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Journal of Advanced Nursing

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Function-Focused Care Efficacy in Long-Term Care: A Concept Analysis Using the Hybrid Model

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Received: 11 March 2025 | **Revised:** 9 July 2025 | **Accepted:** 11 July 2025

Funding: The authors received no specific funding for this work.

Keywords: direct care worker | efficacy | function-focused care | long-term care facilities

ABSTRACT

Aim: This study aimed to conceptualise 'function-focused care efficacy' for direct care workers in long-term care facilities by identifying the domains and attributes of this concept using a hybrid model.

Design: A hybrid model concept analysis was employed in three stages: theoretical, fieldwork and final analysis.

Methods: Data were collected in South Korea from December 9 to December 20, 2024, through literature reviews and interviews with long-term care professionals and gerontological experts. The study comprised in-depth interviews with five participants from long-term care facilities. Data were analysed utilising content analysis.

Results: The final conceptualisation identified six domains and 13 attributes across three dimensions: plan, action and evaluation. The plan dimension encompassed personalised care (identifying residual function and designing tailored care plans) and collaborative care (communication among staff, multi-team approach and cooperation with family). The action dimension covered daily care (supporting daily activities and integrated care), motivational care (encouraging and praising) and ethical care (positive attitude and respect). The evaluation dimension focused on function evaluation (observing and documenting functional changes).

Conclusion: This study conceptualises function-focused care efficacy as the belief that direct care workers can effectively plan personalised and collaborative care, motivate older adults to maintain independence, provide integrated care in daily activities, deliver ethical care with respect and positive attitudes and assess functional changes. These findings can inform a measurement instrument and training programmes to enhance care workers' efficacy in function-focused care.

Implications for the Profession and/or Patient Care: Enhancing function-focused care efficacy can potentially improve the quality of care provided to older adults, promoting their independence and well-being.

Impact: The study aimed to conceptualise function-focused care efficacy among LTCF direct care workers. It identified six domains and 13 attributes across planning, action and evaluation dimensions. This framework can guide the development of efficacy measurement tools.

Reporting Method: N/A.

Patient or Public Contribution: No patient or public contribution.

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Summary

- What problem did the study address?
  - The study addressed the lack of a comprehensive and conceptualised measure for function-focused care efficacy among direct care workers in long-term care facilities. The study sought to define and conceptualise 'function-focused care efficacy' and identify its key domains and attributes.
- What were the main findings?
  - The study identified six key domains and 13 attributes of function-focused care efficacy: personalised care, collaborative care, daily care, motivational care, ethical care and functional evaluation. These domains were categorised into three dimensions: plan, action and evaluation. The findings emphasise the importance of direct care workers' efficacy in planning individualised, collaborative care, motivating residents to maintain independence and evaluating functional changes in long-term care facilities.
- Where and on whom will the research have an impact?
  - The research will have an impact primarily on direct care workers in long-term care facilities. It will inform the development of training programmes to improve care efficacy, which could enhance the independence and quality of life of older adults residing in long-term care facilities. Additionally, the findings may influence policy development and care practices in global long-term care settings, particularly in institutions that focus on functional maintenance and healthy ageing.
- What does this paper contribute to the wider global clinical community?
  - Presents a comprehensive conceptual framework for evaluating the effectiveness of function-focused care, which can be adapted across diverse cultural and healthcare contexts to enhance the quality of care for older adults in long-term care facilities.
  - Underscores the critical importance of direct care workers in maintaining the functional capacities of older adults, providing evidence-based recommendations for developing targeted training and support programmes to enhance care efficacy.
  - Establishes a foundation for future investigations into the efficacy of function-focused care, emphasising the multidimensional aspects of care, which may inform global healthcare policy and practice in promoting healthy aging.

1 | Introduction

1.1 | Background

Globally, long-term care is shifting toward in-home services, yet use remains limited, with only a 2% increase over the past decade, with 31% receiving institutional care (OECD 2023). Additionally, some countries have increased the number of older adults living in long-term care facilities (LTCFs) (OECD 2023). As of 2024, the global population of older adults aged 65 and over accounted for 10.5% of the total population and is expected to grow rapidly to 16% of the total population by 2050 (United Nations, Department of Economic and Social Affairs, Population Division 2024); therefore, the number of people living in LTCFs should remain significant. Consequently, there is a growing interest in healthy aging among older adults in LTCFs. Healthy aging refers to older adults maintaining the functional ability to engage in meaningful activities that support independent living—not merely extending life but enhancing quality (WHO, 2022). However, contrary to expectations of quality care in LTCFs for healthy aging, older adults' physical state and ability to perform activities of daily living decreased after institutionalisation, with higher reported rates of muscle loss than in those living in the community (Bürge et al. 2013; Tuan et al. 2022). Muscle loss in older adults in LTCFs leads to a decrease in function, such as dependence on assistance with activities of daily living (Taekema et al. 2010), which in turn leads to decreased physical activity (Nam and Heo 2020), and has been shown to contribute to a decrease in the quality of life. Therefore, maintaining functions, including the ability to perform activities of daily living, is important for healthy aging. However, care needs in LTCFs vary significantly depending on residents' underlying medical conditions, functional impairment levels and individual daily living goals (Shemendyuk and Wagner 2024). Thus, understanding these variations is essential for delivering individualised function-focused care that effectively supports healthy aging in diverse populations.

