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Original Article

Competency acquisition among rehabilitation professionals supporting older residents' community-based activities in Japan: a qualitative study

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Abstract. [Purpose] In Japan, community-gathering initiatives for older residents often involve support from rehabilitation professionals. However, the quality of this support varies. This study aimed to clarify the rehabilitation professionals' competency-acquisition process for establishing better support methods and processes, thereby reducing regional and individual differences. [Participants and Methods] The study included 10 rehabilitation professionals (nine physical therapists and one occupational therapist; eight males and two females, aged 34–57 years) with 2–7 years of experience facilitating community gatherings. Semi-structured interviews and the modified grounded theory approach were used. [Results] The results of this study identified 38 concepts, 15 subcategories, and finally the following 6 categories pertaining to the effective support process of care prevention: "not confident", "prepare for support", "form a rapport", "know the field", "implement effective support", and "utilize support experiences". [Conclusion] To prevent long-term frailty among older residents, rehabilitation professionals should 1) establish a system for ensuring their participation in the project, 2) understand the core principles of community rehabilitation, 3) facilitate residents' initiatives, and 4) mediate group activities. Apart from conventional physical-therapy skills, rehabilitation professionals must acquire specific competencies to support community gatherings as a part of their education, such as providing indirect group support rather than direct individual support.
Key words: Long-term frailty, Rehabilitation professionals, Qualitative inductive study

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INTRODUCTION

Japan has one of the largest aging populations worldwide. Therefore, efforts have been made to promote health and prevent long-term frailty. The Ministry of Health, Labour and Welfare (MHLW)[1)] has recommended the nationwide development of "older resident's commuting-based activities" (community gathering) and implemented a three-year project from 2014, titled the "Support Project for Promotion of prevention of long-term care through Community Development"[2)]. Because of these efforts, the number of community-gathering places has increased nationwide, from 70,134 places and 1,317,773 actual participants (3.8%) in 2015[3)] to 128,768 places and 2,374,726 actual participants by 2019 (6.6%)[4)]. A notice issued in September 2021 by the Director-General of the Geriatric Health Bureau of the MHLW specified that 8% of older adults will participate in community gatherings by 2025[5)], and further development of community gatherings is expected. The risk for developing frailty decreases in areas with high participation rates in community gatherings[6)]. In addition, participation in

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community gatherings is associated with a lower risk for developing dementia[7, 8]. Older adults who regularly participate in hobbies and sports activities tend to have lower subsequent-care costs[9].

In 2013, the "Community Rehabilitation Activity Support Project (CRASP)" was established as a part of the Comprehensive Project. The CRASP aims to promote the prevention of long-term frailty in local communities by involving rehabilitation professionals such as physical and occupational therapists in supporting community gatherings. Thereafter, rehabilitation professionals' involvement in community gatherings has been increasing gradually. However, the content and quality of the support offered for community gatherings differ by region and individual rehabilitation professional[10]. Consequently, the MHLW has stated that, in the future, specific measures must be implemented to improve the effectiveness and efficiency of the professionals involved in general care and frailty-prevention projects and realize their functions[11].

However, only few studies have focused on rehabilitation professionals' support for community gatherings. Rehabilitation professionals' ability to provide appropriate support depends on their competency levels. Competency refers to the knowledge, skills, values, and attitudes of health practitioners that enable them to meet the standards of practice expected from a healthcare professiona[12]. Ten[13] described competency as the ability to perform professional work in a certain situation, which requires the integration of knowledge and skills, as well as a sense of ethics and attitude. It is not an innate ability but is acquired through learning and can be measured by third parties[13]. Competency-based education—a trend in the field of health and welfare education[14]—focuses on helping professionals' acquirement of the requisite competencies during their education, based on their growth stage[15]. Rehabilitation professionals are expected to play a leading role in building infrastructure for such a community by providing support for community-gathering places. It is necessary to clarify and standardize the content and quality of support programs to ensure that rehabilitation professionals can provide effective support at community-gathering places in any region. In addition, clarifying the role of rehabilitation professionals in frailty prevention will lead to systematization of rehabilitation as an academic discipline. However, the content of support may differ depending on the characteristics of a region; thus, this research aims to extract competencies that are required in all regions and clarify the process of acquiring them.

