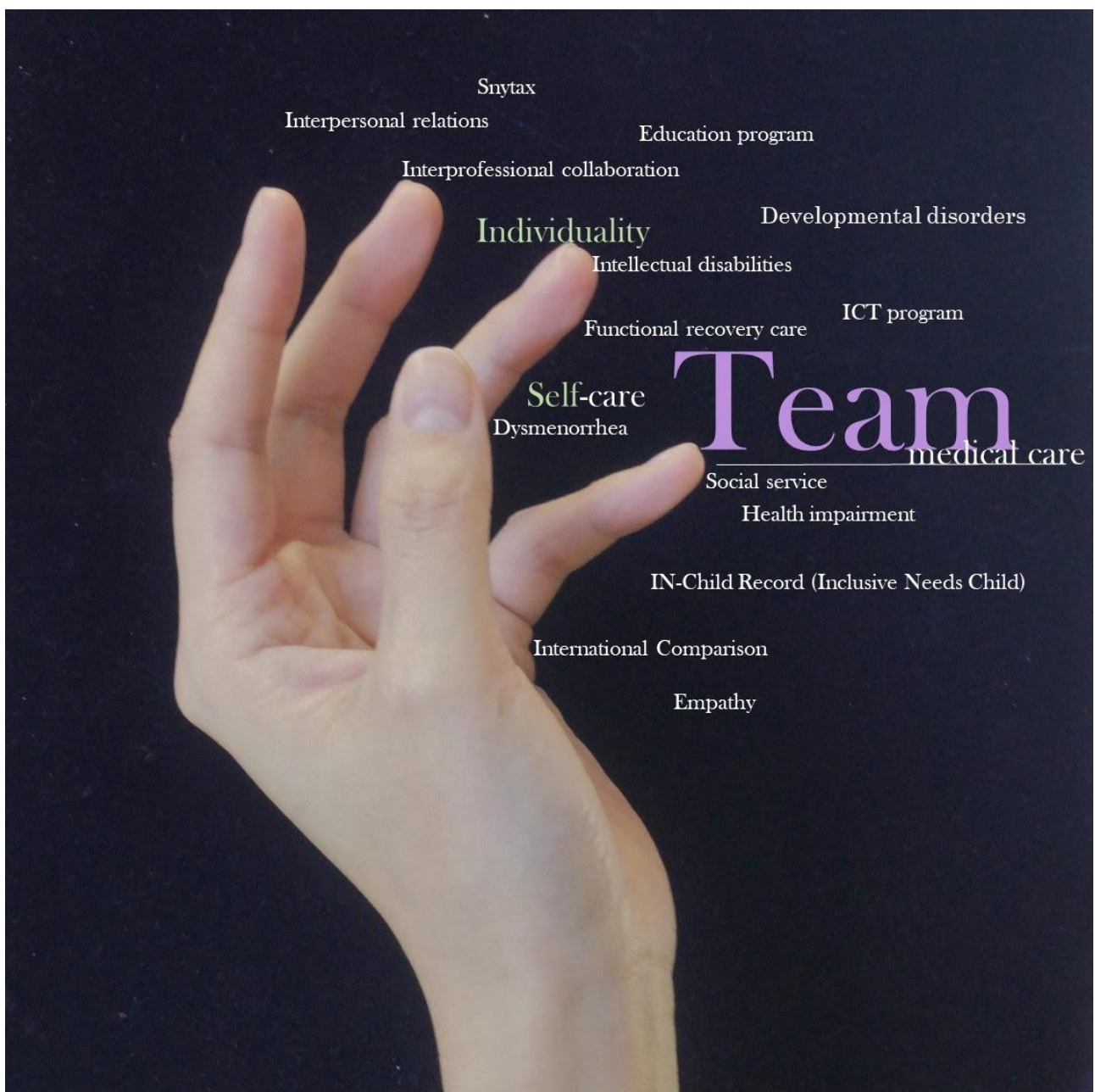


Asian Journal of  
**HUMAN  
SERVICES**

Printed 2019.0430 ISSN2188-059X  
Published by Asian Society of Human Services

*April 2019*  
**VOL. 16**



ORIGINAL ARTICLE

# An Awareness Survey Involving Employees of Welfare Facilities for Older Persons to Develop an Education Program for Functional Recovery Care: Comparing Japan and South Korea

Kazutoshi FURUKAWA <sup>1)</sup> Jong Uk BACK <sup>2)</sup> Do Hwa BYEON <sup>3)</sup>  
Hwa Yeong CHOI <sup>3)</sup> Yuko FUJIO <sup>4)</sup>

- 1) Faculty of Human Life Design, Toyo University, Japan
- 2) Department of Social Welfare, Catholic Sangji College, Korea
- 3) Department of Nursing, Catholic Sangji College, Korea
- 4) Faculty of Health Science and Nursing, Juntendo University, Japan

## ABSTRACT

We compared awareness of functional recovery care among employees of welfare facilities for older persons in Japan and South Korea, with the aim of obtaining basic materials to develop an education program for functional recovery care, which is also useful for other countries. We conducted a questionnaire survey in both countries, sending 2,000 and 254 copies of a questionnaire to 200 Japanese and 5 Korean facilities, respectively, and obtaining 540 (valid response rate: 27.0%) and 220 (86.6%) valid responses from them, respectively.

