A Case Study of Caregivers' Social Skills Use in Practice:
Interviews and an Observation About Interactions With Care Recipients

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Abstract
This research is a qualitative psychological study of caregivers. To gain knowledge about social skills caregivers use to form good interpersonal relationships with care recipients in nursing homes, we conducted survey (A); a preliminary interview, and survey (B); an observation and post-interview survey at a facility for disabled people. The informant had seven years of experience as a caregiver. First, we interviewed the informant about forming relationships with care recipients, then extracted and classified his social skills using the KJ method (Kawakita, 1967). The obtained 65 social skills were classified into five categories: "communication and information transfer", "forming and maintaining relationships", "manner and attitude", "trouble dealing and prevention", and "general tasks". In the second phase, the observation and post-interview records were combined. Again, the KJ method extracted and classified social skills and situations. The 209 social skills obtained were classified into five categories as in the preliminary interview survey. Skills of "forming and maintaining relationships" were in the majority throughout the surveys. In contrast, skills classified as "general tasks", were the least used in the first survey and were second most used in the post-interview phase. In this study, we learned how to apply social skills to form good interpersonal relationships. Moreover, the observational study suggested the importance of working with the people and environment around the caregiver and the direct productive relationship. This information could not be captured by the interview survey alone.

Keywords: Caregiver, Social Skills, Observational Study

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Introduction

Japan is the most super-aged society in the world. According to the Cabinet Office, the aging rate in Japan is 28.8%, and its older adult population is expected to peak by 2042 (Cabinet Office, 2021). This has resulted in declining birth rates and an increase in the number of nuclear families; caregivers have become increasingly important in the Japanese society. Hence, there is an inclination toward improving the quality of nursing care services in Japan (National Association of Health Care Facilities for the Elderly, 2019).

Caregivers' duties vary widely in Japan (see Table 1). In 2015, 506,000 people with disabilities were living in support facilities (Ministry of Health, Labour and Welfare, 2020). Japanese support facilities for persons with disabilities have been established to provide nursing care, consultations, and advice, among other necessary forms of daily life support for individuals residing in these facilities. Caregivers are pertinent to the Comprehensive Support for Persons with Disabilities Act, which was enacted in 2013 to realize a regional society where citizens can live with peace of mind, respecting each other's personality and individuality regardless of their disability (Ministry of Health, Labour and Welfare, 2012).

Work that is independent of the type of work facility	Work required in residential facilities	Service users
Assistance with eating and drinking Transportation of service users Recreational activities Exercise instruction Assistance with bathroom-related activities.	Maintaining patient's environment, namely through: - Cleaning and making patients' beds - Replenishing patients' favorite foods	Elderly people People and children with: - Physical disabilities - Mental disabilities - Intellectual disabilities

Table 1. Caregiver Duties and Service Users in Japan

In contrast to other service industries such as sales, nursing care focuses on building long-term relationships nurtured throughout daily life, as opposed to once-off relationships. The users of support facilities for persons with disabilities have varying ages and disabilities, including physical, intellectual, and mental disabilities. Therefore, caregivers need to be able to respond flexibly to the individual requirements of the service users. Thus, caregivers' ability to establish smooth interpersonal relationships with service users is distinct from ordinary relationship building. Therefore, it can be inferred that caregivers need to be sufficiently flexible to build relationships with a wide range of patients according to the situation at any given time. Social skills encompass both verbal and nonverbal behaviors used to respond appropriately and effectively in interpersonal situations as well as the cognitive processes that enable the expression of these behaviors (Aikawa, 1996). In this study, social skills refer to the interpersonal behaviors and cognitive processes that enable caregivers, who are interpersonal assistance workers, to develop interpersonal relationships with users through verbal and nonverbal behavior to provide efficient long-term care for users. The author searched J-STAGE for previous studies written in Japanese on "social skills" in the nursing care field. This search found reports that broaden the concept of caregivers'

communication skills, indicating the implications of cognitive-behavioral skills on the development of interpersonal relationships (Yamada & Nishida, 2007). However, no prior reports were found that focused primarily on the social skills of Japanese caregivers. The importance of developing interpersonal relationship skills among caregivers is underscored in a unit on communication in the national training school for caregivers (Japan Association of Care Worker Training Institutions, 2019). Furthermore, caregiver turnover has been largely attributed to interpersonal relationships over the past several years (Center for the Stabilization of Long-Term Care Work, 2021). Hence, a more sophisticated interpersonal learning method is required.

