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ORIGINAL ARTICLE

Study of “Individuality” on Nursing Care Job

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ABSTRACT

The objective of this research is to clarify how nursing care staff perceive the user’s “individuality” based on their shared view in nursing care practices. The survey with paper questionnaire was conducted among 114 nursing care staff who worked at a care giving facility. As a result, 95 (83.3%) commented they had an experience of using the word, “individuality,” 22 (19.3%) commented they provided nursing care with “individuality” all the time, and 68 (59.6%) commented sometimes. In addition, we conducted the self-assessment and others-assessment personality test (BigFive short version) among 12 users who were engaged with all 9 nursing care staff in the same team, and then analyzed with Friedman test. As a result, it was clear that nursing care staff had different user perception on four factors, extroversion, openness, sincerity, and harmonicity, whereas they had a common perception on one factor, emotional unstableness. This indicates that it has high potential of providing consistent emotional care; however, it is also considered that they tend to provide care focusing on emotion.

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I. Introduction

It has been 18 years since the nursing care insurance system was implemented, and the condition surrounding the elderly has changed, such as increases of elderly population, single-person/couple household and dementia. In the social condition change, users expect nursing care staff to provide high quality care.

Considering complexity, diversity, and advancement of nursing care needs, it is essential to properly understand user needs and issues. Team care is critical to support the dignified, independent daily life of users that is a principle of nursing care insurance. It is important that nursing care staff engaging with users need to provide the same nursing care approach as a group. Accordingly, it is fundamental to provide nursing care based on the plan with the right process (assessment→nursing care design→nursing care implementation→monitoring assessment→modification as needed). Furthermore, it is essential to implement nursing process by gathering and sharing information while proposing the care to support a user becoming independent. Within the process, it is important to enhance assessment capability to implement the practice understanding “individuality,” and the assessment should include user’s emotional/physical condition as well as the relationship with society, such as user’s local community.1) When providing service, nursing care staff are required to use the word, “individuality” to respect individual users. In the nursing care service, what does user “individuality” mean? We think the “individuality” is not something “fixed.” “Individuality” may be the perceived image from a single aspect. Can others (nursing care staff) truly understand a user’s “individuality”? We question whether the individuality perceived by others is the same as the one viewed by oneself. We believe “individuality” should not be determined by others (nursing care staff). To simply describe, the “individuality” is the image perceived by others, and under the condition, nursing care staff use the most vague term “individuality” in their practice – this may lead them to believe the ineffective, unrealistic “elderly care supporting dignity” is an ideal one2). While the word, “individuality” is commonly used in nursing and nursing care practices, we question what it fundamentally means.

The objective of this research is to clarify consistency and discrepancy of perception on user “individuality” among nursing care staff in their shared practices.

Term Definition: To verify the difference on perception of user among nursing care staff in the shared practices and views, the consistent assessment is essential.

Accordingly, the definition of “own personality,” the personality attribute employed in psychology is used in this research3), therefore the “individuality” is defined as “consistency seen in the behavior of an individual that can be observed by others and the uniqueness compared to others”.

II. Sample and methodology

1. Research sample

210 nursing care staff engaging with users in the nursing care facility who meet the condition below.

<User >

- 1) Serving 24 hours nursing care
- 2) Capable of responding to personality test
- 3) Agrees to respond for the research

<Nursing care staff >

- 1) Working at 24 hours nursing care facility
- 2) 9 nursing care staff engaging one user and working on the same floor
- 3) Agrees to respond for the research

Screening rationale: to clarify the perception of “individuality” among nursing care staff who work at the facility capable of engaging with daily life of users for 24 hours. As for users, they should be able to respond to the written questionnaire.

2. Selection of nursing care facility

Among healthcare and nursing facilities for the elderly where offer 24 hours service with users capable of responding personality test in writing, we selected 9 facilities that agreed to the research. While they are arbitrarily selected facilities located in Kanto area, we ensure to select facilities indifferent from other general ones that have not conducted special education or training on our research topic, “individuality.”

3. Research method

Self-administered paper questionnaire survey.

4. Period

September 2013 – March 2014.

5. Process to screen respondent

We briefed the research intention to the heads of 4 elderly healthcare facilities, 4 paid elderly nursing homes and 1 low cost elderly nursing home and requested to screen users and nursing care staff who agree to respond for the research.

6. Briefing to respondent

We sent a request letter to cooperate the research to elderly healthcare facilities, paid elderly nursing homes, and low costs elderly nursing home, then visited to brief the research. We then sent/brought a questionnaire to users/nursing care staff who agreed to cooperate. Questionnaires were collected via courier.