An older age, higher proportion of non-regular employees, and similar or higher level of awareness of the necessity of expertise and support were characteristic of Korean compared with Japanese care workers. The results support the feasibility of providing education for functional recovery care based on basic medicine in South Korea. It may be necessary to develop a practical education program for the dissemination of functional recovery care through active collaboration with Korean researchers.

### < Key-words >

functional recovery care (FRC), Japan, South Korea, employees of welfare facilities for older persons, education program

[furukawa@toyo.jp](mailto:furukawa@toyo.jp) (Kazutoshi FURUKAWA; Japan)

Asian J Human Services, 2019, 16:1-13. © 2019 Asian Society of Human Services

Received  
November 11, 2018

Revised  
January 14, 2019

Accepted  
February 4, 2019

Published  
April 30, 2019

## I. Introduction

In eastern Asian countries, it is expected that aging will unprecedentedly rapidly progress in the future. Among these countries, Japan and South Korea are ahead of others in public care services. Japan launched a long-term care insurance system in 2000, and South Korea started long-term geriatric health insurance in 2008 to ensure equal access to care services as a human right (Masuda, 2014; Takegawa & Lee, 2006). They have also established systems to nationally certify professionals who provide care services: certified care workers in Japan and certified long-term care workers in South Korea. Comparisons of the 2 countries with legally established long-term care systems may be of much significance in examining effective anti-aging measures for eastern Asian countries in such a situation.

In Japan, approaches to functional recovery support were accelerated in 2016, when such support was defined as the focus of future care at a meeting of the Growth Strategy Council with the Prime Minister as the chairman, and the objectives of such care were also clarified at an event of the Asia Health and Human Well-being Initiative (Office of Healthcare Policy, Cabinet Secretariat, 2016). Subsequently, in 2017, when the Long-Term Care Insurance Act was revised, functional recovery support and the prevention of severe dysfunction were clearly defined as Japan's basic policies. At this point, the importance of functional recovery care as a principle of care insurances was further emphasized. Additionally, when medical fees were reviewed in 2018, outcome evaluation was incorporated into outpatient care for the first time in care services, following outpatient rehabilitation services, and the allocation of monetary incentives for the improvement of users' activities of daily living (ADL) and prevention of severe dysfunction was determined.

As aging is likely to progress even more rapidly in South Korea compared with Japan, ADL improvement and the prevention of severe dysfunction may similarly become national challenges.

Although practical approaches and research activities to improve care-dependent older persons' ADL and prevent severe dysfunction among them have been systematically developed under the leadership of the Japan Society of Functional Recovery Care and Power Rehabilitation, education for functional recovery care has remained insufficient. The current care worker training curriculum refers to the term "functional recovery support", but it does not present practical measures for ADL improvement. As it is likely that functional recovery care will expand in East Asia based on the Asia Health and Human Well-being Initiative in the future, it may be important to examine awareness of care-dependent older persons' functional recovery and daily care services among geriatric care providers themselves as a basis for the development of a practical education program.

Some previous studies comparing care systems in Japan and South Korea dealt with:

the marketing of welfare services, institutions supporting care service use, and care costs/the evaluation of family caregiving (Choi, Woo & Wake, 2016; Lee, 2015; Masuda, 2012). Furukawa (2017) compared care workers actually providing care services in Japan and South Korea, and reported that the tendency of recognizing their own job as “highly specialized and socially significant”, but “socially underestimated” was more marked among Japanese compared with Korean care workers. However, there have been no studies comparing Japan and South Korea in views on ADL improvement/the prevention of severe dysfunction or education programs for functional recovery care. Therefore, we conducted a comparative study, involving employees of welfare facilities for older persons in Japan and South Korea, to examine their awareness of functional recovery care.

To compare awareness of functional recovery care among employees of welfare facilities for older persons in Japan and South Korea, with the aim of obtaining basic materials to develop an education program for functional recovery care, which is also useful for other countries.

## **II. Subjects and Methods**

### **1. Definitions of terms**

#### **1) Functional recovery care**

Functional recovery care is a theory of care established and defined by Takeuchi (2017) as “supporting individuals to achieve and improve/maintain their physical, mental, and social independence through care”.

#### **2) Basic care approaches**

Functional recovery care is provided through basic care approaches, covering 4 important areas of health: hydration, nutrition, exercise, and excretion. These areas should be commonly addressed in any type of geriatric care (Takeuchi, 2017).

### **2. Subjects**

#### **1) Japan**

Among the 296 special nursing homes for older persons listed on the website of A-Prefecture as of April 2018, 200 were randomly selected to examine all of their employees engaged in care services, including care workers, social workers, facility care managers, nurses, and rehabilitation experts.

#### **2) South Korea**

Among geriatric health service facilities in B-City, where our Korean collaborative researchers are based, 5 were studied with their written consent to investigate all of their employees engaged in care services, including care workers, social workers, nurses, and rehabilitation experts.

### **3. Study period**

From June 11 to September 30, 2018, in both Japan and South Korea.

