demenzkrankheiten animieren kann. Als Anfängerin komme ich her und frage den Patienten, ob er das tun möchte, stoße dabei vielleicht auf Ablehnung und gehe weiter und denke ich mir, gut der will nicht. Die Erfahrenen animieren und animieren, mit vielen Worten, um etwas zu bewegen, weil sie wissen, dass es wichtig ist.“⁵⁴

⁵⁰ Expert, Care.Consulting, AT.

⁵¹ Expert, Care.Consulting, Austria.

⁵² Director, residential home „Haus St. Katharina“, AT.

⁵³ Professional, residential home „Haus St. Katharina“, AT.

⁵⁴ Professional, residential home „Haus St. Katharina“, AT.

[„The manner in dealing with people is changing. Experts in elderly care know-how to behave and express to keep the people quiet, for example in the body-intimate care or how to move them slightly. I do not know these as a beginner. Experienced elderly caregivers also know, how they can encourage patients with dementia. As a beginner, I come and ask the patient if he wants something particular to do, and when the patient rejects, I move on thinking to myself, well he did not want to do that. The experienced elderly caregivers animates and animates, in so many words, because they know that it's important to move the patients.“]

LEADERSHIP SKILLS: An expert must be able to issue instructions and to lead and manage a team or an institution. Organizational skills and management skills are needed.

According to the interviews, social skills are to be developed primarily by training on the job. Methodological competences, competences in basic care and medical treatment as well as theoretical knowledge about Alzheimer's, dementia, kinesthetic, validation a.s.o. needs to be both, learned via education and training and practiced by doing on the job (workshops, training on the job).

3.2.2 Bulgaria

For the **learners** the most important skills and competences one has to have to be an elderly caregiver should be looked in own personality traits, such as patience, calmness, empathy and in acquired personality tendencies for doing social work and developing friendly attitudes to elder. The learners state that the educational system bypasses those competences and skills and the need of training is stressed:

*„Разчитаме на обучението на работното място, как иначе ще се оправим и ще бъдем добри професионалисти?“⁵⁵
[„We rely on the training on the job, otherwise we can't see how we are going to be good professionals?“]*

In Bulgaria, all of the **professionals** have started their job without having any practice. They have received help by older employees on the working place and the experience they have got had followed a path of trials and errors:

*„Дори инжекция не знаех как да поставя, или тоалет или да сменя памперса на болния.“
[„I even didn't know-how to inject medicaments or how to change pampers and do the toilette of the patient.“]⁵⁶*

The typical career path of a social worker dealing with elderly is „social worker“, then specialist in „social activities“, then „expert-beginner“ then „chief expert“, on the top „director of Directorate“. The nurses as caregivers for elderly don't see any career path in this field, the „sanitars“ don't have career paths, for the following reason:

„Няма обучителни програми за санитарии; едва сега чух че в МА ще се въвежда, е, тогава ще може да се говори за кариера и при нас.“⁵⁷

⁵⁵ Fourth year student in “Social activities”, Sofia State University, BG.

⁵⁶ Professional (nurse), Private Home for elderly „Rai“ in Sofia, BG.

⁵⁷ Professional (sanitar), Private Home for elderly „Rai“ in Sofia, BG.

[„There is no training for our job. I have heard that maybe next year at the Medical Academy a programme will be offered for „sanitars“. I am sure that then we will have a career path as other professions have.“]

The steps of competence development in order to become an expert for the nurses and social workers include development of automatic practical skills, knowledge about the reaction to medications, knowledge on how to give first aid, skills for planning, organization and control of own work and making progress in empathetic thinking. „Sanitars“ don't have access to medications, they feel disorganized when they have to react to emergency cases:

*„Не знам как да реагирам на припадък, например. После ми се карат... Ами да ми обяснят фармацевтичните средства, болестите, аз прекарвам най-дълго време с пациента.“⁵⁸
[„I don't know-how to react to faints. And then they yell at me... Why don't they explain what the medications are about, the diseases, after all, I am the one that stays longer than the others with the patients.“]*

The competences developed only by training on the job are almost all practical skills. Practical knowledge is needed to do sanitarial, nurse or social work everyday activity. According to the nurses and social workers, new medical knowledge, gerontological learning, diagnostic and psychosocial assessment, the use of effective therapeutic procedures and their evaluation, as well as work with new legislative documents should be the core of further educational programmes.

The **experts** divide the career path of an elderly caregiver in terms of education career (secondary education, bachelor, master, doctor in the sphere of public health and health care for elderly) and job career. The beginning is professional employee in a community organization or specialized homes for elderly with routine functions for the care of the patients, next is the senior staff employee with some organizational functions and decision making and planning of activities, at the top is the manager/director of unit with organizational, coordinative and control functions.

The step of competences for development is related to the personal maturation in the job: whether there is motivation for personal development, self-improvement, self-control and psychological resistance, whether the employee has developed assertive behavior and the understanding of the effect of teamwork; whether he/she has skills for empathetic support and is highly adaptive. As well as to the acquired skills for direct work with the patients (skills in different therapies and rehabilitation), skills to understand the problems of elderly and using the normative base to provide relevant care, skills to present in society and in the media the elderly support care as an issue of social integration.

Following the explanation of the experts, by training on the job, depending on the qualification, each employee may learn how to fulfill most of the tasks, given there is a system of mentoring:

*„Ако има добър специалист, който да въведе начинаещия, всичко може да се научи на място, и консултирането и терапията.“⁵⁹
[„If there is a good mentor the beginner will learn everything he/she needs to know, even consultation and therapy.“]*

Competences, which are needed to be trained by further education, are related to the knowledge

⁵⁸ Professional (sanitar), State Home in Knjajevo in Sofia, BG.

⁵⁹ Expert, Director of the Home for elderly in village Balvan, Veliko Turnovo, BG.

of the priorities in the public health concerning elderly care, to self-improvement, to the planning and management of projects dealing with elderly care, to the implementation of innovative techniques in the care.

3.2.3 Hungary

The professional titles in the **career of an elderly carer** in Hungary as described by the interviewed professionals are the following: social nurse-carer, organizer carer, department nurse, supervisor nurse, head nurse with MA in nursing. The experts' line of „career stations“: student, volunteer helper, caregiver with no qualification who can work only under supervision, caregiver with no qualification but having significant experience, caregiver participating in an educational programme to acquire a qualification, qualified nurse-carer taking part in further education throughout his/her career, supervisor/coordinator nurse, head of a department, head of an institution, educator/teacher (at vocational school, college, university, or in the field), examiner/care expert/developer. The learners opinion is that their course covers the acquisition of all required competences to be a qualified nurse-carer.

The **steps of competence development** are outlined by the experts in two ways. One expert's description of the steps of competences:

- professional competences - acquiring theoretical knowledge;
- professional and interpersonal competences - acquiring practical experience;
- management, methodological and personal competences, legal knowledge - acquiring leadership skills;
- pedagogical methods, directives – educator's competences;
- pedagogical methods, legal and ethical regulations – examiner's skills, legal knowledge, management skills.

Another approach is to view each competence area separately and to define steps within each area, some examples:

In health care/nursing: assistant to the nurse, personal hygiene, bathing, helping with feeding, administering medication, applying injections, infusions, intravenous injection, organizing of the work of the shift.

In social care: participation in conversations, initiating individual conversations, participation in group discussions, leading group discussions, organizing other colleagues' work.

The competences that can be **acquired during work** are: manual skills, personal competences (endurance, dedication, reliability, patience etc.), interpersonal competences (tolerance, congruent communication, ability to motivate, ability to maintain contacts etc.), methodological competences (systematic approach,)

3.2.4 Romania

A typical career path of an elderly caregiver might include working as employed or on a voluntary basis as a (nurse) in caring old people, receiving training as a social assistant, as medical assistant and psychological trainings. Many of the graduate programmes provide practical training (usually 6 months long).

„Aparent e foarte greu pentru început să te cobori asupra bătrânului să îl cureți de mizerie, să-I cureți rănile, lucru pentru care la început trebuie s-o iei încetișor, întâi să vorbești cu el să îi dai hrană, să-l înțelegi când refuză mâncarea, să cauți soluția să îi aduci altceva de mâncat, să nu-l lași flămând și după aceasta urmează mulțumirea pe care o simți și apoi ești în stare să faci tot ceea ce trebuie pentru mângâierea lor.”⁶⁰

[„Apparently it is difficult at the beginning to do their personal hygiene, it takes time to establish a relation with the needing person and to understand him, when refuses the meal to prepare and bring him something else not to leave her hungry. After all these initial moments of struggles there is a feeling of satisfaction and you are better prepared to understand and to help them...“].

