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Original Paper

Present situation in nursing homes and health service facilities in the Kinki area

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Abstract

A survey of the care-giving facilities for the elderly was conducted after the implementation of the Long-term Care Insurance System began in April 2000. Care items which have to be improved included the staff's daily contact with residents, help during meals and with excretion care, the contents of care extended to residents with dementia and the attitude of respecting the wishes of residents and their families. No essential difference in the care activity was found between the Nursing Home and the Health Service Facilities for the Elderly.

Key words : care-giving facility, elderly people, quality of care, residents' right

Introduction

The increase in the aged population in Japan leads to a sharp increase in those requiring care, for example, the bedridden or the aged dementia, resulting in difficulty in caring for the aged in the family. Therefore, the Long-term Care Insurance System was introduced in April 2000, as a new institution for supporting the aged who require care. This Long-term Care Insurance System should be an excellent system in terms of free selection of service by the resident and the application of services.

Together with a Non Profit Organization (NPO), the Grading Organization of Welfare Service for the Aged (GOWA), we conducted a questionnaire survey on the services of the two types of facilities for the aged people after the Long-term Care Insurance System was introduced. This article reports the analysis of the results of this survey and the present condition of the care for the aged in Japan.

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Research Objects and Method

The research was conducted at ① 378 Nursing Homes (NH) in the Osaka, Kyoto and Kobe area and ② 230 Health Service Facilities for The Elderly (FE) in the same area. The items of the questionnaire were as indicated in Table 1–10 and in the "Results," : the information and analysis of the various contents of services were requested, for example, the standard of services in each facility, the degree of the resident's satisfaction, the degree of freedom, the attitude of coping with the complaints of residents and the guaranteed resident's rights. We analyzed the responses to our questionnaires that were returned from the facilities above mentioned from October 2000 to January 2001.

Results

The number of facilities that replied to our questionnaire before January, 2001 were 86 NHs and 62 FEs, the response ratio being 24.6% (Table 1). The results are expressed as the percentage of valid answers. The questionnaire consisted of 57 items among which those concerning the care of the aged people were 15.

Table 1 Number of NHs and FEs which replied the questionnaire and the number of residents in each facility

	NH	FE	Total
Number of replied facilities	86	62	148
Mean number of residents	74.2 (28–180)	83.4 (30–144)	78.1 (28–180)

NH : Nursing Homes FE : Health Service Facilities for The Elderly

1. The number of residents and their situations

The mean numbers of residents in the facilities who answered our questionnaire were 74.2 (min. 28, max. 180) in Nursing Home (NH), and 83.4 (min. 30, max. 144) in Health service Facilities for the Elderly (FE)(Table 1). The situation of residents' activities is shown in Table 2. There seems no essential difference in the activity of residents between the two kinds of facilities.

The mean numbers of the people on the waiting list for entry into the facilities were 94.6 (min. 20, max. 268) in NH and 11.1 (min. 0, max. 71) in FE.

2. The number of staff and services given

The mean number of nursing staff engaged in the care of the aged is summarized in Table 3. No significant difference was in the number of staff per resident between the two facilities.

Many facilities offered living-out care, 85.3%, and 68.2% of facilities visiting care. Ninety-seven percent of the FEs offered living-out rehabilitation. Service supporting home care was offered by 92.9% of the NHs and 62.9% of the FEs.

Management of the residents' finances was offered by 94.0% of the NHs and 26.2% of the FEs.

The mean number of private rooms was 13.8 in the NH and 7.8 in the FE. NH established after 1985 had more private rooms. There was no extra charge for a private room in the NH, but there was in the FEs. The mean charge was 3,382.7 yen (min. 1,000 yen, max. 10,000 yen) /month for a room and the mean charge of the room for two persons was 1,510.1 yen (min. 500 yen, max. 3,000 yen) /month. Half of the NHs and 69.4% of the FEs answered that they took the residents' wishes into consideration as to the choice of the room.

Areas for receiving visitors was available in 18.6% of the NHs and 25.8% of the FEs. The visiting areas were private rooms (83.3%), lobbies (83.3%), dining rooms (71.4%) and visiting rooms (45.7%).