7. Ethical consideration

We conducted the research with the approval of the ethical committee at International University of Health and Welfare. We briefed respondents the objective, method, intention of cooperation, and privacy protection in writing/verbal and got agreement. We also explained that the participation to the research is on a voluntary basis, respondents can quit participating during the research even after the agreement, information will be encoded to be anonymous and will be exclusively used for this research, data will be discarded after publishing the result, and the result will be published.

8. Paper questionnaire

1) Basic attribute

<User> Gender, age, staying period

<Nursing care staff> Gender, age, job type, years of nursing care experience, role at the current facility

2) Research item

<Questionnaire item to nursing care staff>

- ① What word do you use to express “individuality” in your work?
- ② Who was it that used the word “individuality” for the first time?
- ③ Did you learn about “individuality” in your training or a class?
- ④ In what degree do you provide care considering “user individuality”?
- ⑤ What type of on “individuality”
Independent / Need support / Bedridden / Dementia / Others
- ⑥ on “user individuality”
Daily-life support / Medical treatment / Consultation / Casual conversation /
Care planning / others
- ⑦ Which “user individuality”?
Personality / Value / Life history / Will / Habit / Others

3) Personality test (BigFive short version)

Among 210 nursing care staff, the team of respondents to be conducted the test was screened. The criteria of the team was 9 staff members or over working on the same floor and engaging 8 same cases or over together. We conducted the personality test to these teams using 29 items of later mentioned BigFive short version to test user personality factors and compare self-assessment and others-assessment by nursing care staff.

Among all respondents, 3 teams were qualified the criteria. Team A was consisted of 9 nursing staff members and engaged with 15 cases. Team B and C were consisted of 10 nursing care staff, and engaged with 8 cases, respectively.

We conducted the personality test among 29 nursing care staff and 31 users, got valid result from 12 cases, 3 cases and 4 cases from A, B and C teams, respectively. We excluded team B and C from statistical analysis as it did not have enough valid responses.

As a result, we generated 108 personality test data from 12 users and 9 nursing care staff based on the 12 cases for our analysis.

9. Summary of personality test (BigFive short version) on users and nursing staff 29 items of BigFive short version⁴⁾ used for the test by Namikawa

While BigFive⁵⁾ scale originally developed Wada contains 60 questionnaire items, the short version was developed by Namikawa, Tani, and Wakita to facilitate children and elderlies. BigFive assessment use the characteristics theory using the method to describe human personality by scoring extroversion, emotional unstableness, openness, sincerity, and harmonicity. It use 5-scales, "I agree very much," "I somewhat agree," "can't say either," "I somewhat don't agree," or "I don't agree at all."

10. Analysis approach

We used statistics software, SPSS18.0 for Windows for statistics process. The level of significance was set below 5%.

1) Used simple tabulation, cross tabulation, and correlation analysis for basic attribute and research item.

2) Personality test (BigFive short version)

(1) Simple tabulation of scoring each 5 characteristics attribute factors (user self-assessment and others-assessment by nursing care staff)

(2) Comparative score analysis

To see the score difference between user self-assessment and others-assessment by nursing care staff for each case (n=12) and conducted Friedman test for each 5 factors.

III. Result

1. Respondent summary

1) Basic attribute of nursing care staffs (Table 1)

Distributed a paper questionnaire to 210 nursing care staff who work at elderly facilities, and responses were 126 (60.0% response rate), valid responses were 114 (91.0% valid response rate), consisted of 40 males (35.1%) and 74 females (64.9%). The average age was 37.1±9.7 years old and 42.8±13.5 years old for male and female, respectively. As for role, there were 82 certified care workers (71.9%) and 32 care workers (28.1%).

Table 1. Basic attribute of nursing care staff

	n=114		
Gender	Male	Female	Total
Sample size	40 (35.1%)	74 (64.9%)	114 (100%)
Average age	37.1 (SD 9.7)	42.8 (SD13.5)	40.8 (SD 12.4)
Age range	22 - 57	19 - 65	19 - 65
Average experience year	6.3 years (SD 4.7)	8.7 years (SD 6.9)	7.8 years (SD 6.1)
Range of experience year	1-19 years	1-37 years	1-37 years

2. Paper questionnaire result on nursing care staff

1) Use of “individuality”

Among nursing care staff, use of “individuality” was as follows: 5 always use it (4.4%), 40 sometimes use it (35.7%), 51 do not use it so much (45.5%) and 16 never use it.

