Abstract

**Purpose:** This study was attempted to collect opinions for operating dementia project of Dementia care center and to understand what is needed as a strategy for efficient dementia project by analyzing working experience of practitioners at the Dementia Care Center.

**Method:** Focus group interviews with practitioner working at 47 Dementia Care Centers in Gyeonggi-do and contents analyzing method were conducted.

**Results:** The contents of interviews were analyzed by dividing into two themes: the difficulty in conducting dementia project and the development plan for revitalizing the dementia project. Three categories of difficulties in carrying out the dementia projects were derived: negative perception of dementia, insufficient manpower system, and non-establishment of service system, and two categories of development plan were derived as the internal stability of the manpower system and the establishment of regional dementia management hub.

**Conclusion:** Despite the increased social interest in dementia due to the implementation of the dementia national responsibility program, it was found that it was still difficult to carry out the project due to the negative perception of dementia. For the efficient operation of the dementia care center and vitalization of the project, the stabilization of the employment of working-level workers should be accompanied first, and a more systematic operation plan is needed by clearly establishing the role of each job group and confirming that the job is being performed according to the characteristics of the job.

**Keywords** Dementia, Management of Dementia, Dementia Care Center, Focus Group Interview, Qualitative Research

1. Introduction
1.1. Objective of this study

As the average human life expectancy increases due to development of the country’s living level and development of medical technology, it is expected the elder population in Korea to expand in size; 14.3% in 2018 and 20.8% in 2026[1]. As increase of elder population, social attention to increase of prevalence rate of dementia is required. The number of dementia patients in Korea was 7.24 million in 2018 and is expected to exceed 1 million in 2024, and then 2.71 million in 2050[2]. Dementia is more difficult to be cured and needs continuous management.

As the number of dementia patients increases, dementia has emerged as a social problem due to urbanization and trends of nuclear family, it is expected to develop public service and institutional intervention at the national level.

The Dementia care center has achieved major innovations in dementia management, such as
improving awareness and raising awareness about dementia, early detection and early treat-
ment of dementia, support for families of dementia patients, and activation of networks among
dementia management-related organizations in the local community[2]. Despite this consider-
able effort being made to overcome dementia, the Dementia National Responsibility System
was announced[3]. The reason for the announcement of the National Dementia Responsibility
System is that first of all, the dementia care center, which is the core of dementia management,
is concentrated in some metropolitan areas including Seoul, so that early treatment at least
from the early stage of dementia is a universal service without regional differences [4]. Second,
when there are patients who need hospitalization due to psycho-behavioral symptoms after the
moderate-stage of dementia, appropriate treatment is not provided due to the lack of coping
of hospitals[5]. This is because, when complex service needs such as cognitive decline, psycho-
behavioral symptoms, and daily life dysfunction occur, the burden of treatment and care for
dementia patients and their families reaches a point where it is difficult to endure[6]. If we look
at the main contents of the dementia national responsibility system announced so far, first, the
nationwide expansion of the dementia care center[7]. Second, the establishment of the demen-
tia safety hospital, and third, the reduction of the out-of-pocket burden for dementia medical
expenses and long-term care expenses[8]. The measures are in response to the three problems
listed above, in order to overcome the problem of regional disparity caused by the concentra-
tion of dementia support centers in large cities through the nationwide expansion of the de-
mentia relief centers[9]. It is a plan to establish a dementia-safe hospital where dementia pa-
tients in need of treatment can receive treatment with confidence, and it is a measure to reduce
the burden of medical insurance and long-term care insurance for patients and their families
who have complex service needs due to the progression of dementia[10][11]. The dementia
national responsibility system is scheduled to be implemented very quickly, with the goal of
completing the installation of dementia care centers nationwide by the end of this year. In this
rapid implementation process, various difficulties will inevitably be encountered, such as a
shortage of manpower, lack of professionalism of manpower, conflict or fragmentation between
dementia-related institutions in the community, and moral hazard in the process of using de-
mentia-related services.