An important step is apprenticeship and modelling by watching behavior/model of the other carers and job shadowing which helps the practitioners in their initial training most often in the context of volunteering activities in centres which provide them with theoretical knowledge as well as with practical knowledge.

Steps of competence development needed from novice to an expert

While some interviewed persons consider that only graduates/masters with specialization in geriatrics are able („only the first step“) to become a competent professional, others say that only through direct experience in caring old people, through assiduous work of day by day and lots of patience one can move from the novice to specialist level. Besides, a lot of patience and a sense of love are needed for the cared person. The specialized education and training programmes are not available in all parts of Romania. Short courses at the Employment Office or specialized training centres provide qualifications of level ISCED 4, studies at the Faculty of Social Assistance provide certification for (ISCED 5, 6), while subscription in the National College of Social Assistants provide the license for free practice. Besides these, there are apprenticeship pathways organized through churches and charities. However, it is not possible to work in this field without having a positive and loving attitude towards old people.

Steps of competence development by „training on the job“ versus steps by taking part in further education programmes

According to the interviews, training programmes are needed to provide the necessary basis of know-how, but one becomes a competent professional only by experience. The practical experience gained by practicing the job is essential and represents a higher level of training. The theoretical and practical knowledge depend on each other.

⁶⁰ Volunteer, Banu Church Asylum Buzau, Cluj Napoca, RO.

3.2.5 Slovenia

Most important competences learners must develop are their own personality skills: They must learn to be patient, sympathetic, calm in critical moments and to act rational in given circumstances. They also need empathy and tendency for doing social work. As stated in the interviews, training has a crucial role in the development of the competences. Training gives students a part of very needed practical experiences for later work.

The majority of the asked professionals had at least some practical experiences when entering the field of work. Most of the professionals have some sort of educational background whether from medical education or social education. But still most important experiences are obtained from their colleagues at work and by work itself according to them.

The competences of experts in the field of elderly care are gained through training on the job. Some competences are gained through postgraduate studies or additional training on the job.

According to the professionals and experts in this field, there should be a stronger emphasis on the development of programmes that allow new medical knowledge, knowledge about gerontology, medical diagnostics and other assessments. Accordingly, all these competences make work with elderly even more efficient.

3.3 Future trends

3.3.1 Austria

Trend: Europe is ageing - imbalance between demand and supply

All countries in Europe are experiencing an ageing of their populations. Long-term care is certain to increase with the ageing of the population. At the same time, caring within families decreases. As a consequence, there is a strong demand for elderly caregivers. An imbalance exists between demand and supply.

Effects:

- In order to deal with this shortcoming, it is important to work efficiently according to the experts („*Working with less resources.*“⁶¹). This goes along with a stronger differentiation of tasks (a clear structure and plan). According to the experts, those elderly caregivers who own a diploma or another high qualification will likely do organizational and management tasks only. Elderly caregivers at the low level will likely be in charge of basic care and documentation in the future. The following competences are required to meet these future challenges:
 - (a) Organizational skills
 - (b) Team-leading skills
 - (c) Elderly caregivers at low level should have a better expertise in drug education:

„Wenn die diplomierten Kräfte sich vermehrt um Organisations- und Managementtätigkeiten kümmern, müssen die Pflegehelfer auch ein besseres medizinisches know-how mitbringen. Problem: Jetzt haben Pflegehelfer kaum Kompetenzen in der Medikamentenlehre. Das fehlt in ihrer Ausbildung.“⁶²
[„If the qualified staff increasingly takes care of organizational and management activities, health care assistants [note: elderly caregivers at low level] must have a better medical expertise. Problem: Now nurse assistants have little expertise in drug education. This subject is missing in their education.“]

- Medical interventions increase.

„Es wird nicht mehr länger möglich sein, alte Menschen mit einem niedrigen Schweregrad in Pflegeheimen zu pflegen. Die Medikamentierung zuhause nimmt zu.“⁶³
[„It will be no longer possible to take care of residents with low level of severity in residential homes. Medical interventions at home increase.“]

- Home care increases. Stationary care increases.

„Eine vermehrt ambulante Versorgung in allen Lebensbereichen.“⁶⁴
[„Outpatient care increases in all areas of life.“]

- In order to tackle the work load, it is important to make use of technology. This makes the following competences necessary:
 - (a) Know-how in new methods of treatment:

⁶¹ Student, Vinzentinum – Sisters of Charity, AT.

⁶² Expert, MediCare – Human Resources Management, AT.

⁶³ Professional, health university UMIT, AT.

⁶⁴ Professional, health university UMIT, AT.

„Die Japaner haben eine Waschmaschine für alte Menschen erfunden. Der Körper kommt in einen Tunnel und wird gewaschen. Die Technologie macht nicht halt.“⁶⁵ (lacht)
[„The Japanese have invented a washing machine for the elderly. The body comes in a tunnel and gets washed. The technology does not stop.“(laugh)]

(b) ICT skills: e-skills to use ICT in diagnostics, treatment and electronic patient dossiers.

„Das ganze Karussell dreht sich immer schneller. Ich muss mit Computer arbeiten können.“⁶⁶
[„The entire carousel is spinning faster and faster. I need to be able to work with computers.“]

(c) Knowledge in use of technology such as „emergency bracelets“ or reminder systems for medication will become more important.

(d) Willingness to learn to learn (further education and training).

Trend: Multicultural societies

Intercultural skills become more important as the diversity in societies increases and patients and clients demand that their cultural identity is respected. This requires the following „future competences“:

(a) Intercultural competences

(b) Empathy

(c) Foreign languages skills

Trend: Trend towards higher qualifications

Scientific nursing skills are becoming more important. In Austria, the number of universities and applied universities, which offer academic programmes in geriatric nursing increases.

(a) Far-ranging theoretical know-how

(b) Organizational and management skills

Trend: Specialist knowledge versus interdisciplinary knowledge

Chronic diseases are generally increasing (e.g. dementia, diabetes, respiratory diseases). Thus, specialist knowledge and interdisciplinary knowledge become more important. This brings about big challenges for the health care sector according to the professionals and experts. This goes along with an increasing differentiation of tasks. Elderly caregivers work in a team composed of various specialists.

„Neben der Grundausbildung kommt es vermehrt zu Spezialisierungen: zum Beispiel Pflege von Menschen mit Demenz, Pain Nurses, Pfleger zur Sturzvermeidung usw.“⁶⁷

[„In addition to the basic training specializations will become more important: e.g. caring for people with dementia, Pain Nurses, caregivers for fall prevention, etc.“]

Trend: Self-conscious, demanding patients and clients (new generation)

Patients and clients are changing. They are critical, self-conscious and demanding.

„Die „Generation jetzt“, insbesondere Frauen, kritisiert wenig.“⁶⁸

⁶⁵ Professional, residential home „Haus St. Katharina“, AT.

⁶⁶ Professional, residential home „Haus St. Katharina“, AT.

⁶⁷ Expert, Care.Consulting, AT.

[„The „generation now“, especially women, does not criticize much.“

Effects:

- Patients and clients increasingly find it necessary that not only health services are supplied but that these are combined with a social understanding attitude (individualized care).
 - (a) Psycho-social competences are required increasingly.
- Communication is becoming more important, since patients and clients attach more value to communication with health care providers.
„Man braucht die Geduld, auch eine Stunde beim Essen eines Patienten dabeizusitzen.“⁶⁹
[„It takes patience to join a patient up to an hour while he or she is eating.“]
Competences that are required:
 - (a) E-skills necessary to use internet to communicate with patients and clients.
 - (b) Intergenerational Competences are important.
- Quality management is becoming important as patients and clients demand that quality is at high level.
 - (a) Know-how in quality management is required.
- New types of residential homes will be built depending on care needs (new care concepts).
- „e-nursing“ (nursing via internet): Patients will have the possibility to get advice via email and skype. Webcams could be used for showing wounds to a physician.
 - (a) ICT skills are important.
- Counselling activities and health prevention is becoming more important: The involvement of family members and counselling activities on preventive care and health promotion activities gain in importance. This requires the following competences:
 - (a) Know-how in counselling
 - (b) Know-how in systemic theory (e.g. family constellations)
- Individualized offers in home care, e.g. night duty in home care, emergency call service in mobile sector.
- Patients have high-order needs: e.g. IT equipment in residential homes
 - (a) ICT skills are required.

