

Training Status and Needs of Disability Caregivers in Residential Care Institutions: A Qualitative Study

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Abstract

Objective This study aims to explore the current training status, challenges, and training needs of caregivers for persons with disabilities in residential care institutions. **Methods** This study recruited caregivers, administrators, and service recipients from residential care institutions as participants. Data were collected through semi-structured interviews, analyzed using Colaizzi's seven-step method for data organization and theme extraction, and the entire research process was conducted in accordance with the COREQ guidelines. **Results** A total of 15 participants were interviewed, including 7 caregivers, 4 institutional managers, and 4 persons with disabilities. Data analysis yielded four major themes and 13 subthemes: 1) Adapting to occupational realities; 2) Optimizing training configuration; 3) Standardizing training implementation; 4) Emphasizing training outcomes and feedback. **Conclusions** The current training system for caregivers of persons with disabilities is in urgent need of improvement. It is recommended that systematic enhancements be made in training content, evaluation mechanisms, and ongoing support, in order to increase the practicality and relevance of training programs and better meet the growing demands for high-quality disability care services.

Keywords: Caregiver, Disabled people, Qualitative study, Education, Training

1. Introduction

At present, the large population of persons with disabilities worldwide has led to a growing number of critical social issues that are increasingly drawing global attention. According to the World Report on Disability, it is estimated that more than 1 billion people globally—approximately 15% of the world's population—live with some form of disability. China has the largest population of persons with disabilities^[1]. According to the data from the Sixth National Population Census, there are currently over 85 million persons with disabilities in China, accounting for approximately 6.34% of the national

population. There are 70.5 million households with members who have disabilities, affecting a total of 260 million people in these families^[2]. Among them, there are 25.18 million people with severe disabilities, and a total of 11.97 million people with intellectual and mental disabilities^[3]. Compared to other disability groups, individuals with intellectual, mental, and severe physical disabilities face more prominent challenges in daily care, rehabilitation, and employment, which can place a heavy economic and psychological burden on their families. Consequently, there is a more urgent demand for professional and socialized care services^[4]. To

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ensure the survival and development of this group, the 14th Five-Year Sunshine Home Plan—Implementation Plan for Care Services for Persons with Intellectual, Mental, and Severe Physical Disabilities proposed a focus on the development of the disability care service sector and emphasized the establishment of residential care institutions for persons with disabilities^[5]. As of 2023, China has established a total of 9,569 residential care institutions for persons with disabilities, serving 195,000 individuals through boarding and day-care services^[6].

Research indicates that people with disabilities generally have poorer health and higher rates of chronic illness compared to those without disabilities, resulting in a greater demand for medical and nursing care services^[7, 8]. Due to the diversity in disability types and severity, individuals face varied and complex care challenges, highlighting the need for more specialized care services^[9, 10]. Additionally, influenced by traditional cultural values and changes in family structure, care for people with disabilities in China remains primarily family-based. The long-term one-child policy has led to increasingly smaller family units, often characterized by the “4-2-1” model, making it difficult for home-based care to fully meet the growing and complex health and daily living needs of individuals with disabilities. This has resulted in a shortage of professional skills and care resources^[11-13]. Against this backdrop, residential care institutions have emerged as an important supplement to China’s disability care system, offering advantages in professionalism, systematic organization, and continuity of service^[14, 15]. Compared to traditional family-based care, institutional care can not only ease the burden on family caregivers but also provide targeted services through standardized management and professional staff teams^[16, 17]. In this process, disability caregivers play an indispensable and critical role, serving as key agents in ensuring the delivery of high-quality services. Therefore, enhancing the capabilities of disability care workers is essential to improving

the overall quality of care^[16, 18].

However, the current state of institutional disability care teams is concerning, characterized by staff shortages, an aging workforce, low educational attainment, and insufficient professional competence. These issues hinder the ability to meet the diverse needs of persons with disabilities and lead to unstable service quality^[16, 19, 20]. Implementing standardized training is crucial for improving the professional skills and service levels of disability caregivers. Such training helps caregivers master essential skills in daily support, rehabilitation care, and emergency response, while also enhancing their sense of responsibility and service awareness—thereby promoting the healthy development of the disability care sector^[21, 22]. Studies on individuals with severe disabilities indicate that although caregivers express a strong desire for training, only 4.65% have actually received any, revealing a severe mismatch between supply and demand^[23]. Currently, the training system faces challenges such as insufficient funding, a lack of qualified trainers, and limited coverage—especially in rural and underdeveloped areas. These barriers further restrict caregivers’ opportunities for skill enhancement and hinder the professionalization of the sector^[24, 25].

