

Sustainable Management for a Long-Term Caring Center Taking Community Service as a Moderating Role

Shu-E Fang, Taiwan Shoufu University, Taiwan
Deng-Ching Wong, Taiwan Shoufu University, Taiwan
Li-Shu Chen, Taiwan Shoufu University, Taiwan

The Asian Conference on the Social Sciences 2015
Official Conference Proceedings

Abstract

There were more than 2.6 million people older than 65 years in Taiwan. It consisted of 11.15% of the whole population. Long-term caring for senior persons in Taiwan is now a booming business that delicate business prescription is a must for any private institution. No more than 48 beds in the institution is the legal constraint that makes a long-term caring center in a position, very difficult to maintain a sustainable business. From one study in 2010, it indicated that community service is one of several ingredients to pursue sustainable management. The objective of this thesis was to take community service as a moderating role to achieve sustainable management for a private long-term caring center. In the mean time, senior persons can maintain lifestyles of health and sustainability (LOHAS). 107 persons older than 45 years old had been interviewed at their home and Likert's five-point questionnaire was collected for further study. The SPSS statistical package had been used for statistical analysis. Three aspects consisting of engagement in community activities, acceptance of community service, and daily living capability had been verified by t-tests, ANOVA, reliability analysis, and correlation analysis. The obtained results identified the vulnerable groups who need urgent community service, even taking care by official social workers. Follow-up prescriptions for the neighboring communities at a long-term caring center are now can be performed on a daily basis as well as long term management.

Keywords: Long-term care, Sustainable management, Community service, Lifestyles of health and sustainability (LOHAS)

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Introduction

Due to the advanced medical technology and better hygienic environment, the average life of people become longer (Chen, 2011). The function of human daily life mechanism, immunity and organ of body will become weakness while people become older (Tsay & Wang, 2008). Many chronic diseases will appear in elders, such as cancer, cardiopathy, diabetes mellitus and hypertension (Lin & Hsu, 2004). Besides diseases, there are more and more elders with disabilities in aging society (Chen, 2011). The issues of health care of elders become more and more important (Kao & Chen, 2005).

Taiwan has stepped into aging society in recently years. According to Ministry of Interior, there were more than 2.6 million people older than 65 years in Taiwan. It consisted of 11.15% of the whole population (Ministry of the Interior, 2013; National Development Council, 2014; Interior Ministry CEPD, 2013).

In Taiwan, the elders with disability of daily activities almost have 6.7% of elder population. The requirements of long-term care facilities increased due to the increase of elder population (Chen, 2011).

In 2012, the numbers of facilities of long-term care in Taiwan were 1,045 (Ministry of the Interior Department, 2013). There are three kinds of long-term care facilities, such as long-term care institution, nursing institution and caring organization. The usage of long-term care institutions, nursing institutions and caring organizations in Taiwan were 74.1%, 76.3%, and 66.9% respectively (Chi, 2003; Yang *et al.*, 2006).

Many developed countries have use “Aging in Place” as the guiding principle for devising elderly care policy. Aging naturally in the community has been a key ingredient in maintaining self-respect, independence and quality of life for the elders (Wu, 2005; Fu, 2005). The goal is to develop supportive services locally with the intention of helping the elderly stay in the local community as long as possible. In Taiwan, supportive services to help the elderly staying at home are seriously not enough (Yang, 2002; Wu, 2005; Chiou *et al.*, 2004).

To improve the quality of long-term care facilities, their quality of service should be enhanced and improved through the external assessment processes. Such that long-term care facilities can provide high quality services to the elders (Lin, 2013; Chen, 2002).

To maintain sustainable management for a long-term caring center, and to enhance “Aging in Place” policy, it was the key ingredient that community service has been taken as a moderating role (Lee *et al.*, 1995; Liaw & Chen, 1998). The objective was to pursue sustainable management of a long-term caring center and high quality services for the elders in the neighboring communities (Singer, 1982; Walker *et al.*, 1987; Wellman & Frank, 2001).

Materials and Method

Samples were collected from the elders of neighboring communities of a long-term caring center in Tainan City, Taiwan. 107 persons older than 45 years old had been

interviewed at their home and Likert's five-point questionnaire was collected. The basic parameters include gender, age, marriage status, education, financial condition, live place, and health conditions. Community activities, available community services have been personal involved, and their daily activities were the major topics have been studied in detail.

Personal community activities were reviewed as the following ten questions:

- A1. My personal community activities are someone's persuasions.
- A2. Community activities are not my own intensions.
- A3. Community activities are boring.
- A4. I always took fragments of the whole community activities.
- A5. I take part in all the community activities.
- A6. I enjoy in all the community activities.
- A7. I like to share my experiences of community activities.
- A8. I always pick those my favor community activities.
- A9. I pay my whole heart on all community activities.
- A10. I always invite someone to community activities.