Maintaining the functional capacity of older adults in LTCFs has been studied extensively in Western countries as function-focused care, which originates from restorative care and applies a social-ecological model. In Eastern countries, similar concepts have been investigated, including self-support care, which emphasises assisting impaired functions rather than offering full support; residual function management, which seeks to optimise the use of intact abilities; and functional rehabilitation training, which focuses on strengthening and maintaining weakened functions (Chang et al. 2020; Jung et al. 2017; Wang et al. 2019). Direct care workers are crucial because these concepts represent a paradigm shift in care provision, wherein they create opportunities for older adults in LTCFs to maintain active engagement in their lives, in contrast to traditional care approaches that provide comprehensive assistance and potentially foster dependency among older adults (Cohen-Mansfield et al. 2006).

To maintain the functioning of older adults in LTCFs through care changes, direct care workers require care-related efficacy that enables them to sustain their functioning as caregivers. Efficacy is the cognitive and psychological belief that an individual can successfully perform a behaviour that produces a desirable effect (Bandura 1997). Care efficacy indicates care competence, which encompasses belief in and confidence in one's ability to provide quality care in one's caring relationships, expressions, attitudes and behaviours (Coates 1997). A higher level of care efficacy corresponds to greater care competence in maintaining older adults' functioning. Research has demonstrated that the efficacy of direct care workers is positively correlated with job satisfaction, utilisation of care resources and relationships with older adults in LTCFs (Shrestha et al. 2021). Conversely, lower efficacy has been associated with diminished quality of care due to burnout (Duffy et al. 2009; Bogaert et al. 2014). Consequently, enhancing direct care to provide

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function-focused care is imperative. In response, measures have been developed and utilised to assess care efficacy (Resnick and Simpson 2003). However, such measures were limited because they were developed through interviews with experts in the field and were not based on a conceptual analysis of function-focused care efficacy. As a result, it does not fully encompass the concept, nor does it reflect the recent evolution of LTCFs. This study conceptualised the efficacy of function-focused care through a comprehensive literature review and interviews with experts from academia and LTCFs.

1.2 | Purpose

This study aimed to conceptualise 'function-focused care efficacy', which can be utilised in practice, by identifying and defining the domains and attributes of 'function-focused care efficacy' for direct care workers in LTCFs through a concept analysis employing a hybrid model.

2 | Methods

2.1 | Study Design

Using a hybrid model, this study presents a conceptual analysis of function-focused care efficacy for older adults in LTCFs as perceived by direct care workers. The analysis was conducted in three cyclical stages–theoretical, fieldwork and final–as proposed by the hybrid model (Schwartz-Barcott and Kim 2000). In the theoretical stage, the attributes and definitions of the concepts are determined through a systematic and comprehensive literature review. Subsequently, their existence was verified during fieldwork. In the final analysis stage, the attributes and definitions of the concepts were confirmed through a comparative analysis of the results of the theoretical and fieldwork stages.

2.2 | Theoretical Stage

Through a literature review, the concept definition and attributes of function-focused care efficacy were analysed, emphasising the dictionary meanings and academic literature. Due to the use of various terms for related concepts in academia and Korea, there is a lack of an integrated concept of function-focused care and research on its efficacy. This study examined 'function-focused care', 'maintenance of residual function' and 'functional recovery training' as the primary concepts for older adults in LTCFs as of December 2023, with no year restrictions.

Additionally, after the initial literature search was completed in December 2023, a few recent studies published in 2024 and early 2025 were reviewed and added to strengthen the theoretical discussion. These were identified through targeted follow-up searches using the same databases and keywords. The Korean literature was searched using the RISS, KISS and DBpia search engines. The international literature was collected using Pubmed, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Web of Science. Boolean operators such as AND/OR were used to combine keywords including 'function-focused care', 'restorative care', 'residual function', 'efficacy' and 'long-term care'. Inclusion criteria were: (1) studies focused on older adults in long-term care settings, (2) studies addressing functional maintenance or related care strategies and (3) articles written in English or Korean and available in full text. Studies unrelated to long-term care or lacking relevance to function-focused care or efficacy were excluded.

In the theoretical phase, the literature analysis concentrates on how function-focused care is conceptualised and whether the nature of the concept defines function-focused care efficacy. The literature review primarily focused on nursing research and incorporated literature reported from other academic fields, such as occupational and physical therapy. For this study, seven Korean articles were selected from 222, and 25 international articles were selected from 495 for analysis. Additionally, two recent international articles published after the initial search were identified through targeted supplementary searching. Both were included in the final analysis. The detailed literature selection process is shown in Figure 1.

2.3 | Fieldwork Stage

An empirical investigation was conducted and analysed using the content analysis method (Patton 1999) to ascertain whether the attributes and definitions of function-focused care efficacy in nursing derived from the theory stage exhibit novel attributes according to the characteristics of LTCFs, and whether the attributes and definitions that emerged in the theoretical stage remain consistent in the fieldwork stage. This methodological approach facilitates organising and simplifying complex data into meaningful, manageable themes or categories.

