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Acute Hospital Nurses' Recognition of and Approaches to Functional Recovery/ Independent Excretion Care for Elderly Patients with Pneumonia

Yoshiko ENOMOTO¹⁾ Yuko FUJIO¹⁾ Megumi KODAIRA²⁾
Yoshiyuki INOUE³⁾ Yoshimi SAKATA²⁾

- 1) Faculty of Health Science and Nursing, Juntendo University, Japan
- 2) Graduate School of Health and Welfare Sciences, International University of Health and Welfare, Japan
- 3) Department of Care and Welfare, Japanese Red Cross Junior College of Akita, Japan

ABSTRACT

The purpose of this study was to clarify the implementation contents of independent excretion care of elderly pneumonia patients, including nurses' thoughts, by acute care hospital nurses. Semi-structured interviews were conducted with 17 nurses working on a respiratory ward, and the obtained data were qualitatively and inductively analyzed.

The acute hospital nurses approached to independent excretion care included: performing such care through multi-professional liaison and learning from senior nurses. On the other hand, they faced dilemmas when performing excretion care that did not meet patients' requirements due to insufficient manpower and the prioritization of treatment in the clinical setting.

To perform independent excretion care for elderly patients with pneumonia, the following nursing support approaches may be necessary: continuously providing education focusing on excretion care, and tool development for independent excretion care.

<Key-words>

acute care hospital, independent excretion care, elderly patient with pneumonia, functional recovery care

ykuroka@juntendo.ac.jp (Yoshiko ENOMOTO; Japan)

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I. Introduction

As of October 1, 2015, the number of elderly persons aged 65 or over was 33.92 million, accounting for 26.7% (aging rate) of the total population in Japan (Cabinet Office, 2016) . It is likely that their number will further increase in the future. As aging-related issues, there are concerns over increases in the number of patients with dementia and social security benefits. Medical cost reduction is an important challenge for Japan. Therefore, care is being shifted from facilities to homes by the government. The aim of establishing the Integrated Care System to help citizens fulfill their lives in their communities even in the presence of diseases. However, there are problems to achieve. The problem in the acute care hospital is in the early return home. As one of the factors associated with this, importance is placed on disease/risk management, and ADL-focused care is less prioritized in acute care hospitals. Elderly patients are particularly vulnerable to disuse syndrome due to their inactive daily life during hospitalization and prolonged rest for treatment. The rate of being bedridden is the highest in acute care hospitals, as patients are forced to perform the majority of their ADL in bed (Ishikawa, 2002) . In Europe and the US, it has been reported that the walking ability of elderly patients hospitalized due to acute diseases is reduced by nearly 50% (Jane, Mark & Muhammad, 1998) . Hospitalization-related declines in ADL prolong elderly patients' stays in acute care hospitals, increase their transfer to care facilities, and lead to difficulty in discharging them to home.

Another negative factor for their discharge to home is the aging of their caregivers. There are a large number of the elderly caring for elderly patients. The numbers of spouses and daughters caring for such patients are time-dependently decreasing, while that of sons caring for them is increasing (Kawasaki city, 2017) . For aged male caregivers, the necessity of providing physical care increases their caregiving burden, making it difficult for them to continue to provide home care. Among physical care procedures, 'mealtime assistance' and 'excretion care' (62.6%) are the most burdensome for caregiving families (Cabinet Office, 2017) , indicating that these care procedures influence caregivers' decision-making for elderly patients to resume their home lives. In addition, excretion independence is essential for the elderly to maintain their dignity and QOL. Thus, 'excretion' is an important ADL for both the elderly and caregivers.

Based on these findings, excretion independence may be key to early discharge from a hospital to home and the continuation of community life. In this respect, it is necessary to simultaneously achieve 2 goals: initiating care for patients to achieve excretion independence ('independent excretion care') in the early stage of the acute period; and discharging them, with their diseases cured and excretion independence achieved.

In order to provide ADL-focused care as part of nursing during the acute period when treatment is prioritized, it may be important to clarify acute hospital nurses' recognition of and approaches to functional recovery/independent excretion care for elderly patients,

and develop future perspectives on nursing support.

Therefore, the purpose of this study was to clarify the implementation contents of independent excretion care of elderly pneumonia patients, including nurses' thoughts, by acute care hospital nurses.

