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SHORT PAPER

# Awareness of Care Staff who Participated in Bowel Dysfunction Care Training and the Actual State of Care - in the Tsugaru area of Japan -

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## ABSTRACT

This study aimed to investigate the awareness of Bowel Dysfunction Care among care staff who participated in Bowel Dysfunction Care training and the actual state of Bowel Dysfunction Care. We conducted a questionnaire survey and collected data on the primary information on Bowel Dysfunction Care, the image of Bowel Dysfunction Care, and the Quality Indicators of Bowel Dysfunction Care. The sample included 17 participants (2 males and 15 females), with 9 participants (52.9%) having 10–19 years of experience, while 11 (64.7%) of them were nurses by profession. It was found that 15 participants had some worries or problems with Bowel Dysfunction Care (88.2%), 12 participants used the defecation checklist (70.6%), and 5 participants used the Bristol scale (29.4%). Although the trainees recognized Bowel Dysfunction Care as important and considered it rewarding, the average implementation rate of the Bowel Dysfunction Care Quality Indicators was 53.6% (SD=19.7). It was suggested that there is a need for educational support opportunities for acquiring knowledge and skills to improve the quality of Bowel Dysfunction Care.

<Key-words>

Bowel Dysfunction Care, constipation, older adults, care staff

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## I. Introduction

With the rapid progression of the aging rate in Japan, by 2025, the baby boomer generation will be over 75 years. In a society where we are accustomed to living as much as possible with the purpose of maintaining the dignity and supporting independent living for the older adults, the construction of a community-based comprehensive care system is necessary. Moreover, this care system must be created according to the regional characteristics and should be based on the formulation and implementation of the long-term care insurance business plan, revised every three years<sup>1)</sup>.

To foster a dignified and independent lifestyle for older adults, the priority of solving problems related to dysuria is high. In general, older adults are more likely to experience constipation due to a decrease in gastric acid secretion, intestinal peristalsis, content transport rate, and water intake. Home care is often directed at bedridden older adults with various disabilities; however, it is observed that defecation disorders are found in 60% of the patients with severe physical disabilities<sup>2)</sup>. A survey of home-visit nursing users reported that 66.2% had problems with defecation<sup>3)</sup>. Independence of excretion promotes getting out of bed, leading to independence in daily life and an increment in the quality of life. It has been reported that excretion-related items influence returning home<sup>4)</sup>, and that relieving the burden of excretion care is helpful for caregivers, both at the facility and home<sup>5,6)</sup>.

However, it is not clear whether appropriate care is provided for excretion disorders. A survey conducted at the Long-Term Care Health Facility showed that this is because the degree of resolution of excretion care pertaining to constipation and incontinence is lower than that of diet, nutrition, pressure ulcer, and so on. Moreover, some reports reveal that more than half of the problems have not been solved, and the status quo remains unchanged<sup>7)</sup>. On the other hand, it has also been reported that the implementation of an appropriate Bowel Dysfunction Care protocol leads to improvement of the Bowel Dysfunction condition, and that appropriate training is required to establish the Bowel Dysfunction Care protocol<sup>8)</sup>.

In the 2016 revision of medical fees, the "urination independence support addition" was newly established, while in the 2018 revision of nursing fees, "excretion support addition" was initiated. These newly established revisions exhibit the need to solve problems related to dysuria proactively and are observed as a national trend in supporting a multidisciplinary collaborative excretion care plan for promoting community-based comprehensive care. In contrast, in a learning needs survey of home care nurses, home terminal care<sup>9)</sup> and chemotherapy for cancer patients<sup>10)</sup> were ranked high, but no learning needs were found for excretion. Moreover, no excretion-related items were found in training themes of the fact-finding survey on education and training at home-visit nursing offices in Tokyo<sup>11)</sup>. Although excretion is as typical as breathing, it is not recognized as a problem that requires the intervention of home care staff. Furthermore, regarding

training for home care workers, it is challenging to conduct training outside the workplace, as moving, especially in small facilities, is time-consuming. Moreover, the attendance rate for part-time (other than full-time) is low, even for in-work training<sup>12)</sup>. Thus, these issues need to be addressed.

Most of the training is often conducted in urban areas in Japan, therefore we held a workshop on intestinal Bowel Dysfunction Care at the Home Care Research Institute in a region called Tsugaru area. The purpose of this study was to investigate the awareness of trainees regarding intestinal Bowel Dysfunction Care and the actual condition of Bowel Dysfunction Care, in order to use it as basic data for business continuity.

