Issues Related to the Work and Roles of Home Helpers

**A research report on the status of employment
and awareness of home helpers**

(Summary)

The Japan Institute of Labour

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I. Research background and issues

Currently, a system is being constructed to support home care for the elderly, in which family and social support constitute the two major pillars. For this system to function, it is essential to identify the work and roles of home helpers, the principal social support personnel, and to provide nursing-care while deepening a mutual understanding with clients. The development of the employment environment is irreplaceable when promoting entry into the home helper profession. At present, however, there is concern as to whether such mutual understanding and consensus about the work and roles of home helpers have been formed. Although the basis of the work and roles of home helpers is assisting self-support, as stated in the Nursing-care Insurance System, there have been various problems regarding the content and practice of assisting self-support. Regarding home helpers and maids in the same light is an example of this kind of problem. The low social value attributed to home helpers is the background to this particular issue. Some point to the problems with the work registration system, which leads to unstable employment. Thus, the immediate task is to identify the current problems and consider the means for improving and solving these problems.

II. Survey objectives and items

Part of the research that was carried out constituted surveys that were conducted in order to identify the problems by studying the home helpers' awareness of their work and roles as well as understanding their current employment situation: where the gaps are and what kind of problems they face in providing care services. Further survey items included home helpers' distress, emotions and career ambitions.

III. Survey method

1. Scope of the survey: Persons currently working as home helpers or coordinators (11,239 home helpers working for 854 visiting care service establishments across the country) were surveyed (persons engaged exclusively in care management work are excluded).

2. Survey method: The survey consisted of a preliminary survey to identify cooperating care service agents and a main survey covering the home helpers registered at those business establishments. Both surveys were performed using questionnaire forms sent out by post.

1) Preliminary survey: In October 2001, questionnaires were sent to 2,626 establishments. These establishments were those that had cooperated with JIL's "Survey on the visiting care service business" at the end of 2000 as well as those to whom the survey report was sent if requested. Eight hundred and fifty-four establishments agreed to cooperate at this time.

2) Main survey: The required number of questionnaires corresponding to the number of home helpers were sent (up to 30 copies) to each cooperating establishment. Completed questionnaires were returned to JIL by post.

3. Survey period: January-March 2002

4. Survey items: 1) Employer, type of employment, status of employment; 2) Views on the work and roles of home helpers; 3) How they interface with client and the family (provision of care service); 4) Future intentions regarding work of home helpers; 5) Distress or concern related to work; 6) Yardstick for burn-out, and 7) Basic attributes.

5. Status of collection: A total of 6,904 questionnaires, excluding invalidated ones, were returned, giving a recovery rate of 61.4%.

6. Categorization and analysis: Categorization and analysis were carried out on data from 6,643 questionnaires. The questionnaires from 261 people were excluded as they were corporate directors, care managers or otherwise not currently engaged in home helping tasks. The percentage of analyzed subjects (valid responses) against the survey parameter (questionnaires sent) was 59.1%. The breakdown of professional affiliation of survey and analysis subjects is listed in Table 1. In general, there was no deviation in terms of questionnaire recovery.

Table 1 Number of questionnaires sent and analyzed, by corporation type

| | Establishments | | | | | Questionnaires | | | | |
| | Cooperated | | Affiliated | | Recovery rate | Number sent | | Number analyzed | | Recovery rate |
	Number	Share (%)	Number	Share (%)	(Cooperated/ Affiliated)	Number	Share (%)	Number	Share (%)	(Cooperated/ Affiliated)
Social Welfare Council	255	29.9	242	30.4	94.9	3119	27.8	2099	31.6	67.3
Social Welfare Corporation	154	18.0	145	18.2	94.2	1498	13.3	1015	15.3	67.8
Medical Corporation	69	8.1	66	8.3	95.7	730	6.5	431	6.5	59.0
Private company[1]	218	25.5	193	24.6	89.9	3202	28.5	1571	23.6	49.1
Cooperative[2]	55	6.4	53	6.6	96.4	950	8.5	554	8.3	58.3
NPO corporation	34	4.0	32	4.0	94.1	677	6.0	305	4.6	45.1
Other[3]	69	8.1	63	7.9	91.3	1063	9.5	668	10.1	62..8
Local government			23	2.9				136	2.0	
Public welfare corporation			18	2.3				317	4.8	
Foundation for Medical Care			9	1.1				105	1.6	
Other corporations[4]			13	1.6				110	1.7	
Total	854	100.0	797	100.0	93.3	11239	100.0	6643	100.0	59.1

Notes:
(1) "Private company" refers to stock companies and limited private companies.
(2) "Cooperative" refers to consumers' cooperative unions, agricultural cooperatives and medical cooperative unions.
(3) The "Other" category was further divided into four sub-categories.
(4) Includes foundations (excluding corporate unions, labor councils, joint-stock companies and social welfare public corporations), aggregate corporations (excluding Foundation for Medical Care), health insurance societies and non-corporations.

IV. Summary of Results

1. Profile of helpers

(1) Characteristics in terms of basic attributes

1) Gender ratio: female 96.3%, male 2.4%.

2) Age: Forties and fifties jointly accounted for 70% of the total. However, among those who became helpers after the Nursing-care Insurance System was introduced, the share of those in their twenties and thirties has been increasing every year, as more young people enter the relevant labor market.

3) In terms of bearing the cost of living, a little less than 70% are assisting with earning a living while 30% are the main income earners. Among the regular employees and part-timers with long working hours and registered workers, those in the main income earning category are in the range of 40 to 50%.

4) Nearly 50% of people have experienced helping a family member, while less than 30% have had experience as a care-providing volunteer. Forty percent of those who became home helpers had had no care provision experience.

5) Eighty percent of all helpers have had work experience other than as a home helper. "Work related to office work, sales or production" accounted for almost 70%, while those with experience in work related to medical or welfare service accounted for less than 30%.

(2) Characteristics in relation to work-related attributes

1) Helpers' attributes by characteristics of belonging establishment: Helpers affiliated to establishments located in Tokyo, Osaka, government ordinance cities or major urban areas account for 20% plus of the sample, while 70% belong to establishments in other areas. In terms of the scale of the business, over 80% belong to establishments that only provided service within the same municipality as the office. Most of the subjects for analysis therefore belonged to establishments operating in a small and limited area other than establishments in major urban areas.

2) Type of employment: Regular employee helpers 20%, part-time helpers 30%, registered helpers 40%, and unknown 10%. Non-regular employee helpers represented the overwhelming majority. In the three years since the Nursing-care Insurance System was introduced, the share of regular employee helpers has

decreased in every age group, while the share of registered helpers has increased.

3) Length of work experience: "Between one and three years " accounted for most at 41.1%. Combined with "Less than one year", which was second at 20.4%. "Less than three years" accounted for more than 60%. Those who had been working before the Nursing-care Insurance System was introduced accounted for 49.2% while those who started after accounted for 49.6%, an almost 50-50 split.

4) Those subjects who had home helper Classes 1 to 3 qualifications accounted for 92.7%. When the number of certified care workers is included, 97.3% had qualifications. Many subjects had multiple certificates. In terms of the highest care-related certificates acquired by each person, certified care workers accounted for 16.0%, home helper Class 1: 9.2%, home helper Class 2: 70.5%, and home helper Class 3: 1.6%. Ratio of certified care workers and home helper Class 1 was greater than 60% among regular employee helpers, but less than 20% among other types of employment.

5) Other types of certificates included: Childcare worker, 6.9%; Cooking license, 6.0%; Care manager, 4.8%; Nurse/male nurse (nursing workers), 3.0%, and Teacher, 2.4%.

6) Typical work contents are: Coordinator, 10.9%; Engaged in severe/dementia care, 51.7%; Experience in severe/dementia care, 17.3%; Engaged in physical care/housework assistance, 16.7%, and Housework assistance only, 3.4%. 96.8% of coordinators had work experience in severe/dementia care and 85.6% of them are still engaged in that work (Table 2-12a).

Table 2-12a Re-classification by work contents

1) Coordinator: People who are currently working as a coordinator, regardless of whether or not they have other work.

2) Engaged in severe/dementia care: People who are currently engaged in severe care and/or dementia care.

3) Experience in severe/dementia care: People who are currently not engaged in either severe care or dementia care, but have experience in at least one of these areas. Currently engaged in physical care or housework assistance.

4) Engaged in physical care/housework assistance: People who are currently engaged in physical care or housework assistance. Those who are now mostly engaged in housework assistance but have some experience in physical care are also included.

5) Housework assistance only: People who only have experience in housework assistance and are currently engaged that type of work only.

(3) Characteristics in terms of different attributes

a. Are there differences in attributes by type of employment?

Differences in helpers' attributes, such as the length of experience, work

content, and acquired care-related qualifications, are distinctly different between regular employee helpers and part-time or registered helpers. In terms of work content, the proportion of coordinators is especially large among regular employee helpers (Figure 2-2). There was also a large proportion of people with many years of experience, who hold nursing-care worker qualifications and are the main income earners among the regular employee helpers as compared with other employment type helpers.

Figure 2-2 Work contents by type of employment
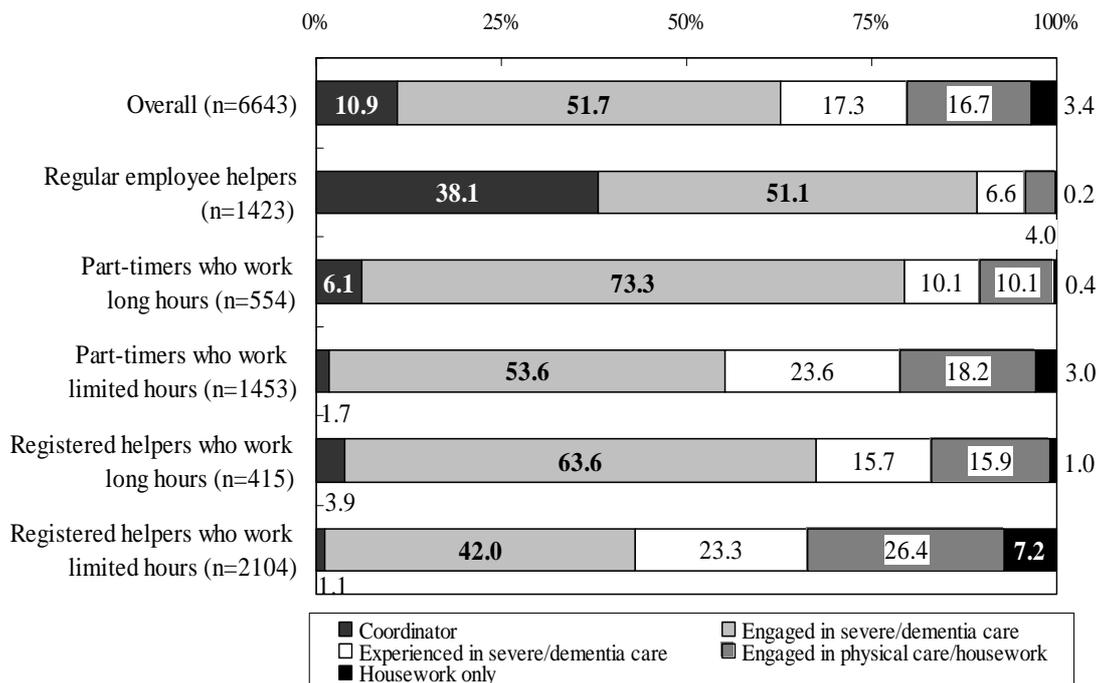
b. Is an advanced certificate required in order to become a regular employee helper?

Of those regular employee helpers who were employed for the first time following the introduction of the Nursing-care Insurance System (i.e. with less than two years experience), 31.4% had a certified care worker/home helper Class 1 qualification, while 62.5% had a home helper Class 2 qualification. It appears from these results that the certified care worker or home helper Class 1 qualification is not necessarily a prerequisite for being employed as a regular employee helper. Among helpers in their twenties or younger, however, one out of two regular employee helpers had these advanced qualifications, thus demonstrating differences between the age groups (Figure 2-4).

Figure 2-4 Percentage of regular employee helpers with care-related qualifications employed after the introduction of the Nursing-care Insurance System

(%)

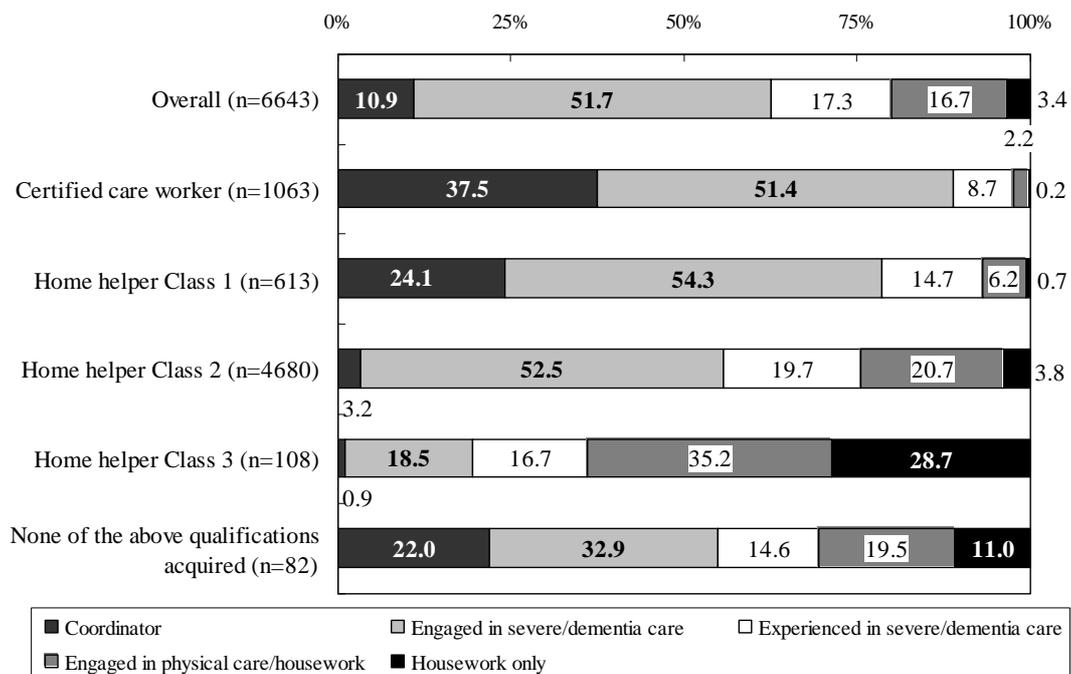|	Certified care worker	Home helper Class 1	Total
Overall (n=392)	21.2	10.2	31.4
20s or younger (n=91)	39.6	9.9	49.5
30s (n=93)	21.5	11.8	33.3
40s (n=111)	15.3	9.0	24.3
50s or older (n=90)	11.1	11.1	22.2

■ Certified care worker □ Home helper Class 1
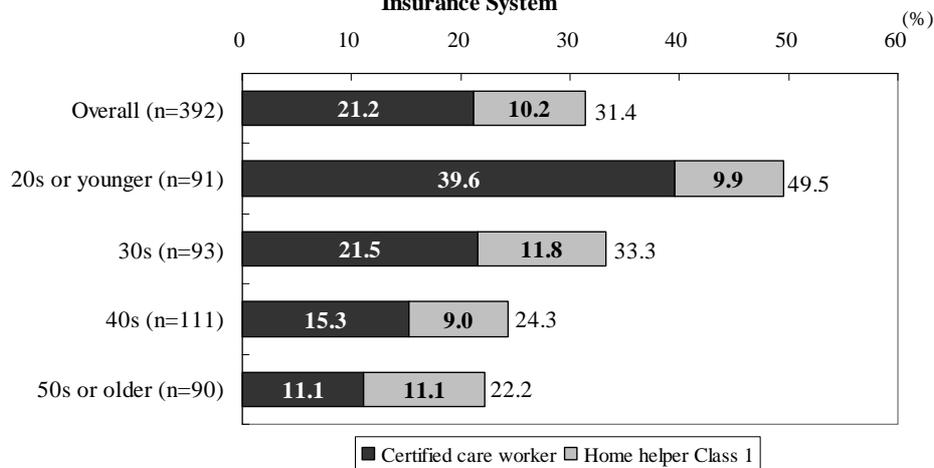
c. Is the degree of work content difficulty linked to the acquired qualification level?

Helpers with advanced qualifications are not necessarily carrying out work at a high degree of difficulty, however there is a tendency that the higher the level of qualification, the more difficult the work undertaken, regardless of the type of employment (Figure 2-5). Therefore, it can be stated that "the degree of difficulty of work is linked to the level of qualifications acquired ".

