The 12th Asian Conference on the Social Sciences

May 24-26, 2021 | TOKYO, JAPAN

ACSS 2021

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The Asian Conference on the Social Sciences 2021

Official Conference Proceedings

ISSN: 2186-2303

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Exploration of Self-regulation and Impulsiveness between Problematic Online Gamers and Non-gamers

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The Asian Conference on the Social Sciences 2021
Official Conference Proceedings

Abstract
Self-regulation refers to the basic skills of attention, which is an advanced level process on conscience and effortful inhibitory control (Konstanz, 2009; Liu & Chang, 2018). Previous research studies claimed that self-regulation might be one of the important risk factors for game addiction (Griffiths, 2010; Safarina & Halimah, 2019; Yau et al., 2013). In addition, some research studies also indicated gamers couldn't control gaming behavior due to low self-regulation. Zhou et al. (2012) found that problematic gamers demonstrated good executive controlling skills in only responding to the game-related materials (go) but poor inhibiting when game-related materials as the distractors (no-go). However, two critical weaknesses were made, thus, this study aims at examining the difference of self-regulation between problematic gamers and non-gamers by a revised go/no-go switch task. 25 problematic gamers and 25 non-gamers aged 18-35 were recruited for experimental and control groups, respectively. Brief Internet Game Screen was used to identify the problematic gamers and non-gamers; Barratt Impulsiveness Scale and Brief Self-Control Scale were applied to measure impulsiveness and self-regulation. Paradigm was used for stimulus presentation and data collection. The results found that gamers demonstrated higher impulsiveness ($p < .001$) and higher self-regulation (refers to attention and inhibitory control skills, $p < .001$) than non-gamers. This study rejects Zhou's study that gamers are able to demonstrate good executive controlling skills in differentiating stimuli.This study breaks through the steady concept of the gamers that they probably have lower self-regulation than the non-gamers. Exploring the mechanisms are needed in future.

Keywords: Gaming, Self-regulation, Impulsiveness

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Introduction

Online gamers are commonly viewed as no self-regulation and impulsive individual. However, some previous studies found that online gamers had a higher function of executive control than non-gamers. Till now, there is no consistent conclusion on this issue. Moreover, the problematic online gamers (frequent players, but not an addictive gamer) didn't draw much attention from the academic perspective, however, they had a higher number population than the addictive one. Therefore, the presented study uses an experimental method to examine self-regulation and impulsiveness among problematic online gamers.

Body

Online gaming is a common activity among the children and adolescents, which is a term of an online activity personally or with other gamers through the Internet connection (Kiraly et al., 2014; Kuss & Griffiths, 2012). Online games are commonly defined as the software applications that are installed in some electronic devices, such as personal computers or mobiles, and play through the Internet or other online networks (Adams, 2014; Aleem et al., 2016). Before having the Internet, most of the games only requested a single player with no competition with the real person, but players may compete with AI (artificial intelligence), such as the "TicTacToe" in 1952. The first online game was launched in around 1960s since the networked host-based system was developed. However, the internet interaction was restricted within the same building or a nearby location in the early period.

Executive functioning is a higher-order cognitive ability for setting shift and decision making (Buelow et al., 2015; Lezak et al., 2004). It particularly benefited in processing the complex tasks, such as those requiring participants to deal with different simulations simultaneously in a rapid switched way (Logan & Gordon, 2001; Norman & Shallice, 1986). Other than that, EF also responsible for those game or sports with faster reaction and competitions (Boot et al., 2008). The repeated training by numerous practices on gaming, leaded to improvement on the executive control skills. For example, respond faster on gaming. However, some may also claim that attention bias, which referred to a type of cognitive bias, actually demonstrated obvious impact on gamers such that gamers increased their attention toward game-related sources and ignored the irrelevant or non-game-related sources (Cox et al., 2006; Jeromin et al., 2016).

In the meanwhile, many studies indicated that low self-regulation was a common characteristic for the gamers, especially the addictive gamers (Trommsdorff, 2009). It seems that self-regulation might be the risk factor that determines whether develop to Internet gaming disorder (Carras et al., 2018; Kuss & Griffiths, 2012; Yau et al., 2013). The internet gaming disorder is a subtype of addictive disorder in DSM 5, which referred to "Persistent and recurrent use of the internet to engage in game, often with other players, leading to clinically significant impairment or distress in a 12-month period (Dong et al., 2017b). To review some statistics, the prevalence of internet gaming disorder ranges from 0.3% to 1%, especially had a high prevalence in Asian countries rather that western countries (Przybylski et al., 2017). However, one important thing is that most of the addictive or pathological gamers were not diagnosed to Internet gaming disorder (Jeromin et al., 2015).

Moreover, the problematic online gamers, who actually had the highest prevalence of gaming disorder than the pathological or addictive gamers (Jeromin et al., 2015). Empirically, many research studies and treatment only focused on the addictive or pathological individuals but

pay less attention on the problematic gamers (e.g., Spada, 2014; Wang, 2014). Other than that, some of the studies, for example, Dong and his colleagues' study in 2017, only recruited male for the target participants. In our presented studies, these research gaps were filled.

Conclusion

In the presented study, there are two significant findings. First of all, to compare the differences on impulsiveness and self-regulation between the gamers and non-gamers, the independent sample t-test was used. The results found that there was a significant difference in impulsiveness and self-regulation between two target groups. In detail, you may see that the gamers had a high impulsiveness than the non-gamers, the mean scores were 98.36 and 63.84. However, the gamers also had a higher self-regulation level than the non-gamers, and the mean were 37.24 and 23.28.

Furthermore, in order to compare the response time between the problematic online gamers and non-gamer, the independent sample t-test was used. The results indicated that there was a significant difference between the gamers and the non-gamers. In detail, the problematic online gamers had a faster response time in both natures of pictures. Importantly, to consider the accuracy rate, the problematic online gamers also had higher accuracy rates in both nature of pictures also. In other word, the problematic online gamers might have a higher level of executive control skill, which may accurately help preforming responses, even doing some inhibitions. It may the one of the reasons why the problematic online gamers had a higher impulsiveness, but also had a higher self-regulation level at the same time.

To conclude, our study rejects Zhou's study and also some previous studies that the problematic online gamers demonstrated a good executive controlling skills in differentiating stimuli. This study also breaks through the steady concept of the gamers. Say, the gamer will develop to the Internet Gaming Disorder may due to the a low level of self-regulation. For further studies, we recommend to exploring the reasons or mechanisms that why the problematic online gamers have good controlling and self-regulation skills. Other than that, exploration of the protective and risk factors among the problematic online gamers will also a good idea to increase the understanding among these targets.

Our study has both conceptual and clinical contribution. From a conceptual point of view, our study help increases the understanding of certain behavior pattern among the problematic online gamers and allow for investigation of the risk factors in them in further studies. Moreover, in order to examine the problematic online gamers in a new perspective, the concept of self-regulation was adopted. In some previous studies, some may claim that the online gamers might only have little self-regulation and might easily develop into Internet Gaming Disorder. However, our study found that the problematic online gamers had higher self-regulation than the non-gamers, even the game-related pictures were shown. In light of that, our study may break through the old concept and offer a new idea for investigating game addiction in further studies. Clinically, the findings from our study, could increase public's awareness of the online gaming addiction issue; and guide the screening and identification of the problematic online gamers. Although the problematic gamers have yet to develop into a disorder, it is beneficial to establish certain strategies in order to prevent the problematic gamers from progressing into addiction.

The last but not least, I wish to make good use of this opportunity to give my gratefulness to all respondents, spending time for completing this meaningful experiment.

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To Explore the Relationship between Socio-Demographic Factors and Online Social Capital among Undergraduate Students in Hong Kong

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The Asian Conference on the Social Sciences 2021
Official Conference Proceedings

Abstract
Along with the development of information technology, the concept of social capital has been extended to the online perspective. Major limitations of the offline social capital include the information was most often describing the socio-economic status of parents rather than the children per se. The main objectives of the study was to examine the current relationship and effect of the socio-demographic factors and online social capital. 298 students were recruited in a cross-sectional quantitative study. The Internet Social Capital Scale (ISCS) and 17 socio-demographic factors were assessed by self-reported measures. The correlation results found that mothers' education level and occupation level, living district, types of housing, types of the department, were significantly associated with both online bonding and online bridging. In addition, the father's education level and occupation level, perceived financial status were only associated with online bonding. Family income, course types, and job status were only associated with online bridging. According to the results of hierarchical linear regression, model 5 explained 25.9% of online social capital, $F(11,163) = 6.543$, $p < .001$. In details, mother occupation, housing types, types of departments, and perceived financial status were significant predictors to online social capital. The most important predictor was the housing group (including types of housing and living status), which uniquely explained 7.2% of the variation in online social capital. To conclude, the housing conditions were the most important factor that affected the online social capital among university students in the Hong Kong context.

Keywords: Online Social Capital, Socio-demographic, Students

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Introduction

Online social capital has been widely applied in different social sciences research. Previous study discovered that socio-demographic factors were related to online activities (Ma et al., 2016; Olsson & Viscovi, 2016; Morueta et al., 2016). Studies suggested that online activities were highly related to individual's capital accumulation (Aubrey & Rill, 2013; Burke & Kraut, 2016; Ellison et al., 2007; Ellison et al., 2011). However, the relationship between online social capital and socio-demographic factors were remain unclear. Thus, the study aimed at finding out the primary relationship between socio-demographic factors and online social capital in Hong Kong.

Body

The concept of social capital has been well-developed and applied in different social science perspectives in the offline context (Coleman, 1988; Murayama et al., 2012). Social capital referred to the individuals' resources that are allowed to access through social interaction (Khosravi et al., 2019). There were traditionally classify social capital in two types of capital: bridging social capital and bonding social (Granovetter, 1973; Putnam, 2000; Williams, 2006). The difference between bridging social capital and bonding social capital was the tie strength (Burke & Kraut, 2016; Chen & Li, 2017). The bonding social capital referred to an individual's connections within the community, and bridging social capital represented the connections between the community (Aldrich, 2012a, 2012b; Kawachi et al., 2004). Despite the offline context, along with the development of Information Communication Technology (ICT), the appearance of the internet allowed people to interact through social media and other online communications. Scholars indicated that resources were not limited in a tangible form, but also an intangible form (Einarsdóttir et al, 2019). Many studies discovered that social network sites could facilitate bridging social capital accumulation (Aubrey & Rill, 2013; Burke & Kraut, 2016; Ellison et al., 2007; Ellison et al., 2011). In the light of the literature, social capital could be accumulated in the online context.

Studies have discovered that socio-economic factors were associated with digital activates (Ma et al., 2016; Olsson & Viscovi, 2016; Morueta et al., 2016). But research on internet usage were mostly conducted in Western countries rather than in Asian countries (Teo, 2001). Moreover, there were fewer studies that aim to investigate the relationship between individual's socio-demographic factors and the internet. On the other hand, youth nowadays are active on Internet media (Chan & Fang, 2007). Internet communication has become an essential part of information transformation and integration in modern society (Ahmed et al., 2015). Internet communication allowed individuals to exchange knowledge, engaging with group members (Ahmed et al., 2015). This is believed is one type of capital transformation. Therefore, the present study aims to investigate the relationship between an individual's socio-demographic factors and the internet.

