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ORIGINAL ARTICLE

Current Status and Challenges of Interprofessional Work to Promote Independence in Excretion among Older People Requiring Care and Living in Provincial Cities;

Focused on Roles of the Nursing College and Home Life Support services

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ABSTRACT

This study examined comprehensive care to promote independence in excretion in the city with such regional characteristics as a basis for discussing the roles of the nursing college with the mission of contributing to "education", "research", and "society" in this area. A questionnaire survey was conducted involving 72 professionals, who participated in a training course provided by the community-based comprehensive support center of a provincial city (study city), and their responses in a free-description style were examined by Berelson's content analysis. The current status of IPW to promote independence in excretion among older people requiring care was outlined by the following 7 categories: collaborating with professionals needed in consideration of user individuality, collecting/sharing information, performing the PDCA Cycle, providing guidance for family caregivers, respecting users' and their families' intentions, respecting various other professionals, and raising awareness to promote independence in excretion. Challenges of such IPW were classified into factors associated with current challenges and approaches required to resolve them, which were represented by 8 categories each: the former included: users' and family caregivers' personal backgrounds, barriers between medical and other institutions, deficiency of resources for collaboration, complexity of various excretion care interventions, and facilities' problems; and the latter included: education, Ingenuity for consensus-building, partnership, and ethical considerations. The results highlighted the necessity of examining the types of information to be shared, as well as the methods to share such information and make use of it for plan implementation through a series of processes, when proving care to promote independence in excretion among older people requiring care through IPW. Interprofessional education to improve management skills as a basis for promoting independence in excretion was also suggested to be required.

<Key-words>
Care to promote independence in excretion, home life support services, interprofessional working

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I. Introduction

Building a community-based integrated care system to help older people continue to live in their communities while maintaining their dignity, even when they become care-dependent, is a pressing issue for Japan. Such care requires system development to appropriately provide various types of life support, including medical, care, and welfare services, in everyday life settings. However, it is not easy for older people to continue to live in their communities, and the difficulty of maintaining independence in excretion is one of the causes. In many elderly people, forced diaper use and bed rest during hospitalization lead to a decline in walking ability and consequent lowered level of independence in excretion. Increased burdens on caregivers and a significantly lower rate of return to home among older people who are not independent in excretion and require assistance have also been reported[1,2]. Based on these findings, independence in excretion may be key to help older people continue to live in their communities, even when they become care-dependent.

As a measure to promote independence in excretion, Japan newly defined "additional fees for support to promote independence in excretion" or improve the excretory function of older people requiring care and living in long-term care insurance-covered facilities, when it revised care fees in 2018. These fees were added to evaluate the support for facility residents with excretory disorders, provided through interprofessional collaboration, and reducing diaper use is one of the requirements to calculate them. As for medical institutions, a system to evaluate their approaches to comprehensively and continuously promote independence in excretion from hospitalization to outpatient service use was launched when the medical fees were revised in 2020. Thus, approaches to promote independence in excretion are being provided according to the characteristics of each institution, but unified, integrated care is not being provided throughout medical, facility, and home settings[3]. For example, in a previous study, acute care ward nurses realized the difficulty of care to promote independence in excretion despite the shortening of hospital stays, and they needed continuous, multi-institutional interventions, as acute nursing care alone does not suffice for this purpose[4]. Another study reported that health service facilities for older people requiring care lacked information regarding independence in excretion from other institutions and understanding of the roles of other institutions/professionals to collaborate with, and these deficiencies made it difficult for them to continuously provide care, with the aim of promoting independence in excretion[5]. In home care approaches to urination, challenges associated with various factors, such as system-related issues and differences in views and motivation among professionals, were noted[6].

In home life support services, where relevant occupations vary according to users' and their families' situations, and economic and other problems related to individual users' backgrounds are intricately associated with each other, it is particularly difficult for a

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Asian Journal of Human Services, VOL.23 1-20

single institution to provide sufficient support. Therefore, Interprofessional work (IPW) is considered essential to support each user/family through collaboration among several institutions. In other words, home support does not provide the care that is really necessary if each occupation visits alone, but it is possible to provide care to improve the quality of life of the user by coordinating and collaborating with each occupation[7]. In terms of IPW, medical care precedes, and social welfare/social work lags behind, although the importance of IPW is also well-recognized in the latter[8]. As elements of IPW, "promotion of information-sharing", "promotion of team approaches to care", and "promotion of smoother service provision" have been reported to be important[9]. However, concerning IPW, visiting nurses and care managers find the [promotion of information-sharing] difficult, and there are discrepancies between them in the awareness of [trust-based relationships][10], revealing various challenges of IPW in home life support services. Under such circumstances, in recent years, medical universities centered on education are expected to contribute to regional cooperation and construction of a comprehensive community care system[11].

Considering such a situation, this study examined comprehensive care to promote independence in excretion in the city with such regional characteristics as a basis for discussing the roles of the nursing college with the mission of contributing to "education", "research", and "society" in this area.