Figure 2-5 Work content by type of highest acquired qualifications related to welfare -Overall-

	Coordinator	Engaged in severe/dementia care	Experienced in severe/dementia care	Engaged in physical care/housework	Housework only
Overall (n=6643)	10.9	51.7	17.3	16.7	3.4 / 2.2
Certified care worker (n=1063)	37.5	51.4	8.7	2.2	0.2
Home helper Class 1 (n=613)	24.1	54.3	14.7	6.2	0.7
Home helper Class 2 (n=4680)	3.2	52.5	19.7	20.7	3.8
Home helper Class 3 (n=108)	0.9	18.5	16.7	35.2	28.7
None of the above qualifications acquired (n=82)	22.0	32.9	14.6	19.5	11.0

■ Coordinator ▣ Engaged in severe/dementia care □ Experienced in severe/dementia care
▨ Engaged in physical care/housework ■ Housework only

d. Does the level of qualification increase with years of experience?

When comparing length of experience with the highest care-related qualification acquired, the number of home helper Class 1 and certified care worker qualifications showed a distinct correlation to years of experience. This indicates that the ratio of helpers with higher level qualifications increased in proportion to years of experience (Figure 2-7). Ratio of people with care manager qualification also increased with years of experience (e.g. 2.2% for "three years or more and less than five years"; 13.1% for "five years or more and less than 10 years"; 21.8% for "10 years or more"). This is similar to the situation with certified care worker qualifications.

Figure 2-7 Percentage of highest care-related qualifications acquired, by years of experience
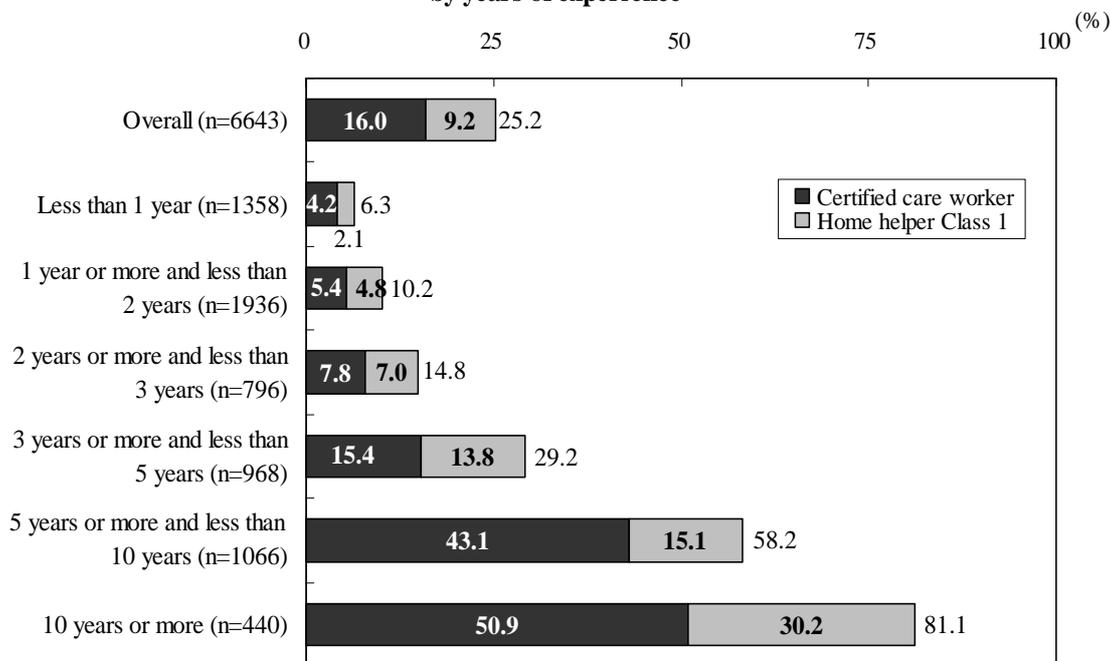
e. What are the personal traits of those who became helpers after the introduction of the Nursing-care Insurance System?

There are trends related to age such as the proportion of new helpers in their 20s and younger and 30s age group increasing year by year. Such tendencies can be seen equally between regular employee helpers and part-time/registered helpers (Figure 2-9a).

Figure 2-9a Age of first employment
-Overall-

(%)

	20s or younger	30s	40s	50s	60s or older	Unspecified
Before	3.2	9.5	38.0	38.2	9.9	1.3
After	7.2	19.9	32.7	31.1	7.6	1.5

■ Before the introduction of the Nursing-care Insurance System (n=3270)
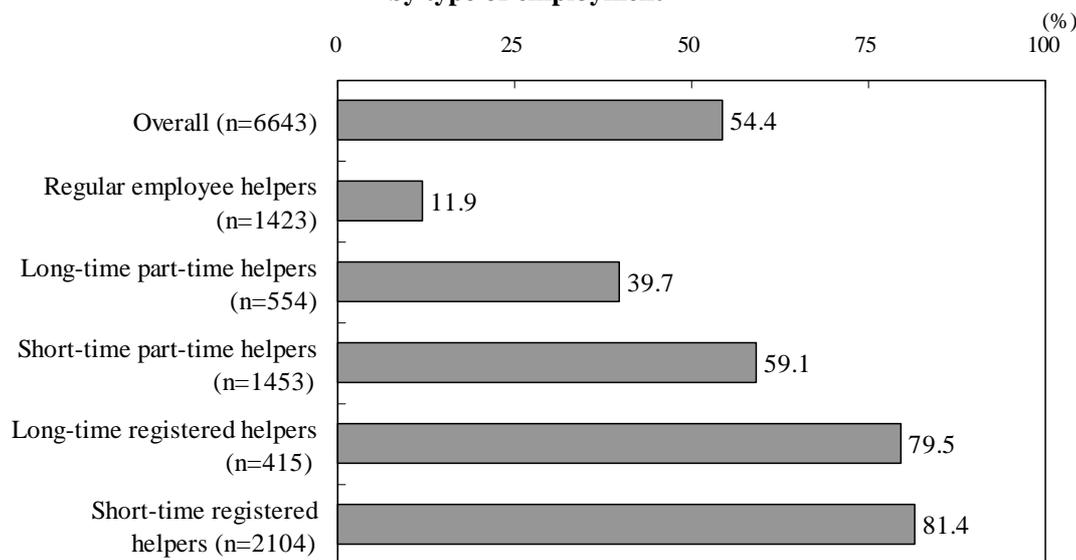□ After the introduction of the Nursing-care Insurance System (n=3294)
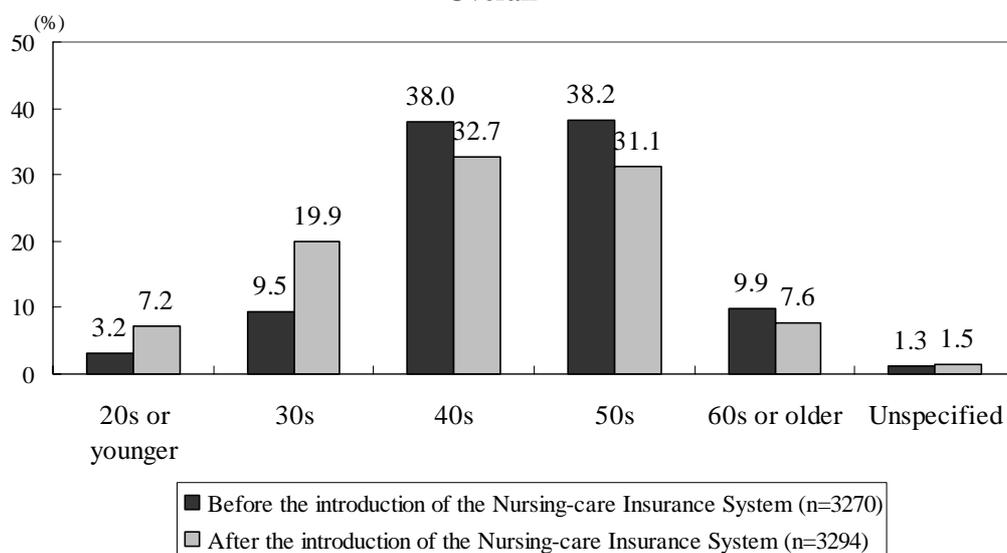
2. Status of employment and labor

(1) Going directly to workplace from home

To the question "Do you go directly to your workplace and directly home?" More than half (54.4%) answered "Yes" and 44.3% answered "No". This indicates that one out of every two helpers is working in a "go directly to workplace and home" pattern. There are distinct differences between different types of employment. While the proportion of "go directly to workplace and home" is small (11.9%) for regular employee helpers, the proportion is around 80% for registered helpers working long hours (long-time registered helpers) as well as registered helpers working limited hours (short-time registered helpers) (Figure 3-1). Among those registered helpers with a high ratio of "go directly to workplace and home", no correlation was found between the ratio and the helper's attributes such as years of experience, work content and highest care-related qualifications acquired. For example, there appears to be no influence of the ratio of "going directly to workplace and home" with respect to years of experience.

**Figure 3-1 Percentage of "go directly to workplace and home"
by type of employment**

(%)

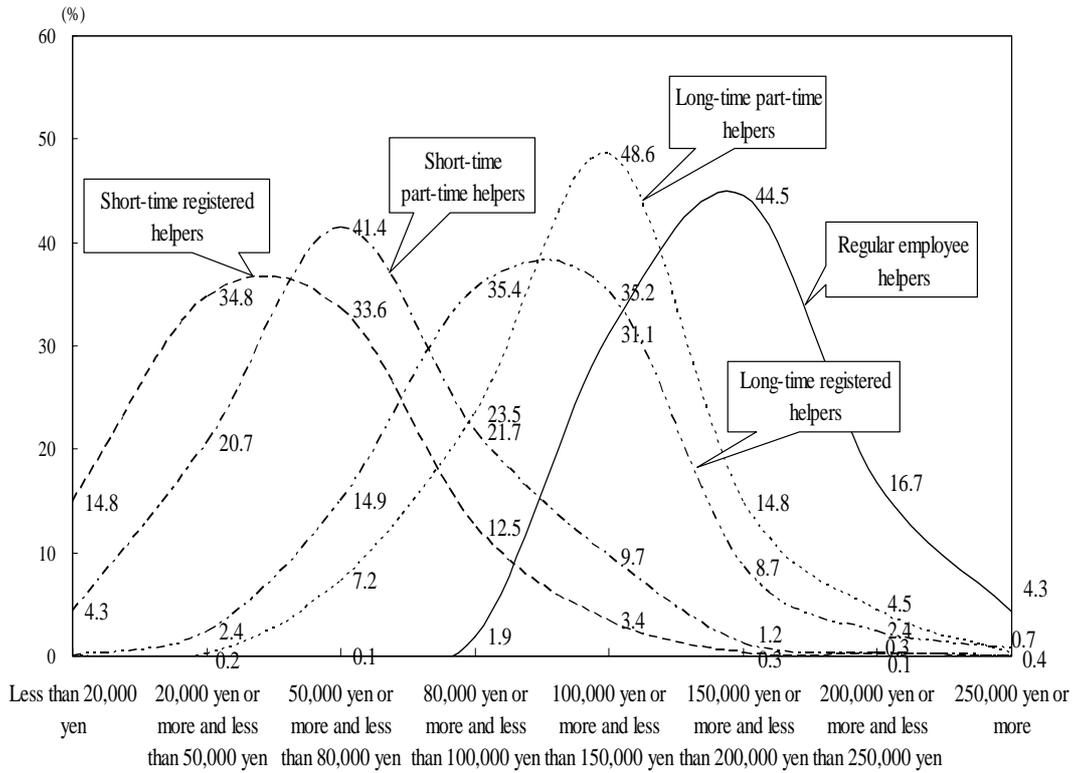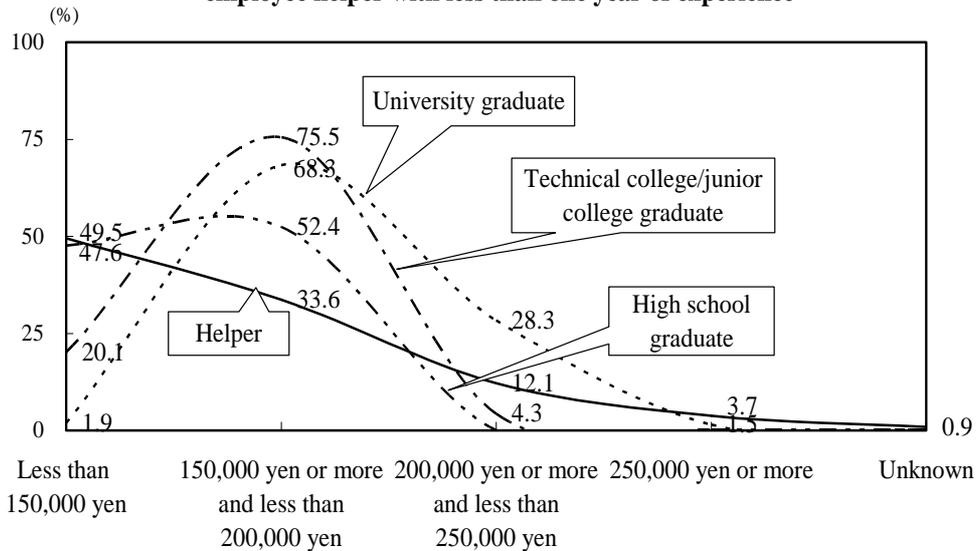|	
Overall (n=6643)	54.4
Regular employee helpers (n=1423)	11.9
Long-time part-time helpers (n=554)	39.7
Short-time part-time helpers (n=1453)	59.1
Long-time registered helpers (n=415)	79.5
Short-time registered helpers (n=2104)	81.4

(2) Monthly income

In our survey, there was a question on monthly income divided into eight sections, from "Less than 20,000 yen" to "250,000 yen or more." The largest group (44.5%) was "between 150,000 yen and 200,000 yen" for regular employees; the next group (48.6%) of long-time part-time helpers recorded "between 100,000 yen and 150,000 yen"; long-time registered helpers chose "between 100,000 yen 150,000 yen" and "between 80,000 yen and 100,000 yen" (35% each); short-time part-time helpers (41.4%) chose "between 50,000 yen and 80,000 yen" while short-time registered helpers (34.8%) chose "between 20,000 yen and 50,000 yen". There are distinct differences in income by type of employment (Figure 3-3). Needless to say, regular employee helpers earn the highest income, but the income level is not high when compared to other occupations. For example, "Less than 150,000 yen" accounted for 50% of the regular employee helpers with less than one year's experience. This amount was less than the average first-year salary for university graduate female employees (188,800 yen) or technical college/junior college graduate female employees (164,300 yen), and comparable to high school graduate female employees (148,800 yen) (Figure 3-6).

In Chapter 3, the relationship between work content and monthly income is also analyzed. As expected, a clear correlation was seen between work content and monthly income in the case of part-time and registered helpers. Income was highest for "Severe/dementia care" and lowest for "Housework assistance only".

Figure 3-3 Monthly income by type of employment

(%)

Short-time registered helpers

Short-time part-time helpers

Long-time part-time helpers

Regular employee helpers

Long-time registered helpers

| Less than 20,000 yen | 20,000 yen or more and less than 50,000 yen | 50,000 yen or more and less than 80,000 yen | 80,000 yen or more and less than 100,000 yen | 100,000 yen or more and less than 150,000 yen | 150,000 yen or more and less than 200,000 yen | 200,000 yen or more and less than 250,000 yen | 250,000 yen or more |

Figure 3-6 Average first-year salary for female employees by academic background, and monthly income of regular employee helper with less than one year of experience

(%)

University graduate

Technical college/junior college graduate

High school graduate

Helper

| Less than 150,000 yen | 150,000 yen or more and less than 200,000 yen | 200,000 yen or more and less than 250,000 yen | 250,000 yen or more | Unknown |

Note: Compiled from the "Summary of Basic Statistical Survey on Wage Structure for FY2002 (First-year Salary)", the Ministry of Health, Labour and Welfare, and the present survey data

(3) Status of coverage by various types of insurance

In the survey, there were questions regarding coverage by social insurance (employment insurance, health insurance, employees' pension) and non-life insurance. Results for all respondents show that the rate of coverage was the highest for "health insurance" at 51.1%, followed by "non-life insurance" at 44.6%, "employment insurance" at 37.5% and "employees' pension" at 34.8%. Ratio of coverage varied substantially with type of insurance. With respect to type of employment, "non-life insurance" showed little variance by type of employment (regular employee helpers were the highest at 55.4% and long-time part-time helpers were the lowest at 40.3%). However, the ratio of coverage to social insurance varied considerably by type of employment. The most notable was the ratio of coverage for "employees' pension"; 88.6% of regular employee helpers were covered while the second highest, long-time part-time helpers, was only 47.3%. For other types of employment, the ratios were around 10% (Table 3-7).