PARTICIPANTS AND METHODS

This was a qualitative inductive study. The study participants included 10 rehabilitation professionals with extensive practical experience in supporting older residents' community-based activities through comprehensive projects for at least two years. The participants were recruited on the basis of the following criteria: 1) they should be qualified physical therapists, occupational therapists, and speech-language hearing therapists who have been involved in supporting older residents' community-based activities that are a part of government-led long-term frailty-prevention projects; and 2) they should have in-depth knowledge and a wide range of information on long-term frailty-prevention projects. In terms of the latter, the expert should satisfy one or more of the following four items: (1) has obtained the "Care Prevention Promotion Leader" position from the Japan Physical Therapists Association's promotion leader system regarding community comprehensive care systems; (2) has completed the Tokyo Metropolitan Community Rehabilitation Human Resource Development Training; (3) has attended the Tokyo Metropolitan Care Prevention Promotion Support Center Human Resource Development Training; and (4) has experience as a lecturer of frailty prevention. The process for determining sample size began with interviewing seven participants, followed by interviews with an additional three participants to reach saturation. Thus, the final sample size included ten participants.

The participants were selected from the Tokyo Metropolitan Government's Kita-ku RehabNet Frailty Prevention Committee. We distributed posters to solicit applications from the public. When the number of eligible applicants was small, we employed the opportunistic sampling and selected participants from among physical therapists, occupational therapists, and speech-language hearing therapists working in Tokyo. Data were collected between September 2021 and March 2022 using semi-structured interviews conducted on the basis of an interview guide. The interview guide aimed at capturing the basic qualities and abilities essential for a physical therapist: professionalism, knowledge, and evidence-based problem-solving skills; quality assurance and safety management; encouragement of lifelong learning; communication skills; and aspects considered ("Please tell us what you keep in mind when you provide support") when providing support. The interviews were conducted online; the average interview time (standard deviation) was 63.3 (9.2) minutes and ranged from 51 to 85 min.

Because of the lack of theory in this new field, we used the participants' answers as essential data to develop a framework that conceptualizes a theory. In other words, we used an inductive approach to conduct the analysis. Further, we analyzed the data using a modified grounded theory approach (M-GTA)[16, 17], which is effective for explaining and predicting human behavior and social interactions with others and analyzing the movement and process of phenomena within the scope of the research theme. It provides a structured qualitative research method, promoting practical application in areas related to interpersonal assistance. The research focused on "rehabilitation professionals with group support experience" and analyzed "the competency-acquisition process of rehabilitation professionals for supporting older residents' community-based activities" as its central theme. An analysis worksheet was used for concept generation. The analysis worksheet comprised concepts, definitions, variations, and theoretical notes (one for each concept). Data obtained from the verbatim transcripts of the interviews were entered as variations, specifically when the data were relevant to the analysis theme and focal persons. Each time an interview was completed, it was compared with the first variation, and a continuous comparison was made in

terms of similarities and opposites. The analysis was completed by verifying the completion of the analysis worksheet for each concept, the smallest unit of analysis, and assessing theoretical saturation for the overall results. The interpretation of the content in specific examples was entered as a definition, and a summary was entered as a concept name. Subcategories were defined as those that expressed more than one concept. Similar subcategories were combined to generate descriptive categories. The overall relationship was summarized as a written storyline and diagrams. To ensure validity, the analytical process and results of this study were guided by two researchers and practitioners specializing in healthcare who were familiar with M-GTA research methods. Data collection was driven by the following research questions: (1) What are the competencies of rehabilitation professionals who support community gatherings, and (2) How can those competencies be leveraged to produce good outcomes?

This study's design was approved by the Ethics Review Committee of the institution to which the participants belonged (Approval no.: R0202). Before starting the study, the participants were provided with information on the purpose of the study, the rights of free participation, protection from repercussions, publication of results, and protection of personal information, both orally and in writing. Subsequently, their signatures were obtained on consent forms.

RESULTS

The participants' characteristics are listed in Table 1. The 10 research participants (eight males and two females) included nine physical therapists and one occupational therapist. Their ages and continuous years of support experience ranged from 34 to 57 years and 2 to 7 years, respectively. The participants' community-based activities were conducted as one of the "CRASP" programs, a comprehensive project implemented in the four cities of Tokyo Metropolis, where they worked. These cities are covered by the "Support Project for Promoting Care Prevention through Community Development" implemented by the MHLW from 2016 to 2018. The community-gathering places are facilitated by the "Guidance for Promoting Care Prevention through Community Development".