II. Definition of term

As defined in a caregiving skill-up workshop held by the Japanese Council of Senior Citizens Welfare Service, independence in excretion refers to "being able to excrete using general or portable toilets, not requiring diapers or similar products for fecal management", and comprehensive care to promote independence in excretion refers to "continuously providing care to promote independence in excretion throughout public health, medical, and welfare settings".

III. Subjects and Methods

1. Study design

A qualitative, descriptive study.

2. Outline of the study area and reasons for choosing it

The study city is located in the eastern part of a prefecture with a population of 109,035, total household number of 49,630, and aging rate of 29.3% (as of April 1, 2020). In 2016, the average life expectances among males and females in the city were 79.8 (national

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

average: 80.9) and 85.9 (87.1), respectively. When focusing on regional medical resources, the number of each type of heath care facilities per 100,000 population in a designated health area, including the city, is as follows: general clinics: 56.87 (national average: 69.75), general clinic beds: 70.77 (66.63), and care facilities: 9.76 (11.31). In a survey in October 2020, the most common care/support grade in the study city was Care Grade 1 (31.5%), followed by Care Grade 2 (21.9%)[12], whereas these grades accounted for 23.7 and 20.3%, respectively, in national statistics in 2019[13].

The city was chosen for the following reasons: As a tertiary care center, a hospital of the nursing college the author belongs to is available in the eastern area of the prefecture. The study city and the area with the college hospital are located in the same designated health area. Additionally, the nursing college is the only college specializing in health care in the city. This study examined comprehensive care to promote independence in excretion in the city with such regional characteristics as a basis for discussing the roles of the nursing college with the mission of contributing to “education”, “research”, and “society” in this area.

3. Subjects and methods

The subjects were professionals who participated in a web-based training course provided by the community-based comprehensive support center of a district of the prefecture as a project to expand the center’s function, with the theme “Discussing Effective Support for Family Caregivers”. Before asking these professionals to cooperate with the study, the chief of the Community-based Integrated Care Promotion Section of the city, which was in charge of the district community-based comprehensive support center organizing the training course, was provided with oral and written explanations of the study objective and ethical considerations to obtain her approval. Then, the professionals were provided with an oral explanation of the study objective and ethical considerations on the internet, while explanatory documents, including instructions for the questionnaire response, were distributed to the 37 facilities they belonged to according to the number of professionals in each, and asking the chiefs of their departments to individually distribute these documents. They responded to the questionnaire and returned their responses based on their free will. Each returned response was regarded as consent from a subject. The questionnaire survey was conducted from September 17 to October 29, 2021, using Google Forms.

4. Study items

1) Subjects’ basic attributes

As their basic attributes, the subjects’ sex, age, educational background, current occupation, length of experience in the current occupation, and type of service were asked.

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

2) Current status and challenges of IPW for comprehensive care to promote independence in excretion

The subjects were also asked to describe their daily approaches to care to promote independence in excretion among users through collaboration with various other institutions/professionals and related challenges as specifically as possible.

5. Analysis

The subjects' basic attributes were organized by simple tabulation.

From their free descriptions, data representing the "current status of IPW in home life support services to promote independence in excretion among older people requiring care" and "challenges of comprehensive care to promote independence in excretion" were extracted, and their contents were analyzed using Berelson's technique. Berelson's content analysis is a method to systematically indicate descriptions in documents and data as a category system[14], and it was deemed suitable for analyzing the free descriptions obtained in the present survey. The analytical procedure was as follows: 1) creating a table of raw data, 2) determining the context units, 3) dividing them into recording units, 4) classifying these units based on semantic similarities, and 5) quantifying the frequency of appearance of recording units in each category.

The analytical procedure was performed while repeatedly deliberating with collaborative researchers. In addition, to confirm the reliability of categories, 1 collaborative researcher with experience of research using content analysis and 1 professional providing home life support services (a total of 2) were asked to reanalyze the data, and the concordance rate for categorization was calculated using a calculation formula developed by Scott, W. A.[15]. The reliability cutoff was set at 70% or higher.

6. Ethical considerations

The chief of the Community-based Integrated Care Promotion Section of the city in charge of the district community-based comprehensive support center organizing the training course and the subjects were provide with oral and written explanations of 2 considerations: the questionnaire was anonymous and this was a web-based survey using Google Forms, but individuals would not be identified as anonymization measures were adopted. Other principles, including: responses based on free will, the right to refusal, no disadvantageous treatment of those not cooperating with the study, maintenance of anonymity, protection of the study data using passwords, and their storage in a lockable vault for 10 years, were also explained.

The study was approved by the Ethics Committee of the nursing college (approval number: 03-2).

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

IV. Results

Among the 72 professionals asked for cooperation, 29 responded (response rate: 40.3%), and all of them were included for analysis.

