

*Elements of Cooperation Necessary to Foster Safety Culture in Nursing Facilities from a Nursing Perspective*

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**Abstract**

In Japan's aging society, many elderly people with dysfunction are moved to nursing facilities after being discharged. These facilities allow the elderly to recuperate while continuing to receive medical treatment. Accidents at nursing facilities, such as falls, may result in readmission and lower quality of life. Therefore, ensuring safety at nursing facilities that support life after discharge is crucial. This study clarified the elements of cooperation necessary among nurses working in multifunctional long-term care at small group homes and derived suggestions for fostering multidisciplinary cooperation for nursing facility safety. Semi-structured interviews were conducted with five nurses from August to September 2019. Responses were documented verbatim and categorized using MAXQDA. The results showed four categories of responses: "Having an attitude that acknowledges and respects care workers' expertise," "Demonstrating nurses' expertise and sharing their observations of the subject with care workers," "Coordinating care such that care workers may participate at the behavioral level and actively anticipate the deterioration of physical conditions and prevent accidents," and "Utilizing nurses' collective knowledge to implement and improve unified care by sharing adequate information with care workers." This study clarified the importance of nurses being aware of their attitudes based on each other's specialties to enable users to live safely at nursing facilities. Furthermore, it is necessary to create a safety culture with the aim of providing unified care that leads to an increase in the safety awareness of care workers.

Keywords: Nursing, Interprofessional Collaboration, Care Worker

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## **Introduction**

In the comparison of aging rates in developed countries, Japan's rate was at the lowest level until the 1980s and almost in the middle in the 1990s, but it was at the highest level in 2005.

The aging rates was 28.4%, the highest ever. An increasingly aging population (O'Brien, 2013) presents a global challenge for healthcare systems, especially in terms of the structure and management of future care services. Additionally, how these actions will impact patient welfare is an important issue (Caley, & Sidhu, 2011). Providing quality care in residential aged care facilities (RACFs, also aged care homes) and nursing homes is a high priority for accommodating aging populations worldwide. Older people admitted to these facilities have safety needs.

In Japan's aging society, many elderly people with health problems are moved to nursing homes after being discharged. These facilities allow the elderly to recuperate while continuing to receive medical treatment. Accidents at nursing homes, such as falls, may result in readmission and lower quality of life (Suzukawa, & Suzuki, 2009). Therefore, ensuring the safety of nursing homes that support life after discharge is crucial.

Incident's occurrence in long-term care insurance facilities have been analyzed (Mitadera, & Akazawa, 2013), however, there are only a few reports of safety studies in nursing homes. The content of accidents was also limited to case reports. Current reports indicate many life-threatening accidents, such as incorrect medication and cases of falls in hospitals (Horigome, 2016).

The member structure of Japanese nursing homes is characteristic compared to other countries. Staff consists of care workers and few nurses, so that nurses deal with care workers to provide safety care to elderly who needs medical aspect for various diseases. Therefore, it is important to clarify the elements that support safety in nursing homes.

## **Purpose**

This study clarified the elements of cooperation necessary among nurses working in multifunctional long-term care at small group homes and derived suggestions for fostering multidisciplinary cooperation for nursing facility safety.

## **Methods**

The subjects were nurses who work in multifunctional care of small group homes. Focused on collaboration of nurses and care workers regard to the characteristics of the facility where care workers involved elderly care in Japan. Semi-structured interviews were conducted with five nurses from August to September 2019. Responses were documented verbatim and categorized using MAXQDA software.

In the semi-structured interviews, participants were asked to answer the following questions.

- 1) From your professional standpoint as a nurse, please tell us about your efforts to protect the safety of patients in nursing homes, and your efforts in collaboration with care workers.

2) Please tell us about your best practices for protecting the safety of elderly people living in nursing homes.

