

# Mobilizing Older Workers to Provide Long-term Care — Interim Report on the Millennium Project

By Masumi Shiraishi  
Social Development Research Group

## 1. Significance of Older Workers in Long-term Care

According to the Ministry of Health, Labor and Welfare, there are 28 long-term care (LTC) staff employees per 100 residents at designated nursing homes for the elderly. This staffing level of one employee for every four elderly residents becomes even more stretched when we consider conditions such as night shifts, thus making the LTC situation quite precarious.

Even at meals, staff workers seldom have time for unhurried conversations with residents, because they must attend to several residents simultaneously. Over the next two decades, with the number of employees in the LTC industry predicted to double from today's 1.5 million to 2.95 million persons, job growth expectations are substantial. This field holds promise for the employment of older persons, who are healthy, motivated, and often seek job satisfaction over income. For venders, hiring older workers for timely deployment during the busiest times of the day offers significant labor cost savings compared to the full-time employment of younger persons.

Moreover, for the residents, who crave small luxuries such as conversations at mealtimes and taking walks, elderly workers offer warm and welcome companionship. Hiring older workers and using welfare equipment designed to reduce the burden of care would also improve the independence and morale of residents.

At present, many nursing care facilities have a negative attitude toward hiring persons age 60 and above. In their view, the care of residents entails a large physical burden, and hiring older workers of questionable health and strength poses undue risk of accidental injury. However, long-term care is a diverse field; some tasks require physical strength and are suited to younger persons, other tasks are suited to older persons or specialists with more maturity and judgment, and still other tasks that require minimal strength or experience can be performed by elderly persons. Hiring more older workers who understand the feelings and needs of residents can also help educate young persons on the type of care that elderly persons truly need.

In this paper, we discuss the interim results of an ongoing study on the employment of older workers

in designated nursing homes, entitled *Research on the Construction of a Model for Employing Elderly Persons for Long-term Care (The Millennium Project: Fiscal 2000 to 2001)*. The objective of the study is to identify tasks at nursing facilities that can appropriately be delegated to older workers, and illuminate issues concerning them.

The older workers addressed in this study are aged 60 to 65, with supplementary consideration made for persons in their 50s. The tasks under consideration primarily involve long-term care, but also include peripheral tasks such as room cleaning.

## **2. Status of Designated Nursing Homes**

Drawing on available literature, below we present an overview of the status of designated nursing homes, such as the number of facilities, number of employees, and use of older employees.

### **(1) Number of Designated Homes & Employees, and Age Composition**

According to a 1999 survey of social welfare facilities by the Ministry of Health, Labor and Welfare, there are 4,214 designated nursing homes, comprising 62.6% of all nursing homes, and increasing by 272 facilities (6.9%) from the previous year. The number of employees at designated homes is 167,782, an increase of 2.9 times compared to 1985.

Looking at the age composition of employees, approximately 80 percent of men and 50% of women are in their 30s; another 30% of the women are in their 40s. While the overall workforce thus appears to be relatively young, among part-time workers, the largest age group for men is age 60 and over at almost 40%.<sup>1</sup>

### **(2) Older Workers in Designated Homes<sup>2</sup>**

While almost all designated homes have a uniform retirement age for all job categories, 70% of homes hire persons age 60 and over in some capacity. Moreover, approximately half currently have a re-employment policy.

Furthermore, with regard to hiring, over 60% have age limits, while 30% do not. However, the main considerations when hiring are good character and enthusiasm, qualifications, and physical strength; only 14.9% of homes emphasize youth (Figure 1).