2.3.1 | Researcher Preparation

The investigator has clinical experience in both long-term care and tertiary hospital settings. Furthermore, during doctoral studies in nursing, the investigator conducted numerous qualitative studies focusing on LTCFs. The investigator also completed a course on qualitative research methodology that provided training in transcribing recorded data, identifying relevant words and sentences about the research topic from the transcribed material, and formulating abstract themes from aggregated textual data.

2.3.2 | Field Setting and Negotiations

In this study, LTCFs were established as field sites, and individual in-depth interviews were conducted with facility directors and professors with extensive experience and knowledge of LTCFs.

2.3.3 | Participant Recruitment

Participants were recruited using purposive sampling to explore the conceptual attributes of function-focused care efficacy in both practice and theory. The recruitment criteria focused on experts with in-depth knowledge and experience in function-focused

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care. The participants comprised three long-term care facility directors, one long-term care nurse in a supervisory position and one nursing professor specialising in gerontology. This composition was used to ensure diversity of perspectives across clinical practice, management and academic expertise in function-focused care. The existing literature suggests that a small number of interviews (typically four–six) is sufficient to confirm and refine conceptual attributes and assess their practical relevance if the research topic is clearly defined and the participants possess a high level of expertise (Guest et al. 2006). Although Schwartz-Barcott and Kim (2000) suggest that three participants may be sufficient for the fieldwork phase of a hybrid model concept analysis, this study included five participants to ensure a comprehensive exploration of the concept and to mitigate the potential risk of excluding any key professional perspectives.

All participants had at least 10 years of long-term or gerontological nursing experience and demonstrated expertise in providing function-focused care or conducting related research. The selected participants had an average of 24.2 ± 10.3 years of clinical and educational experience and ranged in age from 39 to 62 years (Table 1).

2.3.4 | Data Collection

From December 9 to December 20, 2024, participants in LTCFs and educational institutions who comprehended the study's purpose and consented to participate were introduced to nurses working in LTCFs and experts in gerontological nursing. Participants were recruited using purposive sampling based on the inclusion criteria. The researcher emailed potential participants, explained the study's purpose and procedures and obtained voluntary written consent. All contacted participants agreed to participate, and no one refused or withdrew during the research process.

Data were collected through in-depth interviews, one per participant, lasting 40 to 70 min until saturation of statements was achieved. The interviews were conducted individually via Zoom at times convenient for each participant to ensure a private and secure setting. Only the participant and the researcher were present during each interview.

An interview guide was developed based on concepts and attributes identified during the theoretical phase and supported by a

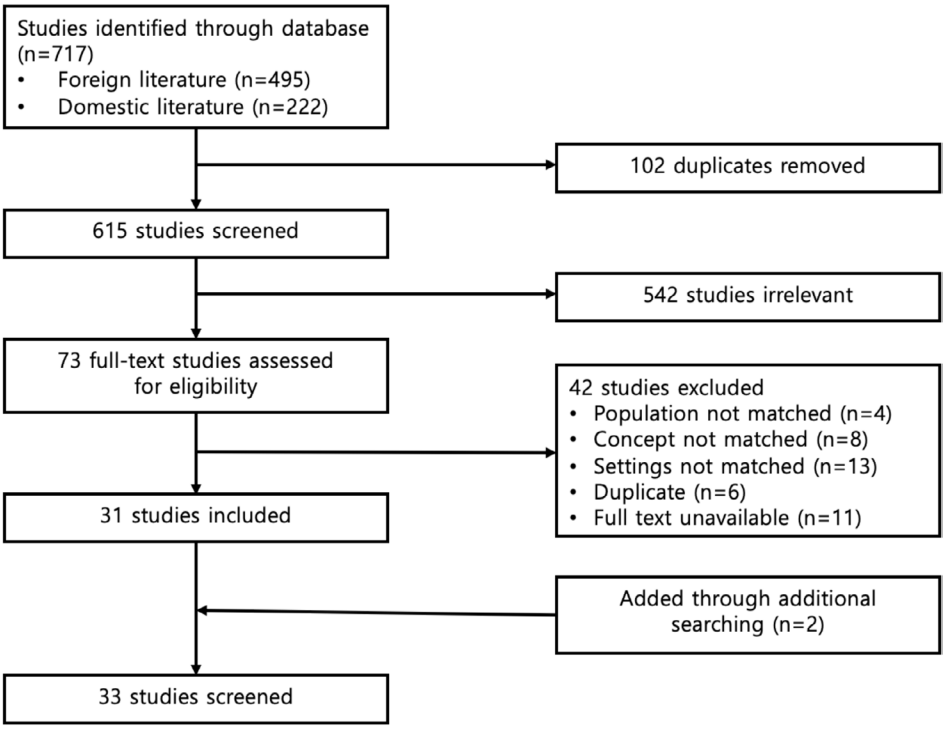


FIGURE 1 | Procedure of literature identification and selection.

TABLE 1 | General characteristics of participants.

