

Activities and Role Perception of Long-Term Care Prevention Project Volunteers in Super-Aging Society–Comparison between Mountain and Fishing Villages–

Setsumi Kudo¹ and Akiko Yamasaki²

¹Osaka Aoyama University Faculty of Health Science School of Nursing, Japan

²Tokushima Bunri University, Japan

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2. Key words

Long-term Care; Volunteers; Role Perceptions; Mountain Village; Fishing Village

1. Abstract

We investigated the activities and role perception of local community volunteers in a long-term care prevention project in Japan. Using a questionnaire survey, we compared self-evaluations of current and future volunteering activities, volunteers' ability to successfully perform these activities, and positive aspects of volunteering between residents of a mountain village and residents of a fishing village. Results indicated that there were significant differences between the villages regarding recognition of tasks and goals of volunteers and ability to carry out volunteering activities. Volunteers in the fishing village had more experience, were younger, placed greater importance on communication between volunteers and clients and active appeals for participation in activities, and reported greater success in completing their activities than those in the mountain village. These findings suggest that it is necessary to improve training and support systems so that volunteers can be active and confident in their roles in long-term care prevention.

3. Introduction

In 2000, a long-term care insurance system was established in response to the needs of Japan's aging society. In the long-term care insurance system, since the care prevention-emphasized revision became effective in April 2005, "Care prevention with community planning" has been a necessary activity in every community up to the present [1]. The training of volunteers for long-term care prevention projects targeted at elderly residents of local communities has become an important issue. In long-term care prevention, collaboration between volunteers and specialists is crucial [2]. Volunteer training should take into consideration the influence of factors such as the volunteer's sex, age, years of experience, and local characteristics [3]. One of the aims of this research was to help support communities by examining long-term care prevention for local residents. This study compared the activities and role perceptions of volunteers who participated in long-term care prevention projects in a mountain village and a fishing village, and then examine the support system for training these volunteers.

4. Methods

The study was conducted using a self-administered questionnaire survey. Respondents included 444 volunteers who participated in

a long-term care prevention model project in A City: 134 attending 24 classes in a mountain village and 310 attending 18 classes in a fishing village. Questionnaire items addressed respondents' personal information, the contents and duration of their activities, a self-evaluation of their activities, and so on. The contents of respondents' activities were categorized into items concerning their daily activities, activities up to the day before the survey, and activities on the day of the survey. Their activities were further categorized into items concerning current activities and future activities that were considered necessary. The self-evaluation scale for participants' activities was: cannot do it at all, 1; cannot do it very well, 2; can do it a little, 3; can do it well, 4. Data were analyzed using the χ^2 and Mann-Whitney U tests and SPSS software. P values of less than .05 were considered statistically significant.

4.1. Definition of Terms

For the purposes of the present study, "classes," "activities" and "role awareness" were defined as follows.

4.1.1. Classes: These were self-managed by volunteers, and offered health checks and recreational activities for the elderly. They were held in both the mountain village and the fishing village.

4.1.2. Activities: The volunteers were engaged in three types of

*Corresponding Author (s): Akiko Yamasaki, Tokushima Bunri University, Japan.

long-term care prevention activities: daily activities, activities on the day before the survey, and activities on the day that they filled out the survey questionnaire.

4.1.3. Role Awareness: This refers to participants' understanding of their role as long-term care prevention volunteers.

4.2. Ethical considerations

The research protocol was approved by the Ethics Committee. Consent for investigation was obtained from the Director of Social Welfare of a City before the start of the investigation. The following six items were explained to the subjects by the investigator and the subjects' consent was obtained: individual privacy will be protected; the investigation will be conducted anonymously and participation is voluntary; there will be no disadvantages for declining to participate; acquired information will be used for no purpose other than research; subjects will be assigned an ID number for computer processing; and a questionnaire will carry out decision processing at the end of the research, after which all electronic data will be deleted.

4.3. The Local Situation as of January 2015

Mountain village: The village was situated at an elevation of approximately 600 to 800 meters, with a cumulative population of 4,564 and an over 65 year-old population rate of 42.3%.

There were 25 classes with an average attendance of 6.

Fishing village: The village was close to sea traffic and had a population of 8946 people and an over 65 year-old population rate of 46.8%. There were 21 classes with an average attendance of 16.

