

Annual Report
St. Luke's College of Nursing
WHO Collaborating Centre for Nursing Development
in Primary Health Care
2001

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Foreword

Michiko Hishinuma

St. Luke's College of Nursing

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

St. Luke's College of Nursing was designated a WHO Collaborating Center for Nursing Development in Primary Health Care (PHC) in May 1990. In May 2002 our third term as a center ends.

We have focused on developing a nursing practice model for an aging society using concepts of PHC. Although PHC is relevant to all areas of health care, four aspects are essential for nursing. One, people of the community are the agents of PHC, and professionals are partners of the people. Two, education for community people and health workers is an essential approach. Three, approaches to promote health should be culturally acceptable and implemented by using resources available in the community. Four, community people must be able to equally and easily access services. Members of our center have adopted these aspects of the PHC concept in their practice, teaching, research and professional activities.

This annual report describes our work in 2001. In the first section our activities are described in the prescribed format. In the second section are research abstracts. Although most of our research is reported in Japanese, some reports include English abstracts. We have compiled these abstracts so that outcomes of some of the research completed by members of this center, including members from Chiba University Department of Nursing, might be shared.

We hope our report will enable you to understand the nursing situation in Japan as well as our accomplishments. We would appreciate your comments and welcome suggestions about future directions.

February, 2002

WHO COLLABORATING CENTRE
for Nursing Development
in Primary Health Care
ANNUAL REPORT 2001

1. Name of the Centre

WHO Collaborating Centre for Nursing Development in Primary Health Care

2. Address

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4. Terms of reference of the Centre

- (1) To develop models for nursing in primary health care for elderly people in a developed country;
- (2) To identify and promote nursing leadership in primary health care;
- (3) To update standards of nursing education and practice to implement primary health care;
- (4) To collect and disseminate information concerning knowledge and human resources for primary health care;
- (5) To facilitate research development relevant to nursing through the identification of the research priorities and development of the research network;
- (6) To influence governmental and professional agencies to promote nursing leadership in the development of primary health care; and
- (7) To support international collaboration in nursing education, research and practice related to primary health care

Place and Date : Tokyo, Japan February, 2002

Signature:

Michiko Hishinuma, RN, PHN, MS, Dean
Head, WHO Collaborating Centre for
Nursing Development in PHC
St.Luke's College of Nursing

Part I

Work performed in relation to
the terms of reference

(1) To develop models for nursing in primary health care for elderly people in a developed country

Dean & Director Hishinuma and committee members of WHO Collaborating Center at St. Luke's College of Nursing have developed tentative nursing practice models in primary health care for the elderly in Japan and identified areas in graduate nursing education that need strengthening (funded by the Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare since 1999). In March 2001, we presented the research outcomes at the Nursing Division's annual research meeting and submitted a report, "Development of Nursing Practice Model for the Elderly Using Primary Health Care Concepts."(see abstract 1)

In their report of a just completed three-year research project, Professor Iwai and Lecturer Toyomasu of the nursing administration group have highlighted issues in medical information disclosure among nurses, physicians and patients that influence care processes, including patients' participation in their care (funded by the Ministry of Health, Labour and Welfare). They have clarified issues common to patients and nursing staff, those on the patients' side as well on the medical staff side. Issues relate to both attitudes and infrastructure; the report includes suggestions to guide information disclosure in records and interactions.

* See related abstract 2, 3, 4

(2) To identify and promote nursing leadership in primary health care

a. Practical approach

Professor Kawagoe and community health nursing staff initiated quarterly meetings of community nurses in Chuo-ku, Tokyo to promote networking and information exchange among nurses who otherwise might not meet together. In 2001, four meetings were held on the themes such as preventing life-style related disease, building a community where people can enjoy healthy lives, and mental health. Community nurses from health centers, care providers, school teachers for disabled children, home-visiting nurses, and nurses from out-patient and medical check-up units describe their activities and exchange information.

Since 1994, Professor Komatsu and adult nursing staff, together with nursing staff at St. Luke's International Hospital have been organizing periodic group meetings to support the goal "cancer patients live with cancer in comfort and peace in St. Luke's International Hospital." Sessions are designed to help patients understand their disease and to encourage positive attitudes toward living with cancer, and are an example of health promotion for cancer patients.

Since 1994 Professor Komatsu, a pioneer in Japan for nursing care for incontinence, has provided treatment of incontinence in collaboration with Urological Clinic, Iwaki City, Fukushima Prefecture. In addition, together with the other staff members, she has been active in studying self-care for incontinence in middle-aged women, creating a network for nurses, and using Yoga as a therapy. This past year she has been studying elimination disturbances among patients with diabetes mellitus, a serious health of elderly people.

Professor Oikawa and pediatric nursing staff are interested in helping children suffering from chronic disease and their families where care is provided on an outpatient basis. In this fiscal year, they organized five study meetings for Kanto area pediatric nurses responsible for clinic and home visiting care. Sessions, which consisted of lectures and group discussions, emphasized nursing approaches toward children with asthma and their families.

Professor Hayama, psychiatric and mental health nursing, provided workshops with human rights as the theme. She has been studying and comparing human rights in Japan and Korea and other countries, focusing on ideas such as "the utmost benefits from the patients' standpoint" and "infringement of human rights at hospitals."

Associate Professor Mori has been playing a major role in Japan Infertility Care Network. Through it she has been conducting research to identify issues in reproductive health and advanced technologies of reproduction. Because these areas are relatively new in Japan, her research and other activities are significant.

b. Concept of nursing in a changing society

Lecturer Arimori is the general secretary for Genetic Nursing Committee in Japan and has been studying genetic problems from the nursing perspective and promoting information exchange. Genetics is a new area for practice in Japan. In 2001 she began comprehensive review of concepts of human genetics (see abstract 5, 6).

Professor Ozawa and staff members in fundamentals of nursing are conducting research to describe undergraduate students' formulations of the concepts "health" and "nursing" and the ways in which the formulations change over the course of their education. These concepts have recently been added to the national licensing examinations in Japan.

For many years, Professor Ozawa and her colleagues have been studying the life and work of Florence Nightingale (1820-1910), using a biographical approach to explore Nightingale's answers to the question, "What is nursing?" and to understand her ideals for nursing. In 2001, the research has focused on two concepts, nursing and care.