### **4. Study procedures**

#### **1) Distribution of a questionnaire and collection of responses**

##### **(1) Distribution of a questionnaire and collection of responses in Japan**

We conducted a mail self-administered questionnaire survey. In June 2018, we sent 10 copies of a questionnaire to the managers of all candidate facilities, with a letter and poster of cooperation request, specifying the study objective, methods, and ethical considerations. We also asked each facility manager to display the poster in the employees' room, and place the 10 copies of the questionnaire nearby. We clipped a return envelope to each copy, so that respondents themselves would seal these envelopes after responding to the questionnaire, and directly return their responses to us. By this measure, we mailed 2,000 copies of the questionnaire to 200 facilities within June 2018.

##### **(2) Distribution of a questionnaire and collection of responses in South Korea**

We conducted a mail self-administered questionnaire survey. In June 2018, we sent a written document, specifying the study objective, methods, and ethical considerations, to the managers of all candidate facilities to confirm their intention to voluntarily participate in the study. We also asked them the numbers of their employees for questionnaire distribution.

Subsequently, we sent an instructed number of copies of the questionnaire to each facility, with a return envelope clipped to each copy, so that respondents themselves would seal these envelopes after responding to the questionnaire, and directly return their responses to us. By this measure, we mailed 254 copies of the questionnaire to 5 facilities within June 2018.

#### **2) Study items**

We created a draft questionnaire in Japanese to mainly examine facility employees' views on functional recovery support, knowledge needed, and team systems, which was subsequently translated into Korean by our collaborative researcher Jong Uk BACK. To confirm the accuracy of the translation, we performed back translation, and examined the presence/absence of mistranslations and equivalence of expressions. Upon repeated deliberations, we created 17 statements. In both Japan and South Korea, the validity of these statements was confirmed by a supervisor with extensive experience of functional recovery support and facility operation/management.

Some of us considered a 7-point scale as a more desirable answering style, but we finally reduced the number of answer choices, placing importance on the ease of answering. At the same time, to prevent unclear answers, we adopted a 4-point scale, rather than 5-, with a rating line: <1: Strongly disagree>, <2: Disagree>, <3: Agree>, and

<4: Strongly agree>. As for personal attributes, appropriate answer choices for each question were created.

The tables (2-5) in the Results section list all of the 17 statements in detail, and their focuses are explained below:

**(1) Feasibility of improving care-dependent older persons' conditions (3 statements)**

There were statements regarding the feasibility of improving care-dependent older persons' physical conditions and dementia symptoms. There was also a question regarding the relationship between the age and care dependence.

**(2) Knowledge needed to improve care-dependent older persons' physical conditions (3 statements)**

Statements regarding knowledge needed to improve care-dependent older persons' physical conditions were created from the perspective of basic medicine, which is regarded as important in functional recovery care.

**(3) Support needed to improve care-dependent older persons' physical conditions (6 statements)**

Statements regarding support needed to improve care-dependent older persons' physical conditions were created based on the findings of previous studies (Furukawa, Kodaira, Fujio et al., 2018; Fujio, Kurokawa, Furukawa et al., 2018) that addressed functional recovery support for care-dependent older persons.

**(4) Appropriate types of profession for team leaders to improve care-dependent older persons' physical conditions (5 statements)**

Statements regarding appropriate types of profession for team leaders to improve care-dependent older persons' physical conditions were created while considering professionals who directly support care-dependent older persons. In all cases, we defined certified long-term care workers in South Korea as a profession equivalent to certified care workers in Japan.

**(5) Personal attributes**

We also examined the type of profession, sex, age (in 10-year increments), certification, years of experience, and type of employment as personal attributes.

**3) Analysis**

In both countries, responses to each question were listed and analyzed by conducting the Mann-Whitney U-test. For all analytical processes, SPSS Statistics 24 for Windows was used.

#### 4) Ethical considerations

We attached a document entitled: <Measures Related to Respondents' Rights, Personal Privacy, and Research Ethics> to the cover of the questionnaire, specifying that participation in the study was based on free will, and a returned response would be regarded as consent from a respondent. The study was previously examined and approved by the Ethics Committee of Seirei Christopher University (approval number: 18009).

### III. Results

#### 1. Respondents' basic attributes (Table 1)

There were 540 (valid response rate: 27.0%) and 220 (86.6%) valid responses in Japan and South Korea, respectively. Table 1 compares respondents' basic attributes in the 2 countries.

#### 2. Feasibility of improving care-dependent older persons' conditions (Table 2)

The positive answer (<Strongly agree> + <Agree> in all cases) rate for the statement: <It is natural that a person becomes care-dependent with age> was 73.9% in Japan and 94.5% in South Korea, revealing a difference of 20.6% ( $p < 0.001$ ). In contrast, the positive answer rates for <It is feasible to improve care-dependent older persons' physical conditions through support provided by care workers> in the 2 countries were 86.1 and 84.1%, respectively; the value was similarly high ( $p < 0.05$ ). On the other hand, the positive answer rate for <It is feasible to improve dementia symptoms in care-dependent older persons through support provided by care workers> was slightly lower than that for the feasibility of improving their physical conditions in both countries, at 70.6 and 68.2%, respectively ( $p = 0.680$ ).

