

Effectiveness of group supervision from the perspective of strengths for dementia care leaders of private nursing homes

Suzhou Kitahara¹⁾ Akiyoshi Yamamoto²⁾ Kazutaka Masuda³⁾ Masakazu Shirasawa⁴⁾

1)Operating Officer, Super Court Co., Ltd., Osaka Japan, 2)President, Super Court Co., Ltd., Osaka Japan, 3) Ph.D., Assistant Professor, The International University of Kagoshima, Kagoshima Japan, 4) Ph.D., Professor, Graduate School of Gerontology J.F. Oberlin University, Tokyo Japan

Aims: As of 2012, 4.62 million people (15.0%) in Japan have dementia, and four million people (13.0%) have mild cognitive impairment of people aged 65 years old or over. Moreover, 80% of residents at nursing homes have dementia. It is estimated that by 2025, seven million people in Japan will have dementia, with 20% percent of people aged 65 or over being dementia sufferers. Therefore, Japan has adopted a national strategy that involves development of comprehensive measures against dementia. This strategy, known as the 'New Orange Plan', is to run from 2015 to 2025. One of the main pillars of this strategy is to develop human resources for dementia care. Therefore, in the present study, we first asked 39 private nursing homes to select one 'dementia care leader', for whom group supervision designed to support difficult dementia cases was carried out based on the dementia care leaders' assessment and support using the strengths of the elderly a total of 12 times (once per month) from October 2014 to September 2015.

Methods: We carried out 3 times investigations from dementia care leaders (before, midpoint, and after group supervisions). Contents of investigations are: (1) care workers' ability to view dementia patients positively (7 items, which are "they can do self-care partly", "they have hope", "they have amusement", "they have fancy", "they have desire to do somethings", "they have desire to relationship with others", and "they have desire to play some roles"). (2) Their abilities to assess the strengths of elderly patients from 12 perspective items (3 physical items which are "ability of eating", "ability of bathing" and "ability of excretion" and 5 psychological items which are "their hobby", "their amusement", "their concern", "their hope" and "their desire" and 4 social items which are "support from family", "favorite friends", "favorite staffs" and "favorite

place". (3) Their abilities to support elderly patients from 12 strength perspective items (3 physical, 5 psychological and 4 social items). Questionnaires are installed at 5 levels. Changes of leaders' attitude, assessment and ability to support elderly patients among 3 times investigations by group supervision were calculated by t-test.

Results: 30 dementia care leaders responded all of 3 times investigations. Basic attributes of leaders are indicated at Table 1. The results of t-test among before, midpoint, and after group supervisions indicated Table 2. The results showed a significant change dementia care leaders' ability to view dementia patients positively, abilities to assess the strengths of elderly patients psychologically and socially and abilities to support elderly patients using their physical, psychological and social strengths. Especially between before and midpoint group supervisions, we can find that dementia care leaders changed their attitude and ability to assess and to support elderly patients. And between midpoint and after group supervisions, it is difficult that leaders change their attitude, assessment and ability to support elderly patients. Only this group supervision couldn't enhance leaders' ability to assess strengths of the elderly from physical perspectives, because they had gained these ability to assess strengths of the elderly before starting group supervision.

Conclusions: The above results indicate that it is effective in training of dementia care personnel to continue to implement group supervision that focuses on the strengths of people with dementia. Also, this indicates that not only group supervision to find strengths in dementia patients is effective in developing the dementia care ability of careers, but also that group supervision for careers is necessary to improve attitude, assessment and ability to support elderly patients.

Table 1 basic attributes of dementia care

items	category	N (%)
gender	male	14 (46.7)
	female	16 (53.3)
Qualification (multiple responses)	certified care worker	4 (13.3)
	approved home helper	28 (93.3)
	certified case manager	1 (3.3)
	Certified social worker	2 (6.7)
Experienced years	Under 5 years	25 (83.4)
as a care worker	6-10 years	4 (13.3)
	Upper 10years	1 (3.3)
Experienced years	Under 1 year	5 (16.7)
at current nrnsing home	1-2 years	9 (30.0)
	2-3 years	7 (23.3)
	Upper 3 years	9 (30.0)

Table 2 result of t-test among before, midpoint and after group supervision

Items	Means of before	Means of midpoint	Means of after	T-test between before and midpoint	T-test between midpoint and after	T-test between before and after
view dementia patients positively (7 items)	27.2 ± 3.7	29.2 ± 3.6	28.9 ± 4.9	※※	N.S.	※
assess strengths of the elderly from physical perspectives (3 items)	9.6 ± 1.3	10.1 ± 1.2	9.7 ± 1.5	N.S.	N.S.	N.S.
assess strengths of the elderly from psychological perspectives (5 items)	13.4 ± 2.0	14.8 ± 2.0	15.0 ± 2.4	※※	N.S.	※※
assess strengths of the elderly from social perspectives (4 items)	10.9 ± 1.9	11.9 ± 1.5	12.7 ± 1.9	※※	※	※※
support the elderly from physical strength perspective (3 items)	8.6 ± 1.5	9.8 ± 1.4	9.6 ± 1.5	※※	N.S.	※※
support the elderly from psychological strength perspective (5 items)	12.4 ± 2.3	14.5 ± 2.4	15.0 ± 2.3	※※	N.S.	※※
support the elderly from social strength perspective (4 items)	10.7 ± 1.8	12.1 ± 1.7	12.7 ± 1.7	※※	N.S.	※※