In aspect of receiving community services, types of community services were described as following 10 items:

- B1. Food delivery
- B2. Friendly visiting
- B3. Greeting phone call
- B4. Home services
- B5. Walking together
- B6. Medicine prescription purchasing
- B7. Grocery purchasing
- B8. Hospital visiting accompany
- B9. Pay home services
- B10. Other services.

The 11 questions on daily living activities are listed as followings:

- C1. Need someone to help to eat
- C2. Need someone to help to bath
- C3. Need someone to help to clean up
- C4. Need someone to help on dressing
- C5. Need someone to help on toilet
- C6. Need someone to help on walking
- C7. Need someone to help on shopping
- C8. Need someone to help on housekeeping
- C9. Need someone to help on using telephone
- C10. Need someone to help on medication
- C11. Are there problems with memory.

The SPSS statistical package had been used for statistical analysis. Descriptive statistics, t-test, and Pearson's correlation had been analyzed. Three aspects consisting

of engagement in community activities, acceptance of community service, and daily living capability had been verified by t-tests, ANOVA, and other statistical processes.

Results and Discussion

ANOVA analysis was used to estimate the different age intervals. The result was showed in Table 1. There are insignificant differences in engagement on community activities and recognition of community service at variant age intervals. In daily living capability, the elders with age older than 70 years need more help than that below 50 years old, especially need help for eating, cleaning, shopping, housekeeping. They also need help on medicine and using telephone. The elders older than 70 years old need somebody to remind their memory.

Table 1: Long-term care requirements analysis in different age groups

	F test	P value	Scheffe Method
A. Engagement in community activities	0.747	0.526	
B. Acceptance of community service	1.129	0.341	
C. Daily living capability			
C1. Need someone to help to eat	3.240	0.025*	4 > 2
C3. Need someone to help to clean up	3.647	0.015*	4 > 2
C7. Need someone to help on shopping	3.696	0.014*	4 > 2
C8. Need someone to help on housekeeping	3.487	0.018*	4 > 1
C9. Need someone to help on using telephone	3.413	0.020*	4 > 1
C10. Need someone to help on medication	3.318	0.023*	4 > 1
C11. Are there problems with memory	4.252	0.007**	4 > 1

Remark: N=107, *: $p < 0.05$, **: $p < 0.01$.

1: 41-50 years old, 2: 51-60 years old, 3: 61-70 years old, 4: more than 70 years old.

In marriage status analysis, the result was showed in Table 2. In engagement in community activities aspect, elders who's marriage end in divorce have lower motive to join community activities. In acceptance of community service aspect, elders with marriage end in divorce have more requirements than others, especially in friendly visiting, greeting phone call, home service and medicine service. In daily living capability, widow or widower have more requirements in bath helping and telephone using help.

Table 2: Long-term care requirements analysis in different marriage status

	F test	P value	Scheffe method
A. Engagement in community activities			
A5. I take part in all the community activities.	4.562	0.005**	1 > 4, 2 > 4, 3 > 4
A6. I enjoy in all the community activities.	5.095	0.003**	1 > 4, 2 > 4, 3 > 4
A7. I like to share my experiences of community activities.	5.337	0.002**	1 > 4, 2 > 4, 3 > 4
A8. I always pick those my favor community activities.	4.278	0.007**	1 > 4, 2 > 4, 3 > 4
A9. I pay my whole heart on all community activities.	2.801	0.044**	1 > 4, 2 > 4, 3 > 4
A10. I always invite someone to community activities.	5.601	0.001**	1 > 4, 2 > 4, 3 > 4
B. Acceptance of community service			
B2. Friendly visiting	4.012	0.010**	1 > 2, 4 > 1
B3. Greeting phone call	5.297	0.002**	1 > 2, 4 > 1
B4. Home services	2.838	0.042*	1 > 2
B6. Medicine prescription purchasing	3.780	0.013*	1 > 2, 4 > 1
C. Daily living capability			
C2. Need someone to help to bath	2.752	0.046*	3 > 2
C9. Need someone to help on using telephone	3.219	0.026*	3 > 2

Remark: N=107, *: p <0.05, **: p <0.01.

1: single, 2: married, 3: widowed, 4: divorce.

Table 3 shows the long-term care requirements of elders with different education background. In engagement in community activities aspect, illiteracy elders who like to invite people to join community activities, and share with people. In acceptance of community service aspect, illiteracy elders have more requirements than others, especially in food delivery, friendly visiting, greeting phone call, home service and medicine service. They also need people to walk with them, purchase helping and need company to visit hospital. In daily living capability, illiteracy elders need someone to help them dial telephone.