3.3.2 Bulgaria

According to the **experts**, the profession „elderly caregiver“ faces the following future trends:

- Establishing educational departments and programmes specialized in geriatric nursing and gerontology at the main universities;
- Developing standards for team work with elderly, where nurses, social workers and health managers will have similar professional tasks;
- Developing joint training and multidisciplinary education courses for the representatives of the different staff positions of elderly caregivers;
- Organizing continuing education for professionals on a regular basis, including i.e. training in stress management, burnout prevention, supervision.

⁶⁸ Expert, Care.Consulting, AT.

⁶⁹ Director, residential home „Haus St.Katharina“, AT.

- Establishing a national gerontological center for holistic approach to the elderly, where activities in the field of promotion of methodic help, consultative and diagnostic work as well as research will be developed;
- Opening more „защитени жилища“⁷⁰ („supported homes“) community initiatives for elderly, and deinstitutionalizing homes for people with psychic diseases.

According to the **learners**, Bulgaria will face a strong demand for professionals in elderly care. Since the population is aging and the number of educated professionals is falling, the need for staff will be higher. If the dealing with elderly does not change and the salaries do not rise, there will be a high migration trend of caregivers to other European countries.

The **professionals** have different expectations and proposals according to their positions: the „sanitar“ and nurses expect rise in the number of Homes for elderly, because:

*„младите вече не могат да се грижат за възрастните, а и някои предпочитат да плащат.“⁷¹
[„The young can't take care of the elder anymore, and also some prefer to pay for the care.“]*

The social workers expect a better quality of the social work with elderly in the future, caused by improvements in their education (Note: Increase of social work professionals having a Master degree.).

The three relevant groups – learners, professionals and experts stated very similar competence requirements to meet the future challenges – more medical, gerontological and psychological knowledge; more proposals for individual training in communication skills and continual educational and financial support for all jobs of the elderly caregivers.

3.3.3 Hungary

Future trends have been described with diverse examples, taken from personal experience of the interviewees. Some professionals see that high quality services at clients' homes will dominate in the future, where intimacy, privacy, security and private property are respected and can be assured. The clients have to be „kept in their homes“ as long as possible. Health preserving therapies and methods will gain more attention.

In some experts' opinion, care and nursing education focuses on quantity instead of quality. The care system is characterized more and more by task oriented functioning. There is a lack of holistic and individualized care. Home care, care in the client's own home will gain more and more importance. The clients entering the care system are in worse health conditions than before. According to the asked learners, fee-based (not free) services become widespread, while „аз idősgondozó otthonok lassan kórházakká alakulnak“⁷² [„elderly homes gradually become hospitals“]. They also see that nursing and mental care will develop side by side.

⁷⁰ Specially reconstructed houses/apartments for care of elderly, people with disabilities, orphans, etc.

⁷¹ Nurse, private Home “Rai” in Sofia, BG.

⁷² Student of Social Nurse-Carer course, Comenius Vocational Secondary School, Pécs, HU.

The competences and measures needed to meet future challenges are: lifelong education and training, where new knowledge can be accessed by the care staff, high level of mobility, the capability of lifelong learning and development, confidence, flexibility, scientific approach, systematic thinking, and, above all: more and more of practical training:

*„Ne csak alapápoláshoz, hanem szakápoláshoz is legyen kompetenciája, hogy a betegnek ne kelljen várni egy másik gondozóra-ápolóra aki majd elvégzi pl. a kötözést, injekciózást“⁷³
[„The nurse-carer should not only possess competences needed for basic care, but also special, nursing competences. This way the client is not forced to wait for another nurse who can do the bandage of the wound or the injection.“]*

3.3.4 Romania

Prevention is considered to be most important in the field of elderly care which should start very early, starting in the childhood: preventing osteoporosis causing multiple problems at the IIIrd age, preventing (to the possible extent) the dementia and senility in order to have a better collaboration at the old age. The lifestyle counts most in every single period of life.

*„Daca vrei sa ai o batranete cat mai „usoara/frumoasa... trebuie sa adopti din timp un stil de viata adecvata...“⁷⁴
[„Whether one wants to have as much as possible a „nice and easy“ old age, one must adopt in good time an appropriate living style...”]*

According to the Romanian tradition, one must care for his/her elders, this is the reason why very few elder people end up in specialized centres and hospices. The „learners” must be the ones to care their parents and grandparents, it is a responsibility falling on each individual of the society.

*„Cat mai multe seminarii de informare despre „cum“, „ce“, „cand“, „unde“ sau un sistem bine pus la punct unde pot gasi sprijin in caz de nevoie...“⁷⁵
[„It is necessary hence to provide as much as possible information and learning opportunities to everyone about how, what, when, where as well as a well-functioning system where to find support in case of need...”]*

A perceivable trend regarding the specialized staff is towards a higher professionalization in the field of social assistance of persons with disabilities. There also can be noticed a tendency of the church to assume a stronger role in this field of old people care. The provision of such services is not enough to meet all the demand, there will be, both at national and European level, increasingly a need for more providers for elder care, especially those provided under the auspices of charities and private initiatives.

„The practitioners need to be stimulated and remunerated in order to encourage them to act responsible towards the older people – a category which at their age, are yet kind of „children” by their disability and dependency.“⁷⁶

⁷³ Director of St. Margaret of Scotland Caring Home for the Elderly, Vásárosdombó, HU.

⁷⁴ Kinetotherapist, private cabinet Cluj Napoca, RO.

⁷⁵ Kinetotherapist, private cabinet Cluj Napoca, RO.

⁷⁶ Owner, Banu Church Asylum Buzau, Cluj Napoca, RO.

Competences and qualifications required to meet these future challenges

In order to meet future challenges the practitioners need to upgrade their skills by following a special training module or master for old people/people with disabilities. The preferred staff is trained by multiple trainings. If the caring is done in a specialized institution, a staff selection through psychological testing is necessary in order to prove if they are fit for the job. The professionals also need to be self-motivated and have an understanding of the needs of old people.

3.3.5 Slovenia

According to the participants in these interviews, the need for caregivers increases as the population is ageing. The following future trends are mentioned by the interviewees:

- developing new academic programmes involving gerontology (Note: There is already a programme called Social gerontology at the University of Maribor.);
- increase of continuing education offers for professionals;
- establishing alternative types of geriatric institutions (= institutions which will base on a strong holistic approach);
- forming quality standards for work with elderly regardless the vocational field (e.g. nurse, a social worker or volunteer);
- There is a need for so called safe neighborhoods, where elderly not only feel safe, but also have the support they need without losing their independence.

According to all interviewees, more gerontological, psychological and medical based training should be offered due to the increasing number of elderly people. Nevertheless there is also a financial aspect: The government should earmark enough funds to the field dealing with the elderly.

3.4 Education

3.4.1 Austria

The Austrian stakeholders emphasize that one has to consider the diversified education programmes offered in the field of geriatric care in Austria. The advanced vocational schools (BMS) focus on general and practical knowledge, the vocational upper schools (BHS) focus on theoretical knowledge, whereas academic programmes emphasize research and development. At the low level, elderly caregivers (e.g. „Heimhilfe“, healthcare assistants etc.) do not necessarily need any qualifications. However, they may need previous experience (paid or voluntary) in a caring role, especially if they plan to work with people who have mental health problems or learning disabilities.

Austrian experts, professionals and learners rate all trainings and educational programmes offered in the field geriatric care as good – taken as a whole. All interviewees state that the basic training in basic care is sound and well grounded. One expert criticizes that the focus on physical care dominates in education and training.⁷⁷ Accordingly a stronger focus on social-psychological care should be a must.

Another expert states that the vocational training for jobs such as „Heimhilfe“ and healthcare assistants is too short in Austria. The expert points out the need of higher qualifications.

*„Die Akademisierung in der Pflege ist wichtig.“⁷⁸
[„The trend to higher degrees in nursing is important.“]*

What subjects should be part of each curriculum in geriatric care according to the interviews?

- Theoretical Knowledge such as validation, kinesthetics, basal stimulation, animation etc.
 - Basic care, care models
 - Know-how in supervision
 - Emphasis on medical knowledge and knowledge of drugs in every programme at every levels (low-medium-high/academic)
 - Pharmacology, somatology
 - Social competences/Communication
 - Knowledge of quality management
 - Knowledge of diseases (e.g. Parkinson, diabetes mellitus, insult, heart- and kidney insufficiency, dementia, depression ...)
 - Dealing with mental diseases and dementia
 - Dealing with (difficult) relatives and patients
- „Man muss ein Rüstzeug/Handwerkszeug mitbringen, das man lernt.“⁷⁹
[„You have to bring your tools / hand tools, one learns.“]*
- „Der Umgang mit Menschen wird zu wenig in der Schule gelernt. Das normale Klopfen an der Tür und Guten Tag zu sagen.“⁸⁰
[„Dealing with people is not learned in school. The usual knock on the door and saying hello.“]*
- Ethics

⁷⁷ Expert, Care.Consulting, AT.