A Cronbach's coefficient alpha of 0.398 was calculated to determine the reliability of the 3 items related to "Feasibility of improving care-dependending older persons' conditions".

#### 3. Knowledge needed to improve care-dependent older persons' physical conditions (Table 3)

Among the statements regarding physiology, anatomy, and kinematics as elements of basic medicine that are regarded as important in functional recovery care, <knowledge of kinematics is needed to improve care-dependent older persons' physical conditions through support> achieved the highest positive answer rate, at 84.2% in Japan and 89.1% in South Korea; the value was significantly high in both cases ( $p < 0.001$ ). The rate for <knowledge of physiology> was also high, whereas that for <knowledge of anatomy> was markedly lower than those for the other elements in both countries, at 44.7 and 54.1%, respectively ( $p = 0.342$ ).

A Cronbach's coefficient alpha of 0.717 was calculated to determine the reliability of

the 3 items related to “Knowledge needed to improve care-dependent older persons’ physical conditions”.

<Table 1> Respondents’ Basic Attributes

Item Category	Japan (n=540)		Korea (n=220)	
	number (person)	rate	number (person)	rate
<b>Sex</b>				
Female	349	(64.6)	204	(92.7)
Male	189	(35.0)	16	(7.3)
Unknown (No answer)	2	(0.4)	0	(0.0)
<b>Age</b>				
10 - 19	2	(0.4)	0	(0.0)
20 - 29	101	(18.7)	2	(0.9)
30 - 39	159	(29.4)	19	(8.6)
40 - 49	123	(22.8)	47	(21.4)
50 - 59	125	(23.1)	67	(30.5)
60 - 69	29	(5.4)	83	(37.7)
70 - 79	0	(0.0)	2	(0.9)
Unknown (No answer)	1	(0.2)	0	(0.0)
<b>Type of profession</b>				
Care workers	437	(80.9)	187	(85.0)
Social workers	36	(6.7)	15	(5.5)
Facility care managers	14	(2.6)	*	*
Nurses	21	(3.9)	1	(0.5)
Rehabilitation experts (including PTs and OTs)	8	(1.5)	2	(0.9)
Registered dietitians/dieticians	4	(0.7)	0	(0.0)
Others	17	(3.1)	15	(6.8)
Unknown (No answer)	3	(0.6)	0	(0.0)
<b>Years of experience in medical/welfare services</b>				
< 1 year	2	(0.4)	9	(4.1)
1 - 3	22	(4.1)	45	(20.5)
3 - 5	44	(8.1)	39	(17.7)
5 - 10	147	(27.2)	89	(40.5)
10 - 15	140	(25.9)	34	(15.5)
15 ≤	163	(30.2)	4	(1.8)
Unknown (No answer)	22	(4.1)	0	(0.0)
<b>Certification</b> (multiple answers allowed; the percentage is the ratio to 'n')				
Certified care workers	430	(79.6)	200	(90.9)
Certified social workers	32	(5.9)	25	(11.4)
Nurses	21	(3.9)	0	(0.0)
Assistant nurses	6	(1.1)	12	(5.5)
Grade 2 helpers	169	(31.3)	*	*
Grade 1 helpers	14	(2.6)	*	*
Care workers after novice training	48	(8.9)	*	*
Care workers after basic training	31	(5.7)	*	*
Child care workers	23	(4.3)	0	(0.0)
Psychiatric social workers	2	(0.4)	*	*
Care managers	104	(19.3)	*	*
<b>Type of employment</b>				
Regular employees	503	(93.1)	111	(50.5)
Non-regular employees (part-timers working regularly)	23	(4.3)	106	(48.2)
Non-regular employees (part-timers working non-regularly)	8	(1.5)	3	(1.4)
Unknown (No answer)	6	(1.1)	0	(0.0)

1. The total is not necessarily 100%, as the values are rounded off.

2. The types of profession and certifications with an asterisk (\*) do not exist in South Korea.



<Table 2> Feasibility of Improving Care-dependent Older Persons' Conditions in Japan and South Korea

		1		2		3		4		Missing value	Total	p-value
		Strongly disagree	Disagree	Agree	Strongly agree	Number (person)	rate	Number (person)	rate			
It is natural that a person becomes care-dependent with age	Japan	10 (1.9)	130 (24.2)	327 (60.9)	70 (13.0)	3	540	0.000 ***				
	Korea	1 (0.5)	11 (5.0)	96 (43.6)	112 (50.9)	0	220					
It is feasible to improve care-dependent older persons' physical conditions through support provided by care workers	Japan	3 (0.6)	71 (13.3)	397 (74.3)	63 (11.8)	6	540	0.003 **				
	Korea	2 (0.9)	33 (15.0)	126 (57.3)	59 (26.8)	0	220					
It is feasible to improve dementia symptoms in care-dependent older persons through support provided by care workers	Japan	8 (1.5)	147 (27.8)	320 (60.6)	53 (10.0)	12	540	0.680 n.s.				
	Korea	15 (6.8)	55 (25.0)	111 (50.5)	39 (17.7)	0	220					

1. The values in parentheses indicate %. 2. Missing values were excluded on analysis.  
3. Analysis (the Mann-Whitney's U-test): \*\*\* p<0.001, \*\* p<0.05, n.s.: No significant differences  
4. The mean and median for each subscale were calculated.