In the light of the literature review, it is assumed that socio-demographic background was one of the indicators of internet use among youth, and here we used online social capital to represent the information transformation and communication on the internet.
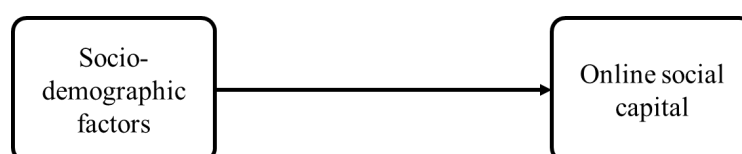
Figure 1. The Conceptual Framework of Presented Study.

There were seventeen socio-demographic factors included in the study as the independent variables, such as parent's education level, parents' occupation, family income, etc. The online social capital is the dependent variable. The Internet Social Capital Scale developed by Williams (2006) was used to measure the youth's online social capital, this scale included two subscales online bonding and online bridging.

To examine the relationship between socio-demographic factors and online social capital, Pearson correlation and hierarchical linear model were applied. All data were analysed on the Statistical Package for Social Science (SPSS, version 26). The overall significant level and confidence interval were set at 5% and 95%.

The correlation results found that mothers' education level and occupation level, living district, types of housing, types of school, were significantly associated with both online bonding and online bridging. In addition, the father's education level and occupation level and perceived financial status was only associated with online bonding. Family income, course types, and job status were only associated with online bridging. According to the results of hierarchical linear regression, model 5 explained 25.9% of online social capital, $F(11,163) = 6.543$, $p < .001$. In detail, mother occupation, housing types, types of school, and perceived financial status were significant predictors to online social capital. The most important predictor was the housing group (including types of housing and living district), which uniquely explained 7.2% of the variation in online social capital.

Conclusion

To conclude, the housing conditions were the most important factor that affected the online social capital among university students in the Hong Kong context. Since Hong Kong has the highest property price in the world, the result further proves that the housing conditions are reflected in the individual's scale of capital. On the other hand, the study found that the mother's occupation and education level were more important to the youth's online social capital accumulation when compared to the father's. At last, this study indicated the importance of demographic factors in shaping youth's online social capital. Further study is needed to examine how demographic factors in shaping the online social capital accumulation process.

Acknowledgements

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Traveling Cultural Heritage in the Age of Tiktok

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Abstract

The case of Hongyadong from China shows that TikTok as a digitally mediated form of judging, not only differentiates itself from traditional static, user-focused SNS platforms such as Instagram in terms of destination orientation but also redefines what cultural heritage is and transforms itself into a collective memory of the digital performance. Among TikTok's criteria, historical value and aesthetic value are indispensable, and the latter is the main factor that determines whether you become a popular cultural heritage tourist destination. It also establishes a new form of power, in which authorities need to make promotional materials that fit the narrative direction of TikTok users. This article attempts to propose a Chinese contextualized study to explore the following questions: How tourists' upload videos on TikTok impact the practice of defining a new type of cultural heritage in China? How do Instagram and TikTok differ in their perspectives on establishing new mediated power relations? More significantly, why and how do TikTok video rediscovery the value of cultural heritage tourism?

Keywords: Cultural Heritage Tourism, Tiktok, Collective Memory

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Introduction

The past decade has seen the rapid development of information and communication technologies (ICTs) in many areas of our everyday lives. There is a growing body of literature that recognizes the character of the public administration of cultural heritage which based on rigid standards of authenticity and monumentality has changed under the influence of ICTs (Araoz, 2011). This tremendous impact was also perceived by the United Nations Educational, Scientific and Cultural Organization (UNESCO), as it was shown in Convention for Safeguarding the Intangible Cultural Heritage, "all of cultural heritage is constantly recreated by communities and groups in response to their environment, their interaction with nature and their history, and provides them with a sense of identity and continuity" (UNESCO, 2003). This acceptance redefinition and re-creation as crucial parts of heritage significance show the possibility of new potential for ICTs as facilitators of people-centered cultural heritage (Silberman & Purser, 2012). For most people who do not have the relevant knowledge about heritage preservation and historical background, cultural heritage tourism becomes an important way to ensure people-centeredness.

It has been observed that tourism is fundamentally related to visual experiences (Pan, Lee, & Tsai, 2014; Urry, 1990) and it has been widely shared via the social networking service under the framework of mediatization. Whilst the notion of "mediatization", refers to a "long-lasting process, whereby social and cultural institutions and modes of interaction are changed as a consequence of the growth of the media's influence" (Hjarvard, 2008. p.114), it's perfectly suited for studying how the need for more gratification on social media affects cultural heritage tourism. Social networking services (SNS), for instance, Twitter, Facebook, and Instagram may be defined as the branch of new era of ICTs which is concerned with creating the social network or connection through the ICTs.

Ana Garner (2020) shows how social media like Instagram impact tourism. But these two social media preferences regarding travel destinations are different. Due to the political force of the government, China, which has 940 million Internet users, is not active in these application. With the further development of Internet technology, TikTok was born in a situation where static sharing, mainly text and images, no longer holds an advantageous position. As of April 2020, it has been downloaded by more than 2 billion people worldwide (Sensor Tower, 2020). It is not an exaggeration to describe it as a major source of information, a popular career choice for young people, and a major channel for the promotion of new products. More importantly, it is the trendiest digital version of Raphael Samuel's "theatres of memory" (Samuel, 1996). However, how TikTok influences cultural heritage tourism based on non-Western contexts like China remains unclear.

This essay, therefore, attempts to propose a Chinese contextualized study to explore the following questions: How tourists' upload videos on TikTok impact the practice of defining a new type of cultural heritage in China? How do Instagram and TikTok differ in their perspectives on establishing new mediated power relations? More significantly, why and how do TikTok video rediscovery the value of cultural heritage tourism?

Defining New-Type of Cultural Heritage in China

According to the official data of UNESCO, by 2020, the total number of world heritage sites in China reach 55, ranking first in the world together with Italy (UNESCO, 2020). The fact that the Hongyadong is not included in the list is not surprising. Before 2018, not only was its

existence unknown worldwide, but few Chinese outside of Chongqing knew exactly what it looked like. Along with the boom of TikTok in China, videos under the hashtag hongyadong have now been viewed 630 million times so far. Hongyadong has become a new cultural symbol of Chongqing, just as you will never miss the Great Wall or the Forbidden City when you visit Beijing.

Previously, as one of the eight major caves in the world, the Dazu Rock Carvings were the only UNESCO-recognized World Heritage Site in Chongqing (UNESCO, 1999). It represents the highest level of cave art in the world from the 9th to the 13th century and is the last monument in the history of human cave art. However, a search on TikTok for the video hashtag Dazu Rock Carvings only resulted in less than a third of the hits in Honggyadong.

In China's cultural heritage, as redefined by TikTok, having historical value is only an insignificant prerequisite. Hongyadong also has a long history as a military fortress, the earliest written records can be traced back to the Warring States Period. As the gate of ancient Chongqing, it is a stilted building with the characteristics of Bayu (Local Characteristics) traditional architecture. However, what makes Hongyadong so valuable is that after reconstruction, it has a high value for aesthetic photography. It is the architectural resemblance to Hayao Miyazaki's famous animated cartoon Spirited Away. TikTok saw the public interest and developed a Cyberpunk filter for Hongyadong, this action more in line with the psychological characteristics of tourists who follow the masses and catch up with fads, making Hongyadong even better known. By connecting it to a more popular and trendy aesthetic, the preciousness of Hongyadong is no longer its historical value, but it inspires the cultural aesthetics of East Asia and even the world.

Compared Tiktok Tourism vs. Instagram Tourism

It has been observed by Silberman & Purser (2012) that social networking services demonstrating the richness of a dynamic, ever-evolving, participatory heritage praxis quite distinct from the older, static conceptions of heritage as unambiguous, expert-defined and needing protection from the forces of change (p.13). As the types of SNS platforms have proliferated, the characteristics of different platforms have also evolved. Research to date has not yet differentiated between the main usage patterns of Instagram and TikTok platform users and their impact on cultural heritage tourism.

From Garner's (2020) research, Instagram as tourist's travel inspiration, focus on the user's pleasure and self-satisfaction by gaining other users like and comment through their selfie. The picture under the hashtag of travelgram which already has 130 million posts, the common characteristics among them are face-centered. Therefore, the places like restaurants provide more colorful and beautiful looking food, displays with giant accessories and funny furniture all serving the Instagram users get more likes (Matchar, 2017). In contrast to this, Since moving images are difficult to influence by angle and light, the topography of the location itself becomes the focus of the TikTok user's choice.

The most well-known and beautiful light in Hongyadong is not lit by tourists, but rather, it is lit automatically at night. In addition, Hongyadong provides a fixed viewing platform for tourists, so one does not need to look for additional angles. The content of the videos posted on TikTok is similar, smoothing out the variance in response caused by the individual user's photo level. More importantly, the TikTok software provides pre-set filters and background

music, so that the user's appearance does not appear in most of the videos about cultural heritage tourism.

This case perfectly fits the concept of mediated influence also known as mediatization. As Couldry & Hepp(2008) assume, it broadens traditional media studies' perspective by seeking to comprehend the "consequences of media's embedding in everyday life". Unlike traditional power relations, the up-loaders of these videos do not come from the site authorities or any other organization. Although many cultural heritage sites have official promotional accounts, people no longer trust official, commercial output. Garner (2020) has estimated that people are increasingly seeking to move from being consumers of culture to being producers of culture. In terms of reinterpreting the value of cultural heritage to cities, Chongqing has successfully updated the image of cities through the popularity of both tangible and intangible cultural heritage on TikTok. This has also changed publicity awareness and ideas of the official government. In the white paper of the 2018 short video and city image jointly issue by TikTok and City Brand Research Office of Tsinghua University (2018), many cities represented by the Chongqing city government have taken the initiative to cooperate with TikTok to promote and expand the exposure of high-quality individual users.

Rediscovery of the Value of Cultural Heritage Tourism in the Age of Tiktok

The acceptance of well-designed and authoritatively presented narratives as the normative structure for public heritage communication is a tradition that dates back centuries (Silberman 1995). People have become accustomed to trusting the version told by official sources - through national museums or textbooks - to determine what is authentic and precious. Hence, criticism of the phenomenon of TikTok's redefinition of cultural heritage becomes unsurprising. The usual criticism is that this type of cultural heritage tourism only "uses" heritage as a viewing experience, prefers scenic sites that are easier to shoot beautiful videos, and "uses" cultural heritage as a background wall for social media. It is not serious enough and does not respect the cultural heritage itself, ignoring more educational places such as museums because of the strict filming regulations for those sites.