This study aimed to gain insights into the social skills related to the development of interpersonal relationships and their applicability to experienced caregivers working in the field. This study used interview surveys to identify the social skills of caregivers. Thereafter, an observational study was conducted in a support facility for persons with disabilities to collect information on the use of such skills, namely through tone of voice, gestures, eye contact, conversation pauses, positioning, and verbal exchanges. Furthermore, cognitive information related to the development of interpersonal relationships with patients was collected from the caregivers through a post-interview survey. Thus, this study combined this information to gain diverse insights into effective social skills that function efficiently in the context of care site.

Method

The participants of this study comprised caregivers working at a support facility for persons with disabilities with a capacity of 50 residents. The attributes of the research collaborators are presented in Table 2. These observations were recorded using the behavioral descriptive method. Furthermore, interactions with facility users at the support facility for persons with disabilities were recorded as verbatim as possible.

Age	Gender	Years of experience	Qualifications
21~30	Male	7 years	Certified care worker Senior kindergarten teacher Nursery teacher

Table 2. Attributes Of Research Collaborators

The support facility for persons with disabilities was selected as the research subject because it is a residential facility. Furthermore, long-term perspectives on the development of interpersonal relationships with facility users could be confirmed. As opposed to long-term care welfare facilities for older adults, which are also residential facilities, support facilities for persons with disabilities have users with diverse demographics, including young people and people with disabilities; thus, a wide range of interactions can be expected. Moreover, setting up the environment for observation was advantageous since the activities were conducted mainly within the facility.

Survey (A): Interview survey

A three-hour semi-structured interview was conducted with the research collaborators. The interview guide was revised according to the caregiver's work content (see Table 3)（Yokoyama & Tanaka, 2007）.

Survey (B): Observational study and post-interview survey

The author made direct observations of the interaction between the caregiver and the service users via non-participant observation. Thus, the author did not participate in the behavior of the observation target. Thereafter, a 4-hour observation was conducted. Furthermore, 1-2 months after the observational study, three 2-hour semi-structured interviews were conducted on a rescheduled schedule. In the post-interview survey, the intentions and reasons behind the observed actions were investigated. The questions were presented to the collaborators before the post-interview.

Contents of the prepared questions
・ Is there anything you are careful about when interacting with users?
・ Are there any ways to treat users that please others?
・ What are you doing to build a good relationship with your users as a caregiver?
・ Please tell us of an instance you had a good relationship when you did it like this.
・ Please tell us what you are careful about when you meet the user for the first time.
・ Please tell us what you do to build trust with the user when you meet for the first time.
・ What kind of information does the user provide that is needed to be involved as a caregiver?
・ How do you obtain that information?
・ Among the various users, have you ever experienced long-term care that required special consideration? Please share the instance(s) with us.
・ Please tell us what you do to communicate effectively with the users.
・ Have you ever found it difficult to communicate with users? Please share the instance(s) with us.

・ Have you ever had a misunderstanding with a user? Please share the instance(s) with us.
・ When you were a newcomer, did you have any difficulties or problems in supporting and interacting with users? Please share the instance(s) with us.
・ When you were a newcomer, did you have any seniors you could respect as a caregiver?
・ What do you think about the support and involvement of a new caregiver with users in the workplace?
・ What advice would you give a new caregiver?
・ Have you ever had any issues with the user during the support or interaction? How did you deal with that situation?
・ Do you feel uncomfortable or frustrated while working as a caregiver?
・ Are there any requests from caregivers to users?
・ What is your goal for an ideal caregiver in the future?