Professor Ozawa has also been studying the significance and influence of pleasure experience on the development in life from various perspectives, basic research relevant to health promotion. In 2001, she worked on qualitative and quantitative analysis on pleasure experience in order to

clarify the significance of such experience for human development and mental health.

Lecturer Iba, together with researchers and clinicians who work at research institutions and hospitals for terminal care, has been using qualitative methods to study terminal care and spirituality of cancer patients in the terminal stage. Analysis of interview data has been completed; this is being discussed further in order to organize understandings about the phenomenon.

(3) To update standards of nursing education and practice to implement primary health care

a. Advancement of nursing education (national-level)

In 2001, St. Luke's College of Nursing was appointed to the board of the Nursing University Association in Japan, to which all 91 baccalaureate nursing education programs at colleges and universities in Japan currently belong. The association works to strengthen those programs and to promote the development of nursing education. Dean Hishinuma serves on various committees, including those for standards of nursing education at the university level, for standards for self-assessment and self-evaluation at the post-graduate level, and for certification of educational programs for nurse specialists.

Faculty are collaborating with officials in the Ministry of Education, Culture, Sports, Science and Technology to up-grade, promote and ensure the quality of nursing education at the university level. Currently there is no difference in the standards for nursing education between universities, junior colleges and specialized schools. In 2001, the ministry began work to establish separate standards for nursing education at the university level. Dean Hishinuma, and Professors Komatsu, Oikawa, and Kawagoe are members of a working group to discuss core curriculum and levels of clinical practice achievement. Dean Hishinuma is also a member of the committee that conducts inspections authorized by the ministry.

Associate Professor Hirabayashi is a member of the committee that establishes the national examination to certify community health nurses, midwives and nurses under the authority of the Ministry of Health, Labour and Welfare.

b. Development of nursing education

St. Luke's College of Nursing introduced a new integrated curriculum for baccalaureate students

(BSN) in 1995. Its aim is to educate students to become generalist nurses, able to work in all nursing settings in the new era. Evaluation has been ongoing since the curriculum was initiated, with data collection at various points in time from various sources. In 2001, data from the first graduates one year after their graduation were analyzed. The evaluation system and tentative results of outcome evaluation were presented at the International Congress of Nursing 22nd Quadrennial Congress. At the poster presentation issues in curriculum development for the new era were discussed with nurse educators from Switzerland, Viet Nam and other countries. The issues confirmed as important for continuing work include helping students to master nursing intervention skills, demonstrate leadership, and obtain global perspectives (see abstract 7).

St. Luke's College of Nursing is a member of the Japanese University Accreditation Association, an organization focusing on maintaining educational standards and promoting research. Among other activities, the association develops standards for various special fields and implements mutual evaluations between universities. President Tokiwa has been on various committees and this year Dean Hishinuma is a member of the committee on nursing education, which is working to revise standards for nursing education.

President Tokiwa is vice-president of the Society of Private Colleges of Nursing in Japan, the organization of junior colleges and universities that have nursing education programs. The society seeks to strengthen programs and also deals with issues that are specific to private colleges and universities in Japan. Dean Hishinuma was a speaker at two seminars sponsored by the society.

Professor Horiuchi and her staff are providing leadership for the Tokyo Branch of Japanese Academy of Midwives' study of risk management.

* See related abstract 8, 9

c. Development of nursing practice

1) Drafting the standards

Currently Professor Kawagoe and community health nursing staff, in cooperation with home-visiting nurse experts, are conducting a survey to provide information for developing guidelines for coordinating care between hospitals and community agencies (funded by the Social Welfare and Medicine Organization). The concurrent faculty study of terminal care at home (funded by the Ministry of Health, Labour and Welfare) will provide additional information for the guidelines.

In her role as member of the Committee for International Affairs of the Japanese Nursing Association, Professor Tashiro, deputy head of the center, is working on the implementation of the ICN survey that will contribute to development of international standards for the generalist nurse.

Professor Komatsu and adult nursing staff have been working on a project “Evidence-based research to develop a day-care model for cancer patients” (funded by the Ministry of Education, Culture, Sports, Science and Technology). In collaboration with nurses at St. Luke’s International Hospital, the model was implemented in 2001 on a pilot basis. Educational materials for patients (kit, VTR and CAI) attending day-care and group support programs were prepared.

Since 1998 Professor Oikawa, Associate Professor Hirabayashi and Assistant Yokoyama, together with clinical nursing specialists, have been engaged in research projects on care management for children who receive treatment at home, the ultimate aim of which was to develop care management guidelines. In March 2001, the draft guidelines for children who receive artificial ventilation at home were distributed to hospitals and home-visiting nurse stations. Currently these faculty members are drafting a care management program for children in transition from neonatal intensive care units to home. In addition, the research team is surveying professionals involved in providing services to children receiving home-care to identify needs of the children and their families and to evaluate current programs.

In 1999, Professor Oikawa and staff members in pediatric nursing started a project to provide training courses for nursing specialists concerned with pediatric patients who visit hospitals as outpatients and then to draft care standards for these patient ("A program to ensure the quality of home-care for child suffering from chronic disease and his/her family," funded by the Ministry of Education, Culture, Science, Sports and Technology). In 2001, building on experience from training pediatric nurses in the Kanto area, the team has drafted a care manual for asthmatic children, which includes coping with problems that are likely to occur.

In 2001, after compiling the evidence base for nursing support for couples undergoing diagnosis and treatment for infertility, and developing guidelines together with other experts, Associate Professor Mori distributed them to nurses and nurse-midwives throughout Japan working in reproductive medicine, a relatively new area of practice in this country. This work will lead to research to evaluate the influence of nursing (see abstract 10).

Associate Professor Kamei was asked by Social Development Center for Longevity to initiate a project to make a liaison notebook about care of elderly people at home in order improve their quality of life. The liaison notebook is intended to promote a team approach to elderly people and their families. The project members consist of doctors, community nurses, home-visit nurses, home-care providers, social workers and physiotherapists in Japan (14 people) and two social workers at the University of Michigan, USA. Copies of the notebook, which will assist nurses in fulfilling their roles, will be distributed to all municipalities in Japan.