	Age (year)	Sex	Education (degree)	Position	Clinical/educational experience (years)
1	62	Female	MSN	Director	35
2	39	Female	MSN	Director	12
3	47	Female	MSN	Director	20
4	52	Female	MSN	Nurse (Supervisor)	30
5	51	Female	Ph.D	Professor	20

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comprehensive literature review. It included three core open-ended questions, such as: 'What do you perceive as the significance of maintaining physical function for older adults in LTCFs?' 'Do you believe that the functional decline of older adults in LTCFs can be mitigated by direct care workers providing function-focused care?' and 'What competencies do you consider essential for direct care workers to deliver function-focused care effectively?' Although a formal pilot interview was not conducted due to the small sample size, two qualitative research experts reviewed the guide to ensure clarity, theoretical alignment and content validity.

All interviews were audio-recorded with participant consent and transcribed verbatim for analysis. Field notes were taken immediately after each interview to document contextual details and the researcher's reflections. Data saturation was achieved when no new themes or codes emerged from the final interviews.

2.3.5 | Data Analyses

As the purpose of the fieldwork phase was to refine the concepts by expanding and integrating the components and conceptual analysis identified in the theoretical phase, the data were analysed using Patton's (1999) content analysis method. This method organises and simplifies complex data into meaningful and manageable themes or categories along a specific taxonomy by repeatedly examining the transcribed data while considering the attributes related to the concept of functional maintenance care efficacy identified through a literature review. The content analysis method involves continuously comparing and categorising data collected in the field to derive concepts and categorise them more abstractly (Patton 1999). To conduct qualitative content analysis, the interviews were transcribed on the day of the interview to create a transcript, which was subsequently read repeatedly, underlining meaningful statements to identify significant words, clustering words with common meanings to create subcategories, and analysing the attributes and dimensions of each category. Finally, the attributes, categories and dimensions derived from the theoretical phase were compared and analysed to select the terms that most accurately expressed the meaning of the statements.

2.3.6 | Validity

Participants were presented with the researcher's thematic analysis to validate the study results and confirm whether the interpretations accurately reflected their intended meanings. Although interview transcripts were not returned to the participants for individual corrections, this member-checking process was conducted to enhance credibility.

Furthermore, the reliability and validity of the findings were strengthened through continuous discussion and review of subcategories and categories by a nursing professor experienced in qualitative research. All interviews were transcribed verbatim to ensure data integrity, and the transcribed texts were read and examined repeatedly. Analytical reliability was secured by systematically comparing alternative interpretations of the findings and ensuring consistency between emerging themes and original data.

To ensure confirmability and auditability, participant recruitment and data collection procedures were described in detail, and direct quotations were included in the results section to demonstrate alignment between the data and interpretation. Field notes during and after interviews captured contextual details and reflexive observations, supporting the interpretation.

The researcher, who has clinical experience in both long-term care and tertiary hospital settings and has conducted multiple qualitative studies during doctoral training, applied reflexivity throughout the study. This included examining personal assumptions, maintaining neutrality during interviews, and documenting reflective memos to reduce bias and ensure a rigorous analytic process.

The validation strategy aligns with Sandelowski's (1986) criteria, emphasising credibility, dependability, confirmability and transferability in qualitative research.

2.3.7 | Ethical Considerations

To ensure the ethical integrity of this study, approval (IRB no. OOOO-202212-0021-04) was approved by the Institutional Review Board of E University. Before commencing the interviews, the purpose and methodology of the study were explained to the participants, and voluntary written consent was obtained. This consent form indicated that the interview content would be utilised solely for research purposes, securely stored to prevent the disclosure of personal information, and disposed of after a specified period following data analysis.

2.4 | Final Analysis Stage

The final analysis stage comprised integrating findings from the theoretical and fieldwork stages. A comparative analysis contrasted the essential attributes of function-focused care efficacy from the literature review with the conceptual attributes identified in the fieldwork interviews. This enabled the concept's clarification, refinement and validation as perceived in theory and practice.

Based on this comparison, overlapping themes were confirmed, discrepancies were examined, and newly emerged attributes were incorporated. As a result, the attributes of function-focused care efficacy in nursing were further clarified, and a refined definition of the concept was formulated to reflect theoretical foundations and real-world perspectives within LTCFs.

3 | Results

3.1 | Dictionary Definition of Function-Focused Care Efficacy

Function-focused care comprises three key terms: function, focus and care. Function denotes the action for which an individual is specifically adapted or utilised or for which an entity exists. Focus

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signifies directed attention or emphasis, whereas care pertains to a person or entity that is the subject of attention, concern, or solicitude (Merriam-Webster 2019). Based on these definitions, function-focused care represents an approach that emphasises and directs attention toward optimising an individual's capacity to perform actions for which they are inherently capable or suited.

3.2 | Concepts of Function-Focused Care Efficacy in Related Disciplines

In the context of rehabilitation, this concept focuses on improving impaired physical function by enhancing the remaining intact abilities of the body (Kim et al. 2010, 2011). Unlike function-focused care, which emphasises maintaining current functional levels and the prevention of further decline, functional restoration targets explicitly the recovery of lost or impaired abilities. These two approaches are not mutually exclusive; instead, they are complementary in long-term care settings. Function-focused care aids in preserving residents' independence in daily activities, whereas functional restoration addresses existing deficits and enhances functional recovery. Rehabilitation studies have demonstrated that functional restoration programmes, particularly for stroke patients, improve upper extremity function, balance and perceptual abilities (Kim et al. 2011). These programmes have also been associated with positive outcomes in activities of daily living and motor coordination of both the upper and lower limbs. Therapeutic exercise interventions have exhibited neurophysiological improvements in brain function, supported motor recovery and reinforced the benefits of targeted interventions (Lee 2015).

