

Annual Report
St. Luke's College of Nursing
WHO Collaborating Centre for Nursing Development
in Primary Health Care

1999 through 2000

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Foreword

Michiko Hishinuma, Dean

St. Luke's College of Nursing

Head, WHO Collaborating Centre for Nursing Development in Primary Health Care

In 1990, St. Luke's College of Nursing was designated as a WHO Collaborating Centre for Nursing Development in Primary Health Care. In 1994 and 1998, our College was re-designated as a WHO Collaborating Centre for another four years. This annual report describes our activities between 1999 and 2000, including researches and field works related to nursing development in primary health care.

In Japan, our rapidly aging society has posed many issues of which one is providing care of the elderly. The Ministry of Health and Welfare provided us with a grant to develop nursing models of primary health care to meet this need. We have studied the history of public health center and the activities of public health nurses at chuo-ku, urban area in Japan, and some nursing models were found. We are continuing research in this area.

We have been working with Chiba University School of Nursing. In addition, we have maintained close communication with the Ministry of Health and Welfare and Japan Nurses Association regarding our activities.

The Annual Report describes the activities and studies conducted by members of St. Luke's College of Nursing and Chiba University School of Nursing over the past year.

Finally, I would like to express my gratitude, as Head of the Centre and Dean of St. Luke's College of Nursing, to the organization and individuals who have supported and helped our activities, and sincerely hope for greater cooperation both inside and outside the Centre, for achievement of our goals.

September, 2000

**Activities of the WHO Collaborating Centre
For Nursing /Midwifery Development in Primary Health Care
At St.Luke's College of Nursing, Japan**

Report for 1999

Head of the Collaborating Centre :

Michiko Hishinuma

Dean and Professor, St.Luke's College of Nursing

Other members of the Collaborating Centre :

Junko Tashiro, Yoko Oshikawa, Yoshiko Sakai, Kazuko Naruse, Akiko Mori

1. Global Network

- 1) A *Plan of Work* was requested by and submitted to Western Pacific Regional Office in May.

The *Plan of Work* consists of Part 1 – Plan of work, Part 2 – Description of the centre, and Part 3 – Description of the activities.

- 2) Cooperative Projects

Our Centre continued our cooperation with Chiba University School of Nursing, in research activities and information dissemination.

- 3) Others

In February, the Secretariat of Global Network of World Health Organization Collaborating Centres for Nursing and Midwifery at University of Manchester sent our Centre the *Strategic Plan for 1998 - 2002*.

Dr. Sigeru Omi assumed the position of Regional Director for WPRO on February 1, 1999, and sent us his Position Paper. We were also informed that Dr. Ruth Stark, WPRO Regional Advisor in Nursing, has moved from the Philippines to Papua New Guinea.

2. Compiling the *Annual Report* (December)

Volume 9 of our *Annual Report*, which covers the period from April 1998 to March 1999, will be compiled in December. This *Annual Report* will be distributed to related government agencies, nursing colleges, and overseas institutions.

**Study on Development of a Nursing Model for Primary Health Care
-Analysis of Historical Nursing Practice Patterns for Primary Health Care
in an Urban City -**

WHO Collaborating Centre for Nursing Development

in Primary Health Care

Michiko Hishinuma St.Luke's College of Nursing

Junko Tashiro

Akiko Mori

Yoko Oshikawa

Yoshiko Sakai

Kazuko Naruse

Kazuko Saito, Chiba University, School of Nursing

Introduction

The World Health Organization (WHO) has been encouraging the practice of primary health care (PHC) as applicable for each nation/region under the slogan, "Health for All by 2000 (HFA)." In Japan, drastic changes have occurred in population transition, advanced medical technology and in the system of health and social welfare. Since 1998, the WHO Centre at St.Luke's College of Nursing has been engaged in the study of PHC for the purpose of developing a nursing practice model that would provide high-quality nursing care. To build a nursing model which is applicable to the concept, health transition (Hiroi, 1997), Phase III (aging of the society) in Japan, the nursing achievements in Phase I (reduction in the mortality rate by the control of infectious disease/protection of maternal and infant health) and in Phase II (control of chronic diseases) were reviewed and analyzed according to the roles and practices of the nursing professionals in Chuo-ku, Tokyo based on the principles of PHC.

Purpose

The findings derived from a literature review the authors conducted provided a background for the study carried out to conceptualize the nursing activities in Phase I of health transition and Phase II. Consequently, the nursing model that may be adapted for Phase III was developed by analyzing the roles of nursing professionals according to the principles of PHC in those two phases.

