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ORIGINAL ARTICLE

Actual Situation of the Strengths of Elderly Community Residents Living Alone

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ABSTRACT

This study examined factors contributing to the strengths of elderly community residents living alone, and appropriate methods to support them to continue their independent lives while making the most of such strengths. A self-administered questionnaire survey was conducted involving 825 single-person household elderly and 600 elderly individuals living with other people in A City, and 757 that obtained an effective answer was analyzed. In the study involving elderly community residents living alone, although the proportion of those perceiving a decline in their physical functions and requiring assistance based on the Long-term Care Insurance System was high, the rate of independence in 2 IADL items ('managing savings/deposits' and 'preparing meals') was higher than other households. Moreover, a high proportion of the respondents regarded 'paying attention to health in daily life' and 'actively speaking to others' as their strengths. It was not a standpoint as weak up to now existence as for single elderly-person households who tended to be caught, and the necessity of the setting of a place that was able to be active of single elderly-person households voluntary standpoint elderly of 'conversations with friends', 'Health', and 'Meals' in the key word was suggested.

<Key-words>

elderly community residents living, single elderly-person households, strengths

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I. Background

In Japan, the number of elderly individuals aged 65 or over and population aging rate were the highest ever in 2014, at 33 million and 26.0%, respectively. When focusing on the proportions of different family structures with or without family members aged 65 or over in 2013, households with grandparents decreased from 50% in 1980 to 13.2%, while the proportion of couple households was the highest, at 31.1%, followed by single-person households, at 25.6%. In short, couple and single elderly-person households together accounted for more than 50%. (Cabinet Office, 20015a). The family structure has markedly changed since World War II, and a rapid increase in the number of single elderly-person households is expected as a social challenge in Japan.

National measures and social approaches for single elderly-person households were initiated in the 1970's. Since that time, the solitary elderly have been examined in a number of studies. Not only does the term 'single elderly-person households' refer to a living style, but it also creates a negative impression associated with the difficulty in obtaining support from other family members living in distant areas, in addition to the greater need for assistance compared with other households. Therefore, as a supportive measure for them, attention has been paid to their weak points to identify targets for support and challenges to providing it. On the other hand, the results of multiple studies revealed that the solitary elderly's mental and physical health conditions tend to be favorable despite their age, although they are anxious about their future (Murata, Oyama, Murata et al. , 2008; Sato, Tozawa, 2003). This indicates that they are able to continue their daily lives based on their own intentions, and their levels of independence are high. Thus, it may be more appropriate to focus on their positive aspects, such as strengths and life-fulfillment, and develop methods to support their daily lives while making the most of such strengths, rather than regarding them as fragile. It has been reported that the elderly tend to face difficult situations, leading to a loss of opportunity for life-fulfillment, but new fulfilling activities or targets enable them to restore their ability to fulfill their lives (Nomura, 2005). In line with this, the development of support systems that help them find such activities or targets may be essential.

Therefore, this study examined factors contributing to the strengths of elderly community residents living alone, and appropriate methods to support them to continue their independent lives while making the most of such strengths. As outcomes, the study aimed to provide basic data for the development of business activities focusing on the positive aspects of single elderly-person households, whose number is expected to increase in the future, and contribute to their activation, as well as the realization of a society making the most of the elderly's abilities.

II. Definition of term

Based on findings of previous studies, 'the elderly's strengths' as the core concept of the study were defined as their abilities to maintain and continue their daily lives using their experience-based knowledge as a basis for their self-confidence. Similarly, 'life-fulfillment' was defined as joy and pleasure that support the elderly's motivation to live.

III. Methods

1. Study Design

Cross-sectional study

2. Object region

It is located in the plains part, it is enclosed by mountains, and A city is located in a rich natural environment. It is located from Tokyo to 100km sphere, the national road and the private railway road run, and the built-up area is formed. The population is 49,787 people as of 2015, and the population is almost level-offs compared with 2010. A total number of households in 2015 is 6,549 families, and the rate of aging is 29.6%. It increases by 4.4% compared with the rate of aging in 2010, and aging is an advanced region every year.

3. Research subjects

The object was assumed 825 single-person household elderly who lived in A city and 600 non-single-person household elderly, and assumed to be the one that it was able to answer the survey form by the principle itself. 825 single-person household elderly rode the meal delivery business to the single-person household elderly who was the business to A city social welfare conference together, and distributed the survey from to all numbers of single-person household elderly whom the welfare commissioner understood through the meal delivery. 600 non-single person household elderly did the random sampling with the list of names by which A city excluded the elderly in the single-person household from the basic resident register, and mailed the survey from A city to the object person.