⁷⁸ Expert, Volkshilfe Wien, AT.

⁷⁹ Director, residential home „Haus St. Katharina“, AT.

⁸⁰ Professional, residential home „Haus St. Katharina“, AT.

- Foreign languages
- IT and ICT skills
- Ergonomics
- Hygiene, Psychohygiene, self-protection regarding diseases, stress etc.
„Es ist wichtig, dass man weiß, wie man sich schützen kann. Wie können wir uns schützen? Das lernt man nicht in der Schule.“⁸¹
[„It is important to know-how to protect yourself. How can we protect ourselves? We do not learn that in school.“]
- Legal frameworks
- Biography oriented arrangement of daily routine
- Life time and living space arrangement
- Nutrition of elderly people
- Palliative care, end of life care
- Documentation systems (EDP)
- Anatomy, physiology
- Neurology
- Pathology

3.4.2 Bulgaria

Learners (bachelor education in „social work“ and „social activities“ with specialization in “health management” and elderly care⁸²) don’t feel well prepared for the job, given their education. The main reason is that they have not had enough courses, that teach them how to work in real work settings:

„Изучаваме основни неща, информативни без съмнение, но в никакъв случай практични, при това тази тема се обсъжда достатъчно в обществото.“⁸³
[„We learn basic things, they are informative, no doubt, but they are not practical. This issue is broadly discussed in society.“]

The professional competences learned in the training institutions stem from the courses, which give general ideas of the care of elderly and teach elements of the ethical code (tolerance, attention, responsibilities).

The theoretical knowledge is broad – legislation and normative structure, institutional support and social insurance, different introductory courses to social sciences (psychology, social psychology, social work, sociology, economics, political sciences, etc.). It is the theoretical knowledge that is said to be the most important learning step in the whole education.

The practical skills are expected to be developed through internships, but the internships last too short (1-3 months). There is almost no control of their performance there. Most of the state-workplaces are closed for internships. The directors of the state homes for elderly, for instance need special allowance from the Ministry to take interns. The learners stress the need for more

⁸¹ Professional, residential home „Haus St. Katharina“, AT.

⁸² Note: There is no bachelor programme for educating in elderly care in university settings in Bulgaria.

⁸³ Fourth year student in “Social activities”, Sofia State University, BG.

medical subjects and latin (for the use of drugs) in the curriculum.

The education of the **professionals** is ranging from secondary to bachelor degree and is related to the professional job and employee rank system. All of them do not feel well prepared for work.

The nurses and the social worker equally lack practical training [„ама никаква практика“, показва с ръце „нула“/„no practice“ shows with hands „zero“], the „sanitar“ didn't have training at all at the beginning of their career.

*„само домакинските умения ми помогнаха, няколко месеца се учех сама да слагам памперси, докато накрая ми показаха и сега съм експерт.“⁸⁴
[„Only my household skills helped me, a couple of months I tried to learn how to put diapers, till they show me and now I am expert.“]*

The new curriculum should have more practical subjects and subjects that teach work with people – consultation, elementary psychotherapy, art and music therapy, etc.

The experts rate the current education system as adequate and think it is the personal motivation for professional development in the field of care for elderly that is on stake. The employers look for educated employees with bachelor degree or further degrees and are open to send the staff to additional training in rehabilitation techniques, therapeutic strategies, etc.

*“Нуждата от допълнителна квалификация е очевидна след завършване на образованието, като дойдат при нас не могат да попълнят анкетните карти, не знаят новите наредби, затрудняват с подбора на методики за работа и най-важното не умеят да общуват нито с нас нито с пациентите.“⁸⁵
[„The need for training or additional qualification is especially evident when a young professional starts working immediately after education: they can't fill in the questionnaires, they don't know normative orders, they are confused with the methodic for work and above all they don't know-how to communicate with us and with the patients.“]*

3.4.3 Hungary

The education the carers receive has been examined on the level of the educational system (structure of schooling), and on the content level (thematic results of the education). The professionals think that the education they received before starting to work as a nurse-carer was of high level, but application in practice of the theoretical knowledge given by the books proved to be a hard job.

The experts think that the educational system in Hungary provides a good framework for proper vocational, advanced and higher level training of nurses and caregivers. The problem lies rather in the content: the short training time, the inappropriate training curricula and timetables of the students, as one expert put it. Another expert sees the problem of the market-like diversity of schools, especially on lower levels, which provide very different quality of training.

⁸⁴ Employee (sanitar), private Home “Rai” in Sofia, BG.

⁸⁵ Expert, Director of the private Home “Rai” in Sofia, BG.

„A képzés és a gyakorlat nincs mindig összhangban. Gondolok itt a szakképzés, konkrétan a szociális gondozó és ápoló képzésből kikerült szakemberek szerzett kompetenciáira és az idősek otthonaiban ellátottak szükségleteire. Olyan szakápolási feladatokat sem láthatnak el, melyek az időseket ellátó szakellátási intézményekben gyakoriak és a feladat ellátására vonatkozó szakmai képzésük megtörtént!”⁸⁶

[„Education and work in practice are not every time aligned. I mean the competences acquired by students finishing the social nurse-carer courses, and the needs of the clients of an elderly home. The students leaving school are not proficient to perform nursing tasks that are common in elderly care institutions, which they actually have received training for.“]

Answering the question on how well do the education and training programmes prepare people for the profession „elderly care“, most experts express their concern regarding the lack of extensive practical training. As for any differences between people with or without qualification, one expert’s opinion is that elderly care should be based on qualified staff. At the same time the unqualified staff demonstrates a high level of fitness, experience and empathy, says another expert.

„A kezdőnél – természetesen igen! Mert bizonytalan, mindent mondani kell nekik. Van rá jó példám, az intézményben van egy kolléganő, kinek nincs meg a megfelelő képzettsége, de jártassága képessége (30 éve dolgozik ebben a munkakörben - ápolóként) gyakran többet jelent, mint az iskolapadból érkezett új munkatársé.”⁸⁷

[„The difference is tangible – with beginner, novice colleagues. I can tell you an example, where my colleague has no qualification, but she has been working as a nurse for 30 years, and her competences and experience in many cases are much more, than that of the new colleagues who had just finished school.“]

Most of the asked learners is satisfied with their education, and think that they will be well prepared by their education for the job as an elderly caregiver. Some of them mention that practical training could be more, following the “classroom time”. What is missing from their training is a personality development course, which could be useful, as one student says.

3.4.4 Romania

The specialized training received by the interviewees varies from volunteering and apprenticeship models in different hospitals, caring centres and organizations under the guidance of specialists or other practitioners to formal qualifications of different levels (up to master degree) as well as through short courses on first aid, modules on psychology, psychopedagogy, methodology; complementary therapies etc.

There are a number of specialized training programmes for elderly care on the training market, but they are „short and scarce” insufficient for the actual need. The level of skills of the practitioners working in this field is appreciated in some institutions to be not satisfactorily, based only on apprenticeship at the work place, peer learning, modelling from other practitioners, and learning by discovery.

The quality of the existent education/training programmes for „elderly care“ are appreciated as

⁸⁶ Director of Gondviselés Háza Home for the Elderly, Hungarian Maltese Charity Service, Siófok, HU.

⁸⁷ Director of St. Margaret of Scotland Caring Home for the Elderly, Vásárosdombó, HU.

good in some aspects and not sufficient in others. The graduate study programmes provide enough theoretical training, however, the practical training included is not enough in order to acquire all needed skills. Some graduates consider that a higher number of practical stages would have been necessary, because in practice „one discovers that reality is not what is written in the handbooks, the elder people are difficult like children”.⁸⁸

This practical side is rather developed through volunteering activities providing opportunities to real practice in the job. The opinions of all interviewees are clearly that practitioners possessing a qualification are better professionals.

There are a number of recommended subjects to be supplemented in the training curriculum for elderly care giving:

- a module on legislative aspects,
- treatments based on medicinal plants (therapeutically properties),
- caring methods for old people,
- medical assistance/medicinal treatment/medicine knowledge (injection, binding, leaning injuries caused by being immobilised on the bed etc.)
- old age psychology
- communication techniques for elder people
- hygiene issues etc.

