

# A Study on Improvement of Quality of Care-givers to Long Term Care Old Age

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## Abstract

**Background/Objectives:** This study is a survey research to identify relationship among organizational commitment, job training satisfaction, and empowerment.

**Methods/Statistical analysis:** This research analyzed factors affecting satisfaction with college life using 112 nursing school students in S city as research objects. Specifically, this research examined self-resilience, communication capacity, and self-respect. In the results of this study, the organizational commitment of the subjects did not show the significant difference with the job training satisfaction and the empowerment.

**Findings:** There was significant positive relationship between job satisfaction and empowerment. Therefore, it is necessary to improve the quality by using the correlation between job satisfaction and empowerment.

**Improvements/Applications:** while this study did not find any relationship between organizational commitment and job training satisfaction, there have been other researches which report that work education improves organizational commitment. Thus, it is necessary to do repetitive researches on organizational commitment and job training satisfaction.

**Keywords:** *Quality, Care-givers, Job training satisfaction, Empowerment, Organizational Commitment*

## Introduction

In Korea, the population aging is under way rapidly. In 2018, as the population over 65 years old occupied 14.3% of entire population, it already entered in aged society and in 2030, it is expected to super-aged society as the population over 65 would be increased to 24.3%<sup>[1]</sup>. As the olds in modern age experienced the role loss, reduction of economic power, degradation of physical health and mental health by the aging, and the sense of loss like the death of spouse or friend, they are facing with diverse stress situations<sup>[2, 3]</sup>. In addition, for the family and society, the very important issue of care burden by aging is arisen and the protection and care are needed by the lack of health and the independent living ability<sup>[4]</sup>. According to the data on the survey analysis

of parents support by Statistics Korea, since the opinion that the living of the elderly over 65 years old should be taken care by the family, government and the society was 35.7%, the opinion that the responsibility for the elderly support would be shared by the family, government and society is increasing trend<sup>[5]</sup>.

Reflecting this reality, in Korea, the long-term elderly care insurance system is being implemented from July, 2008 and it was intended to promote the health and the stabilization of livelihood in later life by providing the matters on the long-term care benefits for the elderly who are hard to manage the daily living alone for the reason of old age or geriatric diseases, which have been implemented over 10 years<sup>[6]</sup>. As the subjects who are using the care institution are increased constantly, the importance of securing the manpower to provide the high quality services is emphasized<sup>[7]</sup>, and for the quality management, the needs to complement constantly the problems by the low inflow of young manpower, lack of

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systematic educational foundation for the practitioners, low social recognition, etc. are arisen because the care services are repetitive services and career path is limited [8].

Although the poor working environment of the caregivers and the difficulties suffered in the process of services are appealed constantly, in reality, the management system is not sufficient. Since the medical fee system of long-term care system is hard to improve the compensation system or treatment of caregivers and the method to enhance the job satisfaction of caregivers is extremely limited, one of the most effective measures can be to enhance the organizational commitment<sup>[9]</sup>. Commitment is defined as the mental and physical exited state that is felt by the people while they are concentrated on that state<sup>[10]</sup> and those who are in the state of commitment can regulate their act and environment, work harder than other workers during their services, are have high pride and produce positive results that can exert highest ability<sup>[11]</sup>. If such commitment is achieved during the service, diverse desires such sense of achievement, self-respect, self-efficacy, self-development, etc. are satisfied<sup>[12]</sup>.

While the number of the highly educated elderly, subject of long-term care service is increased and diverse desires are shown, the education level and the age of the caregivers is not limited causing the degradation of service quality<sup>[13]</sup>. Foundation of national competitiveness is the human resources having knowledge, skills, motive, etc. and it is important to develop and educate them continuously<sup>[13]</sup>. In addition, the research on the factor influencing the empowerment of caregivers<sup>[14]</sup> reported that to solve the problem of caregiver's education level, professional skills and to make the caregivers to engage in the service with self-confidence, the constant education through the refresher training or reeducation is needed. Therefore, the systematic measures for the job training of caregivers should be prepared and the research on the effects of job training satisfaction on the organizational commitment and the empower is needed<sup>[13]</sup>

Therefore, to enhance the quality of caregivers and to induce their job performance to more effective and positive direction, this study examined the organizational commitment, job training satisfaction and the empowerment.

## Method

### 1. Research Design

This study is a descriptive and investigative study conducted to identify the association and correlation among the organizational commitment, empowerment and job training satisfaction of caregivers.