From their free descriptions, 112 context units were extracted, which were divided into 200 recording units. Among these recording units, 13 with higher abstractness and unclear descriptions were excluded, and 187 were analyzed and categorized based on semantic similarities. The current status of IPW to promote independence in excretion among older people requiring care was outlined by 7 categories, while factors associated with current challenges in care to promote such independence and approaches required to resolve them were summarized into 8 categories each. The concordance rates for the former and latter categorizations were 73.7 and 78.9%, respectively. As the rate exceeded 70% in both cases, the reliability was deemed sufficient.

1. Subject characteristics (Table 1)

There were 26 (89.7%) females and 3 (10.3%) males, and the mean age was 49.9±7.8 (range: 29 - 65). Their educational backgrounds were as follows: senior high school: 8 (27.6%), vocational school: 6 (20.7%), junior college: 6 (20.7%), and college/university: 9 (31.0%).

Their current occupations were as follows: care manager: 18 (62.1%), certified care worker: 5 (17.2%), care worker: 3 (10.3%), nurse: 2 (6.9%), and social worker: 1 (3.5%). The length of experience in the current occupation was shorter than 1 year in 3 (10.3%), 1 year or longer, but shorter than 3 years in 2 (6.9%), 3 years or longer, but shorter than 5 years in 2 (6.9%), 5 years or longer, but shorter than 8 years in 7 (24.1%), and 8 years or longer in 15 (51.8%). The type of service was home care support in 18 (62.1%), community-based comprehensive support center work in 5 (17.2%), home-visit care in 5 (17.2%), and home-visit nursing in 1 (3.5%).

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

<Table1> Basic attributes

Item/Category		n	(%)
Sex			
	Female	26	(89.7)
	Male	3	(10.3)
Age a)		49.9±7.8［29～65］	
Final Education			
	Senior high school	8	(27.6)
	Vocational school	6	(20.7)
	Junior college	6	(20.7)
	College/university	9	(31.0)
Current occupation			
	Care manager	18	(62.1)
	Certified care worker	5	(17.2)
	Care worker	3	(10.3)
	Nurse	2	(6.9)
	Social worker	1	(3.5)
The length of experience in the current occupation			
	Shorter than 1 year	3	(10.3)
	1 year or longer, but shorter than 3 years	2	(6.9)
	3 years or longer, but shorter than 5 years	2	(6.9)
	5 years or longer, but shorter than 8 years	7	(24.1)
	8 years or longer	15	(51.8)
The type of service			
	Home care support	18	(62.1)
	Community-based comprehensive support center	5	(17.2)
	Home-visit care	5	(17.2)
	Home-visit nursing	1	(3.5)

a) Average Value±Standard deviation［min～max］

2. Current status of IPW to promote independence in excretion among older people requiring care (Table 2)

The current status of IPW to promote independence in excretion among older people requiring care was outlined by 7 categories (<< >>) and 55 recording units (< >). The number of recording units comprising each category was as follows: <<collaborating with professionals needed in consideration of user individuality>>: 21 (38.2%), <<collecting/sharing information>>: 21 (38.2%), <<performing the PDCA Cycle>>: 5 (9.1%), <<providing guidance for family caregivers>>: 4 (7.3%), <<respecting users' and

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

their families' intentions>>: 2 (3.6%), <<respecting various other professionals>>: 1 (1.8%), and <<raising awareness to promote independence in excretion>>: 1 (1.8%).

To promote independence in excretion among older people requiring care, the professionals providing home life support services adopted measures, such as <collaborating with those providing home-visit nursing/home-visit care services> and <collaborating with those providing assistive products>, which were summarized into <<collaborating with professionals needed in consideration of user individuality>>. At this point, they collected information from several institutions/professionals, including <holding meetings of persons in charge> and <collecting information from various other institutions/professionals>, which were represented by <<collecting/sharing information>>. They made use of the collected information for <<performing the PDCA Cycle>> to promote independence in excretion, specifically by <assessing users' mental/physical conditions> and <formulating excretion care plans>. Their activities also included: <assessing users' excretory function in day care, and providing guidance for their families> and <providing motor guidance through rehabilitation specialists>, which were represented by <<providing guidance for family caregivers>>. They performed these activities, while <<respecting various other professionals>>, such as <respecting various other professionals' opinions>, in addition to <<respecting users' and their families' intentions>>, such as <respecting and sharing users' and their families' intentions>, and <<raising awareness to promote independence in excretion>> such as <promoting awareness of independence in excretion among related institutions>. Thus, they provided care to promote independence in excretion through collaboration with various other institutions/professionals.