Example of short term training curriculum caring elder people at home	
Modules	Professional competences
1. Overseeing and caring elder people at home	<ul style="list-style-type: none"> - Applying NPM and NPSI (work protection and safety regulations), - Communication at the work place, - Assuring the hygiene and health conditions,
2. Communication and interpersonal relations	<ul style="list-style-type: none"> - Professional development, - Filling out the forms of the assisted person, - Managing the allotted resources,
3. Basics of first aid	<ul style="list-style-type: none"> - Planning daily activity,
4. Connex services to caring at home	<ul style="list-style-type: none"> - Providing hygiene caring to the assisted person, - Providing first aid,
5. Notions of work legislation,	<ul style="list-style-type: none"> - Assuring comfort, - Nutritional assistance and administering food,
6. Practical training.	<ul style="list-style-type: none"> - Mobilising and transporting the assisted old people, - Applying medical prescriptions, - Overseeing health condition.

⁸⁸ Medical assistant, home carer, București, RO.

3.4.5 Slovenia

The asked learners feel quite well prepared when leaving the programmes. Their bachelor education gives them quite good practical knowledge. This can only be obtained with a lot of practical training according to them. But there are still possibilities to broaden these educational programmes. With the growth of elderly population grow the needs for more and more theoretical knowledge. The curricula, therefore, should incorporate theoretical subjects combined with practical work. There should be an emphasis on obtaining practical knowledge through internships with good overview of their work.

In general, professionals are quite satisfied with their educational background. According to them, employers look for educated personnel whether that is a bachelor degree or a national vocational qualification.

3.5 Mobility/Factors of Success

3.5.1 Austria

According to the expert interviews, many people from abroad work in the geriatric care sector in Austria, especially in low level jobs. All directors of residential homes and experts state that they have good experiences with elderly caregivers from abroad. Some of them are highly qualified and have an academic educational background (Note: In many EU countries, the qualification background of an elderly caregiver is at an academic level.). One expert emphasizes the good education especially in Slovakia.⁸⁹ However, this does not apply to the 24h-home care sector.⁹⁰ Mostly women with poor qualification or even without qualification perform these jobs according to the experts. Only a few of them have a diploma, most of them are low skilled (6 weeks-lasting training).

In the opinion of all interviewees the language competences represent the most important professional competences for being able to work abroad.

„Sprachkenntnisse müssen da sein! Alte Menschen haben nicht die Geduld, jemandem etwas dreimal zu sagen. Wenn es mit der Sprache nicht klappt kommt es zu schrecklichen Missverständnissen.“⁹¹
[„Language skills are a must! Old people do not have the patience to tell someone something three times. If it does not work with the language, terrible misunderstandings are caused.“]

Unlike the students, the professionals face economic and familial obligations. This is the reason for being less mobile. All Austrian students who are interviewed would like to study or work in the USA, Scandinavia, Great Britain, Spain or in Australia once.

One expert points out that the opportunities of school exchange programmes and the exchange of apprentices should be increased, since many students from the Eastern EU countries leave their home country in order to work in Western EU countries after graduation. According to the professionals and learners, the professional trainings should be more standardized, in order to avoid recognition procedures and long lasting nostrification ways.

However, in the opinion of all interviewees elderly caregiver from abroad do not have any difficulties to find a work place in Austria due to the high demand.

„Die sind so gefragt, dass die Kompetenzen sekundär wichtig sind. Derzeit fehlen 7000 Pflegepersonen in Österreich.“⁹²
[„They are in such a demand that skills are less important. Currently there is a lack of 7000 elderly caregivers in Austria.“]

What are the „factors of success“ in order to succeed in the European labour market according to the interviewees?

- Foreign language skills (especially the language of the patients)
„Es nützt nichts, wenn ich als Pflegehelfer nur Englisch spreche. Die Patienten sprechen kein Englisch.“⁹³

⁸⁹ Expert, MediCare – Human Resources Management, AT.

⁹⁰ Elderly caregivers who work in this sector live at the patient’s home and are in charge of caring a patient day and night in his/her home – without breaks and vacations.

⁹¹ Director, residential home „Haus St. Katharina“, AT.

⁹² Expert, Care.Consulting, AT.

⁹³ Director, residential home „Haus St. Katharina“, AT.

[„It is no help if the caregiver speaks in English solely. The patients do not speak English.“]

- Intercultural competences: needs and values of the elderly are dependent on culture and religion
- Professional knowledge (knowledge of diseases and behavior patterns of elderly people)
- Professional experiences, references
- Certificates of further education and training
- Tolerance
- Flexibility (regarding care scene and job assignment)
- Knowledge of health care systems and laws of hygiene
„Dass man sich über das Gesundheitssystem und Hygienerichtlinien im Arbeitsland informiert, bevor man dort arbeitet.“⁹⁴
[„Being informed of the health system and health policies in the country of employment, before employment start.“]
- Empathy
- Self-management
- Ability to work efficiently/good performance
„Im Zeitalter der Personalknappheit [Anm.: vorgegebener Personalschlüssel in den Institutionen] behält man sich die Mitarbeiter, die die Arbeit in der vorgesehenen Zeit gut machen.“⁹⁵
[„In the age of staff shortages [Note: given staff ratio in the institutions] one keeps the employees who work well and efficiently.“]
- Resilience
- Good physical and psychological condition
- Integrity
- Love of the profession
- Readiness to help others
- Honesty
- Ability to work in a team
- Social skills
- ICT skills
- Punctuality

3.5.2 Bulgaria

Learners haven't worked or studied abroad but would like to work abroad. The destinations stated are Germany and France. The competences needed are language skills and personal qualities like responsibility, loyalty, clear judgment, creativity. The „factors for success“ in finding a working place are fluency in the local language, practical experience, educational degree and certificates from different trainings, as well as the possession of certain personal traits, which are expected in the vocational field „elderly care“.

Among the **professionals** only the „sanitar“ had ever worked abroad (in Greece for a year in a private home for elderly):

⁹⁴ Expert, MediCare – Human Resources Management, AT.

⁹⁵ Director, residential home „Haus St. Katharina“, AT.

*„Имам много добри впечатления оттам. Домът беше частен и по-добър от този тук и условията на работа бяха по-добри и разбира се заплатата...Повечето от гърците наемат частни гледачи, но за по 24 часа, а това си е робство, а не работа, макар че плащат...“⁹⁶
[„I have very good impressions from the stay. The private Home was better than this one - the working conditions were better, and of course the salary...Most of the Greeks hire privately elderly caregivers but one has to be there for 24 hours, it is slavery not work, although they pay good...“]*

The rest of the professionals have taken part in international meetings, roundtables and seminars in Bulgaria, where they became familiar with different models of elderly care.

The competences needed to get a working place in the European market they think are the same as the competences, needed to succeed at home, except for the language barrier. They indicate the following competences for succeeding abroad: fluency in the foreign language, validity of the educational degrees, motivation for work in different work settings. The „sanitar“ adds the need of recommendations (recommendation letters from previous employers) and „luck“.

The **experts** have undergone training and had been meeting foreign representatives who have presented the way elderly care is developed in different European social systems (like Germany, France, England). They state that the competences needed depend on the working place, but overall they are similar – professional knowledge on treatment healthy elderly and elderly with special diseases, knowledge of the normative and administrative structure of the specialized institutional help, positive attitudes and respect to elderly patients.

To succeed in the European labour market the knowledge of the country language is a must, so is any additional specialization in elderly care - physical rehabilitation, art and music therapy, psychotherapy, treatment of the diseases of old age. The factors of success to find a working place in the learned occupation abroad according to the experts are: sufficient practice in home country, foreign language skills, medical education:

*„чувала съм, че наемат болногледачи предимно с медицинско образование, така че то вероятно дава повече шансове.“⁹⁷
[„I have heard they prefer caregivers with medical education, maybe the medical education gives more chances.“]*

3.5.3 Hungary

None of the asked professionals in Hungary have been working abroad. As for competences needed for the European employment market, everyone of them mentioned language skills and a high level of professional skills. Also, an empathic and accepting attitude is needed.

Factors of success are: good connections, high command of foreign languages and personal „marketability“.

The interviewed experts do not have any experience with colleagues from abroad. According to the experts, the following competences are needed on the European employment market:

⁹⁶ Employee (sanitar), private “Home Rai” in Sofia, BG.

⁹⁷ Expert Director of the Home for elderly in village Balvan, Veliko Turnovo, BG.

„Legyen valamennyi gyakorlata már idősgondozásból, fontos a nyelvtudás valamilyen szinten, aki jól képzett és külföldi munkát vállal sokat tapasztalhat, melyet itthon esetleg kamatoztathat. De tudnám ennek ellenkezőjét is mondani, mert akik munkavállalókat keresnek erre a munkára megszervezik a nyelvoktatást, sőt olyanok is vállalnak külföldön munkát az idősgondozásban, akiknek se szakképzettségük se gyakorlatuk nincs.“⁹⁸

[„The job seeker should have some practical experience in elderly care, language skills are important too, and if somebody is qualified and has a job position abroad, he or she might gain valuable experience that he/she can use upon returning home. But I can also say the opposite is true: the companies searching for workforce organize language courses, and many job seekers leave the country and work abroad, who don't have any qualification or any language skills.“]

Another expert mentions that cooperation, openness and the ability to make new contacts are factors of success.

