Experiences of Care Workers in Day Service Facilities for the Demented Elderly

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Table 1. Care worker backgrounds

Care worker	Age	Responsibilities	Exp. in caring
A	40s	Administrator, full-time	10 to 19 yrs
B	40s	Leader, part-time	Under 5 yrs
C	50s	Part-time	5 to10 yrs
D	40s	Part-time	Under 5 yrs
E	20s	Part-time	Under 5 yrs
F	40s	Part-time	Under 5 yrs

Problem and Purpose

Providing care for the demented elderly is a serious problem in Japan, where the population is aging rapidly. Care is being socialized by introduction of the Long-Term Care Insurance Act in the year 2000, but various problems have emerged because of the short history of the care-worker. Previous studies about caring for people with dementia indicated that it is necessary to develop a comprehensive and interactive understanding, but that this is difficult because of behavioral and psychological symptoms of dementia (BPSD).This study defines comprehensive understanding as understanding the integrated perspectives of welfare, medical care and psychology. Additionally, little psychological research has been done on elderly care, especially from the perspective of interactive care work. Hence, guided by the question "How are care workers involved with the demented elderly?" the present study was designed to develop a psychological understanding of care for the demented elderly, from the perspective of the interactions in the care workers' experiences.

Method

A day service agency for the demented elderly was selected as a study site because day service is the most typical care setting for the elderly and the difficulties of care for the demented elderly have become more serious problems. The care workers of this agency were females, and their backgrounds are presented in the Table 1.

Qualitative research methodology was chosen for the following two reasons. First, it was considered important that context appears in the relationship between individuals who were each unique or between an individual and the setting, and little research has been done. Exploratory analysis was conducted on data collected from care workers talking about their work and obtained through participant observation to enhance the data. The first data gathering was participant observation in July 2009, about one month after interviews for each one took place at the agency after their work. The interviews took from forty minutes to two hours. PAC analysis (Naito, 2004) was applied to data acquired during interviews. In the PAC analysis, the interviewees present their concepts or

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feelings that are then analyzed as a personal attitude construct as a dendrogram before the interview. They can talk freely without being restrained by the interviewer because the dendrogram expresses the deep innermost emotions of interviewee but the interviewee can see the dendrogram just as some kind of figure. As a result the resistance to talk about their innermost emotions is weakened (Nochi, 2010). In PAC analysis, the individual data is considered as deeply as possible. This study, however, focused on the interactions of care workers, so all of the narrative data was analyzed not as just individual data but also as a total structure of the care workers' experiences. Analysis worksheets were used in the analysis. These worksheets had four rows; the concept was written in the first row, the definition in the second row, the narrative data fit into the concept in the third row, and notes for categorizing in the last row. All of the data were entered on the work sheets and organized into concepts. These concepts were then organized into sub-categories, sub-categories were organized into categories, and so on. The visualization of the process using work sheets ensured the validity of the scientific nature of the qualitative method (Saijo, 2005).

Reflection in Action (Schön, 1983) was adopted as the framework for analysis and discussion. Schön explained the reflective practice as follows: "*This entire process of reflection-in-action is central to the "art" by which practitioners sometimes deal well with situations of uncertainty, instability, uniqueness, and value conflict.*" Care work was one of the reflective practices proposed by Schön.

Results

Narrative data were designated as follows: categories are noted with ⟨ ⟩, subcategories with [ ], and concepts with " ".

Care workers perceived ⟨users⟩ with dementia as [someone to support], felt [their support interactive] at times, and practiced care as they experienced [mixed feelings], such as "empathy" and "feeling like being shaken up" towards [users who are returning home] and [users of the day-service system]. Care workers described how they [felt empathy and shared information] with the ⟨user's family⟩ with whom they collaborated in caring for users, but also [felt a gap in understanding between them and the user's family], had doubts about care provided by the family, and "felt pressure." When

providing dementia care, they felt the "difficulty of dementia care," "felt powerlessness" and [dilemmas within] on one hand, but on the other hand, they gained "satisfaction and awareness" from "pleasure of understanding consumers."

While participating in observations, care workers demonstrated how to provide physical care without permission of the user. There were a number of [times when they ignored the physical presence of individuals with dementia]. One of the care workers who was told that a user did not like her in front of the user's family, repeated saying, " She dislikes me" during the day service activities. Additionally, some care workers [directly react to an opinion from a user's family] without considering the content and do [not professionally analyze the symptoms of consumers' dementia]. It is also observed that the care workers were [not aware of feelings] that arose in themselves or their colleagues in dementia care.

Discussion

Narratives illustrated the process of [uneasiness] due to users with dementia leading to difficulty of care, feelings of powerlessness, and questions about colleagues and users' families. In most cases, the [uneasiness] was attributed to individual characteristics, such as dementia symptoms, user's personality, the ability in care worker's understanding, care provided by colleagues, and dealings with the user's family, rather than results of interactions. In contrast, there were narratives about dementia care and care workers themselves in the contexts of relationships. For example, they described how dementia care caused [feelings like being shaken up]. [Uneasiness] toward users with dementia and experience of unsuccessful dealings with symptoms of dementia also led to feelings of powerlessness, and decreasing or dissolving [uneasiness] (with successful dealings) led to self-affirmation. Nonetheless, care workers understood the relationship in their care was one way, from care providers to care receivers when they felt the problem, and [uneasiness] was causing vague anxiety and stress. To understand that mechanism, it is necessary to view the situations where [uneasiness] arises objectively from the interactional perspective. Being objective involves distancing oneself from the object. Schön stated that in reflective practice, problems should be understood as arising from the gap between the known and the unknown, or the uniqueness of the problem. The [uneasiness] that care workers experienced was based on their experiential rules and norms like "I should~." The gaps viewed in context of the experiential rules and normative theories were treated as problems, rather than as unique characteristics of the problems. It would allow a new frame for problem-solving so that the anxiety and stress could be resolved by objectifying and could be considered under the mechanism of [uneasiness]. The new frame would advance another attempt to work on the problem, and an experiment (verification) to clarify the conclusion, in other words, the process of reflective practice.

In summary, care workers placed importance on the perspectives of emotional support. Their caring was based on rules of thumb and on normative theory, but the care workers felt a vague feeling of anxiety because of miscommunication with the user and failures in caring. As a result, the care workers felt a gap between the aims and policies of their care and the actualities of caring. These anxieties and gaps caused the care workers to be controlled by the notion that the gap was the problem. In structuring prediction of care workers' difficulties, they first recognize the gap problem, then dealing with the gap was the problem in the second step. Through these steps, the care workers sensed the difficulties. In reflection in action, practitioners (care workers) deal with gaps as uniqueness of the problem or as the foothold to resolution of problems. Through second steps that differ from those of actual care workers, the practitioners can observe what has happened, and can speculate on new workable strategies.

It was understood that observing what has happened, and then speculating on new workable strategies would promote the action and mental health of care workers to better enable them to look for propositions focused on problem structures, to reflect on care and validation, and to share the results of verification.