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Assessing the Level of Competencies of Caregivers in Elderly Patient Nursing Home Care: Basis For Quality Development Program

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ABSTRACT

The rapid growth of the aging population in the Philippines intensifies demand for competent caregivers and standardized competency assessment systems within elderly nursing home care. This study assessed the competency levels of caregivers in nursing home care for elderly patients as a basis for a Quality Development Program. Using a descriptive-correlational quantitative design, 134 direct-care personnel from licensed nursing homes in Western and Central Visayas, Philippines, were recruited through snowball sampling. A researcher-developed Clinical Competency Assessment Tool (Google Forms), validated by three geriatric-care experts and pilot-tested (n = 26; Cronbach's α = 0.982), measured competency across Skills, Knowledge, and Values domains on a five-point Likert scale. Data were analyzed using descriptive statistics and Spearman's rho. Overall competency was Very High Competent (Grand Mean = 4.33, SD = 0.6440): Values (M = 4.62), Knowledge (M = 4.28), and Skills (M = 4.08). Spearman's rho confirmed statistically significant positive relationships between all competency domains and training-related variables (r_s = .207–.249, $p < .05$), leading to rejection of H_0. Qualitative findings identified behavioral management, chronic disease complexity, communication difficulties, and emotional burden as primary challenges. The CARE-COMPETENCE Plus Program is proposed as a structured, quarterly quality-development initiative aligned with SDG 3.

Keywords: *caregiver competency, elderly care, nursing home care, Cronbach's alpha, Quality Development Program, SDG 3*

INTRODUCTION

Global aging is accelerating: the WHO (2025) projects 2.1 billion people aged 60+ by 2050. In the Philippines, PSA (2023) recorded 9.22 million older adults (8.5% of the population) in 2020, with continued growth projected. Despite this urgency, a persistent mismatch exists between caregiver training programs and the clinical, psychosocial, and behavioral demands of nursing home care. Local empirical evidence on caregiver competency in Western and Central Visayas remains scarce.

STATEMENT OF THE PROBLEM

This study sought to answer the following questions: 1. What Is The Demographic Profile of the respondents in terms of age, Sex, Educational Background, TESDA-Related Training Regulation Finished, Years of Experience, Common Cases Handled 2? What is the level of clinical competencies of caregivers in giving elderly care in the nursing home in terms of skills, Knowledge, Values 3? Is there a significant relationship between the level of clinical

competencies and the degree of handling different standard elderly care when grouped according to demographic profile? 4. Based on the results, what training program can be developed?

Scope and Delimitations

The study will involve direct-care staff, including certified nursing assistants, licensed practical nurses, and registered nurses, working in nursing homes within the specified geographic area in Regions VI and VII or Western and Central Visayas, respectively. A sample size of 134 participants was used, providing enough statistical power to identify significant effects.

Review of Related Literature

Healthcare-associated infections remain a global concern affecting patient safety and healthcare quality (WHO, 2022). Adherence to infection prevention practices significantly reduces infection rates. Nurses' competency influences compliance with infection control measures (Alhumaid et al., 2021; Kim et al., 2023). However, compliance is also affected by organizational factors such as workload and resource availability (Haque et al., 2021; Murray et al., 2022).

Theoretical Framework

Evidence from 2021–2025 establishes caregiver competency as multidimensional, spanning clinical knowledge, technical skills, communication, ethical behavior, and cultural sensitivity. Validated instruments such as the Sense of Competence in Dementia Care Staff Scale (Bian et al., 2023), Restorative Care Competence Assessment (Lotvonen et al., 2025), and Communication Survey Instrument (Farrell et al., 2022) affirm domain-specific, context-sensitive measurement. Structured training reduces falls, pressure ulcers, and urinary tract infections (Damery et al., 2021; Piirainen et al., 2022); simulation-based blended learning outperforms one-time lectures (Newbould et al., 2022; Herz et al., 2024). In the Philippines, Garcia et al. (2025) found long-term care still fragmented and undertrained.

Conceptual Framework

Four complementary nursing theories underpin the study's assessment and program development framework. Abdellah's Typology of 21 Nursing Problems (Problems #3 and #12) structures the evaluation of safety and psychosocial competency. Benner's Novice-to-Expert Model situates caregivers on a five-stage development continuum, informing stage-appropriate interventions. Watson's Theory of Human Caring anchors the Values domain through empathy, dignity, and person-centered presence.

METHODOLOGY

Research Design

The study employed a descriptive-correlational quantitative design (Creswell & Creswell, 2023; Polit & Beck, 2021). The descriptive component characterized competency levels and profiles; the correlational component examined associations without variable

manipulation. Data were collected via a self-administered online questionnaire through Google Forms.

RESEARCH STEPS: DATA COLLECTION AND SAMPLE SELECTION

Four phases guided data collection. Phase 1 secured ethics approval (SBLC-ERB) and facility endorsements from Asilo de Molo, Inc. (Iloilo City) and Mabuhaii Nursing Home (Cebu and Iloilo). Phase 2 recruited 134 direct-care personnel via snowball sampling across nursing homes in Regions VI and VII. Phase 3 administered surveys electronically (15–20 min) with weekly reminders and 24/7 researcher availability. Phase 4 monitored data quality, completion rates, and missing data weekly over three to four weeks.