When the learners were asked whether they would like to work abroad, exactly half of them says that they would like to, half of them not, or only when unavoidable. The most favoured countries are: Austria, Great-Britain, Switzerland, Germany, Belgium and Sweden. The competences needed are: good professional skills, and of course, language skills. One learner gives a detailed list of what she thinks is needed in the European labour market:

„Megfelelő nyelvtudás, jó kapcsolat-teremtő képesség, terhelhetőség, munkabírás, alázat, beilleszkedés, megfelelő szakmai ismeretek gyakorlatbani alkalmazása, döntésképesség, határozottság, kreativitás, önállóság, jó kommunikáció.“⁹⁹

[„Adequate command of the language, good ability to establish contacts, endurance, humility, fitting in, ability to use theoretical knowledge acquired in the school in practice, decisiveness, commitment, creativity and independency and good communication.“]

3.5.4 Romania

Most interviewees do not have experience with working abroad. There is a person with volunteering experience in Germany in a charity organization providing social services for different categories: abandoned children, homeless, persons with disabilities, elderly in day centres or hospices. That was an easy and motivating experience accordingly.

The qualities needed to succeed in the European labour market include the specific prerequisites of the job (patience, empathy, communication, medical and curing knowledge and medical assistance abilities and show desire to do this job), to which are added increased and multilateral theoretical knowledge, professional training, an proactive attitude and functional level of (at least) one foreign language, knowing the local specific of the country, to have abilities in many fields, be extremely active and vigilant and have a „good mastery of yourself“.

In order to find a working place in the learned occupation abroad successfully the „factors of success“ include a good training, being very skillful in the professional activity and being capable of providing something different from other professionals. Another important factor is confidentiality, loving attitude and closeness to beneficiaries problems, being a good counsellor

⁹⁸ Director of St. Margaret of Scotland Caring Home for the Elderly, Vásárosdombó, HU.

⁹⁹ Student of Social Nurse-Carer course, Comenius Vocational Secondary School, Pécs, HU.

and possessing a bachelor degree (as there are few vacancies and institutions give little attention to social assistance) as well as to be persevering (based on the assumption that you will succeed in everything).

3.5.5 Slovenia

All the asked learners have no experience of studying or working abroad. They would like to try someday, so they would get a personal experience of how the area is organized in different countries.

Among the professionals is also no one with working experience from abroad. Most of them think that this is because this is still a rather new branch in Slovenia.

But at the end they all share the same opinion regarding the competences. The most important competences in that case are foreign language skills, creativity, responsibility and social skills. The key factors for success are not only fluency in the language of the country where one is looking for a working place, but also having an educational degree and being trained in various fields.

To sum it up, in order to succeed in the European labour market fluency in a language is obligatory. Any training one undergoes either during his/her undergraduate studies or as a part of postgraduate studies or as in-company-training at work are other benefits.

4 Conclusions

The final goal of this empirical study was to develop a Competence Matrix that is derived not only from theoretical knowledge but also from practical knowledge from the practice setting. The project team recognized that after intensive study of the competences of elderly caregivers we had come up with more questions than answers. We believe, however, that the questions raised have contributed significantly to the development of our first drafts of Competence Matrixes (Competence Matrix for elderly care, International Future Competence Matrix of Success). The data and the interactions with the experts, professionals and learners have given us a realistic perception of the practice and work world of an elderly caregiver in the countries Austria, Bulgaria, Hungary, Romania and Slovenia. This report closes with a number of conclusions. The conclusions contained in this chapter should not be seen as fully exhaustive.

Caring and nursing, like other practice disciplines, are too complex and situated to be reduced to an „applied“ field.

Caring and nursing practice, like medicine, is complex, and underdetermined, meaning that the elderly caregivers must attend to changing relevance as well as changes in the patients' responses and nature of their health condition over time. A turn of events can radically alter the nature of a patient's situation.

There is a current need for elderly caregivers to take on new roles due to changing health care policies, economic cut-backs and shortage of staff. It is therefore important to study nursing students' view of their future profession. "Future competences" must be implemented in today's curricula of vocational education.

Elderly caregivers need upgrading in technical skills, entrepreneurship, in intercultural and foreign language skills, in management skills, social skills and legislative/regulatory knowledge, organizational skills, interdisciplinary and multidisciplinary skills in order to be prepared for the future.

The spread of higher technology and information and communication technology (ICT) and globalisation has increased pressure on employees to upgrade their competences to remain employable.¹⁰⁰ According to the European Training Foundation (ETF) and to our qualitative interviews, in the vocational field „elderly care“ knowledge of foreign languages and good computer skills are a must. Other "new qualities" become increasingly important in the future (see list):¹⁰¹

Hard skills:

- Legislative/regulatory knowledge: Awareness of national differences: With national differences in regulation of health care systems the professional field „elderly care“, immigrant (or global) employees need to be aware of differences in particular regulations

¹⁰⁰ The European Training Foundation (ETF): Designing Adult Learning Strategies – The Case of South Eastern Europe, Turin/Italy 2006.

¹⁰¹ Note: The following skills become more important in the future, and require upskilling and knowledge upgrading in the vocational field „elderly care“. This does not mean that other skills are irrelevant.

to perform their tasks; e.g. awareness of national differences in health safety regulation, etc.

- E-skills to use ICT in diagnostics, treatment and electronic patient documentations as well as internet to communicate with patients and clients: E-skills are crucial and need to be up-to-date. In the future, elderly caregivers will frequently work with specific IT-programmes to manage patient documentations and communication with patients and relatives.
- Technical knowledge to use new technologies (psychotherapeutic techniques, new therapies, etc.) adequately.
- Knowledge in quality management as patients and clients demand that quality is at a relative and absolute high level.

Soft skills:

- Social skills (team working skills, communication skills, social perceptiveness (empathy), intercultural skills): Elderly caregiver jobs require high level social skills such as team working skills, communication skills, social perceptiveness and intercultural skills, to be able to engage in extensive contacts with all parties in the caring process involved such as relatives, doctors, partners or service providers.
 - (a) Team working skills that make it possible to work in often changing teams without loss of social responsiveness: Staff shortages and a greater demand by elderly patients requires highly qualified and specialized nursing. Especially in geriatric nursing, our interviewpartners expect increasing specialisation to go along with an increasing differentiation of tasks.
 - (b) Skills in communication are important as patients and clients attach more value to communication with elderly caregivers.
 - (c) Competences in empathy are necessary as patients and relatives increasingly find it important that not only health services are supplied but that these are combined with a high social understanding.
 - (d) Intercultural competences as the diversity in societies increase and patients and clients demand that their cultural identity is respected.
- Foreign language skills: 90% of all interviewees stress that elderly caregivers are required to speak the language of the working country, English and a third language (preferably one foreign language of an Eastern/ South Eastern EU member state) fluently. According to the experts, oral fluency in foreign language skills is usually more important than written foreign language skills. Thus, the conveyance of knowledge and skills around oral fluency in foreign languages should be subject of vocational education and continuing training. There is room for improvement in all partner countries, since in Europe a „care drain“ (especially from the East and Southeast to the West) is taking place.
- Self-management (stress and time management, flexibility and multitasking): Since the contingent of old people in the EU is growing in the present global society, flexibility, reactivity and multitasking become more and more important. Many core work tasks have to be performed under the constraints of understaffing.

- Organizational competences (planning skills and project management): Due to the „care gap“ an imbalance exists between demand and supply. Thus, for elderly caregivers planning skills and project management skills are required that make it possible to increase the capacity of the system.
 - (a) planning skills to guarantee that situations are minimized with overcapacity or undercapacity;
 - (b) project management and process optimizing to increase the capacity.
- Entrepreneurial and management skills: Entrepreneurial and management competences are important for those nurses that become self-employed or run their own business. According to the interviewees, mobile care and outpatient-care will increase. For self-employed elderly caregivers the following competences are important:
 - (a) business development to cope with the complexity of regulation and to make use of increasing flexibility;
 - (b) skills in marketing to attract enough patients.
- Interdisciplinary and multidisciplinary skills: Innovation is a key prerequisite for being competitive in today’s world. Innovation often needs interdisciplinary work in order to enhance good performance. Interdisciplinary can i.e. be reached through team work. Interdisciplinary can also be an important problem solving skill.