As Suess and Budge (2018) stated that banning photography on the basis that it interferes with the visitor's experience could be seen as cultural elitism, the view that TikTok destroys the authenticity and diminishes the value of cultural heritage also indicates a cultural elitist perspective. No matter what historical meaning it bears, both tangible and intangible cultural heritage have their initially functional effect, rather than being used purely as products of worship and isolation. To make their videos different from others and get more clicks, the users on TikTok will make videos comparing the ancient and modern conditions of cultural heritage or introducing historical background. What makes anything valuable, especially in Chinese philosophy, is its interaction with human beings. Besides, since TikTok is an international application, TikTok's popularity provides a virtual interaction with a first-person perspective rather than a static image, allowing people to travel across the country and the world's cultural heritage without geographical constraints.

These socio-popular cultural phenomena, which are the result of unorganized individual behavior, are an important component of "performance memory". As Silberman & Purser (2012) concludes, this narrative construction of performance memory is not totalizing, absolute or singular (p.16).The mundane and even entertaining act of using a TikTok to document a cultural heritage tour, or planning a journey because of a video on a TikTok, shapes the collective memory of the time in which it was performed. It is an approach that connects

historical buildings and related products with real acts of time and space, and by reorganizing the related memory elements, new cultural values are created. This technique must be used with caution, however, because it is highly substitutable, and the cultural heritage that becomes popular with TikTok changes every year. How to make them cool down so that they are no longer confined to a specific time and space, but can be inherited, is a pressing problem for this augmented reality product.

Conclusion

The case of Hongyadong from China shows that TikTok as a digitally mediated form of judging, not only differentiates itself from traditional static, user-focused SNS platforms such as Instagram in terms of destination orientation but also redefines what cultural heritage is and transforms itself into a collective memory of the digital performance.

Among TikTok's criteria, historical value and aesthetic value are indispensable, and the latter is the main factor that determines whether you become a popular cultural heritage tourist destination. It also establishes a new form of power, in which authorities need to make promotional materials that fit the narrative direction of TikTok users. However, the users themselves do not have the power to make cultural heritage related videos, it is the content of the videos themselves that becomes popular, and this power is eventually co-opted by the local government.

As we have seen, digital platforms like TikTok have the capacity to shape and transform into collective performance memory. How to deal with the difference between the individual narrative value tendency and the official value tendency, and how to promote its de-entertainment without completely denying its value, is a topic that needs to be continuously explored.

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The Landscape of One Breast:
Empowering Breast Cancer Survivors through Developing a Transdisciplinary Intervention Framework in a Jiangmen Breast Cancer Hospital in China

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Abstract

Women with Breast Cancer (WBC) in China needs to pay much effort into resisting stigma, they suffer from bodily disfigurement and it will be unbeneficial for their mental and sexual health. However, related studies in this area are rare in China. The research objectives are to understand what kinds of support should be contained in a transdisciplinary intervention framework (TIP) for Chinese WBC. The feminist participatory action research (FPAR) was adopted in this study. Oral history, Peer support group's materials, and reflection meeting notes as important data. This study revealed that WBC faces difficulties returning to the job market and discrimination, and gender stereotypes are commonly found in the whole treatment process. WBC suffered from structural stigma, public stigma, and self-stigma. The findings revealed that forming a critical timeline for intervention is essential, risk factors for coping are side effects, body image, fear of being stigmatized, and lack of personal care during hospitalization. Protective factors for coping with breast cancer are the support of health professionals, spouses, and peers with the same experience and reduction of symptom distress. Benefit finding is crucial for WBC to rebuild their self-respect and identity. Collaboration is essential between 1) Health and medical care, 2) Medical social work, 3) Peer counselor network, and 4) self-help organization to form the TIF for quality care. The research findings are crucial for China Health Bureau to develop medical social services through a lens that is sensitive to gender, societal, cultural,and practical experiences of WBC survivors and their families.

Keywords: Gender Sensitive, Women With Breast Cancer, Transdisciplinary Intervention Framework, Empowerment, Feminist Participatory Action Research

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1. Background to the Study

Like other developing countries, for cancer patients in Mainland China "cancer" is not just a discourse regarded as a medical problem, they will be suffering from financial, social, psychological, and emotional problems as well. WBCs are suffering from psychological stress, self-stigma, and social exclusion. Wang (2014) reported that WBC received less social support and that at least one-third of WBCs in China suffer from higher psychological distress. Social support has also been connected with the quality of life of patients with breast cancer. Higher levels of social support have been associated with better adjustment for WBC (Simpson, Carlson, Beck, & Patten, 2002). The impact of bodily disfigurement on breast cancer survivors' experiences of change in personal and sexual relationships. Compared to Israeli husbands, Chinese husbands were also more dissatisfied with their sexual relationships and marital adjustment after their wives' breast cancer experience (Woloski-Wruble & Kadmon, 2002). Another literature review undertaken by O'Cathain et al. (2007) found that one of the barriers for breast cancer screening in Asian women was their "inability to act without husband permission" (Yusuf et al., 2013, p.3695). Therefore we concern about whether a Chinese WBCs had the right or not to participate in making their medical decision. A survey by the Southern Metropolis Daily in 2011 found that China Government has begun to purchase social services to provide medical social work services to patients. This survey published on Nandu.com (2014) shows that 68% of respondents (patients) are unaware of the existence of medical social workers in their area. Thus, social support from medical social services for WBC is insufficient and limited. According to a Consultant Medical Officer of breast cancer ward in China, lack of a gender-centered perspective is still evident at every treatment stage in Mainland China, there is an urge to educate the breast cancer doctors on how to better release the confirmation of bad news for the WBC and their families with gender sensitivity. Worse still, breast cancer doctors tend not to maximize the rights of breast cancer patients in choosing whether to have breast reconstruction or a mastectomy. "Safe enough space" will be given space to share decision-making and develop self-disclosure among the WBC so as not to silenced feminist standpoints. Although, there is abundant research evidence in Western countries. Indeed, breast cancer survivors have reported that if they are well-informed about the disease, related treatment and prognosis are beneficial for them to develop adequate coping strategies at different stages of the disease, decrements to quality of life are highly associated with their cancer experience, level of anxiety, depression, feelings of social isolation and fear of cancer recurrence (Stanton et al., 2002; Stanton & Snider, 1993). However, there is no formal helping profession, such as medical social workers and clinical psychologists for breast cancer patients or well-organized patient self-help organizations in Mainland China. Therefore, there is an urge for more researchers in this area to advocate more appropriate and prompt medical care and social services for breast cancer patients and their families.

2. Research Objectives

Based on the above discussion, through this research for policymakers in a Breast Cancer Hospital in China to modify their health care support services for WBC, therefore the objectives of this research are: 1.What are WBC's treatment experiences, resistance to problems, meanings of their symptoms? 2.What kinds of services or support should be contained in a transdisciplinary intervention framework for Chinese WBC through a lens that is sensitive to gender, societal, cultural, and practical experiences of WBC for policymakers in a Breast Cancer Hospital in China to modify their health care support service for WBC?

3. Research design and methods

Health care researchers of Mainland China are still dominated by logical positivism (Yu & Liu, 2008) and its successors of medical hegemonism. This study was highly influenced by the concept of "an ethics of Care Epistemology" (Kim, 2006). The knowledge construction should include the voice of the patients and the minority group. How does the medical system disregard the treatment process, construct the powerless, oppress or cause inferiority of the woman through socialization or distribution of power and privilege? In view of this, the feminist perspective is considered the most appropriate lens to understand the oppressed voices of WBC in medical settings in Mainland China. Therefore, this study was adopted the Feminist Participatory Action Research. This FPAR generally includes a spiral process of (a) planning for change, (b) acting and observing, (c) reflecting on the processes and consequences, and then (d) beginning the process again through re-planning (Mertler, 2017). As in many action research projects, these stages are not always linear and often overlap.

4. Sampling and Data Collection

The scope of this study is located in Jiangmen, which is a prefecture-level city in Guangdong Province in southern China. It is a third-tier City now part of the Guangzhou-Shenzhen conurbation. The research project will cooperate with the Jiangmen Maternity and Child Health Care Hospital (JMCHCH). Six core action team members were recruited, 14 Participants and a carer (eligible women aged 18 or above) were outpatients with distress (8 participants who would like to join self-help groups or peer counselor networks) receiving chemotherapy, radiation or medication at JMCHCH. They were identified and invited through purposive sampling and referred by the hospital. As PAR is committed to anti-oppression, empowerment and takes the role of change. The results of action research are intended to directly benefit the situation of ordinary people and the collaborator, research findings are supposed to encourage interaction and self-reflection. Thus, methods requiring a high level of training or high cost of resources are not often employed. According to Tuhiwai Smitch (2001), the results of our studies (anti-oppressive research) should be "disseminated back to the people in culturally appropriate ways and in a language, that can be understood" (Brown & Strega, 2016, p.141). Thus, this is one of the reasons to adopt qualitative research methods in this project because it is more user-friendly, so as not to create oppression and feelings of powerlessness both in the reflective and investigative processes. For collecting the data, in action Stage I using oral history and participatory observation, and group materials such as expressive art products, drawings, themes songs, letter, poetry, handicraft as data in Stage II, storytelling and public speech content will be the data in action Stages III and IV. Reflection meetings notes in all action stages as a very important data.

5. Finding and Discussion

5.1. Experiences of WBC at Every Treatment Stage

We began our journey of oral history in early 2018, following discussion with the action team members, it was classified into the treatment stages could be divided into four stages. For stage 1: Stage of suspected breast cancer (SS), in the interview, the WBCs felt very stressed and helpless in this stage but both formal and informal network are rare. It is vital if he health professionals' positive attitudes having a great influence on the willingness of the WBC to receive cancer treatment. WBCs and their families were well-informed about their illness, its treatment and prognosis, which could reduce refusal of cancer treatment. they had to live with

their difficulties and tried to comfort themselves. For stage 2: Stage of diagnosis (SD), the biggest impact for breast cancer patients and their families is harmful to their lives, followed by the impact on livelihoods and their body image. Although compared with the other two factors, we found a negative impact on body image to be comparatively low. Nevertheless, body image is one of the biggest barriers to receive the breast cancer removal surgery of WBCs. At stage 3: Stage of treatment and prognosis (ST), the Risk factors for coping of the cancer is suffering from distressing and traumatizing treatment side effects, fear of being stigmatized/discriminated about the state of their health and the changes to their bodily appearance as well as lacking family personal care during hospitalization. For the Protective factors for coping, the caring responsibility of elderly parents and children would increase the resilience and optimistic thinking of WBC. Social support of spouse and peer support from those with the same cancer experience was greatly helpful. Support of health professionals, we found attitudes and communication skills crucial for supporting WBC to continue with cancer treatment. Due to WBC facing such critical moments, in this study, it revealed that they lacked coping strategies to deal with breast cancer treatment, so that the protective factors for coping are enhancing coping strategies as well as releasing symptom distress. Stage 4: Stage of rehabilitation and integration (SRI), In this research, among the interviewees, were facing difficulties returning to the job market and social inclusion, they concerned about their livelihoods in the future and fears of finding employment, they worried about not finding a job and worry about their livelihoods was more important than the illness itself.