Table 3-7 Insurance coverage by type of employment

(Units: persons; %)

	Overall	Employment insurance	Health insurance	Employees' pension	Non-life insurance	No answer
Overall	6643	37.5	51.1	34.8	44.6	18.4
Regular employee helpers	1423	87.1	88.1	88.6	55.4	0.9
Long-time part-time helpers	554	61.6	61.2	47.3	40.3	10.3
Short-time part-time helpers	1453	21.2	31.7	13.5	40.5	25.9
Long-time registered helpers	415	23.1	40.2	13.7	46.3	21.7
Short-time registered helpers	2104	7.2	35.1	9.6	41.0	27.8
Other/Unknown	694	51.2	63.1	48.1	45.0	14.6

The share of social insurance coverage even for regular employees is not particularly high. While insurance coverage are 87.1% for employment insurance, 88.1% for health insurance and 88.6% for employees' pension, those who are covered by all three account for only 77.8%. While that percentage stands out in comparison to the average percentage of long-time part-time helpers (41.2%), it is still far from 100%. In the case of long-time registered helpers, only 8.4% are covered by all three types of social insurance, and almost half (45.3%) do not have any coverage (Table 3-8). While the number of registered helpers is expected to increase in the future, this type of employment is very poorly covered by social security.

Table 3-8 Insurance coverage by type of employment

(Units: persons; %)

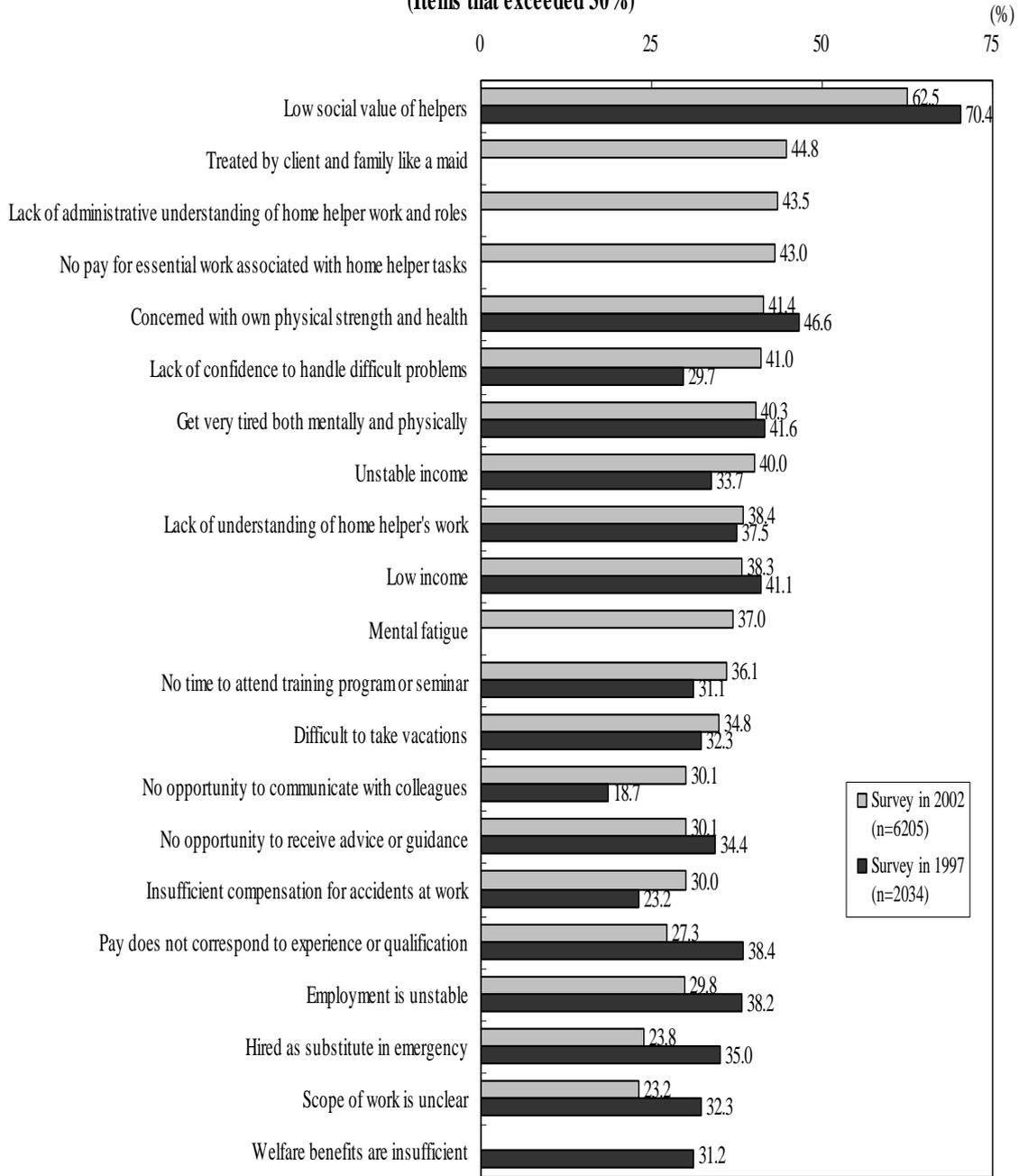|	Overall	Fully covered	Partially covered	Not covered
Overall	6643	26.4	37.2	36.4
Regular employee helpers	1423	77.8	20.2	2
Long-time part-time helpers	554	41.2	37.4	21.5
Short-time part-time helpers	1453	6.3	42.4	51.3
Long-time registered helpers	415	8.4	46.3	45.3
Short-time registered helpers	2104	0.9	44.5	54.7
Other/Unknown	694	40.1	33.1	26.8

3. Anxiety and dissatisfaction related to work

In this chapter, helpers' anxiety and dissatisfaction related to work are analyzed and organized in order to identify common traits as well as traits associated with different helper attributes. Also, changes associated with the introduction of the Nursing-care Insurance System are reviewed by comparison with the results of the 1997 survey.

(1) Anxiety and dissatisfaction and the contents

Those helpers who answered "Yes" when asked whether they were anxious or dissatisfied in terms of their work accounted for 93.4%. Differences by helper attributes such as type of employment were not evident. Figure 4-3 shows items exceeding 30%, compared with percentages from the previous survey. Upper bars represent percentages from this survey, lower bars percentages from the previous survey. Only one data set is shown if there is no corresponding item in the other survey. Items that exceeded 30% in the previous survey but did not reach 30% in this survey are also included.

Figure 4-3 Chronological comparison of anxiety and dissatisfaction
(Items that exceeded 30%)

(%)

Item	0	25	50	75

Low social value of helpers: 62.5 / 70.4
Treated by client and family like a maid: 44.8
Lack of administrative understanding of home helper work and roles: 43.5
No pay for essential work associated with home helper tasks: 43.0
Concerned with own physical strength and health: 41.4 / 46.6
Lack of confidence to handle difficult problems: 41.0 / 29.7
Get very tired both mentally and physically: 40.3 / 41.6
Unstable income: 40.0 / 33.7
Lack of understanding of home helper's work: 38.4 / 37.5
Low income: 38.3 / 41.1
Mental fatigue: 37.0
No time to attend training program or seminar: 36.1 / 31.1
Difficult to take vacations: 34.8 / 32.3
No opportunity to communicate with colleagues: 30.1 / 18.7
No opportunity to receive advice or guidance: 30.1 / 34.4
Insufficient compensation for accidents at work: 30.0 / 23.2
Pay does not correspond to experience or qualification: 27.3 / 38.4
Employment is unstable: 29.8 / 38.2
Hired as substitute in emergency: 23.8 / 35.0
Scope of work is unclear: 23.2 / 32.3
Welfare benefits are insufficient: 31.2

Legend:
☐ Survey in 2002 (n=6205)
■ Survey in 1997 (n=2034)

a. Social value of helpers is low

Percentage for "Low social value of helpers" decreased by eight percentage points from 70.4% in 1997 to 62.5%, although it still remains relatively high. Together with new items, "Treated by client and family like a maid" (44.8%) and "Lack of administrative understanding of home helper work and roles" (43.5%), these items were in the top three in terms of anxiety and dissatisfaction. Level of concern regarding low social value or lack of understanding of home helper work remains high.

b. No pay for essential work in home helper tasks

"There is no pay for some work that is essential to home helper work, such as traveling to other places, being on standby and writing work reports" (43.0%) also ranks high in terms of anxiety and dissatisfaction, following those items related to social value. This is a new item and therefore the percentage cannot be compared with any previous results. It should be noted that this item ranked the highest among wage/income related items such as "Low income" and "Unstable income".

c. Lacking confidence to handle difficult problems

The item "Lacking confidence to handle difficult problems" (41.0%) exceeded 40% and also increased the most when compared with the previous survey (29.7%). There is a tendency that the less the amount of experience, the higher the percentage. At the same time, percentages among veteran helpers with lengthy experience are also increasing.

d. Lack of opportunity to communicate with colleagues

"Lack of opportunity to communicate with colleagues" is another item that increased in percentage. The difference from the previous survey is that the percentages in this survey were about the same for veteran helpers and new helpers, whereas the percentage was low as years of experience increased in the previous survey (Figure 4-6).

Figure 4-6 Chronological comparison of percentages for "Lack of opportunity to communicate with colleagues," by years of experience
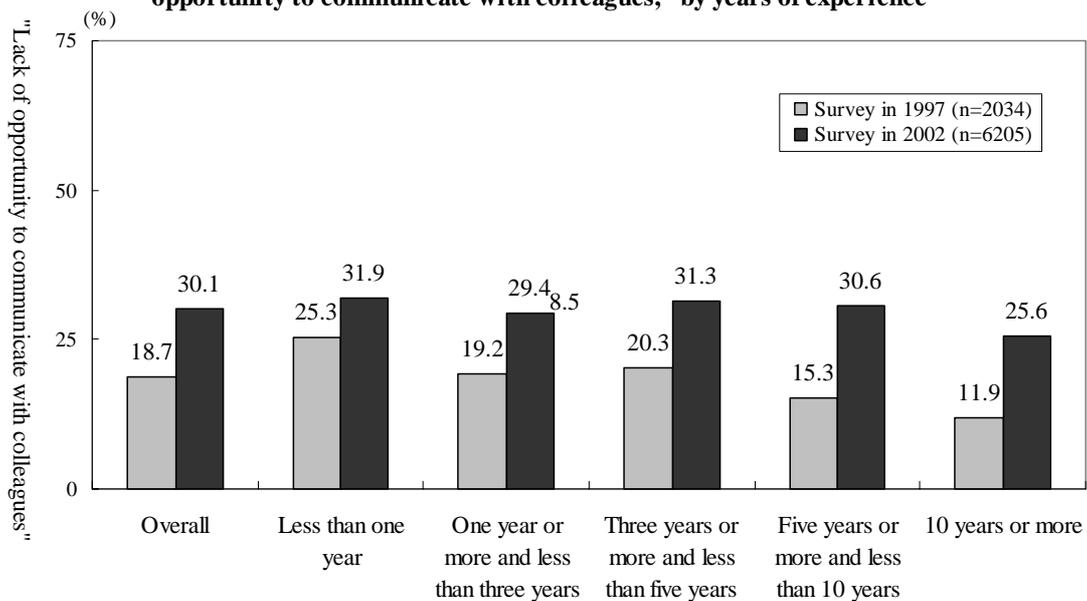
(2) Characteristics in terms of anxiety and dissatisfaction, by helpers' attributes

a. Worries, anxiety and dissatisfaction by type of employment

Table 4-7 is a summary of items that showed marked variances by type of employment. Concerns related to social value and understanding of home helper work, such as "Low social value of home helpers", "Treated by client and family like a maid" and "Lack of administrative understanding of home helper work and roles", were highest among regular employee helpers, followed by long-time part-time helpers. These problems related to social value and understanding seemed to be regarded more seriously among those home helpers who demonstrated more commitment to their work.

Among concerns related to wage and income, "Low income" was the highest for regular employee helpers while "Unstable income" was even higher for part-time and registered helpers. For part-time and registered helpers, "No pay for essential work in home helper tasks" was a major concern comparable to that of "Unstable income".

In other items, percentages for health-related items such as "No time to spare due to tight schedule", "Concerned with own physical strength and health" and "Get very tired both mentally and physically" ranked high among regular employee helpers, while "Lack of opportunity to communicate with colleagues" was high among part-time and registered helpers.

Table 4-7 Anxiety and dissatisfaction content by type of employment

(Unit: %)

	Regular employee helpers (n=1365)	Long-time part-time helpers (n=524)	Short-time part-time helpers (n=1361)	Long-time registered helpers (n=391)	Short-time registered helpers (n=1916)
Low social value of helpers	(1) 73.9	(1) 65.8	(1) 59.0	(2) 55.3	(1) 56.8
Treated by client and family like a maid	(4) 52.0	(3) 49.8	(3) 46.3	(4) 48.1	37.0
Lack of administrative understanding of home helper work and roles	51.5	(4) 48.5	43.1	40.9	37.4
Low income	50.1	39.9	32.8	29.2	34.4
Unstable income	5.8	(2) 50.0	(2) 47.2	(1) 58.3	(2) 53.6
No pay for essential home helper task	28.5	43.1	(4) 45.8	(3) 53.7	(3) 50.7
Get very tired both mentally and physically	(3) 57.7	43.7	38.2	35.0	28.7
Concerned with own physical strength and health such as lower-back pains	51.3	44.7	41.4	35.3	34.8
No time to spare due to tight schedule	50.8	34.0	18.0	26.1	13.4
Lack of confidence to handle difficult problems	34.7	40.6	(5) 44.5	35.8	(4) 44.5
No time to attend training program or seminar	(5) 51.6	(5) 47.3	25.3	(5) 42.7	27.0
Difficult to take vacations	(2) 61.2	40.1	21.2	40.9	21.8
No opportunity to communicate with colleagues	19.5	31.5	29.7	34.8	(5) 37.8

b. Anxiety and dissatisfaction by years of experience

Percentage of concerns such as "Low social value of helpers", "Treated by client and family like a maid", "Lack of administrative understanding of home helper work and roles", "No time to attend training program or seminar" and "Pay does not correspond to experience or qualification" tended to increase in proportion to years of experience.

On the other hand, the percentage of "Lack the confidence to handle difficult problems" was higher for helpers with fewer years of experience. "Unstable income" and "No pay for essential works in home helper tasks" also ranked high among helpers with five years of experience or less.

c. Anxiety and dissatisfaction by work content

There are many differences between those engaged in coordinator work and others (Table 4-9).

Table 4-9 Anxiety and dissatisfaction content by work content

(Unit: %)

	Coordinator (n=698)	Engaged in severe/dementia care (n=3277)	Experienced in severe/dementia care (n=1063)	Engaged in physical care/housework assistance (n=984)	Housework assistance only (n=183)
Low social value of helpers	(1) 80.2	(1) 63.1	(1) 59.8	(1) 53.3	(2) 50.3
Lack of administrative understanding of home helper work and roles	(3) 58.3	(3) 44.7	40.5	34.8	30.6
Treated by client and family like a maid	53.0	(2) 46.7	(4) 46.0	33.9	30.1
Unstable income	14.3	41.7	(2) 48.7	(3) 44.3	(4) 33.9
No pay for essential work in home helper tasks	35.7	(5) 43.9	(3) 47.7	(4) 42.0	(5) 32.8
Difficult to take vacations	(2) 59.0	36.0	26.9	25.1	20.2
No time to spare due to tight schedule	(5) 55.7	27.6	17.6	15.7	15.8
Lack of confidence to handle difficult problems	24.2	40.4	(5) 43.6	(2) 50.2	(1) 52.5
No opportunity to receive advice or guidance	31.8	31.2	30.0	25.5	23.0
Mental fatigue of working in other people's house	34.8	36.3	38.5	(5) 39.1	(3) 38.3
Get very tired both mentally and physically	(4) 57.2	42.0	36.9	30.4	19.1
Concerned with own physical strength and health such as back pains	43.4	(4) 44.6	40.8	31.8	31.1

Among coordinators, the percentages for "Low social value of helpers" and "Lack of administrative understanding of home helper work and roles" were the highest. In particular, "Low social value of helpers" scored over 80%. It also scored high among helpers engaged in severe/dementia care. These results show that helpers who were engaged in work with higher degree of difficulty tended to regard the matter of social value more seriously. Also, "Difficult to take vacations", "No time to spare due to tight

schedule" and "Overtime without pay has become routine" were especially high among coordinators, when compared with those engaged in other works, as the issues almost exclusive to coordinators.