In long-term care facilities, functional restoration programmes are designed to prevent further deterioration and promote the latent functional abilities of residents through physical activities, mobility training and activities of daily living (Choi et al. 2023). Care provision in LTCFs does not follow a strict dichotomy between maintaining and restoring function. Rather, these two approaches are often applied simultaneously depending on the residents' conditions. Direct care workers frequently need to prevent further decline and promote recovery through daily caregiving activities. As such, it is more appropriate to conceptualise these two approaches as an integrated form of function-focused care efficacy. The integration of function-focused care and functional restoration within these settings can ensure that residents maintain their current abilities and achieve recovery in areas where the decline has occurred. Based on this understanding, function-focused care efficacy refers to the belief that caregivers can successfully provide interventions to preserve residents' current functions and facilitate the recovery of impaired or latent functions.

3.3 | Trends in Studies on Function-Focused Care Efficacy in Nursing

The term is used interchangeably in nursing with 'residual function management' and 'restorative care'. Residual function management emphasises that all institutionalised older adults experience physical and mental changes due to aging and chronic illness; however, the level of functioning varies among individuals, even under the same conditions and aims to utilise the remaining functions of the individual (Han et al. 2013). It is an extension of the utilisation and maintenance of functions and is incorporated into function-focused care. Residual function management is an intervention that systematically assesses, maintains and enhances an individual's residual function (Lim et al. 2014), developing practice guidelines based on functional status and multidisciplinary collaborative research (Tak 2012). Restorative care provides opportunities or encouragement for institutionalised older adults to perform activities of daily living that they can execute independently (Galik 2010). Research has examined direct care providers who administer this care and changes in the health of institutionalised older adults who receive this care. Based on the information above, function-focused care efficacy is the belief that direct care workers can administer the care necessary to maintain and enhance institutionalised older adults' physical, mental and cognitive functioning.

3.4 | Components of Function-Focused Care Efficacy in the Theoretical Phase

The conceptual definition of function-focused care efficacy identified in the theoretical phase is the belief that personalised and collaborative care can be planned in daily care to maximise the function of older adults, motivate them to perform independently and subsequently evaluate changes in functioning (Resnick et al. 2008; Engelman et al. 2002; Resnick and Fleishell 2002; Henskens et al. 2017). Function-focused care efficacy identified in the theoretical phase comprised three dimensions, five domains and 11 attributes (Table 2). The three dimensions are 'plan', 'action' and 'evaluation'. The five domains are personalised care, collaborative care, daily care, motivating care and functional evaluation.

TABLE 2 | Components of function-focused caring efficacy defined in theoretical phase.

Dimension	Domain	Attributes
Plan	Personalised care	Considering functional capacity
		Planning care based on assessment
		Minimising harm
	Collaborative care	Communication among staff
		Multi-disciplinary approach
Action	Daily care	Supporting daily activities
		Integrated care
	Motivating care	Recognising
		Rewarding
Evaluation	Function evaluation	Observing functional changes
		Documenting functional changes

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The plan dimension encompasses personalised care, which entails considering the individual's possibilities, planning care based on assessment results and developing strategies to minimise harm. It also involves planning for inter- and intra-professional communication, including a multidisciplinary approach and effective coordination among direct care workers, to ensure collaborative care. The act dimension stipulates that care support should be integrated into everyday life, ensuring that care is not targeted at specific staff or residents. Additionally, motivational care recognises and rewards residents while maintaining their functioning, encouraging continued motivation to preserve their functioning. The evaluation dimension involves assessing changes in functioning due to maintenance care through observing and documenting functional changes.

3.5 | Components of Function-Focused Care Efficacy in the Fieldwork Phase

Five domains and 10 attributes were derived in the fieldwork phase according to the plan and action dimensions of direct care workers' function-focused efficacy in long-term care facilities (Table 3).

3.5.1 | Plan Dimension

3.5.1.1 | Personalised Care. Two attributes were derived from the 'personalised care' domain: 'maintaining residual function' and 'Designing a tailored care plan'. This indicates that for direct care workers to provide personalised care, they should be capable of planning according to individualised goal setting to maintain the resident's residual functions.

> I think that conventional care is universal care, but function-focused care is care that varies depending on the individual older adult, so we need to be able to set the most realistic goals ... I think that we should be able to set different goals for care based on the individual's condition and needs.
>
> (Participant 2)

This quote illustrates that direct care workers emphasise the importance of establishing individualised care goals as the foundation for designing tailored care plans. Furthermore, the participants highlighted the need to maintain residual function by enabling residents to use their remaining abilities in daily activities.

3.5.1.2 | Collaborative Care. Two attributes were identified in the 'collaborative care' domain: 'cooperating with family', 'multi-team approach'. Collaborative care refers to planning consistent resident care through cooperation with family members and healthcare professionals working in LTCFs.