<Table 3> Knowledge Needed to Improve Care-dependent Older Persons' Physical Conditions in Japan and South Korea

		1		2		3		4		Missing value	Total	p-value
		Strongly disagree	Disagree	Agree	Strongly agree	Number (person)	rate	Number (person)	rate			
Knowledge of physiology is needed to improve care-dependent older persons' physical conditions through support	Japan	3 (0.6)	103 (19.5)	365 (69.0)	58 (11.0)	11	540	0.001 **				
	Korea	4 (1.8)	29 (13.2)	140 (63.6)	47 (21.4)	0	220					
Knowledge of anatomy is needed to improve care-dependent older persons' physical conditions through support	Japan	23 (4.3)	270 (50.9)	211 (39.8)	26 (4.9)	10	540	0.342 n.s.				
	Korea	34 (15.5)	67 (30.5)	100 (45.5)	19 (8.6)	0	220					
Knowledge of kinematics is needed to improve care-dependent older persons' physical conditions through support	Japan	3 (0.6)	81 (15.3)	396 (74.6)	51 (9.6)	9	540	0.000 ***				
	Korea	2 (0.9)	22 (10.0)	136 (61.8)	60 (27.3)	0	220					

1. The values in parentheses indicate %. 2. Missing values were excluded on analysis.  
3. Analysis (the Mann-Whitney's U-test): \*\*\* p<0.001, \*\* p<0.05, n.s.: No significant differences  
4. The mean and median for each subscale were calculated.

#### 4. Support needed to improve care-dependent older persons' physical conditions (Table 4)

In both countries, the statement with the highest positive answer rate was <Care simultaneously addressing hydration, diets, excretion, and exercise is important to improve care-dependent older persons' physical conditions>, at 97.4% in Japan and 97.2% in South Korea; the value was significantly high in both cases (p<0.05). However, the distribution of responses slightly varied between the 2 countries, as the rate of choosing <Strongly agree> was 44.0% in Japan, while it was 54.5% in South Korea, revealing a difference of 10.5%. In South Korea, the positive answer rates for hydration, nutrition, daily bowel care not using cathartics, and increasing the physical activity level were higher than 90%. In Japan, the rates for some of these approaches, such as daily bowel care not using cathartics and increasing the physical activity level, were relatively low, at 61.5 and 72.4%, respectively.

A Cronbach's coefficient alpha of 0.662 was calculated to determine the reliability of the 6 items related to "Support needed to improve care-dependent older persons' physical conditions".

<Table 4>Support Needed to Improve Care-dependent Older Persons' Physical Conditions in Japan and South Korea

		1		2		3		4		Missing value	Total	p-value
		Strongly disagree	Disagree	Disagree	Agree	Strongly agree	Strongly agree					
		Number (person)	rate (%)	Number (person)	rate (%)	Number (person)	rate (%)	Number (person)	rate (%)	Number (person)		
Sufficient hydration is important to improve care-dependent older persons' physical conditions	Japan	3	(0.6)	44	(8.2)	342	(63.8)	147	(27.4)	4	540	0.000 ***
	Korea	1	(0.5)	12	(5.5)	96	(43.6)	111	(50.5)	0	220	
Sufficient nutrition is important to improve care-dependent older persons' physical conditions	Japan	1	(0.2)	33	(6.1)	335	(62.3)	169	(31.4)	2	540	0.000 ***
	Korea	1	(0.5)	9	(4.1)	88	(40.0)	122	(55.5)	0	220	
Daily bowel care not using cathartics is important to improve care-dependent older persons' physical conditions	Japan	8	(1.5)	197	(37.0)	257	(48.3)	70	(13.2)	8	540	0.000 ***
	Korea	5	(2.3)	17	(7.7)	115	(52.3)	83	(37.7)	0	220	
Increasing the physical activity level is important to improve care-dependent older persons' physical conditions	Japan	2	(0.4)	145	(27.2)	336	(63.0)	50	(9.4)	7	540	0.000 ***
	Korea	0	(0.0)	20	(9.1)	132	(60.0)	68	(30.9)	0	220	
Care simultaneously addressing hydration, diet, excretion, and exercise is important to improve care-dependent older persons' physical conditions	Japan	1	(0.2)	13	(2.4)	286	(53.4)	236	(44.0)	4	540	0.012 **
	Korea	1	(0.5)	5	(2.3)	94	(42.7)	120	(54.5)	0	220	
Intervention by medical doctors is indispensable to improve care-dependent older persons' physical conditions	Japan	1	(0.2)	107	(19.9)	323	(59.9)	108	(20.0)	1	540	0.007 **
	Korea	3	(1.4)	35	(15.9)	113	(51.4)	69	(31.4)	0	220	

1. The values in parentheses indicate %. 2. Missing values were excluded on analysis.  
3. Analysis (the Mann-Whitney's U-test): \*\*\* p<0.001, \*\* p<0.05, n.s.: No significant differences  
4. The mean and median for each subscale were calculated.

