

2025 Doctoral Dissertation (Abstract)

Development of a Process Model of Advance Care Planning for Community-  
Dwelling Older People and Examination of Its Feasibility

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This study aimed to clarify the Advance Care Planning (ACP) process for older people living in communities and to develop and examine a process model based on Japan's socio-cultural context.

In Chapter 1, as background to the study, the author reviewed the importance of end-of-life care in a hyper-aged society; cultural differences between Japan and the West; the influences of views on life and death and religious beliefs; and the ACP process and its related factors. In Japan, awareness of the right to self-determination and the practice of ACP are not as widespread as in Europe and the United States. Factors such as concerns about impact on family members, discomfort with the concept of death, and religious customs cause older people to hesitate about expressing their wishes. ACP is not just a means of making medical care choices but an important dialogue process that assists people in living their own lives and offers a support system suited to their cultural backgrounds.

In Chapter 2, to clarify the real-world context and process of ACP, the study conducted semi-structured interviews among 14 older people living in the community and discussed the concept of ACP with them. The collected data were then analyzed using a modified grounded theory approach (M-GTA). Through this analysis, the author extracted 47 concepts, organized into 11 subcategories and 5 categories. The categories were as follows: Making sense of death, Confronting aging, Positive acceptance, Context of relationships with family, and Avoidance of verbalization. During the ACP process, interviewees tend to be conscious of their own aging and death, and hesitant to verbalize their views due to worries regarding their family relationships and parental roles. The presence of an "emotional supporter" was identified to be a key factor in promoting ACP, as the lack of one could cause interviewees to experience increased anxiety and avoid the process altogether.

In Chapter 3, based on these findings, the study sought to develop a model of the ACP process tailored to the cultural and social context of Japan. Using SCQRM, the

author reorganized the components by comparing them with previous studies and applying the socioemotional selectivity theory as the theoretical framework. To assess the validity and feasibility of the model, the author conducted a series of focus group interviews with professionals and consulted older people to ensure the clarity and comprehensibility of the content and wording. Based on these discussions, the study developed a circular model centered on the "availability of emotional support," highlighting the usefulness of the model, structured to reflect the Japanese mentality. When assisting older people with ACP, it is essential not only to provide medical care and institutional support but also to foster relationships and create opportunities for dialogue that will encourage them to express their views.

One limitation of this study was the bias in the attributes of the participants. Future studies can focus on addressing this issue and examining the practical effectiveness of the model. They can also explore ways to adapt and implement ACP for older people with diverse backgrounds.