In order to overcome these difficulties and establish the dementia national responsibility
system at an early stage, first, it is necessary to secure professional manpower at the dementia
care center. Second, teamwork and leadership within the dementia care center, which will be
composed of a multidisciplinary team, should be established. Third, a close linkage system be-
tween dementia-related institutions in the community, including the dementia care center and
dementia safety hospital, should be established. Fourth, an accurate and rigorous diagnosis and
evaluation process for dementia that will prevent moral hazard in the process of system imple-
mentation must be established[12].

Accordingly, the government attempted to introduce various policies to reorganize public
service delivery system in relate to health and welfare. The government began to establish de-
mentia care centers at national level in 2017, and as of 2020, there are 256 dementia care cen-
ters established and operated nationwide[13]. For instance in Gyeonggi-do, the number of de-
mentia patients has increased from about 1.21 million in 2014 to about 1.59 million in 2020,
and 46 dementia care centers are being either established or operated as of 2020[14]. With aim
of quantitative and qualitative growth of dementia care center, establishment of dementia man-
agement infrastructure has been expanding and practitioners working at dementia care center
should make various efforts to improve the quality and efficient implementation of dementia
management projects. In addition, to support practitioners research relate to their work effi-
ciency should be conducted. However, the number of studies related to the operation of the
Dementia Care Center mainly for workers at the centers are still insufficient.

In order that dementia projects operate efficiently, integrated management in the medical
and welfare sectors must be carried out together. Workers at the Dementia care center are taking a multidisciplinary approach such as nursing, social welfare, occupational therapy, and clinical psychology. Therefore, to realize improvement of the quality and publicization of dementia related service, it is foremost necessary for the Dementia care center to have a system as a public institution by accurately analyzing the current situation. It is important to apprehend whether practitioners at forefront of managing dementia are playing a well-established role as professionals performing the function of the Dementia care center. Therefore, this study aims to analyze the working experience of practitioners at the Dementia care center to collect experience for the operation of the dementia project and to understand what is needed as a strategy for an efficient dementia project.

1.2. The objective of the study

This study aims to analyze the problem with conducting dementia project for workers at dementia care center in Gyeonggi-do, and to provide basic data for the operation of the dementia care center in Gyeonggi-do by collecting opinions on the efficient operation of the dementia care center.

2. Research Method

2.1. Research design

This study is a qualitative research design that conducted focus group interviews with workers at the Dementia Care Center in Gyeonggi-do to collect data and applied content analyzing method.

2.2. Participants in the study

Participants in this study were selected according to the purposive sampling method within practitioners working at 47 dementia care centers in Gyeonggi-do. The study participant group consisted of 2 urban groups and 2 urban-rural complex groups according to participants’ residence, and the number of each group was selected as around 10 per group based on the study that it is most active for focus group interview when the number of participants per group were less than 10. There was no occupations restriction in selecting participants since there were various professional workers including nurses, social welfare workers, clinical psychologists, occupational therapists, and physical therapists, and at least one of the people from each center was selected with voluntary participation

2.3. Research questions

In this study, the questionnaire of the interview was drafted to obtain opinions from practitioners at Gyeonggi-do dementia care center on the operation method, and reviewed by professors of nursing who had experience on qualitative research on the readability of the question and suitability of the purpose of this study. Starting with the open and semi-structured question, (e.g. Please feel free to talk about your experiences in dementia project such as difficulties or rewarding moments in performing your duties at the Dementia care center), questions were sequentially asked about the scope of work (e.g. what other projects/programs are being conducted at the Dementia care center?), problems (e.g. what role and limits do you think the Dementia care center has at this point?)

2.4. Data collection

From July 8 to December 4, 2020, 40 people from four groups (about 10 people per a group) were collected using the education room of the Gyeonggi Provincial Cognition Center, which is quiet and can be discussed in groups. Due to the COVID-19 pandemic, the focus group interview
duration is not regular as it is conducted according to the schedule of the practitioners at the Dementia care center. The main author of this study is a lifelong member of the Korean Society of Qualitative Research, and the researcher received a doctoral degree in qualitative research and became proficient qualitative research.