II. Definition of term

The operational definition of terms used in this study is as follows.

Functional recovery care:

In this paper, the term 'independence' does not refer to all of the 3 components: 'physical independence', 'mental independence', and 'social independence'. Among these, it only refers to 'physical independence' as 'the care-dependent elderly's acquisition of the ability to perform activities (ADL) and instrumental activities (IADL) of daily living independently' (Fujio, 2011). Accordingly, 'functional recovery care' is defined as 'support for such patients to achieve physical independence'.

Independent excretion care:

Similarly, 'independent excretion care' is defined as part of functional recovery care and 'supporting excretion using general or portable toilets, rather than defecating/urinating using diapers', based on the terminology used for caregiver workshops held by the Japanese Council of Senior Citizens Welfare Service. These workshops aim to help caregivers learn functional recovery care skills. Since 2003, when the first workshop was held, 100 to 150 special nursing homes for the elderly have participated each year. As an index to conveniently measure outcomes, the council recommends the diaper use rate.

Acute care hospital:

In this study, we will make medical wards for patients in acute phase except high acute stage wards such as high-care units.

III. Methods

1. Study Design

Qualitative inductive research

2. Study subject

Three wards were selected from two centers belonging to the DPC Hospital "Function Evaluation Factor II" announced by the Ministry of Health, Labor and Welfare in March 2015. 17 nurses who worked in the respiratory department ward concurred with this study as a target.

3. Methods of data collection and study items

We conducted a semi-structured interview individually based on the interview guide. The interview time was less than 50 minutes, and the number of interviews was set to 1 person. I got permission and recorded it to an IC recorder.

Study items

Attribute: age, sex, educational background, position, years of experience in the current ward, years of nursing experience.

Main interview contents: The acute care hospital nurses' recognition of and approaches to functional recovery/independent excretion care.

In preparing an interview guide, we pretested two acute care ward nurses. The investigation period was from the end of March to May in 2017.

4. Data analysis

I wrote all the contents of the interview of 17 people obtained in this research into a serial talk. Narrative records were created and carefully and repeatedly read to extract information on the acute care hospital nurses' recognition of and approaches to functional recovery/independent excretion care, in addition to related emotions, while considering the overall contexts of their statements.

We summarized and encoded it to the extent that the meaning of context does not change. Next, we categorized it by comparing the similarity and dissimilarity of the code, and raised the abstraction level of the concept by attaching a suitable name as a unified code to the collection of a plurality of codes, and sub categories and categories were generated.

In order to improve the reliability and validity of data analysis, this research shared the analysis process among three researchers, and repeatedly confirmed and examined it. In addition, we supervised and interpreted supervisions by medical and medical welfare leaders throughout the process of analysis.

The results of analysis are shown in 3 different parentheses: [] (categories), < > (sub-categories), and () (the number of codes).

5. Ethical considerations

This research was conducted with approval of the ethics committee of International University of Health and Welfare Graduate School (Approval No. 16-Ig1-143).

For the facility manager and nursing manager, the research representative spoke orally to explain the purpose, method, and ethical consideration of the survey using explanatory documents and gained understanding and understanding. For research collaborators, we explain verbally using the explanatory document about the purpose and the ethical consideration of the survey. Research collaborators can choose whether or not to cooperate with the survey, which will not cause any disadvantage. In addition, even

after accepting the cooperation of the survey once again, cooperation can be withdrawn until the end of the analysis, ensuring that no disadvantage will occur.

IV. Results

1. Subject Characteristics

The number of research subject was 17. The breakdown by nursing experience years was 3 persons of fresh nurse (less than 1 to 3 years), nine mid-care nurses (3 to 6 years), veteran nursing There were five masters (over 6 years). The age of research collaborators ranged from the 20s to the 50s, and the sexes were all female (Table1).

