

# The Current Status and Issues of “Medical Care” Implementation at the Long-Term Care Insurance Facilities: Focusing on the Care Workers in Prefecture A

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The purpose of this study is to clarify the current status and issues of implementation of medical care (sputum suction · tube feeding) by care workers at the Long-Term Care Insurance Facilities in A prefecture. As for the survey method, a questionnaire was mailed to the care workers, nurses, and managers of each facility regarding the implementation status of medical care, and respondents were obtained using the enclosed return envelope to send it back. The result shows that the acceptance of users requiring medical care was 91% at the Intensive Care Homes for the elderly, 83% at the Long-Term Care Health Facilities, and 100% at the Medical Long-Term Care Sanatorium. At the Intensive Care Homes for the elderly, 46% of the respondents perform “sputum suction” and 36% perform “tube feeding”. At the Long-Term Care Health Facility and the Medical Long-Term Care Sanatorium, neither “sputum suction” nor “tube feeding” is carried out by care workers. Regarding the implementation of “sputum suction” by care workers in Intensive Care Homes for the elderly, 67% of care workers’ respondents, 46% of nurses’, and 36% of managers’ show that they feel “anxiety”. Regarding “tube feeding,” it is shown that 29% of care workers’ respondents, 36% of nurses’, and 23% of managers’ feel “anxiety.” The factors of anxiety about the medical care implementation of care workers is that there are few opportunities for care workers to be carried out because it is done by the nurses. Another factor is that there are few users who need the implementation of medical care by care workers. This survey suggests lack of knowledge and insufficient experience in medical care make it anxious for the care workers to offer the implementation to the elderly. It can be said that it is foremost important for care workers to offer suitable training plans such as steady follow-up programs in order to reduce anxiety of care workers and respond properly when to conduct safe medical care to the elderly users with confidence. It is urgently needed to establish a secured training and follow-up systems, so that a safe and secure environmental conditions are built in the Long-Term Care Insurance Facilities to both the care workers and users.

**Keywords:** Medical care, mucus aspiration, etc., Anxiety, Care workers, Long-Term Care Insurance Facilities

## Introduction

Basically, medical care (such as sputum suction / tube feeding) is a “medical practice” and must be in charge of a medical professional. With rapid

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aging population, the need of medical care such as mucus aspiration, etc. is increasing at a high speed, but most care workers cannot deal with the situation adequately. Partial amendment of Long-term Care Insurance Law MHLW (2010), is now allowed for care workers to provide medical care under the condition of a qualified and properly trained care worker, including the “Social Worker and Long-term Care Welfare Act (Act No. 30 of 1987)” on April 1, 2012 and this regulation.

In response to the above laws and regulations, notification is given regarding the curriculum of medical care education in the certificated care worker college or training facilities. (MECSST / Ordinance of MHLW(2013). Since 2012, the certificated care worker college or training facilities has added to the new core criteria of the Medical Care, to the existing three core criteria (Human and Society, Long-term Care, and the Mechanism of the Mind and Body).

A Care worker must complete on-the-job training about medical care such as mucus aspiration etc., at a registered training institution in the prefecture, and receive a certification of certified specific implementation care worker. After that, medical care can be provided to an unspecified target person. However, the current situation is that there are few registered training institutions and care businesses where a care worker receives an on-the-job training such as mucus aspiration, etc. MHLW (2020). For this reason, there are few opportunities for care workers to take on-the-job training, and even they have taken on-the-job training, they don't have enough knowledge and experience for implementation. Most of the cases, nurses are in charge of mucus aspiration, etc. In implementing medical care such as mucus aspiration, etc., abundant expertise and risk management skills which are premises for each conduct are required.

According to Morinaga (2016), insufficient placement of nurses and inadequate guidance system are pointed out for not properly being proceeded on-the-job training at the Long-term Care facilities. Kawashima et al (2017), explain that knowledge about microbiology that encourages care workers to understand not just the structure and function of the human body, but

also the route of infection is extremely lacked. It is pointed out that the acquisition of knowledge on the infection prevention through training is an important issue. It also reports that the lack of on-the-job training in medical care at facilities for the elderly and the lower number of implementation of care workers are reflected in the anxiety to the implementation itself.

It is expected that the medical care needs of elderly users will expand more and more with the increase of the aging population, but the implementation of medical care such as mucus aspiration, etc. by care worker at each facility has not yet been seized. Therefore, the purpose of this study is to clarify the current situation of medical care implementation, such as sputum aspiration, etc. and also the awareness of occupational function on the implementation of mucus aspiration, etc. toward care workers working at long-term care insurance facilities in prefecture A.