<Table 5>Appropriate Types of Profession for Team Leaders to Improve Care-dependent Older Persons' Physical Conditions in Japan and South Korea

		1		2		3		4		Missing value	Total	p-value
		Strongly disagree	Disagree	Disagree	Agree	Strongly agree	Strongly agree					
		Number (person)	rate (%)	Number (person)	rate (%)	Number (person)	rate (%)	Number (person)	rate (%)	Number (person)		
Teams led by certified care workers*1) are needed to improve care-dependent older persons' physical conditions through support	Japan	7	(1.3)	202	(38.0)	272	(51.1)	51	(9.6)	8	540	0.000 ***
	Korea	5	(2.3)	21	(9.5)	128	(58.2)	66	(30.0)	0	220	
Teams led by medical doctors are needed to improve care-dependent older persons' physical conditions through support	Japan	35	(6.5)	316	(58.8)	167	(31.1)	19	(3.5)	3	540	0.000 ***
	Korea	1	(0.5)	27	(12.3)	145	(65.9)	47	(21.4)	0	220	
Teams led by nurses are needed to improve care-dependent older persons' physical conditions through support	Japan	17	(3.2)	280	(52.8)	216	(40.8)	17	(3.2)	10	540	0.000 ***
	Korea	6	(2.7)	42	(19.1)	127	(57.7)	45	(20.5)	0	220	
Teams led by physical therapists are needed to improve care-dependent older persons' physical conditions through support	Japan	15	(2.8)	231	(43.5)	240	(45.2)	45	(8.5)	9	540	0.000 ***
	Korea	4	(1.8)	26	(11.8)	108	(49.1)	82	(37.3)	0	220	
Teams led by occupational therapists are needed to improve care-dependent older persons' physical conditions through support	Japan	18	(3.4)	253	(48.1)	222	(42.2)	33	(6.3)	14	540	0.000 ***
	Korea	6	(2.7)	37	(16.8)	130	(59.1)	47	(21.4)	0	220	

1. The values in parentheses indicate %. 2. Missing values were excluded on analysis. 3. Analysis (the Mann-Whitney's U-test): \*\*\* p<0.001  
4. The mean and median for each subscale were calculated.

\*1) We defined certified long-term care workers in South Korea as a profession equivalent to certified care workers in Japan.

### 5. Appropriate types of profession for team leaders to improve care-dependent older persons' physical conditions (Table 5)

In both countries, certified care workers (certified long-term care workers in South Korea) were the most appropriate type of profession for team leaders to improve care-dependent older persons' physical conditions ( $p < 0.001$ ). The positive rates for all types of professions were higher in South Korea ( $p < 0.001$ ). Japan tended to show low positive answer rates for the necessity of teams led by medical professionals: medical doctors (34.6%), nurses (44.0%), occupational therapists (48.5%), and physical therapists (53.7%), whereas South Korea generally showed high rates: medical doctors (87.3%) and physical therapists (86.4%).

A Cronbach's coefficient alpha of 0.837 was calculated to determine the reliability of the 6 items related to the "Appropriate types of profession for team leaders to improve care-dependent older persons' physical conditions".

## IV. Discussion

While there are concerns over certified care workers' lack of sufficient expertise in Japan, previous studies reported that certified long-term care workers' expertise is even more insufficient in South Korea (Seon, 2013; Mibu & Kim, 2014), possibly due to undeveloped training curricula, a high proportion of non-regular employees, and their old age. Such differences were also observed in the present study when focusing on the type of employment and age distribution among respondents, as regular employees accounted for 93.1% in Japan and 50.5% in South Korea with a clearly older mean age. Thus, there is a more marked tendency for Korean care workers to be non-regular and aged, compared with Japanese care workers. As a factor associated with this, insufficient time frames and systems for care worker training in South Korea should be noted. The duration of a standard care worker training program, which is 1,850 hours in Japan, is as short as 240 hours in South Korea, revealing a more than 7.7-fold difference (Lim, 2014). In South Korea, certified long-term care workers have been disseminated among housewives and the middle-aged/elderly, who desire to become nationally certified professionals within a short period, consequently increasing the mean age of this profession. Similarly, the high proportion of non-regular employees among care workers may have reflected housewives' intention to work more flexibly. However, the positive answer rates for <knowledge needed to improve care-dependent older persons' physical conditions> and <support needed to improve care-dependent older persons' physical conditions> were not lower in South Korea. Conversely, it showed higher rates for most statements, compared with Japan. During our repeated discussions on this result, our Korean collaborative researchers noted care workers' enhanced motivation to learn as a result of facing various challenges in daily practice. Concerning care worker training programs in South Korea, Lim (2014) proposed dividing certified care workers into 2

levels: standard: certified by conventional methods after learning at existing training schools; and advanced. We also support this proposal. Based on the results of the present study, it may be possible to improve care workers' insufficient expertise in South Korea by reviewing the current education curriculum and providing more opportunities for them to learn. To develop an effective education program for functional recovery care, knowledge of basic medicine, such as anatomy, physiology, and kinematics, is indispensable. In both countries, respondents' levels of interest in physiology and kinematics were high, but not many of them were aware of the importance of knowledge of anatomy, indicating the necessity of confirming the purpose of learning anatomy when reviewing the curriculum.

