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ORIGINAL ARTICLE

Structuring the Effects of Functional Recovery Care in a Private Home with Care Services for Older People

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ABSTRACT

This study aimed to structure the effect of functional recovery care in a private home with care services for older people by analyzing employees' narratives. Interviews with employees of the facility revealed the following structure: By adopting [elaborate methods for evidence-based care] or functional recovery care, employees realized [improvements in residents' mental and physical functions] and the [calmness of residents' lives in the facility], and such a realization resulted in [employees' increased motivation and sense of fulfillment]. [Employees' increased motivation and sense of fulfillment] [promoted professional awareness] and [organizational growth], promoted [approaches and awareness toward future development], and contributed to the [further enhancement of the organizational capacity]. The results clarified a structure, where functional recovery care in a private home with care services for older people leads to employee and organizational growth.

<Key-words>

structuring, effect, functional recovery care, private home with care services

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I. Introduction

In Japan, residential homes with and without care services are currently available as private homes for older people. When using home care services based on the Long-term Care Insurance System, subsidies are allocated, corresponding to the category 'daily care for specific facility users'. In recent years, while delays in the construction of Long-term Care Insurance-covered facilities have been noted, the numbers of private (residential) homes for older people and their residents have steadily increased; the values, which were 276 and 30,792, respectively, in 2008, increased to 12,570 and 482,792, respectively, in 2016 ¹⁾. On comparing the national mean Care Grade and that of insurance-covered facility users, the former is still lower, at 2.2, but grades 4 and 5 account for more than 25%, revealing the increasing demand of older people requiring care for such homes. Residential homes for older people are regarded as new locations for the older people to relocate to from their long-lived-in homes ²⁾. Furthermore, it is expected that the homes will accommodate needs related to the comprehensive community-based care system as key to social insurance system reform to prepare for 2025, when all baby-boomers will be aged 75 or over. In such a situation, care approaches in these homes should be reviewed, covering the concept of 'private' but unaccustomed homes, in addition to that of 'facilities'.

Considering such a situation, we examined the relationships among the nutritional status and mental and physical functions of those living in a private home with care services for older people in 2015 ³⁾. Furthermore, in 2017, we provided an interdisciplinary intervention for these residents through interprofessional collaboration, which was effective to maintain/improve their Alb levels as a motor function parameter, and increase their quality of life (QOL) ⁴⁾. After this interventional study, employees of the facility continued their independent approaches to make nutrition management, exercise, and hydration care take root as functional recovery care. Now that 1 year has passed, positive effects on residents, including improved bowel control, increased toilet use for excretion, improved conversation abilities of those with dementia, and a reduced prevalence of falls, are being achieved in the facility.

The purpose of the present study was to structure the effect of functional recovery care in this private home with care services for older people by analyzing employees' narratives. Functional recovery care aims to enhance care-dependent older people's mental and physical functions through 4 basic care approaches, covering <hydration>, <nutrition>, <excretion>, and <exercise> ⁵⁾.

II. Subjects and Methods

1. Study and Procedures

1) Study Design

Qualitative inductive study design (Interview survey semi-structured interview method)

2) Study Period

Between January 1, 2019, and February 28, 2019

3) Subjects

Employees of a private home with care services for older people operated by Tokyu Land Corporation.

4) Study Items

Basic attributes: basic license, gender, age, years of experience, years of service
Interview method: An about 30-minutes semi-structured interview session using an interview guide was held for each of the care staff.

Study items:

- (1) Have there been any cases, where you realized the effects of functional recovery care? If there have been such cases, please describe them in detail.
- (2) What is your view on the effects of functional recovery care?
- (3) Are you willing to continue to provide functional recovery care?
- (4) What challenges are there in continuing to provide functional recovery care?

5) Ethical Considerations

This study was conducted with the approval of the Ethics Committee of the Faculty of Health Science and Nursing, Juntendo University (approval number: 30-12). The study facilities and subjects were previously provided with written and oral explanations of the study objective, methods, voluntary cooperation, participants' right to withdraw at any time, and measures to ensure anonymity to obtain their consent.

2. Data Collection

We asked the manager of a private home with care services for older people operated by Tokyu Land Corporation, where the representative researcher participates in case conferences as an advisor, to select appropriate employees for this study.

3. Data Analysis

The interview data were organized as narrative records, which were carefully read and divided into minimum paragraphs with semantic contents as units for analysis. These units were encoded, focusing on the effects of functional recovery care, and classified into categories based on similarities with enhanced abstractness after careful deliberation on the data and codes to determine the characteristics and names of these categories. To enhance their validity, repeated discussions were held between the principal investigator and co-investigator. The relationships among the categories were further examined for structuring by examining similarities and differences among them.

III. Results

1. Basic Attributes (Table 1)

The interviewees were 7 care staff members belonging to facilities with the following basic qualifications: nurse: 2, physical therapist: 1, and care worker: 4. There were 3 (42.9%) males and 4 (57.1%) females. Their average age was 38.43 ± 10.3 years. The mean length of experience was 10.71 ± 7.65 years, ranging from 2 to 25 years. The mean of length of service experience was 2.71 ± 1.60 , ranging from 1 to 5. The mean duration of an interview session was 29.25 ± 11.46 minutes, ranging from 12 to 41 minutes.