Method

The historical documents of community health care in Chuo-ku, Tokyo as well as in other parts of Japan were researched. The data were categorized by using the “Document Review Tool”. The tool was developed based on the previous study with the objective of assessing practical nursing activities in each health transitional phase. PHC activities in urban areas in Japan have been practiced since Kyobashi Health Center was established in 1935 as the first urban health center in Japan. The study was conducted in Chuo-ku, Tokyo, as a model of PHC activities in an urban area. Secondary data regarding PHC activities in Chuo-ku for the period from 1935 to 1999 was summarized and analyzed. The categorized nursing activities in Phase I and Phase II were evaluated, from the perspective of four important components essential for PHC activities, in order to develop a nursing model which would be applicable to Phase III. Consequently, the nursing models in each phase of health transition were drawn from those results.

Findings

Summarization of the historical documents, the community health

care activities and activities of public health nurses in Chuo-ku are subdivided into the following five periods. It is suggested that from 1935 to 1955 the activities are defined as Phase I of the health transition in Japan while the period from 1956 to 1988 (from the days of the booming economy to the beginning of the aging society), is defined as Phase II. And the period from 1989 to the present day, when establishment of the infrastructure supporting the aging of the society is attracting attention, is defined as Phase III (Table 1).

1) 1935 - 1945 (Pre-war era)

Activities of public health nurses were initiated in Chuo-ku to promote health and prevention of disease in children. This was followed by activities focusing on the control of tuberculosis, infectious diseases and infant deaths.

2) 1946 - 1955 (First decade after Post World War II)

Emphasis on health administration shifted from regulation of public health to prevention. The present health care system in Japan was established under the guidance of GHQ. In Chuo-ku, public health nurses played important roles in controlling tuberculosis through consultation on adult diseases or home visits for patients with tuberculosis.

3) 1956 - 1974 (Age of the booming economy)

The population of Chuo-ku began to decrease in 1954, especially among the those aged between 20 and 24. This resulted in a decrease in the birth rate and infant mortality rate. Meanwhile, since the mortality rate of malignant neoplasm was higher in the area than the national average in the 1960's, health education such as consultation and educational programs on chronic diseases became the focus of health care activities.

4) 1975 - 1988 (The aging society)

When government policies for promoting people's health were announced one after another including the Law of Health and Medical Services for the Aged, programs for adults and the aged were increased. This became a primary focus in the activities of public health nurses in Chuo-ku, while maintaining the programs for supporting mothers and children living in the urban city.

5) 1989 - 1999 (Establishment of the infrastructure for the aging society)

For the recent decade, the infrastructure for the aging society has been established as well as a system for promoting health for all one's life. Health care services such as education programs, exercise classes for the aged are organized and group activities with the aged senile dementia are supported according to needs of the community.

Discussion

The activities of public health nurses in Phase I in Chuo-ku are characterized by Model (A) in which public health nurses provide leadership to the community by detecting and pointing out the health-related problems, educating and giving guidance to the people. It was subsequently replaced in Phase II with Model (B) in which the community consulted with public health nurses in the equal position compared with Model (A). Public health nurses took on the role of multiple health care supporter with model (C). In Phase III, model (D), public health nurses coordinated the health care supporters and even surveyed, planned and constructed the system for the local health care activities as a complemented model (α) (Fig.1).

These findings indicate that it is necessary to establish a partnership with the community and other health care professionals, to develop the skills of public health nurses so that they can be supportive by

assessing and planning the health care activities for the community. It is necessary to improve nursing education, and to increase faculty and graduate student awareness of the partnership with the community.

The conceptualized nursing model in the aged society suggests that health care activities should be people-oriented, and the position of the specialist should be the partner of the people. The model provides the ideal image of the nursing profession and the direction for future nursing education. Since the study has been conducted based on an analysis of the documents currently available concerning public health in Chuo-ku, the unrecorded activities of public health nurses are still unknown, this may be a limitation of the study. Since activity in rural areas in Japan is not studied, the model cannot be applied to these other areas. Further study is needed to improve the PHC nursing models obtained in this study by seeking opinions from WHO Collaborating Centres for Nursing and Midwifery in various countries.

Reference

Hiroi Y (1997) : Care wo toinaosu-<sinsou no jikan> to koureika syakai (in Japanese) , Chikuma syobou.

