

Who are the Professional Caregivers?

Looking specifically at the home health care for geriatric populations, the most significant questions facing all enterprises in this industry is the availability of good quality caregivers. Human Resource challenges are not new to the Indian healthcare system. However, the workforce challenge in this context has some peculiar aspects that need attention. Our current caregivers are mostly young men and women (majority), from low-income households, who have low educational attainments and have been skill trained for a period of three-six months in the best case. This is the case with the organized, quality - conscious enterprises. The caregivers employed by the myriad informal providers in this unregulated space are just poor job seekers, untrained, mostly from rural areas. Both the families of seniors and the caregivers get a raw deal in this case. There is limited accountability.

Challenges

The caregivers are most of the times working alone, without peers for support. They are expected to handle a complex range of evolving health conditions among seniors, which in many instances they are just not prepared for. Their workplace being homes of seniors poses another challenge of their being treated as professionals. This is not a problem peculiar to India. Established homecare providers in countries like Singapore, China, speak about the same. It is not easy for providers to define a clear career path for these caregivers.

In the face of these challenges, an important question facing us is what should hold these young workers in job? Why should they continue to be geriatric caregivers? How can we attract more young people into this profession?

Possible Solutions

We may think of creating short term courses and certification system for each. This allows for specialization, hence better wages and specialized caregivers who have deeper knowledge of specific conditions.

Many caregivers have not studied beyond class 10. If a caregiver wants to become a qualified nurse, the qualifying criteria is class 12. Would enterprises that employ them be willing to invest in them, so they get through this qualifying criterion to become eligible for a course? Would business interests permit this? What does a successful caregiver who moves up her career get back to the enterprise to justify the efforts and resources?

There are conversations about placements in safer countries, with transparent laws for migrants. However, in most cases, the costs for these are to be borne by the candidates themselves. In some cases, there are language skills needed- for e.g., Governments of Japan and India have an agreement to support the movement of caregivers across the county to help the challenges in Japan. But acquiring

the language skills takes time and resources from the caregiver. From a worker who is poor, low educated, with low tolerance for ambiguity, is this kind of investment expectation realistic?



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An important player in creating caregivers is the skills training institutions that train them. Retention rates mandated by government skilling schemes have been a big challenge and in many cases a deterrent for training institutions to take up this trade. Caregiving is a tough job for anyone, particularly for a young person. Think of alternate trades like shop floor workers in supermarkets, malls, beauticians, and others. Not comparable.

Concluding Thought

From a health system requirement, would it make sense to recommend that this course should be treated differently with respect to rate of mandatory retention because the course finishers serve a very important social and essential need? May be far-fetched. The point is that even when students drop out of employment, they continue to have the knowledge and skills to care for a sick senior. They can deploy it in contexts of their own families and community. We need to build evidence to see if this is happening, but it seems plausible.