<Table 1> Basic attributes

Basic license	Sex	Age	Years of experience	Years of service	Interviewed time [min]
Physical therapist	Male	41	9	2	36.56
Nurse	Female	49	25	5	41.42
Care worker	Female	30	8	1	24.32
Care worker	Female	24	2	2	13.80
Nurse	Female	50	16	5	24.18
Care worker	Male	30	5	2	12.02
Care worker	Male	45	10	2	15.12
Ave.		38.43 ± 10.3	10.71 ± 7.65	2.71 ± 1.60	29.25 ± 11.46

2. Categorization of the interview data (Table 2)

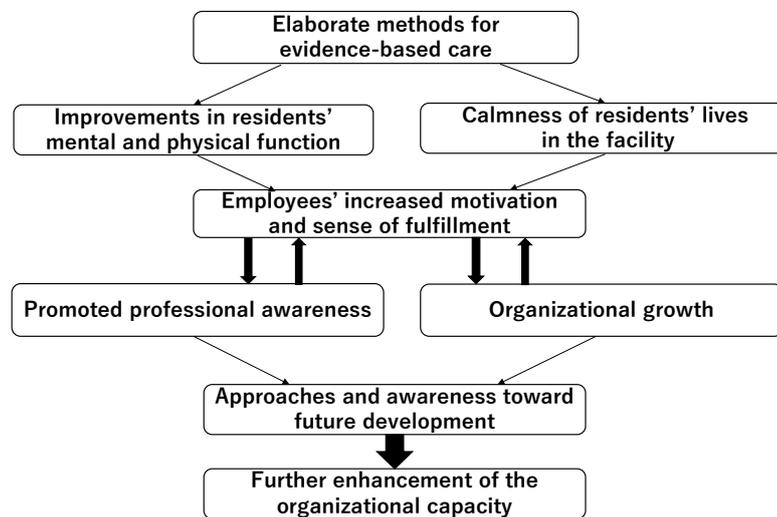
From 386 codes (“ ”), 49 sub-categories ({}), 27 categories (<>), and 8 core categories ([]) were created. [Further enhancement of the organizational capacity] was the most frequent core category, consisting of 70 codes, which were summarized into <awareness enhancement and intention-sharing among employees>, including {promoting the sharing of intentions among all employees}, and <improvement of team performance through interprofessional collaboration>, including {resolving the challenges of interprofessional collaboration}. [Approaches and awareness toward future development] was the second frequent core category, consisting of 58 codes, which were summarized into <further approaches>, including {desiring to further improve residents’ lives}, and <maintenance of awareness>, including {inheriting these approaches as the tradition of this home}. [Elaborate methods for evidence-based care] consisted of 54 codes, represented by <functional recovery care as a foundation>, including {a foundation for health and life}, <elaborate methods for individualized care>, including {adopting elaborate methods for individualized hydration care}, and <awareness of evidence-based care>, including {becoming able to consider evidence for care}. [Promoted professional awareness] consisted of 53 codes, represented by <changes in employees’ awareness to adopt more independent approaches>, including {employees’ more independent approaches}, and <distress and difficulty in disseminating>, including {difficulty in promoting understanding among other employees}. [Enhancement of residents’ mental and physical functions] consisted of 41 codes, represented by <improvements in residents’ physical functions>, including {realizing improvements in residents’ activity levels and walking ability}, and <improvements in residents’ cognitive function>, including {realizing improvements in residents’ communication skills}. [Organizational growth] consisted of 40 codes, represented by <team efforts centered on core members>, including {adopting team approaches}, and <immaturity as an organization>, including {unpreparedness of the organization to provide approaches as it is supposed to do}. [Employees’ increased motivation and sense of fulfillment] consisted of 36 codes, represented by <impact of employee enthusiasm>, including {realizing the impact of employees’ enthusiasm}, and <employees’ sense of fulfillment increased by fulfilling residents’ desires>, including {desiring to fulfill residents’ desires}. [Calmness of residents’ lives in the facility] consisted of 34 codes, represented by <residents’ confidence and calm lives>, including {recognizing each resident’s true personality}, and <residents’ increased motivation and independence>, including {realizing residents’ increased independence}.