## Methods

### 1. Participants

60 intensive care homes for the elderly, 38 long-term care health facilities, and 38 medical long-term care sanatorium in A prefecture are surveyed as the target facilities. Respondents are acquired from a total of 59 facilities, including 35 intensive care homes for the elderly, 13 long-term care health facilities, and 11 medical long-term care sanatorium. The subjects of the questionnaire survey were one manager, one nurse, and one care worker in each facility.

### 2. Study method

A self-administered questionnaire was conducted by mailing to the care workers, nurses, and managers at each facility, and respondents were obtained using the enclosed return envelope to send it back.

### 3. Survey items

#### 1) Basic attributes

Gender, age, qualifications (1st training, 2nd training, 3rd training), years of employment.

#### 2) Survey items regarding medical care implementation

#### Questions about sputum suction

- ① Acceptance status of users who require sputum suction (intraoral, intranasal, internal tracheal cannula)
- ② Implementation status of sputum suction by care workers
- ③ Reasons not to perform sputum suction by care workers
- ④ Yes or No question of "anxiety" in the implementation of sputum suction by care workers
- ⑤ Request for relieving anxiety (free description)

#### Tube Feeding Questions

- ① Acceptance status of users who require tube feeding (nasal tube, gastrostomy or intestinal fistula)
- ② Implementation status of tube feeding for care workers
- ③ Reasons not to provide tube feeding by care workers
- ④ Yes or No of "anxiety" in the implementation of tube feeding by care workers
- ⑤ Request for relieving anxiety (open ended question)

In addition, the questionnaire item "Do you feel that medical care is worthwhile?" is added.

#### **4. Statistical analysis**

The collected survey results were simply tabulated by Excel. In addition, the answers given by free description were classified according to the content of the answers. The purpose of this study is to catch the current situation of care workers whether they carry out the medical care implementation, we mainly analyzed the data of care workers. For the terms in English related to the long-term care and welfare used in this paper, the literature of Yoshida (2016) was cited.

#### **5. Ethical considerations**

Written explanations and consent from the research subjects regarding the purpose of the research is obtained. The contents of the explanation and consent form include the

contents of the questionnaire and the privacy policy. The personal information used for this research is included with freedom and withdrawal of research participation, rewards, conflicts of interest, management and disposal methods of the questionnaire, publication of research results, intellectual property, etc. Ethical approval is admitted by the Toyama College of Welfare Science Ethics Review Committee (June 5, 2019, approval number 2019-003) before the research is carried out.

### **Results**

This survey is conducted with the help and understanding of 135 long-term care insurance facilities, and the respondents are obtained from 56 facilities (survey response rate 41.1%). Of these, 38 facilities (69%) answered that there are care workers who have a certification of certified specific implementation care worker (hereinafter referred to as "certification holders"). The functional types of each occupation for which respond to the questionnaire are 41 managers, 43 nurses, and 38 care workers, for a total of 122 respondents. There are 17 facilities (31%) without certification holders of care workers. Blank items are excluded from the analysis.

#### **1. Attributes of Care workers**

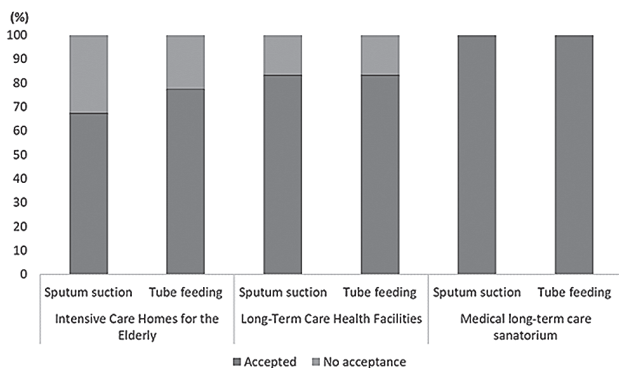
Table 1 shows the participant characteristics. The gender was 9 males (24%) and 29 females (76%). 10 (26%) are in 20s, 8 people (21%) in 30s, 15 people (39%) in 40s, and 5 people (13%) in 50s. The number of qualifications hold is the highest in the 1st training with 6 people (21%), the 2nd training with 21 people (72%), and the 3rd training with 2 people (7%). It is shown that the number of 2nd training is the highest. The number of years of service is the highest at 15 people (39%) for 10 years or more, followed by 14 people (37%) for 4-7 years. Regarding the status of qualification holders by work facility, the 2nd training for Intensive Care Homes for the elderly was 21 people (81%), and the 1st training for the Long-Term Care Health Facilities was 2 people (100%).