Table 1: Background of the Subjects

		Mountain village n=78 (%)	Fishing village n=235 (%)
Sex	male	32(41.0)	74(31.5)
	female	46(59.0)	161(68.5)
Age	under 59 years old	5(6.4)	40(17.0)
	60s	27(34.6)	132(56.2)
	70s	43(55.1)	59(25.1)
	80s	3(3.8)	4(1.7)
Job	farmer	42(53.8)	37(15.7)
	Fisherman	0(0.0)	8(3.4)
	proprietor	4(5.1)	11(4.7)
	housewife	26(33.3)	135(57.4)
	unemployed	6(7.7)	44(18.7)
Activity years	Less than 1 year	24(30.8)	44(18.7)
	More than 1 year but less than 2 years	18(23.1)	37(15.7)
	More than 2 year but less than 3 years	12(15.4)	34(14.5)
	More than 3 years	15(19.2)	105(44.7)
	Unclear	9(11.5)	15(6.4)

(**Table 1**) Respondents' reasons for becoming a volunteer included "asked by local government officer" (26 [33.3%] in the mountain village and 106 [45.1%] in the fishing village) and "already worked as a volunteer of the private sector" (19 [24.4%] in the mountain village and 58 [24.7%] in the fishing village). In addition, there were also other reasons as "I wanted to be helpful for other people", "I was interested in the activity", and "I wanted to make friends". The mean self-evaluation scores were as follows: "daily activities" (mountain village, 2.68 fishing village, 2.90), "activities up to the day before the survey" (mountain village, 2.71; fishing village, 2.85) and "activities on the day of the survey" (mountain village, 2.78; fishing village, 3.01). In the fishing village, results for "daily activities" and "activities on the day of the survey" were significantly higher than those for the mountain village (**Table 2**).

Table 2: The mean self-evaluation scores

	Mountain village (n=93)	Fishing village (n=246)	P-values
Daily activities	2.68	2.9	0.011*
Activities up to the day before the survey	2.71	2.85	0.178
Activities on the day of the survey	2.78	3.01	0.006**

Data were analyzed by the Mann-Whitney U tests. * P < .05; ** p < .01

The most frequent responses for "daily activities" were "workshops" and "meetings" in both the mountain (29 [37.2%]) and fishing villages (108 [46.0%]). The mountain village results for "nothing in particular" (17 [21.8%]) and the fishing village results for "communicating demands and opinions" (77 [32.8%]) showed high significance. The most frequent responses for "activities considered necessary for the future" were "health improvement" in the mountain village (29 [37.2%]) and "an activity plan" in the fishing village (113 [48.1%]). In the fishing village, 97 respondents (41.3%) answered "communicating demands and opinions", which showed high significance (**Figure 1**).

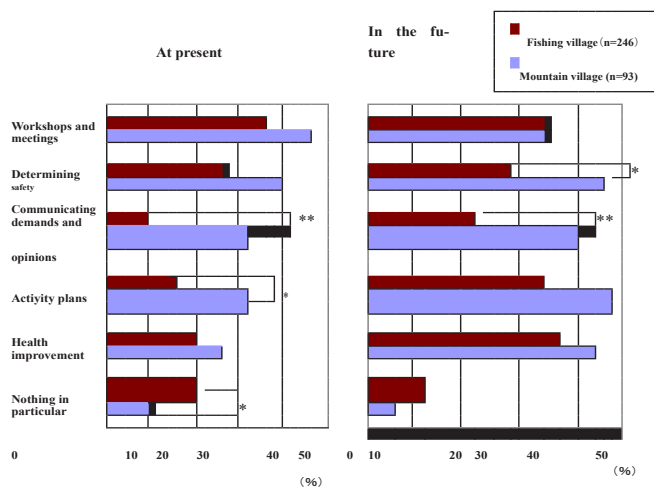


Figure 1: Daily activities

The most frequent response for “activities up to the day before the survey” at present was “appeals for participation” in both the mountain (38 [48.7%]) and fishing villages (18[23.1%]). The mountain village results for “nothing in particular” (18 [23.1%]) and the fishing village results for “appeals for participation” had high significance. The results for “appeals for participation” were also of high significance for fishing village respondents who had been active for 3 or more years. “Appeals for participation” was also the most frequent response for “activities considered necessary for the future” in both the mountain (43 [55.1%]) and fishing villages (183 [77.9%]). The responses of the fishing village volunteers were of high significance.