Table 3: Long-term care requirements analysis in different education status

	F test	P value	Scheffe method
A. Engagement in community activities			
A4. I always took fragments of the whole community activities.	2.664	0.026*	2 > 1
A7. I like to share my experiences of community activities.	2.701	0.025*	1 > 4
A10. I always invite someone to community activities.	3.103	0.012*	1 > 4
B. Acceptance of community service			
B1. Food delivery	5.735	0.000**	1 > 2, 1 > 3, 1 > 4
B2. Friendly visiting	4.307	0.001**	1 > 2, 1 > 3, 1 > 4
B3. Greeting phone call	4.268	0.001**	1 > 2, 1 > 4
B4. Home services	5.387	0.000**	1 > 2, 1 > 3, 1 > 4
B5. Walking together	5.954	0.000**	1 > 2, 1 > 3, 1 > 4
B6. Medicine prescription purchasing	4.838	0.001**	1 > 2, 1 > 3, 1 > 4
B7. Grocery purchasing	3.752	0.004**	1 > 2, 1 > 3, 1 > 4
B8. Hospital visiting accompany	6.884	0.000**	1 > 2, 1 > 4, 3 > 4
C. Daily living capability			
C9. Need someone to help on using telephone	2.485	0.036*	1 > 5

Remark: N=107, *: $p < 0.05$, **: $p < 0.01$.

1: illiteracy, 2: literacy, 3: elementary school, 4: junior high school, 5: senior high school, 6: college and above.

Analysis of financial conditions was showed in Table 4. There are insignificant difference in engagement in community activities and daily living capability. In acceptance of community service, elders with financial condition less than NT\$ 20,000 have more long-term care requirements, including food delivery, friendly visiting, greeting phone call, home service, transportation service, medical service, purchase service, etc.

Table 4: Long-term care requirements analysis in different financial conditions

	F test	P value	Scheffe method
A. Engagement in community activities	0.948	0.439	
B. Acceptance of community service			
B1. Food delivery	6.209	0.000**	1 > 3, 1 > 4, 2 > 3
B2. Friendly visiting	5.304	0.001**	1 > 3, 2 > 3
B3. Greeting phone call	3.154	0.017*	1 > 3
B4. Home services	4.134	0.004**	1 > 3
B5. Walking together	3.374	0.012*	1 > 3
B6. Medicine prescription purchasing	5.097	0.001**	1 > 3, 1 > 4
B7. Grocery purchasing	2.729	0.033*	1 > 3
B8. Hospital visiting accompany	3.181	0.017*	1 > 4
B10. Other services	2.727	0.033*	1 > 3
C. Daily living capability	1.221	0.307	

Remark: N=107, *: $p < 0.05$, **: $p < 0.01$.

1: less than NT\$ 20,000, 2: NT\$ 20,000 to NT\$ 30,000, 3: NT\$ 30,000 to NT\$ 40,000, 4: NT\$ 40,000 to NT\$ 50,000, 5: more than NT\$ 50,000.

Table 5 shows analysis of live status. In engagement in community activities, elders live with spouse and live alone have higher motive to join community activities than elders live with fixed family member. Elders live with foreign workers like to share with others about community activities. In acceptance of community service, elders live alone have much more long-term care requirements, including friendly visiting, greeting phone call, home service, walking accompany, medicine help, grocery purchase help.

In daily living capability, elders live alone almost need all kinds of help. In daily living capability aspect, elders live with foreign workers have the lowest requirement because foreign workers take care everything for them.