4. Methods of data collection and study items

1) Methods of data collection

A self-administered questionnaire survey

2) Period

January 2016 – March 2016.

3) Study items

(1) attribute

Age, Sex, Long-term care insurance, Marriage , Children, Family composition

(2) Self-rated health

Four present conditions were evaluated by the method.

(3) Evaluation of life function

Based on “questionnaire of comprehensive geriatric assessment in community-dwelling older adults” (Okura, Tuji & Tsunoda, 2011), the researchers determined 19 domains of evaluation of life function. This is composed of 2 physical functions items, 2 mental functions items, 2 cognitive function items, 2 lifestyles items, 3 social participation items, 3 home environments items, 2 social status items, and 3 IADL items. And furthermore, this scale of preceding study has been confirmed reliability and validity.

(4) Domains of strength

The researcher determined 8 domains of strength, conducted a pre-test. Daily life-related functions consisted of physical and psychological functions, family environments, social involvement, and social status.

(5) Domains of life-fulfillment

In previous studies, the following activities and targets were regarded as fulfilling: jobs, hobbies, the family, friends, social activities, and religions. Based on these, the researchers determined 8 domains of life-fulfillment.

5. Analysis

After calculating descriptive statistics for each domain, A t-test was conducted to examine the relationship between the elderly's positive attitudes and age, and chi-square tests were conducted to analyze the relationships between their attitudes and other items. Moreover, the association between the family structure and results representing daily life functions was examined. As questions regarding such functions were answered, adopting 3 different 4-point scales, responses were divided into 2 groups in each case for analysis using the chi-square test: 1) <Favorable> and <Generally favorable> vs. <Unfavorable> and other choices: favorable and unfavorable groups, respectively; 2) <Always> and <Sometimes> vs. <Never> and other choices: always/sometimes and rarely/never groups, respectively; and 3) <Able to do it at all times> and <Able to do it on some occasions> vs. <Unable to do it> and other choices: able and unable groups, respectively. Regarding strengths and life-fulfillment, the associations were examined based on the family structure using the chi-square test. Statistical analysis software SPSS Ver.23.0 was used for the analysis.

6. Ethical considerations

It did by using the explanation book, it had the reply of the schedule, and it was assumed that it agreed as the answer to the main enumeration was based on the free will, did not have the disadvantage even if the answer to the investigation was refused, and the answer was unsigned and privacy was strictly defended. Moreover, it explained a research program and ethical consideration to the welfare commissioner who cooperated in the survey of the single-person household beforehand by the document and oral, and cooperation in the research was strictly defended. The present study was conducted in collaboration with City A with the approval of the ethics committee of Juntendo University Faculty of Health Science and Nursing (approval number:27-08).

IV. Results

1. Characteristics Baseline

Among the 1,425 questionnaire sheets distributed to single elderly-person households, 826 were returned (response rate: 58.0%). Excluding 18 responses with unclear attributes and 51 containing inaccurate information regarding the living style despite the distribution based on the family structure, 757 (valid response rate: 91.6%) were analyzed.

In the breakdown according to the family composition, it was 450(valid response rate 89.1%), and the number of valid responses of non-single-person household elderly was 307(valid response rate 95.6%) in the number of valid responses of single-person household elderly. The mean age was 76.8 ± 6.8 years old as a whole as for the attribute, the single-person household elderly was 79.3 ± 5.7 years old, and non-single-person household elderly was 73.3 ± 6.6 years old. The difference of a significant age was admitted by the verification result of the difference of the mean age in each family composition and ($p < .001$) and "Single-person household elderly" were higher than "Non-single-person household elderly" in the significance the mean ages. Single-person household elderly's 109 men (24.2%) were high, and as for the sexuality, the woman was high and woman's ratio was high in the significance with 341 people (75.8%) ($p < .001$) (Table 1).

