

Some Features of Caring in Professional Team Care

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Key words Caring, Team Care, Resource Constraint

1 Introduction : The Perspective of this Article

We have much classic literature on the concept and skill of caring. It includes philosophy, management, education and gerontology. Caring itself can be defined narrowly as the act of looking after people who need some support in their daily lives. However, classic approaches taken by M. Mayeroff and N. Noddings cover a broad range of caring activity. Each approach has own inclination which comes from own academic tradition. For example, from an economical perspective, the most important issue is how to supply the best care service possible under a budget constraint.¹ However, caring is not only a means of maintaining the quality of life, but also of pursuing quality of life. What kind of relationship people make among neighbors is a philosophical basic issue, especially ethics as we learn from classics such as “I und Du” written by Martin Buber. Additionally, the quality of caring depends on the cultural tradition which people have preserved in their daily lives. Therefore, caring is an ethical and cultural issue as well.

The most influential work on this topic after the world war II, I think, is Mayeroff's “caring” published in 1971. After this book, I would list Nel Noddings's “Caring: a feminine approach to ethics and moral education,” and Simone Roach's “the caring in nursing” published in 1984 and 1992, respectively. Those workd have influenced contemporary research on this topic in Japan. On the other hand, we have accumulated skills developed in the care-giving field in Japan. Some facilities which are eager to adjust to organizational

and technological transition in these days. We can learn much from those accumulated cases in this field.

I will explain why I scrutinize philosophical ideas as a basis for caring skills. As I examine ideas in detail, philosophical ideas are mainly efficient as a means of theoretical consideration of caring and are difficult as concrete criteria of skills which care workers should pursue. However, caring should, as mentioned above, not be dealt only from an economic and efficient perspective, but also from an ethical and cultural perspective. Through caring, we create relationships among people under the influence of cultural heritage. Theoretical and abstract approach might be useful from a wider perspective of caring.

In this article, I will analyze what kinds of attributes of care givers are needed in a professional team care. Each society and educational organization for care workers needs such theoretical approach. Among three philosophical analyses mentioned above, I mainly examine Mayeroff's work, for the comparison of three philosophical approaches or establishing a philosophical theory is not my aim in this article.

I think each perspective, philosophical, management and technical, has a unique role in considering our caring activity. In this article, I try to conceptualize the feature of caring. It is important in order to plan suitable organizations and appropriate educational curriculum.

2 The Classification of Caring and the Characteristics of Team Care

We will find the characteristics of caring in professional team care among various kind of caring activities.² Many authors have been trying to describe caring in the broad range of caring activities. "On Caring" written by Milton Mayeroff, for example, gives us philosophical ideas concerning care. If we try to analyze the nature of caring or the relationship between a cared-for and a care giver, we need not to classify caring. Our prime aim of this article is to analyze the difficulties which care givers in professional team care face and to find the method of conquering the difficulties. Firstly, we examine the characteristics of team care, comparing to other types of caring.

2.1 The Classification of the Activity of Caring

2.1.1 The Classification from Organizational Perspective

The activity of caring can be classified as following:

- Private caring

 - Informal social caring

 - Family caring

- Child caring
- Elder people caring
- Social caring
 - Practitioner's caring
 - Quasi-personal caring in organization
 - Team caring in organization

One of main differences among these three types of caring lies on the strength and quality of obligation. Private caring does not have any legal obligation. This includes caring among friends and siblings. Family caring, parent's caring for children and young people's caring for elders, is obligation under some laws in Japan, but mainly done by ethical obligation. Generally speaking, the quality of caring might not be estimated officially. If parents don't feed their children, they will be accused as negligence of child care and legitimately punished. Most societies suppose family caring should be done not legitimately but ethically.

Obligation in family caring differs from culture to culture. Families had consisted of three generations in Japan: those are elderly parents, working couple, and children. Support and caring for elderly parents by working couples had been seen normal in traditional Japanese culture. They keep tradition of family care for elderly parents in our neighboring countries, South Korea and Formosa even in these days.

Social caring includes practitioner's caring, quasi-personal caring in organizations and team caring in organizations. A narrow definition of practitioner is doctors, lawyers and experts in human services. A broad definition is a person who practices a profession or art. The word "Practitioner" sometimes includes an educator. We, however, use "practitioner" as a narrow definition in this article.

Those practitioners work independently. The term of education is longer than other practitioners in Japan. The term of education including training term after the national license examination for doctors last for 8 years, and for lawyers 5 years.³ They can develop skill and knowledge through such a long education period. If they don't treat clients well, their reputation declines and they loose clients. The quality of their services is estimated socially in this way and in other words the quality is assured socially.

Caring in organization includes education at schools and colleges, care service in nursing care facilities and welfare service supplied by a regional care center. The quality and quantity of care are assured by each organization in general. The top management takes responsibility of their service. They try to assure the quality and quantity by leadership and members' conferences.

Educational organizations usually permit educator's own decision-making within organization's limitation. A subject of one teacher can not be taught by another teacher without accidental reasons. Educators usually behave independently and colleagues cannot help in classes.

On the other hand, care workers in nursing care facilities work in cooperation. Their jobs run 24 hours, 365 days, all day, all year. One care giver could not take care of a client during the long period by himself or herself. Many workers care a person by turn. A care worker doesn't work as a independent care giver and works only as a member of a team care. The quality and quantity of care depend upon not the sum of each member's contribution but the total performance of the team.

2.1.2 The Conflicts in Caring

In supplying care service, care-givers sometimes face ethical issues, or the appropriateness of care concerned cannot be decided from a judicial or scientific view point.

How we should support elderly people's daily life? Maslow answers this question with his self-actualization theory. What exactly is self-actualization? Located at the peak of Abraham Maslow's hierarchy, he described this high-level need in the following way⁴:

“What a man can be, he must be. This need we may call self-actualization...It refers to the desire for self-fulfillment, namely, to the tendency for him to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming.”