Associate Professor Kamei has developed a care support system for elderly people suffering from chronic respiratory insufficiency and their families for early detection of acute aggravation. The assessment system monitors the blood oxygen levels for patients in remote locations by means an interactive PC computer with touch-screen. With the basic research completed, a trial of an on-line system to the laboratory will be started.

Since 1999 Professor Hayama and Lecturer Mizuno have been developing a psychoeducation

program to improve nursing care for schizophrenic patients (funded by a research grant from the Ministry of Education, Culture, Science, Sports and Technology). The aim is to have nurses better prepare patients for managing their own treatment after discharge from psychiatric hospitals. Psychoeducation programs for inpatients on the acute care unit of psychiatric hospital were developed. Then, a manual for discharge preparation and a leaflet for patient reference were prepared. Outcome indices to evaluate the effectiveness of this program have been identified.

Since 1998 Professor Ozawa and fundamentals of nursing staff have been studying comfort during hospitalization in order to understand and improve how patients spend their days in the hospital. One focus has been developing a cabinet for stowing personal belongings of patients. In 2001 they applied for a patent.

In 2001, Lecturer Tonozaki started research to develop and evaluate a program of nursing care to improve quality of life of patients after hematopoietic stem cell implantation (funded by the Ministry of Education, Culture, Science, Sports and Technology). In 2001, she surveyed patients to understand their disease history and nutrition prior to return to work. A prospective study seeks to identify factors that might cause delayed fatigue after implantation.

* See related abstract 11, 12

2) On-the-job Training Courses

Professor Kawagoe, Lecturer Nagae and Assistant Sakai have been conducting an on-the-job training course (one-year course) in order to improve the ability of visiting nurse to solve problems in nursing practice. This is a joint educational project between St. Luke's College of Nursing and the Liaison Office of Tokyo's Home-Visiting Nurse Stations. Because educational qualifications for visiting nurses have not yet been established, the experience of this project is likely to become the basis for future standards and continuing education programs.

Once as year Professor Ozawa trains those who responsible for medical check-ups of infants and

babies (teachers from nurseries and kindergartens, nurses and doctors in hospitals and public health clinics) to perform the Japanese Denver Development Screening Test (JDDST). Authority for such support service has been transferred from the prefectural governments to municipalities and towns, creating a need for more people to provide such training.

Members of the fundamentals of nursing staff provide continuing education and on-the job training to further develop abilities of nurse educators and clinical nurses in areas such as physical assessment skills, assessment and diagnostic reasoning, and recording.

Adult nursing staff provide seminars on concepts and theories of cancer care. They also provide training courses for cancer pain management. These have the aim of improving the quality of nursing.

Professor Komatsu, Lecturer Iba, Assistant Nakayama and Assistant Hashizume organized a joint symposium at the Japan Cancer Care Conference with members of M. D. Anderson Cancer Center, the most advanced cancer treatment center in the U.S.A. Topics for discussion at the symposium included cancer treatment in Japan, especially decision making about cancer treatment and problems of practice and research. In addition, the faculty members organized a meeting of Japanese nurse specialists in cancer care.

3) Developing the Knowledge Base for Nursing Practice

Professor Hishinuma, Associate Professor Kaharu and Assistant Ohkubo are studying the physiological effects of nursing (funded by the Ministry of Education, Culture, Science, Sports and Technology).

Professor Tashiro and her research team have been exploring health promoting lifestyle behaviors of adolescents in Japan in order to provide basic information about determinants of healthy behaviors. In March 2001, they completed a four-year research project, "Health

Promoting Lifestyle Behaviors of Senior High School and College Students in Japan from Developmental and Behavioral Science Perspectives.” They submitted their reports (1998-2000) to the Ministry of Education and Science; presented their research outcomes at the 48th research conference of the Japan Association for School Health (JASH); and contributed a research paper (English title: “Characteristics and Related Factors of Health Risk Behaviors of Senior High School Students”) to the Japanese Journal of School Health, Vol. 42, 2001 (Supplement: Selected Papers from 47th Annual Meeting of JASH) (see abstract 13).

Assistant Momoi, in collaboration with members of Tokyo Branch of Japanese Midwives' Association, has been studying roles in midwifery. Her work focuses on activities of midwives practicing in the community and their relationships with community people.

Lecturer Iba has been studying support for the family with a cancer patient at the end stage. In 2001, based on the results of the last year research, she has focused on nursing care to raise the family's hope. It is anticipated that this research will lead to more sensitive nursing care and a better quality of life for patient and family.

* See related abstract 14 to 24.

(4) To collect and disseminate information concerning knowledge and human resources for primary health care

Professor Horiuchi and maternal nursing and midwifery staff have been working on a project, "Education on life for children," sponsored by the Japanese Midwives' Association, Tokyo Branch. The purpose of the project is to promote, in cooperation with teachers in community schools, child education about the dignity of life. They have obtained research funding from the Social Welfare and Medicine Organization; the funds will be used to prepare and purchase teaching materials as well as to plan and organize courses for midwives to become teachers in such programs.

St. Luke's College of Nursing provides a year-round community education course, "Study of the human being," at the request of the Tokyo Metropolitan Government, Education Section for residents of Chuo-ku in an open space of Manabi City Chuo College Under a main theme, "To live in the society in comfort and with self-dignity," ten sessions are provided each term, for three terms each year. Associate Professor Nishikido coordinates the course. Mostly, members of St. Luke's College of Nursing deliver the lectures and lead discussion among all participants. It is expected that, for the purpose of primary health care (PHC) development, St. Luke's College of Nursing will have an important role in initiating and promoting the establishment of settings and communities where people live in comfort and cooperation with one another.

As one of the activities to broaden knowledge about PHC in the society, a "nursing" course has been started at Waseda University for students who do not major in nursing, which we hope positive attitudes toward health. St. Luke's College of Nursing faculty worked with teaching staff at other universities in the Tokyo area to initiate the course in 2001. The ultimate aim of the course is to develop and foster positive attitudes toward health among young citizens.

(5) To facilitate research development relevant to nursing through the identification of the research priorities and development of the research network

a. Research development

WHO Centre members at St. Luke's College of Nursing have active programs of research. Funding for the research is from the government (16 projects funded by the Ministry of Education, Culture, Science, Sports and Technology and 3 projects by the Ministry of Health, Labour and Welfare) and from various other organizations.

b. Facilitate the research network

The 6th Conference of St. Luke's Society for Nursing Research occurred in 2001 with leadership from Dean Hishinuma and organizational work by most members of the Centre. The theme was, "For nursing which enables us to recognize the body as a whole."