The researchers first explained the purpose and process of the interview and recorded the contents of the interview, and got the participants’ signature on the consent form to participate in the study and started the interview. In addition a simple self-conduct questionnaire on general matters was prepared before beginning the research. During the focus group interview, researcher observed the participants and personally asked questions to ensure that no participants were alienated from the interview. The interview took two and a half hours to three hours for each group, and was conducted once for each group. The overall interview process was completed after confirming that there was no more new answers derived from each group. At the end of the discussion, it was explained that participants can contact research team regarding additional questions about the research analysis process. Immediately after the interview, the research assistant transcribed four interviews as they were recorded, and the length of the interview transcription was 162 pages long in A4 paper size. The contents of the data collected during the interview analysis process were checked, additional questions from analysis process were asked through video conference (one time, two hours).

2.5. Data analysis method

In this study, inductive content analysis method was used to analyze the work experience of dementia care center practitioners to formulate management measures for the Dementia care center in Gyeonggi-do. For data analysis research team tried to repeatedly read and immerse the research material without general stereotype. Research team recorded the interview at the interview site, repeatedly read the content transcribed and found meaningful patterns and themes of the phrase or sentence and coded (open code). The data coded were classified and grouped into similar concepts while research team read coded data once again. (grouping) Based on grouping the data was categorized into semantic units (categorization) and abstracted by subject considering their commonalities and relationships(abstraction) and then key themes were derived. At this time, the research team continually confirm whether the categorized data matched the statements of the actual participants. At the final stage, derived key theme were defined and described the participants’ experiences by sub-categories[15] <Figure 1>.

Figure 1. Methodological Framework.
2.6. Ethical considerations of research

This study was conducted with research approval (SM-2020103-068-2) through deliberation by the Institutional Bioethics Committee of S university for ethical protection of research participants. This study delivered official documents on participation in this research to 47 dementia care centers in Gyeonggi-do to recruit research participants, and this process aimed at workers who wanted to voluntarily participate among those who could exchange meaningful opinions on the research theme. During recruiting it was emphasized that the research is being conducted by the voluntary participation of the participants, and it was explained that participation can be refused even during the research, and that there is no disadvantage even if you give up in the middle. Finally, it was further explained that the interview contents were recorded and transcribed, that anonymity was guaranteed, and that the data would be used only as analysis data for this study, and this was also specified in the written consent form.

3. Research results

3.1. General characteristics of study participants

When classified by work position, 37 (92.5%) of the participants were team members, and 3 were team leaders (7.5%). By occupation, there were 24 nurses (60.0%), 8 social welfare workers (20.0%), 5 occupational therapists (12.5%), 2 administrative agents (5.0%), and 1 physical therapist (2.5%). The status of the workers was 28 public officials (70.0%), and 12 non-public officials (30.0%), and the employment type there were 18 part-time optional public officials (45.0%), 10 general public officials (25.0%), and 10 non-public officials (25.0%), one part-time worker (2.5%), and one other (private consignment) worker. The department (teams) in charge of the study participants were: 16 people for family support (40.0%), 7 people for early screenings (17.5%), 6 people for counseling and registration management (15.0%), 4 people for shelter operations (10.0%), 4 people administrative works (10.0%), and 3 people awareness improvement and promotion (7.5%). As for related work experience. 4 people (10.0%) with less than 3 years, 6 people (15.0%) with 3 to less than 5 years, 8 people (20.0%) with more than 5 years and less than 10 years, and 5 people (12.5%) with no work experience at all.

3.2. Focus group interview analysis results

1) Difficulty in carrying out the dementia project. As a study result, 19 concepts were derived from difficulties in carrying out project by dementia care center practitioners, and classified into 9 subcategories: 1) fear, 2) lack of knowledge, 3) job insecurity, 4) lack of expertise, 5) insufficient number of workers, 6) accessibility issue, 7) lack of detailed guidelines, 8) performance-oriented project evaluation, 9) limitations in service use. In addition, the results of analysis could be classified into three higher categories; 1) negative perception of dementia, 2) insufficient manpower system, 3) non-establishment of service system. The analysis results are as follows <Table 1>.