When we discuss how we teach the care plan for elderly people in the nursing care facilities, the opinions among lecturers about the effectiveness of planning care plan based upon their desire to live differ from one lecturer to another. It depends what kind of background each teacher has. The teachers who have long careers as medical worker in hospitals and care-givers at each client's home with some independence in daily life agree with the approach of actualization of life.

On the othre hand, the teachers who have long careers in nursing care facilities and looked after many persons with dementia or elderly people without strong consciousness of life are inclined to hesitate applying the approach. When we cannot receive enough information about what they desire, it is difficult to make a care plan form an assumption of actualization. From my observation I think that the difference may come form their experiences. Through their experiences, each person makes an opinion as to how elderly people live.

At a terminal, there occurs another kind of dispute how we respond to the medical

crisis. I know an anecdote that a elderly person stopped breathing at a terminal and a care worker tried pressed breast harshly in an attempt to recover the breeze. Other care workers tried to stop such act as impairing dignity. The worker continued life-saving act until the client resumed breathing.

Medical workers learn scientific knowledge. However, they cannot act only based upon scientific knowledge. If a client ask a medical worker to help "death in dignity," how can he response?

Even a medical worker faces an ethical issue when the worker cares for others. Care-givers in daily life face ethical issues more frequently. The severe dispute among care workers could occur when a team faces ethical issues. It is very difficult to decide which approach is better objectively.

2.2 The Merit and Demerit of Team Care

Team care itself has various patterns. We cannot describe merit and demerit precisely. We can , however, point out a general tendency of merit and demerit of team care.

2.2.1 The Merit of Team Care

(1) The Necessities of Team Care

There are two types of team care. One cared person is taken care of by a team of care workers at his/ her home. On the other hand, many cared persons are taken care of by a team of care workers in care facilities.

When cared person lives at his home, care workers routinely visit at his home. If his need of care is not so much, only one worker can meet with his need. However, it might be difficult to maintain support during a long period without a team of care workers.

To make performance of caring effective, mutual trust is one of necessities. Some people in human service field can gain trust from most clients whom they care. On the contrary, some people can gain trust from only a few clients. Some people can play a excellent performance. We cannot organize a team with only excellent players.

Additionally, there is no accounting for taste. Some people might dislike even a star player. To maintain team performance high, a manager organizes a team with various types of people and he allocates care workers to most suitable cared client.⁵ When a person feel sympathy and welcome from others, he can behave in self-confidence without needless stress. The quality of his care service to the people with good relationship will become better than one to the people with not-so-good relationship.

Of course, we can expect a manager can gather many excellent care workers. In reality, we cannot expect there are so many excellent care workers. I have never met a person without any personal fault. Every person has own strength and weakness.

Organizations theory in the management science tells us that horizontal division of job and appropriate allocation of job to members improves the total efficiency. We can expect same kind of effect in this field of human service.⁶

(2) Cooperation in Care Fields

If care workers work at the same place, they cooperate when the need for cooperation arises. Care workers gather around a client on a bed and help a client move from his bed to a wheel-chair or nurses gather around a client after a operation to treat him for an immediate need. They can work more safely and efficiently than a care-giver works by himself.

In nursing care facilities of Japan several kinds of professionals work together, care workers, nurses, occupational therapists, physical therapists, speech therapists and music therapists. Additionally, clerks, maintenance workers, and so on work. If the job demands a special type of professional skills, other kinds of experts cannot help jobs. There happen various kinds of daily life needs at those facilities, such as the observation of an excited client and the support of taking a bath. Among the same kind of professions the cooperation could happen more often.

The cooperation among care workers has two natures of significance. One of them is to raise productivity of concerted action. In doing some actions, we can raise productivity and quality of human service with mass action comparing only one or few workers' action. When we pursue the efficiency, we divide job and deploy many workers at a time. If we think such method is not good for clients' amenity, we distribute job itself not for a short period but for a longer period. We can assure the clients' need when they enjoy taking food and bathing.

The other is to attain the most appropriate allocation of human resources in a short-time schedule. Office clerks at nursing care facilities sometimes support daily service of care workers temporarily. Clerks are not so skillful as care workers in daily care service and the efficiency itself of the inputted man power cannot be high comparing the case of inputting only care workers. Their temporary support is very helpful to maintain the quality of service. The intensity of work differs from one kind job to another. The amount of daily services cycles in a day. At nursing care facilities, supporting excretion, taking food and bathing are major three services. On the other hand, the amount of clerical work at offices monthly or seasonally changes. Each organization hires office workers enough to process documents. When we see each organization wholly, we easily notice some parts are busy and some not busy. A large organization take advantage of this redundancy of man power allocation.

(3) Learning from Each Other (1)

The technique of caring includes standardized skills and non-standardized skills. For example how to help a person with right-side paralysis wear a long-sleeves shirt, is a standardized skill. At first let a client put a sleeve at his paralyzed arm then put another sleeve at his normal arm. On the other hand, how to calm an excited person with dementia is a non-standardized skill. Care-givers cannot determine exactly the reason why the person becomes excited. The care-giver, not only listens to what the client says, but also observes the client's look, clothes, the environment around the client and the past accidents. The care-giver reflects on how the client makes a response to his action and estimates the reason.

This process is very complicated and the efficiency of caring depends upon the situation, the relationship between the client and the care-giver and the competence of skill.

Of course, if the top priority should be put to diagnosis and cure of excitement, knowledge and observation play the most significant role. From a mid-term perspective, to get enough information of the incident is important in order to prevent the reoccurrence. Workers always select the most appropriate approach under the constraint of resources. To make a client calm, however is the most important from a short-term perspective. Acquiring such technique is an urgent task for unskilled workers.

An unskilled care-giver can learn very much from a skilled care-giver, how he respond to the client's appeal, what he said to calm him and so on. It is very difficult to describe such reflective situation in a text. Therefore learning care skill in the field is of great significance in care-givers' education.