Furthermore, team approaches led by certified care workers (certified long-term care workers in South Korea) are crucial for the development of functional recovery care. In the present study, the positive answer rate for teams led by certified care workers was high in both countries, revealing positive attitudes toward team approaches to promote functional recovery care among the respondents. At the same time, South Korea also showed a significantly high positive answer rate for teams led by medical professionals, and this may have been associated with Korean care workers' insufficient expertise. In functional recovery care, specialized support should be provided through ADL, such as diet, exercise, and excretion. The results highlight the necessity of creating an education program that also enhances care workers', especially Korean care workers' leadership in functional recovery care, even if it is provided through team approaches with medical professionals.

In order to promote functional recovery care in Asian countries, it may be important for the Japan Society of Functional Recovery Care and Power Rehabilitation to develop an education program that is also useful for other countries, utilizing its extensive academic findings. The results of the present study support the feasibility of providing education for functional recovery care based on basic medicine at least in South Korea, although various challenges were simultaneously revealed. The necessity of reviewing its current long-term care worker training systems was also noted, as the duration of a standard care worker training program, which is 1,850 hours in Japan, is as short as 240 hours in South Korea. To provide students to learn basic medicine and team approaches, the duration of the program should be increased. The duration of Japan's program is also insufficient in some points, but it is difficult to extend it within the current 2-year training system. In Japan, the contents of the curriculum should be reviewed first. As a future perspective, we will continue to create a basis for the dissemination of functional recovery care through active collaboration with Korean researchers.

This study analyzed data from facilities located in limited areas of Japan and South Korea, and, therefore, responses may have been biased. Additionally, as there were differences in the volume of the data obtained and respondents' type of profession between the 2 countries, they could not be simply compared. It may be necessary to

continuously examine the study topic, while addressing these challenges in future studies.

While the Cronbach's coefficient alpha values were not significant, this does not represent a significant problem as the self-administered questionnaire used in this survey was not intended for scale development. This is research analysing the trends in Japan and South Korea from the distributions in the answers to each of the questions. As preliminary research does not exist, the study examined whether it was possible to develop education programs for functional recovery care. The finding that such a program could be implemented at least in South Korea gives originality to this research.

### Acknowledgment

We would like to thank all those who cooperated with the questionnaire surveys. This work was supported by JSPS KAKENHI Grant Number JP16K04210.

### References

- 1) Masanobu MASUDA (editing and writing) (2014) *Long-term Care Systems in the World, Second Version*, Horitsu Bunka Sha, Kyoto, 192-210.
- 2) Shogo TAKEGAWA & Hye-kyung LEE (editing) (2006) *Welfare Regimes in Japan and Korea: Social Security, Gender, and Labor Markets*, University of Tokyo Press, Tokyo, 123-172.
- 3) Office of Healthcare Policy, Cabinet Secretariat (2016) The Asia Health and Human Well-being Initiative.  
[https://www.kantei.go.jp/jp/singi/sdgs/entakukaigi\\_dai1/siryou5-1.pdf](https://www.kantei.go.jp/jp/singi/sdgs/entakukaigi_dai1/siryou5-1.pdf)  
(as of October 26, 2018)
- 4) Seonhee CHOI, Kughee WOO & Junko WAKE (2016) A Comparative Study of the Recognition of Long-term Care Service Providers toward Welfare Marketization in Japan and Korea, *Journal of Welfare Sociology*, 56(4), 52-67.  
doi: 10.24469/jssw.56.4\_52
- 5) Eunshim LEE (2015) A Comparative Study on the use support institutions of long-term care insurance services in Japan and Korea: Analysis of the use support functions through considering from the use process, *Bulletin of the Faculty of Social Policy and Administration*, 15, 21-36.
- 6) Masanobu MASUDA (2012) A Comparison of Care Costs and the Evaluation of Family Caregiving in Japan and South Korea, *Journal of Health and Welfare Statistics*, 59(15), 36-42.