Table 1. Difficulty in carrying out the dementia project experienced by practitioners of the dementia care center.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive perception of dementia</td>
<td>Fear</td>
<td>Fear to accept having dementia and eventually abandoned Neighbors’ judgement Negative perception</td>
</tr>
<tr>
<td></td>
<td>Lack of knowledge</td>
<td>Difficult to admit having dementia despite the diagnosis</td>
</tr>
<tr>
<td>Insufficient manpower</td>
<td>Job insecurity</td>
<td>Difficult in continuous work due to the tenure system Inability to allocate manpower to conduct project smoothly</td>
</tr>
</tbody>
</table>
3.2.1. Negative perceptions of dementia

The subcategories of ‘fear’ and ‘lack of knowledge’ were derived from the upper category of ‘negative perception of dementia’. Based on the negative perception of dementia there was fear of the disease called dementia, and the lack of accurate knowledge about dementia left patients and families abandoned from dementia. Even though they were diagnosed with dementia, it was found that the caregivers did not consider them as having dementia, and due to fear of negative judgement of their neighbors, refused to use the dementia care center.

“Dementia is not an unfamiliar disease. It’s a disease we need to take care of. This part appealed to me a lot, but the caregiver said that while living in the same apartment with neighbors they looked his mother negatively when they found out she had dementia. He said he and his mother were okay for the disease, but due to negative gaze, his mother told him she was considering entering the dementia center, because of the scary gaze... (Participant 29)”

3.2.2. Insufficient manpower system

In the upper category of ‘insufficient manpower system’, three subcategories were derived: job insecurity, lack of expertise, and insufficient number of employees. In terms of job insecurity, it was difficult for practitioners to consistently work due to lack of guarantees of tenure, for instance in the circumstance of part-time system, time selective term officials, and fixed-term system, which made it difficult to allocate manpower to facilitate the project. Due to frequent personnel transfers, the average working period is short, and personnel transfers that are not related to dementia work led to a lack of experience in the dementia project, which lowered the professionalism of the dementia care center workers.

“The Dementia care center requires a lot of tenure. In the case of the tenure system, for some people, the tenure system itself is job insecurity. So if there is a better opportunity after two years, they will just leave away (Participant 6)”

3.2.3. Non established service system

In the upper category of ‘Non established service system’, four subcategories were derived: accessibility issue, lack of detailed guidelines, performance-oriented project evaluation, and limitations in service use. In the case of Gyeonggi-do, it is not simple division between city and county, but rather a concept of city and rural area, and it has various geographical characteristics of city, urban and rural complex, and rural area. In specific, rural area found to have access issue to dementia care center due to large region and public transportation issue.
The participants showed that due to the evaluation system focused on the performance of early dementia screening, they had no choice but to operate a project that focused on project performance rather than providing quality services. It was found that the continuity of work was poor due to the performance-oriented evaluation system, and it was difficult to qualitative manage of subject due to the evaluation system that did not reflect the performance of specialized projects and regional characteristics. In addition, participants also said there is a limit to satisfying the needs of the subjects due to the lack of various services that can be provided by the dementia care center.

“Like most of Gyeonggi-do, all provinces have large area. Also, the public transportation is not like Seoul. Since there are not many subways and buses, it is very difficult for the elderly people to get on the bus and participate the program and then go back (Participant 38)”

“There are issues that we cannot support elderly qualitatively because we are driven by performance. It is a pity but I cannot do it because of the performance despite the fact that I have ability to provide qualitative service (Participant 5)”

“The government spends a lot of money and promotes a lot, but I think there is limits on the practical services we can provide to the elderly with dementia (Participant 23)”