> If there is a goal of care for each resident, it should be shared with ... other staff in the facility. So that each part of the facility can discuss the goal for each resident and how to help them live.
>
> (Participant 4)

This quote illustrates that direct care workers value a multi-team approach, in which care goals are shared and discussed among various staff members to ensure consistent and coordinated care. Furthermore, the participants highlighted the importance of collaborating with families to support care planning that reflects both professional and family inputs.

3.5.2 | Action Dimension

3.5.2.1 | Daily Care. In the domain of 'daily care', two attributes were derived: 'supporting daily activities' and 'integrated with care manual.' This indicates that direct care workers can provide function-focused care in daily living integrated with, rather than separate from, the existing care manual. Although the term 'care manual' was not explicitly mentioned, participant responses consistently indicated that function-focused care was not implemented as a separate or additional task but was embedded within existing care routines such as feeding and dressing. This reflects an implicit integration of function-focused care into routine caregiving activities outlined in typical care manuals used in LTCFs.

> Caregivers already have care tasks such as feeding, dressing, washing, and so on, and it's within those tasks. Rather than the idea of giving them arm exercises ... it's more about giving them a chance to pick up a spoon on their own at least once.
>
> (Participant 1)

This quote illustrates that direct care workers perceive function-focused care as part of their routine caregiving that is seamlessly integrated into daily activities, such as feeding and dressing.

3.5.2.2 | Motivational Care. Two attributes were derived from the 'motivational care' domain: 'encouraging'

TABLE 3 | Components of function-focused caring efficacy defined in field work phase.

Dimension	Domain	Attributes
Plan	Personalised care	Maintaining residual function
		Designing tailored care plan
	Collaborative care	Cooperation with family
		Multi-team approach
Action	Daily care	Supporting daily activities
		Integrated with care manual
	Motivational care	Encouraging
		Prasing
	Ethical care	Positive attitude
		Respect

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and 'praising'. This indicates that when direct care workers implement function-focused care for older adults, they should be capable of encouraging them to optimise their functional capacity through positive reinforcement.

> They need to be encouraged to do things on their own. Because if they're always getting help ... they're used to getting help, and they keep asking you to do it for them. So you have to be able to encourage them that they can do it on their own ... If you say, 'You did so well when you tried, and I'm going to help you do well in the future', then ... they try one more time to do it independently.
>
> (Participant 2)

This quote illustrates that direct care workers use encouragement and praise to support older adults' confidence and willingness to independently engage in function-focused activities.

3.5.2.3 | Ethical Care. Two attributes were derived from the 'ethical care' domain: 'positive attitude' and 'respect'. These attributes pertain to the capacity to deliver care with a positive disposition toward older adults and a professional ethos characterised by respect.

> I think respect means being patient and waiting for residents to do things themselves, even if it takes time. Instead of focusing on how quickly I can finish their meal, I try to let them eat on their own. ... Even with all the knowledge, without respect and the willingness to wait, we can't provide function-focused care.
>
> (Participant 4)

This quote illustrates that direct care workers view respect as involving patience and supporting older adults' autonomy in daily activities. Furthermore, the participants emphasised the need for a positive attitude to foster supportive and dignified care interactions.

3.6 | Components of Function-Focused Care Efficacy in the Final Phase

The final analysis stage of the hybrid model integrates the results of the theoretical and fieldwork stages. After defining, identifying and reorganising the domains and attributes of the function-focused care efficacy of direct care workers in long-term care facilities, six domains and 13 attributes were finalised for the plan, action and evaluation dimensions (Table 4).

In the domain of personalised care, the attribute 'considering functional capacity' was consolidated with 'maintaining residual function' and subsequently renamed 'identifying residual function'. Furthermore, 'planning care based on assessment' was incorporated into 'setting individual goals', resulting in two attributes within the personalised care domain: 'identifying residual function' and 'setting individual goals'.

TABLE 4 | Components of function-focused caring efficacy defined in final phase.

Dimension	Domain	Attributes
Plan	Personalised care	Identifying residual function
		Designing tailored care plan
	Collaborative care	Communication among staff
		Multi-team approach
		Cooperation with family
Action	Daily care	Supporting daily activities
		Integrated care
	Motivational care	Encouraging
		Prasing
	Ethical care	Positive attitude
		Respect
Evaluation	Function evaluation	Observing functional changes
		Documenting functional changes

In the collaborative care domain, the attribute 'communication among staff' was retained to represent intra-professional collaboration among direct care workers, facilitating consistent and coordinated care. In addition, the 'multidisciplinary approach' concept was integrated into the 'multi-team approach' during the fieldwork phase, reflecting the caregiver's implementation of the plan developed through inter-professional collaboration in the LTCFs. Additionally, 'cooperation with the family' was maintained because of its significant impact on the care plans. Consequently, three attributes were finalised in the collaborative care domain: communication among staff, a multi-team approach and cooperation with the family.

In the domain of daily care, 'integrated with care manual' was identified during the fieldwork phase as signifying that general care tasks and functional maintenance care tasks are not discrete but were integrated analogously with 'supporting daily activities'. Furthermore, 'integrated care' was maintained to indicate that function-focused care was not provided exclusively to specific residents by specific care workers. Thus, the daily care domain comprises 'supporting daily activities' and 'integrated care'.