Table 1 Classification and Phases of Local Community Health Care/Nursing Activities in Chuo-ku

Time Periods	1935 – 1945 (Pre-War Era)	1946 - 1955 (First Decade after WW II)	1956 - 1974 (Age of the Booming Economy)	1975 - 1988 (Aging of the Population)	1989 - (Establishment of the Infrastructure for the Aging Society)
Major Health Problems	Tuberculosis Acute Infectious Diseases: Dysentery, Spanish cold, Trachoma, etc.	Tuberculosis Diet	Chronic Diseases: Hypertension, Cerebrovascular Diseases, Cancer, etc. Environmental Pollution	Chronic Diseases: Cancer, Bed-Ridden Elderlies, etc. Newly Emerging Infectious Diseases: Hepatitis B, AIDS, etc.	Chronic Diseases: Cancer, Lifestyle-Related Diseases Mental Health
Infant mortality Rate Recorded at the Chuo-ku Health Center	94.7 (1935)	39.0 (1952)	30.3 → 20.6 (1957) (1961)	13.0 (1976)	4.4 (1989)
National Average Life Expectancy Male/Female	46.92 / 49.63 (1935 - 36)	55.6 / 59.4 (1948)	63.24 / 67.60 (1957) 66.03 / 70.79 (1961)	72.15 / 77.35 (1976)	77.19 / 83.82 (1997)
Health Care Transition Phase	Phase I of Health Care Transition		Phase II of Health Care Transition		Phase III of Health Care Transition

< Phase I of health care transition > < Phase II of health care transition > < Phase III of health care transition >

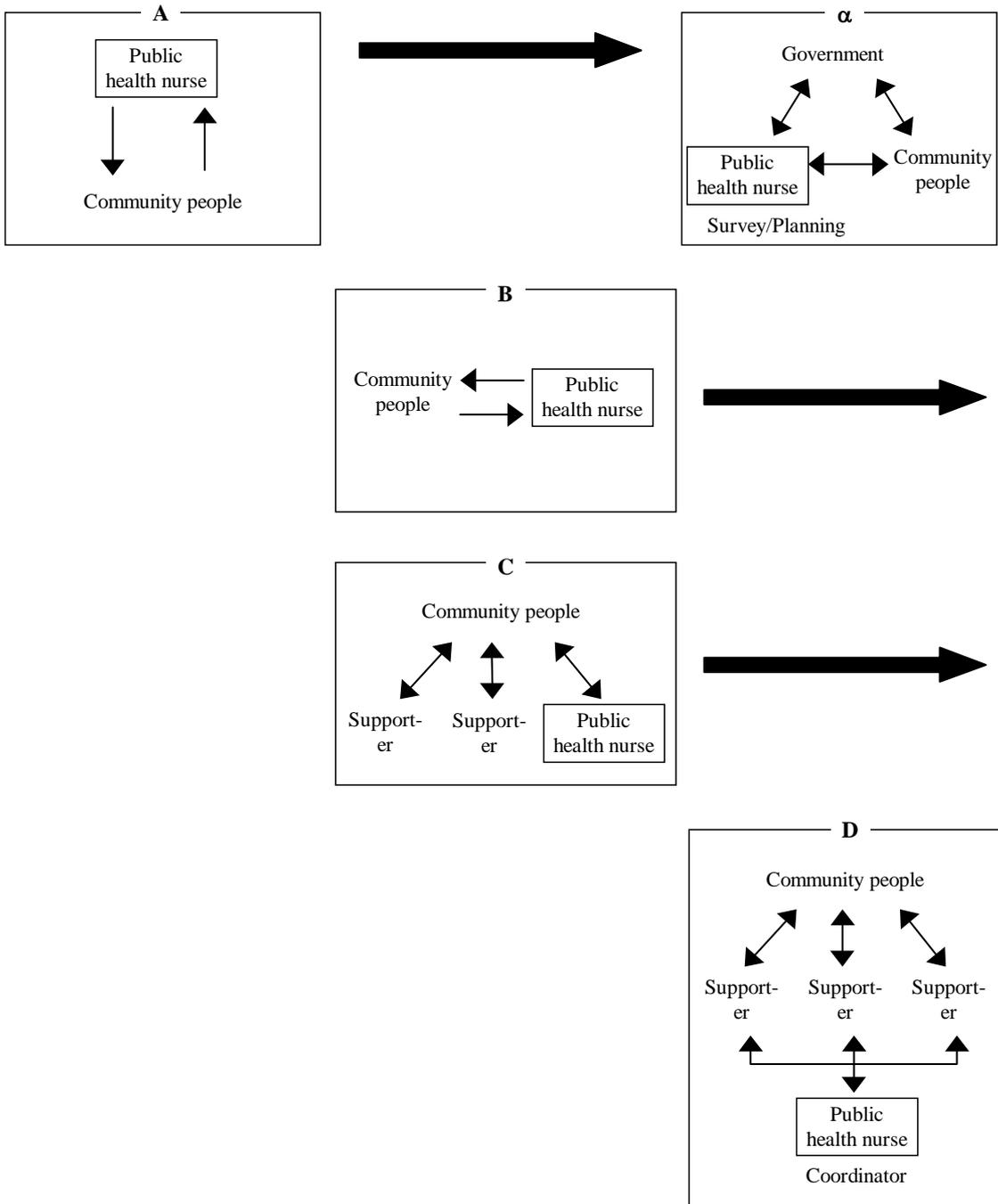


Fig.1 Changes of the Nursing Model

The Effects of Urinary Incontinence on Woman Sexuality

Hiroko Komatsu¹⁾ and Mika Nomura²⁾

- 1) Adult Nursing, St.Luke's College of Nursing
- 2) Doctoral Program, St.Luke's College of Nursing