**Table 1.** Participant characteristics

|                             |                                      | care worker<br>n=38 (%) |
|-----------------------------|--------------------------------------|-------------------------|
| Sex                         | Male                                 | 9 (24)                  |
|                             | Female                               | 29 (76)                 |
| Age(years)                  | 20~29                                | 10 (26)                 |
|                             | 30~39                                | 8 (21)                  |
|                             | 40~49                                | 15 (39)                 |
|                             | 50~59                                | 5 (13)                  |
|                             | 60 Years and over                    | 0 (0)                   |
| Qualification               | 1st training                         | 6 (16)                  |
|                             | 2nd training                         | 21 (55)                 |
|                             | 3rd training                         | 2 (5)                   |
|                             | Unknown                              | 9 (24)                  |
| Work facility               | intensive care homes for the elderly | 33 (87)                 |
|                             | long-term care health facilities     | 4 (8)                   |
|                             | medical long-term care sanatorium    | 1 (3)                   |
| years of service<br>(years) | Less than 1Years                     | 0 (0)                   |
|                             | 1~4                                  | 3 (8)                   |
|                             | 4~7                                  | 14 (37)                 |
|                             | 7~10                                 | 6 (16)                  |
|                             | 10 Years and over                    | 15 (39)                 |

**2. Acceptance status of users requiring medical care by long-term care facility**

Acceptance status of users requiring medical care is asked to nurses at each facility, and received respondents from 40 people. The results show that the acceptance of users requiring “tube feeding” at the Intensive Care Homes for the elderly, is the most common with 31 people (91%), and the acceptance of users requiring “sputum suction” is 27 people (79%). The acceptance of users requiring both “sputum suction” and “tube feeding” at the Long-Term Care Health Facility, is 6 people (83%). The acceptance



**Fig. 1.** Acceptance of medical care

of users requiring both “sputum suction” and “tube feeding” at the Medical Long-Term Care Sanatorium, is 4 people (100%) (Fig.1).

**3. Percentage of care workers involved in “medical care” at long-term care facility**

A questionnaire is conducted on the involvement of care workers in medical care. Regarding the questionnaire “Does the care worker carry out sputum suction?”, 11 people (46%) answered “Yes” and 13 people (54%) answered “No” at the Intensive Care Homes for the elderly. Regarding the questionnaire “Does the care worker provide tube feeding?”, 4 (36%) answered “Yes” and 7 (64%) answered “No” at the Intensive Care Homes for the elderly. The same questionnaire items were asked at the Long-Term Care Health Facility, and the results show that none of the care worker (0%) answer “yes” and 5 (100%) people answered “No” for both “sputum suction ” and “tube feeding”. At the Medical Long-Term Care Sanatorium, none of them (0%) answer “yes” and 4 (100%) people “No” for both “sputum suction ” and “tube feeding”(Fig.2).

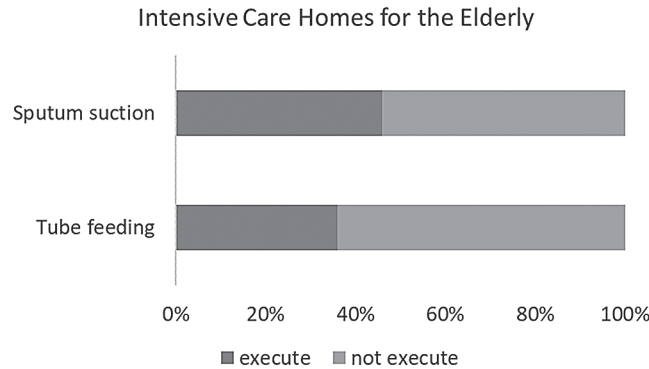


Fig. 2. Medical care implementation status for care workers

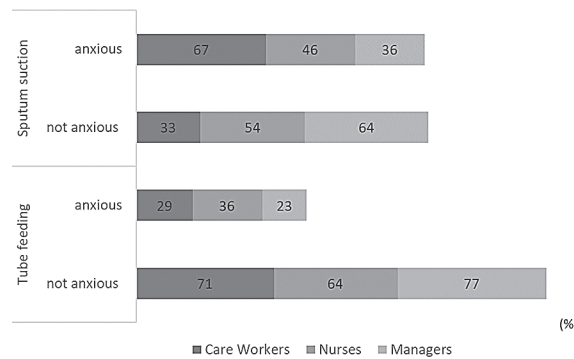


Fig. 3. Anxiety about the implementation of medical care by care workers (by occupation)