(4) Learning from Each Other (2)

Even experienced workers learn each other very much. Each worker in the field of human service develops unique method. It includes how she responds to a client's appeal, on what element she puts the top priority to settle the problem, how she encourages a client's own decision-making skill and finally how deeply she commits to the client and how she keeps an emotional distance from the client.

Observation of other experienced workers' approach is very fresh and fascinating for workers who are keen for developing own skills. Some workers are emotionally keen to commit to clients and have inclination to be vulnerable and to suffering from burn-out symptom. Those workers should learn how effectively they balance between keen commitment and an intentional distance.

Some workers have inclination to hesitate to commit to the difficult problem of clients.

They recognize that they are poor at dealing with such complicated problem. They can learn from skilled colleagues and they can consult their superior about the problem.

Each worker has his/her own background and has developed a unique sensitivity concerning human relation. We cannot judge which approach is the best and we choose an approach better than others only tentatively. Such tentativeness is difficult to accept for some workers. They want a rigidly-decided situation. It is impossible to firmly decide the process of human caring. There often arise various opinions about one topic, and they might not be decided with the best approach nor the right process. They can sometimes only decide to continue to commit to and observe clients. Workers in team care must accept this complication and tentativeness.

Each organization can supply a good chance of learning to every worker. How earnestly each worker learn and how effectively each worker apply learned skill to his own practice depend upon each worker's motivation. Due to the complicatedness, organizations cannot control the quality of learning directly and standardize sophisticated skills.

2.2.2 The Demerit of Team Care

I would like to analyze the difficulty when we supply human service in team compared to practitioner's care. The content may not be the demerit itself.

(1) Functioning of team

Care-givers in team care work together in accordance with their team's time schedule. If a care-giver could not respond in a restricted time and fix the problem, his or her delay may affect his/her colleagues' job. It is quite normal that such irregular incidents happen. To cope with this situation, a leader of the team play leadership. The leader interferes with the routine of the work and takes the job from the worried worker or assist the worker temporarily.

This temporary relief measure runs well when the communication between a superior and a subordinate is smooth, and a superior wants to take responsibility and has enough experience to judge the appropriate time and volume of interference. If the superior hesitates to take responsibility or he or she does not have enough experience to deal with the problem, the system doesn't work. The delay or negligence of the subordinate's report might destroy the function of the system. The function of the team must work well in order to accomplish team care well.

From my observation at welfare facilities where many graduates of my department and other departments work, some of the superiors don't know their responsibility. In

such situation, team care cannot be a team effort. Each care-giver is left alone in a difficult situation and is demanded to accomplish his/her own norm regularly. If the burden on the care-givers continues, it will become mentally dangerous.

(2) The Resource Constraints in Team Care

The quality and quantity of social caring had to be assured. Each practitioner takes responsibility independently and each organization itself takes responsibility in organizational human service. Each organization has a time schedule to accomplish and has a qualitative and quantitative goal to attain. Those goal will be broken down to sub-organization teams.

Each team should accomplish goal under time and resource constraint. They take various experiences into consideration when they decide their goal. There should be room for redundancy to accomplish, considering some risks. Competent managers balance two goals of higher efficiency and lower risk.

Even an experienced manager, however, cannot avoid unexpected risk.⁷ Some accidents happen to hinder a time schedule. Care workers must cooperate or a worker must work harder to cope with the situation.

The prime feature of team caring is that a team always is under pressure to execute their task and members of a team feel strong stress. If a member can work independently, he or she controls intensity of work at own will. However, in a team care, members put top priority to accomplish the target of the team.

(3) Responsibility and Burden

All professional human services owe responsibility to the public and clients. Practitioners, however, take responsibility for themselves. They subjectively decide their own rhythm of work. If they face difficult clients, they input more time than usual for service to a client and such over-service delay his or her whole schedule of work. They can, however, recover the delay by cutting their own leisure time or changing the whole schedule in order to reduce the burden.

Care-givers in team care expect help from colleagues and owe much of his/her accomplishment to colleagues. If a care-giver cannot respond well and cannot fix a problem, he or she feels a kind of guilt. If the relationship among care-workers is good, the care-worker concerned is given generous attitude by colleagues and can feel that his or her mistake is overlooked. But, if the relationship is not so good, the care worker faces cold attitude from colleagues and stressed very much. The culture of workplace, generous attitude toward non-experienced workers, has a great importance.

To maintain organization order well, it is better to avoid the situation that colleagues criticize each other. The report of errors is gathered by a manager and he makes advises enough to correct errors. The leader cannot control the workplace all day around and informal chats occur spontaneously. Criticism among workers sometimes destroy the relationship utterly.

(4) Facilitating Good Relationship and Good Communication

After we have examined the difficulty of team care, we will proceed to the next issue. Maintaining good communication among care workers in team care is one of necessities to keep a good performance and maintain the organization itself.

It has been already pointed out that the division of work causes communication problems. The more man power is inputted, the longer time the task will take to be completed. From the experience of system development, F.P. Brooks asserted this difficulty.⁸ In the field of human service, care workers must share not only information but also ethical viewpoints.

Without sharing ethical viewpoints among workers, they cannot cooperate effectively. Of course, they need not have common ethics how they live. They share the value which they want to accomplish in their services. The mission of each organization can lead the process of sharing common ethics. The leaders of organization and team continuously tell subordinates the organization's mission. If the scale of organization is small, mutual conversation among care-givers is possible. The difficulty of mutual communication increases rapidly when the number of members grows.⁹

The managers cannot let the communication among workers in the non-intentional process. They tell strongly the mission of the organization to members. Such efforts is effective to avoid ethical conflict among human care workers.

3 Case Studies of Care Workers' Skills in Team Care

3.1 Case Study 1

Some of nursing care facilities in Japan have innovated their management method. A consulting firm advised a famous facility to innovate the personal affair management. Their attempt includes a personal estimation system. Generally speaking, a personal estimation system in nursing care facilities includes technical estimation for care service, behavior estimation, attempt estimation, and numerical output estimation.