The purpose of this study was to test a causal model to identify how the urinary incontinence influences on sexuality in females. Influence on sexuality was measured by a five factor form of the Effect of Urinary Incontinence on Sexuality Questionnaire(EISQ). To determine the relationships among the variables, a series of multiple regression analyses was conducted following a generation of a correlation matrix. Data was collected on a sample of 215 women with Stress incontinence or Detrusor instability. Subjects ranged in age from 22 to 84 with the mean age being 52.7. Slightly more than half (55.6%) were postmenopause. Findings support the idea that urinary incontinence can have both a direct and indirect influence upon certain forms of sexuality. Significant associations were evidenced for severity of urinary incontinence and "urine loss and/or urgency during sexual intercourse". Both variables were significant predictors of "sexual desire and sexual arousal" ($R^2=.15$). Urinary incontinence was found to relate to "the relationship with partner" but only indirectly by a path through the "sexual desire and sexual arousal" ($R^2=.10$). "Sexual desire and sexual arousal" emerges as a predictor of "positive attitudes toward sexual activity" ($R^2=.40$).

The findings from this study support the idea that promoting improvement in urinary incontinence would serve for maintaining a positive attitude toward sexual activity in females with urinary incontinence. The pelvic floor exercise is the most appropriate treatment to strengthen the contraction of the circumvaginal muscles as well as to have orgasms.

The Journal of the Japan Menopause Society, 7(2), 227-233, 1999.

The Development of the Nursing Intervention Model in Promoting Sexuality in the Chronically Ill Older Adults

Hiroko Komatu¹⁾ , Emiko Takamizawa²⁾ , Masako Minamikawa¹⁾ ,
Wakako Kushiro¹⁾ , Noriko Iba¹⁾ , Yoshiko Sakai¹⁾ , Kazuko Katagiri¹⁾
,
Keiko Ikeya¹⁾

1) St. Luke's College of Nursing

2) Osaka Prefectural College of Health Sciences

【Purpose】 The aim of this study was to develop a nursing intervention model in promoting sexuality in the chronically ill older adults. For this purpose, there were three concrete objectives: (1) basic research into clarifying the effects of the chronically ill on older adults sexuality; (2) to develop a nursing intervention model in promoting sexuality of the chronically ill older adults on basic research and review of the literature. The model consists of <a> the promoting sexuality program for the chronically ill older adults; the staff-education program on sexuality in the chronically ill older adults; and (3) to clinically apply two programs, and examine the effectiveness of the programs.

【Methods】 Subjects; The subject were older adults with the chronic illness. They were conveniently divided into two groups: those to whom the developed promoting sexuality program was applied (applied group in older adults) and those to whom the program was not applied (control group in older adults). Also, the other subjects were registered nurses (RNs) who cared for older adults with the chronic illness. They were conveniently divided into two groups: those to whom the developed staff-education program was applied (applied group in RNs) and those to whom the program was not applied (control group in RNs).

Data collection; The effect of the promoting sexuality program were evaluated at the time of the initial examination (basal status), two weeks later after the initial examination concerning the perceptions of diminish of physical and spiritual power, apologetic feeling in interaction with others, feeling of burden with controlling of chronic illness, the perceptions of diminish of sexual energy, the perceptions of diminish of sexual activities, the perceptions of needs for promoting sexuality. On the other hand, the effect of the staff-education program were evaluated at the time of the initial examination, 2 weeks later after the initial examination concerning the nurse's attitudes to sexuality, the nurse's attitudes and knowledge regarding sexuality in older adults with the chronic illness.

【Results】 A total of twenty-nine older adults (10 applied groups, 19 controls) were studied. The average scores of apologetic feeling in interaction with others was significantly higher in the applied groups ($p < .05$). Regarding the other variables, there was no significant difference between the two groups. Also, a total of fifty-seven RNs (16 applied groups, 37 controls) were studied. The average scores of the nurse's attitudes to sexuality and the nurse's attitudes and knowledge regarding sexuality in older adults with the chronic illness were lower in the applied, but there were no significant difference between the two groups.