**4. Awareness of "anxiety" regarding the medical care implementation of care workers by functional occupation**

A questionnaire was conducted to care workers, nurses, and managers regarding their anxieties on the medical care implementation (sputum suction / tube feeding) of care workers.

Regarding the questionnaire "Are there any anxieties "for care workers to perform sputum suction?, the respondents show that 24 (67%) people answer "Yes", and and 8 people (33%) answered "No.". As for the nursing staff, 11 (46%) people say "Yes" and 13 (54%) people say No". As for the managers, 10 (36%) people say "Yes" and 18 (64%) are "No". Regarding the questionnaire, "Are there any "anxieties" for the care workers to tube feeding implementation?", the respondents show that 10 (29%) of the care workers say "Yes" and 26 (71%) are "No". As for the nursing staff, 4 (36%) people say "Yes" and 7 (64%) are "No". As for the managers, 3 (23%) people say "Yes" and 9 (77%) are "No" (Fig.3).

**5. The questionnaire item "Do you feel that the medical care implementation is rewarded?"**

In this research, the questionnaire item "Do you feel that the medical care implementation is rewarded?" is asked as yes or no questions, and also open ended question on the reason. The results show that 20 people (53%) answer "yes", 15 (39%) answer "no", and 3 (8%) no respondents.

Regarding the reasons for "yes", the respondents show that "For quick responses to users", "For ready to rapid responses to users on site", "For no nurses on the night shift and care workers' responsibility", "For expanding the medical care implementation skill." Regarding the reasons for "No", the respondents show that "No chances to provide medical care implementation to users' because nurse staff done", "Medical care implementation is a part of the work", "The risk and responsibilities related to the medical care implementation", and "Certification holders on medical care conduct the operation."



***Do you think care workers can provide the medical care implementation?***

The Yes or No Question and open ended question “Do you think care workers can provide the medical care implementation?” is asked to the nurse staff. The results show that 37 people (86%) answer “yes” and 6 people (14%) answer “no”. Regarding the reasons for “Yes”, “To make use of taking on-the-job training”, “Nurses cannot handle the whole implementation all alone”, and “Sputum suction is needed to users at night in the absence of nurses”. Regarding the reason for “No”, “the risk is too high in the shortage of care workers and in the complicated and busy daily tasks”.

***Do you recommend on-the-job training in medical care to care workers?***

The “yes” or “no” question and open-ended question are asked to managers, “Do you recommend on-the-job training on medical care to care workers?”, the respondents answer the question and write the reason. The result shows that 28 (70%) people answered “yes” and 12 (30%) answered “no”. The reasons for “yes” are that “to improve the skills of care workers”, “to deal with the situation in the absence of nurses at night shifts and in emergencies”, and “The medical care needs of users are increasing”. The reasons for “no” are that “an established system that can be done by nurses” and “A shortage of care workers or nurse staff cannot afford to participate in on-the-job training”.

**Discussion**

***Certification of certified care workers***

The certification holders of certified care workers are 6 people for the 1st training, 21 for the 2nd training, 2 for the 3rd training, and 9 for unknown. The number of trainees 2nd training is the highest at each facility. Of the 58 facilities that responded, 38 facilities (69%) were found to be certification holders. It is found that approximately 30% of the facilities surveyed this time have unskilled and unqualified holders. Originally, it is essential to increase the number of care workers qualified certification holders and become a core leader in medical care implementation. However, skill up on-the-

job training for medical care implementation has not progressed in the Long-Term Care Insurance Facilities because many issues such as ensuring safety management in the facility, shortage of care workers and securing sufficient training time make it difficult. Since the needs for medical care implementation are expected to increase from now on, it is desirable that a training system will be established as soon as possible depending on the situation at the Long-term Care Insurance Facility.

