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Original Article

Care Goal Setting and Associated Factors: Semistructured Interviews with Multidisciplinary Care Providers in Facilities for Elderly People☆

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SUMMARY

Background: The purpose of this study was to identify care goals set by care providers, their associated factors, and assess the process of care goal setting in facilities for elderly people.
Methods: Semistructured interviews were conducted with care providers (e.g., physicians, nurses, physical therapists, occupational therapists, care managers, caregivers), and responses were qualitatively analyzed and categorized by content.
Results: A total of 30 care providers from seven facilities were interviewed. Six themes emerged pertaining to care goals for elderly residents. "Daily care goals" and "long-term care goals" reflected the conditions of residents and their care goals. "Staff awareness of residents and work", "relationships among care providers", and "relationships between care providers and families of residents" influenced care goals. The categories "difficulty of setting care goals", "difficulty of evaluation", and "hesitancy in getting involved" were reflected in "conflicts and complaints about ideal care and the feasibility of setting goals".
Conclusion: Care providers were conflicted in care goal setting given the coexistence of long- and short-term care goals, both of which were influenced by several factors. In addition to the health conditions of residents, personnel structure and relationships among care providers and families affected the process of care goal setting.

1. Introduction

Ever since long-term care insurance was implemented in Japan in April 2000, the number of facilities catering for elderly with care needs has been on the rise[1]. These facilities, which include nursing homes and long-term health facilities, aim to provide comprehensive care by harnessing the diverse skills of multidisciplinary health care providers.

High quality care is founded in appropriate goal setting[2]. A number of quality indicators related to elderly care have been reported, including management of medical conditions among institutionalized elderly and management of geriatric syndromes[3,4]. In addition, the care indicators can be divided into six areas: room, home, social interaction, meal services, staff care, and resident involvement (e.g., decision making)[5]. According to Takada et al[6], limitations imposed on the facility or care provider might account for difficulties in improving and maintaining quality of life levels expected by residents. Although the studies above extracted quality indicators for care and describe the characteristics of goals set by care providers, still lacking is a detailed understanding of the care goals that are actually set, the process of setting these goals, and a thorough analysis of background factors that impact this process.

The aim of this study was to identify care goals and their associated factors, and assess the process of setting these goals by multidisciplinary health care professionals and care staff. In the present study, "care goal" means the care providers' setting goal of

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the recommended condition of older people and the condition of elderly achieved by care provided. Care providers were people working in the medical or care service in the care facilities for the elderly.

2. Participants and methods

Semi-structured interviews in Japanese were conducted with the interview guide shown in Table 1. Care goals and their associated factors, as well as the process of setting these goals, were qualitatively analyzed.

2.1. Participants

The targets were seven facilities in Japan: four long-term health care facilities for elderly people, two nursing homes, and one private residential home. Facilities were spread throughout Japan (2 in the Kanto region, 2 in Kansai, 1 in Hokuriku, 1 in Shikoku, and 1 in Kyushu/Okinawa). Participants were care providers (both full- and part-time) working at these facilities. Five interviewers, including two authors (T.O. and A.T.), interviewed the participants.

2.2. Data collection

Target facilities were those that agreed to participant observation for research purposes. Data were collected by six researchers (i.e., university researcher, graduate student, research student, occupational therapist, physical therapist, and nurse) from October 2006 to December 2006[6]. The period of stay for data collection was 0.5–2 days at each facility. Interviewers worked toward rapport building with participants. To standardize the interview, an interview guide was developed. Semistructured interviews were conducted using an interview guide with a particular focus on care goals and ideal care (Table 1). The interview guide was revised as necessary to be applicable to all participant professions. Specifically, scenarios and examples of the satisfaction of providing care, as well as successful and unsuccessful cases, were incorporated into the interview guide to allow for variation in responses. In addition, the participants were led to talk about “ideal care goals” and factors that hinder them by asking about “ideal care”. By the ingenuity of these interviews, the care goals and their associated factors, and the process of setting these were made clear. Interviews were performed in common spaces or in private rooms during or outside working hours to ensure that interviewees could participate comfortably in the daily care provision environment. The interview time was set to around 30 minutes. We adhered to the participants' request to refrain from recording interviews, and prepared interview transcripts instead. In practice, we took notes during the interviews and made documents, which were shared among researchers.

Table 1
Final form of the interview guide that incorporated revisions to make the guide applicable to interviews involving all professions.

Q1. When do you feel satisfaction regarding work related to elderly care?
Q2. When do you feel that the care you provided was successful? In such instances, please explain the type of relationship you had with the resident.
Q3. When do you feel that care has been successful?
Q4. When do you feel that care has been unsuccessful?
Q5. What types of care, including that related to daily living and rehabilitation, do you feel contribute to a better life for residents?
Q6. If you were a resident, what type of facility and care would you desire?
Q7. Please feel free to comment on any other issues you would like to discuss.

2.3. Data analysis

Issues related to resident care goals and their related factors, as well as the process of setting these goals, were qualitatively and inductively analyzed[7,8]. Specifically, we documented interview records, broke data down into contextual units (performed by T.O.), and codified and categorized the content. The content was then grouped in the order of subcategory and category. Subsequently, to analyze the entire care goal setting process, we reassessed relationships between subcategory and data, category and data, subcategory and category, and between categories using the method of constant comparison[8]. Concepts represented by categories were classified into themes of care goals and associated factors. These processes were repeated after all interviews were finished. Finally, noninterviewer researchers (i.e., nurses and graduate students with clinical experience) confirmed the contents, and following a series of analyses a model conceptual diagram detailing the relationships between various concepts was generated.

2.4. Ethical considerations

This study was approved by the ethics committee of Kyoto University Faculty of Medicine (E-236). Directors of all seven facilities provided written consent. Afterwards, consent was obtained from participating care providers after explaining the study objectives, content, and measures taken to protect privacy. Interviews were conducted during or outside working hours, and efforts were made to ensure that daily operations were not interrupted. Interview records were prepared and managed to maintain participant anonymity.

3. Results

3.1. Participant characteristics

Participants were 30 care providers (13 men and 15 women; the sex of two participants was not recorded) working at seven long-term health facilities. Table 2 shows characteristics of participants' occupations. The breakdown was as follows: 11 certified care workers, three helpers, two care workers, three nurses, two physical therapists, two occupational therapists, one physician, three care managers, one certified social worker, one massage practitioner, and one lifestyle advisor (hereafter, collectively referred to as “care providers”). We were not participants gathering a certain number of people to each job, and did not made any comparison of each job, because the purpose of this study was to understand the variation, which was “care goals and their associated factors and the process of setting these goals”.

Table 2
Characteristics of participants' occupations ($n = 30$).

	<5 y	5–9 y	≥10 y	Unknown	Total
Certified care workers, helpers, and care workers	8	4	2	2	16
Nurses	1	2	0	0	3
Care managers	1	1	0	1	3
Physical therapists and occupational therapists	0	2	0	2	4
Physician	0	0	0	1	1
Certified social worker	1	0	0	0	1
Massage practitioner	0	0	1	0	1
Lifestyle advisor	0	1	0	0	1