Based on the analysis of the interview transcripts, 38 concepts and 15 subcategories were generated pertaining to rehabilitation professionals' competencies and support processes for facilitating community gatherings. These subcategories were aggregated into six categories: not confident, prepare for support, form a rapport, know the field, implement effective support, and utilize support experience. The not-confident category comprised subcategories such as lack of knowledge and anxiety about support, whereas prepared-for-support was classified into preparing a system, understanding the concept, and gaining knowledge. The "form a rapport" category comprised providing heartfelt support and building relationships. The "know the field" category included knowledge of the real situation and group characteristics. "Implement effective support" included drawing out the residents' initiatives, providing professional support and advice, and mediating group activities. Finally, "utilize support experiences" comprised collaborating with other organizations, reviewing the project, and making use of the experience (Table 2).

To improve the competencies of rehabilitation professionals and provide adequate support for the residents' community-based activities, rehabilitation professionals must [prepare for support] by "preparing a system", "understanding the concept" and "gaining knowledge" in order to resolve their [not-confident] stemming from their "lack of knowledge" and "anxiety about support". In addition, rehabilitation professionals must [form a rapport] with the older residents by "providing heartfelt support" and "building relationships" and improve their [know the field] by "know the real situation" and "know the characteristics of the group". This will enable them to [Implement effective support] by "drawing out the residents' initiative", "providing professional support and advice", and "mediating group activities". In addition, rehabilitation professionals can [utilize support experiences] by "collaborating with other organizations", "reviewing the project", and "making use of the experiences" (Fig. 1).

Table 1. Participant characteristics

Variables	Participation (n=10)									
	A	B	C	D	E	F	G	H	I	J
Gender	F	M	M	M	M	M	M	M	F	M
Age (years)	57	42	38	39	43	34	43	36	41	45
Professional qualification	OT	PT	PT	PT	PT	PT	PT	PT	PT	PT
Professional experience (years)	36	20	16	12	13	10	14	15	20	21
Support experience (years)	2	7	4	2	5	5	5	5	7	6
Interview time (min)	63	62	54	51	70	63	58	58	69	85

F: Female; M: Male; OT: occupational therapist; PT: physical therapist.

Table 2. Mapped results of the process of competency acquisition by rehabilitation professionals for supporting older residents' community-based activities

Categories	Subcategories	Concepts
Not confident	Lack of knowledge	Insufficient study
		Not knowing what the project was about
	Anxiety about support	Feeling pressured
		Lack of confidence
Prepare for support	Preparing a system	Organizing professional associations
		Creating a dispatch system
		Receiving support from the main workplace
	Understanding the concept	Understanding of the roles required
		Understanding of the purpose of this project
		Knowing the characteristics of the community
	Gaining knowledge	Gaining relevant knowledge
		Having role models
		Imagining support situations
Form a rapport	Providing heartfelt support	Being motivated and enthusiastic
		Having a love for one's town
	Building relationships	Considering the other person's feelings
		Responding with sincerity
		Having an attitude of acceptance
Know the field	Know the real situation	Learning about the usual group activities
		Understanding the residents' feelings
	Know the characteristics of the group	Understanding current issues
		Noticing the diversity of the group
Implement effective support	Drawing out the residents' initiative	Motivating residents
		Respecting the independence of residents
	Providing professional support and advice	Advising on safe activities (infection control, risk management)
		Advising on frailty prevention
		Assessing and advising on physical function, movement, and posture
	Mediating group activities	Advising on group operations
		Enabling residents to share their thoughts and feelings with each other
Utilize support experiences	Collaborating with other organizations	Multi-professional and mutual understanding
		Information sharing
		Confirmation of purpose and direction
	Reviewing the project	Analyzing the project
		Being aware of its impact
	Making use of the experience	Continuing support
		Responding to issues
		Transferring my knowledge and experience and training junior staff
		Providing recommendations on the project's content

DISCUSSION

In this study, individual interviews were conducted with rehabilitation professionals with extensive support experience, and the M-GTA was used to identify the process through which rehabilitation professionals acquire competencies for supporting older residents' community-based activities.