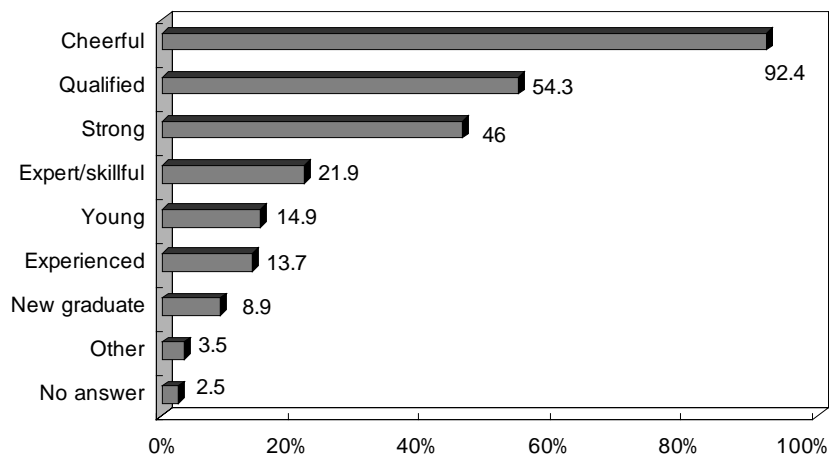
As for the job responsibilities of young (20s and 30s) workers compared to older (50s and over) workers, the majority of homes (89.7%) say there are almost no differences. Less than 10% of homes use

older workers for menial or administrative work.

The expectations of homes toward older workers tend to relate to the qualities associated with old age, such as harnessing their extensive experience and skills (54.3%), using them flexibly as part-time workers (51.1%), and tapping their understanding of the needs of elderly persons and ability to take action (34.3%). However, very few homes have an active stance toward hiring older workers: 33.3% do not plan to increase hiring, 56.8% have not decided, and only 4.8% plan to increase hiring.

From the above, we can see that while half of the homes have a re-employment policy, and homes hold high expectations toward older persons, few have actually explored the intricacies of effectively harnessing older workers such as the appropriate division of labor between young and old workers.

**Figure 1 Qualities Considered at Time of Hiring**



**3. Work Task Categories at Designated Nursing Homes**

We next look at the job responsibilities, amount of work, and timing of work at designated homes. To grasp the overall duties of care workers, we surveyed two homes (noted below as A and B) in Chiba Prefecture. Both are 70-bed facilities, but differ in length of history, location conditions, and building structure. The survey method is described below.

**(1) Survey method**

The work activities of care workers at the two facilities were recorded continuously for 24 hours. We excluded from the survey day-service workers, nurses not engaged in long-term care, and administrative, kitchen, and other staff workers. Each care worker was accompanied full-time by a researcher, who observed their activities and noted the following details on a survey form. If an activity did not

match any of the categories on a prepared list, it was recorded in a separate column.<sup>3</sup>

- a. Time (in 3-minute increments)
- b. Place of activity
- c. Type of care activity provided
- d. Details of care activity
- e. Resident being cared for

The care worker's activities were recorded in three-minute increments not only *when* there was activity, but at *all* times; for example, the researcher noted what the care worker was doing at 9:00, 9:03, 9:06 and so forth.<sup>4</sup>

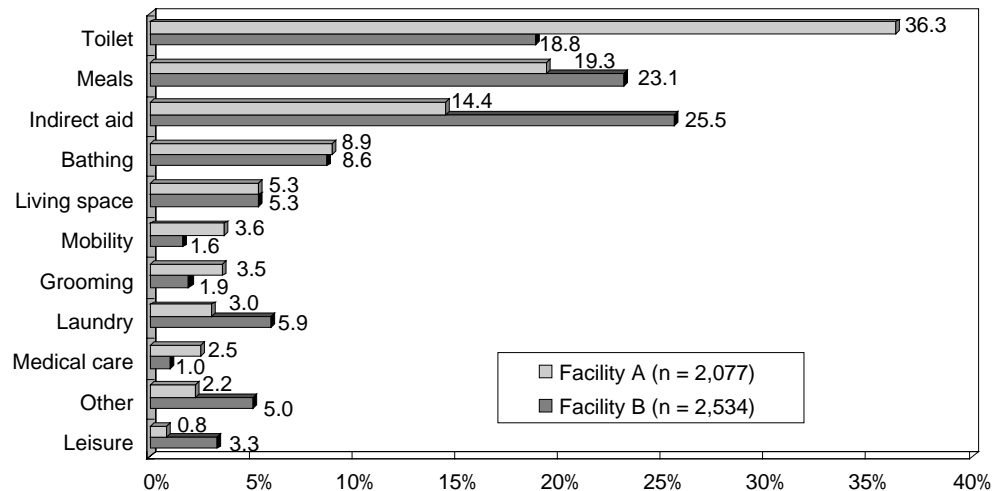
## **(2) Work Activities, Amount, and Time of Occurrence**