<Table 2> Effects of functional recovery care

Core categories	Categories	Codes
Further enhancement of the organizational capacity	Awareness enhancement and intention-sharing among employees	45
	Improvement of team performance through interprofessional collaboration	25
Approaches and awareness toward future development	Further approaches	36
	Maintenance of awareness	22
Elaborate methods for evidence-based care	Functional recovery care as a foundation	16
	Elaborate methods for individualized care	14
	Awareness of evidence-based care	10
	Dissemination to support health and overall life	8
Promoted professional awareness	Loss of motivation and confidence due to reduced independence	6
	Changes in employees' autonomy	19
	Insufficient awareness and knowledge among staff	17
	Distress and difficulty in disseminating	14
Improvements in residents' mental and physical functions	Employees' own growth	3
	Improvements in residents' physical functions	17
	Improvements in residents' cognitive function	13
Organizational growth	Deterioration in residents with urinary tract infections	11
	Team efforts centered on core members	19
	Lack of leadership	5
	Immaturity as an organization	5
	Established as business	4
	Cooperation request to family	4
Employees' increased motivation and sense of fulfillment	Organization support	3
	Impact of employee enthusiasm	15
	Employee satisfaction	13
Calmness of residents' lives in the facility	Employees' sense of fulfillment increased by fulfilling residents' desires	8
	Residents' confidence and calm lives	25
	Residents' increased motivation and independence	9

3. Structuring the effects of functional recovery care in a private home with care services for older people (Figure 1)

Based on the 8 core categories, the effect of functional recovery care in the private home with care services for older people was structured as follows: Adopting [elaborate methods for evidence-based care] or functional recovery care, employees realized [improvements in residents' mental and physical functions] and [calmness of residents' lives in the facility], and such a realization resulted in [employees' increased motivation and sense of fulfillment]. [Employees' increased motivation and sense of fulfillment] led to [promoted professional awareness] and [organizational growth], promoted [approaches and awareness toward future development], and contributed to the [further enhancement of the organizational capacity].



<Figure1> The structure of the Effects of Functional Recovery Care in Private Homes with Care Services for Older People

IV. Discussion

The 7 interviewed employees' length of work experience after obtaining a basic qualification was 10 years or longer, but their duration of working in the study facility was shorter than 3 years. The results clarified a structure, where functional recovery care in a private home with care services for older people leads to employee and organizational growth.

[Elaborate methods for evidence-based care] or functional recovery care through employees' independent approaches was a background factor contributing to such a structure. One employee stated: "I am becoming able to develop methods and measures to manage residents who lack sufficient hydration", which was classified into the category

<elaborate methods for individualized care>. The necessity of adopting elaborate methods for functional recovery care among employees may be attributed to the textbooks without theory construction for such care used in care worker schools ⁶⁾ and consequently insufficient knowledge of practical methods for support ⁷⁾. Thus, the employees, who were expected to provide functional recovery care without sufficient knowledge of related theories and methods of support, may have needed to devise and adopt elaborate methods. Providing functional recovery care using these methods, the employees realized [improvements in residents' mental and physical functions] ("I feel that residents' frequencies of excreting using toilets are increasing", "Residents' activity levels are increasing as a result of hydration promotion", and "Communication with residents is becoming easier") and the [calmness of residents' lives in the facility] ("Hydration care seems to have made residents' facial expressions more peaceful" and "I recognized each resident's true personality"). Such a realization may have led to [employees' increased motivation and sense of fulfillment] ("Other employees are also highly motivated to do their jobs", "I think this approach has a clear effect, and it increases employees' motivation", and "We are promoting hydration care to fulfill residents' desire to walk"). Concerning [improvements in residents' mental and physical functions] and the [calmness of residents' lives in the facility] realized by employees through functional recovery care, it has been reported that regaining independence with functional recovery increases residents' QOL ⁸⁾. In another study examining the recognition of care among care workers, they recognized care from 3 perspectives: communication, physical conditions, and QOL, and supported people requiring care to lead an independent and high-quality personal life ⁹⁾. In the present study, the employees realized improvements in residents' QOL as an outcome of their approaches, and this may have led to [employees' increased motivation and sense of fulfillment]. According to the two-factor theory ^{10,11)} widely used in job satisfaction research, 2 independent (hygiene-and motivation-related) factors influence job satisfaction and dissatisfaction. Based on this, the realization of the [improvements in residents' mental and physical functions] and [calmness of residents' lives in the facility] may have increased employees' satisfaction with their jobs.

Subsequently, [employees' increased motivation and sense of fulfillment] led to their own and organizational growth. Categories [promoted professional awareness] ("My thoughts were not so deep in the beginning", "I had been very distressed until this project was disseminated", and "I began to adopt more independent, proactive approaches") and [organizational growth] ("An increasing number of employees adopt team approaches" and "Such care has taken root in our daily duties") explain that employees' perception that their approaches positively influence residents' lives increases their job satisfaction at a professional level ¹²⁾, and their perception that the facility where they work is providing high-quality care also increases their job satisfaction at an organizational level ¹³⁾.

Such job satisfaction at professional and organizational levels among employees promoted [approaches and awareness toward future development] (“We will maintain such awareness, and adopt further approaches” and “I want to inherit these approaches as the tradition of this home”). Analysis of the employees’ narratives also revealed some future-oriented challenges, such as the [further enhancement of the organizational capacity] (“After all, interprofessional collaboration is essential for functional recovery care in nursing homes for older people” and “It is working well, but I also have to admit that there are various challenges of interprofessional collaboration”). Structuring the effects of functional recovery care in a private home with care services for older people, the necessity of long-term perspectives and approaches for all those involved in care provision to participate in for organizational improvement ¹⁴⁾ was highlighted.

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