2) Who mentioned “individuality” for the first time?

The first time they heard “individuality” was as follows: 75 from teacher (67.0%), 16 from nursing care staff (14.3%), 11 don’t remember (9.8%) 4 from book/TV/Internet (3.6%), 2 from friends/acquaintances (1.8%), and 4 from others (3.6%).

3) Did you learn about “individuality” in the training or class?

35 were taught enough (31.2%), 54 were taught sometimes (48.2%), 21 were not taught so much (18.8%) and 2 were not taught at all (1.8%).

4) How much do you provide the care considering “individuality”?

20 provide the cares considering “individuality” (17.9%), 71 sometimes do (63.4%), 20 do not do so much (17.9%), and 1 do not do at all (0.9%).

5) What kind of user do you mostly concern “individuality”?

In regard to the user that respondents mostly concern “individuality,” 41 said dementia (36.6%), 27 said independent elderly (24.1%), 21 said elderly who needs support (18.8%), 9 said bedridden elderly (8.0%), and 14 said others (12.5%).

6) Occasion when mostly concerns “individuality”

In regard to the occasion when mostly concerns “individuality,” 79 said daily life support (70.5%), 19 said casual conversation (17.0%), 6 said care planning (5.4%), 2 said consultation (1.8%), and 6 said others (5.4%).

7) The word to best express “individuality”

In regard to the term to best express “individuality,” 26 said Will (23.2%), 25 said Personality (22.3%), 20 said Value (17.9%), 20 said life History (17.9%), 13 said Habit (11.6%), and 8 said Others (7.1%).

8) Correlation between the frequency of using “individuality” word and care practice

We calculated rank correlation coefficient of Spearman for the correlation between the frequency of using “individuality” term and care practice. The correlation coefficient was positive at 0.314^{**} (*:p<.001).

9) Correlation between the frequency of using “individuality” word and experience of years in nursing care

We calculated rank correlation coefficient of Spearman for the correlation between the frequency of using “individuality” term and experience of years in nursing care. The correlation coefficient was slightly negative at -0.225^{*} (*:p<. 05).

3. Personality test result on the case engaged by team (BigFive short version)

1) Respondent basic attributes of user self-assessment and others-assessment by nursing care staff (Table 2-1, 2-2)

Valid data of personality test was self-assessment (user oneself) and others evaluation (9 nursing care staff) on 12 user cases engaged by the same team.

Users were 2 males and 10 females, the average age was 82.0±5.5 years old, and the average years in a facility was 6.3±3.1 years. Nursing care staff were 3 males and 6 females, and the average age was 49.7±12.8 years old, and the average year of experience was 9.6±8.4 years.

Table 2-1 Personality test basic attribute of self-assessors (users)

	n=12		
Gender	Male	Female	Total
Sample size	2 (16.7%)	10 (83.3%)	12 (100%)
Average age	85.0 (SD 1.0)	81.4 (SD 5.8)	82.0 (SD 5.5)
Age range	84 - 86	72 - 94	72 - 94
Average stay	7.5 years (SD2.5)	6.1years (SD 3.1)	6.3 years (SD 3.1)
Range of stay period	5 - 10 years	3 - 13 years	3 - 13 years

Table 2-2 Personality test basic attribute of others-assessors (nursing care staff team)

	n=9		
Gender	Male	Female	Total
Sample size	3 (33.3%)	6 (66.7%)	9 (100%)
Average age	38.0 (SD13.0)	55.5 (SD7.7)	49.7 (SD 12.8)
Age range	26 - 56	39 - 63	26 - 63
Average experience year	2.3 years (SD1.2)	13.2 years (SD8.2)	9.6 years (SD8.4)
Range of experience year	1 - 4 years	4 - 29 years	1 - 29 years

2) Comparison of user self-assessment and others-assessment by nursing care staff on 5 personality attribute factors (Table 2-3)

As a result of segmenting 29 items of personality test (BigFive short version) into 5 factors, the average score of self-assessment and others-assessment did not have a big gap. Out of 5 factors, only emotional unstableness showed lower score of others-assessment than self-assessment. On the other hand, 4 factors showed higher score among others-assessment. However, no significant gap was seen on Friedman test.