**Result**

Five nurses were interviewed in the two facilities. The average age of the participants was 47.2 years old (female)(Table1), while the average interview time was 28 minutes. The total number of codes was 56, the category was four, and the subcategory was 14 (Table2).

Nurses	Gender	Age	The experience of a Nurse
A	F	57	37 yrs. (Hospitals14yrs)
B	F	52	24 yrs. (Hospitals 4 yrs.)
C	F	46	24 yrs. (Hospitals21yrs)
D	F	37	14 yrs. (Hospitals13yrs)
E	F	44	17 yrs. (Hospitals17yrs)

Table 1: The Profiles of the Participants

The results showed four categories of responses: “Having an attitude that acknowledges and respects care workers’ expertise,” “Demonstrating nurses’ expertise and sharing their observations of the subject with care workers,” “Coordinating care such that care workers may participate at the behavioral level and actively anticipate the deterioration of physical conditions and prevent accidents,” “Utilizing nurses’ collective knowledge to implement and improve unified care by sharing adequate information with care workers.”

Category	Sub-categories
Having an attitude that acknowledges and respects care workers’ expertise	• Attitudes that recognize care workers’ expertise
	• Respect and acknowledge the care worker's expertise by observing the care worker's life and collaborating with them.
	• Empathize with and support care workers when they encounter end-of-life care and guide them to make the most of their experiences in the future.
Demonstrating nurses’ expertise and sharing their observations of the subject with care workers,	• Give specific instructions to care workers on observation perspectives.
	• Collaborate with multidisciplinary professionals and family members, and provide specific information to care workers.
	• Sharing clinical decisions with care workers after confirming it among nurses.
	• Focusing on the viewpoint of information collection and sharing the observation viewpoint with care workers.

	<ul style="list-style-type: none"> <li>• Care workers and nurses verbalize and express their observations to each other, and provide feedback to care workers in daily conversations and through notes.</li> </ul>
Coordinating care such that care workers can participate at the behavioral level and actively anticipate the deterioration of physical conditions and prevent accidents”	<ul style="list-style-type: none"> <li>• Engage care workers in a way that encourages their awareness.</li> </ul>
	<ul style="list-style-type: none"> <li>• Use the nurse's expertise to assess the situation of the elderly and formulate care that the care workers can implement at the behavioral level.</li> </ul>
	<ul style="list-style-type: none"> <li>• Consult with care workers to alleviate their concerns and liaise with them to provide care.</li> </ul>
	<ul style="list-style-type: none"> <li>• Predict deterioration of the patient's physical condition or prevent accidents based on the nurse's expertise, and inform care workers and prepare countermeasures.</li> </ul>
Utilizing nurses’ collective knowledge to implement and improve unified care by sharing adequate information with care workers	<ul style="list-style-type: none"> <li>• Guide nurses to implement common care at their discretion while monitoring timing.</li> </ul>
	<ul style="list-style-type: none"> <li>• Nurses will be involved in the end-of-life care experience in a supportive environment and grow together in order to provide better care.</li> </ul>
	<ul style="list-style-type: none"> <li>• Interpretation of medical conditions and medications of the elderly from nurses to care workers to improve care.</li> </ul>

Table 2: Collaboration elements for safety with care workers from the perspective of nurses

## Discussion

The purpose of this study was to identify the elements of collaboration necessary for nurses working in nursing homes. The findings of this study are the specific behaviors and attitudes of nurses that are necessary to work with care workers in nursing homes.

First, from these two categories; “Having an attitude that acknowledges and respects care workers’ expertise,” “Demonstrating nurses’ expertise and sharing their observations of the subject with care workers,” were considered the following. To protect the safety of the elderly in nursing homes, it is important to integrate the perspectives of the people living in the homes and the medical observation perspective in their care. To integrate these two perspectives, the nurses at the elderly care facility showed respect for the other person, presented the medical observation perspective, and worked to share information. This made it possible to identify changes in the medical condition and living level of the elderly in both directions at an early stage. Information sharing is considered to lead to better care, as a common understanding can be obtained, and specific behaviors are possible.

