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Research Article

The Experience of Paid Family-Care Workers of People with Dementia in South Korea



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ABSTRACT

Purpose: The South Korean government introduced the universal long-term care insurance program in 2008 that created a new employment category of “paid family-care worker” to assist the elderly with chronic illnesses including dementia. The aim of this study was to understand the lived experience of paid family-care workers of people with dementia in South Korea.

Methods: The study was a qualitative research design underpinned by interpretive description principles involving eight paid family-care workers. The participants were recruited by attaching the advertisement flyer in a notice board of an educational facility for paid family-care workers.

Results: Paid family-care workers struggled to manage the behavioral and psychological symptoms of their care recipients. Their workloads created physical, emotional, social, and financial burdens. However, the care-giving activities were encouraged through their sense of responsibility, filial piety, and personal religious beliefs. Financial subsidies from the government and help received from others were also identified as encouragements. The education course provided to them assisted them to improve their dementia-care capabilities.

Conclusion: Understanding paid family-care workers' lived experience in dementia care in South Korea assists with the identification of their educational needs and level of support they require to improve dementia care in the home care environment. A number of suggestions are made to increase paid family-care workers' knowledge, clinical skills, and job satisfaction to reduce their burdens and work-related incidents, such as challenging behaviors from those being cared for.

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Introduction

South Korea has a rapidly increasing aging population. The proportion of people aged 65 years or above has increased from 2.9% in 1960 to 7.3% in 2000 and is expected to reach 14% by 2018 [1]. At the same time, the population of people with dementia is also on the increase, with 9% of the elderly population being diagnosed with the disease in 2012, and the number of people living with dementia is estimated to increase to more than 2 million by 2041 [2]. Unlike Western developed countries that have had a well-developed long-term care (LTC) to respond to significant demographic and social changes related to an aging population in the 20th century [3], LTC in Asian countries, including South Korea, is still in its infant stage and needs to be advanced [4]. In recent years, South Korea is making fast progress toward an LTC system that is

responsive to the cultural values for home-based care for older people [5]. Government subsidizing family-care workers to enable older people living at home and being cared for by family members is one of the examples of culturally responsive LTC policy. However, since the implementation of this initiative in 2008, little is known about this specific group of workforce in the LTC, particularly those who care for people with dementia, a most challenging area in the LTC. Studies on this group of workforce are much needed to inform evidence-based dementia-care policy and practice.

Traditionally, families play a key role in elderly care in South Korea because culturally sensitive strategy is a factor in the decision to place a family member(s) with dementia in a facility or not [6]. South Koreans have a strong tendency to support parents with dementia to live in the home setting [6] as the harmony of the family is paramount in the country. Therefore, it is expected that adult children become their parents' guardians in South Korea [6]. With regard to cultural background, informal family carers have been common in South Korea. When the long-term care insurance (LTCI) commenced in 2008, an assessment tool with 52 questions was developed to measure what help older people with chronic

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illness(es) require. Older people who reach at least 55 of 100 points are eligible to receive the benefits of the LTCI [5] (see Table 1). With this assessment approach, older people with mild dementia would not become a home-care recipient as the physical functioning of this group was assessed as “independent”. On the recognition that behaviors and psychological symptoms of dementia (BPSD) are significantly associated with higher levels of care-giving burden, the South Korean government decided to provide persons with dementia with bonus scores from May 2011 [7].

The LTCI scheme in South Korea is strictly limited to cash benefits for the elderly with chronic illness(es) by law [5]. It can only be offered in exceptional cases, such as when people live in rural areas or remote islands which do not have any service infrastructure [8]. Therefore, most LTCI users need to choose between using the residential care or the home-care service [9]. As mentioned earlier, elderly in South Korea prefer to live in their own homes rather than being placed in a care facility due to the cultural sensibility. Therefore, there will be an increased need for family carers to take on the primary care responsibilities.