Extroversion, Openness, Sincerity, and Harmonicity

Table 2-3 Average score of 5 factors of personality test

Personality characteristics	Average score by assessee	
	User self- assessment (12 users)	Others-assessment by staffs (9 nursing care staffs)
Factor 1 Extroversion (out of 25)	16.0±2.6	18.6±1.9
Factor 2 Emotional unstableness (out of 25)	15.0±3.4	14.0±1.9
Factor 3 Openness (out of 30)	19.0±4.0	20.3±2.2
Factor 4 Sincerity (out of 35)	22.4±4.2	25.6±2.6
Factor 5 Harmonicity (out of 35)	19.9±2.5	21.2±2.9

Friedman test, No significant difference for all

(1) Extroversion

The keyword of the first factor, extroversion was related with positive emotional experience, such as warmth/prefer the bonding and relationship with others, self-assertion, active, and seek stimulation, the main semantic content was proactive approach to outside world, interested in people, like to gather, positive thinking, strong intention to improve, seek for excitement and stimulation. The total score was 25. The average score of user self-assessment and others-assessment were 16.0±2.6 points and 18.6±1.9 points, respectively.

(2) Emotional unstableness

The keyword of the second factor, emotional unstableness was anxiety/nervous, hostility/anger, depression/feeling down, overly self-conscious, and impulsive, vulnerable, and the main semantic content was emotional unstableness, restless, tend to think unrealistically, cannot control one's desire and emotion, and not good to deal with stress. The total score was 25. The average score of user self-assessment and others-assessment were 15.0±3.4 points and 14.0±1.9 points, respectively.

(3) Openness

The keyword of the third factor, Openness was dreaming/imagination, aesthetic/prefer beauty, rich emotional experience, like to change and novelty, wide-range of interests, and flexible value, and the main semantic content is curious to various things, positive to new logic, society and politics, question the existing authority, accept complexity. The total score was 30. The average score of user self-assessment and others-assessment were 19.0 ± 4.0 points and 20.3 ± 2.2 points, respectively.

(4) Sincerity

The keyword of the fourth factor, Sincerity was capability, prefer well-ordered, sincerity, seek achievement, self-discipline, and discretion, and the main semantic content was control desire and impulse, achieve an objective and task, develop a plan and implement, and think well before action. The total score was 35. The average score of user self-assessment and others-assessment were 22.4 ± 4.2 points and 25.6 ± 2.6 points, respectively.

(5) Harmonicity

The keyword of the fifth factor, harmonicity was trust others, honest, altruistic, obey others, modest, and kind, and the main semantic content was social and community-oriented, not interested in hostility and competition, prefer group activity, and being liked by others. The total score was 30. The average score of user self-assessment and others-assessment were 19.9 ± 2.5 points and 21.2 ± 2.9 points, respectively.

3) Evaluation score difference in nursing care staff (Table 2-4)

To understand the perception difference on individual user characteristics among nursing care staff, we have conducted Friedman test for the average score of characteristic factors among 9 nursing care staff engaging 12 users.

As a result, 4 factors, Extroversion, Openness, Sincerity and Harmonicity showed significant differences among nursing care staff, but Emotional unstableness tends to be evaluated lower than user self-assessment and was no significant difference.

Table 2-4 Difference of others-assessment among 9 nursing care staff in the same team

Nursing care staff	Average score difference between others-assessment by nursing care staff engaged with 12 cases and user self-assessment				
	Extroversion**	Emotional unsteadiness	Openness***	Sincerity***	Harmonicity***
a	3.1±3.3	-0.4±5.6	-1.4±5.7	1.9±9.9	0.5±8.7
b	5.6±3.5	-1.4±3.3	6.6±3.5	9.9±4.2	7.9±3.8
c	2.7±2.5	-1.6±3.7	-0.5±4.9	2.4±5.7	-1.2±6.1
d	1.7±3.0	-1.9±4.0	0.6±3.1	2.8±4.3	2.4±3.5
e	1.5±2.2	0.2±3.6	1.5±3.7	2.4±6.8	0.8±5.7
f	0.8±3.0	-1.3±3.6	0.7±3.5	1.8±4.2	0.6±2.8
g	3.4±2.8	-0.6±4.3	0.6±4.7	4.0±7.1	2.5±6.0
h	2.7±3.3	-1.1±5.5	2.2±3.5	1.4±5.0	-1.4±5.3
i	2.0±2.6	-0.5±4.6	1.9±4.3	1.9±6.5	-0.7±5.9
Average	2.6±2.9	-1.0±4.2	1.3±4.1	3.2±6.0	1.3±5.3

Average score difference = (others-assessment by nursing care staff) engaged with 12 cases – average score of {user self-assessment}