Professor Koyama headed the 11th meeting of Japan Academy of Nursing Education, and many faculty members helped organize and present the conference. The theme was developing nursing education in the new century; various programs on evidence-based nursing (EBN) were included. In addition to nurse educators, nurses responsible for continuing education in clinical service organizations also participated.

Professor Horiuchi and her collaborators have completed the data base for academic papers (JANS data base), a research and information project of the Japan Academy of Nursing Science. She was the leader for this project.

Professor Hishinuma, Associate Professor Kaharu and Assistant Ohkubo organized an academic meeting where nursing technology in Japan was the focus; it occurred in November 2001.

Table 1 identifies members of St. Luke's College of Nursing WHO Centre who are in leadership roles in academic and research organizations in Japan. Most such organizations have three levels of participation, in ascending order of responsibility and authority: member, council member and board member.

Table 1 Leadership roles in academic and research organizations

| Name | Name of Organization (Position) |
|-------------------|---|
| Keiko Tokiwa | • St. Luke's Society for Nursing Research (president) |
| Michiko Hishinuma | • St. Luke's Society for Nursing Research (board member) • Japan Academy of Nursing Science (council) • Japanese Society of Nursing Art and Science (board member) |
| Yumiko Hayama | • Japan Academy of Psychiatric and Mental Health Nursing (board member) • Health Behavioral Science (council) • Japanese Association of Mental Health Policy (board member) • St. Luke's Society for Nursing Research (council) |
| Shigeko Horiuchi | • Japan Academy of Nursing Science (board member) • Japan Academy of Midwifery (vice-chairperson) • St. Luke's Society for Nursing Research (board member) • Japan Academy of Breast-feeding (board member) |
| Ikuko Iwai | • Japan Society of Nursing Diagnosis (board member) • Japanese Society for Clinical Pathway (board member) • Japan Society for POS Health Care (board member) • Japan Academy of Nursing Science (council) • St. Luke's Society for Nursing Research (council) • Japan Society for Respiratory Care (council) • Japanese Society Environmental Inspection (council) |
| Hiroki Kawagoe | • St. Luke's Society for Nursing Research (council) |
| Hiroko Komatsu | • St. Luke's Society for Nursing Research (board member) |
| Ikuko Oikawa | • Japanese Society of Child Health Nursing (board member) • St. Luke's Society for Nursing Research (council) |

| | |
|------------------|--|
| Michiko Ozawa | • St. Luke's Society for Nursing Research (board member) |
| Junko Tashiro | • Japan Academy of Nursing Science (board member) • Japan Society of Adolescentology (council) |
| Yuko Hirabayashi | • Japanese Society of Child Health Nursing (council) |
| Chie Kaharu | • St. Luke's Society for Nursing Research (board member) • Japanese Society of Nursing Art and Science (board member) • Japan Academy of Nursing Education (council) |
| Tomoko Kamei | • Japan Academy of Home Health Care (council) • The Japanese Society for Low-vision Research and Rehabilitation (council) |
| Akiko Mori | • St. Luke's Society for Nursing Research (council) |
| Noriko Iba | • Japanese Society of Cancer Nursing (council) |
| Wakako Kushiro | • St. Luke's Society for Nursing Research (board member) |
| Yumi Yokoyama | • Japan Academy of Neonatal Nursing (council) |

c. Further developing Japan's research network

In addition to being research partners with staff of hospitals and organizations mentioned in earlier sections of this report, Centre members provide training courses and research guidance for nurses and others in a wide variety of other organizations. These include: National Hospital of International Medicine, National Cancer Center, Prefectural Cancer Center, National Pediatric Hospital, Prefectural Pediatric Hospital, Metropolitan Mother and Child Hospital, City Hospital, Hospital by Social Welfare Group, and Tokyo Branch of Japanese Nursing Association.

(6) To influence governmental and professional agencies to promote nursing leadership in the development of primary health care

The faculty members at St. Luke's College of Nursing play an important role in the governmental and professional agencies, as shown in Table 2.

Table 2 Leadership roles in the governmental and professional agencies

| Name | Name of Organization/Agency (Position) |
|-------------------|--|
| Keiko Tokiwa | <ul style="list-style-type: none"> • The Society of Private Colleges of Nursing in Japan (vice-president, board member) • Japan University Accreditation Association (council) |
| Michiko Hishinuma | <ul style="list-style-type: none"> • Inspection on Nursing and Health Authorized by the Ministry of Education, Culture, Sports, Science and Technology (inspection member) • Selection Committee of Scholarship for Nurses Authorized by Tokyo Metropolitan Government (committee member) • Project to Strengthen Nursing in El Salvador (project member) |
| Shigeko Horiuchi | <ul style="list-style-type: none"> • Japan Society of Midwifery Education (board member) |
| Ikuko Iwai | <ul style="list-style-type: none"> • Working group to study the assessment on the level of home care authorized by the Ministry of Health, Labour and Welfare (group member) • Research meeting on the nursing activities (professional member) |
| Hiromi Kawagoe | <ul style="list-style-type: none"> • Promotion Project for Home-Care Insurance in Chuo-Ku, Tokyo (project member) • Assessment on the level of home-care in Chuo-ku (head) • Project to support care-providing specialists in Tokyo (project member) • Project to collect and file case reports, in which there is difference in the assessment between the first and second judgment on the level of providing home-care (project member) |

| | |
|------------------|--|
| | <ul style="list-style-type: none"> • Project to support intractable disease patients for patients special disease sponsored by Tokyo • Metropolitan Government (project member) • Project to study home-visit nursing by Japanese Nursing Association (head) • Association of home-visit nursing project in Japan (board member) • The liaison office between nursing stations in Tokyo (adviser) |
| Ikuko Oikawa | <ul style="list-style-type: none"> • Research project for children suffering from chronic specific disease by the Ministry of Health, Labour and Welfare (project member) |
| Junko Tashiro | <ul style="list-style-type: none"> • Japanese Nursing Association (committee member of social welfare and economics) • Japanese Nursing Association (committee member of study on international activities) |
| Noriko Nishikido | <ul style="list-style-type: none"> • Association of Occupational Health Nursing Consultant (board member) |
| Naoko Arimori | <ul style="list-style-type: none"> • Japan Society of Midwifery Education (adviser) • Japanese Midwifery Association (sub manager of Tokyo Branch Office) |
| Yuko Hirabayashi | <ul style="list-style-type: none"> • Committee of National Examination of Nurses and Midwives authorized by the Ministry of Health, Labour and Welfare (committee member) |
| Noriko Iba | <ul style="list-style-type: none"> • Study of curriculum for certified expert nurse (hospice care) by Japanese Nursing Association (group member) |
| Masumi Katagiri | <ul style="list-style-type: none"> • Japanese Midwifery Association (director of Chuo-division of Tokyo Branch Office) |