Secondly, from these two categories; “Coordinating care such that care workers may participate at the behavioral level and actively anticipate the deterioration of physical conditions and prevent accidents,” “Utilizing nurses’ collective knowledge to implement and improve unified care by sharing adequate information with care workers.” were considered the following. The activation of the care worker's behavior is expected to create a synergistic effect by enabling nurses to obtain quality and sensitive information. This means that nurses can coordinate care in such a way that they can proactively predict the deterioration of physical conditions and prevent accidents. Therefore, it can be used as an accident prevention

measure in nursing homes. Furthermore, by sharing the nurses' ideas on accident prevention measures with care workers and collaborating with them, unified care can be implemented and used for improvement. These efforts will lead to the development of a safety culture in an organization.

Haruta, et al. (2018) developed an interprofessional competency framework in Japan which consists of two core and four peripheral domains. This competency framework included two core domains of “Patient-/client-/family-/community-centered” and “Interprofessional communication”, and four peripheral domains of “Role contribution”, “Facilitation of relationships”, “Reflection” and “Understanding of others”. The results of this study considered Haruta's competency framework (2018). The core domain is communication between care workers and nurses, with a focus on the elderly. Also understanding interprofessional regards respecting the expertise of care workers and caring for elderly with medical perspective of nurse, which completes the role of the profession. In other words, the findings of this study may be said to embody some of the competencies of nurses working in nursing homes.

The World Health Organization's (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010) states that "interprofessional education occurs when two or more professionals learn from each other in order to enable effective collaboration and improve health outcomes." Then, Interprofessional education is utilized in fundamental education.

Yokoyama, et al. (2010) conducted Interprofessional education role-playing session for university students and reported that changes in asking alter the content of communication, improve the quantity and quality of information. As this study shows, interactional learning has the potential in Social Skill Training education at nursing care filed.

In summary, we believe that we can derive suggestions for fostering multidisciplinary cooperation for safety in nursing homes. In professional collaboration in nursing homes, a mutual recognition of each other's expertise can stimulate professional observation perspectives and extract a great deal of information from the elderly.

Second, it will encourage effective information-sharing opportunities, which will activate mutual actions and create synergy effects. It will then be possible to coordinate care and proactively prevent accidents by predicting the deterioration of physical conditions. Since care methods for accident prevention based on specific proposals derived by both parties are fostered from the bottom up, unified care can be easily implemented and used for improvement. Much of the cost of safety measures in nursing homes has been spent on environmental aspects, such as beds and handrails sensor mats. However, human resource development is especially important to ensure the safety of elderly people with complex medical systems and diverse diseases (Figure 1).

This study suggests the following for a human resource development program that fosters a culture of safety in nursing homes. Sharing the perspectives of experts on both sides. Learning opportunities to look at illustrations and photographs of scenes from the lives of elderly people and then predict what could happen when they move. Social skills training (communication training). This is a training for nurses to communicate their expert knowledge of medical conditions to care workers in an easy-to-understand manner while

observing the reactions of others. The development of these learning opportunities in institutions for the elderly can be effective and easily linked to practice.