Friedman test **: p<0.01, ***: p<0.001

IV. Findings

1. The first person whom nursing care staff heard of using “individuality” and frequency of usage

As for the first person that nursing care staff heard of using “individuality,” teacher was highest, and approximately 70% learned it at educational institution. The objective of educating nursing care staff in the textbook of certified care worker education is “care practice supporting user dignity,” “support to become independent,” “maintain high ethics,” and “individual care” which are the basic of interpersonal service, and “nursing care protection,” “rehabilitation,” “deathwatch” which indicates the expectation of a wide range of nursing care needs and team care⁶⁾. Many nursing care staff seem to learn the importance of care capturing “individuality” at educational institution. As for the frequency of using the word, “individuality” at the nursing care practice, approximately 40% indicated using it whereas 60% not using it. Furthermore, in regard to the correlation between the frequency of using “individuality” and nursing care considering “individuality, those who use the word more frequently tend to provide nursing care with “individuality. It is considered that the nursing care staff who frequently use “individuality” has certain consideration to provide nursing care practice.

The correlation between the frequency of using the term and years of using “individuality” was weak and negative. Accordingly, it was clear that nursing care staff with less years of experience tend to use “individuality” more frequently. It is considered that they used “individuality” more frequently as it was difficult for them to express concrete care method due to less years of experience.

On the other hand, nursing care staff with more years of experience obtain knowledge and skill based on their care experiences, therefore they can express an accurate word required for users, rather than using vague, elusive term, “individuality.”

2. User that nursing care staff is conscious for “individuality”

As for the user that nursing care staff is mostly conscious for “individuality,” dementia was highest at 40%, followed by independent user and user needing support at 20%. The essentials of good dementia care, person-centered-care by Tom Kitwood in UK was to value individuality, therefore influences to be conscious for dementia patient⁷⁾. Independent user and user needing support ranked the next, probably because they can communicate their intention to nursing care staff. They consider “individuality” care to respond to their desire communicated by users.

3. Occasion where nursing care staff is conscious for “individuality”

As for the occasion to be conscious for “individuality” in nursing care practice, daily life support rated approximately 70%. Daily life support includes everyday life, moving, eating, excretion, changing clothes, grooming and bathing that has direct physical contact with users. Nursing care is the support user’s daily life for 24 hours and individual care is different by user. These supports are not a different skill, but a series of action. A series of action is different by individual user because each user has different needs based on one’s habit and desire as well as ability of action. For daily-life support care, staff needs to consider change in physical condition and unpreferred contact by user. Nursing care staff considers a care based on individual users. This should indicate that 70% of nursing care staff focus on the care considering “individuality” during daily-life nursing care practice.

4. Word that nursing care staff use to express “individuality”

The term that nursing care staff mostly use to express “individuality” was “intention,” “personality,” “value,” “life experience,” and “habit” in that order, and all showed the same rate. When nursing care staff provides care, “individuality” may be captured differently by each nursing care staff on user’s intention, personality, value, life history, and habit, however it is commonly shared to all words. It means that those words are expressed based on the long-life history of each user. It seems that nursing care staff understand they cannot change user’s value, interests, and preference even they become the condition needing support. Each user expresses oneself and the way of living

nurtured in one's accumulated life, such as foods, preference, clothing taste, family relationship, role and position in the society, and financial power. Human can only age as one spent one's life, in other words, user's diversified value, interests and preference show one's individuality and lead to one's presence. There is no clear definition of "individuality," but an attractive, potent word that many want to use. At the same time, it is a convenient term. As there is no clear definition, "individuality" has a definition as many as the number of individuals.

5. Different perception on user "individuality" among nursing care staff

When generally capturing a person, there seems similar impression in the shared environment, such as "easy to talk to," "a little nervous," "short tempered," and "calm relaxed person." Therefore, we do not occasionally confirm about the person, like "I think he is a bad tempered. What do you think about him?"

Similarly, nursing care staff provide care to the same user in the same facility considering to value "individuality" and there is rare occasion to confirm how others perceive the user. However, there were different perception in the personality test (BigFive short version) on the first factor Extroversion, the third factor Openness, the fourth factor Sincerity, and the fifth factor Harmonicity. Also, the second factor Emotional unsteadiness was commonly perceived by nursing care staff. Followings were the characteristics of 4 factors that had different perceptions among nursing care staff. Behavioral trend of the first factor, Extroversion was sociable, talkative, cheerful, active and proactive. Behavioral trend of the third factor, Openness was talented and creative, advanced, flexible, independent, and beauty-conscious. Behavioral trend of the fourth factor, Sincerity was well-planned, precise and earnest, and self-controlled based on vision. Behavioral trend of the fifth factor, Harmonicity was generous/kind to others and attuned. Every item of four factor characteristics is seen from user's behavior at the occasion of providing care by nursing care staff. Generally, we feel the behavior is "a typical attitude of the person" because it is consistent between the behavior you see and in the past. However, each nursing care staff may feel different on the consistency based on one's value and personality. Accordingly, one of the factor is that nursing care staff look at a user with a different aspect.