In summary, the training of disability care workers in Chinese residential institutions still lacks professionalization and systematic structure, with the overall training system remaining underdeveloped. Although some domestic studies have addressed the training of disability caregivers, most remain at a theoretical level and rarely adopt qualitative research methods to explore caregivers’ actual needs, expectations regarding training content, and the practical challenges encountered during training. Therefore, this study aims to use qualitative interviews to gain in-depth insights into caregivers’ real experiences and needs in the training process, identify the shortcomings of the current training system, and propose targeted improvement measures.

2. Methods

2.1 Study design

This study adopted a semi-structured interview approach and a descriptive qualitative research design to explore the current status and actual needs of training for caregivers of persons with disabilities in residential care institutions. Between February and March 2025, qualitative data were collected from administrators, caregivers, and persons with disabilities at a residential care facility in Hangzhou, Zhejiang Province. The research focused on the training challenges caregivers face in practice, the relevance and suitability of training content, and

their perceived needs for capacity development.

2.2 Participants and setting

A purposive sampling method was used to select eligible administrators, caregivers, and persons with disabilities from a residential care institution for persons with disabilities in Hangzhou as study participants. Inclusion criteria are shown in Table 1. Exclusion criteria included individuals with severe cognitive or mental impairments that hindered effective participation in interviews, those unwilling to complete the interview, and temporary staff.

Table 1 Inclusion criteria for participants

Participants	Inclusion criteria
Institutional managers	(1) having at least 3 years of experience in disability management; (2) directly involved in care quality management; (3) providing informed consent and voluntarily participating in the study.
Institutional caregivers	(1) having at least 1 year of experience in disability care; (2) having good communication skills; (3) providing informed consent and voluntarily participating in the study.
Persons with disabilities	(1) having resided in the institution for at least 6 months; (2) possessing normal cognitive function and basic communication abilities; (3) providing informed consent and voluntarily participating in the study.

2.3 Data collection

This study adopted a semi-structured interview approach. Prior to the interviews, participants were informed of the research purpose, content, schedule, and location, as well as the use of audio recording, and provided written informed consent. All interviews were conducted in quiet and private settings within the institutions, each lasting approximately 30 to 60 minutes. The interviews were facilitated by researchers trained in qualitative methods, and recordings were transcribed promptly. The sample size was determined based on the principle of data saturation, meaning that no new themes or insights

emerged from further data collection^[26].

The interview guide was developed based on the CIPP evaluation model, proposed by Stufflebeam, which includes four interrelated components: Context, Input, Process, and Product, with the core emphasis on improvement over mere judgment^[27]. The guide was refined through literature review, alignment with research objectives, and expert consultation. Basic demographic information (e.g., gender, age, education level) was collected before each interview. The final version of the interview guide is presented in Table 2.

Table 2. Interview guidelines

Participants	Questions
Managers	(1) How would you evaluate the current skill levels and job performance of caregivers? (2) What qualities and competencies do you think caregivers should possess in their work? (3) In your opinion, which aspects of the training process could be further strengthened?

Caregivers	<p>(1) How did you become a caregiver? What are your main responsibilities in daily care work? Have you encountered any challenges or difficulties? How did you resolve them?</p> <p>(2) What types of training have you received? Have these trainings been helpful in your practical work? What do you think are the shortcomings or areas for improvement in the current training system?</p> <p>(3) In what areas do you feel you still need improvement? What specific skills would you like to learn in future training?</p> <p>(4) What suggestions do you have regarding the content, format, and evaluation methods of caregiver training?</p>
Disabilities	<p>(1) What types of care services have you received? In what areas would you like to receive more support?</p> <p>(2) Do the current care services meet your needs? What areas could be improved?</p> <p>(3) Do the current care services meet your needs? What areas could be improved?</p>

