

## **Masana OGATA, Mie TOSE and Hiroko YAMADA : An Analysis of the Burden of Home Caregivers — from the Social, Physical, Psychological and Economic Viewpoints —**

The physical and mental burden of home caregivers and homehelpers was examined using a questionnaire, the Japanese version of the Cost of Care Index. The questionnaire was sent to 194 homehelpers and 270 caregivers. Differences in workload between the two groups were analyzed and the following results were obtained.

- 1) With regard to personal and social restrictions, the percentage of positive answers for the caregivers was 2.7 percent higher than the homehelpers.
- 2) In the item on physical and emotional health, about 40 percent of homehelpers and caregivers had scores of disorders.
- 3) In the terms of providing care for the elderly, the percentage of caregivers who lost their desire to provide care was two times higher than for the helpers.
- 4) With regard to careprovider's attitude to their impaired elderlies, the number of caregivers who felt resentment toward to patients was 2.2 percent higher than for the homehelpers.
- 5) Regarding economic costs, the number of homehelpers who consider expenses high was 13.6 percent higher than for the caregivers.

The conclusions inferred from the results of the above questionnaires are as follows :

- 1) About 38 percent of caregivers at home see their health decline because of social restrictions.
- 2) The desires to give care is effected by the burdens associated with caregivers.

## **Masana OGATA, Hiroko YAMADA and Mie TOSE : Measurement of the Physical Work Capacity of Caregivers in a Geriatric Health Facility and a Plan for Improving Work Performance**

Two experiments were conducted to test the physical work capacity of caregivers in a geriatric health facility. The tests graded caregivers' workload and fatigue.

In Survey I, six kinds of caregivers' workloads were graded.

The amount of energy expenditure (kcal/kg/min.) and relative metabolic rate (RMR) in parenthesis for changing diapers, helping with meals, helping with baths both with and without machines, helping to put on and take off clothes and helping with movement was 0.043 (1.59), 0.018 (0.17), 0.039 (1.31), 0.057 (2.35), 0.047 (1.69) and 0.049 (1.64), respectively.

In Survey II, day and night shift fatigue was determined according to changes in caregivers' working time by shifts. The amount of physical activity, amount of energy expenditure, squeeze-power of the right hand and subjective symptoms of fatigue with time were measured. The average number of steps taken during day and night shifts were 1,412 and 1,175 (path/hr), respectively. The average expenditure during day and night shifts were calculated by time study, to be 1,033 and 1,693 kcal, respectively. Significant differences in the amount of energy

expenditure and RMR between day and night shifts were not found. But there were significant differences in subjective feelings of fatigue and decreases in the squeeze-power of the right hand between day and night shifts, especially when night shift was long.

The results indicate that caregiving is not so demanding physically, but the effect of work capacity on subjective and objective symptoms of fatigue is recognizable in relation to time of work and length of working time.

## **Kannosuke SAITO : A Fiscal Analysis of Medical Welfare Services : Expenditures**

The purpose of this research is to analyze the system of medical welfare services in Japan from the viewpoint of fiscal policy. The research is divided into three issues : such as to classify medical welfare services according to cost and benefit, to analyze expenditures and revenues for the delivery of medical welfare services using time-series data from 1960 to 1993, and to consider appropriate policies for the optimal delivery of medical welfare services in the future.

This paper deals with the first issue, the classification of medical welfare services and the fiscal expenditures, portion of the second issue.

## **Shigeru SUEMITSU and Satoru TOKI : A Study on QOL at Facilities for People with Severe Motor and Intellectual Disabilities Based on Using the "Facility-Assessment Checklist"**

The concept of "Jusho-shinshin-shogai-ji" (S.M.I.D. : Severe Motor and Intellectual Disability) is based on Japan's unique social welfare law for the severely multiply disabled. The facility for S.M.I.D. has created a unique combination of functions for the past thirty years. Being functionally not only as a hospital but also as a social welfare institution, we call this a medical-welfare facility. In recent years, there has been an increase in the demand to better the quality of life (Q.O.L.) based on past results. We selected the 44 questions concerning Q.O.L. from the "assessment checklist" developed by the Japan S.M.I.D. Welfare Association. We asked staff members working at facilities for S.M.I.D. to answer the questionnaire. We reported the present situation and problems that resulted from the questionnaire. "Hygiene of the environment" scored the highest achievement. "Qualities of the resident's daily life" scored the lowest on the questionnaire. These results gave us a clear understanding of what needed to be changed, and also the staff members involved had the common background of the problems. Five years later, we distributed the same questionnaire and received severe results. We realized this was not because of a low quality of care, but because of the higher expectations of the staff. This also demonstrated the importance of the "assessment checklist".