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Asian Journal of Human Services, VOL.23 1-20

<Table2> Current status of IPW to promote independence in excretion among older people requiring care

Categories	Same recording unit	Recording unit (%)
collaborating with professionals needed in consideration of user individuality (21)	Collaborating with those providing home-visit nursing/home-visit care services (8)	21 (38.2)
	Collaborating with rehabilitation specialists (4)	
	Collaborating with those providing assistive products (4)	
	Collaborating with day care facilities (2)	
	Collaborating with various other professionals/institutions in consideration of user individuality (2)	
	Asking to notify users when it is time to excrete	
collecting/sharing information (21)	Sharing information (10)	21 (38.2)
	Collecting information from various other institutions/professionals (6)	
	Holding meetings of persons in charge (2)	
	Confirming information	
	Placing importance on information-sharing	
	Making use of telephones	
performing the PDCA Cycle (5)	Assessing users' mental/physical conditions	5 (9.1)
	Formulating excretion care plans	
	Monitoring	
	Continuously providing the services	
	Developing improving plans to promote independence	
providing guidance for family caregivers (4)	Providing guidance (2)	4 (7.3)
	Assessing users' excretory function in day care, and providing guidance for their families	
	Providing motor guidance through rehabilitation specialists	
respecting users' and their families' intentions (2)	Respecting users' and their families' intentions	2 (3.6)
	Sharing related challenges and users' wishes, and examining solutions together	
respecting various other professionals (1)	Respecting various other professionals' opinions	1 (1.8)
raising awareness to promote independence in excretion (1)	Promoting awareness of independence in excretion among related institutions	1 (1.8)
	Total	55 (100)

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

3. Challenges of IPW to promote independence in excretion among older people requiring care

Challenges of IPW to promote independence in excretion among older people requiring care were classified into "factors associated with current challenges" and "approaches required to resolve them".

Factors associated with current challenges were represented by 8 categories and 60 recording units (Table 3). The number of recording units comprising each category was as follows: <<users' and family caregivers' personal backgrounds>>: 19 (31.7%), <<barriers between medical and other institutions>>: 10 (16.7%), <<deficiency of resources for collaboration>>: 9 (15.0%), <<complexity of various excretion care interventions>>: 8 (13.3%), <<facilities' problems>>: 5 (8.3%), <<insufficient sharing for collaboration>>: 4 (6.7%), <<other institutions'/professionals' insufficient understanding>>: 4 (6.7%), and <<unclear definition of independence>>: 1 (1.6%).

The professionals providing home life support services perceived various difficulties related to <<users' and family caregivers' personal backgrounds>>, such as <users in a bad mood>, <interventions for older people with dementia>, <lack of cooperation from families>, and <family caregivers' insufficient knowledge>, when providing care to promote independence in excretion among older people requiring care. With regard to IPW, they realized <barriers between medical and care services>, in addition to <<barriers between medical and other institutions>>, such as <difficulty in sharing information with medical institutions>, and <<other institutions'/professionals' insufficient understanding>> such as <insufficient understanding among professionals> and <insufficient relationship-building among institutions>. When collaborating, they felt that a <<deficiency of resources for collaboration>>, including a <lack of places for interprofessional meetings> and <lack of common forms>, resulted in <<insufficient sharing for collaboration>> or <insufficient information-sharing>. Furthermore, as challenges of care to promote independence in excretion, they also realized the <<complexity of various excretion care interventions>> associated with various factors, such as the <necessity of assistance according to each user's excretory rhythm> and <time-consuming>, and <<facilities' problems>>, represented by the difficulty of care interventions to promote independence in excretion due to <insufficient manpower for caregiving> in day care facilities. They also noted an <<unclear definition of independence>> or <undetermined definition of independence> as another challenge.

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Asian Journal of Human Services, VOL.23 1-20

<Table3> Challenges of IPW to promote independence in excretion among older people requiring care

Categories	Same recording unit	Recording unit (%)
users' and family caregivers' personal backgrounds (19)	Refusal of intervention due to a sense of shame (3) Difficulty in notifying of the desire to excrete (2) Users' motivation Users in a bad mood Users who do not admit toileting failures Interventions for older people living alone Interventions for older people with dementia Poor awareness of excretion and communication difficulties Avoidance of fluid intake Economic problems Lack of cooperation from families Family caregivers' insufficient knowledge Difficulties faced by family caregivers during the night-time Family caregivers' limited caregiving skills Poor awareness of excretion Users' and/or families' refusal of helpers	19 (31.7)
barriers between medical and other institutions (10)	Barriers between medical and care services (3) Difficulty in sharing information with medical institutions (2) Insufficient collaboration with medical institutions (2) Insufficient awareness of home life support among medical institutions (2) Psychological distance in communication with medical institutions	10 (16.7)
deficiency of resources for collaboration (9)	Lack of places for interprofessional meetings (5) Difficulty in participating in the training course, as it starts late Insufficient human resources for coordination Insufficient resources to resolve challenges Lack of common forms	9 (15.0)
complexity of various excretion care interventions (8)	Assistance according to each user's excretory rhythm (2) Time-consuming (2) Difficulty in accurately assessing users' ADL Difficulty in understanding the situation due to a limited number of visits Reduced excretory behaviors when returning to home Necessity of considering various risks and cleaning up after excretion	8 (13.3)
facilities' problems (5)	Insufficient manpower for caregiving (3) Insufficient manpower and time for caregiving (2)	5 (8.3)
insufficient sharing for collaboration (4)	Insufficient information-sharing (2) Insufficient goal- and challenge-sharing (2)	4 (6.7)
other institutions'/professionals' insufficient understanding (4)	Insufficient understanding among professionals Disagreements among professionals Insufficient relationship-building among institutions Differences in motivation among professionals	4 (6.7)
unclear definition of independence (1)	Undetermined definition of independence	1 (1.6)
	Total	60 (100)