<Table 1> Characteristics Baseline

| Items | Contents | Almost | | Single-person | | Non-single-person | | p |
|--------------------------|----------------------|------------|--------|---------------|--------|-------------------|--------|-------|
| | | n | (%) | n | (%) | n | (%) | |
| Age | | 757 | | 450 | | 307 | | <.001 |
| | | 76.8±6.79 | | 79.3±5.7 | | 73.3±6.6 | | |
| Sex | Male | 263 | (34.7) | 109 | (24.2) | 154 | (50.2) | <.001 |
| | Female | 494 | (65.3) | 341 | (75.8) | 153 | (49.8) | |
| Long-term care insurance | No | 713 | | 418 | | 295 | | <.001 |
| | Yes | 598 | (83.9) | 323 | (77.3) | 275 | (93.2) | |
| nursing care level | Assisted service | 115 | (16.1) | 95 | (22.7) | 20 | (6.8) | .011 |
| | Primary nursing care | 90 | | 77 | | 13 | | |
| | | 72 (20.0) | | 65 (84.4) | | 7 (53.8) | | |
| | | 18 (80.0) | | 12 (15.6) | | 6 (46.2) | | |
| Marriage | Single | 671 | | 387 | | 284 | | <.001 |
| | Married | 67 | (10.0) | 66 | (17.1) | 1 | (0.4) | |
| | | 604 (90.0) | | 321 (82.9) | | 283 (99.6) | | |
| | | 661 | | 364 | | 297 | | |
| Children | No children | 96 | (14.5) | 78 | (21.4) | 18 | (6.1) | <.001 |
| | Had children | 565 | (85.5) | 286 | (78.6) | 279 | (93.9) | |

2. Relation to evaluation concerning vital function according to family composition

A high proportion of single elderly-person households responded <Unfavorable> to the questions: ‘the health condition’ and ‘fitness’ in the domain of physical functions ($p < .001$). The proportions of those who responded <Always/Sometimes> to ‘depression/pleasure’ in the domain of mental functions, and ‘forgetfulness’ in that of cognitive functions were high ($p < .01$). On the other hand, there were no significant differences between single elderly-person and other households in responses regarding ‘proactive problem management’ or ‘memory and calculation’. In the domain of lifestyles, the proportions of those who responded <Rarely/Never> to ‘determining meal times’ ($p < .001$) and <Unable> to ‘sleeping well’ ($p < .01$) were high. In the domain of social participation, the proportions of those who responded <Unable> to ‘providing cooperation in the event of a disaster’ and <Rarely/Never> to ‘being useful to others’ were high ($p < .001$), but there were no significant differences between single elderly-person and other households in responses regarding ‘the frequency of going out’. In the domain of home environments, the proportions of those who responded <Rarely/Never> to ‘providing consultation for other family members or friends’ ($p < .01$), <Unfavorable> to ‘relationships with other family members or relatives’ ($p < .001$), and <Rarely/Never> to ‘the presence of care-givers’ ($p < .001$) were high. In the domain of the social status, the proportions of those who responded <Unfavorable> to ‘the financial situation in comparison with others of the same age group’ ($p < .001$) and <Rarely/Never> to ‘being satisfied with your own academic background’ ($p < .01$) were high. Lastly, in the domain of IADL, the proportions of those who responded <Always/Sometimes> to ‘managing savings/deposits’ and ‘preparing meals by yourself’ were high ($p < .001$), while there were no significant differences between single elderly-person and other households in responses regarding ‘going out using public transport systems’ (Table 2).

<Table 2> Relation to evaluation concerning vital function according to family composition