- 7) Kazutoshi FURUKAWA, Yukari NODA, Kagari SHIBAZAKI & Jong Uk BACK (2017) A Comparative study of Japanese and South Korean careworker's awareness of geriatric care: An analysis focusing on care awareness and feelings of self-esteem, *Japan Society of Care for Independent Living*, 10(2), 216-228.
- 8) Takahito TAKEUCHI (2017) *Fundamental of Functional Recovery Care, New Version, First Edition*, 2, Ishiyaku Pub, Inc., Tokyo, 2-20.
- 9) Kazutoshi FURUKAWA, Megumi KODAIRA, Yuko FUJIO, Yoshimi SAKATA & Takahito TAKEUCHI (2018) Factors Affecting Discharge to Home of Geriatric Health Services Users: An Analysis of Physical Conditions and the Contents of Care Received, *Asian Journal of Human Services*, 14, 1-10.  
doi: 10.14391/ajhs.14.1
- 10) Yuko FUJIO, Yoshiko KUROKAWA, Kazutoshi FURUKAWA, Megumi KODAIRA & Noriko OGAWA (2018) Survey to Assess Information-gathering During the Process of Designing Care Plans Regarding Nutrition Improvement. *Asian Journal of Human Services*, 14, 11-23. doi: 10.14391/ajhs.14.11
- 11) Hyeon Kyu SEON (2013) Research Directions for the Long-term Care Insurance System in South Korea and Research Subjects in the Future, *Japanese Journal of Human Sciences of Health-Social Services*, 19(2), 31-50.  
doi: 10.20681/hwelfare.19.2\_31
- 12) Naomi MIBU & Mijin KIM (2014) A study of job continuation amongst care workers in South Korea, *Otsu Women's University Bulletin of Faculty of Human Relations*, 16, 147-154.
- 13) Saeah LIM (2014) A study on the training and education of care workers in South Korea: Comparison with care workers in Japan, *Journal of Welfare Sociology*, 4, 1-14.

**- Editorial Board -**

Editor-in-Chief	Masahiro KOHZUKI	Tohoku University (Japan)
Executive Editors	Injae LEE	Hanshin University (Korea)
	Satoru EBIHARA	Toho University (Japan)

Changwan HAN  
University of the Ryukyus  
(Japan)  
Guo QI  
Tianjin Medical University  
(China)  
Hsintai LIN  
National Taiwan Normal University  
(Taiwan)  
Inkeri RUOKONEN  
University of Helsinki  
(Finland)  
Jaewon LEE  
Pukyong National University  
(Korea)

Jenyi LI  
Nanyang Technological University  
(Singapore)  
Jung Won SONN  
University College London  
(UK)  
Kagari SHIBAZAKI  
University of Huddersfield  
(UK)  
Nigel A MARSHALL  
University of Sussex  
(UK)  
Osamu ITO  
Tohoku Medical and  
Pharmaceutical University  
(Japan)  
Petr DOBŠÁK  
Masaryk University  
(Czech)

Sunwoo LEE  
Inje University  
(Korea)  
Taekyun YOO  
Soongsil University  
(Korea)  
Youngchoul KIM  
University of Evansville  
(USA)  
Yuichiro HARUNA  
National Institute of Vocational  
Rehabilitation  
(Japan)  
Zhongli JIANG  
First Affiliated Hospital of  
Nanjing Medical University  
(China)

**Editorial Staff**

- Editorial Assistants	Aiko KOHARA	University of the Ryukyus (Japan)
	Marcus Eije Zantere	University of Gothenburg (Sweden)
	Moonjung KIM	Korea Labor Force Development Institute for the aged (Korea)
	Natsuki YANO	Tohoku University / Pasona-foster Inc. (Japan)

**Asian Journal of Human Services**

**VOL.15      October 2018**

© 2018 Asian Society of Human Services

Editor-in-Chief      Masahiro KOHZUKI

Presidents              Masahiro KOHZUKI · Sunwoo LEE

Publisher                Asian Society of Human Services

Faculty of Education, University of the Ryukyus, 1 Senbaru, Nishihara, Nakagami, Okinawa, Japan

FAX: +81-098-895-8420    E-mail: ash201091@gmail.com

Production                Asian Society of Human Services Press

Faculty of Education, University of the Ryukyus, 1 Senbaru, Nishihara, Nakagami, Okinawa, Japan

FAX: +81-098-895-8420    E-mail: ash201091@gmail.com

*CONTENTS*

**ORIGINAL ARTICLES**

---

An Awareness Survey Involving Employees of Welfare Facilities for Older Persons to Develop an Education Program for Functional Recovery Care: Comparing Japan and South Korea

Kazutoshi FURUKAWA et al., 1

Development of a Draft Clinical Interpersonal Reactivity Index to Evaluate Empathy in Nurses

Yoshimi AOKI et al., 14

The Characteristics of Communication in Interprofessional Collaboration in Multidisciplinary Team

Miki ARAZOE, 29

Interprofessional Cooperation ICT Program Development aimed at “Nutrition Improvement”

Yuko FUJIO et al., 45

Study of “Individuality” on Nursing Care Job Construct of “Individuality” Perceived by Nursing Care Workers: A Qualitative Interview Study

Kimiko YAMAMOTO et al., 58

The Development and Relevant Factors of a Self-Care Scale for Young Females with Dysmenorrhea

Eriko YAMAMOTO, 68

Investigating the Mediating Effect of Switching Barriers in the Relationship Between Social Service Quality and Switching Intention

Sunhee KIM, 87

**SHORT PAPERS**

---

Global Trends in Developmental Disorders Education and Japan's Current Status and New Initiatives

Haruna TERUYA et al., 101

Consideration of Construct of the Education Curriculum Management Models for Health Impairment Education in Japan: Focus on Career Education for Children with Chronic Diseases

Mitsuyo SHIMOJO et al., 112

**REVIEW ARTICLE**

---

I Review of Studies on Syntactic Development in Children and Adults with Intellectual and Developmental Disorders: Comparing Japanese and International Studies

Manami KOIZUMI et al., 119

---