"Lack the confidence to handle difficult problems" ranked high among helpers who were engaged in work with a higher degree of difficulty. "Mental fatigue of working in other people's house" scored between 35% and 39% regardless of the work content, and ranked among the top five concerns among helpers engaged in housework assistance only or physical care/housework assistance.

4. Home helpers' views on work and roles

In this chapter, home helpers' own views on their work and roles were compared with the views of clients and their families. Also, the relationship of these views between home helpers' work-related anxiety and dissatisfaction was analyzed.

(1) Home helpers' views on work and roles

In this survey, seven questions were prepared in order to study "home helpers' views on work and roles". Four of the questions asked for the home helpers' own views as well as those of their clients and families using the pair comparison method. A further three questions asked for the home helpers' own views using three-choice method standard questions (Table 5-1).

Table 5-1 Seven items used to measure "Home helpers' views on work and roles"

Question 10. For each of items (i) to (iv) listed below, which are related to home helpers' work and roles, there are two opposing views, A and B. Which view is closest to your view?

    Choice: (1) Close to View A,   (2) Close to View B,   (3) Not sure

(i) A. Helpers should not do things that clients can do by themselves.

    B. Helpers should do as much as possible to help in their client's life.

(ii) A. Mental care is more important home helper work than physical care or housework assistance.

    B. Physical care is more important home helper work than mental care or housework assistance.

(iii) A. In order to establish mutual trust, it is vital to establish an intimate personal relationship with the client/family.

    B. In order to draw a line as a professional, home helpers should refrain from establishing an intimate personal relationship with their client/family.

(iv) A. The basis of home helper service is execution of care work.

    B. The basis of home helper service is voluntary service to the client.

Question 11. What do you think of the home helper's actions listed below. Circle the appropriate number. (Circle only one number for each item.)

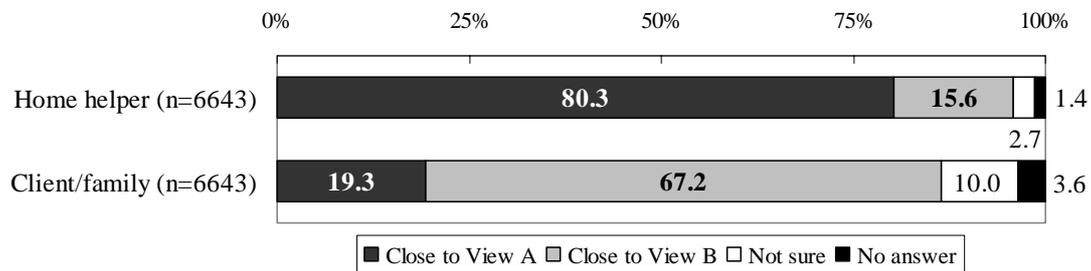   Choice: (1) I agree   (2) I disagree   (3) Not sure

a. Home helpers should do any necessary work even if it is not in the care plan.

b. Home helper work and volunteer activity are completely different in quality.

c. To improve the quality of care, team care is better than one-on-one care.

a. Scope of care

Question 10 (1) asked about home helpers' work and roles with respect to "scope of work". Choice A represented the point of view of limited care: "Helpers should not do things that client can do by himself/herself". Choice B represented the point of view of unlimited care: "Helpers should do as much as possible".

Survey results show that, while 80% of the home helpers supported "limited care" (View A), only 20% of the helpers felt that the client/family shared the same view (Figure 5-1).

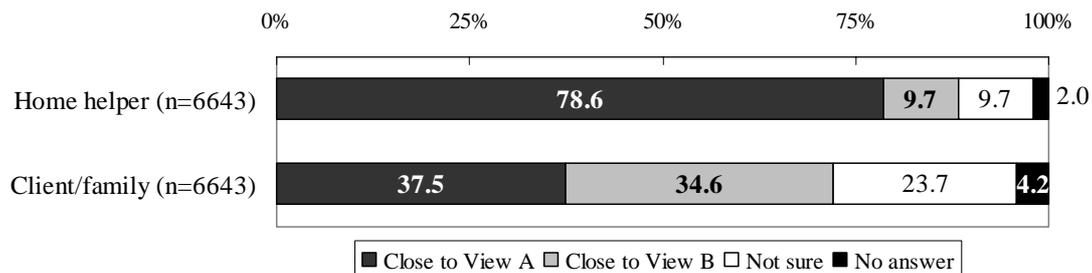**Figure 5-1 Views of home helpers and client/family on "scope of work"**

	Close to View A	Close to View B	Not sure	No answer
Home helper (n=6643)	80.3	15.6	2.7	1.4
Client/family (n=6643)	19.3	67.2	10.0	3.6

■ Close to View A ▨ Close to View B □ Not sure ■ No answer

b. Mental care or physical care

Question 10 (2) asked which was more important as home helpers' work, mental care or physical care. Choice A represented the view that "mental care" was the most important. Choice B represented the view that "physical care" was the most important.

Survey results show that about 80% of the home helpers supported the view that "Mental care is the most important", but helpers' perception of client/family's views were divided. The proportion of "Not sure" exceeded 20%, while that of "Mental care is the most important" and "Physical care is the most important" were about the same (Figure 5-2).

Figure 5-2 Views of home helpers and clients/families on "mental care or physical care"

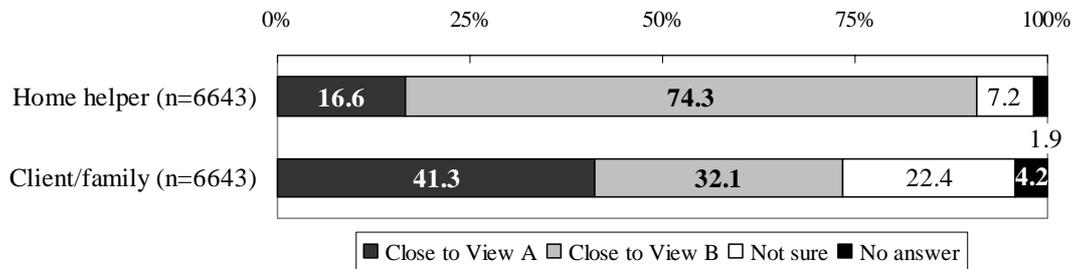|	Close to View A	Close to View B	Not sure	No answer
Home helper (n=6643)	78.6	9.7	9.7	2.0
Client/family (n=6643)	37.5	34.6	23.7	4.2

■ Close to View A ▨ Close to View B □ Not sure ■ No answer

c. Personal relationship

Question 10 (3) asked whether it was good for home helpers to establish an intimate personal relationship with their client/family in the work context. Choice A represented the view that "it is indispensable" while Choice B represented the view that "home helpers should refrain".

Survey results show that more than 70% of the helpers felt that "home helpers should refrain". On the other hand, views were divided among clients/families, with "indispensable" (View A) the highest at 41.3%, followed by "home helpers should refrain" (32.1%) and "not sure" at 22.4% (Figure 5-3).

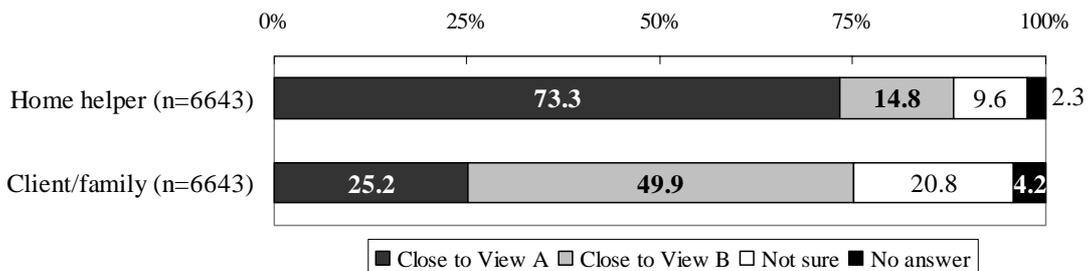**Figure 5-3 Views of home helpers and clients/families on "personal relationships"**

	Close to View A	Close to View B	Not sure	No answer
Home helper (n=6643)	16.6	74.3	7.2	1.9
Client/family (n=6643)	41.3	32.1	22.4	4.2

■ Close to View A ☐ Close to View B ☐ Not sure ■ No answer

d. Work or voluntary service

Question 10 (3) asked what was the basis of home helper service, "execution of work" or "voluntary service". Choice A represented "execution of work" and Choice B represented "voluntary service".

Survey results show that, while more than 70% of the home helpers supported "execution of work" (Choice A), 50% felt that their client/family expected "voluntary service" (Figure 5-4).

Figure 5-4 Views of home helpers and clients/families on "work or voluntary service"

	Close to View A	Close to View B	Not sure	No answer
Home helper (n=6643)	73.3	14.8	9.6	2.3
Client/family (n=6643)	25.2	49.9	20.8	4.2

■ Close to View A ☐ Close to View B ☐ Not sure ■ No answer

From the above results, 70-80% of home helpers shared the same views on each of the four aspects, showing that majority of home helpers shared the same opinions and views on home helper work/roles. Such common opinions and views shared by home helpers were as follows:

- Home helpers should not do things that client can do by himself/herself. (80.3%)

- Mental care is more important as home helper work than physical care or housework assistance. (78.6%)

- In order to draw a line as a professional, home helpers should refrain from establishing an intimate personal relationship with their client/family. (74.3%)

- The basis of home helper service is execution of care work. (73.3%)

e. Views on "home helpers' action"

The three questions in Question 11 relate to work outside the care plan, its differences from volunteer work, and team care system, which are designed to supplement the questions on home helper work/roles in Question 10. Figure 5-5 is a summary of answers to each three-choice question ("I agree", "I disagree" and "Not sure").

Figure 5-5 Views on home helpers' action (n=6643)
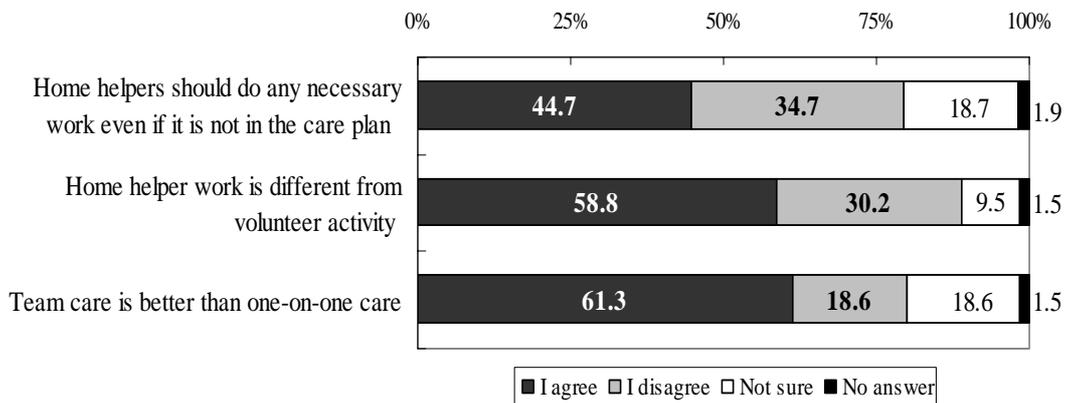
Survey results show that 60% of the home helpers agreed that "Team care is better than one-on-one care", exceeding those who disagreed (18.6%) by a wide margin. The results suggest that a team care system is desirable, both from the point of view that "helpers should refrain from establishing an intimate personal relationship with their client/family" as well as in terms of creating a work environment in which helpers can take vacations more easily. On the other hand, it is more difficult to maintain continuity

and consistency with a team system than a one-on-one system. For example, when there is a request to do some work that is not in the care plan, there may be problems if one home helper accepts it and the other does not. Therefore, it is indispensable for home helpers to discuss and share views on their work and roles. "Going directly to workplace and home" style is not convenient in that respect. It may be easier if both home helpers are from the same office, but home helpers from different offices may be able to team up at the same client's home in some cases. It is therefore necessary to promote association between home helpers from different office locations and to provide a venue for home helpers to exchange views. Many home helpers also stated the need for such lateral association in the free description space.

(2) Views on home helpers' roles

An attempt was made to typify home helpers' views on their work and roles (views on home helpers' roles), by using three of the four items in Question 10, which were (1) "scope of work", (3) "personal relationship" and (4) "work or voluntary service". Home helpers were classified into five stereotypes: work-oriented, semi-work oriented, intermediate, semi-volunteer oriented and volunteer-oriented. A definition of each stereotype is given in Table 5-6.

Table 5-6 Stereotypes of views on home helpers' work/roles (views on home helpers' roles)

(1) Work-oriented. Those who agreed with all three of the following views: "Helpers should not do things that clients can do by themselves", "In order to draw a line as a professional, home helpers should refrain from establishing an intimate personal rel

(2) Semi-work oriented. Those who agreed with two of the three above items (1).

(3) Volunteer-oriented. Those who agreed with all three of the following views: "Helpers should do as much as possible to help in their client's life", "In order to establish mutual trust, it is essential to establish an intimate personal relationship wit

(4) Semi-volunteer oriented. Those who agreed with two of the three above items (3).

(5) Intermediate: Those who were not included in (1) to (4) or (6).

(6) Others/Unknown: Those who answered "Not sure" or gave no answer to each of items (i), (ii) and (vi) in Question 10.

Looking at home helpers' views on their roles from the above stereotypes, 50% were "Work-oriented" and 30% were "Semi-work oriented," while "Volunteer-oriented" and "Semi-volunteer oriented" together accounted for less than 10%. On the other hand, home helpers' perceptions of their client/family's views on home helpers' roles showed that "Work-oriented" and "Semi-work oriented" together accounted for only about 20%, while "Volunteer-oriented" and "Semi-volunteer oriented" together accounted for 54.8%.

Even considering the constraint that these were home helpers' perceptions of client/family views, there were clear differences as to views on home helpers' roles (Figure 5-8). If such differences in terms of views on home helpers' roles underlie the home helpers' work-related anxiety and dissatisfaction, such as "low social value" and "treated like a maid," the roots of the problem run deep.

Figure 5-8 Home helpers' and client/family's views on home helpers' roles
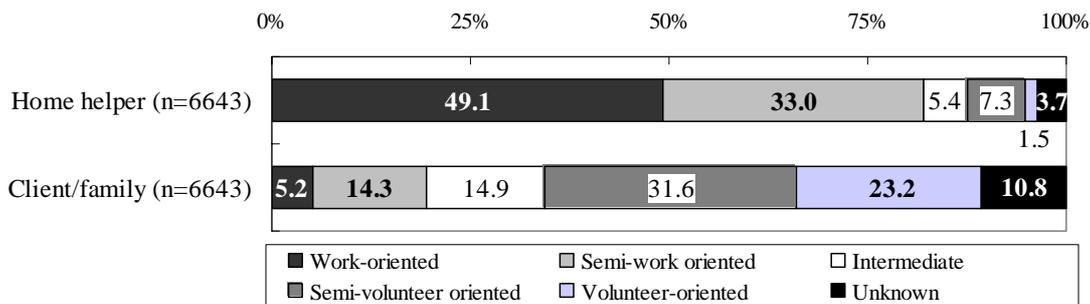
(3) Home helpers' anxiety and dissatisfaction by views on their own roles

The ratio of home helpers' anxiety and dissatisfaction tended to be low when the home helper and their client/family shared the same views on home helpers' roles; they were high when views differed. Difference in ratio was particularly significant in terms of the level of dissatisfaction experienced when "treated like a maid". This is probably the same for the clients/families, as they may tend to be dissatisfied with home helpers who work with views different from theirs. It is important to give consideration to these points when building a good relationship or mutual trust with clients/families.