For all elderly caregivers, problem solving and change management skills will become more important as they get more tasks. Doctors will delegate more tasks asking for more skills to tackle the new more flexible situation.¹⁰²

All this presents a great challenge to the professional field „elderly care“ in all EU-countries. The programmes and projects in this area must aim at the continuous promotion of lifelong learning for all employees and at the future-oriented transformation of the educational structures.

Promoting international acknowledgement of certificates and recognition of skills

Since international mobility in the vocational field „elderly care“ increases, improving the acknowledgement of certificates between countries is important especially in the health care sector and social sector according to our interviewees. Vocational education and training (VET) in elderly care differ greatly between European Member States. Improving the recognition of certificates as well as improving certification itself not only applies to education and VET, but also applies to in-company training. This prevents from matching skills demand and supply and prevents countries taking advantage from their immigrants’ potential.

Furthermore, skills that people have acquired through informal learning or through work should be recognized within and across the borders in Europe according to all interviewees. The recognition of „invisible skills“ is particularly important for people who only hold low or no formal qualifications in elderly care. But skill assessment is also useful for employers to increase the awareness of existing potential and gaps. However, our project NoBoMa seeks to foster the recognition of skills and competences by developing Competence Matrixes in elderly care.

¹⁰² TNO Netherlands Organisation for Applied Scientific Research/SEOR Erasmus University Rotterdam/ZSI Centre for Social Innovation: Investing in the Future of Jobs and Skills. Scenarios, implications and options in anticipation of future skills and knowledge needs, Sector Report „Health and Social Services“; May 2009, p. 76-77.

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Hausbetreuungsgesetz 2009 BGBl. I 33/2007 PDF 35KB.
- Vocational Qualification - Towards a European Workspace, <http://www.vocationalqualification.net>

6 Appendix

6.1 Competence Standards in elderly care - RASTER

<i>Competence Standard</i>	
Planning, implementing, documenting and evaluating the care of elderly	
Future Competences	„Success Competences“
<ul style="list-style-type: none"> - He/She has knowledge in quality management. - He/She is aware of the adverse aspects of institutional care and of the ways to overcome them. - He/She understands the need of supervision and discussion with experts. - He/She is motivated to promote and be promoted for methodic help, consultation and research. - He/She is able to develop standards for team work. - He/She is able to increase the capacity of system by means of planning skills and project management skills. - He/She has the constant need to develop, to improve, to keep learning. - He/She is able to use ICT in electronic patient documentations. - He/She is able to run his/her own business (management skills) and has skills in marketing, in case he/she becomes self-employed. 	<ul style="list-style-type: none"> - He/She has knowledge in quality management. - He/She is aware of the adverse aspects of institutional care and of the ways to overcome them. - He/She is motivated to promote and be promoted for methodic help, consultation and research. - He/She is able to increase the capacity of system by means of planning skills and project management skills. - He/She possesses a high level of professional skills. - He/She has significant prior practice in the field (e.g. several years of apprenticeship). - He/She is able to use ICT in electronic patient documentations. - He/She is able to run his/her own business (management skills) and has skills in marketing, in case he/she becomes self-employed.

<i>Competence Standard</i>	
Caring for old people in a personally appropriate and situation-based manner as well as according to theoretical principles in geriatric nursing activities	
Future Competences	„Success Competences“
<ul style="list-style-type: none"> - He/She is able to use ICT in diagnostics and treatment. - He/She is aware of national differences and has sound knowledge in legislative/regulatory knowledge. - He/She is able to learn to learn by his/her own. 	<ul style="list-style-type: none"> - He/She is able to use ICT in diagnostics and treatment. - He/She is aware of national differences and has sound knowledge in legislative/regulatory knowledge. - He/She is able to learn to learn by his/her own.

<ul style="list-style-type: none"> - He/She can speak the language of the patients fluently (foreign language skills). - He/She can speak English fluently. - He/She can understand intercultural codes and respects other religions, traditions a.s.o. - He/She is trained in attentive listening and friendly communication in the local language. - He/She knows new international diagnostic methods. - He/She is motivated to learn new communicative strategies. - He/She is familiar with the holistic approach to the elderly people. - He/She has sufficient theoretical knowledge and understanding of the specific requirements for instrumental assistance of elderly. - He/She has acquired enough practice of the use, service and management of instrumental assistance of elderly - He/She has technical knowledge to use new technologies. - He/She is willing to specialize his/her theoretical knowledge. - He/She has a holistic approach in the caring and nursing work. - He/She has a methodological approach in caring and nursing work. - He/She is prepared to conduct care activities in the homes of the elderly clients. - He/She is capable of combining caring and nursing activities and mental/spiritual care of the clients. - He/She keeps ethical standards and methods associated with elderly care, such as respecting privacy and the right to intimacy of the clients, handling of sensitive/classified data, respecting private property and personal belongings. 	<ul style="list-style-type: none"> - He/She can speak the language of the patients fluently (foreign language skills). - He/She can speak English fluently. - He/She knows new international diagnostic methods. - He/She is familiar with intercultural differences and is tolerant to diversity. - He/She is familiar with the holistic approach to the elderly people. - He/She has sufficient theoretical knowledge and understanding of the specific requirements for instrumental assistance of elderly. - He/She has acquired enough practice of the use, service and management of instrumental assistance of elderly. - He/She has technical knowledge to use new technologies. - He/She is willing to specialize his/her knowledge. - He/She is prepared to adapt to various diverse circumstances in the care work process. - He/She regularly takes part in training courses and educational programmes. - He/She is able to provide a secure, warm and trusting atmosphere where the personality of the clients can grow. - He/She demonstrates humility and modesty. - He/She demonstrates solidarity in the care work. - He/She has technical knowledge to use new technologies. (e.g. new therapies etc.). - He/She is able to work his/her own as well as in a team. - He/She is able to work under pressure (stress and time management, multitasking).
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<ul style="list-style-type: none"> - He/She respects equal rights of citizens and European values, such as unbiased treatment, regardless of race, ethnicity, sex, religion etc. - He/She has technical knowledge to use new technologies. (e.g. new therapies etc.). - He/She is able to work his/her own as well as in a team. - He/She is able to work under pressure (stress and time management, multitasking). 	
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Competence Standard

Instructing, guiding and holding discussions with all parties involved and cherish and respect all parties of the caring process

Future Competences	„Success Competences“
<ul style="list-style-type: none"> - He/She is motivated to learn new communicative strategies. - He/She is able to discuss problems with all stakeholders. - He/She is able to prepare projects for community meetings and do planning of individual work with patients. - He/She is able to work with superiors and subordinates. - He/She is able to develop standards for team work. - He/She has willingness and affinity to work in cooperation with colleagues and stakeholders. - He/She has positive personal competences, such as commitment, sense of responsibility, dedication, endurance, decisiveness, precision, and emotional stability. - He/She has positive interpersonal competences, such as tolerance, openness, patience, empathy. - He/She has skills to proceed towards and to reach consensus in discussions. - He/She is able to use ICT and internet to communicate with patients and clients. 	<ul style="list-style-type: none"> - He/She is motivated to learn new communicative strategies. - He/She is able to discuss problems with all stakeholders. - He/She is able to prepare projects for community meetings. - He/She is able to work with superiors and subordinates. - He/She is able to develop standards for team work. - He/she has a high willingness and affinity to work in cooperation with colleagues and stakeholders. - He/she has positive personal competences, such as commitment, sense of responsibility, dedication, endurance, decisiveness, precision, and emotional stability. - He/she has positive interpersonal competences, such as tolerance, openness, patience, empathy. - He/she has an accepting attitude. - He/She is able to use ICT and internet to communicate with patients and clients.

Competence Standard

Contributing to medical diagnostics and therapy

Future Competences	„Success Competences“
<ul style="list-style-type: none">- He/She has sufficient theoretical medical knowledge of the common diseases of old age.- He/She understands written Latin language, in order to understand medical diagnostics.- He/She has acquired enough practice in nursing, rehabilitation and use of medication for treatment of elderly.- He/She possesses a very high level of professional skills.- He/She has technical knowledge to use new technologies. (e.g. new therapies etc.).	<ul style="list-style-type: none">- He/She has sufficient theoretical medical knowledge of the common diseases of old age.- He/She understands written Latin language, in order to understand medical diagnostics.- He/She has acquired enough practice in nursing, rehabilitation and use of medication for treatment of elderly.- He/She possesses a very high level of professional skills.- He/She regularly takes part in training courses, educational programmes.- He/She has technical knowledge to use new technologies. (e.g. new therapies etc.).-

Competence Standard

Supporting elderly in managing their day in a self-organized matter and in organizing social activities in order to enhance life quality

Future Competences	„Success Competences“
<ul style="list-style-type: none">- He/She knows the positive implications of group work.- He/She is able to organize and maintain groups of interest.- He/She is familiar with basic strategies for supporting group cohesion- He/She knows new psychotherapeutic techniques for raising self-awareness.- He/She is prepared to conduct care activities in the homes of elderly clients.	<ul style="list-style-type: none">- He/She is able to organize and maintain groups of interest.- He/She is familiar with basic strategies for supporting group cohesion.- He/She knows new psychotherapeutic techniques for raising self-awareness.- He/She has an accepting attitude.- He/She has positive interpersonal competences, such as tolerance, openness, patience, empathy.- He/She is able to provide a secure, warm and trusting atmosphere where the personality of the clients can grow- He/She demonstrates humility and modesty.

