

# 2020

# ANNUAL REPORT

**St. Luke's International University, Tokyo, Japan**  
**WHO Collaborating Centre for Nursing Development  
in Primary Health Care**





## Name of the Centre & Location

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in Primary Health Care  
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## Director of the Centre

Erika Ota, RN, CNM, PhD, Professor of Global Health Nursing

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Director of SLIU WHO Collaborating Centre  
for Nursing Development in Primary Health Care

**Erika Ota, RN, CNM, PhD, Professor of Global Health Nursing**

St. Luke's International University World Health Organization Collaborating Centre (WHOCC) for Nursing Development in Primary Health Care (PHC) has been re-designated eight times over the past 30 years since it was established in 1990. Since 2011 we also assist the WPRO and member states with the development of PCC models, especially a regional action framework to help countries achieve universal health coverage by promoting integrated PCC service delivery.

The year 2020 marked the 30th anniversary of the establishment of WHOCC at St. Luke's International University. On behalf of the WHOCC committee, I would like to express our deepest gratitude to all those who have supported WHOCC at St. Luke's, and WHO officials.

In 2014, our university was integrated with the hospital and its name was changed from St. Luke's College of Nursing to St. Luke's International University, further strengthening our foundation to contribute to global health. In recent years, joint research and seminars with WHO and WPRO member states, dispatch of faculty, students interns and volunteers to the United Nations, international exchanges and study abroad programs have increased. We are also happy to announce that Ms. Ogusa Shibata, an alumna of St. Luke's International University, is working as a Nursing Officer at the WHO Regional Office for the Western Pacific (WPRO).

In 2018, forty years after the Alma-Ata Declaration, the spotlight was once again on primary health care around the world based on renewed efforts to achieve universal health coverage. These days, with the travel restrictions imposed by COVID-19, the world is in a state of difficulty. However, the WHOCC at St. Luke's will continue to disseminate the results of research and education both domestically and globally, and to contribute to the development of nursing education, practice, and research in collaboration with WHO Headquarters, the WPRO, and WPRO member countries to achieve the SDGs.

## Establishment and Activities of the Centre

Ever since St. Luke's International University (SLIU) was designated as a WHO Collaborating Centre for Nursing Development in Primary Health Care (PHC) --- People Centered Care (PCC) --- in 1990, it has played a central role in nursing education, practice and research. To fulfill the roles of this centre, SLIU has collaborated with local (Japanese) and WPRO nursing research and educational organizations.

The Centre has been conducting research to improve the quality of nursing care to meet the nursing care needs of an advanced country. Taking the current state of PCC in PHC into account, the centre has also initiated the development of a PCC model needed in the 21st century and an international collaboration model.

## Terms of Reference –Our Activities–

### TOR 1

On request of WHO, to assist the Secretariat and Member States in the Western Pacific Region in the development of community People-Centred Care (PCC) models, based on the values of PHC in the context of aging societies.

#### Activity 1

Research on an intergenerational care model for maintaining health through the life course.

#### Activity 2

Development of an English language questionnaires on people-centred care/

#### Activity 3

Training workshop on patient engagement for health care professionals.

### TOR 2

Support WHO to document and share lessons with other Member States on the implementation of health literacy programs, resulting in a better engagement of communities and households with health care providers.

#### Activity 4

Preparation of a systematic review on effect of client-focused models of care by midwives on maternal and newborn outcomes

### TOR 3

On request of WHO, to support the Secretariat to build capacity in nursing and midwifery education in low resource countries of the WPRO region.

#### Activity 5

Reproductive Maternal, Newborn, Child, and Adolescent Health in low resource countries.

#### Activity 6

Training on palliative care in resource-poor setting for nurses and volunteers.

**TOR 1****Activity 1****Research on an intergenerational care model for maintaining health through the life course.**

&lt;by Tomoko Kamei, RN, PHN, PhD&gt;

**Outcome**

The people-centered intergenerational day program, “Nagomi-no-Kai,” is a weekly program for older adults and school-aged children to enhance intergenerational relationships and promote the interaction between the two generations in an urban community in Tokyo. We aimed to fulfill the reciprocal needs of both generations and create social capital, even under the circumstances of the new coronavirus (SARS-Cov2) pandemic.

