
● SUMMARY

**SURVEY OF HEALTH SERVICE
AND ROLE OF NURSING PERSONNEL
OF NURSING HOME FOR THE DISABLED ELDERLY**

Japanese Nursing Association
Survey & Research Section
Development & Promotion
Department

OUTLINE OF SURVEY

All the nursing homes for the disabled elderly established before April 1984 (1509 homes) were surveyed. Questionnaires were sent to the managing directors of the homes, and the nursing personnel in charge of nursing service were asked to complete the questionnaires as of January 1990. Valid replies were 881 (58.4%).

FINDINGS OF SURVEY

1. Characteristics of Inmates

37.4% of the inmates of the nursing homes responded were in confused states of mind at different degrees. Those with paralysis of the limbs were 27.5%, dysphagia 7.7%, and balloon catheter 1.8%. The ratio varied greatly among institutions, however. It should be noted that in the past five years the average age has increased more than one year in 75% of the homes, and that those with severe physical and mental disabilities also increased in more than 80% of the homes.

2. Medical Service System

89% of the nursing homes surveyed were not staffed with full-time physicians. On an average part-time physicians (medical doctors) visited homes once or twice a month. The frequency of physicians' visits varied greatly according to institutions ranging from once a month to once a day.

74% of the homes replied that physicians were available for emergency calls for 24 hours, and the rest of the homes indicated physicians were not always available during night hours.

Regular visits by psychiatrists were arranged by only 41% of the homes, in spite of there being explicit needs for psychiatric care of inmates with senile states or other mental health problems at all the nursing homes.

Visits by Physicians other than medical doctors and psychiatrists were arranged by a small number of nursing homes. Patients were referred to other medical institutions to receive treatments, but difficulties were experienced in arranging patients to visit ENT or eye doctors.

3. Staffing of Nursing Personnel

65% of the homes were staffed with nursing personnel in accordance with the standards set by the Ministry of Health and Welfare. 30% of the homes were overstaffed and 5% were understaffed.

Average number of inmates per one nursing personnel was 24.6, but the ratio varied greatly according to institutions.

Most of the nursing homes provided programmes for elderly people in the community. Only 7% of the homes had full-time staff for community service programme.

4. Relationship with Physicians

The range of medical treatments given by nursing personnel varied greatly according to institutions and depending upon individual nursing personnel. When minor changes were observed in patients' conditions and physician's visits were not possible, nursing personnel gave treatments in 47% of the homes according to orders given by doctors through telephone communication, and in 42% of the homes they gave treatments according to the prescription protocol and reported to physicians after the fact.

In case of sudden changes in patients' conditions, 30% of the homes requested physician's immediate visit and instructions. 45% of the homes replied that they gave treatments according to orders given by doctors through telephone communication, and 18% according to the prescription protocol. The different practices in handling such situation may be due to the difference of capabilities of nursing personnel.

Decision on the necessity of receiving medical treatments at other institutions was the responsibility of nursing personnel at 30% of the homes, and that of physicians at the rest of the nursing homes.

5. Relationship with Home Health Worker

Nursing personnel need cooperation of home health workers in order to help inmates to maintain their health in good condition. In most of the homes nursing personnel obtained information concerning daily health condition of inmates from home health workers, and provided them with guidance and consultation concerning health care of inmates.

Nursing personnel and home health workers held conferences on care of inmates in 91% of the nursing homes, at the frequency less than twice a month in 70% of the homes. Nursing personnel in cooperation with home health workers were able to deal with some difficult situations through exchange of information and knowledge at meetings held regularly. Coordination with home health workers facilitated by such meetings was considered a key to maintain good health condition of inmates.

6. Night Duty by Nursing Personnel

Nursing personnel were assigned on night shift regularly in 5% of the homes, and only when deemed necessary in additional 11% of the homes. If limited to the nursing homes staffed with more than 7 nursing personnel, 66% of these homes had nursing personnel regularly on night shift.

Where there were no nursing personnel working on night shift, home health workers were given instructions for handling emergency cases. The most usual instructions given to them were either to contact nursing personnel who was on call and to follow her instructions, or to give treatments as prescribed beforehand.