Abstracts of Research Project, Grant-in-Aid for Scientific Research, March 1999.

Pregnant Women

-A Comparison of Ghanaian and Japanese Experiences during Pregnancy-

Iris Boateng-Botwe, RN/MW ¹⁾, Hiromi Eto, MS. MW ²⁾, Masako Momoi, Ph.D. MW ¹⁾, Shigeko Horiuchi, Ph.D. MW ¹⁾

1) St.Luke's College of Nursing

2) Doctoral Program, St.Luke's College of Nursing

The purpose of this study was to compare the experiences of pregnant women in Ghana and Japan with the ultimate goal of exploring ways to improve maternal and child care. We interviewed 28 pregnant women in three Maternity Homes and in one hospital in Japan and obtained their informed consent to participate in the study. Following collection of this data, discussions were held with midwives who are owners of maternity homes, practitioners, and researchers. The data was gathered from May through July in 1999. The mean age of the pregnant women interviewed was 30 years, and their ages ranged from 17 to 43 years. There were 10 primipara and 18 multipara. The study compared three aspects of the pregnant women's experiences in Ghana and Japan: issues related to the individual, environment, and institution.

We found that pregnant women were motivated in their self-care by the interventions of midwives, which were not only directed toward solving their medical problems, but also toward encouraging adaptation to motherhood. Our results suggested that midwives have significant responsibility in promoting good maternal and child health in these two countries.

Bulletin of St. Luke's College of Nursing, No.25,111-116,2000.

Why are Small, Continuous, Fixed-Person-in-Charge Mothers' Classes Necessary for Pregnant and Nursing Women ?

Masako Momoi,PhD.,CNM.¹⁾, Noriko Okubo,MSN.,CNM.²⁾,
Shigeiko Horiuchi,PhD.,CNM.¹⁾, Yasuko Mitsuhashi,MSN.,CNM.¹⁾,
Naoko Arimori,MSN.,CNM.¹⁾, Yaeko Kataoka,BSN.,CNM.¹⁾, Masumi
Katagiri,MSN.,CNM.¹⁾, and Akiko Mori,MSN.,CNM.¹⁾

- 1) St.Luke's College of Nursing
- 2) Kobe University

This paper reports on mother's classes in which the same midwife continuously manages a class of up to 8 women. Each class has a total of 6 meetings : 4 during pregnancy and 2 during a 3-month period following delivery.

Although the service provider wishes to stop this service for commercial reasons (low cost-benefit ratio and uncertain merit), the service is well appreciated by the class participants. It is necessary to make common people realize the significance to participants of their involvement in the class.

The purpose of this study was to clarify what it meant to class participants to be involved in a small, continuous, fixed-person-in-charge mothers' class. A qualitative research approach was used. The subjects were 9 women who participated in the class, and consented to have relevant interviews. Researchers, including two who have been engaged in qualitative research, are analyzing the results.

These findings suggest that small, continuous, fixed-person-in-charge mothers classes allowed new mothers to share their experiences including Here& Now(current, up to date, first-hand information) and to gain their self-confidence in child rearing. In interaction between midwife and mother, as the classes progressed, mothers gradually developed a good relationship with midwife, and the mothers always received positive feedback and reinforcement (ex. Midwife said like this, "the way of child rearing is OK").

The style of these classes allowed the midwife to approach mothers as described above. In big, non-continuous,

not-fixed-in-charge classes it cannot be expected that new mothers will benefit from midwifery care as above. It was suggested that the style of these classes was very beneficial for mothers and the midwife.

In the future, it is expected that the role of the midwife will not only be that of an instructor or an educator, but also a facilitator of the mother's empowerment. We should develop those systems involving relationships which empower new mothers.

The 2nd International Nursing Conference for Women's and Children's Health Issues : A Grobal Nursing Perspective < abstract >, 208, 1999

Japanese Nurse's Perspectives on the Meaning of Hope for Patients in the Terminal Stage of Cancer

Noriko Iba, RN.,MSN.

St. Luke's College of Nursing, Tokyo, JAPAN.

The purpose of this study was to describe, from the perspectives of Japanese nurse's, the meaning of hope for patients in the terminal stages of cancer.

The design of this study was descriptive using qualitative research method. The participants, five Japanese nurses, working in the palliative care unit in Tokyo and willing to share their experiences with terminal cancer patients. These nurses had an average of 7.7 years of clinical experience including an average of 6.3 years with cancer patients. After obtaining consent, data were collected through semi-structured interviews, which lasted from 40 to 80 minutes with an average of 56 minutes. Throughout the interview, the participants were asked to describe about the experiences of hopeful patients and experiences of patients without hope. Brief notations were made during the interviews, and afterward, details were documented as a process recording and analyzed by inductive coding.

