Background.
As with most developed countries that face rapid population aging, in Japan, there is a growing societal concern about a marked increase in older adults with dementia and how to provide a quality of care for them. A major challenge for Japanese care practitioners involves caregiving to older adults who display behavioral psychological symptoms with dementia.

Seeking a potential solution, Japanese care practitioners are increasingly interested in Humanitude, a French-origin methodology of caring for vulnerable older adults, as a guideline to relate well to dementia patients. With four ways to relate to patients (i.e., gaze, speak, touch, give them opportunities to stand on their feet), Humanitude prescribes how to approach, provide care, and leave the patient.

Our aim in this study was to identify whether caregiving in line with Humanitude might influence the behavior of older adults with dementia.

Method.
A quasi-experimental method was employed in a geriatric hospital in Fukushima Prefecture. Most patients are bed-ridden in this hospital. Thirty-nine staff members (nurses, care workers) working in two wards participated in this study. Participants from one ward (intervention group) received 3-hour training in Humanitude care techniques while those from the other (control group) were not provided with such education. One month after this manipulation, all participants reported whether they observed any differences in the behavior of their assigned patients. In addition, if they observed it, they were asked to provide open-ended description about how the patient changed throughout the project. The patients were aged 75 or older; diagnosed with dementia; and their families agreed that these patients were involved in this study. There was no significant difference between two groups of patients.

This study is conducted under the approval of IRB at Tokyo Metropolitan institute of Gerontology and Tokyo Medical Center.

Results.
For each group, we calculated the proportion of participants who observed changes in the behavior of their assigned patients; the proportion in the intervention was significantly higher than that in the control group. (Fig.1)

Descriptions provided by participants in the intervention group involved: “the patient were more likely than before to open her eyes because I always knocked the door before coming in”; “The patient tried to make it easy for me to give care after I started use Humanitude techniques.”

Discussion.
Using Humanitude technique improved the relationship between care providers and patients. On the one hand, because providers try to observe patients more closely, they can find even subtle changes in patients. On the other hand, providers perceive these changes as positive feedback about their care.

Conclusion.
The results suggest that caregiving in line with Humanitude can ameliorate the condition of older adults with dementia. Further, given the association between caregivers’ subjective burden and recipients’ behavior, care practitioners also can benefit from providing care guided by Humanitude.