# Chapter 3

Feasibility Study for Developing a Meal Assistance and Oral Care Module for Vietnamese Care Workers: An Observation of a Care Institution in Danang, Viet Nam

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### Chapter 3

# Feasibility Study for Developing a Meal Assistance and Oral Care Module for Vietnamese Care Workers: An Observation of a Care Institution in Danang, Viet Nam

#### Youichi Hiruma

#### **Background of The Study**

Chapters 1 and 2 indicated the process of the development and evaluation of the meal assistance and oral care modules in Indonesia. The final goal of this study is to develop a universal module for the field of care. To do so, we must run the module in a different country under different care contexts to evaluate its reliability and validity.

The next target population was care workers in Viet Nam. Due to the rapidly ageing population growth of the country, which was explained in the introduction of this research report, we have been seeking collaboration with Duy Tan University in Danang City and the Vietnam Nurses Association for joint research in Viet Nam since 2018. Feasibility studies are required to develop the most suitable modules in Viet Nam.

In Chapter 3, we report on the observation of care facilities for older adults based in Danang City, Viet Nam, as a first step to launching a collaboration with Viet Nam's research counterparts.

#### 1. Visit to a Care Facility in Danang City

Name of the facility : Thien Tam An Nursing Home

Website : <a href="http://thientaman.com/">http://thientaman.com/</a>

Address : LoO1-B3-36, Khu do thi cong nghe FPT Danang, Phuong Hoa Hai,

Quan Ngu Hanh Son, Thanh pho Da Nang

Date of visit : 11 September 2022, 10:30 a.m.–12:30 p.m.

Person to meet : Ms. Vo Thi Ha (President of the nursing home)

Research members : Yuko Hirano (PI: Nagasaki University), Moemi Matsuo

(Nishikyhushu University), Youichi Hiruma (Shizuoka University), Susiana Nugraha, Lisna Augustina, Biben Fikriana, Ashifa (University of Respati Indonesia), Nguyen Dieu Hang, Pham Thi Ngoc An (Duy

Tan University)

#### 1.1. Observation of the Care Facility

#### 1.1.1. Facility

The facility is three storeys high. On the first floor, there is a reception for incoming guests, a dining room for the residents, and a kitchen. The second and third floors are residential areas. On the second floor, there are sauna and foot massage rooms for residents. The offices of the owners and full-time doctors are located on the second floor. Those who have trouble using stairs can use the elevator. A small garden with gymnastics apparatus and an indoor pool is also attached to the facility. The third floor has an open-air terrace, where residents can grow vegetables and enjoy birthday or barbecue parties. Residents practice yoga and exercise on the terrace in the evening. Currently, six residents live at this facility, which as per Ms. Ha, is a good business size.

#### 1.1.2. Location

The facility is located in the middle of FPT Corporation, one of the largest IT companies in the country. Ms. Ha chose this place because she expected the growth of green technology to be supported by FPT Corporation. Also, the surroundings are green and good for older adults to walk.

#### 1.1.3. Profile of Ms. Ha

Ms. Ha completed her bachelor's degree at a nursing college in Hue. She received a scholarship from the Government of Viet Nam to go to France to study non-communicable chronic disease management. She was the first nurse sent to France. She obtained a master's degree in public health at a university in Toulouse, France. She was also the first nurse to establish a nursing home for older persons (vien duong lao) in the country.

#### 1.1.4. Reason for establishing the care facility

Ms. Ha is passionate and benevolent towards older adults. She felt that many older adults suffered (such as bedsores) owing to not receiving good care. She recalled that her late father, who despite being financially affluent, was not able to receive good care in a rural residential area in his final days fighting cancer as no care services were available at that time. This experience motivated her to build a home for older adults to provide appropriate care. She also planned to build a system to dispatch medical staff (doctors and nurses) to home-based older adults. Capital and passion are essential for building a care facility for older adults.

#### 1.1.5. Advantages of being a nurse as a president of the care facility

The advantages of being a nurse who takes on the role of the president of the facility are that: (a) she can provide person-centred care and (b) she can wholly observe the business from the nursing perspective; therefore, she can train medical staff on her own. Ms. Ha stressed that the following three points are indispensable in running the care facilities to meet the high performance standards: (1) be in a managerial position, (2) have a professional capacity, and (3) have the ability to instruct or train staff.

#### 1.1.6. Concept of the care facility

The name of the facility, Thien Tam An, originally from the Vietnamese language, comprises three concepts: Thien (goodwill), Tam (heart, person-centred), and An (secureness).

The core of the care concept of the facility is based on nursing theory, but Ms. Ha added her own original concept of care. She has learned many care models from other countries, such as France, Japan, and Germany. She is also flexible in running the facility and accommodates requests to maximise the satisfaction of the older adults.