Those inexperienced in providing support lack the necessary knowledge and understanding of the roles they are expected to play. Consequently, they became anxious and overwhelmed. New physical therapists reported feeling anxious regarding the fields of technicality and knowledge[18].

Therefore, rehabilitation professionals should prepare themselves before participating in the support programs. For example, they should understand the concept of the long-term frailty-prevention project and its purpose and must learn about

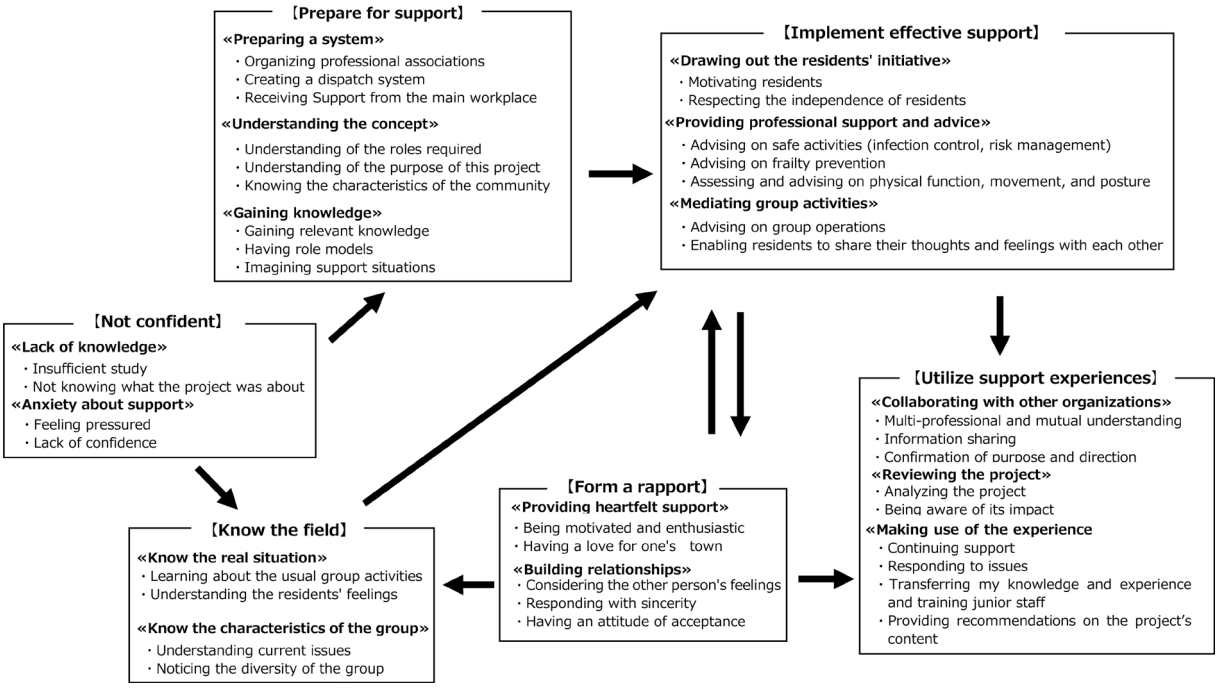

Fig. 1. The process of competency acquisition by rehabilitation professionals for supporting older residents' community-based activities based on the interview data.

evidence-based measures for preventing long-term frailty and promoting health. In addition, they should be taught about the specifics of the support program and understand the various processes involved from more experienced professionals to visualize the support they will provide[19].

Participating in government projects also requires considerable coordination in the work environment. The MHLW states that "municipalities should build a system for stable dispatch of medical professionals based on the support system and promote understanding among related organizations"[11]. When visiting a support site, understanding the current situation of the group and that of the participating older residents is crucial. It is also necessary to learn about the strengths and challenges of the group by asking those who play a central role in its operations about the sense of burden and thoughts about the group. The information on the characteristics of the group and those of its participants can be used to provide effective support.