| Items | Single-person | | Non-single-person | | p | |
|---|------------------|-----|-------------------|-----|--------|-------|
| | N | (%) | N | (%) | | |
| <Physical functions > | | | | | | |
| The health condition | Favorable | 303 | (68.2) | 253 | (82.7) | <.001 |
| | Unfavorable | 141 | (31.8) | 53 | (17.3) | |
| | | 445 | | 306 | | |
| Fitness | Favorable | 262 | (58.9) | 233 | (76.1) | <.001 |
| | Unfavorable | 183 | (41.1) | 73 | (23.9) | |
| | | 445 | | 305 | | |
| <Mental functions > | | | | | | |
| Depression/pleasure | Always/Sometimes | 197 | (44.3) | 101 | (33.1) | .001 |
| | Never | 248 | (55.7) | 204 | (66.9) | |
| | | 446 | | 148 | | |
| Proactive problem management | Able to do it | 352 | (78.9) | 244 | (79.5) | .464 |
| | Unable to do it | 94 | (21.7) | 63 | (20.5) | |
| | | 445 | | 305 | | |
| <Cognitive functions > | | | | | | |
| Memory and calculation | Favorable | 336 | (75.5) | 246 | (80.7) | .057 |
| | Unfavorable | 109 | (24.5) | 59 | (19.3) | |
| | | 447 | | | | |
| Forgetfulness | Always/Sometimes | 235 | (52.6) | 128 | (42.0) | .003 |
| | Never | 212 | (47.4) | 177 | (58.0) | |
| | | 443 | | 304 | | |
| <Lifestyles > | | | | | | |
| Determining meal times | Always/Sometimes | 390 | (88.0) | 291 | (95.7) | <.001 |
| | Rarely/Never | 53 | (12.0) | 13 | (4.3) | |
| | | 440 | | 302 | | |
| Sleeping well | Able | 315 | (71.6) | 245 | (81.1) | .002 |
| | Unable | 125 | (28.4) | 57 | (18.9) | |
| | | 440 | | 303 | | |
| <Social participation > | | | | | | |
| The frequency of going out | Always/Sometimes | 393 | (89.3) | 276 | (91.1) | .253 |
| | Never | 47 | (10.7) | 27 | (8.9) | |
| | | 438 | | 302 | | |
| Providing cooperation in the event of a disaster | Able | 306 | (69.9) | 262 | (86.8) | <.001 |
| | Unable | 132 | (30.1) | 40 | (13.2) | |
| | | 430 | | 302 | | |
| Being useful to others | Always/Sometimes | 259 | (60.2) | 255 | (84.4) | <.001 |
| | Rarely/Never | 171 | (39.8) | 47 | (15.6) | |
| | | 438 | | 295 | | |
| <Home environments > | | | | | | |
| Providing consultation for other family members or friends | Always/Sometimes | 305 | (69.6) | 235 | (79.7) | .002 |
| | Rarely/Never | 133 | (30.4) | 60 | (20.3) | |
| | | 428 | | 304 | | |
| Relationships with other family members or relatives | Favorable | 375 | (87.6) | 291 | (95.7) | <.001 |
| | Unfavorable | 53 | (12.4) | 13 | (4.3) | |
| | | 435 | | 300 | | |
| The presence of care-givers | Always/Sometimes | 251 | (57.7) | 279 | (93.0) | <.001 |
| | Rarely/Never | 184 | (42.3) | 21 | (7.0) | |
| | | 439 | | 302 | | |
| <Social status > | | | | | | |
| The financial situation in comparison with others of the same age group | Favorable | 272 | (62.0) | 240 | (79.5) | <.001 |
| | Unfavorable | 167 | (38.0) | 62 | (20.5) | |
| | | 428 | | 302 | | |
| Being satisfied with your own academic background | Always/Sometimes | 253 | (59.1) | 201 | (66.6) | .024 |
| | Rarely/Never | 175 | (40.9) | 101 | (33.4) | |
| | | 445 | | 306 | | |
| <IADL > | | | | | | |
| Going out using public transport systems | Always/Sometimes | 378 | (84.9) | 271 | (88.6) | .094 |
| | Rarely/Never | 67 | (15.1) | 35 | (11.4) | |
| | | 447 | | 305 | | |
| Managing savings/deposits | Always/Sometimes | 416 | (93.1) | 237 | (77.7) | <.001 |
| | Rarely/Never | 31 | (6.9) | 68 | (22.3) | |
| | | 450 | | 307 | | |
| Preparing meals by yourself | Always/Sometimes | 427 | (94.9) | 208 | (67.8) | <.001 |
| | Rarely/Never | 23 | (5.1) | 99 | (32.2) | |
| | | 447 | | 307 | | |

3. Association between the family structure and the 8 domains of strengths

On simple tabulation to examine the association of strengths, the most frequent strength of single elderly-person households was ‘paying attention to health in daily life’ (82.8%), followed by ‘actively speaking to others, such as greeting’ (81.7%) and ‘being able to access places independently’ (79.9%). In the case of other households, ‘being able to access places independently’ (80.5%) was the most frequent strength, followed by ‘communicating with friends/acquaintances/colleagues’ (79.5%) and ‘actively speaking to others’ (77.2%). On examining the association between the family structure and strengths, significant differences were observed between single elderly-person and other households in responses regarding ‘paying attention to health in daily life’ ($p < .01$) (Table 3).