Figure 5-12 Ratio of home helpers' anxiety and dissatisfaction relative to the home helper's own view of roles (client/family represent the "voluntary service type")

(%)

Category	Work-oriented type	Voluntary service-oriented type
Unstable employment	31.0	32.3
Low income	41.0	40.8
Unstable income	41.5	39.0
No additional pay for experience or qualification	31.1	25.7
No pay for essential works in home helper tasks	47.5	39.6
No substitute worker	26.1	27.2
Difficult to take vacations	37.3	39.9
Insufficient compensation	31.5	28.7
Get very tired both mentally and physically	45.4	38.7
Overtime without pay has become routine	18.6	18.7
Scope of work is unclear	26.9	22.1
Mental fatigue	39.0	31.4
Concerned with own physical strength and health	44.2	34.1
No time to spare due to tight schedule	29.9	25.4
Too busy to take a break	27.7	25.4
Lost the feeling of "touching care"	17.9	13.3
Response to emergency is insufficient	20.9	17.8
No opportunity to receive advice or guidance	33.1	28.4
Poor communication with doctors, etc.	17.2	14.2
Poor human relationships at workplace	13.3	10.6
No opportunity to communicate with colleagues	30.8	31.4
Cannot get along well with their client/family	3.0	1.8
Client/family depend too much on home helper	29.5	23.6
Client/family look too much for personal relationship with home helper	16.1	11.8
Unable to grasp what client/family wants	8.4	8.2
Caught between client and family	17.7	13.9
Client/family do not want to receive care	3.0	2.4
Treated by client and family like a maid	54.0	39.6
Client/family make detailed demands on content/method of care	28.2	22.4
Low social evaluation	68.2	61.0
Lack of administrative understanding	48.2	39.0
Lack of understanding of home helper's work	47.6	29.3
Cannot utilize one's ability	9.8	6.0
Lack the confidence to handle difficult problems	40.6	31.7
No time to attend training program or seminar	40.6	38.1

Legend:
☐ Work-oriented type (n=2939)
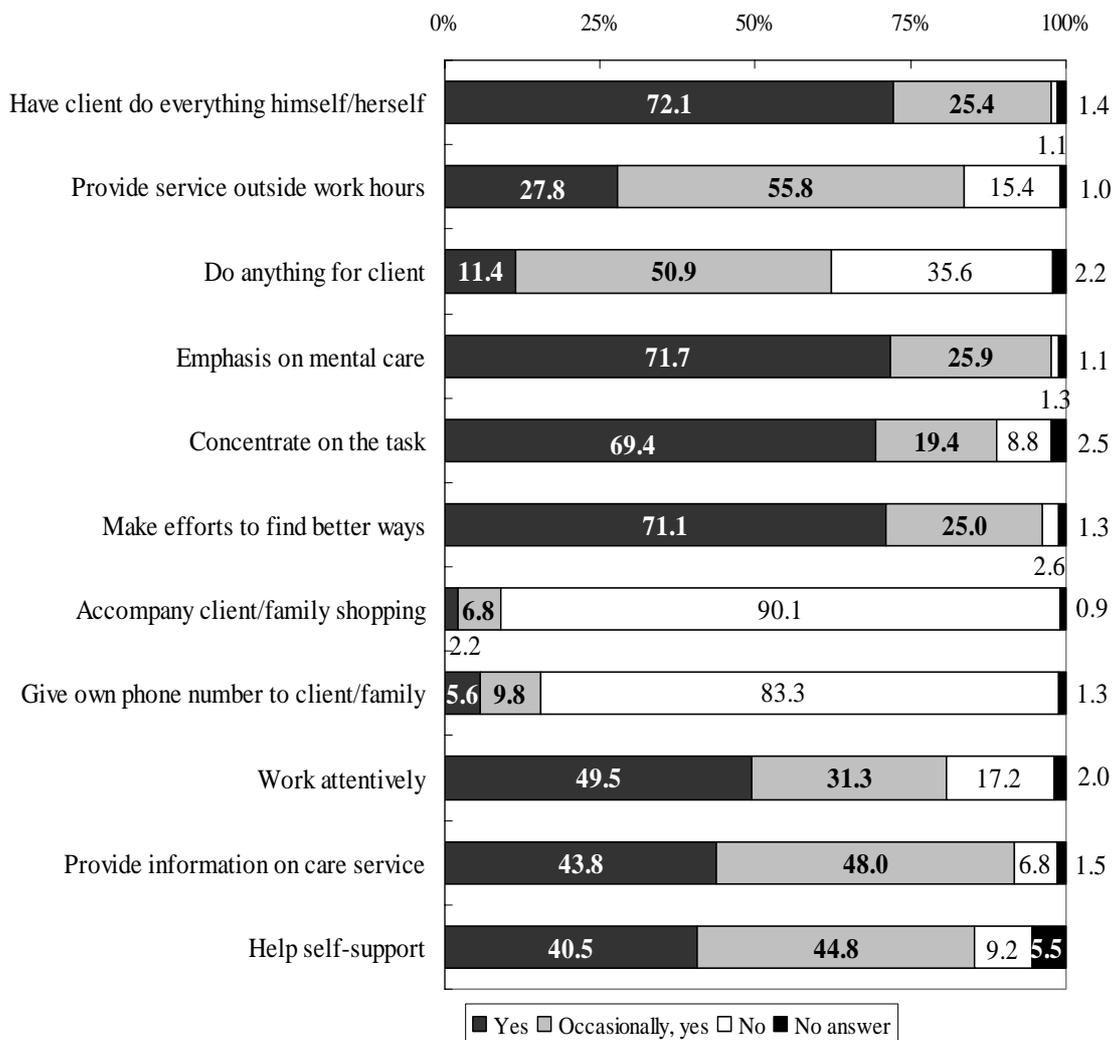■ Voluntary service-oriented type (n=331)

5. Care service practice

In this chapter, 11 modes of the way in which care service is actually practiced are organized and analyzed, based on answers to Question 12, "How do you actually interface with your client/family?"

(1) Dealing with client/family and practice of care service

Eleven modes of care service practice are shown in Figure 6-1. The modes that many home helpers answered "Yes" included: "Have client do everything himself/herself as far as possible", "Emphasis on mental care", "Concentrate on the task and try not to make mistakes", and "Try to find better ways at work". On the other hand, most of the helpers responded "No" to items such as "Accompany client/family shopping" and "Give phone number to client/family".

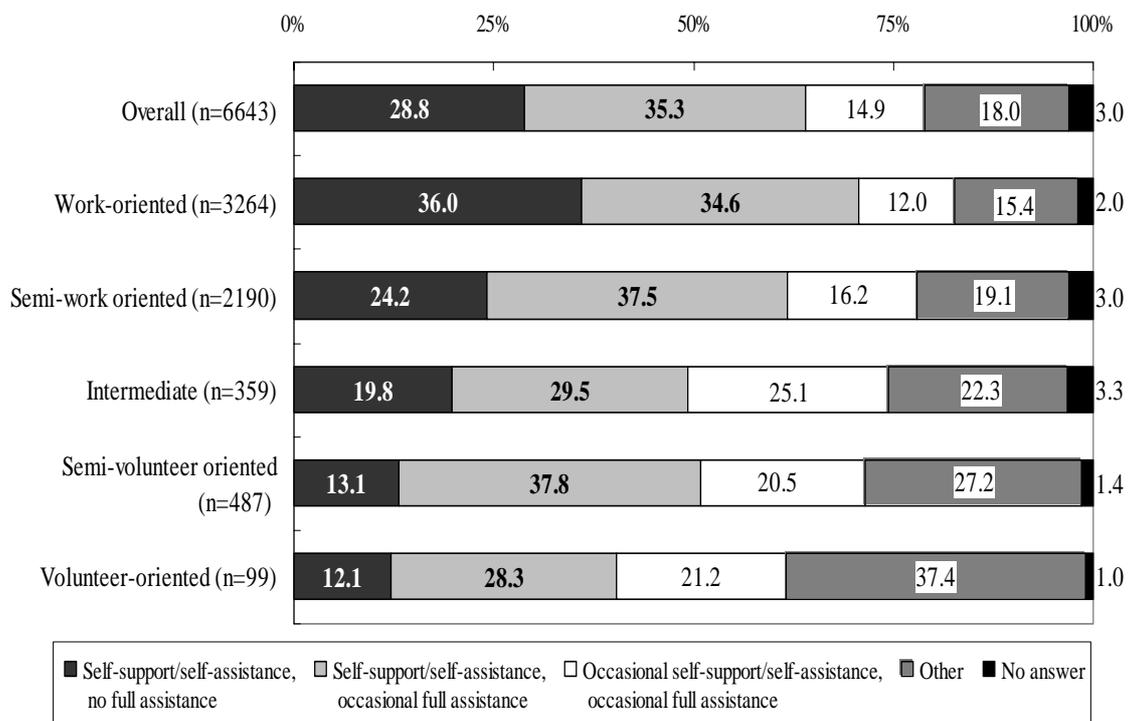**Figure 6-1 Dealing with the client/family and care service practice (n=6643)**

Item	Yes	Occasionally, yes	No	No answer
Have client do everything himself/herself	72.1	25.4	1.1	1.4
Provide service outside work hours	27.8	55.8	15.4	1.0
Do anything for client	11.4	50.9	35.6	2.2
Emphasis on mental care	71.7	25.9	1.3	1.1
Concentrate on the task	69.4	19.4	8.8	2.5
Make efforts to find better ways	71.1	25.0	2.6	1.3
Accompany client/family shopping	6.8	2.2	90.1	0.9
Give own phone number to client/family	5.6	9.8	83.3	1.3
Work attentively	49.5	31.3	17.2	2.0
Provide information on care service	43.8	48.0	6.8	1.5
Help self-support	40.5	44.8	9.2	5.5

■ Yes　□ Occasionally, yes　□ No　■ No answer

(2) Dealing with client/family (practical care service) in relation to views on home helpers' roles

a. Extent of practical care service

"Self-support/self-assistance, occasional full assistance" (those who "usually have client do things himself/herself as much as possible" but "occasionally provide full assistance to help client's everyday life") was highest at 35.3%, followed by "Self-support/self-assistance, no full assistance" at 28.8% and "Self-support/self-assistance, occasional full assistance" (14.9%).

There were also differences by view on home helpers' work and roles. The ratio of "Self-support/self-assistance" was high (36.0%) but remained low (around 10%) among "volunteer-oriented" and "semi-volunteer oriented" home helpers. On the other hand, "Occasional self-support/self-assistance, occasional full assistance" exceeded 20% for both "volunteer-oriented" and "semi-volunteer oriented" helpers (Figure 6-2d). Also, the ratio of "Full assistance, occasional self-support/self-assistance," which is included in the "Other," in those two groups (18.2% for "volunteer-oriented," 11.5% for "semi-volunteer oriented" home helpers).

Figure 6-2d Home helpers' "views on home helpers' roles" vs. "practical care service"

	Self-support/self-assistance, no full assistance	Self-support/self-assistance, occasional full assistance	Occasional self-support/self-assistance, occasional full assistance	Other	No answer
Overall (n=6643)	28.8	35.3	14.9	18.0	3.0
Work-oriented (n=3264)	36.0	34.6	12.0	15.4	2.0
Semi-work oriented (n=2190)	24.2	37.5	16.2	19.1	3.0
Intermediate (n=359)	19.8	29.5	25.1	22.3	3.3
Semi-volunteer oriented (n=487)	13.1	37.8	20.5	27.2	1.4
Volunteer-oriented (n=99)	12.1	28.3	21.2	37.4	1.0

b. Practical care service in relation to "emphasized work contents"

Majority of home helpers "try to provide mental care, while trying not to make mistakes". No differences were found relative to the home helpers' own views on home helper work and roles or their client/family's views on home helper work and roles.
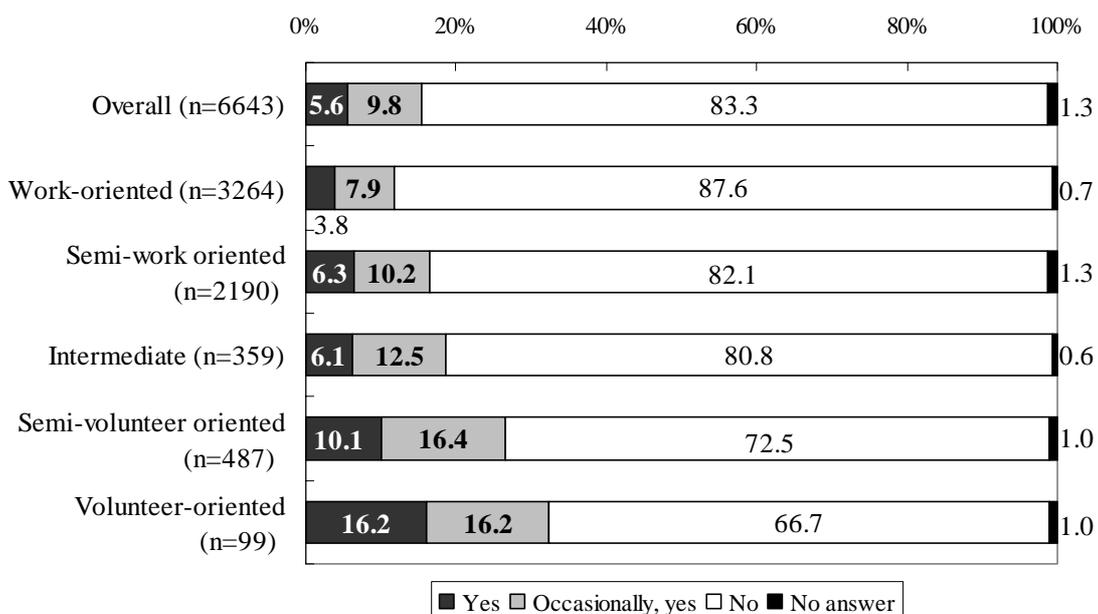
c. Care service practice in relation to "personal relationship"

The ratio of home helpers who "accompany client/family shopping outside work hours" and "give own phone number to their client/family" were only 9.0% and 15.4%, respectively, but there were some differences relative to the home helpers' own views about their work and roles.

The ratio of "Give own phone number to client/family" was only 11.7% among "work-oriented" home helpers but was 32.4% among "volunteer-oriented" home helpers (Figure 6-4).

As for "Accompany client/family shopping outside work hours", no difference was found relative to the home helpers' own views on work and roles. However, among those who answered "Yes", the combined ratio of those who "always give phone number" and "occasionally give phone number" was 53.7%, suggesting that there is a close relationship between the two types of service.

**Figure 6-4 Home helpers' own "views on work and roles"
vs."give own phone number to client/family"**

**d.** Care service practice in relation to "professionalism"

Ninety percent of the home helpers answered "Yes" or "Occasionally, yes" to the question items "make efforts to find better ways in addition to working by the manual" or "provide information or knowledge that seems useful to care". Also, 80% of the helpers answered "Yes" or "Occasionally, yes" to "work more attentively with client who is hard to get along with". No difference was found with respect to home helpers' or client/family's views on home helpers' work and roles.

The three modes of care service practice above are highly interrelated. For example, the percentage of "Provide information or knowledge that seems useful to care" was high among home helpers who "make efforts to find better ways" (Figure 6-5a), while the percentage of "Work more attentively with client who is hard to get along with" was high among home helpers who "provide information or knowledge that seems useful to care" (Figure 6-5b).