2.4 Data analysis

After each interview, the researchers transcribed the audio recordings within 24 hours and organized the interview records for timely analysis. This study adopted Colaizzi's phenomenological method of data analysis^[28], which involves the following steps: (1) Repeated and thorough reading of all interview data; (2) Line-by-line analysis to extract significant statements related to the research questions; (3) Coding of key statements and recurring viewpoints; (4) Organizing and clustering the coded meanings into themes based on similar characteristics; (5) Providing detailed descriptions of each theme, with inclusion of original participant quotes; (6) Summarizing and refining similar themes to identify the essential structure of the phenomenon; (7) Returning the findings to the participants for member checking to ensure the accuracy of the analysis.

2.5 Ethical consideration

This study was approved by the Ethics Review Committee of Hangzhou Normal University (Approval No.: 2024114). Prior to the commencement of the study, all participants signed an informed consent form. Throughout the data collection and analysis process, participants' privacy and confidentiality were protected, and all information was accessible only to members of the research team. This study adhered to the ethical principles outlined in the Declaration of Helsinki.

2.6 Trustworthiness

To ensure the credibility, transferability, dependability, and confirmability of the qualitative research findings, this study employed multiple strategies and procedures^[29]. The research team received systematic training in qualitative methods and collected authentic data through open-ended interviews to enhance credibility. Detailed descriptions of the research context, participant characteristics, and setting were provided to improve transferability. An audit trail was established and all steps of data analysis and decision-making were thoroughly documented to ensure confirmability. Peer debriefing and theme validation were conducted to enhance the dependability of the analysis. This study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to ensure the rigor of the research process^[30].

3. Results

3.1 Demographic characteristics

This study conducted semi-structured interviews with 15 participants, including 4 institutional administrators (M1–M4), 7 care workers (N1–N7), and 4 older adults with disabilities (D1–D4). The administrators all held bachelor's degrees and were licensed nurses, with an average age of 29 and 4–11 years of work experience. The care workers were all female, with an average age of 53 and 7–13 years of experience, mostly holding high school diplomas.

As China has not yet established a specialized vocational qualification examination for disability care, the interviewed caregivers all held certificates in elderly care. The average age of the interviewed

persons with disabilities was 61, with disabilities classified as either mental or physical, all at level two. For detailed demographic information, see Tables 3–5.

Table 3. Demographic information of Institutional Managers (N = 4)

Number	Gender	Age	Years of worked in the Institution	Education level	Professional title
M1	female	25	4	Bachelor's degree	senior nurse
M2	female	29	8	Bachelor's degree	senior nurse
M3	male	30	9	Bachelor's degree	senior nurse
M4	male	32	11	Bachelor's degree	senior nurse

Table 4. Demographic information of Institutional Caregivers (N = 7)

Number	Gender	Age	Years of worked in the Institution	Education level	Related Certificate
N1	female	50	7	High school	Advanced Certificate in Elderly Care
N2	female	60	12	High school	Advanced Certificate in Elderly Care
N3	female	60	12	High school	Intermediate Certificate in Elderly Care
N4	female	46	13	High school	Intermediate Certificate in Elderly Care
N5	female	51	12	Middle school	Primary Certificate in Elderly Care
N6	female	53	11	High school	Intermediate Certificate in Elderly Care
N7	female	52	10	Middle school	Primary Certificate in Elderly Care

Table 5. Demographic information of Institutional Residents with Disabilities (N = 4)

Number	Gender	Age	Marital status	Type of Disability	Disability Degree	Years of Residency
D1	female	57	Unmarried	Mental Disability	Grade 2	10
D2	male	63	Unmarried	Mental Disability	Grade 2	11
D3	female	58	Unmarried	Mental Disability	Grade 2	10
D4	male	64	Unmarried	Physical Disability	Grade 2	13

3.2 Themes 1: Adapting to Occupational Realities

3.2.1 Work Motivation and Professional Attitude

The interviewees expressed that this job not only helps them understand the aging and caregiving process but also serves as preparation for their own future. They believe that working in disability care requires a strong sense of responsibility and professionalism, as well as essential qualities such as love,

patience, and a good service mindset.

N2: "Actually, I've always had thoughts about this job, because everyone will eventually grow old and need care. So it's beneficial for ourselves to first learn about caregiving knowledge."