During FY2020, we had no choice but to cancel our programs from April to July. However, we conducted programs from August to November because there was a SARS-Cov2 decline during this season, and the state of emergency in Japan had been officially lifted. Therefore, we facilitated the programs and implemented the following prevention measures against SARS-Cov2 infections: 1) washing hands, 2) ensuring air circulation, 3) avoiding close-contact settings, 4) disinfecting the tools with alcohol, 5) shortening program hours, 6) conducting the former and the latter programs in the same session, and 7) keeping quiet at snack time.

We conducted eight program sessions weekly at a university facility under the leadership of faculty members (n=4), program volunteers (n=3), and community volunteers (n=4) living in the central part of Tokyo, which is an ultra-aged urban community. The sessions took place on Friday afternoons (14:00-16:00). The former half of each session involved only the older adults and consisted of health assessment, free talk, and quilting and knitting. The latter half included snack time, and children participated in the session. Therefore, the older adults showed the product and taught the children how to make it. Although the program hours were shortened, the older adults and the children had great conversations, intergenerational interactions, and generativity. We also used the postal mail service during the SARS-Cov2 pandemic to prevent infections while simultaneously maintaining social relations with the participants. In 2020, three children and three older adults, including two who were frail, registered for the program. The children spanned from 2nd to 9th grades. The mean age of the older adults was 81.33 years (SD 4.16), and that of the children was 9.66 years (SD 2.35). The older adults’ mean duration of participation was 8.0 years; thus, this program had become a regular outing event and improved the social involvement of both the older adults and the children. Since the emergence of the SARS-Cov2 infection, nursing students had had no chance to have clinical practicums in the hospital and community settings; our program was the only place that had a practicum. SLIU (St. Luke’s International University) undergraduate nursing students conducted a practicum to learn gerontology nursing in the community and learned about program facilitation, considering generativity and improving participants’ interest in other generations. We assessed intergenerational interactions using the SIERO (St. Luke’s Intergenerational Exchange and Relationship Observation) inventory and observed participants’ relations, dialogs, and attitudes. On-site researchers completed the SIERO inventory, which provided quantitative data about the participants’ interactions, while participants’ satisfaction with the program was evaluated using the visual analogue scale (VAS)-10. Both generations were highly satisfied with our intergenerational day program; the mean VAS-10 score of program satisfaction was 8.45 (SD 0.85) points for the older adults and 9.70 (SD 0.45) points for the children. In terms of the mental aspect, we assessed older adults’ depressive symptoms using the Geriatric Depression Scale (GDS)-15. In August 2020, at the beginning of the program, the GDS-15 of all older adults was 0 (no depression), but

they did not have a chance to measure it again because the programs were canceled. Thus, the intergenerational day program is a meaningful space to promote psychosomatic health for older adults and plays an important role for community volunteers and children in the community. This program reduces healthcare costs because older adults maintain their health in their community. The tendency of nuclear families has spread not only in Japan but also in China, Korea, Australia, and other high- and middle-income countries. This program promotes interactions between different generations, which are useful for recovering lost family connections. Our future focus is to cultivate continuous support for older adults with neurocognitive disorders and children with learning difficulties and enhance each session with PCC (People Centered Care) policies.

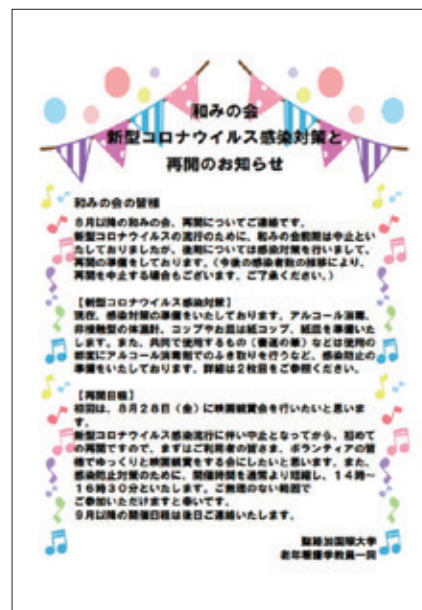
## References

- 1) Tomoko Kamei, Yuko Yamamoto, Takuya Kanamori & Satomi Tomioka (2021) A Prospective Longitudinal Mixed Methods Study of Program Evaluation in an Intergenerational Program: Intergenerational Interactions and Program Satisfactions Involving Non-Frail, Frail, Cognitively Impaired Older Adults, and School Aged-Children, *Journal of Intergenerational Relationships*, DOI: 10.1080/15350770.2020.1853650

## Activity Photos



**Fig 1. Postal mail for participants**



**Fig 2. Reopening announcement for participants**

**TOR 1****Activity 2****Development of an English language questionnaires on people-centred care.**

&lt;by Keiko TAKAHASHI, RN, PhD&gt;

**Outcome**

**Theme:** Development of the People-Centered Care Partnership (PCCP)-16 Scale: Reliability and Validity of the Scale from the Viewpoint of Collaboration between Community Members and Healthcare Providers.