<Table1> Subject Characteristics

ID	Age	Sex	Years of nursing experience	Years of experience in the current wards	Educational background	Position
A	The 50s	女	33	1	Graduate school	The principal
B	The 20s	女	2	2	Vocational school	Staff nurse
C	The 30s	女	16	7	Vocational school	Team leader
D	The 20s	女	2	2	University	Staff nurse
E	The 20s	女	3	3	University	Staff nurse
F	The 20s	女	3	3	University	Team leader
G	The 20s	女	3	3	University	Team leader
H	The 20s	女	8	1	Vocational school	Staff nurse
I	The 20s	女	4	4	University	Team leader
J	The 20s	女	3	3	University	Staff nurse
K	The 20s	女	4	4	University	Team leader
L	The 30s	女	11	2	Vocational school	Team leader
M	The 20s	女	2	2	Vocational school	Staff nurse
N	The 40s	女	17	9	Vocational school	Team leader
O	The 20s	女	5	5	Vocational school	Team leader
P	The 20s	女	3	3	Vocational school	Staff nurse
Q	The 20s	女	3	3	Vocational school	Staff nurse

2. Result of analysis

1) Nurses' recognition of functional recovery care for elderly patients

There were 43 codes recounting the acute hospital nurses' recognition of functional recovery care for elderly patients, which were classified into 15 sub-categories and 9 categories (Table2).

Table2 Nurses' recognition of functional recovery care for elderly patients

[Categories]	<Sub-categories >	(Codes number)
[Supporting physical independence]	<Assist in returning to ADL before	2
	<Support to prevent ADL fall>	5
	<Support to expand the scope>	9
	<Support to encourage leaving bed>	3
	<Physical support>	1
[Supporting mental independence]	<Helping patients be able to do what they want>	3
	<Mental support>	1
[Supporting social independence]	<Supporting social independence>	1
[Care with respect for patients]	<Care with respect for patients>	2
[Teamwork facilitates functional recovery care]	<Teamwork facilitates functional recovery care>	3
[Functional recovery care is feasible when focusing on independence]	<I am practicing Functional recovery care>	1
	<It becomes possible by conscious of Functional recovery care>	2
[Functional recovery care is difficult due to the prioritization of routine work]	<Functional recovery care is difficult due to the prioritization of routine work>	5
[Functional recovery care is difficult due to the prioritization of symptom management]	<Functional recovery care is difficult due to the prioritization of symptom management>	3
[Functional recovery care is difficult in the case of the elderly]	<Functional recovery care is difficult in the case of the elderly>	2

We will explain representative category.

[Supporting physical independence (20)]

That means that ADL becomes unnecessary for intervention by others.

Examples of given comments:

"Assist in the situation before hospitalization as closely as possible."

"As the symptoms improve, I urge you to return to the original ADL little by little."

[Functional recovery care is difficult due to the prioritization of routine work (5)]

That means that it is difficult to implement functional recovery care because the work is busy.

Examples of given comments:

"It is rather difficult to make time for patients in a busy condition."

"I am being chased by the response of a nurse call ..."

2) Nurses' recognition of independent excretion care for elderly patients

There were 40 codes representing the nurses' recognition of independent excretion care for elderly patients, which were classified into 18 sub-categories and 10 categories (Table3).

Table3 Nurses' recognition of independent excretion care for elderly patients

[Categories]	<Sub-categories >	(Codes number)
[Supporting natural excretion]	<Support to bring it closer to excretion status before hospitalization>	4
	<Aim for excretion in the toilet>	6
	<Withdrawal from a diaper>	2
	<Excretion away from bed>	1
	<Elderly patients themselves can take excretion behavior>	4
	<Grasp the patient's current ADL and support it>	2
[The content of support varies depending on the presence/absence of micturition]	<The content of support varies depending on the presence/absence of micturition>	3
[Providing support, according to symptoms]	<Providing support, according to symptoms>	2
[Developing toileting habits]	<Developing toileting habits>	3
[Care with respect for patients]	<Relations that valued patient motivation>	1
	<Care with respect for patients>	3
[Reducing the caregiving burden]	<Reducing the caregiving burden>	2
	<Independent excretion care affects outcome>	2
	<Independent excretion care reduces work burden>	1
[The necessity of collaborative systems for care]	<The necessity of collaborative systems for care>	1
[Toileting guidance enhances awareness]	<Toileting guidance enhances awareness>	1
[Independent excretion care is difficult in the case of the elderly]	<Independent excretion care is difficult in the case of the elderly>	1
[Independent excretion care is difficult in the case of the elderly]	<Independent excretion care is difficult in the case of the elderly>	1

We will explain representative category.