Table 3. Interview Guide

Analytical method

From the interview, observation, and post-interview records, the cognition and behavior applied by caregivers related to developing relationships were identified as social skills. The KJ method was used to classify the extracted social skills (Kawakita, 1967). Thus, the identified social skills were converted into cards and classified simultaneously while creating a group that summarized similar concepts. Thereafter, these were abstracted by attaching a nameplate that expresses the contents of each group.

Selection of research collaborators and ethical considerations

The research collaborators were recruited using the neopotism method. Specifically, the managers of support facilities were requested to recommend caregivers who have been working at the facility for at least five years and who had established effective interpersonal relationships with users. Written informed consent was obtained from all research collaborators prior to the study, during which the researcher explained the content and ethical considerations of the research both orally and in writing. Furthermore, before the commencement of the observational study, the authors reiterated the purpose of the study to the research collaborators. The explanation and submission of the consent forms to the patients in contact with the caregivers occurred in line with the judgment and instructions of the director of the facility. Due to patients' right to privacy, no records were retained and no observers accompanied the patients in their daily duties, such as bathroom-related activities.

Results

The results of this study were analyzed using the KJ Method.

Survey (A): Interview Survey

Sixty-five social skills were extracted from the narratives of Survey (A). Table 4 shows the results of the analysis using the KJ method.

Major category	Number of SS	Middle Category	Description	Examples of Social Skills
Forming and maintaining relationships	21	"Checking the care recipient's level of understanding (1)," "Timing of the talk/ greeting (1)," "Topics and contents of conversation (4)," "Creating a good atmosphere (1)," "Understanding the care recipient's true feelings (3)," "Gathering information (5)," "Building a trustworthy relationship (2)," "Sense of distance (3)," "Respect for the caregiver's thinking (1)"	This category consists of SS that builds relationships through chatting, SS that maintains relationships that have already been established, etc. This category differs from 【Communication/Information Transmission】 in that it does not focus on the accuracy of the information exchanged but is characterized by the fact that the interaction is focused on providing comfort as people sharing the same space.	"Talking about the care recipient's hobbies and other topics that center on the caregiver (D-54)," "Checking the patient's physical condition while making small talk (D-260)," "Tell jokes (D-45)," "Repeatedly ask the care recipient until he or she is able to express his or her needs without hesitation (D-67')"

Manner and attitude	20	"Attitude and preparedness (2)," "Don't make anger the care recipient. (1)," "Treat care recipient fairly (1)," "Don't get too involved (2)," "Positional relationships (3)," "Motivating care recipient (6)," "Lowering the psychological hurdles of care recipients (5)"	This classification consists of SS related to basic care attitude such as "respect for the care recipient" and SS derived from it. Derived SS can be mentioned below SS to have the care recipient lead a better life, and SS for smooth care, etc.	"Do not sit directly in front of care recipient (D-247)," "Converting negative content into positive proposals (D-31)," "Propose to have an image of what will happen if it succeeds (D-33)," "Compliment when care recipient gets close to he or her goal (even if it's trivial). (D-42')," "(Lower himself) make it easier for the care recipient to make him a request (D-74')"
Communication and information transfer	14	"Understanding the care recipient's intentions (7)," "Accommodating the care recipient 's needs (5)," "Avoiding misunderstandings (1)"	This classification consists of SS groups for correctly communicating the caregiver's intentions and SS groups for correctly capturing the care recipient's intentions. In contrast to [Forming and maintaining relationships] which is focused on chatting, the focus of this category is the exchange of information accuracy, such as business	"Ask questions again for confirmation (D-144)," "Ask in the form of a question like "Do you mean ○○?" instead of just asking back (D-169, 169')," "Control the conversation speed of the care recipients by speaking slowly (D-153)," "Give the point by short sentences (for people with higher brain dysfunction) (D-175)," "Conversation with

				communication.	gestures (D-147)"
Trouble dealing and prevention	9	"Early detection of the seeds of trouble (2)," "Responding to trouble (7)"	This classification consists of SS for preventing problems and SS for when problems occur.	"Do not force people who dislike each other to stick together (D-206)," "When arbitrating, set up a place for discussion while listening to the opinions of both care recipients (D-209)," "Change the day, don't chase deeply, (D-129')," "Do not deny the feelings of the care recipients (D-202)"
General works	1	Management (1)	Classification consisting of SS not included in the above four major categories.	"Determine the order of actions considering the burden on the care recipient (D-229')"