It is important to value residents' willingness to think for themselves and do what they want. Therefore, supporters should refrain from giving instructions, or forcing or denying residents as much as possible. In community gatherings, support persons should provide correct information on ways to prevent frailty and promote health; balanced advice on improving one's physical and mental functions by suggesting effective exercises and activities; and support for conducting activities, facilitating participation, and improving environmental aspects. In addition, they must provide advice to support residents at risk for falling, those with high blood pressure, and those in pain, and inform them about safety aspects, including infection-control measures. If necessary, rehabilitation professionals should assess those who are frail and provide advice on the precautions to take when conducting group activities and ways to conduct activities safely. For residents who are too frail or at high risk, or those whose functions have suddenly deteriorated, rehabilitation professionals should inform specialists such as livelihood-support coordinators and administrative staff in the area in charge of the group. In addition, those who play a central role in group management (leaders, supporters, chairpersons, etc.) may have different concerns and problems compared with general participants[20], such as problems related to group management; therefore, it is desirable to listen to their concerns and give them specific advice, such as strategies for increasing participation and preventing disruptive behavior.

To mediate group activities, residents could be encouraged to share their thoughts on the activities in front of everyone and with each other to guide the group activities in a better direction. During this process, listening to the participants' thoughts and providing them with the right advice is necessary to build a relationship of trust with them. To encourage the older residents to open up, supporters must be sincere and honest while providing support[21]. Conveying the intent behind providing specific advice, such as making the residents healthier and energizing the community, could also help improve its effectiveness.

Sharing the information obtained during the community gatherings with relevant professionals, such as government officials and community comprehensive-support-center personnel, will increase the effectiveness of the support. However, this requires cooperation and trust building with multiple professionals and related organizations involved in facilitating com-

munity gatherings. Rehabilitation professionals must reflect on the project to observe the effects of the support provided to them and understand whether they have fulfilled their roles. Supporters should receive adequate opportunities for information sharing to discuss difficult cases and areas of improvement and apply them in future support programs. There should also be a mechanism for transferring knowledge and insights from experienced supporters to inexperienced ones. Accumulating these experiences and discussing them with concerned parties will help resolve region-specific issues, establish linkages with other projects, and formulate future policies.

In its Model Core Curriculum for Physical Therapy Education, the Japan Physical Therapy Association lists the following six basic qualities and abilities that physical therapists must embody: 1) professionalism, 2) knowledge of and skills in physical therapy, 3) evidence-based problem-solving skills, 4) quality assurance and safety management, 5) encouragement of lifelong learning, and 6) communication skills[22]. These qualities and abilities were also included as processes for supporting community-building in community gatherings.

This study's results show that, in addition to the qualities and abilities required of conventional physical therapists, the acquisition of competencies as supporters of community gatherings requires the establishment of "systems for participation in projects," "environmental arrangements" such as dispatch systems, "education" of rehabilitation professionals as supporters, and indirect support rather than direct support that "facilitates residents' independence". Rehabilitation professionals also require skills to provide effective group support rather than individual support.

Regarding the first research question, categories such as [prepare for support], [form a rapport], [know the field], [implement effective support], and [utilize support experiences] are essential. Regarding the second research question, effective support can be provided if the competencies are acquired by following the process presented in this study, emphasizing on drawing out the residents' initiative, providing indirect support rather than direct support, and being aware of the fact that group support is more effective than individual support.

This study's findings have social and academic significance, as they help clarify the direction of support that rehabilitation professionals could provide to older residents participating in community gatherings and would also help reduce the differences in the content and quality of support provided by them. The revised regulations for the designation of training facilities for physical therapists from FY2020 focus on enhancing educational content regarding the role of physical therapists in comprehensive community systems and improving cooperation among staff from multiple professions[23]. As the role of physical therapists in community-health projects becomes increasingly important, there is an urgent need to systematize the field of preventive physical therapy as an academic discipline and accumulate practical examples based on theory. This study's results contribute to the literature by providing relevant scientific evidence on the competency-acquisition process and provide examples of advanced practice.

One limitation of this study is that the content of professional support for community gatherings and the required role of rehabilitation supporters may differ among cities, wards, towns, and villages. However, all municipalities to which the research participants belonged were involved in establishing and supporting the continuation of community gatherings in accordance with the "Support Project for Promotion of Caregiver Prevention through Community Development". Moreover, despite regional differences, this method of providing support can be standardized for the entire nation. Raising rehabilitation professionals' awareness regarding the competencies they lack, providing direction for addressing these competency gaps, and creating a system for improving the quality of support would help them provide effective support for expansion of community gatherings in the future.

Funding and Conflict of interest

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