M1: "In this profession, I think they have a strong sense of responsibility and dedication, and they are quite patient. After all, here we take care of the

disabled people's daily needs. Without patience, you definitely can't do this job. Overall, you need love, attentiveness, responsibility, and a good service attitude and work ethic."

D3: "The most important thing is to have love and patience, especially in how to communicate with us elderly disabled people—speak slowly and listen more."

3.2.2 Awareness of the Unique Challenges Faced by Service Recipients

Some interviewees mentioned that when initially encountering service recipients—especially those with mental and behavioral issues—they often felt uncomfortable or even rejected them. However, as their contact and understanding deepened, they gradually achieved cognitive and emotional acceptance.

N1: "Suddenly being exposed to so many people like this, at first I definitely wasn't used to it, and sometimes I was even a bit scared of some of their behaviors and language. Because you don't know what might happen next, and you don't understand them well enough, at that time I was quite resistant."

N4: "When I first came in, I felt a bit scared and thought the people here were a little strange. But later, as I got to know them, I started to accept them from the heart."

3.2.3 Self-Regulation Is Key to Adaptation

Interviewees generally believed that caregiving work is intensive and stressful, and if such pressure is not relieved over the long term, it can easily lead to physical and mental exhaustion and even psychological problems. Therefore, learning emotional management and effective psychological counseling is especially important.

D2: "Even as someone being cared for, I feel emotionally exhausted. Caregivers put all their energy into work, and they don't have much time left; it's bad for their health, they don't get enough sleep, and they still have things to do at home."

M2: "Caregivers themselves also experience pressure because they face these special groups every

day, so their own self-counseling is a challenge."

N2: "To do this job here, you must have this ability to regulate yourself. Without it, if you keep feeling depressed, over time, some people may really become depressed. If you're unhappy and always think negatively, and they become unhappy, you also start thinking negatively with them—your mood gets affected by theirs."

3.3 Theme 2: Optimizing Training Configuration

3.3.1 Training Resources

Most interviewees believed that the current training has a certain foundation in terms of resource allocation, as institutions often invite external experts to deliver specialized courses. However, they also expressed a strong need for more psychology-related training resources to better understand service recipients and improve communication and emotional coping skills.

N1: During training, we often invite external instructors, such as experts from other hospitals or specialists arranged by the Disabled Persons' Federation, including professional psychological counselors who come to deliver specialized knowledge.

D2: "When something like violence happens, they sometimes lack understanding of us and can't quite grasp what we're thinking, even though they're trying. In such situations, it's best to report to the team leader and have someone with a psychology background guide the caregivers to help them communicate with us more effectively."

3.3.2 Training Content and Methods

Interviewees commonly reflected that current training is still weak in areas such as communication skills and emotional adjustment. They suggested that training content should be more practical and the delivery more engaging and simplified to increase caregiver acceptance and learning effectiveness.

N1: "We hope to simplify the training and make it more interesting so that people can really absorb the information. It's important that what you learn in one class, you can remember afterward."

M1: "We're not doing so well in communication

skills, privacy protection, and related laws and regulations. But every time new employees arrive, we explain the legal aspects to them—it's just that learning it can be a bit difficult for some."

D1: "Sometimes I feel the caregivers are really exhausted and may have their own emotional issues. So I think it would be better if the institution could arrange more psychological regulation training for them. If they're in a better state, we'll be better cared for too."

3.3.3 Assessment Mechanisms

Some respondents pointed out that the institution has established a relatively standardized tiered assessment mechanism, evaluating caregivers' competence through both theoretical and practical examinations. However, they also noted that the current assessment standards have not fully taken into account differences in caregivers' educational backgrounds and age.

M2: In our institution, although we are relatively small in scale, we conduct annual evaluations of caregivers based on their skill proficiency and overall performance to determine their rating levels. On a larger scale, there is also an annual nursing skills competition held here, which serves as a further selection and rating process. Caregivers can sign up voluntarily, and their theoretical knowledge and practical performance are assessed comprehensively. There are certain eligibility requirements for registration, including educational background and years of work experience. Only those who score above 85 points are considered to have passed; otherwise, they are eliminated.