(7) To support international collaboration in nursing education, research and practice related to primary health care

a. Acceptance of academic visitors/students from overseas countries

The Centre accepts academic students and visitors from overseas countries every year in cooperation with Japan International Cooperation Agency (JICA), International Nursing Foundation of Japan (INFJ) and the Episcopal Church (see Table 3).

b. Collaboration with other WHO Collaborating Centres

Five project members who were assigned to implement the Centre's activities visited Yonsei University, the WHO Collaborating Centre in Korea, in order to collect information before planning Centre activities for 2002.

Cho Ja Kim, President of Yonsei University and Head of the WHO Collaborating Centre, Euisook Kim, former president of the university, and Young Yoo were invited to this Centre. This meeting provided an opportunity to strengthen collaborative relationships and friendship between the visitors and the faculty members. During several days of meetings the academic and other programs of the schools and centers were reviewed, issues in nursing and health care were introduced, and areas of current and future research were discussed.

At the invitation of community health nursing staff, Professor Soon-Nyoung Yum and other staff members from Yonsei University visited this college. This meeting provided an opportunity to discuss home-visit nursing in Japan as well as to strengthen the relationship between Korean and Japanese nurses.

c. International relationship as the WHO Centre

Attending the General Meeting of the Global Network

The Head of our WHO Collaborating Center, Dean Hishinuma, and Deputy Head, Tashiro, participated in the General Meeting of the Global Network at Copenhagen on June 10, 2001. Major activities of the Centre were reported there, and information on activities of other centers and the WHO regional offices were obtained.

Preparing for collaborative research

As a part of collaboration with Yonsei University School of Nursing, our two Centers are now preparing to join the collaborative international comparative survey (Pennsylvania Registered Nurse Survey) being conducted by the University of Pennsylvania School of Nursing.

d. Other international collaborations

Various international activities, study visits, conference presentations, and consultations are shown in Table 4.

The Fundamentals of Nursing section and Nursing Research accepted two students from Sri Lanka by JICA project, who received a training course of nursing education.

Professor Tashiro was asked by the International Relationship Association to deliver a lecture for students from Uzbekistan.

Professor William Holzemer of the University of California at San Francisco School of Nursing (UCSF) provided separate series of lectures on research methodology for masters and doctoral students as well as research consultations for them and faculty during three weeks stay at the college. He also presented a seminar for on international collaborative research.

* See related abstract 25, 26

Part II

Research abstracts

April 2000 to December 2001

1. Development of a Nursing Practice Model Using Primary Health Care Concepts in Japan

Michiko Hishinuma, Junko Tashiro, Akiko Mori, Kazuko Naruse, Yoshiko Sakai, Eriko Mizuno

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

Abstract

In Japan, health and nursing care needs are changing. The health care system is being reformed, and in 2000, in response to increased longevity, the "Long-term Care Insurance" system was implemented. Nursing professionals in Japan, therefore, face many new issues. The goal of this study is to develop a nursing practice model that will promote planned and beneficial health outcomes from professional nursing activities. Last year, we proposed a nursing practice model on the basis of analysis of historical records from an urban health department, focusing on public health nursing. The purpose of the current study was to evaluate and further develop that model. We have compared the proposed nursing model with those of other countries and now have modifications and elaborations to propose.

Method :

The investigators examined the nursing practice models of other countries including Korea, Thailand, Sri Lanka, Kenya, Ghana, and Finland where the St. Luke's College of Nursing WHO Collaborating Center has relationships. To identify nursing practice models, data regarding nursing activities were obtained from literature review, interviews with senior nurses from some of the countries, and Japanese experts who had worked in the countries. Using these data and the concepts of Health Transition and Primary Health Care we identified nursing practice models for each country. These nursing practice models and the background information were used to refine the nursing practice model for Japan.

Results :

The countries studied were classified in relation to health transitions concepts and phases (see Table 1). Major health problems of Kenya and Ghana were infectious diseases, such as malaria, and acute respiratory infection. Those of Sri Lanka were infectious diseases, such as malaria and tuberculosis, and chronic diseases, such as cardiovascular disease or cerebrovascular disease. Kenya, Ghana and Sri Lanka were placed in the first or second health transition phase. The major health problems of Korea were chronic diseases, such as cancer; and the proportion of the elderly was increasing rapidly. Korea was seen moving from the second to the third phase of health transition. Although the health profile of Thailand was similar as that of Korea there were differences among regions of Thailand. In Thailand, all phases of health transition patterns were observed. In Finland, major health problems, such as increase of the elderly people, were similar to those of Japan, and Finland was placed in the third phase.

In our earlier study, we identified five nursing practice models; and in this study, we named each practice model (see Figure 1). The nursing practice model associated with the first phase of health transition in Japan was named the "service providing model." During that time the public health nurses' pattern of practice was mainly providing services, such as health advice or education, immunization, physical check-ups for mothers and children, and nursing care to patients at home. During the second half of first phase the major health problems were chronic diseases. Nurses provided health counseling or advice to promote self-care ability of clients and

patients, so we named this model of practice the “health counseling.” And, because the other significant health problem of the second phase in Japan was health problems due to environmental pollution, public health nurses worked with victims and community organizers as supporters or net-workers, or coordinators, not only as care providers. On this basis we identified three other models: the “participating model” and the “coordinating model” and the “networking model”. Currently, in the third phase of health transition, public health nurses are using more the “coordinating model” and “networking model”, further more, taking a part in policy making by providing systematic information regarding health needs of people in the community. This new pattern of practice, which includes models of direct care (described above) and also service planning or policymaking, we have named the “triangulation model.” In this model, public health nurses are connected to both community people and policymakers.