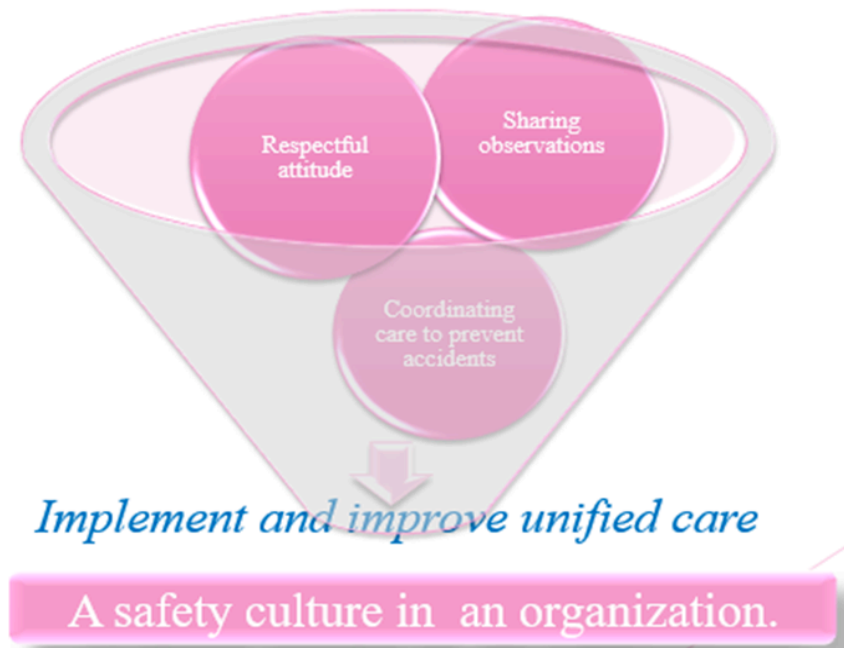


Figure 1: Collaboration for safety from the perspective of nursing home nurses.

## **Conclusion**

This study clarified how nurses' awareness of their attitudes based on their specialty and the specialty of care workers enable them to collaborate to ensure safety for elderly people at nursing facilities. Furthermore, it is necessary to create a safety culture with the aim of providing unified care that leads to an increase in the safety awareness of care workers.

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## References

- Caley, M., & Sidhu, K. (2011). Estimating the future healthcare costs of an aging population in the UK: expansion of morbidity and the need for preventative care. *J Public Health*.33(1)117–22.
- Mitadera, Y., & Akazawa, K. (2013). Analysis of incidents occurring in long-term care insurance facilities. *Bulletin of Social Medicine*, 30(2), 123-130.
- Hasegawa, D. Fujita, Y. Sakamoto, H. Maki, N. Wakayama, S. Inada, H., & Yanagi, H. (2016). Fall Occurrence in Long-term Care Facilities — A Focus on the Movement Status of Residents. *Japanese Journal of Fall Prevention*, 2(3), 23-32.
- Horigome, F. (2016). The qualitative study on risk management of care accidents in facilities covered by public aid providing long-term care to the elderly. *Bulletin of Social Medicine*, 33(1), 71-82.
- Haruta, J., Yoshida, K., Goto, M., Yoshimoto, H., Ichikawa, S., Mori, Y., & Otsuka, M. (2018). Development of an interprofessional competency framework for collaborative practice in Japan. *Journal of interprofessional care*. 32(4), 436-443.
- O'Brien, T. (2013). The impact of an aging population on palliative care. *Journal of pain & palliative care pharmacotherapy*, 27(4), 389-391.
- Suzukawa, M., Shimada, H., Makizako, H., Watanabe, S., & Suzuki, T. (2009). Incidence of falls and fractures in disabled elderly people utilizing long-term care insurance. *Japanese Journal of Geriatrics*, 46(4), 334-340.
- Yokoyama, N., Tanaka, T., Yoshida, K., Samewaki, K., Hosokawa, T., & Nanba, E. (2010) Acquiring Coordination Skills through Simulation Exercise - From the Sessions to Learn the Basics of Joint Exercise among Healthcare, Medical, and Welfare Domains - The 3rd Japan Society for Health, Medical and Welfare Education Academic Conference. [https://kiui.jp/pc/kyougup08/report\\_society/220811/index.html](https://kiui.jp/pc/kyougup08/report_society/220811/index.html)
- World Health Organisation. Framework for action on interprofessional education and collaboration practice. (2010). Department of Human Resources for Health. [https://www.who.int/hrh/resources/framework\\_action/en/](https://www.who.int/hrh/resources/framework_action/en/) [Accessed 2021/4/18].

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