3.3. Development plan for revitalization of dementia project

Research team derived 23 concepts as a development plan to revitalize the dementia project, analyzed the characteristics of each concept, classified into 7 subcategories: 1) stabilization of employment 2) establishment of a qualitative education system 3) presenting a clear project direction, 4) consumer-oriented service, 5) improvement of evaluation system, 6) establishment of internal/external resource linkage system, and 7) improvement of legal system. The results of analysis could be classified into two higher categories: 1) stabilization of the manpower system and 2) establishment of a regional dementia management hub system. The results are as follows: <Table 2>.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub Category</th>
<th>Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stabilization of the manpower</td>
<td>stabilization of employment</td>
<td>• Need to change the manpower supply and demand system.</td>
</tr>
<tr>
<td>system</td>
<td>establishment of a qualitative education system</td>
<td>• Need to secure standard manpower</td>
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<tr>
<td></td>
<td></td>
<td>• Feeling difficulties in practical application even after receiving training</td>
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<td></td>
<td></td>
<td>• Despite sufficient education it is difficult to focus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Need to systematic education to strengthen expertise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Need a system to receive supervision</td>
</tr>
<tr>
<td>Presenting a clear project</td>
<td>Presenting a clear project guideline</td>
<td>• Need to present clear project guideline for Dementia care center</td>
</tr>
<tr>
<td>direction</td>
<td>direction due to performance</td>
<td>• Difficult to set the direction of project due to performance</td>
</tr>
<tr>
<td></td>
<td>The role of a dementia-related hub in</td>
<td>• The role of a dementia-related hub in the region is the future direction.</td>
</tr>
<tr>
<td>Establishment of a regional dementia management hub system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>consumer-oriented service</td>
<td>• Need to develop a variety of online / offline content</td>
<td></td>
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<tr>
<td></td>
<td>• Need to develop content at the Gyeonggi-do level</td>
<td></td>
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<tr>
<td></td>
<td>• Regional services must be provided</td>
<td></td>
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<td></td>
<td>• High demand for new information on dementia</td>
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<tr>
<td></td>
<td>• Need to develop a program for patients with mild dementia</td>
<td></td>
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<tr>
<td></td>
<td>• Need to expand Service usage standards</td>
<td></td>
</tr>
<tr>
<td>improvement of evaluation system</td>
<td>• The evaluation system for quality management needs to be supplemented</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Performance in specialized projects must be recognized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• It is necessary to adjust the target amount for each project according to the local situation.</td>
<td></td>
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<tr>
<td>Establishment of Internal/External Resource Linkage System</td>
<td>Improvement of Legal System</td>
<td></td>
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<tr>
<td>----------------------------------------------------------</td>
<td>----------------------------</td>
<td></td>
</tr>
<tr>
<td>• Need to simplify administrative procedure</td>
<td>• Mandatory dementia screening system</td>
<td></td>
</tr>
<tr>
<td>• TFT required for effective dementia management</td>
<td>• Need for case management system for legal issue</td>
<td></td>
</tr>
<tr>
<td>• An incentive system is required for participating institutions</td>
<td>• Need for legal support for crisis intervention in case of emergency</td>
<td></td>
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<tr>
<td>• Need for a smooth linkage system with local mental health</td>
<td></td>
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</tbody>
</table>

1. Stabilization of the Manpower System

Two subcategories of employment stabilization and provision of a qualitative education system were derived from the upper category of ‘stabilization of the manpower system’. More than 70% of the working-level staff at the Dementia care center are term or part-time civil servants, so a change in the manpower supply system is necessary for employment stabilization. Said it was necessary to prepare.

“I think the tenure system is key issue. I hope authorities will think about that a little bit more (Participant 6)”

"I think it would be better if the training system on employees' jobs would be more focused. I think we need to study too much to educate people who take care of your family. But it is not done with just experts, but I think the education needs to be periodic more expert is needed (Participant 25)."

2. Establishment of a Regional Dementia Management Hub System

7 subcategories were derived; Need to present clear project guideline for dementia care center, providing consumer-oriented services, improving the evaluation system, establishing a system for linking internal and external resources, and improving the legal system, from the upper category of ‘establishment of a regional dementia management hub system’. Research participants said that, it was most important to establish a clear role for the dementia care center in the local community, and emphasized that the dementia care center should operate its own role and act as a coordinator which connects other service provider when the service is not provided by the center.

In the case of Gyeonggi-do, it has regional characteristics of a mixture of urban and rural area, and it has been found that it is required to develop an operation model that reflects regional characteristics and a program specialized to rural areas since it is difficult to manage a large area with one or two branch offices. To provide qualitative services, the regional care center has developed and operated various regionally customized programs, and particularly this year, there were many difficulties in project operation due to COVID-19, but it was converted to a contactless project and operation of a specialized project to the rural region, etc., it has been making great efforts to provide customer oriented qualitative services. However, due to performance-oriented evaluation, the focus is on performance rather than actual service provision, and in the case of a project that does not reflect the performance, it is found that there is issue in the continuous operation. Therefore, the participants said that it was necessary to improve the evaluation system for the project’s quality management.