The estimations among these estimation which are relevant to the quality of care service are technical estimation and behavior estimation. We need not add any discussion that the knowledge and skill plays an important role in caring. In this passage we would

like to analyze behavior estimation.

The proposed estimation table is as follows:

The strength of sense of responsibility, the proposal for improvement, the contribution for team and so on are defined. The following table shows how the strength of sense of responsibility is defined.¹⁰

Table1 Grading points and definition of sense of responsibility

Point	Definition
5	His/her own and additionally-asked tasks are always done within a deadline time.
3	His/her own and additionally-asked tasks are attempted with a sense of responsibility.
1	The tendency to give up completing task is shown. He or she often has excuses and imputes the responsibility to somebody.

Table2 Grading points and definition of contribution for team

Point	Definition
5	He tries to contribute to a team much and behaves better than expected.
3	He contributes to a team. (Participation in events and acceptance of changing routines and so on)
1	He doesn't have an inclination to contribute to a team and disrupts smooth team work.

These tables show that the nursing care facility try to estimate the behavior by defining the standard as clearly as possible. If we look into the definition word by word, we have some questions. Now, let's consider the definition of table2's point 5. In the first part, his attitude is defined as "he tried to contribute to a team much" . Evaluating the intensity of attitude, in other words "much" or "not much" is evaluators' subjective act. Without shared mission of each organization and ethics of workers, evaluated workers cannot agree with estimation.

Of course, we cannot estimate exactly how each worker think in working in team. We can only perceive the outcome of their inner reaction toward outer information under environment.

We examine the wanted attributes of caring in the latter part of this paper. The central topic is not the process of acquiring the attributes but the criteria of standardizing the attributes. The material shown above tells us that the quality of behavior which workers execute in their care service differs from one to another and hints us that it is very difficult to standardize the quality of care work. Anyway, we can find that some of nursing facilities in Japan have already conceptualized skills for care workers.

3.2 Case Study 2

In case study1 each evaluation point is graded. If nursing facilities don't want to use evaluation data in personal management, evaluation points are not graded. It has been pointed out that objective evaluation is very difficult, even if the condition of estimation is defined as precisely as possible. if such evaluation table is used as a means of showing standard, the preciseness of grade definition doesn't matter. Planners of the table try to define items as clearly as possible in an effort to give clear information for self-education.

One of nursing care facilities developed such a table. According to the interview with a graduate of my department, the table concerning the skill of dementia care, especially concerning self-recognition is roughly as follows¹¹:

- 1 to know my mental condition when I am busy
- 2 to know my behavior characteristics when I am busy
- 3 to know the look and voice when I am busy

When a care worker looks after cared-for people, each worker must recognize his/her own tendency. For example, people with dementia have inclination to reiterate demands, and care worker must respond to them calmly. Their jobs are stressful. It is quite natural that care workers get irritated. However, care workers should control themselves to respond warmly. The list quoted above tells us that self-recognition and self-control are important attributes for care workers in dementia facilities.

3.3 Case Study 3

Another facility for people with dementia developed how to train new faces.¹² They ask each worker to check the table which consists of 11 elements, for example, client-centered attitude, attitude of letting residents make relationship with each other and so on.

The following table is a part of the check table for points concerning client-centered attitude.

Table3 Check Table client-centered attitude

check	Explanation
	You should know that care workers' good will or consideration for clients might hinder their will, custom and desire from coming true.
	You should know that your stoppage of clients of doing something from their own will hinder their subjectivity.
	You could understand that the misconduct of clients come form their urgent need to cope with the situation and you can observe and speak to them.

This material shows that there is difficulty for care workers to look at the situation not from own perspective but from client's perspective.

3.4 Development Skills of Caring

The skill of human service had once been deemed as vague twenty years ago¹³ and the same opinion continued to be widely held until not so many years ago. Gerontology has developed and skills improved dramatically. The number of elderly people grows year by year in developed countries. The amount of service supplied by social security system continues to increase and the client-centered service becomes norm.¹⁴

Additionally, the skill of management team has been examined to help each worker provide service in a good condition. It is said many workers of human service field fall victim to burn-out syndrome, and stop working. Now not workers but organization is asked to take enough measures to avoid burn-out syndrome.¹⁵

4 Attributes of Caring

4.1 Three Categories in Meyaroff's Attributes of Caring

Milton Meyaroff explains what kind of characteristics people need when they care after others. They include devotion, knowing, alternating rhythms, patience, honesty, trust, humility, hope and courage.¹⁶

We can categorize his attributes into three types of elements.

(1) knowledge

The attribute which is mostly measurable by others.

(2) skills and quasi-measurable attitudes

The level of those skills can be to some extent evaluated by the behavior.

(3) unmeasurable attitudes

The level of those skills or mentality is difficult to evaluated by others.

4.2 knowledge

Milton Meyeroff put knowing to the top of major attributes of caring. All of our caring activity necessitates knowledge. We agree with him when he says, "to care for someone, I must know many things". His knowing includes both explicit and implicit knowledge, the latter one concerns knowledge which is unable to be articulated. It includes direct knowledge and indirect knowledge, the former one is experienced knowledge and the latter one non-experienced knowledge. His concept of knowing also includes "knowing how," it means skills, in other words.

His concept of knowing include knowledge of "what" and "how" and include the activity of knowing itself.¹⁷

4.3 Skills and Quasi-measurable Attitudes

Mayeroff points out the importance of interactive approach, saying in his word, “Alternating Rhythms”.¹⁸

As a teacher I try to explain some idea to a student, look to see whether I have succeeded, and if I have not, try again in some other way.

I cannot care by sheer habit: I must be able to learn from my past. I see what my actions amount to, whether I maintain or modify my behavior so that I can better help the other.

This way of interactive approach is examined more deeply by Donald A. Shoen, in his famous book,¹⁹

When someone reflects-in-action, he becomes a researcher in the practice context.