5.2. Relationships

On Changing in their Relationships with Others and community after Surgery, the current study supports previous literature in that these women experience changes in the whole of their life (Yusuf et al., 2013); from caregiver to care receiver; changes in their social role; changes in body and personal image, changes in personal relationships; either positive or negative. In this research revealed that breast cancer in Mainland China is perceived as a shameful disease. The dominant pathologizing and cultural discourses in Mainland China constructs them as "Bringing bad luck and disgrace to the family and village' and thus they are treated with negative stigmatizing attitudes. For WBC who choose not to speak to their children, they worried about them and being a burden to the family. Some parents choose to deceive their children until their death, only revealing the fact that their parents died of cancer at this time; making it difficult for children to accept that their parents died of cancer. Many children were not allowed or informed to see the "last face" of their parents, the right to grief should be advocated. In this current study we found that Chinese families especially husbands, brothers, sons and fathers play a crucial role in medical decision making.

5.3. Body Image

On Changing in body image, according to Schilder (1950), body image includes psychological, physical and social dimensions (Yang, 2003). We will examine it by using scars (body), self-concept (psychology), intimate sexual (social) contacts with WBC and consider how society understands how breast-conserving surgery may lead to barriers in social interaction and by understanding the changes in the psychological and physical status of women with cancer and their experience of gender issues.

5.3.1 Physical Level - Mastectomy Scar. From the interviews, we found that seeing wounds is a very difficult moment for WBC. Some women are even more afraid of family members and even their husbands seeing or touching their wounds:

"I dared not look at the wound even when I was in the bathroom alone. It was quite disgusting indeed as part of the breast was removed.…there was a bunch of things." (Ah Xiu)

5.3.2 Psychological Level - Self-Identity. WBC commonly avoid looking in the mirror and experience common sentiments including decreased self-worth and attractiveness and feeling deformed. WBC who had a mastectomy commonly has doubts about whether they are "real women":

"Without the breasts, a woman seemed as unlike a woman. ... When going to swim or hot springs in the future, it would be so ugly/odd if there is no breast on one side." (Ah Xiu)

5.3.3 Social Level - Intimate Relationships. Decreased or lack of sexual desire after cancer treatment was a common problem for WBC couples:

"I did not think about having sex. Of course, he would have the thought (having sex) after abstinence for quite a while." (Ah Xiu)

From the stories, it reflected that WBCs' changes to their sexual identity was noticeable in the Chinese society. Doctor did not aware the importunateness to explain to breast cancer patients their rights to breast-conservation and non-breast conservation, as well as the related physically consequences of this operation, this is obviously further exploitation of the rights of women with breast cancer.

5.4 Beneficial Findings of Breast Cancer Survivors through the Peer Support Network

Tedeschi and Calhoun's (1995) study illustrated that benefit finding may relate to improved quality of life and that can help them overcome personal and environmental challenges. As mentioned in the literature, WBC also benefitted from their fight with cancer and its empowering process, which increased their "individual sense of control, as well as enhancing positive coping and well-being" (Stang & Mittelmark, 2009). However, the benefit finding of WBC is seldom explored in Chinese research. In current study, through the empowering peer-support group which is an effective way to facilitate WBC to be transformed as peer counselors, WBC could gain their power through finding positive changes in the whole treatment process. Ah Xia's changes have summarized in Table 1:

Table 1: Beneficial Finding of the Peer Counselors

Named the picture: Slacken herself	**1. Improvements in social relations:** -Accompanied by a few good friends (with same cancer experience) to go out for a walk, maybe on the grass and sit down to take rest and chat. **2. A greater appreciation for life:** -I think that I'm different, I'm more optimistic. **3. A changed sense of priorities:** -I feel less burdened to view things and work now. It's not that serious to see things and work. I have been gradually slowing down my pace in these two years. **4. Self-love:** -I feel it's a new me, I'll treat myself good and to love myself more **5. Beneficial spiritual changes:**

	"The difference in between freedom and no freedom". I think I am free. **6. Sense of control:** -Now I can say that I am free and there is nothing to worry about, I like to have fun and enjoy life whenever I want.

In this FPAR, we found that all stages of treatment, such as pre-treatment, diagnosis and treatment (surgery, chemotherapy) lack gender-centeredness in every treatment stage in hospitals in China. Most women with breast cancer reported that problems are not only caused by physiological and psychological factors but also suffered from structural stigma (Chinese Culture), public stigma(Relationships)and self-stigma (body image). Structural stigma is "societal-level conditions, cultural norms, and institutional practices" (Hatzenbuehler & Link, 2014, p. 2). In current study, WBC were full of problems in their life narratives. Breast cancer in Mainland China is perceived as a shameful disease. The dominant pathologizing and cultural discourses in Mainland China give them a mark of "Bringing bad luck and disgrace', which leads to bad treatment through negative attitudes and stigmatization. Public stigma refers to a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people (Parcesepe & Cabassa, 2013), in current study revealed that WBC face difficulties in returning to the job market, this illustrated that discrimination from their communities and social stigma are barriers to making it possible for them to better integrate into their communities. Self-stigma is soursed from the body image of WBC, WBCs are affected by the dominant discourse, that is, how beauty of the female body is affected by the male vision. The research team reflected on the meaning of body image. When a woman lost a breast, it also affected the interaction between herself as a breast cancer patient and society, or it became a way of domesticating/assimilating the body through discriminatory eyes or gossip of others; merely perceived as the one that lost a breast.

The action team has decided to draft-up a preliminary intervention framework to advocate empowering medical social services for WBS and their families. The action team has proposed to conduct study tour in Hong Kong to learn supportive services for breast cancer patients in Hong Kong and study the intervention framework in the Breast Cancer Ward. We hope to find out the questions are: If we want to set up a Medical Social Service Unit (MSSU) in the hospital, what kinds of support would be helpful for WBC to better reintegrate them into the community, ease their embarrassment and self-stigmatize identity? What kinds of training/services/resources should be offered for helping professionals and peer counselors? What resources could fund this sector? How to obtain managerial support and proceed with reform of the whole treatment process.

5.5 Construction of the Transdispliary Intervention Framework(TIF) Using the Participatory Approach

Under collaboration with peer counselors, breast cancer doctor, psychologist, front-line social worker and social work teacher, researcher and the consultant by using the participatory approach, reflection in action. Through this participatory process, every member has raised their ideas on service design, service content and service-workflow, they also highlighted the urgency and feasibility to form the peer support system in Jiangmen. We had to prioritize the core interventions at every treatment stage. The TIF workflow was subsequently constructed and the crucial findings of the Role & functions of different parties are summarized in Table 2.

Table 2: Role & Functions of Different Parties

Role & functions of the Health and medical care domains (doctors and nurses)		
SS	Gatekeeper	1.Preliminary medical consultation, 2.Make referral to the Medical Social Service Unit (MSSU) based on their willingness.
SD	Educator	Well-informed and explain the treatment plan, side effects and opportunities for cure for WBCs and family members.
ST	Therapist	1.Standardized caring service, 2.On-going explanation of illness and its treatment plan, 3. Refer WBCs in need to MSSU.
SRI	Enabler and Advocator	1.Community education, 2.Advocacy e.g. Reform of the MSSU in BC Ward, 3.Maximize the WBCs' rights in making medical decision.
Roles & functions of the Medical social work domains - social worker and clinical/counseling psychologist		
SS	Broker	1.Emotional supported, 2.Refer to welfare unit and/or Family and Patient Resource Centers(FPRC).
SD	Accessor	Assess the resources of the WBC
ST	Case manager, Broker and Therapist	1.Provide case management (Encourage patients to continue treatment, provide the nonhospital-based home-help service for the WBCs in need), 2.Provide support to peer counselors, 3.Sustain the WBC's social support (e.g., home visit) for WBCs, 4.Carer support, 5.Refer the rehabilitation resources, 6. Therapeutic intervention (e.g. Sexual and hospice care. etc.)
SRI	Enabler, Advocator, Advisor, organizer and trainer	1.Nurture the peer support network and the FPRC, 2.Provide carer support, 3. Facilitate the community integration of the WBCs, 4.Regularly organize community education to public, e.g. Anti-discrimination education, Employment opportunities for WBCs, Maximize the rights of WBCs, Provide illness information, Side effect's management, Symptoms management and its prevention and recurrence.
Roles & functions of the Peer counselor network - peer counselor		
SS	Broker	1.Encourage the WBCs to receive treatment, 2.Provide medical resources
SD	Accompanying person	1.Pair-up peer counselor support network, 2.Share treatment experience in fighting cancer, 3.Provide emotional support and induce hope to the WBCs.
ST	Educator and supporter	1.Share health care or healthy diet's information, 2.Share the road of fighting breast cancer, 3.Encourage the WBCs to maintain social support.
SRI	Accompanying person	Support and encourage breast cancer survivors to become peer counselors to help new breast cancer patients in fighting cancer.
Roles & functions of the self-help organization		
SS	Broker	Linking the care and health resources
SD	Accompanying person	1.On-going emotional support, 2. Report the situation of the WBCs to MSSU if any crisis
ST	Educator	Provide stress management actives to family members , carer

			and WBCs
SRI	Advocator and organizer		1.Organize support service, e.g., Run the free Prosthesis Bra or Wig Programme, 2. Organize the consciousness-raising education program, such as gender and anti-discrimination educational program. 3. Advocacy, e.g. the rights of WBCs in making medical decision.

*Stage of suspected of having breast cancer (SS), 2. Stage of diagnosis (SD), stage of treatment and prognosis (ST), and the stage of rehabilitation and integration (SRI). *

During the research process, our team members had different views and understandings on what transdisciplinary, multidisciplinary as well as interdisciplinary approaches were. This is why we adopted the TIF because it is neither a multidisciplinary nor interdisciplinary nor solely an intervention framework. We had several considerations here, we found that in the Hong Kong model of breast cancer support services all professionals share the roles and functions, through the Hong Kong study tour, the multidisciplinary team able to understand the knowledge and skills of another helping professionals. The second consideration was the needs of WBC in every treatment stage, which involved different professionals, family systems and health care systems, such as the family support system, peer support system, the Clinical Psychology Service system, Medical and Nursing Care system, the Medical Social Service system. All systems had a great influence on breast cancer patients and their families to overcome the side effects of treatment, psychological hardship and/or social problems. These systems are crucial for WBC to better re-integrated into their communities during the rehabilitation phase. These considerations directed our action team to reflect that the "Transdisciplinary" approach should be promoted in medical social service settings in Mainland China.