“I think it is more desirable to move forward with the role of coordinating appropriate resources within the community rather than an institution in which all patients come and take medical tests” (participant 9)

“I hope there are more programs specialized for rural area. There is few illiterate people in Seoul or urban area but there are a lot of elderly people who barely can write his/her name. Considering that, I want to ask to develop illiterate program customized to rural area.” (Participant 39)
“It is very difficult for patient with mild dementia symptom to adapt at normal day care center. I think there should be more facilities for mild symptom patients” (participant 33)

4. Discussion

Since Korea has been rapidly entering a super-aged society, the government announced ‘national dementia responsibility program’ such as prevention of dementia, early screening of dementia and linkage of health and welfare resources, to control the severity of dementia and reduce social costs.

After analyzing the experiences of the dementia care center practitioners, it was derived into categories of ‘negative perception of dementia’, ‘insufficient manpower system’, and 'service system not established' from the difficulties in carrying out the dementia project. The first category, ‘Negative Perception of Dementia,’ as suggested in a study[5] analyzing the priority of the national dementia responsibility program, improving dementia awareness, and creating a dementia-friendly social environment were the most important as like this research suggest. Due to negative perceptions and prejudice of dementia, there is a high risk of further progression of dementia as family members do not accept it and neglect it. This is also related to the lack of knowledge of dementia. In order to improve the negative perception of dementia, it is considered that it is necessary to improve the awareness of dementia and actively promote dementia among people in Korea.

Secondly, due to ‘Insufficient manpower system’, workers at the dementia care center have difficulties in consist work due to the tenure system, which results in difficulties in employee allocation to conduct project smoothly. In addition, due to the tenure system, it is difficult to adequately respond to the needs of patients and their care givers due to the employee’s short working period, frequent personnel transfers, and lack of experience in dementia-related tasks. In order for the Dementia care center to provide integrated health and welfare service, workers with expertise must be deployed, but the problem of the concentration of experts and absence of professional employee continuously arise[16][17]. For this reason, the limitations like ambiguous work scope standards and the recruitment of a large number of professional personnel over a short period of time are being discussed. In order to realize the publicization of dementia-related services, it is most necessary for the dementia care center to have a system as a public institution, and it is important that the professional staffs perform the tasks of the dementia care center.

In the third category, ‘not established service system’, there were 4 subcategories of accessibility issues, lack of detailed guidelines, and limitations in performance-oriented project evaluation and limitations service use. A study scope for families using the dementia care center reported that the use of the Dementia care center has limitation due to lack of facilities because of accessibility issue and actual available services[18]. Currently, 46 dementia care centers are operating as of 2020, but it can be found that the service system has not been properly established so far. Therefore, it is necessary to systematize guidelines for services in the dementia care center and to improve the quality of services, not focusing on performance-oriented evaluation like early screening of dementia.

In this study, it is presented that the difficulty of carrying out the dementia project by the working-level dementia care center, as well as the development plan for the revitalization of the dementia project in the future. As a development plan for revitalizing the dementia project, the first theme was ‘strengthening the manpower system’. It was considered that ‘enhancing the manpower system’ was derived as a solution to ‘insufficient manpower system’ from the difficulties in carrying out the dementia project presented above. If the employment of the De-
mentia Care Center is still instable, it will be difficult to operate the Dementia Care Center normally over time, and dementia patients and their families will experience inconvenience. Therefore, it is necessary to stabilize employment through changes in the employment supply and demand system as soon as possible. In addition, in order to improve the expertise of practitioners, a systematic education system is required so that a qualitative education system can be prepared[19] and applied to practice, not a one-time education.

As a development plan for revitalizing the dementia project, 'establishing a dementia management hub system in the region' was derived as the second theme. The construction of a dementia management hub aims to efficiently link health, welfare, nursing, and medical services according to the needs of the dementia patient so that they can live in the local community, and at the same time, strengthen the home protection function of the dementia patient by reducing the burden of caregivers for the dementia patient[8]. For a dementia management hub system, future studies are needed on the following. Filling the structural gap within the community in the hub function classification is called a bridging tie, and it is used in the community by the Dementia care center, an institution in charge of this connection[20][21][22].