**Objective:** To develop a scale to measure the level of People-Centered Care (PCC) Partnership between community members and healthcare providers and to examine its reliability and validity.

**Method:** A draft scale was distributed to community members and healthcare providers. The first survey assessed content validity, and the second survey assessed reliability, validity, confirmatory factor analysis and model suitability of the scale.

**Result:** The number of valid responses was 329 (237 community members and 92 healthcare providers). Considering the ceiling effect and item-total correlation, the draft scale was organized to comprise 16 items. Our principal component analysis for 8 factor measure components showed 0.88 loading with a 77% contribution rate (Cronbach's  $\alpha > .70$ ). The PCC Partnership scale score was positively correlated with the usefulness of the cooperation factor called "a scale to measure belief in cooperation." The fit factor of the 8-factor, 16-item temporary model was examined by confirmatory factor analysis, which showed acceptable consistency.

**Conclusion:** We developed the PCC Partnership-16 (8-factor and 16-item) scale, and confirmed its reliability and validity.

※Grant-in-Aid for Scientific Research (B)

**References**

- 1) Takahashi K., Asazawa K., Arimori N., Kamei T., Asahara K., et al. (2020). Development of People-Centered Care Partnership (PCCP)-16 Scale: Reliability and Validity of the Scale from the Viewpoint of Collaboration between Community Members and Healthcare Providers. *Japan.Academy. Nursing.Science.* 40,620-628. doi:10.5630/jans.40.620



### People-Centered Care Partnership (PCCP)-16 Scale

<b>Please answer all of the questions below.</b>		Strongly agree.	Somewhat agree.	Neither agree nor disagree	Somewhat disagree.	Strongly disagree.
Please circle the <u>one</u> answer that best describes your thoughts or actions. * "Members" refers to those participating in activities with you in the activity group.						
1	I understand the way the members think about activities.	5	4	3	2	1
2	I understand the way the members feel about activities.	5	4	3	2	1
3	I believe in the members and engage in activities.	5	4	3	2	1
4	I recognize the members as partners in activities.	5	4	3	2	1
5	I respect the members' opinions.	5	4	3	2	1
6	I treat the members with respect.	5	4	3	2	1
7	I recognize the strengths of the members in activities.	5	4	3	2	1
8	I ensure that the members' opinions are reflected in activities.	5	4	3	2	1
9	I fulfill my role decided with the members in activities.	5	4	3	2	1
10	The members and I take responsibility for our roles in activities.	5	4	3	2	1
11	I share my thoughts about activities with the members.	5	4	3	2	1
12	I engage in activities with the members.	5	4	3	2	1
13	I share goals for activities with the members.	5	4	3	2	1
14	I share my experiences and knowledge I think are necessary for activities with the members.	5	4	3	2	1
15	The members and I learn from activities together.	5	4	3	2	1
16	I gain knowledge and information useful for activities from the members.	5	4	3	2	1

**TOR 2****Activity 4****Preparation of a systematic review on effect of client-focused models of care by midwives on maternal and newborn outcomes.**

<by Erika Ota, RN, CNM, PhD; Yuko Egawa, RN, PHN, PhD; Rika Fukutomi, RN, MSN>

**Outcome**

In response to a request from the WPRO to conduct joint research, systematic review was conducted by St. Luke's Department of Global Health Nursing. In collaboration with Dr. Aya Yajima, NTD Division, WPRO, we conducted a diagnostic test accuracy review titled, "Diagnostic test accuracy for detecting *Schistosoma japonicum* and *Schistosoma mekongi* in humans: A systematic review and meta-analysis" that was published in PLOS Neglected Tropical Diseases<sup>1</sup>). A Cochrane review of interventions effective in preventing stillbirth, initiated at the request of the WHO Headquarters, was published in December 2020<sup>2</sup>).