### 2. Research Subjects

Study subjects were caregivers working at long term caregiving facilities located in city S. To select subjects, convenience sampling was used to select 139 caregivers working at long term care facilities. These participants understood the objectives of the study and gave their consent to the questionnaire. Excluding<sup>[15]</sup> copies of the questionnaire that were not retrieved or that had insufficient responses, the data from 124 subjects were used for final analysis.

### 3. Research Tool

#### 3.1. Organizational Commitment

To measure the organizational commitment, the measurement items developed by<sup>[15]</sup> and used in the research by<sup>[16]</sup> was used. To measure the organizational commitment, the sub-level factors were measured with the total 18 questions: 6 questions of affective commitment, 6 questions of continuance commitment and 6 questions of normative commitment and all the questions were measured 5 point-Likert scale: 1 point for 'Not at all' 2 points for 'No', 3 points for 'Normal', 4 points for 'Yes' and 5 points for 'Absolutely yes'. The reliability in this study was Cronbach's  $\alpha = .86$ .

#### 3.2. Job Training satisfaction

Job training satisfaction was measured using the measurement items with the contents about caregivers job training satisfaction by Ministry of Health and Welfare used in the research by<sup>[17]</sup>. The sub-level factors of the job training satisfaction were measured with questions evaluating the satisfaction with 17 sub-level educational contents by 5 job training area composed of the human rights of elderly and vocational ethics, understanding of dementia, safety management of daily living and exercise in elderly, description of health care benefit and system, and related regulations. All the questions were measured 5 point-Likert scale: 1 point for 'Not at all' 2 points for 'No', 3 points for 'Normal', 4 points for 'Yes' and 5 points for 'Absolutely yes'. The reliability in this

study was Cronbach’s  $\alpha = .91$ .

3.3. Empowerment

To measure the empowerment, the empowerment scale of caregivers developed by<sup>[18]</sup> and corrected and complemented by<sup>[19]</sup> was used

The detailed domain of empowerment was composed of environmental empowerment, relational empowerment and individual empowerment and they are measured with 5-point Likert scale: 1 point for “Not at all” and 5 points for “Absolutely yes”. It means that the higher the score, the higher the level of empowerment. In this study, the reliability is Cronbach  $\alpha = .83$ .

3.4. Data Collection

Data for the study were conducted using a self-reported structured questionnaire on caregivers working at long term care facilities in city S, from April 15 to April 30, 2018. To abide by ethical standards, the objectives of the study, an explanation was given on the time it will take to fill out the questionnaire, and details regarding privacy protection of study participants before asking for their voluntary consent. A consent form and signature of caregivers wishing to take part in the study were collected. Participants were told that they are free to withdraw from the study at any point in time. They were also informed that the collected data would be used for no other purpose than this study, and the anonymity of the participants will be upheld. It took approximately 10-15 minutes to complete the questionnaire. Participants were given an explanation that the collected data would not be used for any other purpose than this study.

**Result**

**1. General characteristics of the subjects**

The subject was 100% female and age between 40 and 49 was 64% the most. In the marital status, married was 91.9% the most, in the education level, college graduate was 63.7% the most and in the religion, Christian was 64.5%, Catholic was 21.0% and Buddhist was 7.3% in order. In the service period, 2-3 year was 41.1% the most and in the certification acquisition type, the acquisition by qualification test was 90.3% the most. In the health, “So-so” was 50.0% and “Healthy” was 28.2%[Table 1].

Table 1. General characteristics (N=124)

Characteristics	Categories	N (%)
Gender	Female	124(100)
	Male	0(0)
Age(year)	40-49	64(51.6)
	50-59	42(33.9)
	50 upper	18(14.5)
Marital status	Married	114(91.9)
	Single	6(4.8)
	Divorce and Bereavement	4(3.2)
Final education	High school	45(36.3)
	University	79(63.7)
Religion	Christian	80(64.5)
	Catholic	26(21.0)
	Buddhism	9(7.3)
	Etc	1(0.8)
	None	8(6.5)
Work experience	1-2 Year	48(38.7)
	2-3 Year	51(41.1)
	3-5 Year	23(18.5)
	5 Year upper	2(1.6)
Type of Certification	No test /education	12(9.7)
	Acquired by Examination	112(90.3)
Health	Very Health	3(2.4)
	Healthy	35(28.2)
	Normal	62(50.0)
	Unhealthy	24(19.4)

**2. Empowerment according to General Characteristics**

In the results of analyzing the difference in the empowerment according to general characteristics of the subjects, there was significant difference in the religion (F=1.97, p=.03) [Table 2].