In the domain of motivational care, 'recognising' and 'rewarding' were consolidated into 'encouraging' and 'praising' due to the similarity in meaning between recognising and rewarding residents' independent actions and the concept of 'encouragement and praise', both serving as motivational strategies. 'Waiting' was also retained as it constitutes a method to

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motivate residents by allowing them time to perform tasks independently. Consequently, the motivational care domain was finalised with two attributes: 'encouraging and praising' and 'waiting'.

The ethical care domain, which was not identified in the theoretical phase, emerged during the fieldwork and was incorporated into the final phase. As a result, two attributes of the ethical care domain were established: 'positive attitude' and 'respect'.

The function evaluation domain was not derived during the fieldwork phase but was conceptualised during the theoretical phase and included in the final phase. Therefore, two functional evaluation domain attributes were determined: 'observing' and 'documenting' functional changes.

Based on the findings above, the final definition is as follows: A long-term care direct care worker's efficacy in function-focused care for older adults in long-term care facilities is the belief that they can plan personalised and collaborative care to maintain the resident's functioning to the greatest extent possible, motivate residents to perform independently in their daily lives, perform care ethically and evaluate changes in function.

4 | Discussion

This study examined the function-focused care efficacy of direct care workers in LTCFs using a hybrid model approach and elucidated the concept and its attributes. Five domains and 11 attributes were categorised into the plan, action and evaluation dimensions in the theoretical phase. Five domains and 10 attributes were categorised into the plan and action dimensions in the fieldwork phase. The personalised and collaborative care domains were identified as the plan dimension in both the theoretical and fieldwork phases. In contrast, the daily and motivational care domains were identified as the action dimension. In the evaluation dimension, the functional evaluation domain was identified only in the theoretical phase, whereas in the action dimension, ethical care was newly identified in the fieldwork phase.

In the plan dimension, the ability to identify older adults' residual functioning to establish individualised goals and plan 'personalised care' and 'collaborative care' through adequate communication with staff and caregivers was identified as an attribute of function-focused care efficacy. Personalised care is situated within person-centred care, which has recently become a fundamental component of care philosophy in long-term care settings. Person-centred care is predicated on providing individualised services to individuals and advocates identifying and establishing an individual's condition and goals to facilitate personalised care (Flesner 2009).

In line with this trend, studies have been conducted to classify residents of Korean LTCFs according to their physical and cognitive functions. The Assessment Form for Long-Term Care Approval categorises older adults into eight categories based on their level of independence in daily living and cognitive function (Choi et al. 2023) and nine classifications based on physical, cognitive and daily living functions to provide care for each category (Konyang University Industry-Academic Cooperation Foundation and National Health Insurance Service 2022). In other countries, the InterRAI LTCF, which encompasses health status, social support, environment, risk factor assessment and physical and cognitive function status, is utilised to implement personalised care (Canadian Institute for Health Information 2024). Consequently, to implement personalised care in Korea, it is necessary to incorporate social support, environment and risk factor assessment into LTCF to classify older adults using this instrument.

For collaborative care to be effective, a sufficient level of communication is essential, including between long-term care workers and the families of older adults. The quality of care for residents can be enhanced through collaboration among direct care workers and effective communication among various departments within the facility (Alexander 2015). To address this, a study was conducted to present interprofessional communication based on situations that may occur in LTCFs using the Situation, Background, Assessment, Recommendation (SBAR) method (Park et al. 2021). In this study, each step of the SBAR method was utilised to recognise residents' functional status, collect information about their current status, identify functional problems and share roles and tasks among workers. Specifically, the study established functional problem situations that commonly occur in long-term care facilities and presented an SBAR form for each role and communication in each situation.

Furthermore, cooperation among family members is fundamental to planning personalised care. A case study on the social relationships and interactions of older adults in LTCFs indicated that family members' information about older adults and agreement on the care method contributed to the transition of care from a universal to an individualised service (Lim et al. 2014). To plan customised care for older adults, family members must provide sufficient information to the direct care provider to reflect the individuality and specificity of the care provided by older adults. Family members' agreement on the form of care the direct care worker provides is a prerequisite. A study on the effectiveness of collaborative communication between caregivers and staff found that it enables personalised care, improves care quality and reduces residents' behavioural symptoms (Robison et al. 2007). Therefore, it is appropriate to conceptualise function-focused care efficacy as sufficient communication between staff, a multiteam approach and family cooperation to establish a collaborative care plan.

In the action dimension, 'daily care', which encompasses 'supporting daily activities' and 'integrated care'; 'motivational care', which comprises 'encouraging and praising' and 'waiting'; and 'ethical care', which includes 'positive attitude' and 'respect' were identified as attributes of functional maintenance care effectiveness. Integrated care delivery in everyday life is a characteristic of function-focused care that distinguishes it from specialised training by physiotherapists or occupational therapists. Although training provided through separate personnel, time and space arrangements is challenging to apply on a full-time basis, and its effects do not persist beyond a certain period (Przybylski et al. 1996),

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direct care workers who provide care that focuses on the ability to perform activities of daily living have more enduring effects (Beck et al. 1997). This confirms the finding that function-focused care is provided through integrated care in daily life. Furthermore, a function-focused care checklist has been developed based on activities of daily living (ADL) items to indicate the significance of care in daily living (Resnick et al. 2007). The checklist was designed to observe and score whether verbal and nonverbal encouragement and praise were provided for each ADL item and whether the resident was permitted to perform the task independently.

