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St.Luke's college of nursing, Geriatric care project, Intergenerational day program 'St.Luke's Nagomi-no-kai' 2010 annual report

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St.Luke's College of Nursing, Geriatric Care Project
Intergenerational Day Program 'St. Luke's Nagomi-no-kai'
2010 Annual Report



Tomoko Kamei, St. Luke's College of Nursing

Funded by Shigeo & Megumi Takayama Foundation

St.Luke's College of Nursing, Geriatric Care Project
Intergenerational Day Program 'St. Luke's Nagomi-no-kai' Annual Report
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I . Introduction and program purpose

Our intergenerational day program was provided in a college building once a week by nursing faculty, part time nurses and volunteers living in the urban community. We have conducted this intergenerational program continually for three years and six months for community dwelling elderly and school age children.

The guiding principal of the program is that it is elder and child centered with the nature of the program and its activities guided and managed by participants as much as possible. This concept provides from 'People-centered Care' initiatives from the COE program at St. Luke's college of nursing Tokyo, Japan from 2007.

The program aims are: 1) preventing elders from becoming home-bound, 2) helping them to keep their physical and mental health through intergenerational exchange, and 3) maintaining or improving their quality of life by providing a meaningful destination and one that will encourage their energetic participation. With the supporting facilitation of faculty, elders bring their wisdom and culture to the group, and especially to the children. For the children's generation, the program aims to deepen their understanding of the elderly as they develop positive relationships and bonds with elders, interact with one another, and come to know the traditional culture from their joint activities with elders. The program provides the opportunity for relationships to develop between two generations; urban children and the generation of residents who are the ages of their grand- or great grand-parents. We have thought that this process will satisfy reciprocal needs for both generations.

We have been guided by our belief that our program would make it possible for us to contribute to people centered program innovation together with community members. This intergenerational day program provided interaction of elders, school age children, community volunteers and nursing faculty and involved these three generations in the community. This concept and program is very uncommon in the urban community, and also in schools of nursing.

II . The program, participants, volunteers and staff

In 2010, thirteen female elders and two school age children were registered in our program. Nine elders were continuing participants from the

beginning and four elders and two children were newly registered participants. Elder's mean age was 77.9 (*SD* 7.9), children's mean age was 7.0 (*SD* 0). Eight elders were living alone and six elders were living with their families.

Three community volunteers from our district neighbors joined in our program and helped during the session and snack time. Three nursing faculty facilitated the day's program, assisted with the program and supervised the risks of the program like prevention of falls and food hygiene.

In this year, a total of thirty-seven sessions were provided weekly. Content of the program, number of participants, volunteers and staff are shown in Table 1. Total of 712 people participated in our program in 2010.

III. Research methodology

This research employed mixed methods in a longitudinal study.

1. Quantitative data collection

Quantitative measures were the elders' quality of life (WHOQOL26), depression (GDS-15), cognition (NM scale), and activities of daily living (Lawton ADL Index) examined using a statistical composed design.

2. Qualitative data collection

Qualitative ethnographic methods were used to describe the intergenerational interactions among the elderly, children and volunteers' support over the course of the program.

IV. Results

1. Elders' QOL

Elders' physical, psychological, social, environmental and overall QOL evaluated by WHO-QOL 26 from first involvement to after twelve, twenty-four, and thirty-six month longitudinal session are shown in Figure 1. QOLIII(Social relationship domain) seems to be mostly higher during the thirty-six month period. The elders' number who participated continually for thirty-six months was seven females.