One of the reasons for the reorganization of the hub function delivery system is to provide networking services with high efficiency, effectiveness, and satisfaction to the dementia patient and their families, but in the future, it is expected to expand the participation of the elderly with dementia and their families in the networking process[11]. It is necessary to study ways to secure democracy and increase allocative efficiency to better understand the preferences of caregiver[23].

Considering that about 15% of dementia is reversible dementia that can be recovered when detected early, and considering that even irreversible dementia case, therapeutic intervention through early detection can delay the progression of symptoms[22], the role of the Dementia care center is very important[23]. Intervention programs for dementia prevention, systematic and regular exercise in old age has a positive effect on body composition and physical strength, and further positively affects cognitive function, thereby preventing dementia[24].

As a result of a qualitative study targeting the caregivers of early dementia patients, it was emphasized early detection and accurate diagnosis of diseases. Therefore, it is important to develop a specialized program in consideration of the characteristics of early-onset dementia, establish a nursing strategy, and establish a national support system in the dementia care center[25].

Therefore, it is necessary to establish a hub system for dementia management in the region. It is necessary to present a clear project direction and provide dementia patients and family-centered services more systematically through detailed work division and manuals[16][26] rather than the non-establishment of the dementia project system In order for the Dementia Care Center to play an important role in dementia management, it will also be necessary to have a smooth linkage system with local mental health service, and in order to detect, prevent and manage dementia through early dementia screening, it is necessary to mandate dementia screening through a legal system[27][28][29][30][31].

This study is a qualitative study conducted on workers at the Dementia care center in Gyeonggi-do, and it should be cautious to generalize the research results since working-level experiences of dementia care center workers may vary depending on the region. Based on the results of this study, it is necessary to consider the difficulties of practitioners in carrying out dementia projects and development measures to revitalize the dementia project when operating the Dementia Care Center in the future.
5. Conclusion and recommendations

This study was attempted to provide basic data for the operation of the dementia care center customized to Gyeonggi-do by identifying the problems with the operation of the dementia care center in Gyeonggi-do and collecting opinions on the efficient operation of the dementia care center. Based on the results of this study, the research recommendations are as follows.

First, it is necessary to identify the tasks of the dementia care center practitioners by clearly dividing the duties within the job groups as well as between the job positions. Second, to enhance the expertise of workers, it is necessary to prepare a qualitative education system to manage dementia in regional society. Third, the dementia care center needs to strengthen its management function rather than providing dementia-related services directly, and to establish a clear role as a central hub for dementia projects in the local community. Fourth, since this study focused on worker in Gyeonggi-do, it has limitations in generalizing the research results for practitioners in other province, so future studies will need to diversify the region of the study. Also as the direction of the policy is also constantly changing, this study suggest that periodic research focused on the practitioners of the dementia care center be conducted in various aspect.

6. References

6.1. Journal articles


6.2. Thesis degree


6.3. Books


6.4. Additional reference


7. Appendix

7.1. Authors contribution
<table>
<thead>
<tr>
<th>Initial name</th>
<th>Contribution</th>
</tr>
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<tbody>
<tr>
<td><strong>Lead Author</strong></td>
<td>- Set of concepts ☑</td>
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<td></td>
<td>- Design ☑</td>
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<td>- Getting results ☑</td>
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<td>- Analysis ☑</td>
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<td></td>
<td>- Make a significant contribution to collection ☑</td>
</tr>
<tr>
<td><strong>Corresponding Author</strong></td>
<td>- Final approval of the paper ☑</td>
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<td></td>
<td>- Play a decisive role in modification ☑</td>
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<tr>
<td></td>
<td>- Significant contributions to concepts, designs, practices, analysis and interpretation of data ☑</td>
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<tr>
<td><strong>Co-Author</strong></td>
<td>- Participants in Drafting and Revising Papers ☑</td>
</tr>
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<td></td>
<td>- Someone who can explain all aspects of the paper ☑</td>
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