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

Approaches required to resolve these challenges were summarized into 8 categories and 72 recording units (Table 4). The number of recording units comprising each category was as follows: <<education>>: 24 (33.4%), <<Ingenuity for consensus-building>>: 24 (33.4%), <<partnership>>: 8 (11.1%), <<ethical considerations>>: 5 (6.9%), <<environmental arrangements>>: 4 (5.6%), <<guidance for family caregivers>>: 3 (4.2%), <<temporal arrangements>>: 2 (2.7%), and <<specialized institutions>>: 2 (2.7%).

When providing comprehensive care to promote independence in excretion among older people requiring care, the professionals in home life support services perceived the necessity of extensive <<education>> not only to acquire <knowledge of excretion> and/or <abilities and skills needed for partnership>, but also to learn about collaboration. They were aware of the necessity of <<Ingenuity for consensus-building>>, including determining <means of information-sharing> and <settings for information-sharing>, and building <<partnership>>, covering <support using one's specialty> and <trust-based relationships-building>. They also noted the necessity of respecting users, and providing interventions for them and their family caregivers, which were classified as <<ethical considerations>> for users, including <respecting users' self-esteem>, <<environmental arrangements>>, including <suggestions for comprehensive improvement of living environments>, and <<guidance for family caregivers>>, including <family guidance>. They found it necessary to make temporal arrangements, such as creating a <temporal leeway>, and having <<specialized institutions>>, specifically <specialized institutions for excretion care> available, in order to implement these measures.

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

<Table4> Approaches required to resolve these challenges

Categories	Same recording unit	Recording unit (%)
Education (24)	Knowledge of excretion (8) Recognition of support to promote independence (3) Supervisor training and assignment (3) Knowledge of dementia (2) Abilities and skills needed for partnership (2) Caregiving skills Work experience in excretion care Characteristics of older people Care with ethical considerations Human resources for family guidance Recognition of individualized care Time for education	24 (33.4)
Ingenuity for consensus-building (24)	Means of information-sharing (9) Settings for information-sharing (5) Information-sharing (3) Opinion exchange (2) Goal-sharing Problem-sharing Awareness-sharing Understanding of personal information	24 (33.4)
Partnership (8)	Interprofessional work (4) Support using one's specialty Trust-based relationship-building Collaboration including users and their families Provision of unified care	8 (11.1)
Ethical considerations (5)	Respect for users' self-esteem (3) Ethical consideration (2)	5 (6.9)
environmental arrangements (4)	Environmental arrangements (3) Suggestions for comprehensive improvement of living environments	4 (5.6)
guidance for family caregivers (3)	Family guidance (2) Understanding of users' excretory rhythms among their families	3 (4.2)
temporal arrangements (2)	Temporal leeway (2)	2 (2.7)
specialized institutions (2)	Specialized institutions for excretion care (2)	2 (2.7)
	Total	72 (100)

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

V. Discussion

In a community-based integrated care system, system development is required to provide necessary services while ensuring that communities fulfill their roles in promoting "self-/mutual help, cooperation, and public assistance", and organically connect to each other[16]. However, in communities, professionals providing support tend to belong to different institutions, and need to collaborate beyond their organizations/institutions, which makes team approaches to care very difficult[17]. Therefore, to clarify the current status and challenges of IPW to promote independence in excretion among older people requiring care, this study examined professionals providing home life support services in a provincial city. Based on the results obtained, we examined comprehensive care to promote independence in excretion in the city with such regional characteristics as a basis for discussing the roles of the nursing college with the mission of contributing to "education", "research", and "society" in this area.

1. Current status and challenges of IPW to promote independence in excretion among older people requiring care and living in provincial cities

Among the categories outlining the current status of IPW to promote independence in excretion among older people requiring care, [collaborating with professionals needed in consideration of user individuality] and [information collection/-sharing] consisted of the highest numbers of recording units. On the other hand, the professionals realized [insufficient sharing for collaboration], which is really needed to promote independence in excretion, and [users' and family caregivers' personal backgrounds] or their circumstances, such as users' motivation, diseases, and financial status, and family caregivers' problems, were shown to be associated with these difficulties. It should be particularly noted that care to promote independence in excretion requires individualized approaches, as reported in a previous study, highlighting the necessity of helping users appropriately urinate according to their urinary function level[18]. Thus, uniform care provided by a single profession does not suffice to cope with different situations, and therefore, public health, medical, and welfare service providers are expected to provide individualized care according to each user's needs through collaboration. However, with changes in the household structure due to aging, the environment surrounding family caregivers has also changed, increasing the complexity and variety of the support needed by them[19]. It is likely that variations in the ADL level among older people requiring care themselves due to aging and diseases are also making it difficult to provide care to promote independence in excretion in consideration of personal backgrounds.