N5: "I think the assessment system should be stratified—such as categorizing it based on age and education level. Although there are some formal testing regulations, the regular assessments are not tiered. I can understand the institution's requirements, but I still hope the assessments can be made more reasonable."

3.3.4 Issues of Training Adaptability

Some interviewees reported that the current training content and methods still lack adaptability,

especially for caregivers with lower educational backgrounds or older age. Overly standardized and information-heavy courses may be difficult to understand and absorb, thus affecting actual training effectiveness.

D2: "They're always very responsible and follow standard procedures when problems occur. But it's hard for caregivers to remember all those procedures at once. Some of them have limited education, and when there's too much information at once, they can't retain it."

M1: "Some caregivers are highly educated and can handle the current teaching methods, but for others with less education, it's much harder to understand. So we probably need to pay more attention to that."

3.4 Theme 3: Standardizing Training Implementation

3.4.1 Establishment of Behavior Management Norms

Respondents indicated that institutions have developed relatively comprehensive behavior management and service standard systems to reinforce caregivers' standardized conduct and service awareness in daily work.

M1: "Training evaluations include areas such as daily living care, regional environmental safety management, overall safety management, caregiver supervision, and disinfection procedures."

N5: "We have professional standards here. For example, we're not allowed to wear slippers or high heels at work. We can't speak loudly, and we must walk quietly, speak softly, and close doors gently."

M3: "Our institution's service quality evaluation includes client satisfaction, handling of emergencies, environmental cleanliness, and hidden danger inspections. It also considers caregivers' daily performance and their communication with family members."

3.4.2 Training Support and Continuous Learning

Caregivers generally believe that practice is key to deepening understanding, and experience accumulation is particularly important. Meanwhile, management supports staff through team-based mutual

assistance and feedback mechanisms, helping consolidate knowledge and solve problems encountered at work.

N2: "Some caregiving tasks can only be truly understood through hands-on practice. I've been doing this for many years, and it's really a lifelong learning process. You have to keep practicing and reviewing to gain deeper insights and experience."

N3: "Even so, some people still don't fully understand. At times like that, the section head or team leader will repeat the explanation during shift handovers."

M4: "Overall, the caregivers perform their duties diligently, especially the senior staff who have rich experience and are more composed when dealing with emergencies. Experienced caregivers mentor new ones, and we often divide into small groups to study. Caregivers can also bring up problems they encounter in daily work."

3.4.3 Emergency Response Training Mechanism

Caregivers noted that institutions have already conducted practical drills for emergency responses such as handling violent behavior, falls, and heart attacks. However, they emphasized the need for further systematization and proactive planning. They suggested enhancing anticipatory training and protective knowledge to boost frontline staff's emergency response capabilities and confidence.

N1: "For emergencies like violence or heart attacks, we use hands-on drills for training. If there's a fall incident, we immediately conduct a training session on fall response. A lot of the time, if something happens, we practice that scenario. We also do some anticipation-based training—for things that haven't happened yet, but we think might occur, we prepare in advance."

D4: "When caregivers face our emotional outbursts or sudden falls, some handle it well, while others panic. It really depends on experience. If the institution can provide advance training on how to handle various situations, everyone would feel more at ease."

3.5 Theme 4: Emphasizing Training Outcomes and

Feedback

3.5.1 Capacity Enhancement

In caregiving practice, most caregivers generally feel a continuous improvement in their abilities. This is reflected in their increased proficiency in handling emergencies and performing basic tasks, as well as in more proactive, composed, and patient communication. Over time, they have developed a deeper understanding of and empathy for the individuals they serve.

N6: My skills have definitely improved. I used to be unable to assess emergencies, but now I can judge whether they're unwell based on facial expressions and movements. Feeding and helping them walk has also become smoother. Also, I'm more comfortable initiating conversations and have become more patient.

N7: I feel like I've become more composed. I used to get anxious easily, but now I know how to regulate myself and better understand those I care for. Sometimes they react intensely because they can't express themselves well, so we need to listen patiently and guide them slowly. That communication skill has been developed over time.

3.5.2 Psychological Identification

Caregivers emphasized that psychological identification with their profession is a key internal motivator for continuing in this line of work. They see the job not only as a means of livelihood but also as a source of value and fulfillment, believing that "if we do well, they'll do well too." This leads to heartfelt acceptance and recognition of the profession's significance and social value.