Table 4. Interview Survey Analysis Results Using the KJ Method

Survey (B): Observational Study and post Interview survey

Observations from caregiving contexts

A total of 64 observation scenes were obtained from the observational studies. The observed scenes were analyzed using the KJ method and classified into 11 major and 27 medium categories (see Table 5). The major categories, namely, "Communication from the long-term care recipient," "Communication with the long-term care recipient," and "Support for long-term care" comprised ten observation scenes. The major category "Communication from the long-term care recipient" consists of five subcategories. Furthermore, "Communication with the long-term care recipient" consists of six subcategories, while "Support for long-term care" consists of four subcategories of care.

Tables 6 and 7 show the views of the caregivers on caregiving expressed in the post-interviews and the caregivers' narratives obtained in the post-interviews, respectively. The identified social skills were based on the external behaviors and views on caregiving that were considered useful for the development of effective interpersonal relationships with users.

Major classification	Middle classification
Communication from the long-term care recipient	Daily conversation (4), Information provision (2), Hope for assistance / assistance (2), Voice during another work (1), Education for long-term care (1)
Communication to the long-term care recipient	Daily conversation (1), Confirmation to the long-term care recipient (3), Providing food and drink (2), Understanding trends of long-term care recipients (2), Work instructions (1) , Understanding the work status (1)
Support for long-term care	Help with work (3), Confirmation of results (1), Education for long-term care (4), Guidance of long-term care (2)
Meal assistance	Meal assistance (1), Trouble prevention (2), Education for long-term care (1)
Responding to long-term care requests	Normal business (3), Education for long-term care (1)
Support for new long-term care recipients	Support for new long-term care (3)
Care recipient physical condition management	Physical condition management (2)
Environmental arrangement	Environmental maintenance (1)
Normal business	Work proposal / grasp (2), Providing food and drink (2)
Trouble prevention	Trouble prevention (3)
Apology to the care recipient	Apology (1)

Table 5. Caregiving Situations Based on the Observational Study

(1) Caregiver: (looking at the care recipient who is coloring while working at a slight distance)

(2) Caregiver: ”Mr. ○○, how is it? (Walk up to the care recipient)"

(3) Care recipient: "Yes, yes."

(4) Caregiver: "I do not understand with "yes, yes, yes" - ha ha ha."

(5) Caregiver: (looking at the picture to the user and giving some advice on the picture)

Caregiver's narrative for this episode

(during the post-interview survey)

"I think I gave her some advice about the use of color..." "How about adding this color?" I think I probably gave her some advice on the use of color. I think I gave her some advice on how to use colors. (omission) A different perspective. If you give them a different stimulus, you might get a different result. （We do not know what the users are capable of, so we thought we would give it a try."

Corresponding social skills

Survey A

    [No relevant social skills]

Survey B

    Provide different stimuli and perspectives to the user during the work.

    Let them try what they can do.

Table 6. Episode Introduction 1: Interaction during Recreation (Coloring)

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(1)Caregiver: ”Mr.○○. You would not say this is dinner, would you?"

(2) Care recipient: "Yes."

(3) Caregiver: "It is not "yes"- what are you saying - you're scaring me - hahaha. It doesn't sound slightly like a joke, so let us stop."

(4) Caregiver: "Yes, okay~ (brings the empty pudding container in front of the care recipient and shows it to them)."

(5) Care recipient: "Thank you very much~"

(6) Caregiver: "In that case, please treat me to pudding a la mode next time. Hahahaha."

Caregiver's narrative for this episode

(during the post-interview survey)

"First of all, I would like her to eat a little more in terms of her physical condition. The other thing is her...communication with her, right? (If we can talk about food and other things regularly, even if it is just a little bit at a time, I wonder if she will eat when it's really important. That's the point."