## II. Purpose of the Research

The purpose of this study was to investigate the awareness of Bowel Dysfunction Care by the care staff who participated in the Bowel Dysfunction Care training and the actual state of Bowel Dysfunction Care.

## III. Research Method

### 1. Definition of terms

#### 1) Care Staff

Care staff was defined as those involved in excretion care, such as nurses and certified care workers.

#### 2) Bowel Dysfunction Care

Bowel Dysfunction care was defined as care for regaining comfortable defecation for a condition that causes constipation, diarrhea, fecal incontinence, or difficulty in defecation.

### 2. Research Design

This was a quantitative, descriptive study.

### 3. Participants

The participants of this study were 17 attendees who volunteered to participate in our study, of the 25 attendees of the "One-Day Introductory Bowel Dysfunction Care Course" sponsored by the Hirosaki University of Health and Welfare Home Care Research Institute. Consent was sought from all the participants.

### 4. Study Period

The study was conducted from August 1st-September 30th, 2019

## 5. Data Collection

### 1) Demographic details

The following demographic details were sought from the participants: gender, age, occupation, years of experience, and type of work.

### 2) Basic information about Bowel Dysfunction Care

Basic information on Bowel Dysfunction Care included whether the participants had any concerns about Bowel Dysfunction Care, the number of users at work, the number of users by coping method when constipation, whether they used the defecation checklist, and the Bristol scale. Moreover, it was collected such as the methods of confirming the presence or absence of defecation, the occupancy rate of Bowel Dysfunction Care work, sharing information between care staff, grasping the amount and shape of defecation, and sharing information by free description. In addition, the occupancy rate of Bowel Dysfunction Care work was collected as the ratio of Bowel Dysfunction Care to the total work by subjective free description.

### 3) Image of Bowel Dysfunction Care

Regarding the image of Bowel Dysfunction Care, it was used the semantic differential method (SD), which is a bipolar rating scales composed of "Bright-Dark" indicated by adjective pairs. The nine-items adjective pair was made by ourselves with reference to previous research<sup>13-15</sup>). The score of the SD method for each adjective pair was one point for the most positive option and five points for the most negative option, and the higher the number, the stronger the negative image. The SD was introduced and mainly developed by the US psychologist Charles E. Osgood<sup>16,17</sup>) and has already been used in many studies as the image analysis method<sup>18,19</sup>).

### 4) Quality Indicators of Bowel Dysfunction Care

The Quality Indicators of Bowel Dysfunction Care focused on the care process of home-visit nursing by Tsujimura et al.<sup>20</sup>) and was reorganized by the authors for care workers in the community, referring to the one developed for home-visit nurses. The assessment was divided into 9 indicators, interventions into six areas and 22 indicators, general care into 7 indicators, emergency response into 2 indicators, lifestyle-related adjustment, or preventive care into 5 indicators, fecal incontinence care into 5 indicators, family support into 3 indicators, and follow-up into 3 indicators. The Quality Indicators of Bowel Dysfunction Care included a total of 34 indicators. The responses were sought using "Yes," if it was in line with the usual practice and "No," if not.

## 6. Data Analysis Method

Descriptive statistics were performed. Data was analyzed by using SPSS Statistics Version 25.0 for Windows, (IBM Inc., Tokyo, Japan). The self-evaluation of the Quality Indicators was given 1 point if "Yes" and 0 points if "No." The total score was 34 points. Subsequently, the implementation rate of "Yes" for each index was calculated.

## 7. Ethical Considerations

The participants were explained, both in writing and verbally, about the purpose, method, respect for free will, the guarantee of anonymity, and publication of survey results. Subsequently, informed consent was sought for research cooperation. The survey used in this study was conducted with the approval of the Research Ethics Committee of Hirosaki University of Health and Welfare (approval number: 2019-4).

# IV. Results

## 1. Demographic Details

As shown in <Table 1>, a total of 17 participants (2 males; 15 females) who volunteered and gave their consent for research cooperation were included in our study. Of them, eight participants were in their 40s (47.1%), followed by four people in their 30s and 50s (23.5%). There were 11 nurses (64.7%); 3 certified care workers (17.4%), and a caregiver, care manager, and health nurse (5.9%). At least nine participants had the highest years of experience of 10-19 years in their respective professions. The number of affiliated facilities was the highest with seven visiting nursing stations.