At the broad level of work activities, the results of the 24-hour surveillance reveal that while differences exist between the homes, in both cases the most time is spent doing the three main forms of assistance: toileting, meals, and bathing (64.5% at home A, 50.5% at home B). The three main activities thus comprise a very large part of work activities. In addition, indirect activities such as office correspondence also comprise over 20% of time.

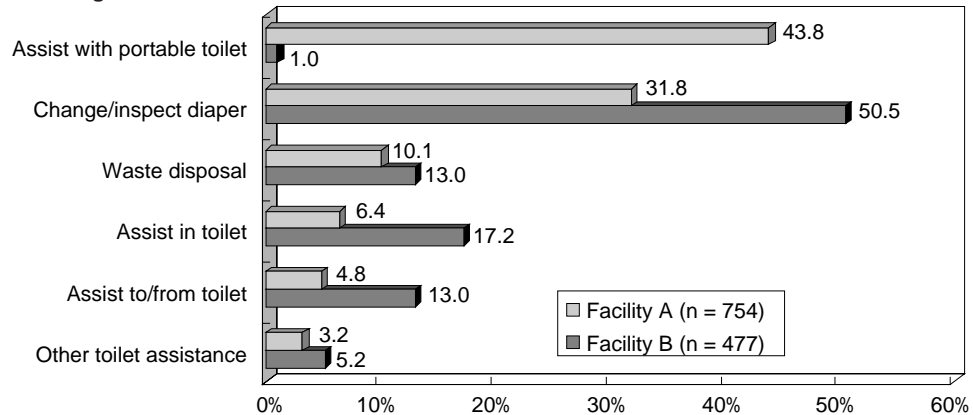
At a more detailed task level, despite minor differences between the homes, toileting assistance involves a high frequency of physically demanding tasks such as help with portable toilets, diaper change and inspection, and toileting help. With regard to assistance with meals, in addition to direct help by spoon-feeding and standing by during meals, a large amount of time is spent on relatively less demanding tasks such as escorting to and from the dining hall, serving meals (setting table, preparing tea, etc.), and clearing tables.

Thus we found that the work activities generally considered to be physically demanding can be broken down into smaller tasks, some of which are indirect tasks that do not involve physical contact with residents (Figure 2).

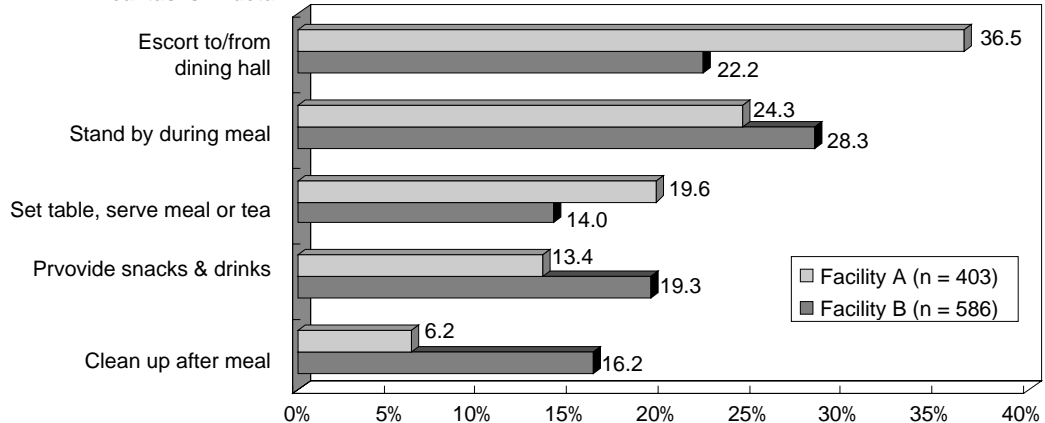
**Figure 2 Frequency of Nursing Activities at Designated Homes**



**Toileting tasks in detail**



**Meal tasks in detail**



With regard to the time of occurrence, toileting help and indirect tasks occur at all hours of the day and night. On the other hand, daily assistance with meals, bathing, grooming, and leisure activities occur at scheduled times. Thus by focusing on the time of occurrence and type of task, it should be possible to relegate certain non-demanding tasks to older workers by setting up rotating shifts that suit their schedules and do not cause fatigue (Figure 3).