N1: I think the most important thing is recognizing the profession. First, you need to accept it from the heart. While you're earning a wage, you should also acknowledge the value of the work itself.

N6: I now feel this job is actually very meaningful. If we do our part well, the individuals we care for benefit too. That gives a strong sense of achievement.

N7: I know what we're doing is meaningful. Especially when a person who used to be emotionally

unstable becomes calm over time — it makes me feel that our efforts really pay off.

3.5.3 Suggestions on Incentive Mechanisms

Several caregivers mentioned that current training and assessment mechanisms lack sufficient incentives. They suggested introducing reward-based incentive systems to enhance motivation and participation, thereby improving training outcomes and skill development.

N1: I think the assessments shouldn't only be punitive — like if you fail, you get penalized. There should also be a reward system. For example, if I pass the exam, I should be rewarded. It should be a two-way mechanism, which would be more reasonable.

N4: Honestly, if there were rewards, everyone would be more motivated.

4. Discussion

With the growing demand for care services for persons with disabilities, residential care institutions are playing an increasingly prominent role in the care system^[31]. As the direct providers of services, caregivers' competency levels are directly linked to the quality and effectiveness of care. This study employed semi-structured interviews to explore in depth the real experiences and subjective needs of caregivers for persons with disabilities within residential institutions during their training processes. The research not only focuses on how caregivers understand and engage with training in their daily work but also encompasses their perceptions and feedback regarding the training content, formats, and outcomes.

Caregivers gradually develop a sense of professional identity through continuous self-adjustment to adapt to the complex work environment. A meta-analysis by Pinquart and Sorensen indicated that, compared to non-caregivers, caregivers are more prone to mental health issues and report lower levels of subjective well-being^[32]. Low levels of engagement among caregivers may lead to strained relationships with care recipients and a decline in care quality^[33-35]. This study found that although

caregivers initially experienced discomfort and rejection when facing the psychological and behavioral challenges of persons with disabilities, they gradually achieved cognitive and emotional acceptance through prolonged interaction. This finding contrasts with some previous studies, which suggested that longer caregiving durations may be associated with increasingly negative attitudes—possibly due to the psychological strain of long-term caregiving^[36,37]. In this context, many caregivers emphasized the importance of emotional self-regulation, noting that effective emotion management helps relieve stress, maintain mental health, and foster more stable and harmonious relationships with care recipients. This aligns with existing research by Zhong et al., who found that strong social support plays a key role in reducing psychological burden^[38]. They recommended regular depression screening and individualized health interventions for caregivers with poor health conditions. Therefore, caregiver training programs should incorporate enhanced psychological support and content focused on job adaptability to better equip caregivers in coping with emotional challenges and improving overall care quality.

Moreover, respondents acknowledged the current training resources and tiered assessment mechanisms but identified several areas in need of improvement. First, most respondents hoped to add more psychology courses to help caregivers better understand service users. Research shows that caregivers' recognition of the meaning of their care can stimulate goal-oriented behaviors and self-actualization tendencies^[39]. Therefore, it is necessary to strengthen caregivers' sense of mission, responsibility, and psychological quality training to enhance their ability to cope with emergencies^[40]. Second, respondents reported that the current courses lack practicality and interest, and suggested adopting a blended learning model combining online and offline methods, building information learning platforms, and organizing professional lectures to improve the flexibility and participation of training^[41].

^{42]}. Additionally, some respondents pointed out that the current assessment mechanisms do not adequately consider differences in education level and age, calling for a more individualized, tiered evaluation system. In response, Feng et al. proposed that effective service quality evaluation should include institutional self-assessment, third-party evaluation, and satisfaction surveys of people with disabilities, in order to achieve a more comprehensive and objective assessment^[43]. Finally, it is emphasized that courses should enhance adaptability to help caregivers with lower education levels or older age better understand the content, thereby improving overall training effectiveness and care quality.