Figure 6-5a Percentage of "Provision of care service information" by level of "make efforts to find better ways"
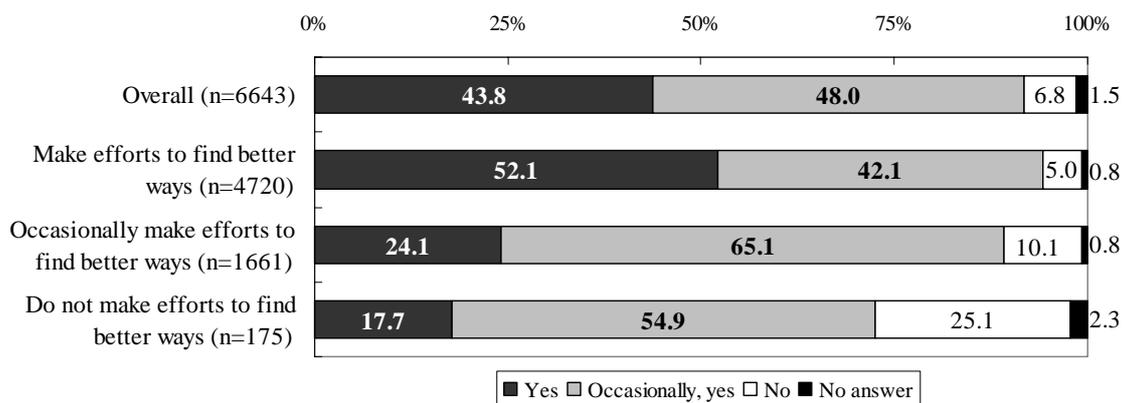

Figure 6-5b Percentage of "work more attentively" by level of "provide information or knowledge"
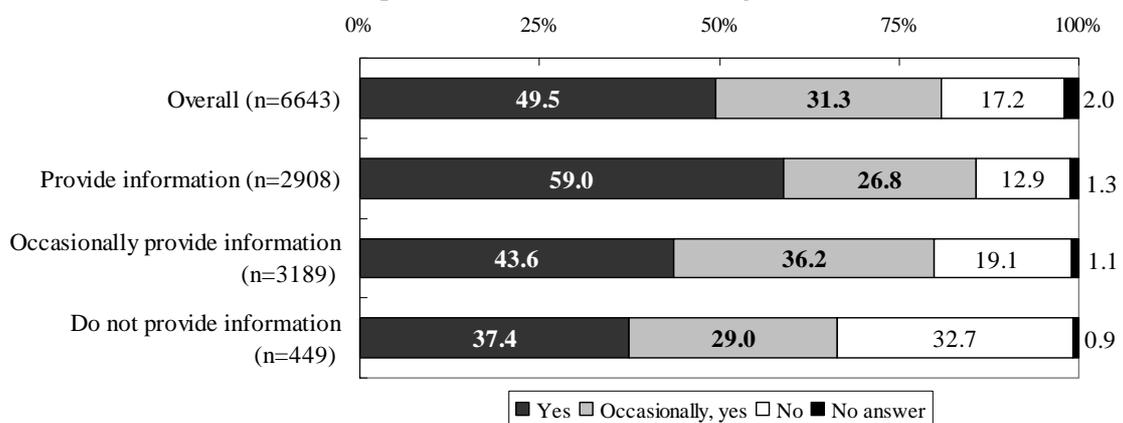
e. Practice of "service outside work hours"

Eighty percent of home helpers practiced "voluntary service work outside prescribed work hours", as 27.8% answered "Yes" and 55.8% answered "Occasionally, yes." There was some difference with respect to home helpers' own views on work/roles, as "volunteer-oriented" home helpers tended to do more work outside prescribed work hours. In particular, the percentage of "Yes" was 50.5% among "volunteer-oriented" home helpers compared to 23.1% for "work-oriented" home helpers (Figure 6-6).
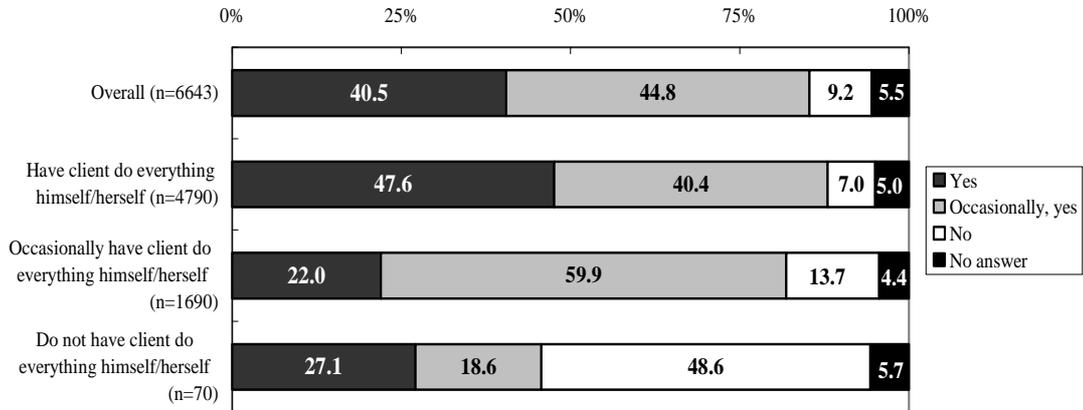
**Figure 6-6 Home helpers' own "views on work and roles" vs.
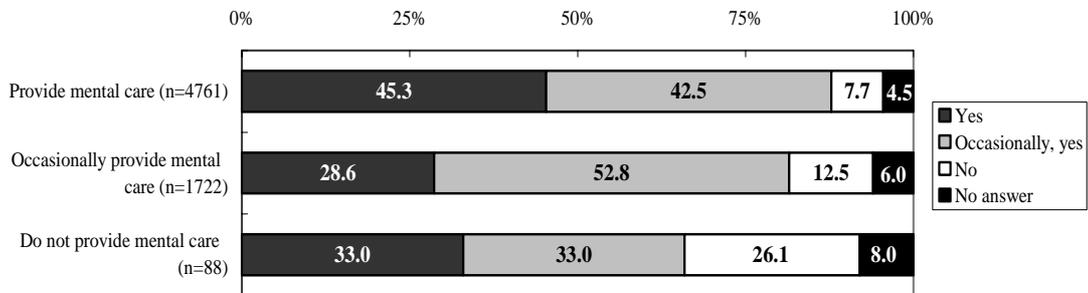"service outside work hours"**
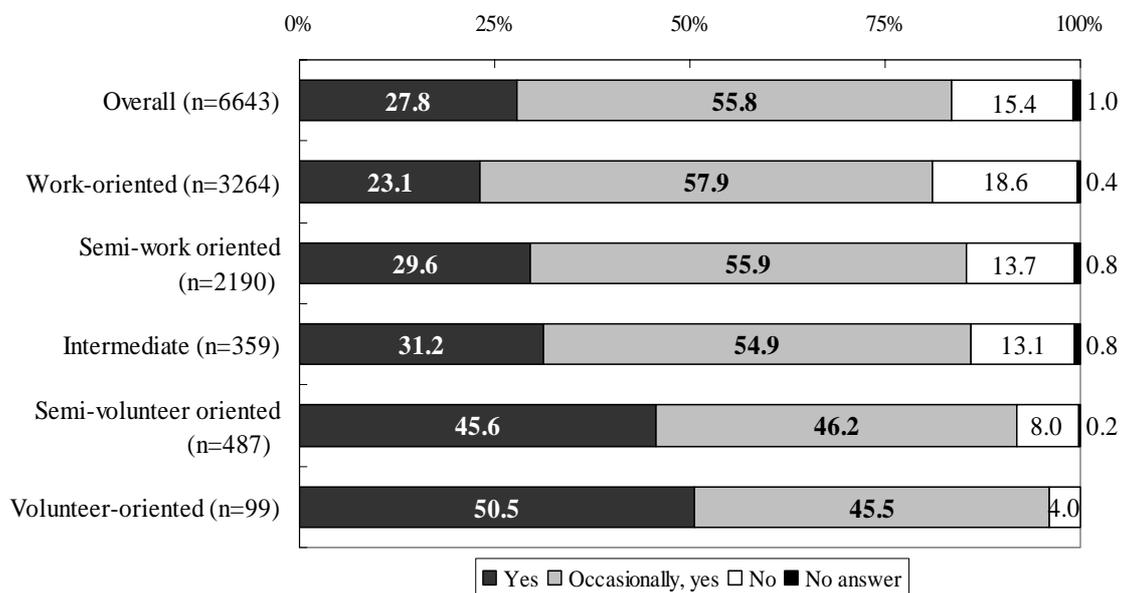
f. Self-support assistance

To the question of whether self-support assistance is practiced, most home helpers answered that it is being practiced, with 40.5% responding "Yes", 44.8% "Occasionally, yes" and 9.2% "No". (Figures 6-8a-d). Thus, self-support assistance content commonly recognized by home helpers can be summarized as: "to make an effort to provide mental care, such as guiding the client to develop a living habit, while finding better ways to provide care service, such as providing useful information/knowledge".
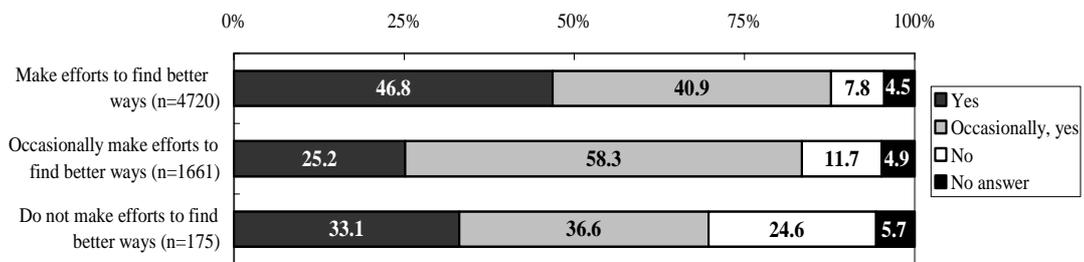
Figure 6-8a "Have client do everything himself/herself" vs. "Self-support assistance"
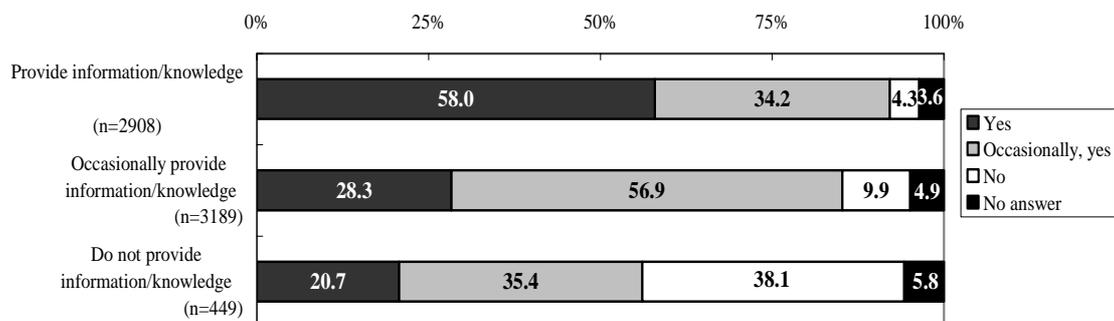
	Yes	Occasionally, yes	No	No answer
Overall (n=6643)	40.5	44.8	9.2	5.5
Have client do everything himself/herself (n=4790)	47.6	40.4	7.0	5.0
Occasionally have client do everything himself/herself (n=1690)	22.0	59.9	13.7	4.4
Do not have client do everything himself/herself (n=70)	27.1	18.6	48.6	5.7

Figure 6-8b "Mental care" vs. "Self-support assistance"

	Yes	Occasionally, yes	No	No answer
Provide mental care (n=4761)	45.3	42.5	7.7	4.5
Occasionally provide mental care (n=1722)	28.6	52.8	12.5	6.0
Do not provide mental care (n=88)	33.0	33.0	26.1	8.0

Figure 6-8c "Make efforts to find better ways" vs. "Self-support assistance"

	Yes	Occasionally, yes	No	No answer
Make efforts to find better ways (n=4720)	46.8	40.9	7.8	4.5
Occasionally make efforts to find better ways (n=1661)	25.2	58.3	11.7	4.9
Do not make efforts to find better ways (n=175)	33.1	36.6	24.6	5.7

Figure 6-8d "Provide information/knowledge" vs. "Self-support assistance"

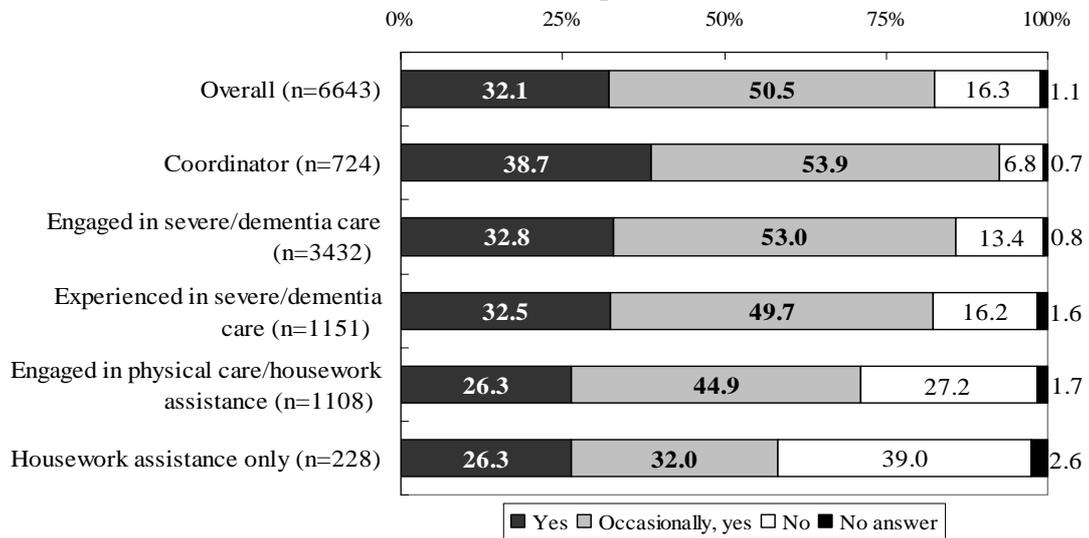|	Yes	Occasionally, yes	No	No answer
Provide information/knowledge (n=2908)	58.0	34.2	4.3	3.6
Occasionally provide information/knowledge (n=3189)	28.3	56.9	9.9	4.9
Do not provide information/knowledge (n=449)	20.7	35.4	38.1	5.8

(3) Request for work outside the care plan and home helpers' response

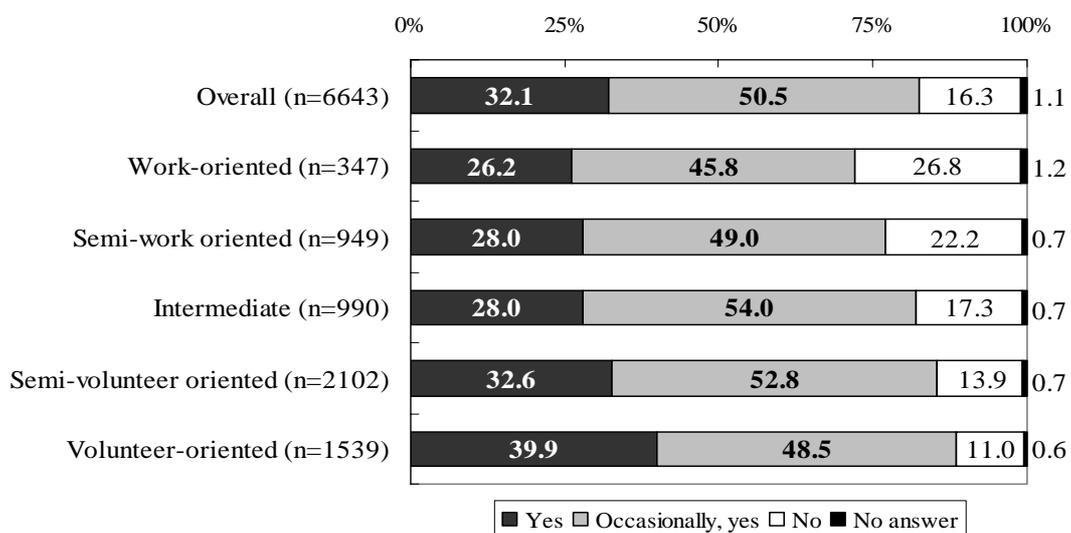**a.** Request for work outside the care plan

Whether it was "often" or "occasionally", home helpers who have been asked to provide care, exceeded 80%. With respect to work content, the higher the degree of difficulty of work, the more frequently the helper was asked to do work outside the care plan. This result was contrary to expectations (Figure 6-9a). There were also differences related to the client/family's views on home helpers' work and roles: the more "work-oriented", the higher the ratio of "being requested to do work outside the care plan" (Figure 6-10).