Next, among the categories summarizing challenges of IPW, [barriers between medical and other institutions] consisted of the highest number of recording units. In a previous study, care managers' tendency to recognize these challenges as "resulting from psychological distance in communication with medial institutions" was noted[20]. The

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Asian Journal of Human Services, VOL.23 1-20

results of the present study, where care managers accounted for 60%, were similar to this. The barriers to medical institutions perceived by professionals providing home life support services were represented by <poor awareness of home life support among medical institutions> and <psychological distance in communication with medical institutions>, indicating the necessity of resolving [other institutions'/professionals' insufficient understanding] as a future challenge. [Deficiency of resources for collaboration], such as places for collaboration and common forms, was another cause of the difficulty of IPW for care to promote independence in excretion. Based on these findings, the major challenges of IPW for care to promote independence in excretion among older people requiring care may be "processes for collaboration" and "managing skills to promote independence in excretion". Focusing on these 2 points, concrete measures for comprehensive care to promote independence in excretion are discussed as follows:

First, concerning "processes for collaboration", the results of the present study examining the current status of IPW suggest that many professionals understand [information collection/-sharing] is the central part of "collaborating with various other professionals". However, as defined by Matsuoka[21], "collaboration" is a continuum, and it signifies interrelationships. In other words, collaboration is not simply collecting/sharing information, and those collaborating should have common definitions and purposes, and provide care to promote independence in excretion among older people requiring care through a series of processes. However, the present study revealed that they face 2 challenges, [insufficient sharing for collaboration] and [unclear definition of independence], in this aspect, and lack a common understanding of inter-institutional relationships. As a factor that makes IPW difficult, Kumazawa et al.[22] noted that a lack of unified definitions or purposes confuses professionals about what information they should share. Similar results were also obtained in the present study. In particular, it is inferred that individualized care to promote independence in excretion is difficult based only on written information, such as summaries, as care to promote independence in excretion is characterized by the [complexity of various excretion care interventions]. Now that community health collaborative pathways and discharge coordination rules are available, some communities begin to utilize these, but there are still various issues to be addressed such as difficulty in sharing support policies between medical and care services[23]. As the results of the present study indicate the necessity of examining the types of information to be shared, as well as the methods to share such information and make use of it for plan implementation through a series of processes, future studies should examine specific methods for sharing, covering the use of ICT, which has markedly advanced over these years.

As for another major challenge, "management skills to promote independence in excretion", [education] was the approach required by professionals providing home life support services to resolve challenges of IPW, consisting of the highest number of recording units, and represented by a variety of identical recording units such as

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Asian Journal of Human Services, VOL.23 1-20

<knowledge of excretion>, <characteristics of older people>, and <abilities and skills needed for partnership>. The professionals providing home life support services perceived the necessity of education to manage independence in excretion. Especially, in care management, care managers play an important role. They are expected to appropriately assess excretory disorders, and resolve problems by efficiently and economically combining formal/informal medical, nursing, and care services[24]. However, it has been noted that among care managers with educational backgrounds that markedly vary, few are able to appropriately conduct urinary assessment[25]. Therefore, while improvements in care managers' care management skills related to urination are also expected, education focusing on IPW (interprofessional education: IPE) at a practical level is needed, as it is difficult for individual professionals to collaborate with various other professionals, and provide such care through a series of processes based only on their personal competence[26]. IPE is defined as "professionals from different areas collaborate and learn together in the same place how to improve the quality of care, as well as about each other"[27]. It has been shown that professionals' perceptions of other professionals change, and their awareness of other professionals' functions and roles raises after participating in IPE programs[28], and sharing challenges in the same place improves their collaboration skills[29]. Thus, by learning together through IPE programs, it becomes possible for professionals to build closer relationships with various other professionals, and resolve "disagreements among medical, care, and welfare professionals" and "insufficient understanding of various other professionals[30]. This indicates that IPE that also deals with care management related to independence in excretion, such as education to acquire knowledge of excretion and education needed for collaboration, and human development for this purpose are also required.

2. Roles of the nursing college in comprehensive care to promote independence in excretion

With an aging rate, average life expectancy, and Care Grade certification rate similar to national values, the study city may be a typical area representing Japan's aging society. Furthermore, 1 nursing college is located in the study city, and the city and a hospital of this college are located in the same designated health area. The last point of discussion is the roles of the nursing college with the mission of contributing to "education", "research", and "society" in comprehensive care to promote independence in excretion in the city with such regional characteristics.

