



Role Expansion of Nurses and Improvement of Professional Status

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The Study of Main Care-givers Empowerment in China

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Purpose

To demonstrate how to perform nursing intervention in order to preserve more effectively the daily living ability of the elderly care-receivers, we investigated the main care-givers' empowerment in China.

Method

Participants were selected from care-givers of the patients who partially need care service on moving, and admitted to the general hospital of the city C. The selection criteria also include being aware of acting as the main care-giver by the care-givers themselves and had been working as a care-giver in a home of a discharged patient for at least three months. 249 main care-givers were selected. Information of the 64 items in the "Measurement of the Main Care-Givers' Empowerment in China" developed in our earlier research (Wu, 2008) and 7 items of information on the care-givers were collected. Statistical analysis was performed with the statistical analysis package SPSS, version 18.0J. The frequency distribution, average value and standard deviation were calculated by rank sum method of Mann-Whitney test and Kruskal Wallis test. And the status of empowerment of the main care-givers as well as the scale scores of various items was analyzed by multiple comparison.

Ethical considerations

Informed consent was obtained from the subjects following adequate verbal explanation of the purpose of the study and explaining that those choosing not to take part would not be subject to any disadvantages, that consent to participate in the study could be revoked at any time, that all data would be handled in a manner which protects the privacy of the subjects, and that the data would not be used for any other purposes.

Results

Table1: Among the 249 main care-givers, 91 of them were male, 158 of them were female, age varied from 16 to 85 and the average age was 52.9. The relationships between the care-receivers and the main care-givers were as follows: spouses 102(41.0%), sons 64(25.7%), daughters 50 (20.1%), daughters-in-law 19(7.6%), others 14 (5.6%). The education statuses were as

Table1 Descriptive statistics of Main Care-givers

Item		Data (N=249)
Age	Miniman	16years
	Maximan	85years
	Average	52.9years
Sex	Male	91 (36.5%)
	Female	158 (63.5%)
Relationship	Married couple	102(41.0%)
	Son	64(25.7%)
	Daughter	50(20.1%)
	Bride	19(7.6%)
	Other	14(5.6%)
Occupation	employment	116(46.6%)
	Unemployment	133(53.4%)
Educational background	No school experience	30(12.0%)
	Elementary school	62(24.9%)
	Junior high	54(21.7%)
	High School	103(41.3%)
Health States	Health	148 (59.4%)
	Not very health	93(37.3%)
	Not health	8(3.2%)
Care term	Within 3 months	55(35.2%)
	Within 3-6months	33(21.4%)
	Within 6-12months	20(13.0%)
	More than one year	46(29.9%)

follows: without education experiences 30(12.0%), graduated from primary school 62(24.9%), graduated from junior high school 54(21.7%), graduated from senior high school or with more advanced education experiences 103 (41.3%). Employed 116(46.6%), non-employed 133(53.4%). Healthy 148(59.4%), not very healthy 93 (37.3%), sick 8 (3.2%). The care-giving periods were as follows: less than 3 months, 55(35.2%); from 3 months to 6 months, 33(21.4%); from 6 months to 1 year, 20(13.0%); more than 1 year 46(29.9%).

Table2 and 3: The average and standard deviation of empowerment scores of the main care-givers were 197.3(±23.1), male 195.7 (±24.0), female 198.3(±22.6). Not any significant difference between genders was noticed on either the general scale scores or the sub-scale scores. The average score for the 89 subjects aged over 60 (200.9±25.0) was significantly different from that of the average score for the 160

subjects aged under 60 ($195.4(\pm 21.8)$) ($p < 0.05$). In subjects aged under 60, the score for "connection with care receivers" ($p < 0.01$) and the score for "belief of care" ($p < 0.01$) were significantly lower than that of subjects aged over 60. Subjects were divided into 4 groups by education background and Kruskal Wallis test was performed, while the general scores were not significantly different between different groups, the score for "Initiative of care" and the score for "Expectation of care effect" were significant higher in subjects groups with more advanced education background ($p < 0.05$); and the score for "connection with care receivers" and "Benevolence in care" were significant higher in subjects with less educational background. In addition, multiple comparison was performed, significant difference was noticed in the score of "Initiative of care" between subjects with primary school education background and subjects who had received at least senior high school education ($p < 0.01$), significant difference was not noticed between other groups. In the score of "Knowledge and skill of care", subjects with primary high school education background had significantly higher score than those without education background ($p < 0.05$). In the score of "Expectation of care effect", subjects with at least senior high school education background had significantly higher score than those with primary school education background ($p < 0.05$).