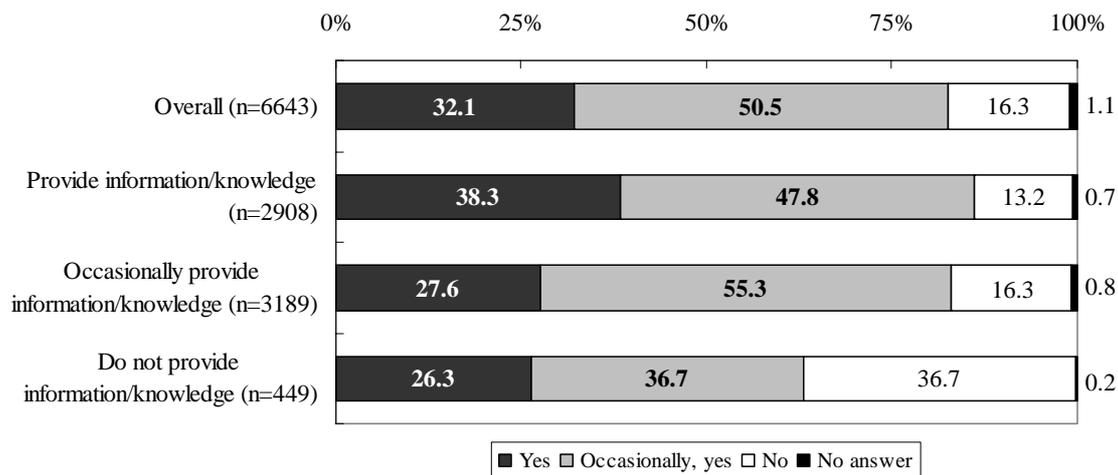**Figure 6-9a Work contents vs. "Requested to do work outside the care plan"**

	Yes	Occasionally, yes	No	No answer
Overall (n=6643)	32.1	50.5	16.3	1.1
Coordinator (n=724)	38.7	53.9	6.8	0.7
Engaged in severe/dementia care (n=3432)	32.8	53.0	13.4	0.8
Experienced in severe/dementia care (n=1151)	32.5	49.7	16.2	1.6
Engaged in physical care/housework assistance (n=1108)	26.3	44.9	27.2	1.7
Housework assistance only (n=228)	26.3	32.0	39.0	2.6

■ Yes ▨ Occasionally, yes □ No ■ No answer

Figure 6-10 "Client/family's views on home helpers' work and roles" vs. "Requested to do work outside the care plan"

	Yes	Occasionally, yes	No	No answer
Overall (n=6643)	32.1	50.5	16.3	1.1
Work-oriented (n=347)	26.2	45.8	26.8	1.2
Semi-work oriented (n=949)	28.0	49.0	22.2	0.7
Intermediate (n=990)	28.0	54.0	17.3	0.7
Semi-volunteer oriented (n=2102)	32.6	52.8	13.9	0.7
Volunteer-oriented (n=1539)	39.9	48.5	11.0	0.6

■ Yes ▨ Occasionally, yes □ No ■ No answer

When related to the provision of professional service, the percentage of home helpers who are requested to do work outside the care plan was high among those who answered "Yes" and "Occasionally, yes" to the question whether "Provision of information/knowledge that is useful to care service". On the other hand, the percentage was low among home helpers who answered "No" (Figure 6-11).

**Figure 6-11 "Provide information/knowledge" vs.
"Requested to do work outside the care plan"**

	0%	25%	50%	75%	100%

	Yes	Occasionally, yes	No	No answer
Overall (n=6643)	32.1	50.5	16.3	1.1
Provide information/knowledge (n=2908)	38.3	47.8	13.2	0.7
Occasionally provide information/knowledge (n=3189)	27.6	55.3	16.3	0.8
Do not provide information/knowledge (n=449)	26.3	36.7	36.7	0.2

■ Yes ▢ Occasionally, yes ☐ No ■ No answer

Similarly, the percentage of those who have been requested to do work outside the care plan was high among helpers who "work more attentively with client/family who is hard to get along with", "make efforts to find better ways in addition to working by the manual" or "consciously provide mental care by listening to client's problems". These results suggest that the percentage of helpers who were asked to do work outside the care plan was higher for dedicated helpers who are trying to achieve the role as care service specialists, further suggesting that they are caught between providing sufficient exercise of professional duty and sincere service to their client/family.

b. Response to requests for work outside the care plan

Of responses to requests for work outside the care plan, "Respond flexibly as long as service hours allow" was the highest at 39.4%. Including "Respond upon consulting with coordinator each time" (14.9%), one out of every two home helpers were "accepting" requests for work outside the care plan. On the other hand, 40% of the home helpers were "declining" requests for work outside the care plan, responding as follows: "Explain that it cannot be done and ask for understanding" accounted for 31.4% and "Have a coordinator explain it to client/family" accounted for 7.4%, showing a dichotomy in responses (Figure 6-2). Responses to such requests for work outside the care plan showed a strong relationship between home helpers' attributes, views on home

helpers' work and roles, and care service practice.

Table 6-2 Response to requests for work outside the care plan (n=5484)

<div align="right">(Unit: %)</div>

Respond flexibly as long as service hours allow	39.4
Consult each time with coordinator before responding	14.9
Explain that it cannot be done and ask for understanding	31.4
Have a coordinator explain it to client/family to solve the problem	7.4
Other	3.2
No answer	3.7

c. Relationship with home helpers' attributes

In terms of home helpers' length of experience, 53.4% of those with 10 years or more experience declined requests and 39.9% accepted. For those home helpers with less than one year of experience, only 29.7% declined and 65.4% accepted. As such, the percentage of those who "accepted" tended to increase in reverse proportion to years of experience (Figure 6-12).

**Figure 6-12 "Response to requests for work outside the care plan"
by years of experience**
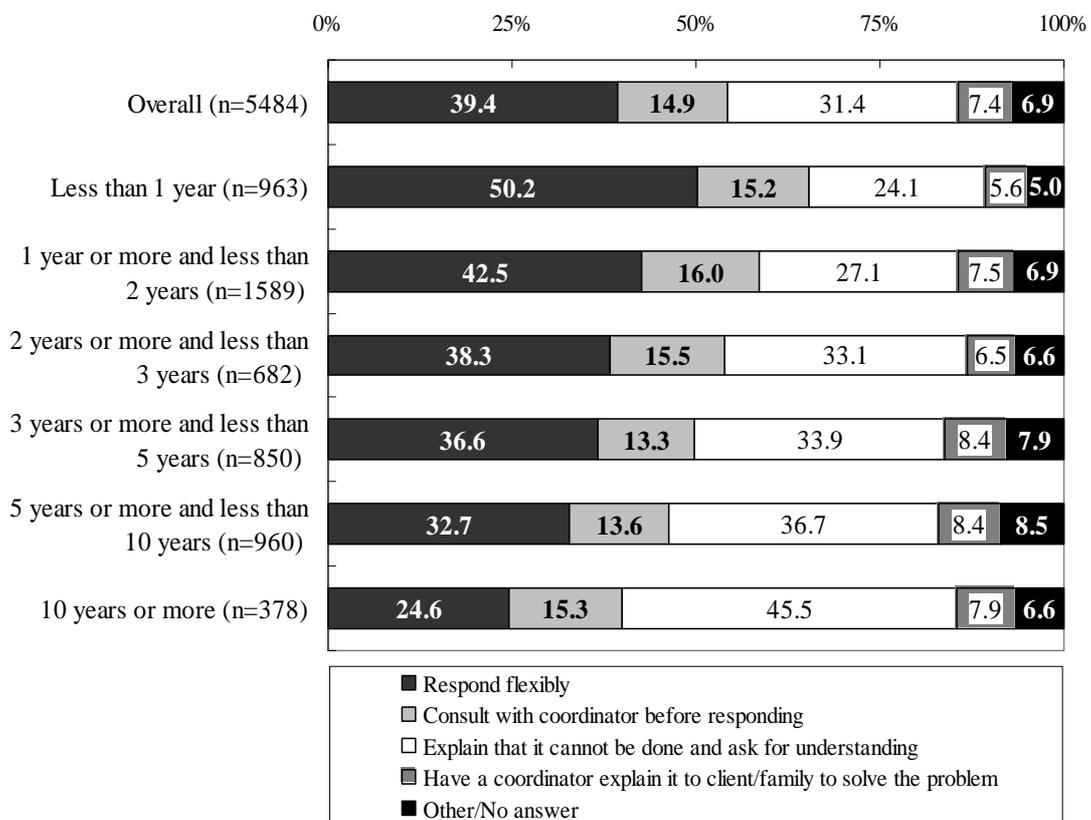
In terms of the highest care-related qualifications acquired, the percentage of those who "accepted" work outside the care plan tended to increase in reverse proportion to the level of qualification: 38.4% for certified care workers, 45.6% for home helper Class 1, 59.5% for home helper Class 2 and 57.1% for home helper Class 3. This may imply that home helpers with little experience, who are non-regular employees and without high qualifications, do not have a strong position in terms of their client/family and therefore no choice but to accept their client/family's requests.

d. Relationship with views on home helpers' roles

The response to requests varied with home helpers' views on their work and roles. It seemed that those home helpers who were more "work-oriented" tended to "respond more flexibly to requests" (Figure 6-13). On the other hand, no relationship was found with client/family's views on their work and roles. However, whether a home helper was "requested to do work outside the care plan" depended on the client/family's views on their work and roles, as the percentage of being requested was higher in the case of "volunteer-oriented" clients/families. In any case, views on home helpers' work and roles are closely related with, and affect, home helpers' attitudes and behavior related to care service. It is therefore all the more important for home helpers, clients/families and society in general to have a common understanding and consensus view in this area.
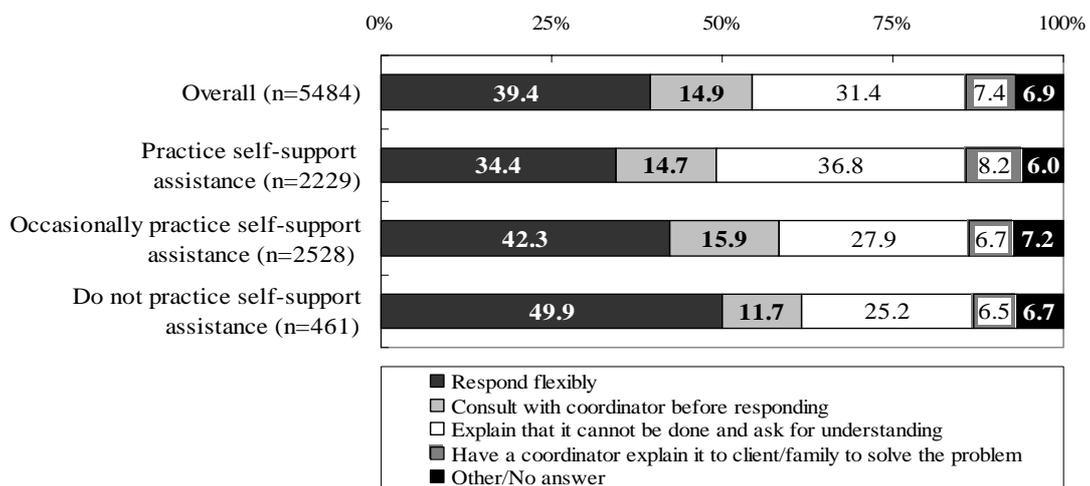
Figure 6-13 "Response to requests for work outside the care plan" by home helpers' views on their work and roles
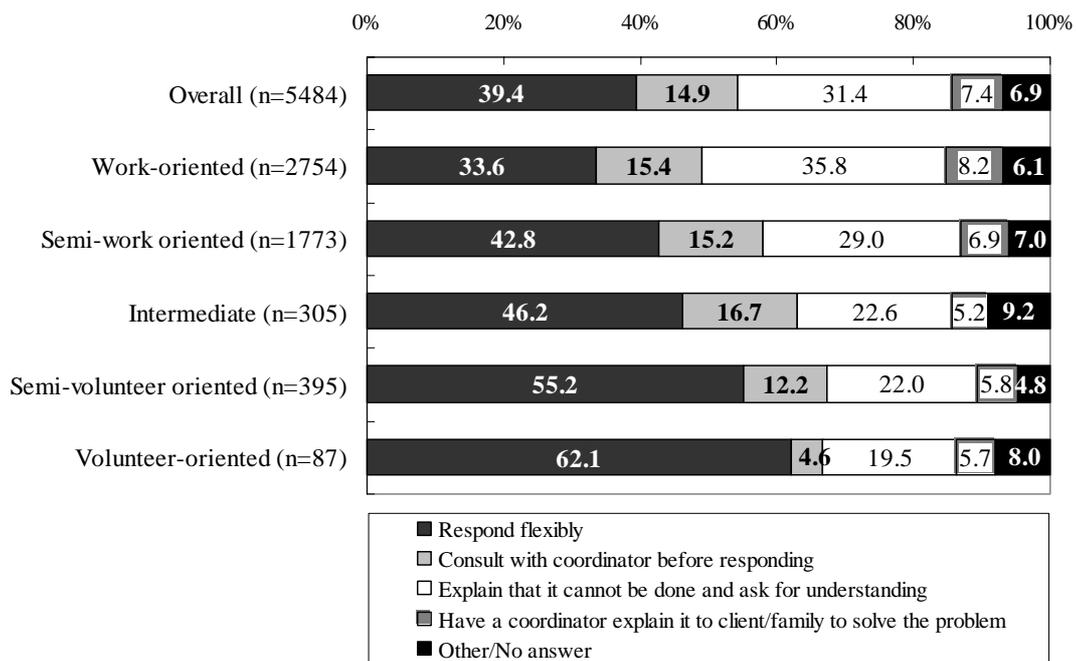
e. Relationship with care service practice

The results were mostly as expected. For example, the percentage of home helpers who "declined" was 45.0% among those who answered that they "practice self-support assistance", whereas the percentage of "declined" was 31.7% among those who answered that they "do not practice self-support assistance" (Figure 6-14). Among home helpers who "accompany client/family on shopping", many answered that they "respond flexibly to requests". Among home helpers who aspire to provide professional care service, the percentage of "respond flexibly to requests" was high for helpers who "make efforts to find better ways". On the other hand, the percentage of home helpers who "explain that it cannot be done" was high among those who "provide information/knowledge", demonstrating that their position was insecure.

Figure 6-14 "Response to requests for work outside the care plan"
by level of "practicing self-support assistance"

- ■ Respond flexibly
- ▨ Consult with coordinator before responding
- ☐ Explain that it cannot be done and ask for understanding
- ▧ Have a coordinator explain it to client/family to solve the problem
- ■ Other/No answer

6. Future intentions regarding home helper work

In this chapter, home helpers' future intentions regarding home helper work are classified and analyzed. Choice of answers and respective percentages are summarized in Table 7-1.

The percentage of those who intended to continue home helper job on a long-term basis was the highest at 35.9%, about one-third of the total. The other two-thirds indicated some possibility of changing jobs, although the strength of their intention varied. 29.4% represented the "wait-and-see" type, who intended to "continue as a helper for some time" but may change jobs if a better job became available, while 22.6% wanted to "improve one's career in the care service field". The percentage of those who wanted to change to jobs that are not related to care service/welfare or

wanted to stop working was low, 3.6%.

Table 7-1 Future intentions regarding home helper work (n=6643)

	(Unit: %)
Want to upgrade career in the nursing care field	22.6
Want to continue as a home helper as long as possible	35.9
Want to continue as a home helper for some time	29.4
Want a job other than home helper in the care/welfare field (e.g. dormitory matron)	6.0
Want a job that is completely unrelated to care service/welfare	1.9
Want to quit working soon	1.7
No answer	2.5

Some relationship was found between work content or age and "future intentions". By work content, "Want to continue as a helper as long as possible" was in the 30-40% range regardless of work content, whereas "Want to upgrade career" was the highest for coordinators (40.2%) and the lowest for "housework assistance only" (7.5%). On the other hand, the percentage of those who "Want to continue as a home helper for some time" increased as the degree of difficulty decreased (Figure 7-2).