Under this policy, a family member may be a “paid family-care worker” if they satisfy the following conditions [5]:

- (1) Being a spouse, brother or sister, son or daughter, son-in-law or daughter-in-law, brother-in-law or sister-in-law, or a stepson or stepdaughter of the person affected;
- (2) In possession of a personal care worker license obtained through 240 hours of training and achieving satisfactory results in a national qualification examination; and
- (3) Not working full-time elsewhere.

There was a lack of infrastructure to support family carers when the government introduced the LTCI in South Korea [4]. Japan brought in LTCI when they had built infrastructure at each local level, whereas the government of South Korea commenced the LTCI without setting up infrastructure [4,10]. Therefore, the government had to institute infrastructure and the LTCI at the same time in South Korea. Because the LTCI scheme required a number of care workers immediately, the training period had to be kept short [4]. The required 240-hour training for a care worker is viewed as insufficient and too short to learn to become a formal carer in the placement [5]. It is reported that care workers in Japan have to undergo training of more than 1,800 hours to receive their certificate [10]. In comparison, the short training period may give the impression that care work for elderly in South Korea might be unprofessional and of a low quality [4]. In addition to a short

training period, there is a traditional thought that women have the capacity to provide home care as they are naturally suited to care work through their mothering experiences and their innate knowledge and skills associated with being a female [11]. This cultural belief may influence the government in establishing a comprehensive education program for care workers.

Care workers, especially those who work at home such as paid family-care workers in dementia care, may encounter different challenges and have specific needs for support to sustain their role in the LTC. There have been a number of studies about paid and unpaid care workers of people with dementia [6,7,12–15]. However, research on people working under the LTCI scheme in South Korea, specifically paid family-care workers, is scarce.

Methods

Research design

Interpretive description described by Thorne [16] was used as a methodology to address the aim of the study. The philosophical framework of interpretive description assumes that absolute and wholly objective knowledge is unattainable through empirical analysis. Basically, the researcher and the participants together construct understanding [17]. Therefore, the inquiry and the object of inquiry interact to influence one another and are inseparable [16]. Another purpose of interpretive description aims to capture themes and patterns within subjective perceptions and to generate research evidence to inform practice [16].

In this study, Interpretive Description guided the development of a coherent logic and structure that enabled or inhibited dementia care giving and for illustrating changes needed to improve services and support in ways that are realistic and practical [17]. In addition, Interpretive Description allowed researchers to work with participants to share their social worlds and construct their care-giving experience [17].

Setting and sample

Paid family-care workers who had been caring for a relative with dementia for at least one month were recruited to the study. To meet the selection criteria, family-care workers were required to have had formal education that included clinical placements and who were in possession of the care worker’s license. They were also required to have been caring for a relative with dementia at home for at least one month. The advertisement flyer was attached to a

Table 1 Assessment Questionnaire.

Domain (Number of questions)	Item	Response option
Activities of daily living (12)	Dressing, washing face, brushing teeth, bathing, eating, turning in bed, sitting up in bed, transferring from bed to chair, moving out of room, toileting, bowel control, and bladder control	Independent Partially dependent Fully dependent
Cognitive function (7)	Short-term memory, remembering dates, places, and date of birth, understanding instructions, judgment, and communication	Yes/No
Problem behaviors (14)	Feeling persecuted, visual or auditory hallucination, depressed mood, reversal of day and night, resisting advice or care, restlessness, being lost, verbal or physical violence, trying to go out alone, destroying items, meaningless behavior, hiding money or items, dressing inappropriately, and unsanitary behavior	Yes/No
Nursing care needs (9)	Tracheostomy care, suction, oxygen therapy, sore care, tube feeding, pain control, urine catheter care, colostomy care, dialysis care	Yes/No
Rehabilitation needs (10)	Motor disturbance in the right arm, left arm, right leg, left leg and limitation of movement in joints in the shoulder, elbow, wrist, hip, knee, and ankle	Not disabled Partially disabled Disabled No limitation Limitation of one joint Limitation of both joints

Source: [5].

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