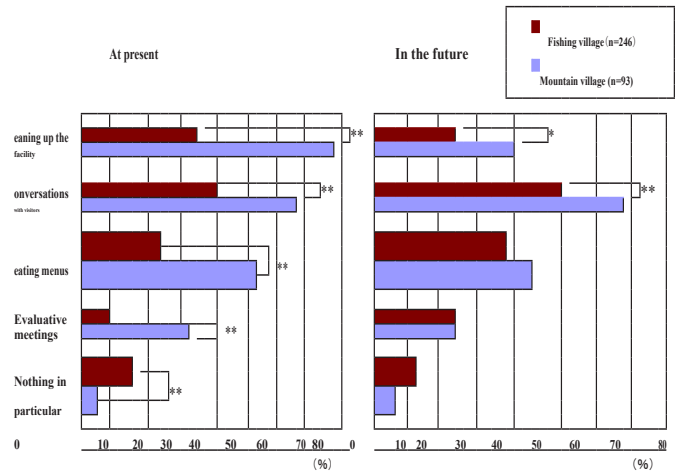


Figure 3: Activities on the day of the survey

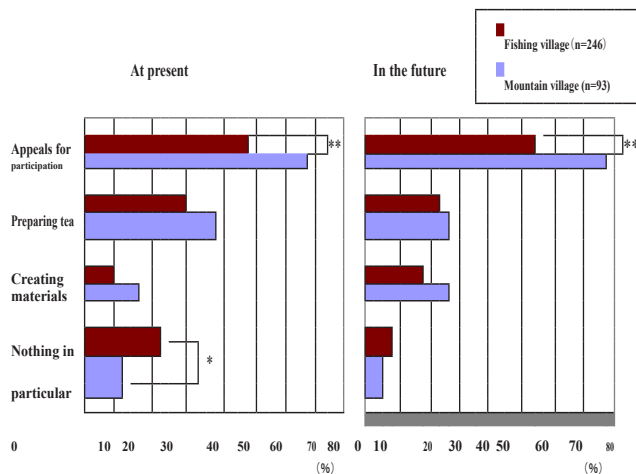


Figure2: Activities up to the day before the survey

(Figure.2) The most frequent responses for “activities on the day of the questionnaire” were “conversations with visitors” in the mountain village (31 [39.7%]) and “cleaning up the facility” in the fishing village (185 [78.7%]). The mountain village results for “nothing in particular” (13 [16.7%]) and the fishing village results for “cleaning up the facility” (185[78.7%]) and “conversations with visitors” (159 [67.7%]) were of high significance ($p < .05$). The most frequent response for “activities considered necessary for the future” was “conversations with visitors” in both the mountain (40 [51.3%]) and fishing (162 [68.9%]) villages, with the fishing village results being of high significance. (Figure 3) Frequent responses for “positive aspects of volunteering” were “useful for staying healthy” in the mountain village (55 [70.5%]) and “creating friendships” in the fishing village (141 [60.0%]) (Figure 4) In particular, the fishing village results for “gratitude from clients” and “gaining a connection to the community” were of high significance.

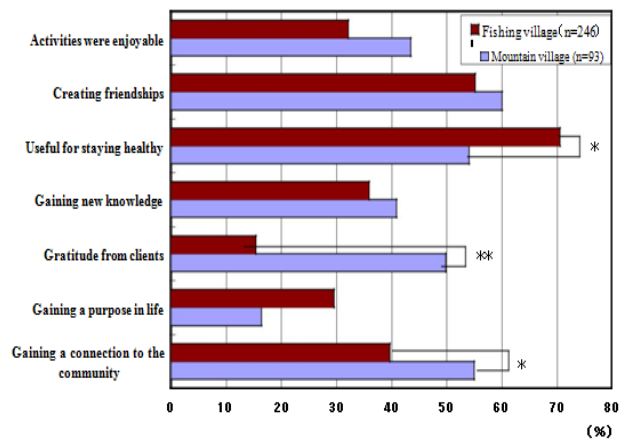


Figure 4: positive aspects of volunteering

6. Discussion

6.1. Activities and Role Perception

In the mountain village, the majority of respondents was in their 70s, was farmers or housewives, and had been active for less than 1 year. They accomplished their present activity duties at a relatively lower rate than the fishing village respondents. Responses of “nothing in particular” were also of high significance, and it can be concluded that these villagers were not yet carrying out their activities independently.

In the fishing village, the majorities of respondents were in their 60s, were housewives, and had been active for more than 3 years. They evaluated their activities highly, and appeared to have a relatively high amount of experience and understanding of their activities. It can also be concluded that fishing villagers were active in accomplishing their duties because they reported accomplishing their duties on the day of the survey at high rates. In particular, the opinions and hopes they had concerning their present and future activities and their frequent appeals for participation show that they understood their roles as volunteers. A previous study suggested that volunteer communities with more experience have higher participation rates and better quality volunteer work [4, 5]. In the mountain village, it appears that respondents did not fully understand their new role as care prevention volunteers, or,

even if they did understand their roles, many of them were older than fishing villagers, which probably had an influence on their ability to carry out their duties. However, many mountain villagers had begun to realize the importance of reflecting on their planning and activities, and expressed a desire to improve their performance. In the fishing village, volunteers understood and implemented their activities at an early stage, devised plans that empowered local residents, and were aware of long-term care prevention issues in their villages. Imada (2004) notes that worry, consideration, and care behavior are necessary in order to support the positive experience of caring, which then becomes the starting point for interactions with elderly clientele who want to get involved in volunteer activities, as well as for understanding the essence of volunteer activities from exchanges with service recipients[6]. Long-term care prevention project volunteer activities, volunteer age and occupation, and number of years of service may all have contributed to the differences observed between the two villages in the present study. With the wisdom and energy of proactive housewives in their 50s and 60s at the center of the volunteer community, in addition to a regional community network, the fishing village was able to maintain a higher level of activity than the mountain village. Middle-aged and elderly housewives are known to maintain a variety of relationships in the community and it follows that a volunteer community with many housewives will be able to contribute more effectively [7, 8, 9].