"Ah, that is the end of the story, isn't it? (omission) I did not have an ending to my story. It was the end of the story.　（In my case, before I start talking, I usually think about how much I want to talk with this person. (omission) I believe that we have to treat all users equally."

Corresponding social skills

Survey A

Tell a joke

Explain the situation and respect the caregiver's risk-taking

Survey B

If the caregiver is worried about the care recipient's health condition due to small or picky eating, joke with them.

If the care recipient is reluctant to accept attention from staff, casually bring up the topic in your daily communication.

When starting a conversation with a care recipient, set an approximate time for the conversation in "MY" mind before the conversation.

Table 7. Episode Introduction 2: Interaction During Meal Assistance

In Survey (B), 209 social skills were identified. Table 8 presents the results obtained using the KJ method. Surveys 1 and 2 showed a high proportion of social skills, directly and indirectly, related to developing a relationship with users, such as "Relationship formation/maintenance" and "Manner/attitude." However, differences were noted depending on the survey method used. For example, skills classified as "Normal work," were the least common in Survey (A); however, they were the second most frequent in Survey (B). In addition to direct involvement with the user through time allocation and environmental maintenance, "Normal work" also includes working with the people around the user and the environment.

Communication / information transmission	Relationship formation/maintenance	Manner / attitude	Trouble dealing / prevention	Normal work	Total
32 (15.3%)	75 (35.9%)	27 (12.9%)	30 (14.4%)	45 (21.5%)	209

Table 8. Results of Analysis Using the KJ Method of Extracted SS at the Time of the Observational Study, Reflecting the Narratives from The Post-Interview

Discussion

Survey (A) comprised a "preliminary interview survey" while Survey (B) comprised an "observation at the nursing home" and "post-interview survey." Both surveys shared a large ratio of social skills directly related to developing relationships with users, such as "Relationship Formation and Maintenance" and "Manner/attitude." "Normal work" was used the least in Survey (A), but the second most in Survey (B), reflecting the difference between the two survey methods. The interview survey can only elicit social skills that are recognized by the caregivers based on recall from the questions, while the observation method can elicit the social skills expressed by the caregivers, regardless of their own perceptions. However, the observational method is limited because it can only identify social skills within the observed situation, thus making the two survey methods complementary. "Normal work" comprised working with users, the people around them, and the environment, namely through time allocation and environmental maintenance. While these social skills may not affect users directly, they are considered important from the perspective of the users' living environment. Furthermore, is believed that developing indirect relationship skills is recommended based on observing operational contexts and documented operational methods. Thus, applying the appropriate social skills in any given context is important. This study is significant because it documented the operationalization of these skills, including the indirect skills.

Research has shown that developing good interpersonal relationships with users is strongly correlated with caregivers' sense of competence (Soh, Okada & Sirasawa, 2007). Thus, the self-evaluation of their ability to cope with given tasks can lead to a more proactive approach toward providing higher-quality care services. The author made daily observations on how the research collaborators communicated and formed relationships with users. The good interpersonal relationships formed in this way can facilitate a more accurate understanding of the thoughts and needs of the users (Soh, Okada & Sirasawa, 2007). Furthermore, it is assumed that these interactions form the foundation of fulfilling care work. The social skills required to develop good interpersonal relationships clarified in this study can be developed and applied to general learning. This can enhance active engagement among caregiving students and newly hired caregivers to facilitate the provision of high-quality caregiving services.

This study had several limitations. Namely, the observations were conducted using a limited number of caregivers, in a limited facility, over a limited amount of time. Furthermore, the time for later interviews was limited, thus not all behaviors were discussed. It is necessary to conduct further, in-depth research to investigate the use of social skills and to expand current knowledge on the influence of psychological aspects on social skills among caregivers. Thus,

it is important to conduct further research that extends to other caregivers and facilities to examine the generalizability of the findings.

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This study was approved by the Ethics Review Committee of the Graduate School of Health Sciences, Okayama University (reception no. T20-05).

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