As a result, the meaning of hope was identified as "living itself as oneself", including the six sub-themes of "achieving goals", "experiencing joy in daily life", "having a peaceful feeling", "having faith in relationships", "having a will to give", and "experiencing eternal brightness". Nurses noted that hope was necessary for the dying so that they could live as themselves until the last moment. Hope provided a continuum from their past life, or how they had lived, to their future life. Hope was also described as a real or attainable goal from the patient's perspective. Therefore, how patients perceived themselves was a key for nurses in understanding their hope.

Palliative Care 2000 Conference -Palliative Care In Different Cultures-, Abstracts, p.22, 2000.

Analysis of Mothers' Sleep Logs in Postpartum Periods

Shigeko Horiuchi, Ph.D.¹⁾ and Kyoko Nishihara, Ph.D.²⁾

1) St. Luke's College of Nursing

2) Tokyo Institute of Psychiatry

In order to investigate mothers' sleep-wake patterns from five to 12 weeks in the postpartum period, we analyzed continuous sleep logs. Data for 341 days from seven mothers were analyzed for each postpartum week. There were significant differences in total sleep time and wake time at night. Wake time at night gradually decreased from the fifth to the twelfth week. These results from continuous sleep logs support the results of our previous polysomnographic findings based on intermittent measurements. A transition from interrupted sleep to non-interrupted sleep was observed from the ninth to twelfth week of postpartum. The mothers' sleep-wake patterns are discussed focusing on their relationships to the infants' sleep-wake patterns and feeding rhythm.

Psychiatry and Clinical Neurosciences, 53, 137-139, 1999

The Trend of Midwifery Education
-A Report on 25th ICM Congress at Manira in 1999-

Yaeko Kataoka, Yasuko Mitsunashi,
Naoko Arimori, Masumi Katagiri

St.Luke's College of Nursing

The 25th ICN Congress was held in Manira, Philippines in May 1999. More than 1000 midwives participated in the congress whose main theme was "Midwifery and Safe Motherhood : Beyond 2000". Our poster presentation, entitled "Intensive Midwifery Program in the College of Nursing", focused on our new midwifery program and its evaluation. We discussed and exchanged information about teaching methods and the midwifery education curriculum with midwives from England, the Netherlands, and other midwives from all over the world. In addition, we were able to explore new topics in midwifery during the congress.

Bulletin of St.Luke's College of Nursing, No26, 81-85, 2000

A Comparison of Cognition among Nurses Working in Psychiatric Wards with Nurses in Other Clinical Wards as to the Provision of Medical Information to Patients

Yasuko Koyano,R.N.,M.N.¹⁾, Ikuko Iwai,R.N.¹⁾, Masahiro Ishida,R.N.²⁾, Chie Kaharu,R.N.,M.N.¹⁾, Noriko Sato,R.N.,M.N.³⁾, Yoshiko Tujimoto⁴⁾, Katuko Toba⁵⁾, Keiko Toyomasu ,R.N.,M.N.¹⁾, Takao Nakagi,M.D.⁶⁾, Norio Higuchi,Ph.D.⁷⁾, Kimiko Katuyama,R.N.⁶⁾, Emi Shitaya,R.N.,M.N.⁸⁾

- 1) St. Luke's College of Nursing
- 2) Japan Nursing Association
- 3) Tokyo Women's Medical University
- 4) COML
- 5) St. Luke's International Hospital
- 6) Nagoya University
- 7) The University of Tokyo
- 8) Secomedic Hospital

The purpose of this study was to clarify cognition among nurses in psychiatric wards and compare this cognition with nurses in another clinical areas regarding the provision of medical information to patients.

The study was designed as a research survey using a questionnaire. The subjects were 169 clinical nurses who worked in psychiatric wards and 522 clinical nurses who worked in another clinical areas.

Nurses in psychiatric wards were not active in providing medical information to psychiatric patients because of the influence of the disease condition and because the specialty of psychiatric nursing emphasizes the nurse patient relationship more than in other clinical areas. However, this study showed that clinical nurses in another clinical areas who considered providing medical information to patients did so in respect patient's rights, and they tended to respect patient autonomy.

Proceeding of the 22nd Academic Conference, Japan Society for POS Health Care, 61, 2000.

Autonomy in Professional Nurses - An Article Review

Yasuko Koyano R.N., M.N.

St. Luke's College of Nursing

Health care needs have diversified over the past several years, and, as a result, a variety of health care professionals want to participate in this process of health care diversity. It is an important subject for discussion collaboration among nurses and other health care professionals. It is expected that nurses will be professional leaders in multidisciplinary efforts and programs.