He is not dependent on the categories of established theory and technique, but construct a new theory of the unique case. His inquiry is not limited to a deliberation about means which depends on a prior agreement about ends. He does not keep means and ends separate, but defines them interactively as he frames a problematic situation.

Care workers adopt reflective approach to face with various difficulties. The behaviors of patients with dementia are beyond care worker's or ordinary people's expectancy of behavior.

As we have examined evaluation tables or evaluation questions, we notice measurable points at first when we list up the evaluation table in an attempt to estimate the level of skill as objectively as possible. The reflective approach can be measurable, in this way:

- (1) Do you always anticipate the result of your action or non-action toward your clients?
- (2) How many possible cases do you anticipate after your action or non-action?
- (3) How many possible reactions do you prepare for an daily event?

If we can expect various results, we can prepare for the results. With enough preparation, we can react calmly.

The second categorized item is located between concretely measurable behaviors and unmeasurable behaviors by others. What kind of significance his approach can assert?

A philosophical approach is useful when an experienced care worker reviews his own activity and tries to empower himself or herself to live better as a care giver, and recognizes human being and relationship among human beings more deeply. We cannot reflect on our activities only by measurable criteria. We now examine unmeasurable attitudes in caring.

4.4 Unmeasurable Attitudes

(1) Patience

Mayeroff lists six attitudes as major attributes of caring: patience, honesty, trust, humility, hope and courage.

Each attitude has great significance for caring. The main aim of this article is examining the attributes of caring in the context of team caring. When we need unmeasurable skills in caring, each organization faces difficulty of educating non-skilled workers and evaluating the quality of their work.

Mayeroff describes patience as following²⁰:

Patience is an important ingredient in caring: I enable the other to grow in its own time and in its own way. By being patient, I give time and thereby enable the other to find itself in its own way. The impatient man, on the other hand, not only does not give time, but he often takes time away from the other.

As we examined before, caring is done in two different situations-practitioner's caring and team caring. If he or she can decide autonomously the time schedule and input resources, he or she can be patient without being afraid of colleagues' criticism.

In the process of team caring, each practitioner is asked to accomplish task under the constraint of resources. Such situation put a big burden on care workers in team care.

(2) Humility

We examine another attributes of caring, humility²¹;

Humility is present in caring in several ways. First, since caring is responsive to the growth of this other, caring involves continuous learning about the other: there is always something more to learn. The man who cares is genuinely humble in being ready and willing to learn more about the other and himself.

It includes overcoming the arrogance that exaggerates my own powers at the expense of the powers of others, and blinds me to the extent of my dependence.....Humility also means overcoming pretentiousness.

We cannot avoid human errors in caring, since it demand us continuous and impromptu reaction. Some people can be humble, and some people cannot be humble when they made mistakes. What elements divide their attitude? If a care worker thinks that he made misbehavior due to his weak competency which he cannot improve, he must determine whether he admit his fault to take responsibility or deny his fault.

In Japanese cultural situation, humbleness is a basic character to be acquired by adulthood. Competence and humbleness stand side by side. It must be difficult to let

arrogant persons to recognize his own fault. To avoid noticing own fault might be the result of their protective instinct.

In daily care activity care workers have a risk of making mistakes. If one of team member to deny own faults and to try to avoid taking responsibility, the team does not work well. A team leader takes responsibility to let workers notice his own faults if he could not recognize it.

(3) Courage

The last item on his list is courage.²²

Trust in the other to grow and in my own ability to care gives me courage to go into the unknown, but it is also true that without the courage to go into the unknown such trust would be impossible. And clearly, the greater the sense of going into the unknown, the more courage is called for in caring.

Schumpeter has pointed out the great difference between new economic activity and customary economic activity.²³

What has been done already has the sharp-edged reality of all the things which we have seen and experienced; the new is only the figment of our imagination. Carrying out a new plan and acting according to a customary one are things as different as making a road and walking along it.

If we face an unknown situation, we always encourage ourselves to cope with the difficulty. If we care for others, we could not expect the future exactly. We can only wait for the result with determination and hope.

(4) The meaning of Mayeroff's Approach

We have examined the three elements of Mayeroff's six attributes. These three attributes have two difficulties to be included in an evaluation list of skills. At first, patience, humility and courage are difficult to be estimated objectively. Of course, those attitudes themselves can be observed by others. However, it is very difficult to estimate the degree of those attitudes.

Secondly, from a management viewpoint, the lowest level workers in an organizational hierarchy cannot be asked to take responsibility of the result of unknown future. The workers, not a manager, should be allotted with clearly-defined task of which result is easily expected. The decision-making on such unknown future should be made by a manager, and he should take responsibility. Of course, a worker might handle a difficult problem which might cause serious result on the organization in the future. Generally speaking, such task will be done after consulting with a superior and obtaining his

allowance.

As a practitioner, who makes a risky decision and take a responsibility of the result of the decision, courage matters very much.

From a management viewpoint, those unmeasurable attributes, patience, humility and courage are difficult to estimate as operation concepts. However, the attributes have own merits, philosophical significance and suggest well-experienced care-givers, independent practitioners, and people with management positions as to how they scrutinize their activity to improve their activity of caring.

As Simone Roach says, caring is life itself.²⁴ Through caring, we can empower ourselves. Through caring, we can recognize the meaning of our existence in this world and change our society. Leaders of care teams must try to improve the quality of care from those unmeasurable attributes.

5 Other Attributes of Caring in Team Care

5.1 The Need for Other Attributes with Explicit Definition

Mayeroff's philosophical view has great significance in analyzing caring activity. His perspective has inclination to view caring activity from non-constraint and talented experts perspective. Therefore his view has fascinating nature when each expert think over his own activity. His explanation implicitly points out many factors in caring. We will explicitly point out other important factors in caring.

5.2 Basic Attributes of Caring in Team Care

(1) Observation and Report

Well-experienced workers encourage interns to learn from observation. Famous private detective Scherlock Homes has excellent talent of observation. He can notice facts that other look over as meaningless.