## 2. Basic Information about Bowel Dysfunction Care

Basic Information about Bowel Dysfunction Care is shown in <Table 2>, 88.2% had some worries or problems regarding Bowel Dysfunction Care. The occupancy rate of Bowel Dysfunction Care was 10%, with four people (23.5%), 30%, and three people (17.6%). Overall, 12 participants (70.6%) used the defecation checklist, whereas 5 participants (29.4%) did not. Moreover, about 5 participants (29.4%) used the Bristol Stool Scale, 11 participants (64.7%) did not, and 1 participant (5.9%) chose not to respond.

Regarding specific worries and issues related to Bowel Dysfunction Care, there were five cases related to reviewing one's Bowel Dysfunction Care, practical procedures, and vague daily worries. When the defecation checklist was not used, it was directly noted in the medical record, and the information on the presence or absence of defecation and the amount of defecation was shared. When not using the Bristol scale, the amount of defecation was estimated based on the feeling of the person involved at that time.

<Table 1> Demographic Details

| Item                             |                                | n  | %    |
|----------------------------------|--------------------------------|----|------|
| Gender                           | Male                           | 2  | 11.8 |
|                                  | Female                         | 15 | 88.2 |
| Age (in years)                   | 30s                            | 4  | 23.5 |
|                                  | 40s                            | 8  | 47.1 |
|                                  | 50s                            | 4  | 23.5 |
|                                  | 60s and above                  | 1  | 5.9  |
| Occupation                       | Nurse                          | 11 | 64.7 |
|                                  | Care worker                    | 3  | 17.4 |
|                                  | Caregiver                      | 1  | 5.9  |
|                                  | Care manager                   | 1  | 5.9  |
|                                  | Public health nurse            | 1  | 5.9  |
| Years of Occupational Experience | 3-9years                       | 2  | 11.8 |
|                                  | 10-19years                     | 9  | 52.9 |
|                                  | 20-29years                     | 4  | 23.5 |
|                                  | 30years and above              | 2  | 11.8 |
| Affrication                      | Hospital                       | 1  | 5.9  |
|                                  | Home-visit nursing station     | 7  | 41.2 |
|                                  | Long-Term Care Health Facility | 2  | 11.8 |
|                                  | Nursing home                   | 3  | 17.6 |
|                                  | Paid nursing home              | 1  | 5.9  |
|                                  | Dental clinic                  | 1  | 5.9  |
|                                  | Group home for dementia        | 2  | 11.8 |

<Table 2> Basic Information about Bowel Dysfunction Care

| Item                      | -    | n  | %    |
|---------------------------|------|----|------|
| Worries or Challenges     | yes  | 15 | 88.2 |
|                           | no   | 2  | 11.8 |
| Defecation care occupancy | 5%   | 2  | 11.8 |
|                           | 10%  | 4  | 23.5 |
|                           | 20%  | 2  | 11.8 |
|                           | 30%  | 3  | 17.4 |
|                           | 40%  | 2  | 11.8 |
|                           | 50%  | 2  | 11.8 |
|                           | 70%  | 1  | 5.9  |
|                           | N.A. | 1  | 5.9  |
| Defecation checklist      | yes  | 12 | 70.6 |
|                           | no   | 5  | 29.4 |
| Bristol Stool Scale       | yes  | 5  | 29.4 |
|                           | no   | 11 | 64.7 |
|                           | N.A. | 1  | 5.9  |

N.A.: not applicable

### 3. Dealing with Constipation

Dealing with Constipation is shown in <Table 3>. Since the number of users of the facility to which the participants belonged ranged from 9 to 150, the content of coping methods for constipation was in ratio with the total number of facility users. At the facility where 11 participants (61.1%) belonged, the ratio of taking laxatives was the highest as a coping method for constipation. One person belonged to a facility where the same number of laxatives and suppositories were used, whereas two people belonged to a facility with a higher rate of enema than laxative usage.

<Table 3> Dealing with Constipation at the participant's affiliation (Multiple answers)