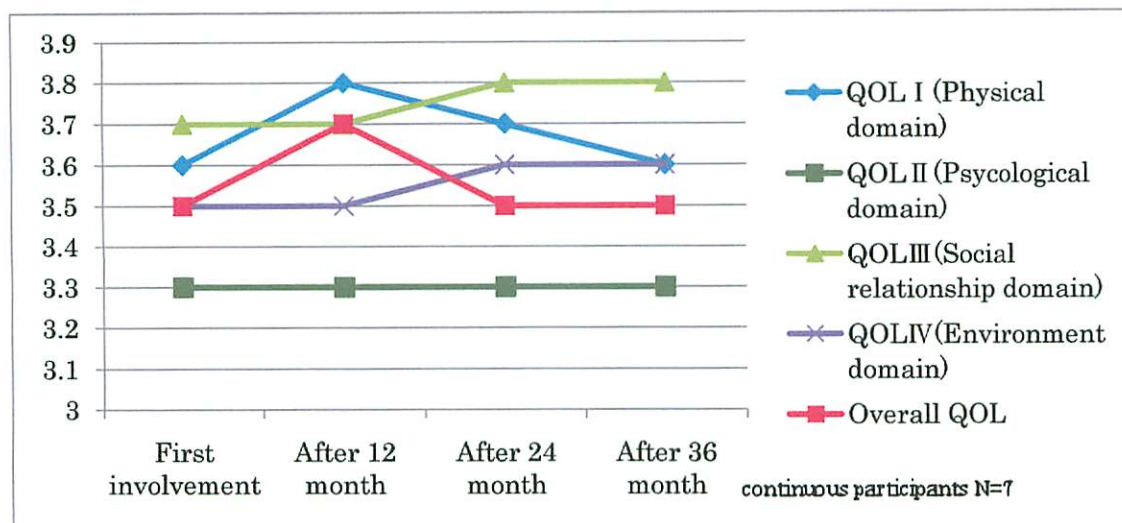


Figure 1 Elder's WHO-QOL26 from first participation to after thirty-six month (Repeated measure ANOVA)

2. Elders' depression

Depression evaluated by GDS-15(geriatric depression scale -15) and analyzed by repeated measure ANOVA(analysis of variance) at first involvement, after twelve, twenty-four and thirty-six month longitudinal sessions is shown in Figure 2.

Before implementation of the program, mean GDS-15 score of participants ($n=7$) was 5.1 points, after twelve months, the score was 4.1 point, after twenty-four months, the score was 3.0 point, and after thirty-six months, the score was 4.0 point. There was no statistical significant difference between the first implementation and each time points because the number of the participants was small for statistically analysis.

By using, Kurlowicz et al.'s (2007) schema (depressed with GDS-15 is 5 points or more and non-depressed with 4 points or less), provided an established mechanism to separate elders for longitudinal change analyses using repeated measure ANOVA. The data referred only to participants who were provided GDS-15 score evaluated points, in first involvement, after twelve, twenty-four, and thirty-six month($n=7$). The depressed elders' group ($n=3$), GDS-15 scores showed a significant decrease between the first involvement (8.7 points) and after twenty four months (4.7 points) (Bonferroni's multiple comparison test, $p=.002$). The non-depressive group of elders ($n=4$) showed no significant changes, first involvement; 2.5, after twelve month;3.0, after twenty-four month 1.8, and after thirty-six month

2.8 points).

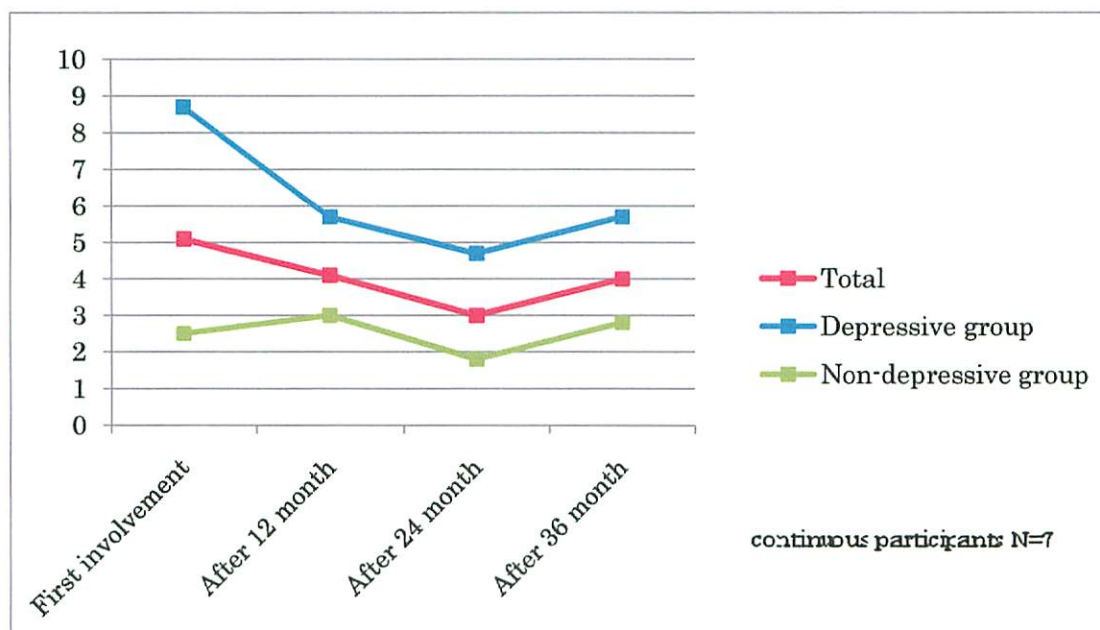


Figure 2 Elder's depression for every twelve months evaluated by GDS-15 (Repeated measure ANOVA)

3. Elders' Cognition

Cognition evaluated by Japanese NM scale and analyzed by repeated measure ANOVA at first involvement to after thirty-six months is shown in Figure 3. Eight (61.5%) elders had no cognitive disorders, three elders (23.1%) showed slight cognitive disorders and two elders (15.4%) had severe cognitive disorders at first involvement. One elder's cognitive disorder progresses downward after eighteen months; however other elderly didn't change the cognition level over the thirty-six months period.