Competence Standard

Giving consideration to institutional framework conditions in elderly care (such as social security systems, legal framework or economic framework conditions for work) and contributing to quality-assuring measures in elderly care.

Future Competences	„Success Competences“
<ul style="list-style-type: none"> - He/She is able to incorporate all information from the legal system to serve the individual practical needs of each elderly person. - He/She is willing to study and attend qualification courses about new trends in the policy and management for elderly people. - He/She is able to take decisions on their own about the management of the work. - He/She is willing and able to actively participate in formal and informal, local, regional and international networks, organizations, focusing on e.g. advocacy, career development, the nursing profession etc. - He/She is aware of national differences in regulation of health care systems (e.g. health safety regulation etc.). 	<ul style="list-style-type: none"> - He/She is willing to study and attend qualification courses about new trends in the policy and management for elderly people. - He/She is able to take decisions on their own about the management of the work. - He/She keeps his/her knowledge about legal prescriptions and regulations up-to-date. - He/She is aware of his/her own „marketability and value“ in the employment market, and is capable of enhancing/improving this value. - He/She is aware of national differences in regulation of health care systems (e.g. health safety regulation etc.).

Competence Standard

Communicating and dealing with crises and difficult social situations

Future Competences	„Success Competences“
<ul style="list-style-type: none"> - He/She is familiar with intercultural differences and is tolerant to diversity. - He/She has adequate communication competences and skills, in oral, written and metacommunicative areas. - He/She is able to recognize and identify various situations. 	<ul style="list-style-type: none"> - He/She is familiar with intercultural differences and is tolerant to diversity. - He/She has good interpersonal skills. - He/She is able to establish a balanced contact with clients, colleagues and stakeholders.

Competence Standard

Maintaining and promoting health of elderly people

Future Competences	„Success Competences“
<ul style="list-style-type: none"> - He/She knows new psychotherapeutic techniques for raising self-awareness. 	<ul style="list-style-type: none"> - He/She knows new psychotherapeutic techniques for raising self-awareness.

<ul style="list-style-type: none">- He/She knows and applies health preserving therapies and methods.- He/She applies new/modern medical aids and equipment for the maintaining of the health conditions of the clients.	<ul style="list-style-type: none">- He/She demonstrates client-centered behavior in the care procedures.
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6.2 Interviewees

Country	Company/Institution/ Work Place/Education Institution	Position	Experience
Austria	Vinzentinum - Sisters of charity, Linz	Teacher at Nursing School and elderly caregiver	Professional
Austria	Health university, UMIT in Hall in Tyrol	Lector and researcher and elderly caregiver	Professional
Austria	Self-employed in Altenheim Neuhofen an der Krems	Care Manager	Professional
Austria	Retirement home „Haus St. Katharina, Barmherzige Schwestern Pflege GmbH“, Vienna	Elderly caregiver (or qualified healthcare professional)	Professional
Austria	Retirement home „Haus St. Katharina, Barmherzige Schwestern Pflege GmbH“, Vienna	Health care assistant	Professional
Austria	Care.Consulting, Salzburg	Gerontologist, consuler, founder of the platform Care.Consulting	Expert
Austria	MediCare – Human Resources Management, Vienna	Operation Manager	Expert
Austria	Europäisches Bildungswerk für Beruf und Gesellschaft GmbH, Merseburg (Germany)	Scientist, Coordinator of international projects in the sector of geriatric care (amongst others: LdV project „pro-care“)	Expert
Austria	Retirement home „Haus St. Katharina, Barmherzige Schwestern Pflege GmbH“, Vienna	Director and head of home care and nursing services	Expert
Austria	„Volkshilfe Wien“ – domestic nursing services and training in elderly care, Vienna	Trainer	Expert

Austria	Nursing School at Vinzentinum - Sisters of charity, Linz	Student	Learner
Austria	Nursing School at Vinzentinum - Sisters of charity, Linz	Student	Learner
Austria	Nursing School at Vinzentinum - Sisters of charity, Linz	Student	Learner
Austria	Nursing School at Vinzentinum - Sisters of charity, Linz	Student	Learner
Austria	Nursing School at Vinzentinum - Sisters of charity, Linz	Student	Learner
Bulgaria	Home for elderly „Rai”, Sofia	Social worker	Professional
Bulgaria	Home for elderly „Rai”, Sofia	Nurse	Professional
Bulgaria	Home for elderly „Rai”, Sofia	Sanitar	Professional
Bulgaria	Home for elderly “Knjajevo“, Sofia	Sanitar	Professional
Bulgaria	Home for elderly “Knjajevo“, Sofia	Nurse	Professional
Bulgaria	Home for elderly “Balvan”, Veliko Turnovo	Social worker	Professional
Bulgaria	Home for elderly „Rai”, Sofia	Director	Expert
Bulgaria	Home for elderly “Knjajevo“, Sofia	Ex-Director	Expert
Bulgaria	Medical Academy, Sofia	Assoc. Prof.	Expert
Bulgaria	Home for elderly “Balvan”, Veliko Turnovo	Director	Expert
Bulgaria	New Bulgarian University	Professor	Expert
Bulgaria	Medical Academy, Sofia	Student	Learner
Bulgaria	Medical Academy, Sofia	Student	Learner
Bulgaria	Sofia State University	Student	Learner
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Romania	Centrul social Pietricica – Piatra Neamt	Social assistant	Professional
Romania	Fundatia pentru Ingrijiri Comunitare - Piatra Neamt	Social assistant	Professional
Romania	SC Prevent Mozgaskozpont SRL – Psysiotherapy and medical recovery Cabinet	Kinetoterapeut	Professional
Romania	Banu Church Asylum Buzau	Nurse	Professional
Romania	Banu Church Asylum Buzau	Nurse	Professional
Romania	GerontolifeMed	Social asistant	Professional
Romania	Fundatia pentru Ingrijiri Comunitare – Piatra Neamt	Director	Professional
Romania	GerontolifeMed	Director	Professional
Romania	Sfantu Sava Episcopy Asylum Buzau (Campeni, Naieni, Ulmeni Centres)	Director	Professional
Romania	Banu Church Asylum Buzau	Owner	Professional
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Romania	Centrul social Pietricica – Piatra Neamt	Social assistant	Professional
Romania	Fundatia pentru Ingrijiri Comunitare - Piatra Neamt	Social assistant	Professional

Romania	SC Prevent Mozgaskozpont SRL – Psyiotherapy and medical recovery Cabinet	Kinetoterapeut	Professional
Romania	Banu Church Asylum Buzau	Nurse	Professional
Romania	Banu Church Asylum Buzau	Nurse	Professional
Romania	GerontolifeMed	Social asistant	Professional
Romania	Fundatia pentru Ingrijiri Comunitare – Piatra Neamt	Director	Professional
Hungary	Home Care Service, Hungarian Maltese Charity Service, Pécs	Personal Carer	Professional
Hungary	Home Care Service, Hungarian Maltese Charity Service, Pécs	Personal Carer	Professional
Hungary	Malomvölgy Elderly Home, Hungarian Baptist Aid, Pécs	Nurse	Professional
Hungary	Nursing Home, Tamasz Foundation, Pécs	Nurse	Professional
Hungary	Gondviselés Háza Home for the Elderly, Hungarian Maltese Charity Service, Siófok	Director	Expert
Hungary	Hospice of the Pécs House of Ordo Hospitalarius, Pécs	Director of Nursing, Hospice Coordinator	Expert
Hungary	St. Margaret of Scotland Caring Home for the Elderly, Vásárosdombó	Director	Expert
Hungary	Home for the Elderly, Jewish Community of Pécs, Pécs	Director	Expert
Hungary	Comenius Vocational Secondary School, Pécs	Student of Social Nurse-Carer course	Learner
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