**Figure 3 24-Hour Surveillance of Work Activities (Broad Categories)**

Type of assistance	Facility	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	8	Incidence rate
Toilet	A																									36.3
	B																									18.8
Meal	A																									19.3
	B																									23.1
Indirect	A																									14.4
	B																									15.5
Bathing	A																									8.9
	B																									8.6
Living space	A																									5.3
	B																									5.3
Mobility	A																									3.6
	B																									1.6
Grooming	A																									3.5
	B																									1.9
Laundry	A																									3.0
	B																									5.9
Medical care	A																									2.5
	B																									1.0
Leisure	A																									0.8
	B																									3.3

## 4. Identifying Tasks Suited to Older Workers

### (1) Task Evaluation Method

To obtain a more qualitative grasp of tasks and identify which ones older workers can perform at designated homes, we surveyed the two homes using the task evaluation form shown in Figure 4 while consulting with three care workers including supervisors. The New ADL (activities for daily living)<sup>5</sup> and two task areas (physical assistance and emotional support)<sup>6</sup> were evaluated on eight items (with a four-point scale).

**Figure 4 Task Evaluation Form**

① New ADL	② Task areas	③ Evaluation items							
		Responsi- bility	Knowledge (level)	Knowledge (use of)	Experience	Judgment (frequency)	Judgment (standards)	Physical stress	Mental stress
High Medium Low	Physical assistance								
	Emotional support								

*Evaluated on a 4-point scale*

### (2) Evaluation Results

We used three standards for extracting suitable tasks. The main one is degree of difficulty, but this is supplemented by factors such as physical stress, frequency, and time of occurrence.

1. *Degree of difficulty* — This is derived from the total score for the eight items (responsibility, level of knowledge, application of knowledge, judgment standards, skill, physical stress, and mental stress), standardized to eliminate nursing home bias.

2. *Physical stress* — We used the physical stress score from the evaluation form.

3. *New ADL ratio* — To determine whether task evaluations are affected by the New ADL levels of residents, we used the calculation shown below. The difference due to New ADL is indexed (the more people with low autonomy compared to those with high autonomy, the higher the ratio).

$$\text{New ADL ratio} = \frac{\text{Total New ADL (low autonomy)}}{\text{Total New ADL (high autonomy)}}$$

We first extracted different types of work tasks based on the degree of difficulty, physical stress, and New ADL ratio. Then, final decisions were made regarding task suitability in consultation with experts in the field of long-term care, and categorized according to the following criteria.

In categorizing the tasks that can be performed by older workers (age 60-65), we first identified tasks that require no experience, and subsequently moved upward in degree of difficulty by adding conditions such as experience.

Degree of difficulty	Can be performed by elderly?	Remarks
1	Yes	Tasks with a high New ADL ratio and high physical stress are possible under certain conditions.
2	Yes	
3	Yes, but with conditions	
4	No	Highly specialized tasks such as checking vital statistics are not possible.

Note: In cases where opinions were divided, the decision was left up to experts.

## 5. Results of Task Analysis

The five task types we extracted were labeled from A to G (Figure 5). Type A is suitable for newly hired persons age 60-65 coming from other fields. At present, most tasks are peripheral ones that do not involve nursing directly, and are likely to raise division of labor issues with volunteers. However, since volunteers usually cannot come regularly and be expected to perform all tasks, we surmise that some older workers may be hired to do these tasks.