[Supporting natural excretion (19)]

That means that elderly patient can excrete yourself without using a diaper.

Examples of given comments:

"The first is to go to the toilet and excrete without using a diaper."

"Being able to go to the toilet and excrete it when you want to go."

[Care with respect for patients (4)]

That means that Excretory care is related to dignity, care that is done while respecting the intention of the individual.

Examples of given comments:

"Independence of excretion is the most important thing for that person."

"Caring while considering shame."

3) Nurses' approaches to independent excretion care for elderly patient and emotions

Similarly, there were 266 codes regarding the nurses' approaches to independent excretion care for elderly patients with pneumonia and emotions when performing them, which were classified into 43 sub-categories and 15 categories (Table4).

Table4 Nurses' approaches to independent excretion care for elderly patient and emotions

[Categories]	<Sub-categories >	(Codes number)		
A p p r o a c h e s t o i n d e p e n d e n t e x c r e t o r y c a r e	[Performing care through multi-professional liaison]	<performing care through multi-professional liaison> <Work on the whole hospital> <Performing care exchange information among nurses>	24 2 20	
	[Performing care aiming at physical independence]	<Understand patient's ADL> <Performing care to prevent lower ADL> <Grasping excretion behavior> <Understand excretion pattern> <Make urination induction> <Care aimed at excretion of the toilet> <Assess the necessity of balloon catheter>	7 5 2 3 1 1 2	
	[Performing care from the viewpoint of treatment as a priority]	<Performing care from the viewpoint of disease> <Performing care from the viewpoint of doctor's instructions> <Performing care from the viewpoint of symptom and treatment> <Performing care from the viewpoint of safety>	5 2 1 11	
	[Performing care while considering the content of treatment and current condition]	<Performing care while considering the content of treatment and current condition> <Performing care while considering the content of symptom> <Understand symptoms>	4 12 2	
	[Performing patient-centered care with respect]	<Relationship to improve motivation of patients> <Implement patient-aware care>	4 14	
	[Performing nurse-led care]	<Change contents of care according to whether excretory appeals or not> <Determination of excretory care for the convenience of the nursing side> <Nurses carry out excretory care>	10 6 1	
	[Performing care as part of routine work]	<Performing care as part of routine work>	12	
	[Performing care in consideration of treatment outcomes]	<Performing care in consideration of treatment outcomes>	5	
	[Performing care with cooperation from other family members]	<Performing care with cooperation from other family members>	5	
	[Learning from senior nurses]	<Learning from senior nurses>	5	
	E m o t i o n s	[The necessity of resolving problems in the current hospital system]	<Difficult due to lack of collaboration> <Difficult cooperation independent excretion care difficult> <Difficulty in workload> <We can not proactively implement it> <Securing manpower of nurses> <Difficult to implement at the limit of the ward structure>	5 1 19 4 11 3
		[Necessity of considering appropriate nursing systems to provide unified care]	<Low recognition of nursing independent excretion care> <Devices that allow anyone to do a unified assessment are necessary> <Missing education on independent excretion care> <Excretion care content varies depending on experience>	6 4 3 18
		[Independent excretion care is difficult due to patients' own problems]	<Difficult due to patients' own problems> <Difficult due to patients' disease>	16 1
		[Dilemmas when performing excretion care that does not meet patients' requirements]	<Dilemmas when performing excretion care that does not meet patients' requirements>	7
[Independent excretion care is feasible]		<Independent excretion care is feasible>	1	

We will explain representative categories.

[performing care through multi-professional liaison (46)]

Sharing information with multi-professional liaison, meaning to perform independent excretion care.

Examples of given comments:

“Information sharing with rehabilitation person and conference.”

“Caregiver cooperation also leads to independent excretion care.”

[the necessity of resolving problems in the current hospital system (43)]

In order to carry out independent excretion care, it means that it is necessary to solve the problem of the hospital system.

Examples of given comments:

“It is difficult carry out independent excretion care as it is cluttering.”

“We have not been able to independent excretion care due to lack of personnel.”

4) Relationship among these categories

On analyzing the relationships among these categories, performing such care were explained as the following process.