***Acceptance status of users who need medical care implementation***

In recent years, the number of users who need medical care implementation has been increasing in Intensive Care Homes for the Elderly. However, due to insufficient medical care supply system such as the not enough placement of nurses, users in need cannot be accepted. Hayashi (2010). Regarding tube feeding and sputum suction implementation, Whether or not nurses are assigned at night shift has a great impact on users acceptance Mihara (2015). It is necessary to create and prepare the environment in which care workers can safely provide medical care implementation, in order to make it easier to accept users who need medical care implementation. In addition, in order for care workers to provide medical care implementation on a daily basis, nursing guidance from nurses is required. Therefore, it is considered that establishing a system that allows frequent on-the-job training at each facility will be needed with the cooperation between care workers and nurses.

***Implementation status of medical care by care workers***

This study shows that the medical care implementation status of care workers in Intensive Care Homes for the Elderly is 46% for sputum aspiration and 36% for tube feeding. None of the respondents answered that they are implementing it at the Long-Term Care Health Facility and the Medical Long-Term Care Sanatorium. In the case of Intensive Care Homes for the Elderly, the absence of night shift nurses and irregular work shift indicate that care workers

have more opportunities to provide medical care implementation. On the other hand, in the Long-Term Care Health Facility and the Medical Long-Term Care Sanatorium, the medical care system is established, so it can be considered that nurses are in charge of medical care implementation. It is not easy to generalize the implementation status of medical care at each facility because it depends on the survey period, area or region, target respondents, and survey items Kusunaga (2018). According to Takahashi et al. (2016), it is needed that in order to accept users needed medical care implementation, not only develop the human network and the nursing care facility and equipment system at the facility, but also build strengthened risk management system so that care workers can provide safe and reliable medical care implementation. Particularly, in the case of "tube feeding", most facilities have a system in which nurses perform it, it is urgently needed to provide medical care implementation done by care workers in the absence of nurses at night shift.

### ***Reasons care workers do not provide medical care implementation***

At Intensive Care Homes for the Elderly, regarding the questionnaire to perform or not perform "sputum suction", 46% of care workers answered "yes" and 54% answered "not". Regarding the questionnaire to perform or not perform "tube feeding", 36% answered "yes" and 64% answered "not". The most common "not" respondent is "because the nurses do medical care implementation when needed". It has been shown that many long-term care insurance facilities still do not provide medical care implementation done by care workers.

According to Kashiwaba et al. (2019), it is reported that there is a big difference in awareness to the medical care implementation between nurses and care workers.

In addition, it is found the contrary views that in a certain aspect, providing medical care implementation by care workers can improve the social status or perception to the care workers, and lead to skill improvement and image enhancement of them, in another aspect, loss of social trust occurs when accident happens, and

medical care is the specific task of nursing staff. Regarding the medical care implementation, the respondents show that "Originally it is a task of nurse staff", "It is not clear to what extent care workers can perform medical care implementation", "At night shift, care workers cannot help doing it in urgent situation." Yasuda et al (2006). In this survey, the lack or difference of awareness among occupational function in the medical care implementation is highlighted. It is thought care workers are largely due to "lack of knowledge" and "shortage of experience", and nurses and managers still show negative opinions on medical care implementation performed by care workers, from the respondents such as "because it is a medical practice" and "not to be admitted because it is a medical practice".

### ***Regarding anxiety in the implementation of "sputum suction"***

In this survey, care workers are shown to feel anxious about the medical care implementation. The respondents have anxiety on medical care implementation, such as "Can I safely implement medical care without damaging the throat or nose of users?" and "No opportunities to perform it on a daily basis make me anxious." Challenges of technical aspects and emergency response or treatment are raised. It is shown that more than half of the people working in long-term care insurance facilities feel anxious when performing sputum suction. Tahara et al., (2103). It is found that the causes of anxiety are divided into two by technical aspects such as lack of experience and knowledge, insufficient skills, and factors of human sensory reception such as pain experience, perception of painful facial expressions, and unclear scary image. Sekiya et al. (2016). It is said that regarding anxiety on the implementation of mucus aspiration, etc., "at the sudden change of user / in an accident" is the highest at 62%, and care workers who provide medical care implementation every work tend to have a low degree of anxiety. Yazawa et al. (2016). This indicates the necessity for accumulating more experience, such as frequent medical care implementation, even he or she holds a qualification holder. From now on, it is necessary

to study on the research of how and where care workers feel anxious based on this survey.

