Background

23.3% of population in Japan is age over 65 and the prevalence of dementia is estimated to be 33.9% in age over 85.

Medical professionals working in acute care facilities have tendency of focusing on the treatment of acute medical problems. However, the cognitive impairment of geriatric patients makes it difficult to provide the care due to their declining cognitive status.

Effective skill to take care of patients with cognitive impairment is critically needed, while the burn out and resignation rate of nursing staff are increasing.

*Humanitude®* is a French origin care method for cognitive impaired patients widely used for more than 35 years. The effectiveness is well known in European countries but it is not evaluated in Asian countries, where cultural background is different.

Objectives

Assess the effectiveness of *Humanitude®* through 5 days training course for nurses working in acute care hospitals.

Methods

Nurses working at acute care hospitals were trained with 5 days intensive training course of *Humanitude®*.

The contents of the training

- Lectures
  - Philosophy and theory of the methodology
  - Techniques of patient care
  - Pathophysiology of dementia
- Bedside training
- Daily care for geriatric patients

Key concepts of the methodology

- 4 fundamental techniques
  1. regard
  2. talk
  3. touch
  4. assistance to stand up

The participants were asked questionnaires before and after the training. Narrative and qualitative analysis were performed.

Results

- 23 nurses were enrolled the study
- Average of job experience: 18.0 years
- Median of job experience: 14.5 years.

Conclusions

Nurses in acute care hospitals recognized *Humanitude®*. is effective for geriatric cognitive impaired patients.

Discussion

- Majority of participants realized the moment of establishing better communication with patients
- This is the first implementation of this method to Japan and this is a pilot study to evaluate the effectiveness of the methodology.

Table 1: pre-training problems at work

<table>
<thead>
<tr>
<th>Relationship with patients:</th>
<th>Violence by patients</th>
<th>Refusal of care</th>
<th>Difficulties to communicate</th>
<th>Anxiety of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical problems:</td>
<td>Depression</td>
<td>Delirium</td>
<td>End of life care</td>
<td></td>
</tr>
<tr>
<td>Workload:</td>
<td>Limitation of time for care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postgraduate education:</td>
<td>Lack of education of care for dementia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: pre-training experience

<table>
<thead>
<tr>
<th>Learning experience</th>
<th>Performing experience</th>
<th>N=23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regard</td>
<td>YES 6 NO 17</td>
<td>2 NO 21</td>
</tr>
<tr>
<td>Talk</td>
<td>YES 11 NO 10</td>
<td>1 NO 22</td>
</tr>
<tr>
<td>Touch</td>
<td>YES 9 NO 13</td>
<td>4 NO 19</td>
</tr>
<tr>
<td>Stand up</td>
<td>YES 7 NO 15</td>
<td>2 NO 21</td>
</tr>
</tbody>
</table>

- For each technique, 26-52% of participants had learned about it in the past.

- About 90% of participants reported that they did not perform the elements in the manner of the method before the training course.

Table 3: post-training evaluation

<table>
<thead>
<tr>
<th>Relationship with patients:</th>
<th>Gained confidence for the care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical problems:</td>
<td>Success for muscle relaxation</td>
</tr>
<tr>
<td>Workload:</td>
<td>Less violent behavior</td>
</tr>
<tr>
<td>Education:</td>
<td>Became calm without psychiatric medication</td>
</tr>
</tbody>
</table>

- Overall care time is shortened
- Enjoyed the work
- Less fatigue after work
- Recovering from burn out

References

- Gineste Y et al.
  *Humanitude®*: Comprendre la vieillesse, prendre soin des Hommes vieux

Contact information

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