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Original Article

Staff characteristics and care in Chinese nursing homes: A systematic literature review

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ABSTRACT

The need for institutional long-term care (LTC) services, including nursing homes (NHs), is increasing in Mainland China in part due to the aging population and changing family structures. In developing NH staff training programs, a review is needed to synthesize knowledge about staff and resident characteristics, and care provided in NHs. This systematic review aims to describe, in Chinese NHs, 1) NH staff characteristics and the care they provide, 2) resident characteristics and care needs, and 3) the role of family members. The 45 articles included in this review covered both urban and rural areas of Mainland China. We found that staff in Chinese NHs were older and had lower education levels in comparison with those in western countries. Most direct caregivers in urban areas were migratory workers from rural area. Chinese NHs had few qualification standards for staff preparation for their roles in NHs. Also, functional levels of residents in Chinese NHs were higher compared to NH residents in western countries. In addition, family members played important roles in caring for NH residents. These findings suggest a need for staff development programs that tailor for lower educated NH staff and care needs of residents with widely varying levels in function from independent to bedbound in Mainland China. The findings also suggest that staff qualification standards require critically policy development to improve the capacity of Chinese NHs to provide competent and safe care.

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1. Introduction

By 2050, the number of people aged 60 years and older in China is expected to reach 450 million, accounting for 33% of its total population [1]. Among this rapidly aging population, the group of elders aged 80 and older, known as “oldest old”, is

the fastest growing, leading to an increasing demand for long-term care (LTC) services [2]. However, increasing migration from rural to urban areas, especially among young people, and the shrinking average family size due to China's one-child policy have overwhelmed traditional, informal family-based caregiving model for older adults, especially the “oldest old” [1,2]. These factors have created a great demand for formal

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LTC services in China, including nursing homes (NHs), —a need that has emerged recently and is in the initial stages of development [3]. There is no standardized definition for NHs in Mainland China. Different terms are used, such as old age home, retirement apartment, residential care facilities, welfare institutes, and geriatric hospital. For this paper, NHs were defined as residential LTC facilities in Mainland China that mainly admit people who are 60 years and older. Thus, as defined in this paper, NHs include various types of institutions that provide LTC services for older adults with different functional levels [4]. This definition was used because we aimed to provide an understanding of the current situation of various formal residential LTC services in Mainland China.

Because LTC facilities are a newly emerging care option in Mainland China, the workforce is poorly developed and under-prepared. For example, studies about Chinese NHs consistently report an extreme lack of qualified NH workers at all levels, including direct caregivers, administrators and nursing and medical professionals [5–7]. In one review, Chinese NHs not only were insufficient in quantity in comparison with developed countries, but also varied a lot in quality of care provided [6]. Most direct caregivers in Chinese NHs received little training in nursing and caregiving skills or no training at all [5,8]. In addition, Chinese NHs had few qualification standards for staff preparation for their roles in NHs [5,9–11]. Formal LTC is an emerging industry in China, thus the opportunity exists to develop staff training programs from the ground up using patient (resident) centered care approaches [12,13], using the most advanced knowledge from other countries.

In order to develop staff training programs, we need to synthesize the literature for what is known about characteristics of staff who are providing care, and what services they provide in Chinese NHs. The characteristics of NH staff have been extensively researched in other countries in studies of staff demographics and educational preparation and how these characteristics influence resident outcomes in NHs. For example, an interventional study in 3 NHs in the U. S. found that resident oral health was improved after training certified nurse aide about mouth care [14]. A qualitative study about end-of-life care in NHs in UK found that staff expertise about end-of-life care and their strong relationships with residents facilitated end-of-life care for residents with dementia [15]. Also, an interventional study involving education and problem-solving support for Registered Nurses in 45 NHs in German was reported to reduce the use of physical restraints in NH residents [16]. Knowing the characteristics of NH staff in Mainland China will direct areas for future research to improve resident outcomes.

Staff characteristics also have been linked to work outcomes in NHs. For example, a survey of 572 NH staff in Sweden found that direct caregivers who received no education about care, medicine, or social support reported higher workload, more communication obstacles, poorer sleep, and more stress symptoms compared with those who completed at least 10–20 weeks of education on care, medicine, and social support [17]. A survey of 804 staff in 21 Swiss NHs found that staff use of recommended measures in response to residents' aggressive behaviors was related to their training on aggression management, employment level, and professional

experience [18]. So it is important to know about characteristics of NH staff and the care they provide to develop training programs for NH staff and ultimately improve both resident and staff outcomes.

Similarly, it is also timely and necessary to synthesize evidence about characteristics of residents, their care needs, and the types and levels of care that should be provided in NHs, in order to guide studies to develop empirically supported, resident-focused care strategies to inform staff training programs. Understanding resident's characteristics and synthesizing knowledge about resident care need are also key components to knowing how to guide future research for developing resident-centered care approaches in Mainland China.

Finally, we need to understand how NHs currently involve families and/or the role of family members in providing NH care for residents so that these relationships might be incorporated into workforce training and NH system planning. Studies from other countries reported various roles that family members play in resident care in NHs. For example, a qualitative study found that family members assumed roles as advocates for residents in NHs because of their fears of poor quality of care, or negative experiences with NHs [19]. Synthesizing knowledge about roles of family members in Chinese NHs is also important to facilitate family members' psychological well-being. For example, a qualitative study suggested that involving family members as partners in resident care would facilitate family members' adaptation to residents' institutionalization [20].

This literature review, therefore, aims to provide a systematic understanding of characteristics of the current workforce and care they provide in Chinese NHs, as well as residents' characteristics and care needs, and family roles in providing resident care. Knowledge gained in this literature review will guide future research of Chinese NH workforce development, and guide the development of workforce training programs to prepare the workforce to provide competent and safe care in Chinese NHs.

2. Method

As depicted in the flow chart (Fig. 1), PubMed, ABI/inform, CINAHL, Ageline, and Global Health were searched, using “nursing home”, “residential care facilities”, “welfare institutes”, “old age home” and “China” as search terms. Seeking a broad search of the literature, we used both controlled vocabulary and text keywords as search terms. We limited publication dates to 2003–2013 because this is the era in which NHs began to proliferate in China and changes in the NH care sector have been very rapid, deeming older research less relevant. The “peer-reviewed” filter was applied in ABI/inform and CINAHL. We did not apply a language filter because all retrieved articles were written in English or Chinese, both of which the first author is able to understand. A total of 458 articles were obtained from five databases. After duplicates were removed, 399 articles remained. By reviewing titles and abstracts, we excluded articles that were not empirical studies or literature reviews or that were not about NHs in Mainland China. We excluded Hong Kong and Macao

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