6.2. Support system for volunteers training

However, the large number of highly experienced volunteers in the fishing village was associated with a high likelihood of stalemates and disagreements among volunteers or between volunteers and clients, which is predicted to cause problems in the future. To address this issue, community health nurses and other specialists should participate in classes that promote better understanding of volunteer activities and client opinions. In addition, it will be necessary to perform lateral support such as guidance for the planning and administration of long-term care prevention programs that take into account the characteristics of each class. Such lateral support, in addition to encouraging cooperation between volunteers and clients in planning volunteer activities, is also effective in promoting the growth process of volunteers, enabling them to take responsibility for the planning of long-term care prevention programs[10,11]. As senior citizens represent a large proportion of both volunteers and clients, health-related issues are common to both groups. Therefore, specialists concerned with volunteer training, without differentiating between volunteers and clients, must treat both groups equally as participants in long-term care prevention programs [12]. As Japan's society ages, it will be necessary to improve community

infrastructure in order to promote care prevention while at the same time providing accessible assistance to elderly community members.

7. Conclusion

In the future, to help the mountain village volunteers better understand their roles and to help fishing village volunteers improve participation rates, it will be necessary to create environments in which volunteers can easily communicate with local governments and specialists in long-term care prevention. It is also important to develop training programs as a means of acquiring basic knowledge on volunteering, which will help future volunteers understand both long-term care prevention projects and their role as volunteers, as well as facilitate positive exchanges with clients. Each village must develop plans that emphasize communication with participants. An additional issue is the aging of volunteers in both villages. Because many volunteers are of advanced age, health care administration for volunteers should also be provided. Therefore, in the future, it will be important to promote mutual support and trust among elderly residents to increase the effectiveness of volunteers in the long-term prevention of common health problems.

References

1. Ministry of health Labor and Welfare. Future Directions of Long-term Care Prevention. <http://www.mhlw.go.jp/file/06-Seisakujouhou-12300000-Roukenkyoku/0000075982.pdf>
2. Shoko I. What is the power rehabilitation - Program to make use of volunteers. *Journal of Public Health Nurse*. 2004;60(1):12-17.
3. Reiko Y, Teiko K, Yumi K, et al. What volunteers gain through their activities in independent care-prevention projects. *Journal of Public Health Nurse*, 2004; 60(4):376-383.
4. Japan National Council of Social Welfare. Report of the National Survey on Volunteers. Received from 2014. http://www.shakyo.or.jp/research/20140808_09volunteer.pdf.
5. Yoshinori F, Yoko S, Shoji S. Effects of Volunteering on The Mental and Physical Health of Senior Citizens: Significance of Senior-Volunteering from The View Point of Community Health and welfare. *Japanese journal of Public Health*. 2005;2(4):293-307.
6. Takatoshi I. Living in the era of asking: "Richness of the Heart". *Monthly Welfare*, 2004;3:12-15.
7. Masahiro T, Sinsaku A, Yasuichi K. Survey of Mental Health Volunteers in Ehime Prefecture. *Public Health. The Journal of Public Health Practice*. 2001;65(3):233-8.
8. Atsushi F, Hisashi K, Seigo M, Obuchi S, Shiota S, Oka K. The

process and factors associated with the establishment of voluntary groups among community-dwelling elderly. *Japanese Journal of Public Health*.2014;61(1):30-40.

9. Yayoi T. Volunteer Activities to Prevent Long-term Care by Community-dwelling Elderly in Maebashi City. *Journal of Japan Academy of Gerontological Nursing*. 2011;15(2):18-21.

10. Yoko K, Yumiko S, Sanyun R, et al. Approach to improving community health and by training health volunteers. Agenda in Hatoyama Town, Saitama Prefecture, and progress made so far. *Japanese Journal of Public Health*.2012;59(3):161-170.

11. Hsashi K, Seigo M, Atsushi F, et al. Evaluation of a program for promoting long-term care prevention activities in community-dwelling elderly. *Japanese Journal of Public Health*.2013;60(4):195-203.

12. Manabu K. Long-term care Prevention: Let's Revitalize our Elderly – Starting from Setagaya. In T. Takeuchi (Ed.), *Separate Volume of Comprehensive Care (2002; pp. 21-28)*. Tokyo: Ishiyaku Publications.