Types B and D are also suitable for newly hired persons age 60-65, but the candidates are assumed to be trained in basic nursing care skills. The content and delivery method of the basic knowledge and

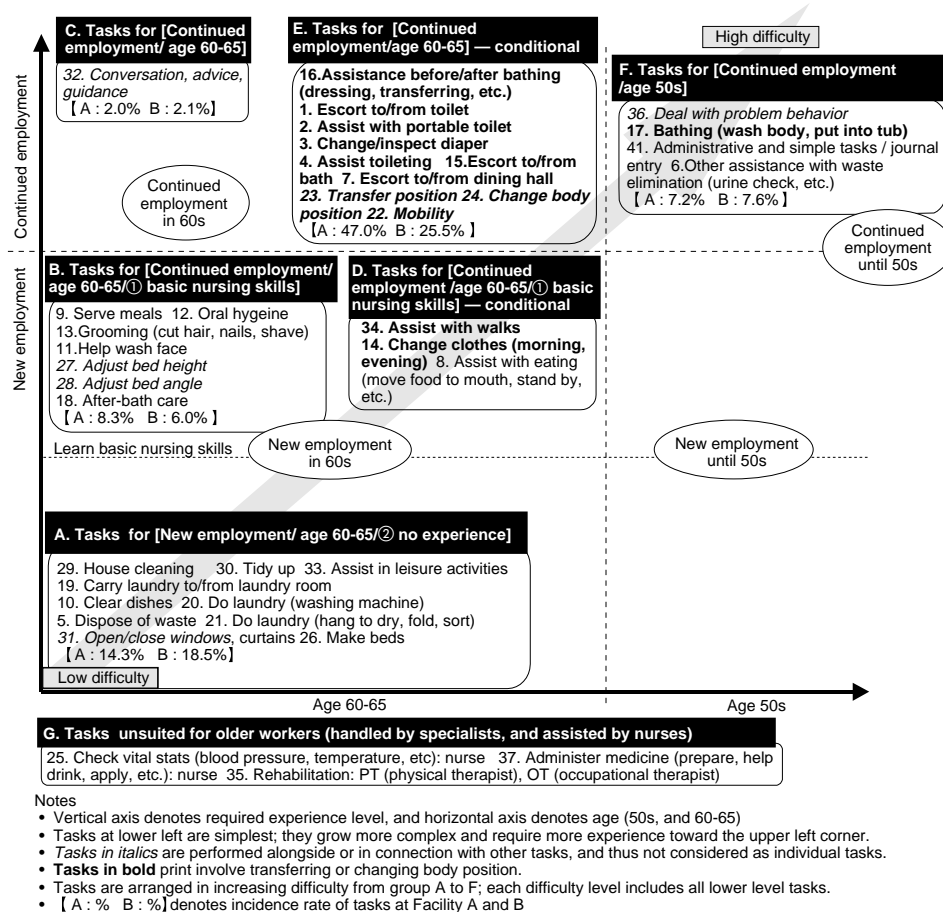
skills training will be issues in the future.

Type C involves having conversations with residents, and giving advice and guidance. While there is little physical stress, these tasks go beyond idle chatter and actually provide specialized care by monitoring residents' conditions and giving direction and guidance, with little physical stress. Thus candidates are age 60-65 who are already employed in the field. Since the tasks cannot be separated from the course of daily work, the issue here will be how to design tasks to be coordinated with other work activities.

Type E contains tasks with the highest frequency of any of the task types, and job growth in this field could have a large impact. However, many issues arise here because the tasks involve direct nursing care, including the physical stress of transferring and moving residents. In addition, workers must be sensitive to the resident's individual condition, and also must work at a fast pace when tasks are performed by teams. Thus candidates not only need to be age 60-65 and already employed in the field, but must also meet specified conditions.

Since Type F involves high physical stress, rapid work pace, and specialized tasks requiring expertise, candidates are primarily persons in their 50s who are already working in the field.

Figure 5 Task Analysis Results





## **6. Possibility of Hiring Older Workers in the Long-term Care Field**

Having identified the work tasks suited to older workers, below we discuss the issues involved in employing these workers.