It is worth noting that institutions have established relatively systematic behavioral management regulations, setting clear standardized requirements in areas such as daily care, safety management, and service etiquette. This has effectively regulated caregivers' daily practices and improved the overall quality of services. At the same time, management personnel are encouraged to develop a mindset of adhering to institutional rules and to conduct their work according to standardized service procedures, thereby reducing arbitrariness in the management process^[23]. In addition, several caregivers emphasized the importance of hands-on practice in mastering skills. Institutions have promoted knowledge reinforcement and problem feedback through peer mentorship, group learning, and pre-shift briefing sessions, thereby fostering a positive learning atmosphere. The institution in this study has implemented multiple practical drills for emergency scenarios—such as responding to violent behavior, managing falls, and performing first aid—which have enhanced caregivers' ability to react in emergencies. However, issues still remain, including the relatively passive nature of training content and a lack of systematic structure. To further improve the quality of care, caregivers should also receive systematic training on identifying clients' care needs, in order to strengthen their ability to proactively detect issues and respond in a timely manner^[44].

The interviewees generally believed that training played a positive role in enhancing their professional competence, strengthening their sense of identity, and increasing intrinsic motivation. Most caregivers reported that the integration of training with practical work significantly improved their abilities in handling emergencies, performing basic care tasks, and communicating with service recipients, thereby boosting both their professionalism and job stability. As training became more integrated with practice, caregivers gradually built confidence and competence in dealing with complex care tasks and meeting the diverse needs of service users^[45]. In terms of psychological identification, caregivers shifted from viewing the job merely as a means of livelihood to a role they recognized and valued. They expressed that they felt needed during the service process and found meaning in their work^[46]. However, several participants pointed out the lack of positive incentives in current training assessments and suggested introducing reward mechanisms to increase engagement and sustain learning motivation. As Chinese scholar Yang Ye noted, it is essential to fully recognize the value of caregivers' work by providing financial subsidies or special allowances to enhance their sense of professional identity and pride^[19]. Therefore, systematic training not only improves caregivers' practical competencies but also fosters a stronger professional identity, while a well-designed incentive mechanism may further promote the sustained impact of training outcomes.

In summary, this study reveals that the current training system for caregivers of persons with disabilities still has notable shortcomings in areas such as content design, resource support, training methods, and evaluation mechanisms. Looking ahead, it is essential to promote a coordinated advancement across multiple dimensions—including policy support, resource allocation, curriculum optimization, and the development of evaluation systems. Such efforts will help steer the training system toward greater professionalization, standardization, and

sustainability, thereby comprehensively enhancing the overall competence and service capacity of the caregiver workforce and more effectively addressing the practical needs and developmental challenges of institutional care for persons with disabilities.

5. Strengths and limitations

This study aims to understand the current situation and challenges of training systems for caregivers in residential care institutions for persons with disabilities. It has strong practical relevance and guiding significance, offering valuable support for improving the quality of care services. The findings reveal deficiencies in policy support, resource allocation, curriculum design, and evaluation mechanisms within current training systems. Grounded in the real experiences of frontline caregivers, the study provides a theoretical foundation for improving the training system and promoting its development toward greater professionalism and standardization. However, the study has certain limitations. For example, the sample size and coverage were limited, which may affect the generalizability of the findings. In addition, the study did not quantitatively assess training outcomes, making it difficult to fully evaluate the effectiveness of different training approaches. Moreover, it did not sufficiently explore how individual differences among caregivers (such as age, education level, and years of experience) impact their acceptance of training. Future research could be expanded in scope and combine both quantitative and qualitative methods to further explore mechanisms for evaluating training effectiveness, while also focusing on how individual caregiver characteristics influence the uptake and application of training. This would provide more comprehensive evidence for policy-making and practical improvement.

6. Conclusion

The results of this study indicate that training is not only a means of enhancing caregiving skills but also a crucial support for strengthening professional identity, alleviating job-related stress, and

continuously improving care quality. The professional development needs of caregivers, combined with the diverse needs of care recipients, drive ongoing optimization and innovation in training content. In the future, it is important to strengthen the connection between training and real-world caregiving tasks, promote personalized and diversified training models, and emphasize psychological support and value-based guidance. Ultimately, a care quality-oriented training support system should be gradually established.

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Data availability: The qualitative data supporting the results of this study are not publicly available but can be obtained from the corresponding author upon reasonable request.

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