6. Conclusion

In the current research, we found that all stages of treatment, such as pre-treatment, diagnosis, and treatment (surgery, chemotherapy) as well as rehabilitation lack gender-centeredness in every treatment stage in hospitals in China. Throughout the whole journey of the FPAR, I had a question, am I to "rethink" what is "gender bias" in the Chinese context? Gender insensitivity? Over-generalization? Double standards and androcentrism? (Jahn et al. 2017). What is the meaning of these professional jargon for WBCs? Caring is essential to the experience of women. The concepts of care and responsibility are primary to Chinese women's construction of their moral domain (Gilligan, 1982) as demonstrated by the notion that women are the primary caregivers in the home, caring for children and other family members, such as the elderly (Walker & Thompson, 1983). It was inspiring that this current study revealed caring duties as one of the protective factors for WBC to continue treatment and fight cancer. When "caregivers" were very sick, who can replace their role in the family? These stories of WBCs revealed that in Chinese culture they do not allow their children to get involved in their treatment process and caring duties even when WBC faces death in the terminal stage of cancer. Do the children of WBC and their relatives have the right to grief (bereavement counseling for WBC's children) and how can they get the children of WBC involved; this could be one arguable issue for providing counseling for a person who is dying because it is important to be able to say goodbye to their beloved which is crucial to health grief. Grief is a normal and natural response to loss and we often expect to grieve the death of a family member. These WBS's stories revealed that the dominant cultural conception of breast cancer in Mainland China is " shameful", such discrimination is unspoken, the suffering is wounded not just in the body, the breast scar, but in the voice. Why they need to

treat disrespectful, why they need to bear the discrimination, for a WBC if, without structural changes, they may suffer in a triple way, the illness itself, the discrimination caused by the cancer stigma, and no chance to be given to say goodbye to the beloved that is the triple suffering and as triple oppressions.

Acknowledgements

Thank You Lord for all the blessings!

I am heartily thankful to my chief supervisor Dr. KU Hok-bun whose guidance from the initial to the final level enabled me to develop an understanding of this study. His accommodating attitudes and encouragement impact me deeply on my career as an educator. I would like to thank Dr. Mark Li is concerned about my academic development. I would like to devote this dissertation to my informants, especially two of them who passed away due to recurrence. It is with greatest pleasure that I would like to thank the peer counselors, cancer survivors and their family members that took part as research partners in the project, without their co-operation and support, I would have been unable to obtain my goals. Their struggles with the illnesses and each of their stories have moved me. They taught me a great deal throughout their life stories.

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**Factors Influencing Job Satisfaction and Willingness to Continue Working
of Nursing Staff in Japan**

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The Asian Conference on the Social Sciences 2021
Official Conference Proceedings

Abstract
Japan faces a severe shortage of nurses and caregivers for elderly patients who need assistance. The purpose of this study is to examine the job satisfaction and the willingness to continue working of elderly-focused nursing staff in Akita, which is home to the highest aging rate in Japan. The obtained 934 valid responses (valid response rate: 8.32%) were analyzed using multiple regression analysis in the empowerment framework. Comparing the results of different types of nursing care facilities shows that the factors that affect "job satisfaction" and "willingness to continue working" are different as each type of facility provides its own work style and work content.

Keywords: Job Satisfaction, Willingness to Continue Working, Empowerment, Nursing Care

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Introduction

Japan has the oldest population in the world; 27.7 percent of its population in 2017 was over 65 years of age, according to its Census (Statistics Bureau of Japan 2018). There is also an increase in the number of older people who have complex needs. When elderly people have significant health needs that cannot be met if they continue to live alone, it may be time to consider assisted living. In 2000, the Long-Term Care Insurance Act (LTCI) was introduced by the Japanese government, and it provides benefits to over five million persons who are 65 years and older, which is about 17% of this age population. All Japanese aged 40 and over contribute to the LTCI by paying a premium that varies according to their income, while people aged 65 and over can access its benefits (Campbell et al 2010; Tamiya et al 2011). Those benefits and the beneficiary's level include institutional, home, and community-based services, and are determined by a local committee, who uses the results of a standardized questionnaire on daily living activities alongside a report from the enrollee's physician.

The shortage of care facilities, as well as healthcare workers, is known, especially in populated urban areas. Elderlies who need assisted living are classified into 7 levels: two support levels and five care levels. The different levels of required care under LTCI as follows.

Support 1: Basic daily activities (IADL) can be performed almost entirely by him/herself, but will requires some form of support in IADL in order to prevent any progression to a later state.
Support 2: The ability to perform IADL is slightly reduced compared to Support 1 and the patient requires some support to maintain or improve functions.

Nursing care 1: The ability of IADL further decreased from the state requiring support. The patient's condition requires partial care for excretion and bathing.
Nursing care 2: In addition to the condition requiring Nursing care 1, the patient requires partial nursing care for walking or getting up.
Nursing care 3: The IADL and ADL (*i.e.*, activities of daily living) are significantly reduced from the state of Nursing care 2, and it is impossible to stand up, walk, excretes, bathe, or puts on and takes off clothes by him/herself. The patient requires more intensive care.
Nursing care 4: The ability to move is significantly lower than in Nursing care 3 and it is difficult to perform almost every aspect of daily life without nursing care.
Nursing care 5: A state in which the ability to move is further reduced than in the state of Nursing care 4 and communication of intention is difficult. It is impossible to live a daily life without active nursing care.

Table 1 lists types of long-term/short-term care services available for Nursing care levels 1~5. The institutional services are only available for those classified as "nursing care required" levels. The amount of nursing-care insurance payments a senior receives depends on the assessed level, *i.e.* each nursing care requires an appropriate level for assistances. The individual settles the difference between the received payment and the fee charged by the nursing home. In 2015, the Revised Long-Term Care Insurance Act limited special nursing home accommodation to elderly people requiring nursing care level 3 or higher. The elderly with nursing care level 3 are those who cannot stand up or walk and need full support for the toilet.

In Japan, there are several services are available for dependent elderlies; special nursing homes, private nursing homes, group homes, long-term senior healthcare facilities, small scale multipurpose home-care nursing, and home-visit nursing care stations which aim for

comprehensive terminal care at home or support home care. Different types of nursing homes provide different types of care.

In this study, we examine the job satisfaction and the willingness to continue working of elderly-focused nursing staff in different types of nursing care services. Studies on job satisfaction of nursing care can help to identify problems and develop strategies for the improvement of care staffs' working conditions. Previous studies in Japan concerned overall nursing care staffs' job satisfaction. Learning about the job satisfaction level of people working at different types of nursing homes may provide valuable information to help the retention of nursing staffs.

Table 1: Varieties of Care Services Available for Nursing Care Required Level 1-5

Home-visit Services
Home-visit Care, Home-visit Nursing, Home-Visit Bathing Long-Term Care, In-Home Long-Term, Care Support, etc.
Day Services
Outpatient Day Long-Term Care, Outpatient Rehabilitation, etc.
Short-stay Services
Short-Term Admission for Daily Life Long-Term Care, etc.
Residential Services
Daily Life Long-Term Care Admitted to a Specified Facility and People with Dementia etc
In-facility Services
Facility Covered by Public Aid Providing LongTerm Care to the Elderly, Long-Term Care Health Facility, etc.

Source: Health and Welfare Bureau for the Elderly, Ministry of Health, Labor and Welfare (2016)

1.   Literature Review

Japan faces a severe shortage of nurses and caregivers. Nursing jobs in Japan are perceived as one of "3K" jobs: Kitsui (hard/difficult), Kitanai (dirty), Kiken (dangerous) respectively (Tierney et al. 1994), as they are involved in body excreta and the sickness (Wolf 1986). Caregivers are also considered as one of the "3K" jobs, as pay is low, working conditions are demanding, and turnover is very high (Kingston 2011). In 2017, the ratio of job offers to job seekers in caregiving was more than 3.5, while those of entire industries were 1.5 in Japan. In addition to the current shortage, the estimated demand for nursing caregivers is estimated to be around 260,000 in 2020 and about 550,000 in 2025. To solve this problem, about 60,000 new caregivers would need to be recruited annually (Ministry of Health, Labor and Welfare 2018). While such negative images are strong, some think it is rewarding because caregivers are close to the lives of elderly people with disabilities, and those elderly are grateful to caregivers for their nursing care and some feel great joy in the connection with people. Many people seem to take pride in nursing care.

1.1.   Motivation Theories

For people in nursing care to be satisfied with their work, they need to be motivated and inspired. Various motivation theory has been introduced since the 1940s. Classic Maslow's

hierarchy of needs (1943) attempted to posit human needs in a five-level hierarchy that assumes humans constantly grow toward self-actualization.

The first level is "physiological need", which is considered to be a basic and instinctual need to live. The second level is "safety desire", the need to avoid crisis, and the third level belongs to the need for love and belonging. It is regarded as "social desire". These three are low-order needs, which are the desires to satisfy externally. The fourth desire is called "esteem", the need to be recognized by others, and the fifth desire is "self-actualization", the need to elicit one's abilities. Later, Maslow (1971) added a sixth level to the hierarchy of needs: the "intrinsic values (self-transcendent)," which brings the individual what he/she termed "peak experiences" in which they transcend their concerns and see from a higher perspective.

At the workplace, people can be rewarded in different forms, *i.e.*, money, prizes, desirable activities or outcomes, praise, or recognition. Some research has examined the impact of financial rewards on motivation at work (Fang & Gerhart 2012; Kuvaas 2006). After they meta-analyzed 60 experimental and nonexperimental studies, Byron & Khazanci (2012) found that creativity-contingent rewards tend to increase creative performance, and are more positively related to creative performance when individuals are given more positive, contingent, and task-focused performance feedback and are provided more choice (and are less controlled). Self-determination theory suggests that some rewards can undermine autonomous motivation, *i.e.* the undermining effect, and are therefore associated with less positive outcomes (Deci & Ryan 1985).

Herzberg's motivation theory, or the two-factor theory, suggests that there are two factors that an organization can adjust in order to influence motivation in the workplace (Herzberg et al. 1959). Herzberg et al. defined those two factors in deciding employees working attitudes and level of performance, named "Motivation" and "Hygiene Factors." Motivation Factors are Intrinsic Factors that will increase employees' job satisfaction; Hygiene Factors are Extrinsic Factors to prevent any employees' dissatisfaction. They suggested that in order to increase employees' performance or productivity, Motivation factors must be addressed.

Kanter's (1977, 1993) Theory of Structural Power in Organizations explains the origins of empowerment in a large organization. According to Kanter's theory, empowered workers have a high degree of access to these workplace empowerment structures and will be more productive. Laschinger et al. (2009) examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and important nurse retention factors, such as job satisfaction, commitment, and turnover intentions.

In this study, we regard empowerment as a factor that brings out the abilities of staff working at nursing homes. From the theory of Maslow and Herzberg, we assume that empowerment is divided into intrinsic parts such as motivational factors and extrinsic parts such as hygiene factors. We consider the factors that lead to job satisfaction from both "intrinsic empowerment" that derives the staff's abilities intrinsically and "extrinsic empowerment" that derives exogenously.

1.2.　　Nurses and Caregivers' Job Satisfaction and Willingness to Continue Working

Studies on job satisfaction and job stress of nurses and caregivers working at long-term care services are important and have been conducted in Japan and around the world. Ogata et al. (2015) researched staff turnover in nursing homes in Japan. They investigated nurses and

caregivers employed at nursing homes in Japan on their working conditions and their intention to continue their work. They performed a covariance structure analysis to verify the causal relationship among factors that affect their organizational commitment, their coping strategies for intergroup conflict, and their intention to continue working. As a result, to prevent turnover, it is necessary to increase organizational commitment, actively exchange information between staff and management, improve a career up system for nursing staff, increase human resource education, create support systems, and foster the continuous education of nursing staff.