Practices in the various countries were compared to those in Japan. In Thailand all the nursing practice models used in Japan were identified. In Sri Lanka there were two types of nursing professionals: one, community midwives, who provided services but also collaborated with the community; and two, public health nurses, who administered the community health center and its activities. Thus the “service providing model” as well as “participating model” and “triangulating model” were identified. In Finland all models” were identified, which seemed to reflect the complex challenges of providing services for large numbers of elderly people who have difficulties living by themselves at home. When these countries and the models that were identified were contrasted to the practices in Japan we realized that public health nurses provided services within under the policies and direction of the central government, at one time the only policymaker. Thus, we identified an over-arching practice model that is relevant to phases one and two in Japan: the “top-down model.”

Discussion :

In Japan, today, medical, health, and life care are now available for the elderly people who need care. However, one of the critical health issues facing social security systems, including medical, health, and social welfare for the elderly systems, is that each system is established and functioning separately because funding comes from different financial sources (see Figure 2). As a consequence of this separation, individual elderly have to organize their own care by selecting from medical, health, and living care services provided by a under different sets of rules. For example, elderly people sometimes have difficulty when they want to change their services from those within medical care services to those in living care. In this situation, the “coordinating care model” and “triangulating model” describe needed nursing actions in support of comprehensive care. To assure higher quality of life for the elderly people, medical, health, and life care system should be organized as one comprehensive system. Because nurses are the only professionals working in all the care providing systems and sites they nurses should be practicing as coordinators (see Figure 3).

Implications :

In order to raise the standard of competence of nurses, nursing education has been up-graded during last ten years by increasing the number of master programs. However, the number of well-trained nurses who are able to coordinate or network effectively is still limited. Therefore, masters programs for advanced practice should increase their focus on coordinating and networking competencies in order to provide comprehensive and higher quality of care in the

third phase of health transition in Japan.

From our studies we have identified seven nursing practice models; they include direct practice as well as policymaking. All these models should be incorporated into nursing education programs. To further develop the competency of nurses, teaching methodologies should be expanded. In addition to providing knowledge and information by lecture, teaching methodologies should include “counseling” using dialogue, “participation” using group work, and “coordination” using workshops with students studying other disciplines, for example.

Through the current study we identified a nursing practice model for Japan during the third phase of health transition, the “triangulation model.” This model needs further development. Next we would like to test the validity and effectiveness of the “triangulation model” to determine if using it leads to better practice and better outcomes in Japan.

2. Elderly Japanese Emigrants to Brazil before World War II : I. Clinical Profiles Based on Specific Historical Background

Meguro M, Meguro K, Caramelli P, Ishizaki J, Ambo H, Chubaci RY,
Hamada GS, Nitrini R, Yamadori A.

Tohoku University Graduate School of Economics

OBJECTIVE: To research the demographic and clinical profiles of elderly Japanese emigrants, who arrived in Brazil before World War II, in order to give them appropriate psychogeriatric care.

DESIGN: Elderly Japanese immigrants aged 65 years and over, belonging to the Miyagi Association in the Sao Paulo Metropolitan Area, were targeted. They emigrated from Miyagi Prefecture to Brazil and are now living in the area. We were able to interview 166 respondents. All data were gathered using standardized interview methods covering (a) free interview about the immigration history, (b) demographics, and (c) physical status.

RESULTS: Through the free interview, we found their immigration histories, which affected their clinical profiles. The mean age and educational level were 77.5 years and 6.3 years, respectively. Sixty per cent of them immigrated when they were younger than 14. Ninety-four per cent of them still keep Japanese nationality. Fifty-seven per cent of them usually use Japanese, while 10% of them use Portuguese. Although their emigration histories were hard, 76% of them perceived their health as being excellent or relatively good. The percentages of subjects with histories of disease were hypertension, 52.5%; cardiac disease, 20.8%; diabetes mellitus, 24.2%; and hyperlipidemia, 25.0%, which were affected by the Brazilian environment.

CONCLUSION: The elderly Japanese who emigrated to Brazil before World War II have a unique historical and demographic background. Their clinical profiles cannot be fully understood without knowing their histories. They definitely need high quality international psychogeriatric care.

Int J Geriatr Psychiatry, 16(8):768-774, 2001

3. Elderly Japanese Emigrants to Brazil before World War II: II. Prevalence of Senile Dementia

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Tohoku University Graduate School of Medicine

BACKGROUND: We previously showed the prevalence of dementia in the town of Tajiri (Miyagi Prefecture, Japan), and found it to be 8.0%. The first population-based study on dementia in Brazil (Catanduva) disclosed the prevalence as being 7.1%. To evaluate the effects of environment on development of dementia, elderly Japanese immigrants living in Brazil were examined. Brazil is the country with the largest number of Japanese immigrants.

METHODS: All immigrants aged 65 years and over from Miyagi Prefecture, living in the four cities of the Sao Paulo Metropolitan area were targeted (n = 192). We were able to examine 166 subjects (86.5%). The diagnosis of dementia was based on the DSM-IV with the severity assessed by the CDR (clinical dementia rating) scales. The cognitive ability screening instrument (CASI) was used for neuropsychological assessment.

RESULTS: Thirteen subjects were diagnosed with dementia, CDR 1-3, the prevalence being 7.8%. Older subjects suffered more from dementia, and, paradoxically, the more highly educated subjects also suffered more. All the CASI items, except for long-term memory and visual construction, significantly deteriorated in the CDR 0.5 group compared with the CDR 0 group.

COMMENTS: The prevalence of dementia was not thought to be affected by environmental factors. A paradoxically higher rate of dementia in the more educated subjects was probably due to the historical problems of the immigrants. Intact CASI item long-term memory in the CDR 0.5 group indicated that suspected dementia patients could maintain this function. This is the first epidemiological study on dementia in elderly Japanese immigrants in Brazil.

Int J Geriatr Psychiatry, 16(8):775-779, 2001

4. Depressive Symptoms and Associated Factors in a Cognitively Normal Elderly Population : the Tajiri Project

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BACKGROUND AND OBJECTIVE: Since depression is one of the main problems of elderly subjects, it is important to examine the prevalence of this condition and to identify associated factors.