Table2 Descriptive statistics of Measurement of Main Care-givers

	Item	Range	Average \pm SD	SEX	
				Male(91)	Female(150)
Measurement	64	111~250	197.3 \pm 23.1	195.7 \pm 24.0	198.9 \pm 22.6
Personal resource	8	8~32	21.3 \pm 4.4	21.5 \pm 4.8	21.1 \pm 4.1
Initiative of care	7	7~28	22.1 \pm 3.8	22.1 \pm 3.7	22.1 \pm 3.9
Belief of care	7	7~28	21.7 \pm 3.8	21.5 \pm 3.6	21.8 \pm 4.0
Knowledge and skill of care	6	7~24	16.8 \pm 3.7	16.4 \pm 3.7	17.1 \pm 3.6
Concern of surroundings	6	6~24	15.7 \pm 4.1	16.1 \pm 4.4	15.5 \pm 4.0
Connection with care-receivers	6	9~24	20.6 \pm 3.3	20.1 \pm 3.4	20.9 \pm 3.2
Understanding of the care role	9	11~36	31.0 \pm 4.4	30.5 \pm 4.4	31.3 \pm 4.4
Benevolence in care	7	7~28	20.4 \pm 4.2	20.0 \pm 4.3	20.7 \pm 4.0
Expectation of care effect	8	9~32	27.6 \pm 4.2	27.4 \pm 4.6	27.7 \pm 4.0

* $p < 0.05$ ** $p < 0.01$

In the scores of "Connection with care-receivers" and "Benevolence in care", both were significantly lower ($p < 0.05$) in subjects with senior high school education background than those without education background.

When subjects were divided into 4 groups by care period and analyzed by Kruskal Wallis test, significant difference was not noticed in general score, nevertheless subjects of longer care period had significantly lower scores in "Personal resource" ($p < 0.01$).

Table3 Descriptive statistics of Measurement of Main Care-givers

	Item	Range	Average \pm SD	Age	
				$\geq 60(89)$	$< 60(160)$
Measurement	64	111~250	197.3 \pm 23.1	200.9 \pm 25.0	195.4 \pm 21.8
Personal resource	8	8~32	21.3 \pm 4.4	20.8 \pm 4.5	21.5 \pm 4.3
Initiative of care	7	7~28	22.1 \pm 3.8	22.6 \pm 4.1	21.8 \pm 3.7
Belief of care	7	7~28	21.7 \pm 3.8	22.9 \pm 4.0	21.1 \pm 3.6**
Knowledge and skill of care	6	7~24	16.8 \pm 3.7	17.0 \pm 4.1	16.8 \pm 3.4
Concern of surroundings	6	6~24	15.7 \pm 4.1	16.3 \pm 4.3	15.4 \pm 4.0
Connection with care-receivers	6	9~24	20.6 \pm 3.3	21.3 \pm 3.4	20.2 \pm 3.2**
Understanding of the care role	9	11~36	31.0 \pm 4.4	31.1 \pm 4.4	31.0 \pm 4.4
Benevolence in care	7	7~28	20.4 \pm 4.2	21.0 \pm 4.4	20.1 \pm 4.0
Expectation of care effect	8	9~32	27.6 \pm 4.2	27.8 \pm 4.5	27.5 \pm 4.0

* $p < 0.05$ ** $p < 0.01$

Discussion

In most of the cases, the main care-givers were the spouses of the care-receivers, just like Japan. But while there were more daughters-in-law, rather than sons and daughters, acting as care-givers in Japan, there were more sons and daughters, rather than daughters-in-law acting as care-givers in China. This is related with the Chinese traditional thinking of "raising sons in preparation for one's elderly life" and "blood is thicker than water". The study showed that the average age of the main care-givers was 52.9 years in China, where people retire at 60. This indicated that in China, like Japan, old people were taking care of other old people. The study also revealed the status of empowerment of main care-givers and confirmed the key elements of empowerment were "Personal resource", "Initiative of care", "Belief of care", "Knowledge and skill of care", "Concern of surroundings", "Connection with care-receivers", "Understanding of the care role", "Benevolence in care" and "Expectation of care effect". And the character of these elements in various situations like different age stages and other attributes. It is believed that the guidance for community nursing intervention was obtained to preserve the daily life ability of elderly care-receivers and to activate effectively the potentials of every care-giver.