

## 1995 Survey of Nursing at Geriatric Health Services Facilities

Japanese Nursing Association  
Survey & Research Section

### Outline of the survey

#### 1. Purpose

There were 1,161 geriatric health services facilities in Japan as of the end of July 1995. It had taken only seven years and four months for inpatient capacity to reach 100,000 beds since 1988, when the development of such facilities began. Expectations of geriatric health services facilities will increase among people who want to spend their last days comfortably. On the other hand, from the perspective of nursing staff, these facilities will provide a new area in which they can assume substantial roles in management and operation. Although the Ministry of Health and Welfare conducts an annual survey of the conditions of geriatric health services facilities, no survey has focused on nursing with regard to these facilities.

We intend to collect information on the condition of new and discharged patients, coordination with home care, and the position of the nursing staff at the facilities and the roles they play, in order to provide basic data for discussing issues related to nursing staff at geriatric health services facilities.

## **2. Personnel surveyed**

Questionnaires were sent to senior nurses holding the highest status at geriatric health services facilities throughout Japan.

## **3. Survey method**

Questionnaires were sent to 868 geriatric health services facilities that opened before the end of May 1994. Four hundred and three completed replies were returned, making the rate of replies 47.0%.

## **4. Survey period**

The survey was conducted in November, 1995.

## **Survey results**

### **1. Inpatients**

#### **1) Age of inpatients**

The average age of inpatients was 82.0, with the youngest being 71 and the oldest 88 (N = 397).

#### **2) Inpatient capacity**

The average inpatient capacity was 85.9, the smallest being 20 and the largest 200 (N = 403).

The average number of inpatients was 79.8, the smallest being 2 and the largest 191 (N = 403).

#### **3) Length of inpatient stay**

The average length of inpatient stay was 244.0 days, the shortest being 23 and the longest 913 (N = 304).

#### **4) Residence of patients**

Patients who arrived from home accounted for 70.3%. Patients who arrived from medical

facilities accounted for 26.4%. Patients who went home after discharge accounted for 67.0%. Patients who went to medical facilities accounted for 23.4%. The number of patients who went to social welfare institutions after being discharged was relatively small, but amounted to three times as many as the number of patients who arrived from such institutions. (See Table 1.)

Table 1. Residence of patients

(All figures are averages.)

Number of arrivals	217.3 (N = 386)	Number of discharges	207.9 (N = 389)
Previous residence		Residence after discharge	
Home	152.7	Home	139.1
Medical facility	57.3	Medical facility	48.7
Social welfare institution	4.9	Social welfare institution	15.0
Other	2.4	Other	3.0
		Deceased	2.1

(Total for period from April 1, 1994 to March 31, 1995)

## 2. Care at the facilities

### 1) Working system

Over 80% of both nursing staff and caring staffs worked on a two-shift basis.

### 2) Staff allocation system

Facilities that had no system of allotting the same staff to a patient throughout his or her stay in the facility amounted to 61.3%, many more than those that had such a system (36.2%).

### 3) Conferences on the health of inpatients

Approximately 90% of respondents held conferences on the health of inpatients (89.8%). The conferences had the participation of 99.4% of the nursing staff, 95.9% of the caring staff, 78.7% of consultants and 62.2% of doctors. Conferences on the health of inpatients were attended mainly by the nursing staff and the caring staff.

### 4) Caring plans

64.0% of respondents had caring plans, which were based on relevant assessments.

### **5) Nursing staff assistance for families of inpatients**

As nursing staff assistance for families of inpatients, 79.9% of respondents gave instructions on how to care for patients and 66.3% consulted with families of inpatients on their troubles.

### **6) Participation of nursing staff in making decisions on accepting and discharging inpatients**

90.3% of respondents said that the nursing staff took part in making decisions on accepting inpatients, as members of inpatient acceptance committees. Only 3.5% of respondents replied that their nursing staff did not take part in the decision-making process.

86.8% of respondents said their nursing staff take part in making decisions on discharging inpatients, as members of inpatient discharge committees. 5.7% of respondents indicated that their nursing staff do not take part in the decision-making process.

### **7) Responsibilities of the nursing staff and the caring staff**

The nursing staff played a major part with respect to medical duties. With respect to duties such as assistance in every day life and rehabilitation, there was no clear separation of responsibilities between nursing and caring staff. Contact and coordination with outside facilities was handled by personnel other than the nursing and caring staff.

## **3. Coordination with home care**

### **1) Day care and night care**

Day care was provided 5.4 days a week on average, with the fewest being one day and the most frequent seven days (N = 382).

The total number of day care participants in September 1995 averaged 264.7, with the fewest being one and the most 964 (N = 337).

Night care was provided 5.8 days a week on the average, with the fewest being two days and the most frequent seven days (N = 47).

The total number of night care participants in September 1995 averaged 76.0, with the fewest being one and the most 406 (N = 38).

### **2) Dedicated nursing staff for day care and night care**

About half of respondents (46.9%) had dedicated nursing staff for day and night care.

### **3) Community events**

70.7% of respondents replied that their facilities held community events. Most events were festivals such as summer festivals, according to responses entered in a free response section of the questionnaire.

### **4) Publicity activity**

55.5% of respondents said there was activity such facility tours, newsletter productions and care lessons.

## **4. Administration and training**

### **1) Training in nursing and caring**

55.9% of respondents conducted regular training in nursing and care in which all staff participated, while 42.4% of respondents conducted irregular training or trained fewer participants. As these two categories total 98.3%, most facilities were conducting some form of training for their nursing and caring staff.

### **2) Content of training**

83.6% of respondents had training in assistance in daily life and 77.4% had training in developing care plans, both of which are for everyday care.

### **3) Division of tasks between nursing and caring staff**

87.1% of respondents indicated that there was a division of tasks between nursing and caring staff. Of these, 9.7% had a clear division of tasks and 77.4% had task division to some extent. When allotting tasks, 67.0% of respondents considered the content of the task and 6.0% the conditions of the inpatients.

### **4) Did nursing staff participate in overall administration?**

56.3% of respondents indicated that their nursing staff took part in overall administration.

### **5) Did nursing staff occupy positions which made them responsible for overall care in the facility?**

Over 80% of respondents assigned nursing staff to positions which made them responsible for overall care in the facility.

**6) Who was in charge of floors?**

56.6% of respondents appointed a member of the nursing staff to be in charge of all floors, 9.4% appointed a member of the caring staff, and 9.4% whoever was suitable for the position.

**7) National standard for ratio of caring staff to nursing staff**

With regard to the national standard that calls for at least two-sevenths of the total staff to be nursing staff, 58.1% of respondents felt there was a shortage of nursing staff.

**8) Which kind of nursing staff should be increased, nurses or enrolled nurses?**

58.3% of respondents hoped to increase the proportion of nurses and 34.7% would welcome either type of personnel.

**9) Availability of work force by qualification**

With regard to availability, care assistants were the easiest to find; next, care workers; third, enrolled nurses; and fourth, nurses. There was a gap between types of personnel required and their availability.

**10) Are your nursing and caring staffs satisfied with their work?**

Most nursing staff seem to have been satisfied with their work, except their salaries. Above all, 72.5% of respondents considered their nursing staff to be satisfied with the work system.

Most caring staff also seem to have been satisfied with their work, except their salaries. In particular, most respondents considered their caring staff to be satisfied with the work system and the contents of the work.