Data Analysis Methods

IBM SPSS v.21.0 was used. Descriptive statistics (frequency, percentage, mean, SD, rank) addressed RQ1–2. The five-point interpretation scale ranged from Very Low Competent (1.00–1.79) to Very High Competent (4.20–5.00). Spearman's rho addressed RQ3, selected for ordinal Likert data and a non-normal distribution. Effect sizes followed Field (2023): weak (.20–.39), moderate (.40–.59), strong (.60–.79). Qualitative responses were analyzed thematically and triangulated with quantitative data.

Research Hypotheses and Validation

H_0: No significant relationship exists between caregivers' competency levels (skills, knowledge, values) and their demographic profile. H_1: A significant relationship exists. Spearman's rho confirmed statistically significant positive relationships (r_s = .207–.249, all $p < .05$), leading to rejection of H_0. Correlations were weakly positive but statistically meaningful given multi-factorial healthcare performance (Field, 2023).

Study Limitations and ethical considerations

Limitations include: snowball sampling; geographic scope is limited to Regions VI and VII; The study adhered to eight ethical principles: Autonomy, Beneficence, Non-Maleficence, Veracity, Confidentiality, Informed Consent, Data Privacy (NPC Guidelines, 2023), and Justice, with SBLC-ERB approval secured before data collection.

RESULTS AND DISCUSSION

Demographic Profile: Most respondents (51.49%) were aged 20–25; 72.39% were male. TESDA qualifications were held by 79.10%; Registered Nurses comprised 44.03%, Caregiving NC II holders 35.07%, and Nursing Aides 14.93%. Experience was bimodal: 44.78% had 7–10 years, and 35.07% had under one year. Dementia/Alzheimer's Disease was the most handled condition (46.27%), followed by stroke care (27.61%) and diabetes (14.18%). Level of Clinical Competencies: Grand Mean = 4.33 (SD = 0.6440): Very High Competent. Values scored highest (M = 4.62, SD = 0.5139). Knowledge followed (M = 4.28, SD = 0.6570). Skills rated lowest (M = 4.08, SD = 0.7612; High Competent), with wider variability indicating priority gaps in emergency response, dementia behavioral management, specialized geriatric procedures, and documentation. The pattern Values > Knowledge > Skills reflects a morally grounded, theoretically informed, but technically variable workforce. Significant Relationships

(Spearman's Rho): Statistically significant positive correlations were found between all competency domains and preferred training delivery methods. All effect sizes were weak positive, confirming that professional development engagement predicts higher competency. H_0 was rejected. Qualitative Findings: Dominant challenges: dementia-related behavioral difficulties (n = 45), chronic condition management (n = 38), training gaps (n = 35), communication difficulties (n = 30), and emotional burden/burnout (n = 28), all mapping onto the lowest-scoring skills sub-domains. Training preferences: simulation-based hands-on training (n = 52), continuous refresher courses (n = 40), specialized geriatric training (n = 34), communication skills (n = 33), and mental health support (n = 29). Quarterly blended learning (face-to-face + video modules) was most desired.

SUMMARY

This study of 134 direct-care personnel in Western and Central Visayas nursing homes found overall Very High Competent performance (Grand Mean = 4.33), with Values highest (M = 4.62) and Skills lowest (M = 4.08). Spearman's rho confirmed significant positive relationships between training engagement and all competency domains (r_s = .207–.249), rejecting H_0. Behavioral management, chronic disease care, communication barriers, and emotional burden are the primary challenges; simulation-based continuous training is the preferred and most effective modality for development.

CONCLUSIONS

Caregivers demonstrate strong humanistic values and theoretical knowledge, but technical skill gaps in dementia care, emergency response, specialized geriatric procedures, and documentation require structured intervention. Training engagement is a significant predictor of competency across all domains. The young, predominantly male, vocationally trained workforce frequently managing dementia requires targeted professional development. These findings contribute critical localized Philippine evidence to the sparse nursing home competency literature and support SDG 3.

RECOMMENDATIONS

Ten recommendations: (1) Implement CARE-COMPETENCE+ quarterly with pretest/posttest evaluation and mentoring. (2) Prioritize simulation-based skills training for emergency response, falls prevention, medication safety, and specialized geriatric care. (3) Deliver specialized dementia and BPSD management training. (4) Sustain continuous professional development through quarterly seminars and monthly micro-sessions. (5) Strengthen communication, documentation, and family coordination competencies. (6) Establish caregiver wellness programs addressing burnout and compassion fatigue. (7) Improve institutional infrastructure: equipment, staffing ratios, recognition, and career pathways. (8) Develop performance monitoring and evidence-based feedback systems. (9) Strengthen TESDA, nursing school, and geriatric specialist partnerships. (10) Future research should employ experimental designs, multi-regional comparisons, and longitudinal assessments.

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AI DECLARATION STATEMENT:

The researcher used AI-assisted writing tools only to support selected sections during manuscript preparation and post-defense revisions. All AI-generated content was carefully reviewed, verified, and revised to ensure accuracy and consistency with the study's findings. The research design, data collection, analysis, interpretation, and program development remain the original work of the researcher.

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