### ***Regarding anxiety in the “tube feeding” implementation***

In all functional occupation, the percentage of “no anxiety” on the respondent is higher than that of “anxiety”. A lot of no responses are found, but the reason of no responses is that the percentage of people who are implementing “tube feeding” is low. As with “sputum suction”, “tube feeding” is being carried out with anxiety by a care worker under the current situation. However, Tachibana et al. (2015) report that anxiety about tube feeding can be alleviated by working in collaboration with nurses. This survey also shows that many respondents answered that the care workers are “no anxiety” when they work in collaboration with the nurse staff. Inexperienced care workers may need to work with nurses to provide medical care implementation.

### ***Measures to eliminate anxiety in the implementation of medical care (sputum suction / tube feeding)***

This survey suggests that care workers, nurses, and facility managers all the care related occupation in the facility are needed to attend “regular training.” In order to alleviate anxiety in the medical care implementation, it is necessary for care workers and nurses to assist the users together through regular staff training at the facility.

Soma (2015) reports that many differences are found between in the nursing care facility and the medical field when conducting medical care “such as mucus aspiration, etc.” training program, sharing information that matches the on-site situation of the nursing care facility is essential. In addition, it is pointed out that at care worker welfare training facilities, the nursing instructor who provides guidance needs to understand nursing welfare training education, and nursing welfare training education is not to be apart from medical care Maruyama (2014). In any case, in order for care workers to safely carry out medical care, it is urgent to create and support the environment for “training” that matches the

on-site situations of the long-term care facility.

### ***Do care workers feel it rewarded to provide long-term medical care?***

The reasons the care worker feel rewarded are “because the user can be implemented with a quick response”, “Because care workers can work immediately on site to users”, and “Medical care implementation lead to skill improvement”. On the other hand, those who do not feel rewarded are “I do not have the opportunity to provide medical care implementation because nurses do it”, “I am worried about the risks and responsibilities on the medical care implementation”, “Medical care implementation to the users need do the certification holders”. “The survey reveals that more care workers “do not” provide medical care implementation than those “do”. This is shown that care workers feel medical care implementation is rewarded, but it also puts a heavy physical and mental burden. the medical care implementation from the perspective of care workers, not only increases the tasks of nursing care work, but also remains anxiety about medical accidents. According to Shibata (2015), medical care implementation does not lead to improved expertise of care workers, but it is better to limit the scope of medical care implementation, such as sputum suction and tube feeding for users who need it. It is thought that Shibata’s research shows a negative affirmation. From now on, in order for care workers to actively and positively carry out medical care implementation safely and adequately and also feel rewarding, it is necessary for care workers to increase opportunities for collaboration with nurses in a thorough and detailed safety management system in the long-term insurance care facilities.

### **Conclusion**

The issue of medical care is not just limited to care workers, but it is needed to work in collaboration with the nurses and facility managers. The factors of anxiety on the medical care implementation by care workers are that nurses carry out medical care implementation on a daily basis, so that care workers have no opportunities to provide medical care for the



elderly and that there are few users who require medical care implementation. It is suggested that inexperienced care workers are also one of the factors. Therefore, in order for care workers to provide medical care promptly and accurately, it is necessary to increase the opportunities of on-the-job training plans such as continuous follow-up training. From now on, in order for care workers to safely carry out medical care implementation and improve the skills, the following issues need to be solved.

- ① Increase the opportunities of on-the-job training to improve the skills of each care worker
- ② Establish a system for regular in-facility and off-site training by medical professionals and continuous follow-up training of certification holders
- ③ Allocation of care workers and medical staff in proportion to the number of users who need medical care implementation