This article is a review of related literature focused on autonomy among nurses. The purpose of an article review was to clarify the concept of autonomy, and analysis the trend of researches of autonomy among nurses. It includes situation of health care needs and nurses role, professionalism of nursing, the concept of autonomy based a variety of discipline.

Bulletin of St. Luke's College of Nursing, No 26,50-58, 2000

Promotion of Women's Empowerment
- Reform and Organize of Nursing Care System in a Birth Area -

Yasuko Mitsuhashi¹⁾, Shigeko Horiuchi¹⁾, Akiko Mori¹⁾, Naoko Arimori¹⁾, Masumi Katagiri¹⁾, Masako Momoi¹⁾, Haruko Okamura¹⁾, Noriko Okubo²⁾, Yaeko Kataoka³⁾, Naomi Sato⁴⁾, Mayumi Noguchi⁵⁾

- 1) St.Luke's College of Nursing
- 2) Allied Medical Science, Shinshu University
- 3) Master Program of St.Luke's College of Nursing
- 4) Ex-faculty of St.Luke's College of Nursing
- 5) Nagano College of Nursing

The purpose of this study was to clarify how originate empowerment between mothers and midwives/nurses in process from pregnancy to childbearing period, and to define the factors related to reform their care system. Research field was one care unit in an urban hospital, which provide cares for mothers and their children.

1. Evaluation research related to the process of transformation :

Four kinds of evaluation researches were performed. We focused on the project of changing the care system that was the childbirth class from large group to small one and fixed-person-in-charge to expect mutual communication. The subjects were mothers and nursing staff (midwives and nurses). The results were as followed : (1)Mothers who were provided care made peer group and encouraged themselves based on their reciprocity. (2)Mutual relationship was created and became more closely between mothers and nursing staff. (3)Nursing staff realized their objectives and progressed through their interaction with mothers on the process of mutual goal-setting and decision-making, consequently they were empowered.

In addition, reciprocal transformation were recognized among mothers, nursing staff, and manager of the care unit.

2. Official announcements of research outcomes and support for making network :

We encouraged nursing staff accomplished their publications, and assessed and made a chance feedback. Our farther commission is to construct networking with exterior nursing organizations and staff .

Research Project, Grant-in-Aid for Scientific Research (No09672424),1998-2000.

Tutorial Performance in Problem-Based Learning -An Analysis of Tutor Conference-

Yasuko Mitsuhashi¹⁾, Shigeko Horiuchi¹⁾, Akiko Mori¹⁾, Naoko Arimori¹⁾,
Masumi Katagiri¹⁾, Masako Momoi¹⁾, Haruko Okamura¹⁾, Hiromi Eto²⁾,
Chizuru Kinoshita²⁾, Satoko Nakagomi²⁾, Masumi Imura³⁾, Sayuri
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- 1) St.Luke's College of Nursing
(Maternal and Infant Nursing & Midwifery)
- 2) Doctoral Program of St Luke's College of Nursing
- 3) St.Luke's International Hospital
- 4) Ex-faculty of St.Luke's College of Nursing

Problem-Based Learning(PBL) is a challenging new educational concept. The tutor's role as facilitator is essential to this concept. The purpose of this study was to clarify the performance of the tutor in supporting student learning. Our process, therefore, was to analyze interaction between students and tutors during PBL. The subjects were thirteen tutors. We analyzed the content of discussions during twenty tutor conferences. The study focused on tutorial performance, which included the content and objectives used in the PBL.

The findings were as follows: Five categories were derived from the content analysis of transcribed discussion data and tutor's notes, (1) allowing students to decide the starting point, (2) allowing students to make their own rules, (3) understanding that the learning center is the student's own point of view, (4) expecting and supporting the progress of learning, and (5) encouraging and assuring student learning. The tutors used these standards of performance (categories 1 to 5) in all PBL group sessions.

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Reaction of Preterm Infants to Soothing Nursing Care after Endotracheal Suction : Case Study

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The purpose of this study was to clarify how physiological and behavioral changes occur in preterm infants in response to various procedures and care for them when endotracheal suction is performed, and how these changes are modified by soothing nursing care.

Based on the records of observations of the behavior of 4 preterm infants receiving respiration management, we prepared schematic diagrams of the course of 115 sessions, including both soothing nursing care and unimodal care, as reported in our previous paper. In this study, case study was conducted by selecting 4 sessions in 2 subjects in whom postconceptional age, procedures associated with endotracheal suction, manner of stimulation, and care providers were matched.

“Soothing nursing care” is defined as inhibition of flexion and movements of the extremities and provision of tactile stimulation to the trunk and the extremities. Unimodal care means involvement of the prone position alone in caring for preterm infants.