In a community-based integrated care system, it is necessary to develop original systems in consideration of regional characteristics and changes in situations, and community collaboration system-building and operation structuring through active public-industry-academia-government collaboration are indispensable[31]. There have already been some projects, where a college/university and community collaborated to establish a community-based integrated care system[32], and approaches to "education" and "social contribution" were also actively adopted. In the present study, professionals

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Asian Journal of Human Services, VOL.23 1-20

providing home life support services strongly perceived the necessity of [education] for comprehensive care to promote independence in excretion. In this respect, the nursing college as the only college specializing in health care in the city should play an important role in educating professionals, who provide comprehensive care to promote independence in excretion, such as helping them acquire knowledge of excretion, and learn about older people's characteristics. It may also be necessary for the college to provide educational approaches for community residents, such as giving open lectures on care to promote independence in excretion, in order to build systems for such care with residents, and support this through collaboration with the city. Moreover, as it was revealed that professionals providing home life support services in the city strongly perceived barriers to medical institutions, the roles of the college and its hospital in removing these barriers may also be significant. Promoting collaboration requires good leaders and those who support them[33]. Therefore, it may be very important for the hospital, which is located in the same designated health area as the city and playing a central role in the health system for the eastern part of the prefecture, to demonstrate leadership, and promote the establishment of public health, medical, and welfare services. The result supports the feasibility for the hospital and nursing college to promote IPW beyond the barriers between medical and other services by building a closer relationship between them such as more actively collaborating and providing training courses for professionals together.

VI. Study Limitations and Future Challenges

This study examined professionals who participated in a training course provided by a single community-based comprehensive support center in a provincial city, and 60% of them were care managers working for home care support facilities. Therefore, the results may not accurately represent the current status or challenges of IPW to promote independence in excretion in provincial cities. As a future challenge, it may be necessary to examine appropriate measures for the nursing college as an educational institution to collaborate with the city in comprehensive care to promote independence in excretion, and to formulate IPE plans in consideration of regional characteristics.

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Asian Journal of Human Services, VOL.23 1-20

References

1) Imaoka S & Mori T. Investigation of factors related to home discharge using FIM for disuse syndrome patients. *The journal of the Japan Society for Health Care Management*. 2019, 20(2), 71-77.
2) Furukawa K, Kodaira M, Inoue Y, Fujio Y, Shinichi T & Tsumori T. Factors affecting patients' return home from a geriatric health services facility ~ An analysis of care affecting the possibility of home rexovery~. *Japan Society of Functional Recovery Care and Power Rehabilitation*. 2017, 11(1), 68-77.
3) Enomoto Y, Fujio Y & Kodaira M. A Current Status of Care Plans for Independent Excretion in Japan's Long-term Care Insurance Services. *Asian Journal of Human Services*. 2019, 17, 11-23. DOI: 10.14391/ajhs.17.11
4) Enomoto Y, Fujio Y & Kodaira M. Acute Hospital Nurses' Recognition of and Approaches to Functional Recovery/ Independent Excretion Care for Elderly Patients with Pneumonia. *Asian Journal of Human Services*. 2018, 14, 24-37. DOI: 10.14391/ajhs.14.24
5) Enomoto Y, Fujio Y & Kodaira M. Actual condition of support for independence of excretion of elderly people in need of nursing care provided by geriatric health service facilities that are strengthening return to home. *Japan Society of Functional Recovery Care and Power Rehabilitation*. 2020, 14(1), 30-39.
6) Imamaru E. Urination care at home through multi-disciplinary collaboration - Urination care at home-. *Journal of Japanese Society of Geriatric Urology*. 2021, 34(1), 47.
7) Ishibashi Y. To succeed in multidisciplinary collaboration and collaboration in home medical care. *Hospital*. 2016, 75(4), 274-279. DOI: 10.11477/mf.1541210076
8) Matsuoka K & Matsuoka C. Interprofessional work and interprofessional education in support for elderly people with dementia and their family from the point of view of social work in Japan. *Journal of human well-being*. 2016, 9(1), 35-51.
9) Izumune M, Sato E, Yoda J, Suda Y, Mochiduki S & Ide N. Recognition of interprofessional work (IPW) by visiting nurses and bare managers. *Interprofessional Collaboration in Health and Social Care*. 2013, 6, 11-21. DOI: 10.32217/jaipe.6.1_2_11
10) Otsuka M, Hirata M, Arai T, Ohsima N, Iguchi Y, Tkada R et al. Elements of Interprofessional awork in Home Care Activities for the Elderly. *The bulletin of Saitama Prefectural University*. 2005, 6, 9-18.
11) Yokoya S. University-Community Collaboration with Education as the Kye and Contribution to Community-based Integrated Care Systems. *Journal of health care and society*. 2019, 29(1), 71-83. DOI: 10.4091/iken.29-071
12) Misima city Office: Long-term care insurance usage statistics. https://www.city.mishima.shizuoka.jp/media/05022100_pdf_2022214_rad21797.pdf (4, March 2022)