The acute hospital nurses [performed care, aiming at physical independence]. This is based on their recognition of the goal of functional recovery/independent excretion care as the achievement of such independence. They [performed care through multi-professional liaison], while considering collaborative systems as necessary. In the case of novice nurses, they performed independent excretion care, while [learning from senior nurses]. Furthermore, the recognition that independent excretion care should be performed in consideration of symptoms while considering [the content of treatment and current condition]. For example, when patients' breathing conditions stabilized, they changed the contents of independent excretion care.

On the other hand, they were importance is placed on risk management such as disease and safety control, it is necessary to [perform care from the viewpoint of treatment as a priority]. And insufficient manpower forced the nurses to [perform care as part of routine work] and [nurse-led care]. Therefore, as represented by the category: [dilemmas when performing excretion care that does not meet patients' requirements], they faced dilemmas when they had to perform nurse-led excretion care, while aiming to provide [patient-centered care with respect]. At the same time, some of them regarded functional recovery/independent excretion care as difficult in elderly patients.

They also realized [the necessity of resolving problems in the current hospital system], such as insufficient manpower, to appropriately perform independent excretion care in acute hospitals. As well as that of [considering appropriate nursing systems to provide unified care], as the content of practice varies between novice and senior nurses.

V. Discussion and Conclusions

Analysis clarified the acute care hospital nurses' recognition of functional recovery/independent excretion care for elderly patients with pneumonia, with the details of their approaches to such care and related emotions. Based on the results, appropriate nursing support to provide independent excretion care for elderly patients with pneumonia in acute care hospitals is discussed as follows:

1. Nursing support for the provision of unified independent excretion care

1) Necessity of continuous education in the clinical setting, disease management, and the development of tools for care

The acute care hospital nurses recognized independent excretion care as <the content of excretion care varies depending on experience>. Among them, novices were particularly fully occupied by disease management as a nursing duty, preventing them from sufficiently performing independent excretion care. Novice nurses have been reported to face challenges related to nursing practice, including difficulties in making temporal arrangements and accurately recognizing the situation, a lack of skills for ADL support, and insufficient learning (Nagata, Oyama & Miki et al., 2005). When performing excretion care as part of ADL support, they tend to realize their insufficient skills, as it is difficult for them to smoothly provide patients with assistance for excretion (Fukui, 2009). However, in a previous study examining the status of group education for novice nurses in acute care hospitals, such education mainly focused on assistance with medical care. The mean length of group education to teach excretion support skills was limited to 20 minutes, which was the second shortest among 15 education items (Ministry of Health, Labor and Welfare, 2007). In the present study, one of the acute hospital nurses stated: *"I have the impression that our education is pointless, as it does not specifically focus on excretion or other important ADL"*, revealing insufficient continuous education for ADL support in the clinical setting. In fact, compared with other nursing skills specified by the Ministry of Health, Labour, and Welfare in the 'Basic Nursing Education Goals to Be Achieved by Students Before Graduation' (Takemura, 2015), the skill to support excretion is one of those that is more difficult to acquire through clinical training (Nakajima, Kameyama & Ota, 2007). This also highlights the necessity of providing continuous education in the clinical setting.

Furthermore, other nurses stated: "As the majority of nursing staff are young in our department, tools (such as assessment scores) may be useful to nurture their autonomy" and "Such assessment and measures to support patients' independence on a step-by-step basis remain insufficient", indicating the necessity of devising methods to resolve differences in the quality of care between experienced and inexperienced nurses. Therefore, in addition to continuously providing education, it may also be necessary to develop tools for independent excretion care while performing risk management.

2) Promoting liaison among nurses

When performing independent excretion care, the acute care hospital nurses aimed to provide [patient-centered care with respect]. On the other hand, they faced [dilemmas when performing excretion care that does not meet patients' requirements], as they were forced to perform care [from the viewpoint of treatment as a priority], rather than the perspective of ADL.

Some previous studies examined nurses providing excretion support, and reported that they faced dilemmas when it was difficult for them to provide ideal excretion support due to various causes, including operational difficulties, difficulty in establishing optimal support methods for individual patients, and differences in recognition between patients and staff (Hashimoto, 2012). The results of the present study support this finding.