Figure 7-2 "Future intentions regarding work" by work content
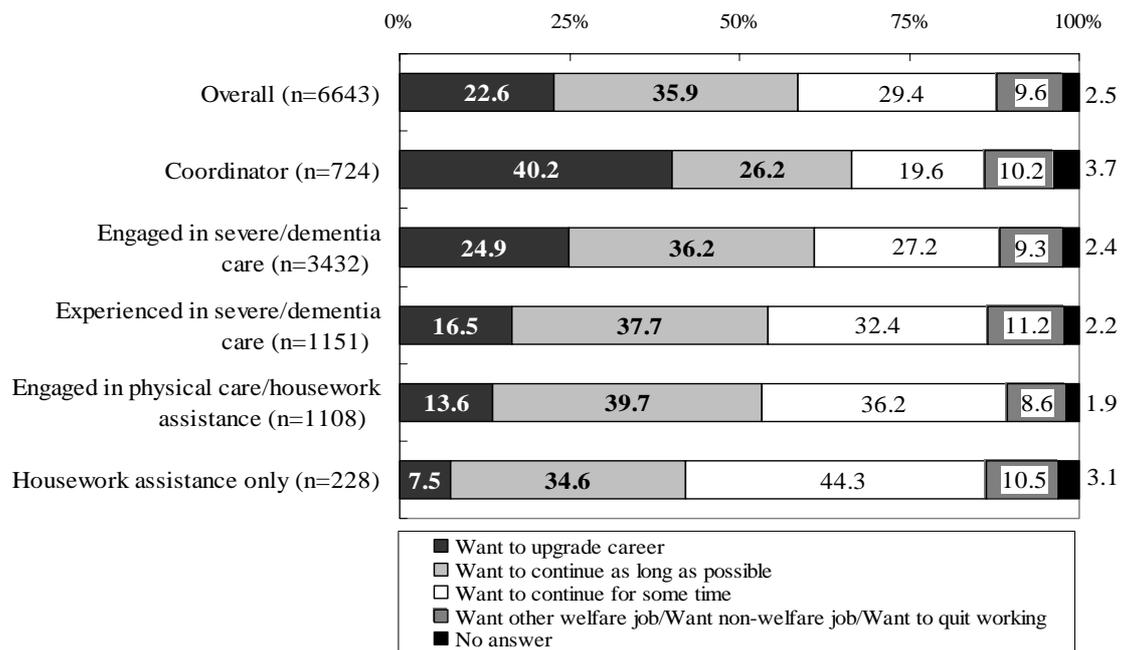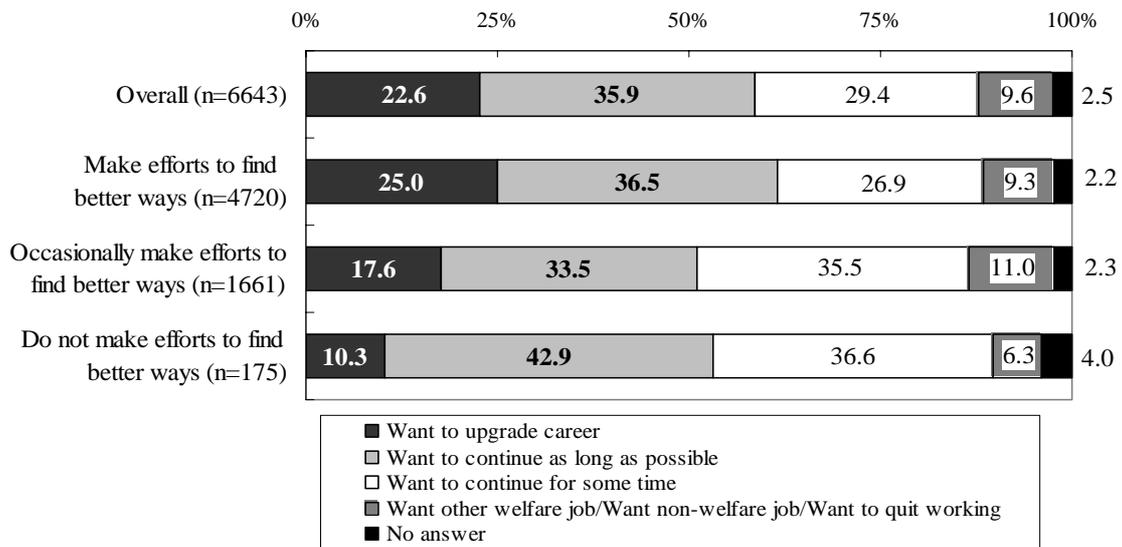

A look at "future intentions" by age group showed that the younger the generation, the higher the percentage of those who "Want to upgrade career", the older the generation, the higher the percentage of those who "Want to continue as long as possible". There was a variety of career plans as expected, and the range of variation was greater than expected (Figure 7-4).

Figure 7-4 "Future intentions regarding work" by age group

Legend:
- ■ Want to upgrade career
- ▨ Want to continue as long as possible
- □ Want to continue for some time
- ▨ Want other welfare job/Want non-welfare job/Want to quit working
- ■ No answer
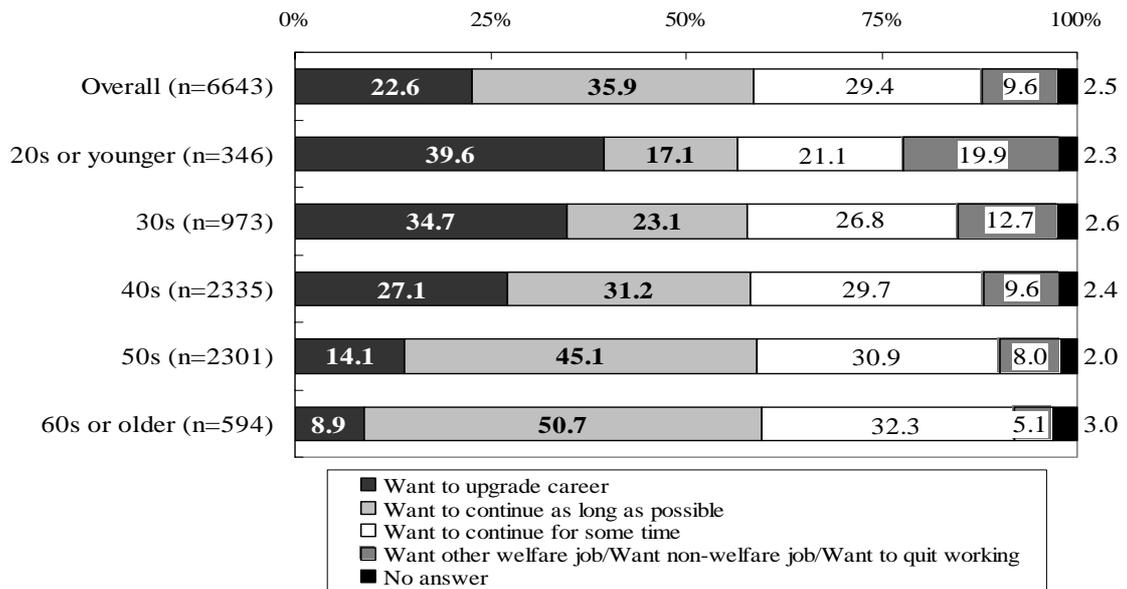
In terms of the relationship between nursing care service practice (dealing with the client/family) and "Future intentions regarding work" there was a small variation in the percentage of "Want to upgrade career in the care service field" according to the level of "Making efforts to find better ways". The percentage was the highest in the "Doing" group and lowest in the "Do not" group (Figure 7-5). A similar tendency was found with "Provide information on care service", showing a strong aspiration for career upgrading among home helpers who deal with their client/family with awareness as a care service specialist

Figure 7-5 "Future intentions regarding work" by level of practice of "Make efforts to find better ways"

Legend:
- ■ Want to upgrade career
- ▨ Want to continue as long as possible
- □ Want to continue for some time
- ▨ Want other welfare job/Want non-welfare job/Want to quit working
- ■ No answer

In terms of other attributes, there was no significant difference. It had been originally expected that the percentage of "Want to improve career in the care service field" would be higher among "work-oriented" helpers, but the results showed no difference.

7. Home helpers' dreams, setbacks and desires

In this chapter, free comments on "Opinion or thoughts related to the issues of care service or home helpers" were classified and analyzed. 2,057 persons entered their free descriptions and comments, accounting for 31.0% of the total.

In order to see the overall traits and tendencies, the contents of the comments were sorted out and classified into 78 codes. The results show that opinions related to the following topics remarkably well, in particular: "Desire/sentiments/miscellaneous thoughts" (410 cases), "Detailed demands, maid-like treatment" (258 cases), "Low income, more income" (223 cases), "Disparity in pay between physical care and housework assistance" (222 cases) and "Low social value and its improvement" (201 cases). Other topics with over 100 cases included: "Comments/criticism related to the survey (items)" (135 cases), "No pay for essential work" (125 cases), "Misunderstanding/prejudice against home helpers' roles" (104 cases) and "No time to spare due to tight schedule" (100 cases), indicating that many home helpers were concerned with these topics (Table 8-1). Nevertheless, since qualitative analysis is more important than quantitative analysis in studying these free comments, items not discussed in "Chapter 4: Anxiety and dissatisfaction related to work" were mainly selected for analysis in this chapter, regardless of the number of cases.

In the category related to employment and working conditions, free comments were sorted out and analyzed for topics such as: "Disparity in pay between physical care and housework assistance", "No pay for essential work" (such as going to the place, standby and writing work reports), "Compensation for cancellation due to client/family's reasons", "Transfer time, use of own car, idle time between work (between morning and afternoon hours)", etc. Various issues that were revealed through analysis of these subjects included: housework assistance is cheaper compared to physical care resulting in treatment like a maid; because there is no pay for some work that is indispensable to home helper task, hourly wage over the total hours on duty is very low; while use of own car is unavoidable, there are problems securing a parking space or preventing accidents due to time constraints; helpers want more attention to problems that go unnoticed, such as meals and restrooms during breaks, etc.

In the category related to burden of work, problems such as mental fatigue/stress and its control and "No time to spare due to tight schedule" were analyzed. The results revealed that: home helpers' human rights are being trampled on and neglected; home helpers are severely stressed and strongly demand health management; and, home helpers are unable to render "touching care" due to increasing time constraints.

In the category related to execution of work, issues such as coordination with a care manager, team-working system and going directly to workplace and home were analyzed. The relationship between a care manager and home helper was also analyzed in connection with "Coordination with a care manager". Results showed the following: home helper's work depends on coordination with a care manager but opportunities to meet with a care manager are rare; care managers tend to look down on home helpers when they meet; there is a strong demand for a self-support assistance care plan to be devised and its purpose explained to clients; in the case of team care, home helpers feel that it is important for home helpers to have a common awareness and understanding on service contents of service and how to deal with clients; "Going directly to workplace and home" is considered undesirable from the point of employment management as well as home helper education.

In the category related to human relationships at work, free comments related to criticism of home helper colleagues, consideration and respect for other home helpers, taking up voices/comments of home helpers in the field, etc. were analyzed. Comments and requests included: lack of professionalism; lack of understanding of self-support assistance; many problems that home helpers should refrain from, such as impolite language or attitude; lack of consideration for home helpers' human rights; opinions of home helpers in the field should be reflected more in determining the level of needed care as well as in preparing a care plan.

In the category related to the human relationship with the client/family, over-reliance on home helpers combined with the decline in care by family members were taken up to reveal such problems as failure of self-support assistance due to escalated requests/demands, and the family backing away from care as home helpers come in.

In the category related to the development of professionalism and improvement of special abilities, free comments related to the following issues were analyzed: establishment of the home help service as a profession and the development of professionalism, improvement of specialized knowledge and technique, and the value

and authorization of home helpers' qualifications. Many home helpers expressed their opinions and requests concerning the need to clearly establish the home helper profession, the importance of acquiring professional knowledge and techniques for housework assistance and mental care, the need for advanced qualifications for home helpers and the introduction of an examination system, etc.

In the category related to the Nursing-care Insurance System and administrative actions, free comments related to the following issues were analyzed: problems of the Nursing-care Insurance System, such as care service content outside the coverage of Nursing-care Insurance and the approval mechanism to determine the level of care needed, overly rough government welfare policies, governmental understanding of the significance and purpose of the home help service and home helpers' work and roles. Many home helpers expressed their opinion and requests such as: home helpers are sometimes required to render medical service or work outside the care plan in the field of nursing care; contents of services which are covered by Nursing-care Insurance need to be more flexible; lack of administrative efforts in securing and developing human resources, improving the home helper registration system and the low income level that allows only secondary income earners to work; the need for administrative efforts to publicize that home help is a service aiming at self-support assistance.

In the category related to desire, sentiments, miscellaneous thoughts as well as criticism, doubt and encouragement to the survey contents, the feelings of home helpers who are working despite being worried and dissatisfied were probed through free comments. Free comments also pointed out problems in the questions on "home helpers' work and roles" which revealed the difficulties associated with the survey on nursing care service and the points that needed to be improved.

Table 8-1 Free comment: categories and number of cases

(n=2057)

	Category	Number of cases
Employment security	1. Unstable employment, employment security	60
	2. Correction of disparity in social standing	28
	3. Relaxation of employment conditions such as age limit, etc.	20
	4. Improvement of overall working conditions	76
Income/wage	5. Low income, higher income	223
	6. Unstable income	62
	7. Allowance for experience/qualification	14
	8. Allowance for holidays, commuting, etc.	87
	9. No pay for some essential home helper work	125
	10. Compensation for no work due to client/family's reasons	44
	11. Disparity in pay between physical care and housework assistance	222
Working hours/contents	12. Commuting time, transfer time	29
	13. Use of car	39
	14. Idle time, overtime without pay	26
	15. Used as substitute, difficult to take vacations	23
	16. Burden on home helper's own family	16
Fringe benefits	17. Health and hygiene management	36
	18. Social insurance coverage	47
	19. Fulfillment of compensation system	55
	20. Fulfillment of other fringe benefits	10
Burden of work	21. Physical fatigue	26
	22. Mental fatigue, stress	75
	23. Concerned with physical strength/health such as back pains	8
	24. Overtime without pay is routine	10
	25. Scope of work is unclear	56
	26. Dealing with work outside care plan	20
	27. No time to spare due to tight schedule	100
	28. Cannot achieve "touching care"	54
	29. Work-related worries, dissatisfaction, etc.	67
Execution of work	30. Consultation/guidance, meeting	63
	31. Coordination with medical service	19
	32. Coordination with a care manager	56
	33. Team care, multiple-helper care	59
	34. Ensuring prior explanation to client	53
	35. Employment management issues such as emergency action	35
Human relationships at the workplace	36. Opportunity for home helpers to communicate	69
	37. Unity and human relationships at the workplace	33
	38. Criticism against fellow home helpers	73
	39. Criticism against care managers	87
	40. Criticism against superiors such as coordinators	95
	41. Respecting voices and opinion of home helpers in the field	67
	42. Consideration for home helpers, respect for their human rights	41
Relationship with client/family	43. Detailed demands, maid-like treatment	258
	44. Over-reliance on home helpers	36
	45. Decline of family care, lack of cooperation by family	42
	46. Building mutual trust	76
	47. Matters related to personal affairs	11
	48. Unable to grasp what client/family wants	7
	49. Caught between client and family	18
	50. Mental care service	10
	51. Sexual harassment and other problems	17

	Category	Number of cases
Establishment of professionalism	52. Establishment as a profession and development of professionalism	47
	53. Treatment and recognition as care service specialist	13
	54. Value and authorization of home helpers' qualifications	69
	55. Low social evaluation and its improvement	201
	56. Misunderstanding/prejudice against home helpers' roles	104
	57. Lack of administrative understanding	68
Improvement of specialized ability	58. Improvement of specialized knowledge and technique	77
	59. Development of mental care skills	25
	60. Development of training program	73
	61. Lack of the confidence to handle difficult problems	12
	62. No time to attend training program, etc.	11
Securing human resources	63. Development of employment conditions	39
	64. Developing and securing human resources	29
	65. Development of training program	16
	66. Recruitment standard such as emphasis on quality	9
Nursing-care Insurance System	67. Problems of Nursing-care Insurance System	87
	68. Problems related to the need approval system	53
	69. Problems related to compensation	27
	70. Burden on the client	27
	71. Problems related to service contents	95
	72. Publicity and PR activities for the system	21
Administrative action	73. Correction of disparities between service providing agencies	45
	74. Problems of cheap administrative measures	23
	75. Promotion of welfare policies	41
	76. Problems of public and private care service providers	23
Other	77. Desire/sentiments/miscellaneous thoughts	410
	78. Comments/criticism related to the survey items	135

8. Problems related to home helpers' work and roles

In this chapter, problems and gaps in views related to home helpers' work and roles, which seem to be obstructing the formation of a consensus on home helpers' work and roles (as well as the significance and purpose of home help service), were taken from the following four aspects for analysis: (1)Practice of self-support assistance; (2)Evaluation of professional ability and professionalism; (3)Working conditions/treatment such as income and type of employment, and (4)Value of care-related qualifications.

In terms of self-support assistance practice, the following problems were revealed: helpers endeavor to provide self-support assistance, but client/family expect voluntary service; there is misunderstanding and prejudice against home helpers, typified by maid-like treatment; gap between the actual practice of care and the ideals of Nursing-care Insurance, such as lack of time to practice self-support assistance.

In terms of evaluation of specialized ability and professionalism, discussion

was focused on the fact that there is a wide difference between the idea of Nursing-care Insurance and the actual practice of care with respect to evaluation of the importance and difficulty of housework assistance as well as mental care.

In terms of working conditions/treatment such as income and type of employment, topics such as the status of home helpers in Nursing-care Insurance and whether they are being properly treated as care service specialists were taken up as problems, based on the current status of employment type and income.

In terms of value of care-related qualifications, suggestions were made such as the need for enhancing the value and weight of qualifications for home helpers and certified care workers, and the need to introduce a qualifying examination for that purpose.