METHODS: A total of 1525 cognitively normal subjects aged 65 years and over in the town of Tajiri, a typical agricultural town in Japan, were analyzed. Their MMSE (mini-mental state examination) scores were 24 or over. Depressive state was assessed by Zung's SDS (self-rating depression scale) with a comprehensive interview to examine ADL, demographics and symptoms associated with illness, etc. The prevalence of depression was calculated. To determine the factors associated with depression, the t-test and the Chi-square test were used. To examine the relative strength of each factor, logistic regression analysis was performed.

RESULTS: The ratio of the depressive subjects was 6.4%, lower than those of previous reports, probably due to the effect of excluding dementia subjects. The ratio for older females aged 80 years and over was 14.3%, which was significantly higher than that of the males. Among socio-demographic factors, sex, age, number of children and perception of economic status, were significantly related. For health status and ADL, such factors as perception of health and medical history of heart disease and rheumatism were related. For familial and social status, factors such as daily activity and several conversation abilities were related. The logistic regression analysis indicated that perception of health and daily activity were associated.

CONCLUSIONS: In this study, we isolated some factors related to depression in a cognitively normal population. Knowledge of such factors is important for appropriate mental care of aged subjects..

Int J Geriatr Psychiatry,16(8):780-788,2001

5. The Core Competence of Genetic Nursing in Japan

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- 5) The Japanese Red Cross College of Nursing

As for the United States, England, as for the approach to the genetic medical treatment, intervention in the team is ready by the clinical genetic doctor, the genetic counselor, and the genetic nurse. As for Japan, there was a generation of word of the "genetic" that a negative image was held, and access to the genetic medical treatment had been done more than the person's concerned going in the hospital and so on around the public health office of the area. But, the medical staff concerned with the genetic is asked for the new approach from the genetic consultation, which has been done so far only with the doctor due to the progress of the recent genetic medical treatment. Genetic medical treatment is team approach, and indispensable as for an authorization qualification system about the genetic counselor will be examined from now on.

The purpose of this study is to examine the core competence of genetic nursing in the setting to the culture and medical system of Japan. This study was a descriptive qualitative design.

This study has two steps.

- 1) Review of literature: using CINAHAL and MEDLINE literature described in English from 1995 to 2000 was searched by following keywords: genetic, counseling and nursing.
- 2) Interview by telephone: subjects were medical staff who were taken part genetic counseling.

The study's outcomes can help to make education program to practice genetic nursing.

This study was given the subsidized grant-in-aid for scientific research (A) by the Ministry of Education, Sciences, Sports and Culture, Japan society for the promotion of science.

International Society of Nurses in Genetics, ISONG 2000 Education Conference, 2000

6. The Core Competencies for Basic Genetic Nursing Practice in Japan

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Last year, we conducted an inductive study to clarify the fundamental practical skills nurses involved in genetic care ought to have. From the results, the following were extracted as the practical functions of genetic nurses: 1) liaison role for supporting continued consultation (understanding the clients' feelings and standing by their side in genetic consultations, providing supplementary explanations, coordinating involvement within the medical care system, liaising with other professions, following-up on clients), and 2) taking the special considerations required in genetic medical care (understanding the client, respecting the clients' wishes, seeing clients through the course of events, empathizing, paying due consideration to individual growth and levels of development, providing support to the family, protecting privacy, seeking specialist advice). As future issues, the lack in basic knowledge among members of the nursing profession, the importance of family care, and the pressing need to construct frameworks of team medical care were identified.

This year, based on the findings from last year's study, we conducted a 2-times Delphi survey to clarify the basic skills required of genetic nurses in Japan, addressing approximately 400 nurses, doctors, clinical psychologists, etc., actually involved with genetic care at health care and medical institutions. The questionnaire consisted of 89 items covering 7 factors relative to basic skills in genetic nursing: 1) Supporting the client and family in sorting out their questions and wishes, 2) supporting the client in acquiring correct understanding of the characteristics or genetic properties of their disorder, 3) providing ground-level support to clients rooted in their experience, 4) gathering information necessary for the client to acquire appropriate medical care, 5) supporting daily living, 6) setting up the collaboration needed for genetic medical care, 7) acquiring knowledge required for functioning as a professional. We report the findings from our survey, which clarified the basic skills believed necessary of the general nurse in Japan.

This study was subsidized by grant-in-aid for scientific research (A) by the Ministry of Education, Sciences, Sports and Culture.

International Society of Nurses in Genetics, 14th Annual Educational Conference, 49-50,2001

7.Nursing Curriculum Reform for New Era in Japan: A Tentative Evaluation

Tokiwa, T., Hishinuma, M., Koyama, M., Hayama, Y., Horiuchi, S., Iwai, I., Kawagoe, H., Komatsu, H., Oikawa, I., Ozawa, M., Tashiro, J., and others

St. Luke's College of Nursing

In Japan, the number of the elderly (65 years and older) is increasing rapidly last two decades, while the number of the youth (under 15 years) is decreasing. The 21st century is said to be “the century of the elderly”. Demand of the Japanese people for nursing care is becoming larger than before. Japanese nurses have started to provide nursing care not only at hospitals, but nursing homes, group homes, individual homes, and others with other related areas of workers. Under these social changes(see table 1), St. Luke's College of Nursing, funded and based on a Christian philosophy in 1920, reformed curriculum for baccalaureate program and started in 1995 to seek better nursing education for new era. By 2000, 135 students completed this new curriculum. Since starting, the new curriculum has been evaluated. In this presentation, the purpose and objectives, concept, design, and the tentative evaluation of the new curriculum will be described.

The purpose of this new curriculum is to provide broader knowledge, technical, and philosophical bases in order for students to take action in any nursing settings, The underlying concept is referred as action on clients and environment to be enable clients to be in better or optimum health. Health status of propel is determined by interactions between people and environment(see Figure 1). Thus the new nursing curriculum is consisted of two major parts, “foundations in nursing practice” and “nursing”. “Foundations in nursing practice” include subjects regarding “man and health” and “environment and health”. Based on the subjects of foundations in nursing practice, “nursing” is consisted of six major parts including “foundations in nursing”, “maintenance and improvement of man-environment interaction”, “modification of man-environment interaction”, “recovery and protection of man-environment interaction”, “nursing practice”, and “integrating nursing”. From the start, the curriculum was evaluated by using the System Model (Holzemer, 1989). The System Model for curriculum evaluation helps to evaluate the new curriculum comprehensively(see Table 2). Data for the evaluation regarding curriculum, learning environment and facilities were collected from students and faculties. Data were collected when students entered the college, finished each of the terms, and graduated.