| Participants | Users | Laxative |      | Enema |      | Suppository |      | Stool extraction |      |
|--------------|-------|----------|------|-------|------|-------------|------|------------------|------|
|              |       | n        | %    | n     | %    | n           | %    | n                | %    |
| No.1         | 9     | 8        | 88.9 | 0     | 0.0  | 0           | 0.0  | 0                | 0.0  |
| No.2         | 9     | 5        | 55.6 | 0     | 0.0  | 0           | 0.0  | 0                | 0.0  |
| No.3         | 10    | 2        | 20.0 | 1     | 10.0 | 2           | 20.0 | 0                | 0.0  |
| No.4         | 14    | 6        | 42.9 | 2     | 14.3 | 0           | 0.0  | 1                | 7.1  |
| No.5         | 16    | 8        | 50.0 | 4     | 25.0 | 0           | 0.0  | 3                | 18.8 |
| No.6         | 29    | 24       | 82.8 | 1     | 3.4  | 0           | 0.0  | 0                | 0.0  |
| No.7         | 30    | 18       | 60.0 | 10    | 33.3 | 1           | 3.3  | 6                | 20.0 |
| No.8         | 35    | 15       | 42.9 | 15    | 42.9 | 0           | 0.0  | 3                | 8.6  |
| No.9         | 39    | 30       | 76.9 | 2     | 5.1  | 0           | 0.0  | 2                | 5.1  |
| No.10        | 42    | 40       | 95.2 | 3     | 7.1  | 0           | 0.0  | 5                | 11.9 |
| No.11        | 42    | 40       | 95.2 | 3     | 7.1  | 0           | 0.0  | 5                | 11.9 |
| No.12        | 50    | 35       | 70.0 | 1     | 2.0  | 1           | 2.0  | 0                | 0.0  |
| No.13        | 70    | 36       | 51.4 | 22    | 31.4 | 1           | 1.4  | 21               | 30.0 |
| No.14        | 88    | 30       | 34.1 | 60    | 68.2 | 19          | 21.6 | 0                | 0.0  |
| No.15        | 88    | 30       | 34.1 | 60    | 68.2 | 19          | 21.6 | 0                | 0.0  |
| No.16        | 150   | N.A.     | N.A. | N.A.  | N.A. | N.A.        | N.A. | N.A.             | N.A. |
| No.17        | N.A.  | N.A.     | N.A. | N.A.  | N.A. | N.A.        | N.A. | N.A.             | N.A. |
|              |       | Mean     | 60.0 |       | 21.2 |             | 4.7  |                  | 7.6  |
|              |       | SD       | 23.8 |       | 23.2 |             | 8.6  |                  | 9.4  |

N.A.: not applicable, SD: standard deviation

### 4. Image of Bowel Dysfunction Care

In <Table 4-1 > and <Table 4-2> shows the descriptive statistics on Image of Bowel Dysfunction Care of the Semantic Differential. Everyone had the image of "important" for defecation care. In addition, more than half of the items ("fun," "rewarding," "like," and "not difficult") had a positive image of defecation care. In other words, it was found that five out of nine items had a positive image. On the other hand, 58.8% had a negative image of "difficult" for defecation care.



<Table 4-1> Image of Bowel Dysfunction Care

| Positive - Negative       | MEAN | SD   |
|---------------------------|------|------|
| Bright - Dark             | 2.47 | 0.87 |
| Fun - Spicy               | 2.29 | 0.92 |
| Worthwhile - Bored        | 1.76 | 0.75 |
| Likes - Dislikes          | 2.29 | 0.69 |
| Not Difficult - Difficult | 2.82 | 1.43 |
| Simple - Complex          | 3.94 | 0.90 |
| Clean - Dirty             | 3.29 | 0.69 |
| Important - Unimportant   | 1.00 | 0.00 |
| Relaxing - Stress         | 2.76 | 1.03 |

Data are shown mean and standard deviation

<Table 4-2 > Image of Bowel Dysfunction Care

| Positive      | Agree (%) | Agree a little (%) | Neither (%) | Agree a little (%) | Agree (%) | Negative    |
|---------------|-----------|--------------------|-------------|--------------------|-----------|-------------|
| Bright        | 17.6      | 23.5               | 52.9        | 0.0                | 5.9       | Dark        |
| Fun           | 23.5      | 29.4               | 41.2        | 0.0                | 5.9       | Spicy       |
| Worthwhile    | 41.2      | 41.2               | 17.6        | 0.0                | 0.0       | Bored       |
| Likes         | 11.8      | 47.1               | 41.2        | 0.0                | 0.0       | Dislikes    |
| Not Difficult | 17.6      | 35.3               | 11.8        | 17.6               | 17.6      | Difficult   |
| Simple        | 0.0       | 0.0                | 41.2        | 23.5               | 35.3      | Complex     |
| Clean         | 0.0       | 5.9                | 58.8        | 29.4               | 5.9       | Dirty       |
| Important     | 100.0     | 0.0                | 0.0         | 0.0                | 0.0       | Unimportant |
| Relaxing      | 17.6      | 5.9                | 64.7        | 5.9                | 5.9       | Stress      |

### 5. Quality Indicators of Bowel Dysfunction Care

Quality Indicators of Bowel Dysfunction Care is shown in <Table 5>. The average score of the total of 34 points for the Quality Indicators of Bowel Dysfunction Care was 18.2 (SD =8.9). The average implementation rate for each index of Bowel Dysfunction Care was 53.6% (SD=19.7).