<Table 3> Association between the family structure and the 8 domains of strength

| Strength | Single-person | | Non-single-person | | p |
|--|---------------|--------|-------------------|--------|------|
| | N | (%) | N | (%) | |
| Not depending on others | 337 | (76.1) | 213 | (70.5) | .091 |
| Paying attention to health in daily life | 367 | (82.8) | 230 | (76.2) | .025 |
| Being interested in society | 200 | (45.1) | 163 | (54.0) | .018 |
| Asking other people to do what the elderly cannot themselves | 216 | (48.8) | 134 | (44.4) | .239 |
| Being able to access places independently | 354 | (79.9) | 243 | (80.5) | .852 |
| Actively speaking to others, such as greeting | 362 | (81.7) | 233 | (77.2) | .127 |
| Being financially independent | 136 | (69.3) | 230 | (76.2) | .040 |
| Communicating with friends/acquaintances/colleagues | 327 | (73.8) | 240 | (79.5) | .076 |

4. Association between the family structure and the 8 domains of life-fulfillment

On simple tabulation to examine the association of life-fulfillment, the most frequent fulfilling activity for single elderly-person households was ‘watching television or videos’ (63.4%), followed by ‘conversations with friends’ (61.7%) and ‘hobbies and pastimes (without profits)’ (54.2%). ‘Watching television or videos’ (66.7%) was also the most frequent fulfilling activity for other households, but it was followed by ‘observing the growth of children and grandchildren’ (65.0%) and ‘communication with other family members’ (58.0%). In short, significant differences were observed between single elderly-person and other households in responses regarding ‘conversations with friends’ ($p < .001$) (Table 4).

<Table 4> Association between the family structure and the 8 domains of life-fulfillment

| Life-fulfillment | Single-person | | Non-single-person | | p |
|--|---------------|--------|-------------------|--------|-------|
| | N | (%) | N | (%) | |
| Jobs (profits) | 43 | (10.4) | 94 | (31.3) | <.001 |
| Hobbies and pastimes (without profits) | 225 | (54.2) | 157 | (52.3) | .618 |
| Communication with other family members | 62 | (14.9) | 174 | (58.0) | <.001 |
| Observing the growth of children and grandchildren | 149 | (35.9) | 195 | (65.0) | <.001 |
| Conversations with friends | 256 | (61.7) | 150 | (50.0) | .002 |
| Social activities | 61 | (14.7) | 71 | (23.7) | .002 |
| Religions | 27 | (6.5) | 11 | (3.7) | .095 |
| Watching television or videos | 263 | (63.4) | 200 | (66.7) | .363 |

V. Discussion

For the single-person household elderly who resided from the result of the attribute in the region, the mean age was 79.3 ± 5.7 years old, and the age was the old ages compared with non-single-person household elderly. Moreover, there were a lot of unmarried persons, and were a lot of one where the child did not exist. Nobody was able to rely on easy and near oneself it was guessed to the single-person household elderly who resided from these results in the region to live by my power though it was an old age.

In previous studies, 2 categories: <do not want to be cared for by others> and <do not want others to intervene>, were commonly extracted from elderly males living alone in urban and rural areas, reflecting their proactive attitude toward solitary life, and such a tendency toward autonomy was regarded as their strength (Kono, Tadaka, Okamoto, et al. 2009). In the present study involving elderly community residents living alone, although the proportion of those perceiving a decline in their physical functions and requiring assistance based on the Long-term Care Insurance System was high, the rate of independence in 2 IADL items ('managing savings/deposits' and 'preparing meals') was higher than other households. Based on this, the ability to continuously lead an independent life even in situations requiring assistance may be the solitary elderly's strength, contributing to their sense of self-worth. Furthermore, as some of the respondents also regarded 'paying attention to health in daily life' as their strength, they may have regarded health as indispensable for solitary life, reflecting their recognition of the self-responsibility for health as a basis for an independent life. Omori reported that 'the maintenance of pride' contributes to the health of the elderly living in rural areas or their ability to continuously lead a daily life (Omori, 2004), indicating the necessity of redefining them as more active and independent, rather than passive and fragile, individuals, and making environmental arrangements for them to play more important roles. In the present study, a high proportion of the respondents regarded 'paying attention to health in daily life' and 'actively speaking to others' as their strengths. Regarding life-fulfillment, the proportion of those who regarded 'conversations with friends' as a fulfilling activity was high. Considering that the majority of them were able to prepare meals by themselves as an IADL, as previously mentioned, the following paragraph discusses appropriate environmental arrangements for the solitary elderly, focusing on 'communication with others', 'health', and 'meals' as keywords.