I have a class to teach care-giver students how to describe facts themselves without own subjective estimation. The following table shows the result. This table shows not only levels of observation but also levels of observation and communication.

Table4 The result of observation tasks

	Under 16	Under 26	Under 41	More or 41
The first task	3	14	28	5
The second task	1		5	4

Note: The students who failed to describe more than 25 facts submit the second task.

We notice the wide range of distribution of the result of the first task. Improvement at the second task is not difficult as the same table shows.

As a member of a team, each care worker should share their information concerning care, for example why and how a client gets angry or fall onto a floor from his bed and so on. Even if a report of an accident might be insufficient to find a measure for preventing the same kind of accident, the accumulation of reports is necessary to heighten the quality of care.

A care worker should report to a superior what kind of problem he or she has concerning tasks. Through sharing information with a superior, the organization knows what kind of trouble they have, and decides how to cope with.

(2) Commitment

We cannot support others without commitment. Mayeroff choose “devotion” and Noddings, “engrossment” in order to define care-givers’ activity how earnestly and how honestly they behave for clients.

We can care for others without commitment. Many human service workers, it has been shown, suffer from burn-out syndrome. From a economic view point a manager of a team cannot let each worker commit to a specified client without self-control. A manager must manage a whole system to work without a halt in providing service.

(3) Consultation with a Superior

If a care-giver provides care for himself or herself, the care-giver copes with problems by himself or herself, and can take responsibility without bothering colleagues or his organization. A care-giver in team cannot take responsibility by oneself. The organization must take responsibility. Therefore a care-giver must report the problems.

Through the report, the superior can find whether he should input man-power to the field concerned in order to fix the problem, or whether a care-giver needs a special mental support or not.

An industrial counselor proposes that a care-giver consult with colleagues, experienced workers and a superior on his initiative concerning the stress which he suffer from clients.²⁵

5.3 Recognition and Management of Self

(1) Self-Confidence and Self-Control

As a teacher at the educational institution of nursing care workers, I always observe how my students grow through their practical training in nursing facilities. Most young

people have been protected and brought up by their parents. At home they rarely have chances of caring for young brothers or sisters. For them the first experience of practical training is very severe. Sometime it takes time for them to gain self-confidence. Some students stop practical training due to clients' rejection as a care-giver. A student of a certain institution who was not good at building relationship with others was told by an old lady in a nursing facilities "You had better stop training. I will give some money. Go home." The student was shocked so much that she cried before a supervising teacher and the teacher had to spend much energy to encourage her to continue the training. Such rejection might be an extreme case. Care workers always have a risk of being vulnerable.²⁶ Caring for others, especially people with mental diseases is emotionally intensive work and without self-confidence, we cannot continue caring for others.²⁷

Dawn Brooker emphasize human resource management in providing person-centered dementia care as following²⁸:

Providing person-centered dementia care is emotionally labour intensive. How is it identified when a team is in need for extra support? What form does extra support take? How is it reviewed? Is there a system of debriefing and reflection following particularly stressful events?

Is there a consultation process that is trusted throughout the organization? Staff who feel that they have been consulted over practice are more likely to institute consultation practices with families and service users. Is there an 'open door' management practice? Staff who feel that they can approach their managers if they have a problem that they cannot resolve, or an idea that will improve practice, are more likely to encourage and listen to ideas from families and service users.

Dawn suggests that a care-providing team has possibility of facing stressful events and needing extra support. As it is true for a care-providing team, it is also true for care-providers, too. Not only a person with dementia but also a bedridden person may cause trouble. It is quite normal that there arises a conflict among people who live in a limited housing space. As an expert of caring, each care worker is asked to accept client's appeals and to fix them.

Milton Meyeroff describes the effect of emotional expression in caring.²⁹

Perhaps few things are more encouraging to another than to realize that his growth evokes admiration, a spontaneous delight or joy, in the one who cares for him. He experiences my admiration as assuring him that he is not alone and that I am really for him.

If we share the delight with cared-for person, we cannot avoid the affect of depression,

anger and sadness. As an expert, a service provider try to control the bad emotional effect as least as possible.

As we must devote ourselves to caring for others, we must control the timing and level of devotion. In other words, a care-giver should recognize the effect of their caring as limited one.

The industrial counselor quoted before proposes care workers of dementia care to recognize the limit on the basis of emotion; even if his care may be rejected by a client, she recognize the situation itself without expecting the ideal result of caring. Secondly, she proposes to recognize the limit of taking responsibility. Thirdly, she proposes to stop working or consulting off time.³⁰

(2) Explanation of Own Attitude and Opinion

In the field of human care service, each organization has standardized procedure that all members should keep, and on the other hand it leave each member's own discretion in vaguely defined limitation.

For example, we cannot anticipate exactly how a person with dementia behaves and what kind response is the best one in a certain situation. Each care worker is allowed to decide how he or she respond to irritated person with dementia. Each care-giver, however, keep accountability to explain on what knowledge base he or she behaved in such way.

As mentioned above, it is quite normal that controversy among care workers as to how a team should care arises. To maintain communication and mutual trust well, each worker must try to explain what idea he or she has and why he or she behaves in such and such situation.

5.4 Peer and Organizational Support

Psychologists say people suffer from stress when they must handle with difficult problems which are beyond their power. What kind of situation does non-experienced care workers see as stressful?

Complicated problems care workers face might cause strong stress. Some graduates of my nursing department suffers from mental disease, from mainly being let alone in an unaccustomed environment.

In human service field, especially caring in team caring, each worker faces the risk of being criticized by colleagues, being embossed by his/her clients and being asked to complete his norm as scheduled. Without the intellectual and emotional commitment, we can not support others. However, we are sometimes inclined to avoid positive approach

and to protect ourselves from risk of criticism.