In the case of two of elders who have severe cognitive disorder and couldn't follow each program by themselves two staff members were seated beside them and helped with sewing, painting, making Christmas wreath, and singing a song.

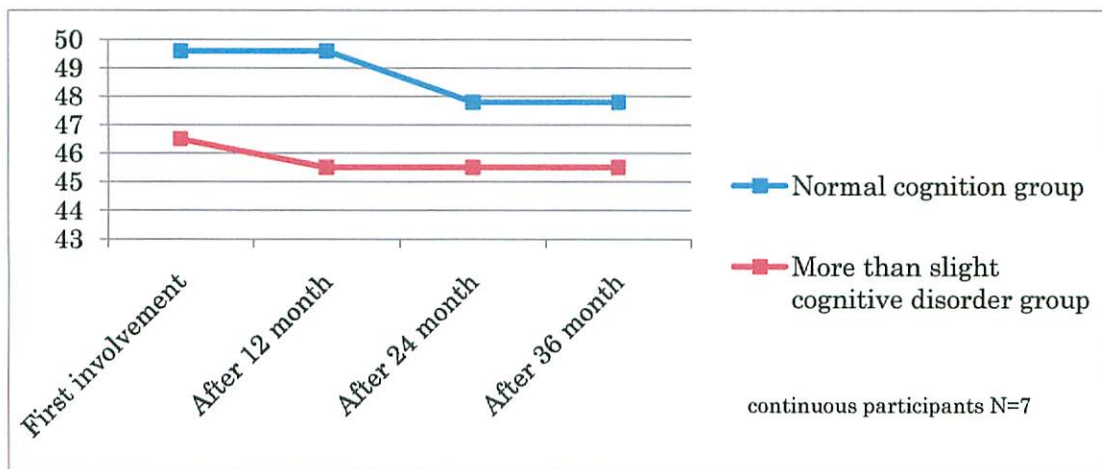


Figure 3 Cognition evaluated by Japanese NM scale (Repeated measure ANOVA)

4. Elders' falls and ADLs.

During the past twelve months, six elders experienced falls among thirteen elders; two of six were recurrent fallers and four of them were first fallers. They felt down both in their residence and outside of their residence. During thirty-six months, two were non fallers among the participants. However, ADLs and all kept their independence for the thirty-six month period.

5. Intergenerational interactions

Through participant observation of each session, interactions of the participants, conversations, facial expressions in both generations were observed and field notes were kept and analyzed from the thirty-six month period which included 120 sessions.

The analyzed interactions are shown in Figure 4. Thirteen categories were identified during the sessions.

6. Participants' satisfaction with the program.

Participants were given unsigned questionnaires to evaluate the program every three months. The self-rating satisfaction scale(0-10 point) of elder's was 9.6 ($n=17$), 9.4 ($n=16$), 9.6 ($n=14$), 9.7 ($n=13$), 9.7 ($n=12$), 9.3 ($n=12$), 9.7 ($n=12$), 9.4 ($n=12$), 9.6($n=9$), 9.4($N=9$), 9.5($N=8$), 9.4($N=7$) respectively after first involvement, after three, six, nine, twelve, fifteen, eighteen, twenty-one, twenty-four, twenty-seven, thirty, thirty-three, and thirty-six month.

Elders' and children's narrative comments are shown in Table 2. The children's favorite session was Aroma hand massage, and snack time with elders.

Table 2. Elders and children's narrative comments about the program

22nd, October, 2010: Respondent 10 elders.

1. Satisfaction of intergenerational day program

(10 point ratings)

10point	5 (50.0%)
9point	2 (20.0%)
8point	1 (10.0%)
N.A	2 (10.0%)

2. Interested activities

Calligraphy	9 (90%)
Aroma hand massage	9 (90%)
Coloring scarf	9 (90%)
Creating picture cards for 100 poems with 100 picture cards: Hiyakunin-issu	7 (70%)
Sewing large table spread	

Respondent two school age children.