Nursing personnel of the nursing homes were not paid for their on-call duty. Whether they were on duty/call or not, they were always concerned about inmates of the home. They felt they were not duly rewarded for their visible and invisible devotion to the care of the elderlies.

7. Care of Elderly with Handicaps and Illnesses

63% of the homes replied that their ability to care for the elderlies with mental and physical illnesses and handicaps improved much during the last five years. 60% of the homes were positive about caring for the elderlies who needed medical treatments even if improvement of condition could not be expected. The remaining 40% of the homes suggested those patients should be given medical treatments in hospitals.

The homes were positive about the admission of the elderlies with: balloon catheter 88% (of the homes), injection regularly 72%, stoma 67%, tube feeding 57%. Patients who needed skilled nursing care such as suction during night were less acceptable; patients on continuous oxygen treatment accepted by 21% of the homes, and those with tracheal cannula by 14% of the homes.

90% of the homes were prepared to admit the elderlies with mental disorders such as abnormal behaviour, illusion and delusion. Less acceptable were loitering elderlies (60%), suicide wishers (22%) and violence users (30%).

8. Status of Nursing Personnel

In 31% of the nursing homes, all the nursing personnel worked as staff on the same level, and in 24% of the homes one of the nursing personnel was supervising the work but without being given any formal responsible position.

In 64% of the homes, nursing personnel reported directly to the managing director of the home, and in the rest of the homes they were in positions to report to directors of non-nursing departments.

Prevailing lack of recognition of the authority and responsibility of nursing in these nursing homes for the disabled elderlies is obviously detrimental to the effective and full utilization of nursing personnel. Nursing personnel are discouraged and they tend to become physician-dependent. They are not eager to perform their professional responsibility to improve and

maintain health of inmates of the homes and to work cooperatively with home health workers.

9. Characteristics of Nursing Personnel

The ratio of registered nurse vs. assistant nurse in all the homes surveyed was 36:64. The ratio of homes staffed with registered nurses and assistant nurses vs. homes staffed with assistant nurses only was 66:34.

Nursing personnel in charge of nursing service were registered nurses in 49% of the homes, and assistant nurses in 51% of the homes. Nursing leadership was exercised effectively when the person in charge of nursing service was a registered nurse in terms of coordination and cooperation with physicians and with home health workers.

An average age of nursing personnel was 46. Age range was from 23 to 71 years old, 38% of them being in their forties. Senior nursing personnel were found to maintain closer contact with home health workers, and to be positive about health education and pre-admission interviews.

Average length of continued service with the current institution was 8.5 years. Interesting tendency was observed with nursing personnel in relation to the length of continued service. Their positive attitudes toward nursing care of the elderlies were observed on upward tendency up to 15 years of service, but on downward tendency thereafter. Although experience and seniority are beneficial factors in providing care for the elderlies, it seems difficult for nursing personnel to maintain their enthusiasm and motivation at high level under the current environments.

The result of the survey on the role of nursing personnel suggested that the quality of health management of the elderlies at these homes depended much upon the capability of individual nursing personnel. Those who are able to perform their nursing role without depending upon physicians and with cooperation with home health workers can contribute to the health and welfare of the elderlies of the nursing homes.

SUMMING UP

There are great differences among the nursing homes for the disabled elderlies as to the degree of handicaps and illnesses of the elderlies that can be admitted to these homes. The extent of health and medical services that can be provided in the nursing homes are varied and undefined, and so is the role expectation for nursing personnel working in these homes. There should be some common recognition concerning the health and medical services provided and the role of nursing personnel at the nursing homes for the disabled elderlies.

As the ages of inmates of nursing homes increase, those with severe disabilities and illnesses also increase. In addition to the increasing demand for care for those inmates, the nursing homes are required to expand their services for the elderly people living in the community. The scope and amount of work by nursing personnel are expanding. The government should review and update the current standard of staffing level for the nursing homes.

Nursing personnel of the nursing homes for the disabled elderly should be given the status with authority and responsibility which they deserve in view of the important function they perform. Nursing homes should be made attractive place of employment for those nursing personnel who are well motivated to the care of the elderly. This is considered essential for improvement of quality of care provided in nursing homes.