The subjects were two preterm infants study at postconceptional age 28 and 29, respectively. Various procedures with different types of stimulation were performed in association with endotracheal suction. The preterm infants showed several types of stress reaction to endotracheal suction. When the infants were cared for by soothing nursing, however, their stress was inhibited, and they rapidly fell into a quiet sleep. By contrast, unimodal care did not inhibit stress signs. It produced changes in heart rate and SpO₂, altered the infants' condition, and interrupted their sleep.

In conclusion, although the preterm infants showed signs of stress after suction stimulation, they gradually stabilized when given soothing nursing care.

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Perceived Health-related Concepts and Health Promoting Lifestyle Behaviors of High School Female Students and College Women in Japan

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The purpose of this study was to describe perceptions of health-related concepts, "Genki"(Source of Energy), and "Kenko"(Physical Conditions), as well as perceived practicing healthy lifestyle (health promoting lifestyle behaviors) of Japanese high school female students and college women (15 to 22 years of age).

Method used was focus groups (Kruger, 1994). Thirty-six high school female students, who were preparing for getting into college or universities, and thirty-eight college women, who were living alone, participated in ten focus groups in Kanto area of Japan.

Findings were as follows;1) The concept, "Genki" was commonly used among high school female students as well as college women and recognized as mainly mental, emotional, mood matter. The concept, "Kenko" was unfamiliar with both high school female students as well as college women and defined as physical matter. However, some high school girls reported as "Genki" and "Kenko" were same or related. More college women reported that "Genki" and "Kenko" are mutually related. 2) Number of high school girls reported that they can control their "Genki", however, can not control their "Genki" because they can not judge or assess their own "Kenko". 3) College women reported more variety of practicing health promoting behaviors which categorized into fifteen codes including "nutrition", "mental health self-care", "relaxation", "health-maintenance self-care", "exercise" and others. High school female students reported seven categories of health promoting behaviors including "nutrition", "exercise", "health-maintenance self-care", "relaxation" and others.

Finally, health promoting lifestyle behaviors were redefined as "activities which are voluntarily, intentionally, and regularly carried out by any person who seeks to enhance his or her "Genki" or "Kenko"". Further study is needed to explore promoting healthy lifestyle of young women in Japan.

**A Study of Diploma Nurses' Needs for Obtaining a Degree
-The Relationship Between Professional Competence and
Needs for Obtaining a Baccalaureate Degree-**

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The purpose of this study was to examine the relationship between professional competences and nurses' needs for obtaining a baccalaureate degree. Professional competences are, in this research, professional autonomy, self-educability and nursing competence. The research subjects were 1828 nurses working in general hospitals and nursing diploma schools all over Japan. The research utilized Self Evaluation Scale of Nursing Care based on Patient Behavior, Japanese version of Pankratz Nursing Questionnaire, and Self-educability Questionnaire, and the survey questionnaire was distributed by mail.

The results indicated that, (1)Among 3 professional competences, professional autonomy influenced best on nurses' needs for obtaining a baccalaureate degree. And the direct influence exceeded indirect one. (2) Nursing competence secondly influenced on nurses' needs for obtaining a baccalaureate degree. On the other hand, self-educability influenced very little. (3)The above results suggested that nurses who needed for obtaining a baccalaureate degree had high professional autonomy.

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Development of An Instrument of Goal Attainment in Nurse-Patient Interaction for Using in Empirical Testing of King's Goal Attainment Theory

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The purpose of this research was to develop a self-rating scale of goal attainment for nurses in nurse-patient interaction toward using in empirical testing of King's Theory of Goal Attainment. Concept analysis about goal attainment in nurse-patient interaction clarified five dimensions of nurse's performance which empirical indicator of the concept had to measure as requisite. Through literature review about instrument revealed that Slater Nursing Competencies Rating Scale (SNCRS) is a observer rating scale which had items to measure the five dimensions of nurse's performance, and it was possible to develop instrument which could use as empirical indicator of goal attainment in nurse-patient interaction. Then, 48 items 5-point Likert scale was made through item development based on the items of SNCRS, and discussion about content validity of the scale by 9 experts and through pretest. The name of the scale was "Scale of Nurse's Performance for Goal Attainment" : NPGA. The data of this research were responses to NPGA by 519 nurses in Japan. Item analysis clarified that two items were inadequate. The two items were deleted from NPGA, and NPGA was reconstructed by other 46 items. Coefficient alpha of NPGA was 0.9650, and showed the internal consistency of NPGA. Factor analysis was used to test construct validity of NPGA. The result showed that construct of NPGA was suitable for the requisite for empirical indicator of the concept, "goal attainment in nurse-patient interaction."

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