The Index No. 2 [Contents related to information gathering for understanding the cause of users with defecation disorders] in the assessment had an implementation rate of 100%. The indicators with an 80% implementation rate were general care interventions. For two indicators: No. 13 [Consideration for shame when implementing Bowel Dysfunction Care] and No. 15 [Drug adjustment for defecation control, and so on], the implementation rate was 88.2%. In contrast, the consultation showed 13 indicators with an implementation rate of 50% or less. Furthermore, the lowest four indicators had an implementation rate of 30% or less. Indicator No. 23 [Advice on improving the defecation environment if necessary] had an implementation rate of 17.6%, No. 28 [Consultation with WOC when necessary due to fecal incontinence] of 23.5%, No. 32 [Response to unification and continuation of Bowel Dysfunction Care methods] of 29.4%, and No. 33 [Evaluate the care provided by setting a deadline] of 29.4%.

<Table 5> Implementation rate in the Quality Indicators of defecation care (n=17)

| Indicator item   | YES  |       | NO |      |
|--|------|-------|----|------|
|  | n    | %     | n  | %    |
| <b>Assessment</b>  |      |       |    |      |
| 1 Possibility of defecation disorder   | 9    | 52.9  | 8  | 47.1 |
| 2 Clarification of the cause   | 17   | 100.0 | 0  | 0.0  |
| 3 Request for defecation record  | 9    | 52.9  | 8  | 47.1 |
| 4 Defecation pattern   | 11   | 64.7  | 6  | 35.3 |
| 5 Physical assessment  | 12   | 70.6  | 5  | 29.4 |
| 6 Judgment and proposal of cause and mechanism                                       | 9    | 52.9  | 8  | 47.1 |
| 7 Presence or absence of overflow fecal incontinence                                 | 6    | 35.3  | 11 | 64.7 |
| 8 Consultation with attending physician  | 8    | 47.1  | 9  | 52.9 |
| 9 Needs and impact on life   | 10   | 58.8  | 7  | 41.2 |
| <b>Intervention (general)</b>  |      |       |    |      |
| 10 Explanation of cause and mechanism  | 6    | 35.3  | 11 | 64.7 |
| 11 Agreement on control method   | 6    | 35.3  | 11 | 64.7 |
| 12 Searching for control methods   | 11   | 64.7  | 6  | 35.3 |
| 13 Consideration for shame   | 15   | 88.2  | 2  | 11.8 |
| 14 Mental support  | 8    | 47.1  | 9  | 52.9 |
| 15 Consultation with attending physician about drug adjustment                       | 15   | 88.2  | 2  | 11.8 |
| 16 Consultation with attending physician about applicable requirements such as enema | 6    | 35.3  | 11 | 64.7 |
| <b>Intervention (emergency)</b>  |      |       |    |      |
| 17 Explanation of signs of dehydration and ileus and advice on how to deal with them | 10   | 58.8  | 7  | 41.2 |
| 18 Prevention of infection during infectious diarrhea                                | 11   | 64.7  | 6  | 35.3 |
| <b>Intervention (adjustment / prevention)</b>  |      |       |    |      |
| 19 Advice on fluid intake  | 14   | 82.4  | 3  | 17.6 |
| 20 Advice on meal content  | 11   | 64.7  | 6  | 35.3 |
| 21 Advice on exercise  | 11   | 64.7  | 6  | 35.3 |
| 22 Advice on defecation promotion care during constipation                           | 9    | 52.9  | 8  | 47.1 |
| 23 Advice on defecation environment adjustment and consultation with OT / PT         | 3    | 17.6  | 14 | 82.4 |
| <b>Intervention (fecal incontinence)</b>   |      |       |    |      |
| 24 Practical care for fecal incontinence   | 9    | 52.9  | 8  | 47.1 |
| 25 Care and prevention of overflow fecal incontinence                                | 6    | 35.3  | 11 | 64.7 |
| 26 Defecation guidance during functional fecal incontinence                          | 13   | 76.5  | 4  | 23.5 |
| 27 Proposals for care to reduce skin damage  | 12   | 70.6  | 5  | 29.4 |
| 28 Consultation with a specialist on skin disorders                                  | 4    | 23.5  | 13 | 76.5 |
| <b>Intervention (family support)</b>   |      |       |    |      |
| 29 Individual support  | 6    | 35.3  | 11 | 64.7 |
| 30 Proposal of equipment   | 8    | 47.1  | 9  | 52.9 |
| 31 Introduction of public support system   | 7    | 41.2  | 10 | 58.8 |
| <b>Follow up</b>   |      |       |    |      |
| 32 Guidance on defecation care   | 5    | 29.4  | 12 | 70.6 |
| 33 Reassessment of care  | 5    | 29.4  | 12 | 70.6 |
| 34 Continuous care for the best defecation status                                    | 8    | 47.1  | 9  | 52.9 |
|  | Mean | 53.6  |    | 46.4 |
|  | SD   | 19.7  |    | 19.7 |