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

13) Life Insurance Culture Center: How many people need care and support. https://www.jili.or.jp/lifeplan/lifesecurity/1119. (4, March 2022)
14) Nawomi F. Challenge to qualitative research, 2nd edition, 2016a, Igaku-shoin, 42.
15) Nawomi F. Challenge to qualitative research, 2nd edition, 2016b, Igaku-shoin, 46.
16) Community Comprehensive Care Study Group(2010) : Report of the Community Comprehensive Care Study Group 2010. https://www.mhlw.go.jp/shingi/2010/06/dl/s0621-5d.pdf (18, February 2022)
17) Masaki H & Otsuka M. The Interprofessional Work Supporting Elderly People in the Community. *Journal of Japan Academy of Gerontological Nursing*. 2014, 18(2), 22-23. DOI: 10.20696/jaipe.18.2_22
18) Hamada Y, Suyama K, Kooka A & Fujii A. Factors Related to the Implementation of Voiding Assistance for Adult Patients by Nursing Staff in Rehabilitation Wards. *Journal of Japan Academy of Gerontological Nursing*. 2022, 26(2), 54-61.
19) Ministry of Hearth, Labour and Welfare(2018) Family caregivers support manual. https://www.mhlw.go.jp/content/12300000/000307003.pdf (24, February 2022)
20) Kawagushi M & Yukihiro S. On the consciousness of medical care and nursing care of welfare professionals who support community life. *Journal of social welfare, Nihon Fukushi University*. 2019, 141, 83-94.
21) Matsuoka C. Interprofessional Collaboration in Health Care: The definition, models and evaluations. *Japanese Society for the Study of Social Welfare*. 2000, 40(2), 17-38. DOI: 10.24469/jssw.40.2_17
22) Kumazawa A, Watanabe R, Moriya T, Kanai H & Kosaka M. Thought Relating to Information Sharing System and Multi-Occupational Cooperation for Establishment Community Comprehensive Health Care System. *IPSJ SIG Technical Report*. 2017, 4, 1-8.
23) Kano H & Nattori M. Success Factors as to Hospital Discharge Support for the Elderly in the Community - based Integrated Care System. *Bulletin of Den-en Chofu University*. 2020, 15, 1-30.
24) Kamiyama M, Ushida Y & Kobayashi C. Evaluation of Education Program for Elderly Continence Care and Difficult Cases Care Managers Experienced. *Annals of Gunma University Graduate School of Health Sciences*. 2009, 30, 41-48.
25) Kajihara A. Role of health nurses and care managers in excretion care. *Chiryo*. 2006, 88(3), 451-454.
26) Yohiike T & Sakae S. Cooperation in Mental Health Care: Definition, Components and Process. *Research Institute of St. Andrew's University*. 2009, 34(3), 109-122.
27) Shibazaki T, Yoneoka H & Huruya M(Eds.). *Interprofessional Education program for Health, medical, welfare*. Minervashobo, in KYOTO, 2019a, 3.
28) Hyun-jeong P. A study of the attitude change through interprofessional education course for staff of health and social welfare. *The journal of interprofessional collaboration in health and social care*. 2011, 3(2), 60-67. DOI: 10.32217/jaipe.3.2_60

DOI: http://dx.doi.org/10.14391/ajhs.23.1
Asian Journal of Human Services, VOL.23 1-20

29) Tagawa H, Ono S & Hiraoka Y. Interprofessional Collaborative Proguram of Human Development for Home Care Support, and provides reference data foe future training programs. *Journal of Shiga University of Medical Science*. 2017, 30(2), 13-16.

30) Yokoya S. University-Community Collaboration with Education as the Key and Contribution to Community-based Integrated care Sustems. *Journal of health care and society*. 2019a, 29(1), 71-83. DOI: 10.4091/iken.29-071

31) Yamamoto M, Shi W, Nagai M & Yokoyama J. A Study of Systematization Policy for Promotion of Cooperation in Construction of Community-Based Integrated Care Systems, *Journal of Japan Management Diagnosis Association*. 2014a, 14, 138-144. DOI: 10.11287/jmda.14.138

32) Yokoya S. University-Community Collaboration with Education as the Key and Contribution to Community-based Integrated Care Systems. *Journal of health care and society*. 2019b, 29(1), 72-83. DOI:10.4091/iken.29-071

33) Yamamoto M, Shi W, Nagai M & Yokoyama J. A Study of Systematization Policy for Promotion of Cooperation in Construction of Community-Based Integrated Care Systems, *Journal of Japan Management Diagnosis Association*. 2014b, 14, 138-144. DOI: 10.11287/jmda.14.138

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