Yamaji et al. (2014) conducted a questionnaire survey on factors related to employee satisfaction regarding the work environment of elderly nursing care facilities from directors' and staff's points of view. Their results indicate that the employee satisfaction from the directors' perspective is directly enhanced by care skills, information sharing, and evaluation whereas those of the staff's perspective is based on the work environment related to flexible working hours and good staff communication. They proposed that the implementation of a welfare facility management system, one that includes the staff-proposed factors, would improve employee satisfaction and reduce turnover. Karsh et al. (2005) examined whether the characteristics of the workplace, the work environment, the participation in quality improvement activities, and the environment of the quality improvement of the facility can predict the commitment and satisfaction of the nursing home employees and whether the intention to change jobs could be predicted or not. They found that intention to leave a job can be predicted by satisfaction, especially commitment, and turnover can be prevented by reducing work burdens and role conflicts, and by enhancing flexible scheduling, safety, work clarity, and other quality improvement efforts.

Manninen (2011) analyzed factors related to the performance of work, the working culture at the workplace, and the life situation and how those factors increase or decrease the willingness and ability of employees to cope and to continue working in the nursing home as well as home care. It was found that, in order to continue working in elderly homes or with the elderly in general, the employee must have both the willingness and the ability to continue.

Akita prefecture is known for the highest ratio of seniors in Japan; people 65 years of age or older account for 36.4% of the population in 2018 and are expected to be 50.1% by 2045 (Cabinet Office 2018). There are a few studies conducted in Akita on nursing homes. Sato et al. (2012) carried out an interview survey and a questionnaire survey on the job satisfaction of care staff in nursing homes in Akita City, Japan. From the data obtained in the survey, they concluded that the satisfaction level of the care staff was about 50%; both the satisfied and unsatisfied aspects were combined. Despite many care staff who strongly wanted to quit their jobs, many wanted to continue working as long as they could. In other words, it implies how the job is rewarding, and how the workers are willing had an effect on satisfaction and hindered the turnover rate of care staff. Miyamoto et al. (2017) conducted a questionnaire survey of nursing homes in Yurihonjo City and Nikaho City located in the southern part of Akita Prefecture and examined which factors would lead to the satisfaction of caregivers through various analyzes. Their results suggest that those items directly related to job satisfaction and interest are "pride in work" and "human relations in the workplace", and it is necessary to enhance these items in order to improve satisfaction. Many studies on nursing care analyze the results of questionnaire surveys, but few studies are conducted based on theoretical assumptions. Studies using the "empowerment" framework are rare. In this study, we focus on the empowerment theory and approach the job satisfaction of care staff from a new direction.

2.   Research Model

A previous work (Miyamoto et al. 2017) concluded that pride in work and human relationships in the workplace were related to job satisfaction. In this study, we interpret that pride in work is an intrinsic value inside the staff, while human relationships at work is an extrinsic value. The former is defined as "intrinsic empowerment" in which the staff generates power internally, and the latter is defined as "extrinsic empowerment" in which the staff generates power due to the influence of the external environment. In the case of endogenous values, in addition to pride in work, one's position in the workplace and the growth of one's position are also included. This study analyses not only job satisfaction, but also the willingness to continue working. Fig. 1 shows the research framework of this study.

Based on the research model, the following four hypotheses are posited.

H1: Intrinsic empowerment will affect job satisfaction.
H2: Extrinsic empowerment will affect job satisfaction.
H3: Intrinsic empowerment will affect employee's will to continue working.
H4: Extrinsic empowerment will affect employee's will to continue working.

Source: Miyamoto et al. (2017)   Miyamoto and Kaneki (2020)
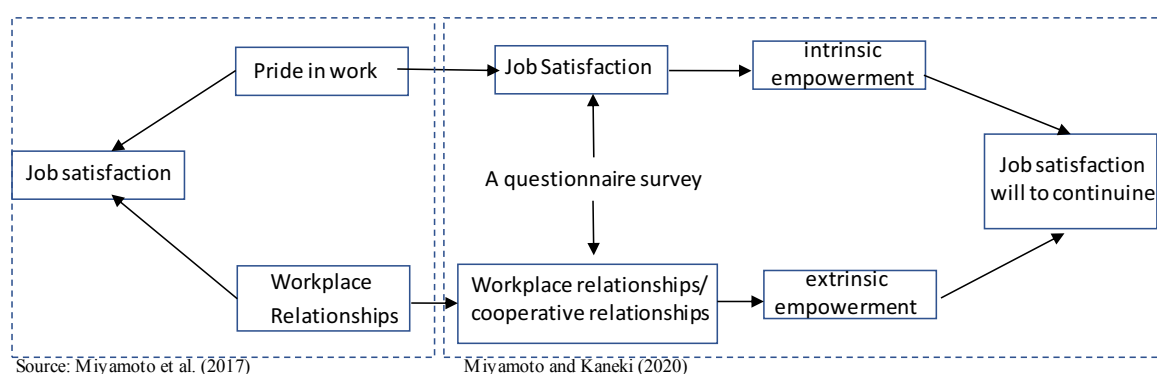
Fig.1: Research Model

3.   Methods

Those who are working in "Visiting care," "Daycare," "Short-stay care," "Group home for dementia," "Special home for the elderly care," in the entire Akita prefecture were invited to participate in the overall study of job satisfaction of nursing/caregiving staff. A mail questionnaire survey, a 5-point Likert scale questionnaire from "Strongly Disagree" on one end to "Strongly Agree" on the other with "Neither Agree nor Disagree" in the middle, was used to gather data. The survey was conducted from June to July 2016. A list of designated long-term care insurance-based nursing homes, available at Akita Prefecture HP (the most recent list is available as of April 1, 2019) was used to compile a list of nursing homes in the areas.

Table 2: What Kind of Nursing Care Facilities Have You Experienced So Far?
(Multiple Answers Allowed)

In-home	Visiting	Day care	Short stay	Group home for dementia	Special home for the elderly	Others
40	176	287	263	193	376	195

The survey was sent to 674 care facilities of various types with 11,229 nurses and caregivers in Akita and amassed 934 valid responses (8.32% response rate) from 71 care facilities. The number of respondents for different types of nursing care facilities they have experienced is shown in Table 2.

Based on previous studies in nursing care, we have designed a list of survey questionnaires. The questionnaire is divided into four sections: 1) the work state and qualification, 2) the salary, 3) the human relations, and 4) the rewarding of work.

Descriptive statistics are shown in Table 3. There are more female employees than male in this sample. As for the age structure of care workers, most of the respondents in this study are in their 20s to 50s, while few respondents are in their 10s and over 60s. In national statistics for caregivers (Nursing Care Labor Stability Center 2017), most of them are 30 to 40 years old for care staff (facility), but about 30% of home care workers (visiting care) are 60 years old or older. By gender, the proportion of female caregivers and visiting caregivers is higher, with males under 40 being theminority, while females aged 40 and over make up the majority. The age and gender structures in this study are somewhat similar in proportion to the national statistics.

Fig. 2 shows the percentage of employees by facilities. It shows that the percentage of "full-time employees" in a special home for the elderly care and group homes exceeds 80%, whereas the percentage of a part-timer in visiting care and day services is large.

It is due to that the contents of the service provision of visiting care and day services. The visiting care service requires visits to the user's home on fixed days in a month. Day service's main purpose is maintenance and improvement of physical function, perform function training, and interact with other people so that those who are certified as requiring nursing care can continue living at home. There are more part-timers in these services who receive the more flexible working schedule.

4.   Results

4.1.   Correlation Analysis

First, a correlation analysis on variables—job satisfaction, willingness to continue working, intrinsic empowerment, and extrinsic empowerment—is performed. Intrinsic empowerment is defined as "self-growth", "appreciation from elderlies" and "own position in challenge for work", (?) and extrinsic empowerment is defined as "relations in the workplace", "cooperative relations with superior and colleague", "relations with elderlies" and "relations with elderlies' families", and "work itself."

Table 3: Descriptive Statistics

Akita Survey		National Statistics (%) as of 2017	
		Facilities	Visiting
Male	229	24.0%	9.5%
Female	680	73.3%	87.8%
Unknown	25		
Total	934		
10s	12	0.7%	0.2%
20s	160	15.0%	4.0%
30s	238	22.9%	10.1%
40s	218	24.1%	19.6%
50s	203	19.9%	25.3%
60s	81	13.5%	29.7%
70s	5	2.5%	8.7%
Unknown	17		
Permanent staff	632		
Temporary staff	9		
Part-time	147		
Fixed-term	58		
Others	131		
Unknown	49		
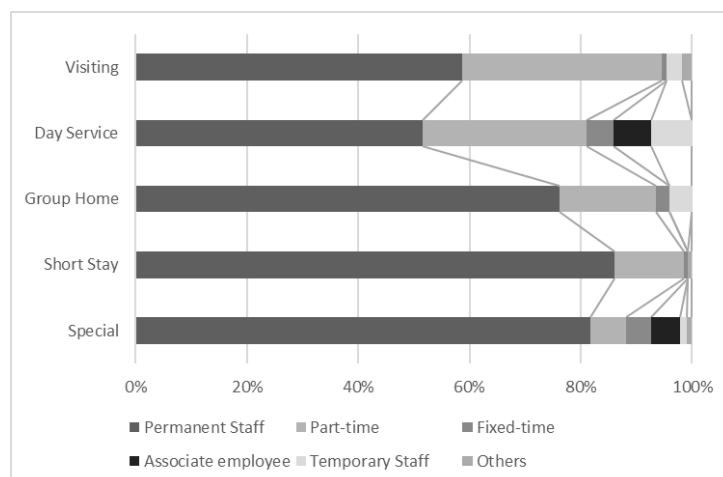
Fig. 2: Percentage of Employees by Facilities

Note that "job satisfaction", "willingness to continue working", and variables for extrinsic empowerment are five-point Likert-type scales, and variables for the intrinsic empowerment are dummy variables. After omitting 18 responses that did not answer their attributes, 916 responses (114 visiting, 175 day-service, 136 short stays, 125 group homes, and 366 specialties) are used for the analysis.

Table 4 contains the Pearson correlation coefficient between all pairs of nineteen variables including different types of facilities with the two-tailed significance of these coefficients. Most of the variables correlate fairly well, except those with "Reward: Salary", and are statistically significant, and none of the correlation coefficients are particularly large; therefore, multicollinearity is not a problem for this data. Since correlation coefficients of "Reward:

Salary" with other variables have a small coefficient and seem insignificant, we omit it from our analysis According to the latest private salary survey conducted by the National Tax Agency in September 2018 (the latest in fiscal 2017), the annual salary of those who worked throughout the year was 4.32 million yen, which increased by 2.5% (National Tax Agency 2018). The average annual salary in the nursing care industry for employees working for general nursing care companies is said to be around 3.1 million yen, which is lower than the national average. The respondents seem to rate poorly on "Reward: Salary."