It is difficult for one nursing care staff observe all, various behavior of one user during a day. Every nursing care staff observe individual user in an engagement with them and identify the characteristic of an individual. If one user is perceived as "gentle" and "warm," it may be one aspect of the user when contacting the nursing care staff, but not all the aspects, therefore it can be a stereotypical perception. User can be frustrated and less appetite when feeling bad and it changed everyday. With the change, if one starts to upset suddenly and start shouting loud, nursing care staff may change the perception, "I didn't think he was like that" or "I was misunderstanding about him," or one can capture the change as "he has changed." Accordingly, every nursing care staff perceives user with

fixed image or change the perception, therefore their perception is different. Furthermore, user may behave differently by nursing care staff.

In a daily relationship between individual nursing care staff and user, user behavior is perceived differently. Therefore, it becomes a factor to different perception among nursing care staff.

The characteristics of the second factor, Emotional unstableness was only perceived the same. Emotional unstableness cannot be directly monitored, but can be identified by physical reaction or behavior. Personal, emotional unstableness is not significantly influenced by the action of others, therefore perceived consistent regardless of nursing care staff. Therefore, it was considered that we could provide consistent care for emotion; however, we tend to provide care focused on emotional approach.

To value “individuality,” it is essential to capture a user holistically at nursing care. However, it is idealistic theory to capture a user holistically. It is possible to understanding a user partially but not holistically.

V. Conclusion

While there are various approach for “individuality” study, we have researched the perception of “individuality” of an individual user among nursing care staff at nursing care practices based on shared awareness by using personality test (BigFive short version). As a result, it was clear that there were different perception on four factors, Extroversion, Openness, Sincerity, and Harmonicity among nursing care staff. However, they only had a shared perception on one factor, emotional unstableness. From this result, it has high potential to conduct consistent cares for emotion; however, it has a tendency to fall into providing only an emotional approach.

VI. Limitation and challenge of the research

While this research employs BigFive scales and it is not particularly designed for the elderly, we are uncertain if it is the perfect tool to capture personality characteristics of the elderly. We need to develop the scale specifically designed for the elderly and use it for research.

The next step is the interview to nursing care staff to clarify what they value in their practices.

VII. Acknowledgement

We deeply appreciate all of the heads of nursing care facilities, users, and nursing care staff who responded to our questionnaire and provided invaluable data taking their precious time for us.

We would like to note that this research paper is partially reedited doctoral thesis of University of Health and Welfare data in 2014.

References

- 1) The 11th Social Security Welfare Committee, Technical Committee of Welfare Recruitment (2017) Clarification of Function Required to the Nursing Personnel and towards the Realization of Career Paths (Draft). Never Talk about Caregiving without Talking about Persons.
- 2) Masahiro KIKUCHI (2011) Never Talk about Caregiving without Talking about Persons:Information Back Version of Masa's Caregiving. *Human Health Care System*.
- 3) Yoshimasa NAKASATO (2008) *Learning the Basic Elements of Psychology*. Yachiyo Shuppan.
- 4) Tsutomu NAMIKAWA, Iori TANI, Takafumi WAKITA, Ryuichi KUMAGAI, Ai NAKANE & Hiroyuki NOGUCHI (2012) Development of the Big Five Scales Short-version and Consideration of its Reliability and Validity. *The Japanese Journal of Psychology*, 83(2),91-99. doi: 10.4992/jjpsy.83.91.
- 5) Sayuri WADA (1996) Construction of the Big Five Scales of Personality Trait Terms. *Psychological Study*, 67(1),61-67. doi: 10.4992/jjpsy.67.61.
- 6) Textbook of Basic Training for Nursing Staff Creation Committee Edition (2011) Basic Training Textbook for Caregiving Staff. Vol.1 Human Dignity and Idea of Welfare. Aged Society Development Center.
- 7) Yutaka MIZUNO (2011) *Practicing Person-centered Care for the Support of Patients with Dementia*. World Planning.

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