Prof. Erika Ota participated in the update of the WHO guideline as a member of the guideline development group of the WHO guideline for antenatal care recommendations. Nutritional interventions of the WHO antenatal care recommendations for a positive pregnancy experience, updated in July 2020: Nutritional interventions update: vitamin D supplements during pregnancy and Nutritional interventions update: multiple micronutrient supplements during pregnancy. Multivitamin supplementation during pregnancy has also been changed from no recommendations to limited recommendations because it is associated with fewer low birth weight births as indicated in this update<sup>3</sup>).

**References**

- 1) Rahman MO, Sassa M, Parvin N, Islam MR, Yajima A, et al.(2021) Diagnostic test accuracy for detecting *Schistosoma japonicum* and *S. mekongi* in humans: A systematic review and meta-analysis. PLOS Neglected Tropical Diseases 15(3): e0009244.  
<https://doi.org/10.1371/journal.pntd.0009244>
- 2) Ota E, da Silva Lopes K, Middleton P, Flenady V, Wariki WMV, Rahman MO, Tobe-Gai R, Mori R. Antenatal interventions for preventing stillbirth, fetal loss and perinatal death: an overview of Cochrane systematic reviews. Cochrane Database of Systematic Reviews 2020, Issue 12. Art. No.: CD009599. DOI: 10.1002/14651858.CD009599.pub2. Accessed 12 April 2021.
- 3) WHO recommendations on antenatal care for a positive pregnancy experience (2020)  
<https://www.who.int/publications/i/item/9789240007789>

**TOR 3****Activity 5****Reproductive Maternal, Newborn, Child, and Adolescent Health in low resource countries.**

<by Shigeko Horiuchi, CNM, PhD; Kana Shimoda, CNM, PhD; Miyuki Oka, CNM, PhD; and Eri Shishido, CNM, PhD>

**Outcome**

We have continued research on the development of nursing and midwifery leaders who promote improvement of the quality of pregnancy, delivery, and newborn care. We have published our research outcomes and discussed the progress of the research at web conferences in the COVID-19 pandemic situation. There have been wonderful opportunities to share international issues concerning global health. Midwives/nurses and researchers from five countries, namely, Tanzania, Indonesia, Myanmar, Laos, and Japan, delivered nine presentations at the 40th Annual Meeting of the Japanese Society of Nursing Science (held online from December 13, 2020).

**References**

- 1) Shimoda K, Leshabari S, Horiuchi S. Self-reported disrespect and abuse by nurses and midwives during childbirth in Tanzania: a cross-sectional study. *BMC Pregnancy Childbirth*. 2020 Oct 6; 20(1):584. doi: 10.1186/s12884-020-03256-5. PMID: 33023499; PMCID: PMC7542114.
- 2) Ulfa Y, Igarashi Y, Takahata K, Horiuchi S. Effects of team-based learning about postpartum haemorrhage on learning outcomes and experience of midwifery students in Indonesia: A pilot study. *Nurs Open*. 2020 Sep 17; 8(1):241-250. doi: 10.1002/nop2.623. PMID: 33318832; PMCID: PMC7729650.
- 3) Ulfa Y, Takahata K, Horiuchi S, Exploring Indonesia's midwifery education curriculum change: Faculty voices, *Bulletin of St. Luke's International University*, 2021; 7: 47-56.
- 4) Mushy SE, Tarimo EAM, Fredrick Massae A, Horiuchi S. Barriers to the uptake of modern family planning methods among female youth of Temeke District in Dar es Salaam, Tanzania: A qualitative study. *Sex Reprod Healthc*. 2020 Jun;24:100499. doi: 10.1016/j.srhc.2020.100499. Epub 2020 Feb 3. PMID: 32050123.
- 5) Mushy SE, Horiuchi S (2020) Steps Forward in Addressing Underutilization of Modern Family Planning by Female Youth in Tanzania: a Commentary. *Clinics Mother Child Health*. 17:348. DOI: 10.35248/2090-7214.20.17.348.
- 6) Sakurai S, Horiuchi S, Using 5S-KAIZEN for Improvement of Patients' Caesarean Section Wound Care at Muhimbili National Hospital in Tanzania, *Bulletin of St. Luke's International University*,2021; 7: 86-90.
- 7) Miyauchi A, Horiuchi S, Nicaragua's Casa Materna Support for Adolescent Single Mothers, *Bulletin of St. Luke's International University*,2021; 7: 165-170.