Table 5: Long-term care requirements analysis in daily activities

	F test	P value	Scheffe method
A. Engagement in community activities			
A5. I take part in all the community activities.	3.995	0.005**	1 > 2, 4 > 2
A6. I enjoy in all the community activities.	4.484	0.002**	1 > 2, 4 > 2
A7. I like to share my experiences of community activities.	3.918	0.005**	4 > 1, 6 > 4
B. Acceptance of community service			
B2. Friendly visiting	3.255	0.015*	3 > 1, 4 > 6, 6 > 2
B3. Greeting phone call	3.542	0.009**	4 > 1, 4 > 6
B4. Home services	4.800	0.001**	4 > 2, 6 > 2
B5. Walking together	3.646	0.008**	4 > 2, 6 > 2
B6. Medicine prescription purchasing	3.375	0.012*	4 > 1
B7. Grocery purchasing	6.365	0.000**	4 > 1, 4 > 6
C. Daily living capability			
C1. Need someone to help to eat	3.353	0.013*	4 > 6
C2. Need someone to help to bath	3.566	0.009**	1 > 6, 4 > 6
C3. Need someone to help to clean up	3.960	0.005**	1 > 6, 4 > 6
C4. Need someone to help on dressing	4.363	0.003**	1 > 6, 4 > 6
C5. Need someone to help on toilet	4.955	0.001**	1 > 6, 2 > 6, 4 > 6
C6. Need someone to help on walking	9.856	0.000**	1 > 6, 2 > 6, 4 > 6
C7. Need someone to help on shopping	4.911	0.001**	1 > 6, 2 > 6, 4 > 6
C8. Need someone to help on housekeeping	5.162	0.001**	1 > 6, 2 > 6, 4 > 6
C9. Need someone to help on using telephone	3.652	0.008**	1 > 6, 4 > 6
C10. Need someone to help on medication	4.458	0.002**	1 > 6, 4 > 6

Remark: N=107, *: p <0.05, **: p <0.01.

1: live with spouse, 2: live with same family member, 3: live with family member shift, 4: live alone, 5: live with relative, 6: live with foreign worker.

Table 6 shows requirement analysis of health status. There is insignificant difference in engagement in community activities. In acceptance of community service, elders with bad health status need more long-term care requirements, especially in food delivery, friendly visiting, greeting phone call, walking accompany. Elders with good health have less long-term care requirements than elders with bad or terrible health. In daily living capability, elders with bad health need more help in daily life, especially need help for cleaning, bath, shopping. In daily living capability aspect, elders live with foreign workers have the lowest requirement due to the foreign domestic helpers almost will take care everything for them.

Table 6: Long-term care requirements analysis in health status

	F test	P value	Scheffe method
A. Engagement in community activities	0.955	0.435	
B. Acceptance of community service			
B1. Food delivery	6.293	0.000**	4 > 1, 5 > 1, 4 > 2
B2. Friendly visiting	7.565	0.000**	4 > 1, 5 > 1, 3 > 2, 4 > 2, 5 > 2
B3. Greeting phone call	6.979	0.000**	4 > 1, 5 > 1, 3 > 2, 4 > 2, 5 > 2
B5. Walking together	4.101	0.004**	4 > 2, 5 > 2, 5 > 3
B8. Hospital visiting accompany	2.950	0.024*	4 > 2, 3 > 2
C. Daily living capability			
C2. Need someone to help to bath	3.463	0.011*	3 > 2
C3. Need someone to help to clean up	3.700	0.007**	4 > 2
C5. Need someone to help on toilet	3.631	0.008**	3 > 2, 4 > 2
C7. Need someone to help on shopping	4.157	0.004**	4 > 1, 3 > 2, 4 > 2
C8. Need someone to help on housekeeping	4.475	0.002**	4 > 1, 4 > 2
C9. Need someone to help on using telephone	2.815	0.029*	3 > 1
C10. Need someone to help on medication	3.315	0.013*	3 > 2
C11. Are there problems with memory	2.597	0.041*	4 > 2

Remark: N=107, *: p<0.05, **: p<0.01.

1: excellent, 2: good, 3: common, 4: bad, 5: terrible.

In this study, community services like food delivery, friendly visiting, greeting phone call, home service, walking accompany, medicine help, visiting hospital accompany, have high correlation coefficient with each other. It was identified that financial condition of elders is not good and they usually live alone. Further proper tasks should be taken by persons and agencies who or which may be interesting or obliged.

Conclusion

The obtained results identified the vulnerable groups who need urgent community service, even taking care by official social workers. Follow-up prescriptions for the neighboring communities at a long-term caring center are now can be performed on a daily basis as well as long term management.

(1) Identifying the potential customers of long-term caring centers

Long-term caring centers could find their potential customers by carrying out community service such as food delivery. Through this process, good relationship between caring centers and local residents would be established naturally and firmly.

(2) What the effective services long-term caring centers should provide

Long-term caring centers should take the population characteristics into consideration and provide suitable localized community service. This study found out that not every community service can meet the needs of the elders; therefore, long-term caring centers should offer other types of community services to make more and more aged residents take part in the services.

(3) Time and manpower are essential elements in community service

Long-term caring centers should cooperate with other charities and medical groups to perform community service regularly. By doing this, the image of long-term caring centers would be improved and promoted.

(4) Social welfare assistance

Through community services offered by long-term caring facilities, the local residents' daily activities would be recorded and reviewed in detail. Long-term caring centers could measure blood pressure and blood sugar content of local people without any charge. Basic health data can be collected in order to improve their living quality.

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Contact email: cuteselena0814@gmail.com