According to the correlation analysis, there are few significant correlation coefficients for intrinsic empowerment and few variables correlate with "job satisfaction," while extrinsic empowerment has a stronger relationship with "job satisfaction."

Table 4: Correlation Analysis

	satisfac-tion	continu-ation	recom-men-dation	turn-over	salary	relation ships	coopera tion	relation elderly	relation _family	rewards growth	rewards _salary	rewards _applic iation	rewards _status	rewards _work	day_ service	group_ home	short_ stay	Special _care	visiting _care
satisfaction	1	.191**	.426**	-.086**	.526**	.473**	.484**	.513**	.355**	.059	-.038	.125**	-.006	.049	-.076*	.065	-.035	-.019	.088**
willingness to continue	.191**	1	.159**	.260**	.172**	.282**	.317**	.261**	.272**	.040	.041	.099**	-.012	.023	-.130**	.008	-.005	.108**	-.008
recommendation	.426**	.159**	1	-.149**	.387**	.334**	.342**	.375**	.351**	.103**	-.090**	.126**	-.004	.101**	-.030	-.015	.002	-.063	.142**
turnover	-.086**	.260**	-.149**	1	-.087**	-.014	.033	.008	.101**	-.051	.099**	.062	-.020	-.069*	-.150**	-.011	.021	.128**	-.022
salary	.526**	.172**	.387**	-.087**	1	.382**	.425**	.392**	.314**	.059	-.031	.130**	-.046	.061	-.116**	.010	-.065*	.023	.163**
relationships	.473**	.282**	.334**	-.014	.382**	1	.689**	.589**	.426**	.100**	-.051	.154**	.040	.048	-.116**	.093**	.038	-.037	.057
cooperation	.484**	.317**	.342**	.033	.425**	.689**	1	.586**	.413**	.095**	-.086**	.122**	-.029	.090**	-.184**	.078*	.012	.038	.069*
relations user	.513**	.261**	.375**	.008	.392**	.589**	.586**	1	.533**	.110**	-.064	.193**	.018	.082*	-.107**	-.011	-.003	.057	.057
relations family	.355**	.272**	.351**	.101**	.314**	.426**	.413**	.533**	1	.061	-.039	.166**	.001	.110**	-.107**	.016	-.053	.080*	.049
rewards growth	.059	.040	.103**	-.051	.059	.100**	.095**	.110**	.061	1	-.064	-.231**	.028	-.078*	-.009	.030	.016	-.004	-.033
rewards salary	-.038	.041	-.090**	.099**	-.031	-.051	-.086**	-.064	-.039	-.064	1	-.154**	.068*	-.076*	-.031	-.044	-.027	.108**	-.049
rewards appliciation	.125**	.099**	.126**	.062	.130**	.154**	.122**	.193**	.166**	-.231**	-.154**	1	-.038	-.349**	.015	-.023	.031	-.044	.038
rewards status	-.006	-.012	-.004	-.020	-.046	.040	-.029	.018	.001	.028	.068*	-.038	1	-.011	-.016	-.037	-.006	.067*	-.035
rewards work	.049	.023	.101**	-.069*	.061	.048	.090**	.082*	.110**	-.078*	-.076*	-.349**	-.011	1	-.102**	.031	.023	.004	.058
day service	-.076*	-.130**	-.030	-.150**	-.116**	-.116**	-.184**	-.107**	-.107**	-.009	-.031	.015	-.016	-.102**	1	-.193**	-.203**	-.396**	-.183**
group home	.065	.008	-.015	-.011	.010	.093**	.078*	-.011	.016	.030	-.044	-.023	-.037	.031	-.193**	1	-.166**	-.324**	-.150**
short stay	-.035	-.005	.002	.021	-.065*	.038	.012	-.003	-.053	.016	-.027	.031	-.006	.023	-.203**	-.166**	1	-.341**	-.157**
Special care	-.019	.108**	-.063	.128**	.023	-.037	.038	.057	.080*	-.004	.108**	-.044	.067*	.004	-.396**	-.324**	-.341**	1	-.308**
visiting care	.088**	-.008	.142**	-.022	.163**	.057	.069*	.057	.049	-.033	-.049	.038	-.035	.058	-.183**	-.150**	-.157**	-.308**	1

**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

4.2. Multiple Regression Analyses

4.2.1. Job Satisfaction

Multiple regression analysis is used to explain the relationship between the dependent variable, "job satisfaction", and the independent variables, such as "human relationships in the workplace", "cooperative relationships between bosses and colleagues", "human relationships with users (elderlies)", "human relationships with user (elderlies') families", "own growth," "appreciation received," "status within the facilities," and "work itself". The multiple linear regression equation is as follows:

$$y_i = b_0 + b_1 x_1 + b_2 x_2 + \cdots + b_p x_p \qquad (1)$$

where y_i is the predicted or expected value of the dependent variable, x_i through x_p are p distinct independent or predictor variables, b_0 is the value of y_i when all of the independent variables $(x_i$ through $x_p)$ are equal to zero, and b_1 through b_p are the estimated regression coefficient.

Multiple regression analyses are performed for each type of facility; "Visiting care," "Daycare," "Short-stay care," "Group home for dementia," "Special home for the elderly care," and female/male. The results are shown in Table 5.

R-squared, a measure of explanatory power, values from 22% to 52%. R-squared is used to interpret when the observations are randomly sampled from a well-defined population. Whether a given R-squared is considered to be large or small depends on the context of the study. A social-scientific study might consider an R square of 0.30 to be large, whereas a physic study might consider an R square of 0.98 to be small. In other words, in some fields, R-square is typically higher, because it is easier to specify complete, well-specified models. But in the social sciences, where it is hard to specify such modes, low R-square values are often expected (Neter, et al 1996).

4.2.1.1. The Overall Result

The result overall (including all respondents in the survey) shows "human relationships in the workplace", "cooperative relationships with bosses and colleagues", "human relationships with users (elderlies)", "human relationships with user (elderlies') families" are positive and statistically significant, while "own growth," "status within the facilities" and "work itself" are negative and not significant. "Appreciation received" is positive but weak and not significant. The overall result implies that human relationships-related variables (human relationships in the workplace, with elderly, with elderlies' families, cooperative relationships with bosses and colleagues, *i.e.*, extrinsic empowerment), are highly related to their job satisfaction.

4.2.1.2. Different Types of Care Services

"Human relationships with users (elderlies)" are positive and statistically significant for every type of service. It implies that people who work for the nursing care services gain satisfaction from their relationship with elderlies.

Table 5: Multiple Regression Analyses: Job Satisfaction

a. Dependent Variable: satisfaction

	Overall	Day care	Group Home	Short Stay	Special	Visiting
(Constant)	0.338**	.168	0.926*	.163	.318	.769
relations_work	0.177***	.132	.183	0.418***	0.149**	-.006
cooperative_relations	0.203***	0.283**	0.245**	-.008	0.199***	.128
relations_elderly	0.313***	0.286**	0.350***	0.2310**	0.253***	0.590***
relations_family	0.082*	.043	-.150	0.207*	0.191***	-.038
rewards_growth	-.017	.235	-.183	-.120	.016	.047
rewards_appreciation	.033	.340	-.004	.015	-.149	.250
rewards_status	-.167	2.599**	-	-.071	-.466	-
rewards_work	-.007	.109	.153	-.161	.005	-.226
R	.574ᵃ	.718ᵃ	.546ᵃ	.634ᵃ	.478ᵃ	.568ᵃ
R-Squared	.329	.516	.298	.402	.228	.323
n	916	175	125	136	366	114

a. Predictors: (Constant), rewards_work, cooperative_relations, rewards_growth, relations_family,
    relations_elderly, rewards_appreciation, relations_work.
  *** significant at 0.01, ** significant at 0.05, * significant at 0.10

As for "human relationships in the workplace," the results from those who work for a short stay and special home for the elderly care are positive and statistically significant. As for "cooperative relationships between bosses and colleagues," those for daycare service, group home, and special home for the elderly care are positive and significant, while that of short-

stay is negative and not significant, and that of visiting care is positive but not significant. For "human relationships with user (elderlies') families", the results from those who work for a special home for elderly care and short stay are positive and significant.

For the "intrinsic empowerment" in which the staff generates power internally, only "status within the facilities" for daycare service is positive and significant.

4.2.2. Willingness to Continue Working

Next, a multiple regression analysis is used to explain the relationship between the dependent variable, "willingness to continue working" and the independent variables; "human relationships in the workplace", "cooperative relationships between bosses and colleagues", "human relationships with users (elderlies)", "human relationships with user (elderlies') families", "own growth," "appreciation received," "status within the facilities," and "work itself." Multiple regression analyses are performed for each type of facility; "Visiting care," "Daycare," "Short-stay care," "Group home for dementia," "Special home for the elderly care," and female/male. The results are shown in Table 5.

4.2.2.1.   The Overall Result

The result overall (including all respondents in the survey) shows "cooperative relationships with bosses and colleagues" and "human relationships with user (elderlies') families" are positive and statistically significant. The overall result implies that "cooperative relationships with bosses and colleagues" and "human relationships with user (elderlies') families", (*i.e.*, extrinsic empowerment), are highly related to their willingness to continue working.

4.2.2.2.   Different Types of Care Services

The relationship between willingness to continue working and "cooperative relationships with bosses and colleagues" are positive and statistically significant for those who work for daycare services, group homes, and short stays. "Human relationships with user (elderlies') families" and willingness to continue working are positive and statistically significant for daycare service. "Appreciation received," considered as the "intrinsic empowerment", has a positive and significant relationship with willingness to continue working for daycare service. For visiting care (in-house support care) service, the relationship between "work itself" and willingness to continue working is negative and statistically significant. There are no significant factors are found for respondents working at "Special home for the elderly care."

Table 5: Multiple Regression Analyses: Willingness to Continue Working
a. Dependent Variable: willingness to continue working

	Overall	Day care	Group Home	Short Stay	Special	Visiting
(Constant)	2.938***	0.952***	4.784***	3.275***	4.343***	5.379***
relations_work	.085	0.247*	-.062	-.053	.041	.064
cooperative_relations	0.215***	0.387***	0.296**	0.452***	.011	-.245
relations_elderly	.028	-.219	-.112	-.169	.062	0.318**
relations_family	0.199***	0.498***	-.158	.139	.119	-.128
rewards_growth	.043	.148	.254	-.056	-.168	-.076
rewards_appreciation	.115	1.053***	-.262	.131	-.059	-.536
rewards_status	-.137	-.690	-	-.433	-.220	-
rewards_work	-.002	.418	.099	.297	-.168	-0.747**
R	.360[a]	.776[a]	.360[a]	.362[a]	.151[a]	.300[a]
R-Squared	.129	.602	.129	.131	.023	.090
n	916	175	125	136	366	114

a. Predictors: (Constant), rewards_work, cooperative_relations, rewards_growth, relations_family,

    relations_elderly, rewards_appreciation, relations_work.

   *** significant at 0.01, ** significant at 0.05, * significant at 0.10

The Followings are the results of the hypotheses.