In other previous studies, the importance of classifying problematic situations and addressing them as challenges for all staff members, rather than individual nurses, to avoid/reduce dilemmas faced by them (Yokota, Kamimura & Oda, 2011). And the effectiveness of creating opportunities to exchange opinions regarding clinical ethical issues in medical environments (Iitsuka, Kamota, Watanabe et al., 2011) were suggested. However, as one nurse stated: "*Staff members need unified approaches to care for individual patients based on their own intentions, including reporting to the care leader. We do not have enough time to discuss appropriate management in each case*", the acute care hospital nurses realized that information-sharing among nurses was insufficient, and multi-professional liaison systems for independent excretion care had yet to be established. Based on these findings, in order to enable acute care hospital nurses to perform excretion care without facing dilemmas, it may be necessary to establish liaison among nurses by creating sufficient opportunities for them to exchange information regarding independent excretion care as the first step.

3) Creation of environments to pass on and share 'clinical wisdom'

Regarding independent excretion care, one of the acute hospital nurses stated: "*I feel that my awareness of excretion independence has been enhanced since I became a leader*", representing their perception that <the content of excretion care varies depending on experience>. At the same time, as knowledge also varies among nurses, others felt that <the content of excretion care varies among individual nurses>. It is certain that nurses' knowledge varies depending on their experience. But Nakamura (Nakamura, 1992) noted the importance of 'clinical wisdom' in comparison with 'knowledge based on modern science'. In the setting of nursing care, nurses' insights based on their intuition, experience, and analogical reasoning may also be essential (Sato, 2013). In fact, among the acute care hospital nurses, novices performed independent excretion care, [learning from senior nurses], as one of them stated: "Observing senior nurses encourage patients to excrete using toilets, I learned that this is the essence of functional recovery care". Thus, they learned about nursing practice by observing senior nurses' approaches and commitments.

Nurturing model nurses in order for novices to learn about independent excretion care through seniors' experiences and statements, and develop nursing autonomy may be another future challenge, as the importance of creating environments for novice nurses to share seniors' statements as a basis for the provision of unified independent excretion care was also suggested.

2. Performing independent excretion care through multi-professional liaison as a solution to insufficient manpower

Insufficient manpower and temporal restrictions made it difficult for the acute care hospital nurses to actively perform independent excretion care.

Japan is currently facing a serious deficiency of nurses. It is likely that nursing roles will become even more important in the future, with further decreases in the birth rate and the progression of aging (Kenporen, 2011). Therefore nurses will have increasingly heavy workloads, making it more difficult for them to provide ADL-focused intervention. Based on such a situation, it may be necessary to consider measures to perform independent excretion care, even with limited nursing manpower. In the present study, the acute hospital nurses performed care [through multi-professional liaison]. Excretion care is a basic care procedure, but it requires multifaceted approaches and sufficient skills (Moriizumi & Oomi, 2009). Therefore, multi-professional liaison is indispensable for it.

The nurses frequently mentioned liaison with physical therapists and care workers (assistants). For example, one of them stated: "*Care skills vary among individuals, but the presence of skillful care workers is greatly helpful for us*", while another stated: "*We are trying to establish a system for all staff members, including nurses and assistants, to similarly manage these affairs*". Based on this, care workers who support patients' ADL through collaboration with nurses may also play a key role in performing independent excretion care in acute care hospitals.

On the other hand, as educational and personal backgrounds markedly vary among care workers, it may be crucial to provide education specializing in functional recovery care for them to acquire skills needed for independent excretion care in acute hospitals. Yasuda et al. examined nursing/caregiving specialties and collaboration, and noted the importance of 'establishing trust-based relationships between care workers and nurses to discuss issues from the standpoint of patients, rather than either party' to promote collaboration/liaison between them (Yasuda, Yamamura, Kobayashi et al., 2004). Based on this, it may also be necessary to establish liaison/collaborative systems for nurses and care workers to share information and goals, in order to provide ADL-focused patient support using the former's medical knowledge for appropriate judgment and the latter's insight into daily life.

For the elderly independent excretion care is the most dignity-related act among the ADL. In this study, it became clear that disease treatment is given priority in acute care hospital, it is difficult to carry out care with life perspective. In order to solve the problem,

it was suggested the necessity of education and tool development for independent excretion care.

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	Natsuki YANO	Tohoku University / University of the Ryukyus (Japan)

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Editor-in-Chief Masahiro KOHZUKI

Presidents Masahiro KOHZUKI · Sunwoo LEE

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

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

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

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

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