3. Daily life

The facilities that permitted residents to dress casually were 89.4% of the NH and 85.5% of the FE. The manner of contact, namely the timing of conversations between the staff and the residents is shown in Table 4. Although there seems to have no difference between the two kinds of facilities, overall, staff members seem to have been too busy with their care activities to make conversations with the residents.

Facilities that did their best to meet the resident's requests to go out alone depending upon purpose and time came to 69.4% of the NHs and 62.5% of the FEs. The facilities where the staff willingly accompanied the residents when they went out were 27.1% of the NHs and 19.6% of the FEs. The facilities where the

Table 2 Activities of residents in NHs and FEs

Activities	NH	FE	Total
Mean No. of residents walking themselves	24.6	34.2	28.6
Mean No. of residents needing a wheelchair	18.4	22.6	20.1
Mean No. of residents needing a wheelchair with help	29.9	22.1	26.7
Mean No. of residents needing help due to dementia	53.4	51.0	52.1

Table 3 Relation between staff and residents

Staff–residents	NH	FE	Total
Number of staff/100 residents	35.1	40.8	37.5
Number of care assistant staff	3.4	3.2	3.3
Number of night care manager	3.8	4.2	3.9
Number of residents/staff	2.4 (1.6–3.5)	2.2 (1.5–2.8)	2.3 (1.5–3.5)
Number of residents/night staff	21.3 (12.3–27.0)	20.5 (33–48)	20.9 (3.3–48)

Table 4 Conversations between staff and residents

Number (%) of facilities

Conversation	NH	FE	Total
During activities	21 (24.7)	19 (31.1)	40 (27.4)
Have while offering	58 (68.2)	39 (63.9)	97 (66.4)
No, too busy	6 (7.1)	3 (4.9)	9 (6.2)

Table 5 Meal service

Meals	NH	FE	Total
Free choice	79.7%	44.1	64.5
Serving rice every morning	49.4	60.3	53.9
Alcoholic beverages	42.7	5.2	27.1

(plural answer)

Table 6 Considerations during the care for excretion

Number (%) of facilities

Consideration	NH	FE	Total
Privacy	86 (100)	59 (95.2)	145 (98.0)
No conversation during excretion	68 (79.1)	30 (48.4)	98 (66.2)
Care given by the same sex	28 (32.6)	26 (41.9)	54 (36.5)
Care given individually	42 (48.8)	28 (45.2)	70 (47.3)

residents could not go out freely as a general rule were 3.5% of the NHs and 17.9% of the FEs.

Features of the meal service at the facilities are shown in Table 5. More NHs allowed residents choose their favorite meals, compared with the FEs where, on the other hand, the residents could have rice every morning if they wished. NHs permitted the residents to drink freely, whereas only few FEs did it.

The facilities where residents could take a bath twice a week were 86.4%, and those where they could take a bath more than three times a week were only 13.7%. The facilities where the residents could take bath even in the daytime, when not scheduled, were 45.9%.

Diaper exchange in the daytime was as follows: five times (37.1%), four times (25.9%), six times (19.6%), more than seven times (11.9%), three times (5.6%). On the frequency of diaper change at night, the facilities that answered three times were 41.3%, twice (34.3%) and once (11.2%). Some of the facilities, 2.8%, replied more than five times.

With respect to special considerations for residents during excretion, the situation is summarized in Table 6. In general, better consideration was given to the residents in NHs than FEs, but there were few facilities where staff of the same sex as the resident did the work.

4. Care for residents with dementia

Facilities accepting persons with dementia regardless of the degree were 46.5% of NHs and 27.9% of FEs. However, many facilities refused due to violence, roaming about and fooling about. Care offered by the facilities were music therapy (52.7%), gardening therapy (35.6%), pet therapy (13.0%), reminiscence therapy (10.3%) and drama-play therapy (2.1%). Residents were treated in different ways depending on facilities, as shown in Table 7. In a majority of the facilities the residents were physically bound for various reasons with ropes, Y-belt or binding wear.