Verbal and nonverbal encouragement and praise are key concepts in Bandura's (1999) social cognitive theory, which is predicated on the notion that they can alter a resident's response to function independently. Consequently, interventions to maintain functioning through verbal and non-verbal encouragement and praise have been consistently implemented. These interventions have been reported to mitigate functional decline and enhance the quality of life of older adults, suggesting that verbal and non-verbal encouragement and praise are crucial for implementing function-focused care (Jao et al. 2021; Vluggen et al. 2024).

Positive attitudes toward and respect for older adults are fundamental to caregiving. Care that respects the autonomy of older adults is essential as it has been demonstrated to maintain their functioning and lead to outcomes such as reduced fall incidence (Ragsdale and McDougall 2008). In Korea, following the significance of ethical care, the Enforcement Decree of the Long-Term Care Insurance Act mandates that direct care workers receive in-service education to enhance their care quality and designates professional ethics and basic competencies as the primary focus of in-service education (National Law Information Center 2024). Consequently, it is imperative to increase the efficacy of direct care workers in function-focused care through ethical education that encompasses respect for human rights and individual autonomy, respect for self-determination, compassionate attitudes and appropriate communication as outlined in the basic principles of long-term care facilities (Ministry of Health and Welfare and National Health Insurance Service 2020).

In the evaluation dimension, the ability to evaluate functional changes through observation and documentation of functional alterations was identified as an attribute of function-focused care efficacy. Although the assessment of functional changes in residents is ultimately performed by long-term care facility professionals, including nurses, the observation and documentation of residents for evaluation are included in the responsibilities of direct care workers (Ministry of Health and Welfare 2014). In Korea, the Long-Term Care Service Record documents the content, duration and specifics of services provided to older adults (National Law Information Center 2024). However, changes in the condition of older adults are recorded through work logs, and there are challenges in the objective assessment of functional changes due to the absence of a structured form and the non-mandatory nature of work logs (Ministry of Health and Welfare 2014). Furthermore, while the functional status of older adults must be assessed regularly, at least once annually, through a needs assessment form, it is necessary to develop functional change assessment items that can be employed routinely when providing care in daily life. Therefore, it is imperative to document the daily functions of older adults in long-term care service records to enable continuous evaluation of their functional changes and their application to care provision.

This study is significant in that it identified the multidimensional attributes of direct care workers' function-focused care efficacy in long-term care facilities using a hybrid model concept analysis; further, it provided a conceptual framework for measuring direct care workers' function-focused care efficacy by defining the concept. However, this study is limited in that it included predominantly Western papers in the theoretical stage and only Korean long-term care facility sites in the fieldwork stage. In addition, individual characteristics such as age, tenure and caregiving experience may influence how direct care workers perceive and enact efficacy-related behaviours. These personal factors could affect their perceived responsibility or confidence in delivering function-focused care. Future research should consider these variables when developing tools or designing interventions.

Nevertheless, it is noteworthy that this study defined function-focused care efficacy in a manner that allows function-focused care, which is primarily studied in the Western world, to be applied to the Eastern world, particularly Korea. Furthermore, the identified attributes confirm that the function-focused care efficacy of direct care workers plays a crucial role in improving the independence and quality of life of older adults, which can ultimately contribute to the promotion of healthy aging. The significance of function-focused care efficacy is grounded in Bandura's self-efficacy theory, which posits that individuals are more likely to initiate and sustain behaviours they believe they can perform. When direct care workers feel confident in delivering function-focused care, they are more likely to promote older adults' autonomy and participation in daily activities. These behaviours support independence and quality of life, key elements of healthy aging (Bandura 1997; Resnick et al. 2008; Jao et al. 2021). Consequently, it is anticipated that the attributes presented in this study can be utilised to assess direct care workers' efficacy in function-focused care by focusing on the dimensions of plan, action and evaluation and can be employed to design training programmes to enhance the efficacy levels of care workers.

5 | Conclusions

Using a hybrid model, this study analysed the concepts and attributes of function-focused care efficacy of direct care workers in LTCFs. The findings demonstrated that direct care workers' perceptions of function-focused care efficacy comprised the beliefs that they could plan personalised care by identifying residual function and establishing personal goals, plan collaborative care through effective communication with staff and family members, provide integrated care in daily life, deliver motivational care through encouragement, praise and patience, offer ethical care through positive attitudes and respect for older adults, and evaluate functional changes through observation and documentation. A measurement instrument reflecting the attributes of the conceptualisation of function-focused care efficacy of direct

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care workers in LTCFs should be developed and utilised as a foundation for creating a function-focused care efficacy enhancement programme.

Author Contributions

Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data: L.Y. and D.J. Involved in drafting the manuscript or revising it critically for important intellectual content: L.Y. and D.J. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content: L.Y. and D.J. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: L.Y. and D.J.

Acknowledgements

The authors have nothing to report.

Ethics Statement

To ensure the ethical integrity of this study, approval (IRB no. EWHA-202212-0021-04) was granted by the Institutional Review Board of Ewha University.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are not publicly available as participants did not consent to data sharing at the time of data collection.

Peer Review

The peer review history for this article is available at https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.70096.

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