Organization cannot gain social reputation as it try to execute own mission without such committed workers. A positive approach means at the same time a risky approach from a worker' own perspective. An experienced manager lessens the risk of workers and gives enough support at an appropriate timing. As s proverb says, offense is the best defense, to fix the trouble we should not hesitate a positive approach as soon as possible. However, if a worker or a manager is hesitating to take responsibility, he exacerbate a problem.

Without organizational support, each worker always becomes vulnerable. Even if a worker is given appropriate support, he cannot keep himself without the sense of self-confidence.

5.5 Control of Team Activities and Team Missions

Each organization has middle managers, and developed management skills for them. We have some accumulation of writing concerning this issue. However management skills are not conceptualized enough.³¹ The characteristics of management skill in the caring in team care come form the characteristics of caring itself. As pointed out above, care workers have risks of burn-out. Their work has common feature of emotional work and they are vulnerable to various factors. In the nursing facilities care workers try to respond people with various difficult symptoms. They fear everyday how they or their organization take responsibilities when accidents happen. A leader of a team must support care workers by consulting with them and giving appropriate advise to them. To give appropriate advise and take counter-measures in a timely fashion, middle managers must develop skills of analyzing problems they face and planning counter-measures.

In the caring activity, process has primacy. However, a manager must pay attention to the result as well as to the process. A middle manager analyzes an accident not only from the perspective of the fact of an event but also from the subjective perspective of cared people. The counter-measure or proposal must satisfy people concerned as much as possible. Middle managers must develop the skill of analyzing incidents and planning counter-measure from multi-layered framework.

Another attribute middle managers must develop is making concrete criteria of service activity from their mission abstractly defined. Generally speaking, we call the industry which supply caring as commercialized good as human service industry. It is very difficult to define the quality of those services or commodities concretely. If care workers cannot understand defined mission clearly, they lose their own criteria of conduct. They cannot care for people independently and ask leader' s agreement constantly.³² The middle

managers must train how subordinates independently decide the content and quality of their work. The quality of service depends how workers on the spot understand their job and how strong motivation they have. The skills of the middle managers can control the result.

On the other hand, middle managers must conceptualize their daily activity into the aim of their team care. Caring is an ethical and subjective activity. Without measurable standards for work, a team must cooperate each other. Leaders must clearly define the aim of daily activity and clearly define the boundary between what subordinates can decide independently and what subordinate should consult with superior.

6 Conclusion

Caring is a human being's essential activity. It covers a wide range of our daily activities. In other words, caring means living. To improve the quality and quantity of caring is of great significance. Therefore many researchers try to examine the quality of caring and its organization.

When we try to examine the features of caring we must categorize the different situations of care supply, especially practitioners' caring and caring in team. In this article, we can outline the difference of situation of care supply, and categorize the needed skills, not only experts' personal skills and organizations' management skill.

In team care, workers cooperate and help each other. Additionally they can teach each other. They, however, must work under resource-constraint condition and are stressful.

Some useful managerial techniques are already developed in our nursing facilities. Some facilities develop the grading tables to evaluate workers' skill. Strictly speaking, objective evaluation seems difficult in caring activity. In other words, leaders' ability of evaluating and consulting subordinates is very important.

Mayeroff's attributes give us a good basis in considering the features of caring. In caring important features are unmeasurable ones, and we find that it is very difficult to evaluate the grade of skills objectively and to train them to get those skills. Commitment, knowing, changing rhythm, honesty, humility, courage and hope are attributes defined by Mayeroff. I propose other attributes to maintain team care effectively, self-recognition, self-control and so on.

A manager plays an important role in team care. He must develop unique skills. He should develop skills to analyze problems and plan countermeasures. He make the abstract mission of his organization more concrete and understandable for subordinates and he conceptualize daily activity into a common aim of team. Leaders must clearly define the aim of daily activity and clearly define the boundary between

what subordinates can decide independently and what subordinate should consult with superior.

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Kosaka and Hadano, *Rebiishotai kata ninchisho no kaigo ga wakaru Guide Book*, Medical Shupan, 2010

Notes:

- 1 Masao Tao, *Hyuman sabisu no sosiki (Organization of Human Service)*, Houritsu Bunkasya, 1995
- 2 The characteristics of team caring might be a controversial topic. For example, Hasenfeld pointed out the following characteristics, such as moral work, the centrality of client-worker relations, emotional work, human service as gender work as “ the attributes of human service organizations.” (Yeheskel Hasenfeld, *The Attributes of Human Service Organization*, pp. 9-32 (Yeheskel Hasenfeld edited *Human services as complex organizations*, SAGE publication, 2010)). The attributes pointed out by the author are not mainly attributes of organizational activities of human service, but attributes of human services themselves. We don't discuss this issue, for the main purpose of this article is to conceptualize attributes in team care.
- 3 The collegial educational term for doctors is 6 years. After passing the national examination for licensed doctors, practical doctors must legally learn at hospitals for two years since 2006. The collegial educational term for lawyers is 4 years. After passing the national examination for lawyers, which is well known for its relentlessness, successful candidate must learn in a law school managed by the Supreme Court.
- 4 Abraham H. Maslow, *Motivation and Personality*, originally published in 1954, third edition published 1970.
- 5 From the opinion of experienced leaders of nursing facilities, a leader try to find good relationship among cared-for elderly people and care workers and let such relationship work effectively (Takaguchi Takaguchi and Kasugai, *Kango Kaigo No Leader Ron*, Eshiyaku Shupan, 2005,p.28)
- 6 A bakery shop can divide a job, such as preparation of wheat and materials ,making shape of bread, baking bread. Professional skills demanded differs from job to job. If one of the divided jobs needs only a low level of skill, a bakery shop easily and cheaply hire workers to do the job. A hired worker can acquire the skill of a narrowly defined job in a relatively short period of time. This kind of horizontal division merits personally and socially.
Mikio Numagami, *Soshiki Design, Nihon Keizai Shinbunsha*, 2004