H1: There are weak mix results between factors in intrinsic empowerment and job satisfaction, but "status within the facilities" for daycare service is positive and significant.
H2: There are positive and significant relationships between factors in extrinsic empowerment and job satisfaction.
H3: There are weak mix results between factors in intrinsic empowerment and employee's willingness to continue working, but "appreciation received" for daycare service is positive and significant.
H4: There are mixed results between factors in extrinsic empowerment and employee's willingness to continue working. "Cooperative relationships with bosses and colleagues" and "human relationships with user (elderlies') families" are positive and statistically significant except "special home for the elderly care" which is positive but not significant. "Human relationships with user (elderlies') families" are only positive and significant for those who work in visiting care services.

Conclusion

Comparing the results of different types of nursing care facilities shows that factors that affect "job satisfaction" and "willingness to continue working" are different as each type of facility provides its own work style and work content. For the overall respondents, factors in the extrinsic empowerment effect on both job satisfaction and willingness to continue working are positive and significant. Notably, every factor in the extrinsic empowerment is affecting job satisfaction, and "cooperative relationships between bosses and colleagues" and "human relationships with user (elderlies') family" affect the willingness to continue working.

As far as respondents working for day service are concerned, "appreciation received", one of the intrinsic empowerments, is also affecting both job satisfaction and willingness to continue working.

A daycare service for elderlies is a planned program of activities in a professional care setting designed for elderlies who require supervised care during the day. Adult daycare centers enable seniors to socialize and enjoy planned activities in a group setting, while still receiving needed health services. At the same time, they offer family caregivers respite from caregiving duties while knowing that their elderly family is in a safe place. Those who are classified into nursing care levels 1 through 5 are eligible to receive that service. According to the survey conducted by the Ministry of Health, Labor and Welfare (2018), the proportion of the recipients of daycare service for the April 2018 examination by nursing care status category, the total of "need for nursing care level 1" to "need for nursing care level 3" accounts for more than 80% of the total. Thus, those elderlies, especially those who require lower levels of nursing care, can communicate with other people, nurses, and caregivers, and be able to show their appreciation. Expressing gratitude "builds a bridge to other people and invites them to cross it" (Felps 2017), which might lead to further job satisfaction of employees and willingness to continue working. Since "cooperative relationships between bosses and colleagues" affect both job satisfaction and willingness to continue working, it is necessary to work closely with staff to enhance job satisfaction and reduce turnover.

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Reflective Practice and Teaching Postgraduate Counselling Students

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The Asian Conference on Social Sciences 2021
Official Conference Proceedings

Abstract

In the fields of counselling and psychology, reflective practice is a process where we critically analyse our actions with the aim of improving professional practice. Within a counsellor education setting, the current paper critically examines counselling skills lecturers' engagement in reflective practice during a course of study. Using a reflective practice approach, teaching modalities such as benavioural and humanistic person-centred approaches were taught to postgraduate students. This indicates that learning continues to evolve based on engagement. Reflectively, instructors engage in a reflective practice approach, provided the opportunity to be a spectator first before digging deep into feelings that may impact on professional practice as described by Imel (1992). Hence, these assumptions effectively impacted on counselling skills and teaching practice within the program.

Keywords: Reflective Practice, Counselling Skills, Trainee Counsellors, Reflexivity

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Introduction

This presentation explores the overarching reflective practice framework embedded in a counsellor education program. Thus, providing students the opportunity to develop and hone their counselling skills while drawing from specific counselling modalities. Theory is drawn from humanistic, psychodynamic, behavioural, systemic approaches and others.

Reflective practice is described as a process where one enters a deeply personal and contemplative space (Clutterbuck, 2001). According to Schon (1983) reflective practice entails thinking about our actions critically to help practitioners improve professional practice. Facets of reflective practice include framing & reframing. The emphasis is on moving towards a more inquiring, social and reflective approach to problems. Hence, reflective counselling practice within education settings may involve the implementation of appropriate reflective practice framework. I examine the role of the academic, the learner, relevant frameworks which encompass elements of reflective practice. I draw on Schon's (1983) concept of reflective holistic practice as. Schon theorised that reflection may occur informally as "reflection in action" and formally as "reflection on action". This suggests that as learning takes place so does reflective practice within training settings or other professional settings.

Significantly, student formation within the professional Counselling training program is drawn from approved training standards developed by accredited professional counselling peak bodies such as the Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA). These organisations engage expert academics and practitioners to periodically review and refresh the training stands. These training standards are heavily relied upon by educators, practitioners, and employers as a benchmark for quality.

Knowledge within Reflective Practice

The reflective practitioner's knowledge within reflective practice includes scientific or research knowledge, representational knowledge and relational knowledge (Bager-Charlson, 2020). In addition, the use of reflective knowledge that is a conscious reflection may lead to action or change based on the counselling trainees' experiences. Hence, individualised and specific perspectives are considered. However, the concept of the reflective practitioner and its place in counsellor education settings remain highly debated.

Monaghan (2010) pointed out that students do not necessarily depend on the instructor within any learning environment. Rather self-formed learning, student participation in creation of new knowledge and group interest in common topics may shape learning (Monaghan, 2010). The notion of reflective practice emphasises the individual's professional experiences to improve practice (Schon, 1983). Schon argued that within a reflective practice framework, engagement in reflection-on –action and reflection-in action may take place. Reflection-on-action represents that which occurred in the past. In contrast, as the name states, reflection-in-action is based on present practice as it happens. As such, educators at various levels are encouraged to utilize reflective practice in their work. Using the above-mentioned model and drawing on Park's (2001) reflective knowledge framework, there are four types of knowledge evident within reflective practice. These include scientific knowledge based on empirical research; interpretive knowledge where the focus is on developing understanding of meanings, concepts or activities. Thus, bringing individual understanding, experiences, history and personality traits to consider events and concepts. According to Park (2001) relational knowledge represents human relation. This includes relating through expressions such as words, actions.

Finally reflective knowledge is described as deliberately reflecting to change specific activity. The outcome here is action which is described as a necessary aspect of reflective knowledge.

Research Questions

To explore further within the context of a postgraduate Counselling programs the following questions emerged:
1.   Is current reflective practice framework withing postgraduate education adequate for a training programs?
2.   Is it simply a case of applying theory to practice?

This emerging research on reflective practice within a postgraduate counselling course draws from the questions above. It is evident that skills development is essential in counsellor education settings discipline (Bager-Charleson, 2020). As such, postgraduate counselling programs emphasise reflective practice within curricular content. Thus, occurring where students are immersed in the practicum field work experience and related pre-requisite units. Significantly, from the educator-practitioner perspective I find that tracking learning achievements can empower the learner and help to achieve learning goals long term. Hence, working towards becoming a reflective practitioner enhances what one may bring to their current role, as well as the development of their future career plans (Schon, 1983).

I borrow from cognate disciplines including psychology and social work to address the research questions since reflective practice is also embedded in a range of discipline (Bager-Charleson, 2020).

Significance

This topic is significant as it adds to the body of knowledge on Counsellor education and curriculum development. Thus, good practice in counsellor education and training may further enhance students' concrete experience, reflective observation, abstract conceptualisation, and active experimentation within the learning environment.

Methodology and Result

Using a mixed method approach, this research draws on available course data and existing literature on counsellor education and training to examine the role of reflective practice and its application within a postgraduate counsellor education program. A mixed methods study utilises a minimum of one qualitative and one quantitative method to collect and analyse data for a single study (Creswell, 1999). Thus, providing a review and analyses of the results. During the review process, the quality of studies is evaluated, and analysis of the study results is conducted based on their quality (Hart, 2018).

Reflective knowledge	Instructor reflection	Instructor perception
1. Scientific/ representational	Teaching & learning in helping professions; community of practice	
2. Representational/ interpretive	Understanding meaning	More interest in networking
3. Relational	Impact of environmental factors	Embed learning cluster
4. Reflective	Change current activities	Take action

Table 1: Using Reflective Knowledge within a Counsellor Training Program

Task	Case 1	Case 2	Case 3	Case 4	presentations
In class	Group development	Reflective Journaling	Reflective Journaling	selective	selective
Online task	Virtual cluster reflection	Group development	Group development	Virtual cluster reflection	Presentation
Online task	Social networking themes/online	Communities of learning	Social networking themes/online	Presentation	Virtual cluster reflection

Table 2: Embedding reflective practice within a counsellor training program

Discussion

Where the Instructor's Reflective Practice May Benefit Learning and Course Delivery

With ongoing changes in the learning environment, counselling course instructors may use reflective skills in their professional practice while also training learners to be reflective in their work within practicum, supervision, and the in-class learning environment.

Taylor (2006) lists the types of knowledge that enables one to be a reflective practitioner. These include *scientific knowledge*, *representational knowledge*, *relational knowledge*, and *reflection*. Using these various types of knowledge as framework suggest that the reflective practitioner employs specific knowledge groups within learning systems.

Hence, the instructor's thinking and practice may evolve to meet the needs of learners. The reflective practice framework encourages reflection-in-action and reflection-on-action. This indicates that while immersed in teaching activities and after the teaching session, reflective practice occurs. Using representational knowledge in reflective practice indicates that a scientific approach is appropriate. This suggests that the trainer self- assessed the initial learning sessions with the group. As the semester progresses the need to improve professional practice may emerge. Understanding meaning in this context entails bringing in current knowledge and expertise in the field to support learning new concepts and skills. It also involves using interpretive knowledge to develop new meanings for the learner. Thus, focusing on introducing new themes and concepts to students, then working on case studies and supervision (where applicable) in small groups. This draws on the use of relational knowledge. Being able to relate to what students are experiencing within their environment suggests that the instructor brings some skills and relational knowledge into use as a teacher. Hence, within the discussed framework reflective knowledge is valuable. In this instance according to Park's reflective practice framework the instructor changes specific learning activities in the cohort's learning system. Thus, leading to action.

Table 1 provides an outline of steps taken within a reflective knowledge framework. Using a range of learning approaches, skills training and online activities occurred using critical reflection, feedback and journaling process. Over a period of one semester, core themes and concepts within each of the topic were introduced.

Table 2 shows lists where students used selected cases, critical reflection and video exercises. These exercises appeared to stimulate the interest of students while maintaining curriculum goals and outcomes. Working in dyads and triads also supported real life-like examples where each student checks in with the instructor and supervisor. Learning goals such as "becoming familiar with theories in counselling" and "developing presentation skills" were addressed based on set group and individual presentation forums over a period of one semester.

Recommendations and Conclusion

Overall reflective practice is ongoing, embedded in theory and collaborative. This opportunity to engage in reflective practice encourages the learner and the practitioner to explore their own history and culture. Thus, leading to self-awareness. Good practice is implemented within a counsellor education program by drawing upon the expertise of the academic team based on the teaching approach to counselling and building on selected modalities to support student learning. The overarching aim is to expose counselling students to an integrative approach to counselling. This provides opportunity to scaffold the learning. Also embedded within each unit is reflexivity and the opportunity to reflect-in- action and reflect-on-action.

Further research is needed to examine the academic validity of the quality of reflective activities and powerful assessment tools currently embedded within postgraduate Counselling courses.

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