### **(1) Redesign of Tasks / Division of Labor**

In designated homes, the division of labor and allocation of work are fairly clear on a one-day basis in that a care worker's main tasks for one day are prescribed. However, since work allocations can change on a daily basis due to shift rotations, a full-time care worker is assumed to be competent in all nursing care tasks, and for this reason, generally performs the same work tasks as others regardless of age.

To promote the hiring of older workers, it is necessary to reconsider this allocation of work through shift rotations in which everyone is expected to perform all work tasks. By redesigning work tasks of care workers, employers can better utilize differences in gender, age and experience of workers.

### **(2) Satisfaction of Residents**

In relegating work duties to older workers, it is necessary to consider not only the convenience of nursing homes, but whether such division of labor is actually favorable for residents as well.

In addition to specialized physical care, designated homes must also provide emotional care to elderly persons through companionship and personal contact. Being more sensitive to the needs of residents, older workers can offer this emotional support. Although such care tends to overlap with the present role of volunteers, the fact that volunteers are not available on a regular basis means that older workers can contribute significantly to providing continuity in emotional care.

However, while shared experiences and empathy are important, being taken care of by someone near in age could also conceivably be unpleasant for residents. Thus the ideal division of labor would have a combination of both young workers, who are strong enough to handle physically demanding tasks and sensitive enough to understand the objective needs of residents, and older workers, who can understand the emotional needs of residents, with each doing what they do best.

### **(3) Employment Management**

Prompted by the introduction of public LTC insurance, designated homes have been revising practices such as seniority-based pay and evaluation methods with the aim of cutting labor costs. Obviously, from the perspective of management, hiring older workers would not make sense if doing so drives up

labor costs.

Thus to promote the hiring of older workers, employment management must revise practices such as seniority-based pay, identify work tasks that can be performed by older workers, carry out an appropriate division of labor with younger workers, conduct performance-based evaluations, and take into account the flexible work preferences of older workers while revising employment conditions and types of employment.

#### **(4) Competence Development**

Nursing homes that want to hire older workers need training programs to improve the nursing care skills of care workers who are either older workers with no experience or younger workers with limited experience. At present, welfare personnel centers and social welfare councils in each prefecture conduct training, but more is needed. In addition, since some nursing homes have compiled service manuals that have been credited with improving the quality of service, it is necessary to consider how other nursing homes can compile manuals based on their treatment methods. Also, we can expect older workers, who have had extensive experiences in their life, to have an educational effect on young care workers.

#### **(5) Possibility for Welfare Equipment and Older Workers**

At present, designated homes have many work tasks whose physical stress can be alleviated with the use of welfare equipment. Some, like wheelchairs and specially designed baths, are used everyday. But hardly any welfare equipment is being used for transferring tasks.

Major reasons for this lack of use include inconveniences in using most equipment, the relative ease and speed of resorting to physical labor, and lack of space or need for remodeling older facilities to accommodate such equipment.

Since welfare equipment promises to make residents more independent physically and emotionally, and can also alleviate the physical stress on care workers, there is a need to further study the effective use of welfare equipment in the context of long-term care.

### **Notes**

1. Ministry of Health, Labor and Welfare, Employment Stabilization Bureau, *Survey of Employment Trends Among Middle and Old-Aged Persons in the Long-term Care Field, and Job Growth Policies*, March 2000. The survey covered 700 designated nursing homes nationwide.

2. Ministry of Health, Labor and Welfare survey conducted in fiscal 1999.
3. This survey was conducted in September and December 2000; a prior study was also conducted to set the survey method.
4. The survey contained 11 broad categories of work tasks: toileting assistance, meal assistance, personal hygiene, bathing assistance, laundry, movement and transfer, environmental maintenance, medical action, leisure assistance, other, and indirect tasks. These in turn consisted of 51 detailed items.
5. The New ADL is indicator that combines bedridden degree (disabled elderly person's degree of autonomy in activities of daily living) and senility (senile elderly person's degree of autonomy in activities of daily living). Residents were evaluated on a three-part scale of high, medium, and low autonomy.
6. Since long-term care work involves not only physical assistance but emotional support through social interactions, the two areas were evaluated separately. However, since they are highly correlated, we used only the physical support results.