- 7 The difficulty of expectation is pointed out by Yeheskel Hasenfeld, op. cit. p.10
- 8 Frederick P. Brooks, Jr., *The Mythical Man-month: Essays on Software Engineering*, Addison-Wesley Publishing Company, 1982 (original edition, 1975)
- 9 If mutual communication take one hour, the necessary time for communication of two members is only 1 hour. If the number of member grows to N, the necessary time jumps to $(N \times (N-1) \div 2)$ (Numagami, *ibid*, p.165)
- 10 Masaaki Yokoi and Naoki Ebata, *Keieikaikaku Mattanashi*, Senior Business Market, No.48, 2008, p.92
- 11 Interview with Akiyo Enomoto, done march,12th, 2010,
- 12 Staff wo Keikakutekini ikuseisurutameni (LinkleVol.18, 2008, January), pp.7-10
- 13 Masao Tao, *Hyuman sabisu no sosiki* (Organization of Human Service), Houritsu Bunkasya, 1995
- 14 Tom Kitwood, *Dementia Reconsidered: the Person Comes First*, Open University Press, 1997
- 15 *Stress and Burden Among Caregivers of Patients with Lewy Body Dementia*
Amanda N. Leggett and others, 2011, Volume 51, Number1, *The Gerontologist*
- 16 Milton Mayeroff, *On Caring*, HarperCollins Publishers, 1971
- 17 *ibid*, pp.19-21
- 18 *ibid*, pp.21-22
- 19 Donald A. Schon, *The Reflective Practitioner, How Professionals think in action*, Basic Book, 1983, p.120
- 20 Myaeroff, op.cit, p.32
- 21 *ibid*, p.33
- 22 *ibid*, p.35
- 23 Joseph A. Schumpeter, *The theory of Economic Development* (Translation of : *Theorie der wirtschaftlichen entwicklung*, translated by Redvers Opie, 1934), Transaction Publishers, 1984, p.85
- 24 Simone Roach, *The human act of caring*, Canadian Hospital Association Press, 1992, translated by Tanaka, p.123
- 25 Ritsuko Nihei, *Nichisho kea ni okeru sutoresu manegimento* (Stress Management in Dementia Care), *Ninichisho Kaigo*, 2008, winter, p.11
- 26 Noddings pointed out "It is clear that my vulnerability is potentially increased when I care, for I can be hurt through the other as well as through myself" (Noddings, op. cit. p.33).
- 27 At this point, there is an important issue whether young people in the process of growing could support or care as a professional.
- 28 Dawn Brooker, *Person-Centered Dementia Care : Making Service Better*, University of Bradford, 2007
- 29 Mayeroff, op.cit, p.70
- 30 Ritsuko Nihei, op cit ,pp.11-12
- 31 We have some accumulation of research concerning skills of middle management of nursing facilities, *Shokuin Jissenkyoshitsu* (written by Hisada Norio, Ishiyaku Shuppan, 1999), *Kango Kaigo No Leader Ron* (noted above) and *Kaigo Leader no Jyoken* (written by Ueno and Shimoyama, Kirara Shobo, 2007). From these books we get important information as to what

kind of concrete techniques middle leaders uses. We, however don't know concepturized skill they must acquire as middle leaders.

- 32 Takao Murase, Dare ga Staff wo Sodaterunoka? (LinkleVol.18, 2008, January), pp.4-6

要旨

専門職のチームケアにおけるケアの特徴

松崎 久実

ケアは、他者と自己の成長を見守る行為であり、広く人間の活動を含有している。ケアすることは、生きることでもある。このケアについて、哲学的、老年学、福祉学、経営学等、様々な領域から研究が進んできた。ケアの提供が社会の文化的伝統や価値観に関係することから、ケアに求められることを一般的に議論出来る形で概念化することは、ケアを提供する組織の運営とケア提供者の教育のあり方を考えるとき、大きな意義を持っている。

本稿では、ケア一般のなかで専門職のチームケアが持つ特徴を整理し、チームケアを中心にケアの提供に求められていることを概念化している。論文の後半部で検討するメイヤロフらの研究がケア一般という形で議論を進めており、チームケアに求められていること概念化が行われていない。また、現場の活動を整理して作成されている技術の目標は、それ自体では意義をもっているが、社会的、教育的な視点からは概念化がされていないのが実態である。

本稿では、最初にチームケアの特徴を整理している。医師や弁護士が行うような対人サービス、単独ケア活動と、教員や福祉施設のケアワーカーの行うチームケアは大きく異なっている。チームケアのなかでも、裁量が制約されている福祉施設でのチームケアでは、ワーカー同士の協力の可能性とチーム内での学びの機会があるとともに、予測が困難な複雑な状況のなかでチームの成果が求められることに由来する強いストレスを負う可能性が従事者にはあること、従事者の価値観の相克に由来する厳しい対立が発生する可能性があることを明らかにしている。

次に、近年の日本の高齢者施設のケアの現場では、ケア従事者が獲得する資質や態度について事例事例を蓄積してきている。この蓄積の方向を確認すると、客観的評価が難しい資質と技能があることが分かる。

こうしたチームケアの状況を前提に、日本におけるケア理論に大きな影響を及ぼしている哲学的な研究のひとつであるメイヤロフ氏の研究を中心にチームケアに必要な技能と資質を検討している。メイヤロフ氏とノルディング氏の著書は、ケアの可能性を理論的に解明したものである。こうした理論的解明は、現場で具体的に求めている資質とは異なるものであるし、理論的に解明された資質は、実際の技能獲得の評価に結びつけにくいものである。しかし、理論的解明は、現場で使われている指標を超えて、社会的に見た視点から、ケアの現場で必要としている資質に方向性を与えている。

チームケアの特質を前提にした検討から、チームケア遂行に必要な特有の技能と資質があることを明らかにした。チームケアでは、ケア供給者の主体性の確立と自己覚知が必要であり、チームケアの推進役であるリーダーは、予測困難な事態に対処するための分析能力・計画能力と、組織のミッションと現場活動を繋ぐ具体化・概念化の能力が必要である。

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