**Presentations**

- 1) Nang A, Mya T, Oguro M: Nursing Workforce in Myanmar: A review of the Literature, The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES1-04,2020. Dec.12. (Web Conference)
- 2) Hashimoto M, Horiuchi S, Sisoulath A, Khamlunvilaivong D: Educational Values and Challenges in assessing the competencies of nursing students in Laos, The 40th Annual

- Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES2-02,2020. Dec.12. (Web Conference)
- 3) Ulfa Y, Takahata K, Shishido E, Horiuchi S: Team-based learning for midwifery students in Indonesia: A cluster randomized trial, The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES2-05,2020. Dec.12. (Web Conference)
  - 4) Yuri S, Madeni F, Shishido E, Horiuchi S: Early adolescents' body awareness to inform reproductive health education in rural Tanzania, The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES3-01,2020. Dec.12. (Web Conference)
  - 5) Stella E, Shishido E, Horiuchi S: Family planning Decision Aide for Postpartum Adolescent Mothers in Tanzania: Feasibility Study, The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES3-03,2020. Dec.12. (Web Conference)
  - 6) Igarashi Y, Fukutomi R, Mwilike B, Horiuchi S: Midwives' Perception of Early Skin-to-Skin Contact after Repeat Caesarean Section in Tanzania, The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES4-01,2020. Dec.12. (Web Conference)
  - 7) Oka M, Madeni F, Horiuchi S: Benefits of a Prenatal Group Program Focused on Pregnancy Knowledge in Rural Tanzania, The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES4-03,2020. Dec.12. (Web Conference)
  - 8) Mwilike B, Horiuchi S: An education program on obstetric danger signs for Pregnant Adolescents Using Peers in Tanzania. The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES4-04,2020. Dec.12. (Web Conference)
  - 9) Yenita A, Horiuchi S: The effect of lavender oil in relieving perineal pain following childbirth, The 40th Annual Conference of Japan Academy of Nursing Science, Tokyo, Oral Presentation, ES4-05,2020. Dec.12. (Web Conference)

### **Activity Photos**



**Presentation at JANS 40**



**Meeting between Myanmar and Japan**



**Meeting between Laos and Japan**

**TOR 3****Activity 6****Training on palliative care in resource-poor setting for nurses and volunteers.**

&lt;by Sarah Yasuko Nagamatsu, RN, PHN, MS, PhD&gt;

**Outcome**

The clinic in an urban slum in Manila with which we work was temporarily closed due to the COVID-19 pandemic. An online conference was held in August to exchange information on future collaboration. To make ourselves useful, we developed a toolkit about palliative care in case of asbestos-related diseases for healthcare workers in developing countries, an educational tool about COVID-19 for patients with asbestos-related diseases and educational programs about COVID-19 for migrants.

**Purpose:** To promote palliative care for patients with asbestos-related disease in developing countries.

**Method:** Development of the Action Toolkit for the Elimination of Asbestos-Related Disease — A Guide for Developing Countries, which is a joint project with the Asbestos Diseases Research Institute WHO-collaborating Center for Elimination of Asbestos-related Diseases, Sydney.

**Outcome:** The researcher wrote about supportive care in case of asbestos-related diseases. The toolkit was developed and is in press.

**Purpose:** To promote knowledge about COVID-19 among patients with asbestos-related disease.

**Method:** Development of an Educational Tool about COVID-19 in collaboration with patients and families.

**Outcome:** The educational tool was distributed to hospitals where patients with asbestos-related diseases are treated.

**Purpose:** To protect migrants against COVID-19 using an educational program and to decrease anxiety about COVID-19 among migrants in Japan.

**Method:** To provide information regarding COVID-19 to migrants and to support them, educational Zoom classes were conducted on July 11<sup>th</sup> and Aug 29<sup>th</sup>.

**Outcome:** More than 60 migrants participated in the programs. Participants appreciated the opportunity to freely ask doctors and nurses questions in English and Tagalog. The educational tool and the questions and answers were translated into different languages such as English, Chinese, Indonesian and Turkish to show on the website.

**References**

- 1) Toolkit about palliative care in case of asbestos-related diseases for health workers in developing countries.  
Yasuko Nagamatsu. Chapter 4. Patient Support, Care and Information in the Action Toolkit for the Elimination of Asbestos-Related Disease — A Guide for Developing Countries. Asbestos Diseases Research Institute. In press.



2) Educational tool about COVID-19 for migrants.



Turkish version



Chinese version



Indonesian version

### Activity Photos



Fig 1. Educational program about COVID-19 for migrants



Fig 2. Educational tool about COVID-19 for patients with asbestos-related diseases





**June 2021**