Table 7 Degree of physical freedom

Number (%) of facilities

Use of physical restraint	NH	FE	Total
Never	15 (17.4)	15 (24.2)	30 (20.3)
Depending on residents' situation	57 (66.3)	40 (64.5)	97 (65.5)
Do inevitably	14 (16.3)	7 (11.3)	21 (14.2)

5. Rehabilitation and other care

Facilities that strove to talk with residents' families reached 71.0% and those that gave the residents guidance and practice for leaving the facility by considering living at home were 11.9% of NHs and 86.9% of FEs. The facilities that performed terminal-care were 54.1% of NHs and 21.0% of FEs.

6. Association with community and family

Many facilities accepted volunteers, and the average number of volunteers per month was 45.7. The facilities that accepted more than 30 volunteers a month were 44.8%, and 94.5% of the facilities had someone among volunteers handling their activities.

The volunteers participated in "a variety of events" (88.5%), "hobby club" (67.6%), "conversations" (63.5%), "folding the laundry" (25.7%) and "exchanging sheets" (25.7%).

The number of dwellers in the neighborhood visiting the facilities more than twice a year and participating in the events is shown in Table 8. Also shown is also shown the number of the facilities that published newsletters; half of did this more than four times a year.

7. Responding to residents' opinions

A numbers of facilities had ways to respond to residents' opinions or requests, as shown in Tables 9 and 10. They seemed to try to cope with a variety of requests by the residents and their families by setting up organization. There seemed to be no essential difference between the two types of the facilities, except for some items such as having outside committees (Table 10).

Discussion

The present survey has shown that care activity in general in the two types of the facilities was essentially the same. Also both were trying to do their best to offer suitable care to the residents in terms of "quality of care," "pleasure of living," "regard for the right to live normally," as shown in Tables 1–10.

One difference between NHs and FEs which was not too conspicuous was the consideration during the care for excretion (Table 6). The rate of "no conversation during excretion" was higher in NHs than in FEs and that of "giving care only for one" was also higher in NHs than in FEs. Another conspicuous difference between the two kinds of facilities was found in the publication of newsletters with the member of FEs being half of that of the NHs (Table 8). Also, NHs more actively held meetings with residents and their families (Table 9), as compared with FEs which

Table 8 Relationship with neighbours

Condition	NH	FE	Total
Neighbours visiting more than twice a year	84.7%	75.4	80.8
Publishing newsletters	80.2	41.2	69.5

(plural answer)

Table 9 Acepting complaints from residents

Number (%) of facilities

Condition	NH	FE	Total
Opinion box	61 (70.9)	48 (77.4)	109 (73.6)
Holding meeting with residents	29 (33.7)	9 (14.5)	38 (25.7)
Holding meeting with family	31 (36.0)	13 (21.0)	44 (29.7)
Listening to family union	17 (19.8)	12 (19.4)	29 (19.6)

Table 10 Response to the residents

Number (%) of facilities

Response	NH	FE	Total
Having person in charge of complaints	85 (98.9)	57 (91.9)	142 (95.9)
Having outside committee	32 (37.2)	3 (4.8)	35 (23.6)
Giving telephone No. of committee	20 (55.6)	2 (28.6)	22 (51.2)
Respecting explicit right of residents	19 (22.1)	9 (14.5)	28 (18.9)
Having consulting organization	39 (45.3)	17 (27.0)	56 (37.8)

were less active in having outside committees to cope with requests from the residents (Table 10).

As the number of elderly people increases recently, the efforts paid by the facilities should highly be appreciated, although improvements are expected in the future. There seem to be active discussions on care given by the facilities not only in Japan but also in Europe and USA (Angelelli et al., 2000; Travis et al., 2002). In Sweden, the balance of long-term care has been reported to shift recently, indicating that they are facing a crisis on the legitimacy of public elderly care (Sundstrom et al., 2002).

Analysis of the results of a questionnaire survey has revealed some of the actual conditions of facilities for the aged. The Long-Term Care Insurrance System care aims at providing service for the aged allowing freedom to choose among facilities. However, limited information would not allow appropriate choice. This is the actual situation at present. Therefore, information about care service should be given and fairly evaluated by third-party organizations.

In the present survey, only 148 facilities replied to our questionnaire and it was difficult to completely describe for reasons of privacy. Therefore, the results of our survey might not completely reflect the actual situation of facilities for the aged. Further are needed.

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