1. Interested activities

- community bus tour, calligraphy, playing games at college garden, singing a song
- coloring scarf

2. I learned from the elders is . . .

- I want to be gentle for elders.

3. I want to learn from elders . . .

- playing games: ball games

4. I want to teach the elders to . . .

- jump rope

7. Volunteers' Effort

Volunteers from community neighbors helped each thirty-seven sessions. The volunteers, mean age was 63.0, and they were three house wives and two of three were rotated and helped each session.

The roles of volunteers were: 1)help each session with the facilitator and faculty, 2)serve tea and snack for participants at optimal time point, 3)participate to the activity with elders and children and facilitate them, 4)help and assist elderly who have cognitive disorder to do something, 5)take children to meet their parents, if necessary

Faculty brief participants' physical and mental conditions and required attention prior to stuff meeting. One volunteer or faculty always seated beside elderly with cognitive disorder and has wandering behavior around inside and outside of the room to relieve her anxiety.

After each session, faculty and volunteers debrief and reflect to the session and evaluate the activities and progress of the session.

8. Award

The intergenerational day program St. Luke's Nagomi-no kai contributed to winning the Cabinet Office minister's award in 2010. This prize is given to the office that made a big contribution to child-nurturing support. The intergenerational day program, St. Luke's Nagomi-no kai, held in the research center building of St. Luke's college of nursing 2nd building weekly. Our program contributed to the research center winning this prize.

V. Discussion

The Intergenerational Day Program St. Luke's Nagomi-no-kai was recognized as a place for independent participation and a meaningful destination of the elders' living in an urban community. Elderly and the school age children interacted with each other and both generation as well as volunteers in the community. Our program is now well-known in Japan and also by our college faculty and students. We believe our intergenerational day program has been well accepted in our urban community as effective elders' mental health promotion.

This study showed a new method of nursing support for frail elderly; by integration of growth and life-span human development theory and nursing practice, reciprocal needs were satisfied for both generations.

VI. For Future Study

We are developing an observational evaluation scale to assess the intergenerational exchanges and interactions of both generations in 2011.

VII. Acknowledgements

We would like to thank to Shigeo and Megumi Takayama Foundation. And also thank to the participants and volunteers of the Intergenerational Day Program, St. Luke's Nagomi-no-kai; Ms. Miyuki Kuwabara, Quilt Leaders Tokyo; Mr. Hajime Okamura, renowned calligrapher; Ms. Nao Oba, NPO Aroma Support Center. And we would like to give great thanks to community and student volunteers, and Yuko Sunamura, RN, MSN.

VIII. Publications

- Tomoko Kamei, Waka Itoi, Fumiko Kajii, Chiharu Kawakami, Masumi Hasegawa, and Tomoko Sugimoto: Effectiveness of an intergenerational day program on mental health of older adults and intergenerational interactions in an urban setting: A twelve month prospective study using mixed methods, *Journal of Japan academy of gerontological nursing*, 14(1),16-24,2010.
- Tomoko Kamei.(2010): The older adults got vividly: the intergenerational exchange between generations; preventive approach in long term care and ideal way of independence support for the elders, *Kurashi-to karada*,No.67,6-7.
- Tomoko Kamei, Waka Itoi, Fumiko Kajii, Chiharu Kawakami, Masumi Hasegawa, and Tomoko Sugimoto :Six month outcomes of an innovative weekly intergenerational day program with older adults and school age children in a Japanese urban community, *Japan journal of nursing science*, (in press)

IX. Academic conferences

- Tomoko Kamei, Fumiko Kajii, Yuko Yamamoto, Naoakira Niino (2010). Effectiveness of intergenerational day program for continuous participated elderly, *Japanese journal of public health*, 57(10),363.
- Waka Itoi, Tomoko Kamei, Eysuko Tadaka, Fumiko Kajii.(2010). Development of observational assessment scale for intergenerational interaction of elders and children, 30th annual meeting of Japan academy of nursing science, 298.

X. Panelist and lectures

- Tomoko Kamei. NHK heart forum (panelist). Caring for people with dementia; in the facilities and in the community, Dementia care by intergenerational community support, Hamarikyu Asahi Hall, 29th May, 2010.
- Tomoko Kamei. Social welfare council Tokyo (Lecture). Understanding of human development; the stage of older adults and evidence based practice for elderly in the urban community.

X I . Awards

St. Luke's College of Nursing, Nursing Research Center. Cabinet Office minister's award in 2010. St. Luke's Nagomi no kai contributes to the award.