OT: Occupational Therapist, PT: Physical Therapist, SD: standard deviation

## V. Discussion

### 1. Participants of Bowel Dysfunction Care Training

Most of the trainees were nurses working at home-visit nursing stations; however, there were also nurses and nursing staff working at special nursing homes, nursing homes, and group homes for the older adults. This shows that the training was recognized by many occupations and fields. In addition, nine participants (52.9%) had 10-19 years of experience, based on which they can be judged to be skilled in their profession; however, they too had worries and problems related to Bowel Dysfunction Care. Benner says that nurses always have a desire to be satisfied even when they become an expert<sup>21)</sup>. Moreover, it was seen that nurses desired a sense of satisfaction regarding Bowel Dysfunction Care.

Regarding the image of Bowel Dysfunction Care, all the trainees answered that Bowel Dysfunction Care was significant, with 14 participants (82.4%) recognizing that although challenging, it is worthwhile. However, ten participants (58.8%) found the care was difficult. Based on this and as observed in previous research, it was inferred that sharing information and working together as a team was important in Bowel Dysfunction Care, rather than working on improving the skills individually.

### 2. Actual Condition of Bowel Dysfunction Care

In the actual state of Bowel Dysfunction Care, it was found that 5 participants did not use the defecation checklist, whereas 11 participants did not use the Bristol scale. As a primary method of Bowel Dysfunction Care, it was found that it is necessary to have people understand the importance of using the defecation checklist, the Bristol scale, and informing the care workers. In addition, the average use of laxatives was 60.0% (SD=23.8) in the content of Bowel Dysfunction Care, like the fact-finding survey on defecation of the older adults reported from 2006–2010<sup>22-25)</sup>. This indicated that there was no change in the situation that was biased towards the use of laxatives as a coping method for constipation.

### 3. Quality of Bowel Dysfunction Care for Care workers based on the Implementation Rate of the Quality Indicators of Bowel Dysfunction Care

The average score of self-evaluation using the Quality Indicators of Bowel Dysfunction Care was 18.2 points, with an average implementation rate of 53.6%, as found from the survey conducted by Tsujimura et al.<sup>26)</sup>. The participants had attended the Bowel Dysfunction Care training, and 15 of 17 participants had concerns related to Bowel Dysfunction Care. Although they were consciously involved in Bowel Dysfunction Care on a daily, the Quality Indicators of Bowel Dysfunction Care showed that the quality of care was low. Indicator No. 23 [Advice on improving the defecation environment, if necessary], which had the lowest implementation rate, is the most general support content. Since the number of participants was only 17, it is possible that they did not encounter the subjects who had to implement the contents of the quality indicators, rather than not implementing the necessary indicators for the subjects.

## VI. Limitations of This Study and Future Challenges

Since the implementation rate of the Quality Indicators of Bowel Dysfunction Care was determined before the training, it is necessary to evaluate the change in the implementation rate of the participants after the training. In addition, since the results are based on a limited sample of 17 participants, regular Bowel Dysfunction Care training should be conducted to raise awareness of the Quality Indicators of Bowel Dysfunction Care and improve the quality of Bowel Dysfunction Care in this region.

## VII. Conclusion

By investigating the awareness of Bowel Dysfunction Care among the care staff who participated in the Bowel Dysfunction Care training and the actual state of Bowel Dysfunction Care, the trainees recognized that Bowel Dysfunction Care was important and regarded it as rewarding. However, we found that the implementation rate of the Quality Indicators of Bowel Dysfunction Care was low. Based on our findings, we suggest educational support opportunities for acquiring knowledge and skills to improve the quality of Bowel Dysfunction Care.

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