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### References

- Health, Labour and Welfare Ministry (2010): (Social welfare officer and care welfare officer law enforcement regulations) Ministerial Ordinance to partially revise the social welfare officers and care welfare officer law enforcement regulations (Ministry of Health, Labor and Welfare No. 126) Web site: [https://www.mhlw.go.jp/seisakunitsuite/bunya/hukushi\\_kaigo/seikatsuhogo/tannokyyuin/02\\_hourei\\_04.html](https://www.mhlw.go.jp/seisakunitsuite/bunya/hukushi_kaigo/seikatsuhogo/tannokyyuin/02_hourei_04.html) [accessed Feb. 22, 2021](in Japanese)
- Ministry of Education, Elementary and Secondary Education Bureau, Child and Student Division Manager, Ministry of Health, Labor and Welfare, Higher Education Bureau, Medical Education Division, Ministry of Health, Labor and Welfare, Social and Assistance Bureau, Welfare Infrastructure Division (2013):, Company-supported base 0327 No. 1 Web site: <https://www.fukushihoken.metro.tokyo.lg.jp/kiban/koza/kankeitsuuchisyuu.files/iryoutekikea.pdf> (accessed Feb.22, 2021)(in Japanese)
- Health, Labour and Welfare Ministry (2020): Implementation status of sputum suction system, Reiwa 2nd year Prefectures, etc. Sputum suction implementation status. Web site: <https://www.mhlw.go.jp/content/000409793.pdf> [accessed Feb.6, 2021](in Japanese)
- Morinaga Y.(2016): Present status and Problem of "the medical care" in the Elderly person Nursing Facility in Nara, *Bulletin of Nara Saho College*, (24), 81-88, (in Japanese)
- Kwashima K., Hashimoto C. (2017) : Educational design for better cooperation between long-term care and nursing-Through training programs such as sputum suction by care workers-, *Community caring*, 19(2) 82-85.(in Japanese)
- Yoshida S.(2016): *A Little Dictionary of Welfare/ Care and Rehabilitation.*,eiko-sha, Tokyo. (In japanses)
- Hayashi N. (2010): A study of medical care services for certified care worker, *Bulletin of Tokai Gakuin University* (4), 61-68, (in Japanese)
- Mihara I., Watanabe T., Tsuchida K., Nakamura H., Endo K., &Onodera A.(2015): Assessment of the current status and issues in acceptance of clients with high medical acuity at long term care service provider offices and facilities in area B, *An Official Journal of the Japan Primary Care Association*, 38(4), 386-390, (in Japanese)
- Kusunaga T.(2018): Examination of the ideal way of education of medical care in the training course for long-term care welfare-from the literature review of research studies-, *Long-term care welfare education*, 23(2), 53-63 (in Japanese)
- Takahashi N., Kanoya Y.(2016): Current Implementation Status of and Issues Regarding Sputum Suction and Tube Feeding: Care Workers Skills in Long Term Care Insurance Facilities, *Journal of Japanese Society of*

- Medical Health Science*, 25(1), 58-64, (in Japanese)
- Kashiwa H., Abe A. (2019): Attitudes Towards Medical Care of Personnel at Long-term Care Insurance Facilities and Issues Affecting Care professions: An Analysis Based on a Survey of Nurses and Care workers, *Bulletin of the Faculty of Social Welfare, Iwate Prefectural University*, 21, 1-10 (in Japanese)
- Yasuda M., Yamamura E., Kobayashi T., Terashima H., Yabe H., & Itakura I. (2006): Study on the Specialities as well as the Cooperation of the Nursing and Care working (Part 2): Thinking about specialty of nursing through questionnaire investigation to a nurse engaging in care insurance facilities, *Bulletin of Department of Nursing Seirei Christopher College*, 14, 117-126 (in Japanese)
- Tahara I., Kitamura T. (2013): Awareness of the status of attendance of training on medical care implementation and its anxiety among members of the A prefecture care welfare association certified care worker—1st report: Implementation status and recognition of A prefecture care welfare association members, *Certified Care Worker*, No19 64-75 (in Japanese)
- Sekiya M. (2016) Thinking about “medical care” from mucus aspiration, etc. by care workers, *care welfare education*, 21 (2) 93-99 (in Japanese)
- Yazawa H., Miura Y., Sasaki T., & Murayama M. (2016) : Survey of Trained Care Workers Attitude toward the Sputum Suction and the Tubefeeding in Nursing Facilities, *Bulletin of Iida Women’s Junior College* 33, 197-209, (in Japanese)
- Tachibana M., Yoshida H. (2015): Practice of collaboration between visiting care workers and visiting nurses involved in sputum suction, *Journal of health and welfare statistics*, 62(15), 1-8, (in Japanese)
- SOMA H. (2015): Challenges of Medical Care Education: With a View to Cooperation and Training Leaders, *Bulletin of Beppu University Junior College*, 34, 153-158, (in Japanese)
- Maruyama J., Odai Y., & Akazawa M.(2014) The influence and the subject to a participant which the training contents of phlegm suction bring about, *Bulletin of Matsumoto Junior College*, 23, 51-61, (in Japanese)
- Shibata Y. (2015): I regard the collaboration of the nursing job as a care job Through the semistructured interview, Summary Study Reports, *Fukushima College*, 49, 85-95 (in Japanese)

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