#### 1.1.7. Level of care of the residents

Currently, there are six residents in this facility. They have their own families, most of whom are wealthy. The family members of the residents visited the facility several times to obtain detailed information before finalising admission.

With regard to the care level of the residents, four people were in level 3 (independent), two in level 2 (partly dependent), and none of the residents ranked level 1 (totally dependent). In the future, care levels should be re-categorised into more detailed classifications.

The oldest resident is 92 years old (male), yet he is categorised as level 3 and is able to manage everything on his own.

#### 1.1.8. Daily activities of the residents

In the dining room, the following information was provided on a bulletin board to remind the residents:

- (1) Telephone number of the reception of the facility and the nearest local public security office
- (2) Daily schedule, such as room cleaning and laundry, changing of linens, mealtimes (breakfast, lunch, evening, and supper), and exercise

#### Activities:

- 1) Morning exercise (daily)
- 2) Shopping at the market (weekly)
- 3) Swimming in the sea (monthly)
- 4) Visiting temples (monthly: optional)
- 5) Inviting locals to socialise (on national holidays or mid-autumn festivals)

Family reunions are also available upon prior request.

Residents go back to their houses to hold memorial services, but most of them wish to return to the facility rather than stay in their own house. Ms. Ha assumed that the residents were using the facility as their own house (nhà). She and her staff tried to make them feel at home at the facility.

#### 1.1.9. Services of the care facility

Currently, seven nurses work in shifts. Home-visiting nurses are also available. A full-time doctor resides in the facility and offers medical check-ups every morning.

Whist recruiting staff nurses, Ms. Ha carefully observed candidates' attitudes during their job interviews. The most crucial factor was to check whether the candidates could get along with her. She also stressed that the attitude of the candidates towards the care receivers is important. She screens the candidates who are eager to provide care for older adults in the care institution or in home care settings, not with patients in the hospital or as an instructor.

To recruit highly qualified nurses, she pays a good salary and persuades the nurses that helping others is a noble job worth dedicating themselves to.

The feature of the care facility is holistic care based on: (1) provisions and facilities, (2) providing company for hospital visits, and (3) the provision of at-home care by nurses. Older adults worry about who will take care of them if they need to visit a hospital; the facility sends nurses along to accompany them so that they are comfortable.

#### 1.1.10. Meal services and nutritional considerations

The institution provides meals depending on the health conditions of its individual residents. This is important because: (1) every resident has a different type of disease, (2) every resident has a different swallowing capacity and dental health condition, and (3) every person has their own taste preferences.

Therefore, the institution cares about the variety of meals whilst providing familiar food that the older adults are used to eating. The foods to be provided must be varied, cleaned, and served with pleasure. Therefore, when recruiting a cook, Ms. Ha chooses a person who loves and cares about older adults.

#### 1.1.11. Potential of returning nurses from Japan

Six alumni members of Ms. Ha at Danang Medical University left Japan as nurses. However, after returning from Japan, nobody was in charge of nursing in Viet Nam. They worked as Japanese-Vietnamese interpreters or recruiters for sending Vietnamese people to Japan.

Currently, Ms. Ha does not consider recruiting nurses who have returned from Japan. This is because the institution is small, and there is no need to recruit many nurses.

The nurses who head for Japan are younger people between 22 and 26 years old because (Ms. Ha considers) Japan needs a young workforce. Vietnamese hospitals need experienced nurses between 26 and 35 years old, and these nurses are suitable to care for older adults. Therefore, Ms. Ha suggested that nursing colleges should provide courses to Japan-bound nurses from the freshmen year and let them go to Japan to work for 3–5 years so that they can learn not only about the nursing profession but also other aspects with which they can further profoundly understand Viet Nam. She stated: 'These people are suitable for working in this care institution. If a nurse is highly qualified, we can pay a higher salary. The recruitment of nurses in Viet Nam is difficult.'

#### 2. Conclusion

Of the 12.58 million older persons in Viet Nam, 4.43 million either live alone, live with other older persons, or live in a household with only older persons and children under 15 (35.21%) (General Statistics Office of Viet Nam, 2021). The more the ageing population increases, the more health care personnel will be needed in Viet Nam to provide care to the older adults, especially those who live alone.

Thien Tam Nursing Home is one of the latest nursing homes in Viet Nam. The institution provides professional care by nurses; thus, it may become a model for qualified care in Viet Nam. However, its business model is still under trial, so further study is needed to establish an appropriate model of care for older adults in Viet Nam.

## Reference

General Statistics Office of Viet Nam (2021), Older Persons in Viet Nam: An Analysis of the Population Change and Family Planning Survey 2021.

<a href="https://vietnam.unfpa.org/en/publications/older-persons-viet-nam-analysis-population-change-and-family-planning-survey-2021">https://vietnam.unfpa.org/en/publications/older-persons-viet-nam-analysis-population-change-and-family-planning-survey-2021</a>