First, to make the most of the solitary elderly's ability to actively communicate with others as their strength, various approaches, such as making environmental arrangements for them to participate in activities, are currently being provided in municipalities, with the aim of promoting the prevention of care dependency in the elderly, and realizing a society that allows social participation throughout life. The results of the present study confirmed the usefulness of making such arrangements to make the most of the solitary elderly's strength. However, at present, the dissemination

of such activities among community residents remains insufficient. Inviting elderly residents living alone to them is particularly difficult (Takeuchi, 2006a). Takeuchi noted that 'invitation', 'environmental arrangements', and 'activities' are important points (Takeuchi, 2006b). As a large number of the respondents regarded 'actively speaking to others' and 'being able to access places independently' as their strengths, and 'conversations with friends' as a fulfilling activity for them, it may be necessary to create environments and opportunities for the solitary elderly to enjoy daily conversations with neighbors, and make friends in locations that are familiar to them (such as supermarkets and clinics), rather than special settings.

As for the other strengths, 'health' and 'meals', it may be effective to create opportunities for communication with others through diet. Takemi noted a tendency of the solitary elderly, who frequently and actively communicate with others through diet, to develop healthy dietary patterns, resulting in a favorable health condition and productive life, emphasizing the necessity of focusing on the process of developing such dietary patterns and attitudes, rather than simply examining their consequences or the contents of meals (Takemi, Adachi, 1988). At this point, in order to make the most of the solitary elderly's strengths, it may be effective to provide them with opportunities to share their daily activities and knowledge, such as preparing healthy meals for others, in addition to making arrangements for them to gather and eat together.

As future perspectives, approaches for the reconstruction of social environments for the solitary elderly to play central roles may be needed in the domain of home environments, in which single elderly-person compared with other households showed significantly lower scores.

VI. Limitations and Avenues of Future Research

There is the limit of this research by the object person, and the deviation in the result is in the questionnaire survey the limit in one region because it doesn't obtain the answer of the weaker elderly because it targeted the one that it is possible to answer voluntarily and is a possibility of causing it. Moreover, because the distribution method was different in the single elderly -person households and non- single elderly -person households, the bias to the result is incontrovertible though there was no difference in the recovery factor. Being clarify about a concrete strategy that makes the best use of the strengths so that the person who cannot answer the enlargement and the questionnaire survey in the object region may also target, and the single elderly -person households may continue the self-supporting life in the future is necessary. Moreover, two scales of that were used this time strengths and life-fulfillment, to generalize because it is not one that is fully discussed about the reliability and validity there is a limit. The future, and sufficient consideration in these measures, it is a challenge to a measure obtained by consensus.

VII. Conclusion

The following facts were clarified as a result of this survey.

In the study involving elderly community residents living alone, although the proportion of those perceiving a decline in their physical functions and requiring assistance based on the Long-term Care Insurance System was high, the rate of independence in 2 IADL items was higher than other households. Moreover, in the present study, a high proportion of the respondents regarded 'paying attention to health in daily life' and 'actively speaking to others' as their strengths. The necessity of redefining them as more active and independent, rather than passive and fragile, individuals, and making environmental arrangements for them to play more important roles.

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CONTENTS

ORIGINAL ARTICLES

-
- Factors Related to Japanese Nurses' Tolerance Toward Indonesian Nurse Trainees.....Sae TANAKA, et al. 1
-
- Seeking Asylum: The Benefits for Clients, Family Members and Care-givers of Using Music in Hospice Care
.....Nigel A. MARSHALL, et al. 18
-
- Partnership Working in the Long-term Care System for Older People:
Cross-national Learning from England, the Netherlands and Taiwan.....Henglien Lisa CHEN 31
-
- Online Portal 'Social Service Market':
An Activation Strategy for the Social Service Market of Korea.....Taekyun YOO, et al. 57
-
- A Study on the Family Service Provision System in Korea.....Eunjeong KIM, et al. 70
-
- Actual Situation of the Strengths of Elderly Community Residents Living Alone.....Yoshiko KUROKAWA, et al. 86
-

REVIEW ARTICLES

-
- Effects of Cardiac Rehabilitation on Executive Function in Sedentary Older Adults:
A Systematic Review.....Minji KIM, et al. 98
-
- Effects of Cardiac Rehabilitation on Health-related Quality of Life in Patients with Cardiovascular Disease:
A Systematic Review.....Chaeyoon CHO, et al. 111
-

SHORT PAPER

-
- The Verification of Reliability and Validity of the SNEAT Based on the Data from Kagoshima Prefecture:
A Study on the Standardization of the SNEAT.....Changwan HAN, et al. 124
-