**Table 2. Empowerment according to general characteristics (N=124)**

Characteristics	Categories	N (%)	M±SD	t or F(p)
Gender	Female	124(100)	3.21±0.18	-
	Male	0(0)		
Age(year)	40-49	64(51.6)	3.23±0.16	1.82 (.48)
	50-59	42(33.9)	3.21±0.19	
	50 upper	18(14.5)	3.15±0.22	
Marital status	Married	114(91.9)	3.20±0.18	0.80 (.66)
	Single	6(4.8)	3.36±0.14	
	Divorce and Bereavement	4(3.2)	3.18±0.26	
Final education	High school	45(36.3)	3.17±0.19	1.27 (.24)
	University	79(63.7)	3.23±0.17	
Religion	Christian	80(64.5)	3.17±0.16	1.97 (.03)
	Catholic	26(21.0)	3.32±0.13	
	Buddhism	9(7.3)	3.25±0.24	
	Etc	1(0.8)	2.93±0.00	
	None	8(6.5)	3.17±0.28	
Work experience(years)	1-2	48(38.7)	3.21±0.15	1.31 (.22)
	2-3	5(41.1)	3.22±0.21	
	3-5	23(18.5)	3.20±0.16	
	5 over	2(1.6)	3.11±0.05	
Type of Certification	No test/education	12(9.7)	3.15±0.19	.67 (.79)
	Acquired by Examination	112(90.3)	3.21±0.18	
Health	Very Health	3(2.4)	3.17±0.23	1.59 (1.00)
	Healthy	35(28.2)	3.27±0.17	
	Normal	6(50.0)	3.20±0.17	
	Unhealthy	24(19.4)	3.15±0.20	

**3. Degree of the Variable of the Subject**

The organizational commitment of the subject was 3.18±0.16, the job training satisfaction was 3.23±0.16 and the empowerment was 3.21±0.18[Table 3].

**Table 3. Degree of the Variable of the Subject (N=124)**

Variables	M±SD	Min.	Max.
Organizational commitment	3.18±0.16	2.78	3.33
Job training satisfaction	3.23±0.16	2.82	3.52
Empowerment	3.21±0.18	2.71	3.64

**4. Relationships among the Study Variable**

The organizational commitment of the subjects did not show significant correlation with the organizational commitment ( $r=.05$ ,  $p=.589$ ) and the empowerment( $r=.50$ ,  $p=.600$ ). However, the job satisfaction showed the significant positive correlation with the empowerment ( $r=.22$ ,  $p=.016$ )[Table 4].

**Table 4. Relationships among the Study Variable (N=124)**

Variables	Organizational commitment	Job training satisfaction	Empowerment
	r(p)	r(p)	r(p)
Organizational commitment	1	.05(.589)	.50(.600)
Job training satisfaction		1	.22(.016)*
Empowerment			1

**Discussion**

In the results of this study, the organizational commitment of the subjects did not show the significant difference with the job training satisfaction and the empowerment. However, the job training satisfaction showed the significant positive correlation with the empowerment.

The organizational commitment means that a member of organization has strong desire and pride for the goal of organization and the value creation with high confidence on the his organization<sup>[20]</sup>. If the organization commitment is achieved, the positive functions are appeared from the member of organization <sup>[21]</sup>, strong belief on the goal and the value of organization is generated and the effort of the individual demanded by organization is made voluntarily<sup>[22]</sup>.

According to the research on the needs of job training for caregivers and the training plan, to satisfy

their needs and reinforce the expertise, the job training should be implemented<sup>[23]</sup>, and it reported that in the results of identifying the demand of caregivers for the training, more than 80% of the caregivers working in the elderly nursing home answered that the refresher training is required<sup>[24]</sup>. In addition, it reported that for the organizational commitment of caregivers, the job training is needed<sup>[25]</sup>, and together with the quality improvement and the expertise of the caregivers, diversification of job training is needed <sup>[26]</sup>. Through this preceding research, the job training for caregivers is needed and the job training satisfaction should be enhanced through the reflection of the diverse programs for job training and the demand, based on which, it is deemed that the empowerment can be enhanced

**Conclusion**

For the limitation of this study and the quality improvement of caregivers in future, the author propose followings.

First, to determine the relations among the organizational commitment, job training satisfaction and the empowerment of the caregivers, the subjects should be expanded and the replication research is required.

Second, to enhance the job training satisfaction of the caregivers, diverse programs and systematic policies are required. The research on them and constant management are required.

Finally, this study is the research to examine the relations among the organizational commitment, job training satisfaction and the empowerment and in future, the research that will analyze their factors is needed

**Ethical Clearance:** Not required

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**Conflict of Interest:** Nil

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