The knowledge covered by the curriculum accomplished minimum requirement because all of the graduates completed this new curriculum passed the national licensure examination for nursing. However, how the curriculum effects on students' motivation to continue learning to accomplish their goal or develop their philosophy of nursing remains as a question.

This study was presented by a poster in International Council Nurses, ICN 22nd Quadrennial Congress in 11th June 2001, Copenhagen, Denmark.

8. Role Model Behaviors of Nursing Faculty

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The purpose of research was to clarify how nursing students perceive the faculty's behaviors as role model. A descriptive data questionnaire was administered to 708 nursing students from baccalaureate programs, junior colleges and diploma schools throughout Japan. Students described and documented their perceptions on their faculty's role model behaviors. By using content analysis method, thirty five categories were formed, such as <1. choose an appropriate place and time for teaching> <2. deal with each student in a sincere way> <3. plan classes creatively> <4. act in a composed, clam and cheerful manner><5. listen to a student's idea with patience>. These results revealed student's four points of view of their perception on faculty's role model behaviors as follows, [behaviors oriented enthusiastic teaching activities] [behaviors that show strong and mature social understanding] [behaviors that show clinical practice competence] [behaviors oriented continuing development profession] .

Journal of Chiba Academy of Nursing Science, 6(2):1-8, 2000.

9. A Study of Diploma Program Nurse Teachers Needs for Obtaining a Baccalaureate Degree

- A Field of Discipline in a Baccalaureate Degree and the Reasons for Choosing it by the Diploma Program Nurse Teachers Who Have Needs for Obtaining the Degree -

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The purpose of this research was to identify a field of discipline in a baccalaureate degree and the reasons for choosing it by the diploma program nurse teachers who have needs for obtaining the degree. Questionnaires mailed to 2546 nurse teachers who worked in diploma programs in nursing and 1278 of them responded. The data of 309 nurse teachers who have needs for obtaining a baccalaureate degree were analyzed.

The results indicated that, (1) Sixty five (21.0 percent) of nurse teachers wanted to obtain a baccalaureate degree in nursing, 105 (34.0 percent) of them wanted to obtain a different discipline from nursing, and 138 (44.7 percent) of them wanted to obtain a degree in nursing if possible, and actually chose other than nursing. (2) The results of content analysis of the reasons for choosing a field of discipline in a baccalaureate degree emerged 18 categories from the data. (3) The most reasons were showed as follow; the teachers who have needs for obtaining a baccalaureate degree in nursing were <to be interested in nursing and to explore nursing speciality>, the teachers who have needs for obtaining a different discipline from nursing were <to acquire one's knowledge and expand one's view and to interact academically with persons whose speciality is in other field>, the teachers who have needs for obtaining a baccalaureate degree in nursing, but actually chose other than nursing were <the difficulty of holding the present job due to schooling, the responsibility of supporting family and the distance to the school location>.

Journal of School of Nursing, Chiba University, 23:1-6, 2001.

10. Developing Nursing Practice Guidelines for Care of Couples Undergoing Examination and Treatment for Infertility

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7) Kyorin University Hospital 8) Tokyo Metropolitan University of Health Sciences

Although infertility treatment has expanded the possibility of pregnancy for couples who are infertile, the processes of examination and treatment are physically and psychologically stressful for them. Nurses are recognized members of the treatment team, however their roles and functions have not been clearly delineated.

Purpose: The purpose of this study was to develop nursing practice guidelines for care of couples undergoing examination and treatment for infertility.

Method: Four databases were searched: Evidence Based Nursing, Cumulative Index to Nursing and Allied Health Literature, Current Index to Japanese Nursing Literature, and the National Diet Library Japanese Periodicals Index. To organize the data, the classification of the U.S.A. Agency for Health Care Policy and Research (AHCPR) was reviewed, and then an original classification made. We included qualitative research about attitudes and experiences of patients as observational studies. Evidence tables summarizing the literature and assessing the evidence were made; from these recommendations for practice were developed. Lastly, reproductive health professionals and patients undergoing infertility treatment reviewed the guidelines and suggested changes.

Results and Discussion: Our search yielded 861 references. Of those that we identified as particularly relevant, it was possible to procure 119. These provided the basis for the initial set of recommendations. Comments from reviewers allowed us to refine our work. The resulting recommendations have been assembled in a publication titled "Nursing Guidelines for Supporting Couples Undergoing Examination and Treatment for Infertility." It is composed of a preamble and three chapters: "Nursing care during the initial investigation," "Examination and nursing care during the diagnostic period," and "Treatment and nursing care for the infertility." Each chapter presents recommendations, explanations of their purpose and assessment of evidence. The guidelines have been disseminated. In the future we need conduct research about the effectiveness of the guidelines and outcomes for infertility patients. And, a procedure for ensuring that the guidelines are periodically updated will have to be established and implemented.

This study was supported by the Ministry of Health, Labor and Welfare Health Sciences Research Grants (Comprehensive Research on Children and Families, 1998-2000.)

11. Recognition of Living with Chronic Disease for Children Going to the Hospital

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There is little literature of study of how to take that children with chronic disease recognize their disease and live their daily life. Then the study was carried out to 112 children and their family about the recognition of their disease and how to associate with it in daily life.

Most of the children had internal medicine disease: asthma, diabetes, heart disease, malignant disease, and kidney trouble. The average age of children were 11 years old, and male were 54 and female were 57 children. They managed their disease by seeing doctor regularly.

The children understood their disease by their own way and kept necessary treatment care and restrain of everyday life. However, when they were forced a change of routine work, it was occasionally difficult to get in good condition for them. They have had a good relationship with friends and enjoyed their school life. Yet, they do not always tell their friends about their disease.

As regards their home life, they were supported by their family, therefore, they can relaxed at home and have their own enjoyable time. Nevertheless, some of them have anxieties and worries.

About half of them recognized that nurses were people who consult, and teach anything and encouraged them. Accordingly, it is interpreted that nurses may take care of children deliberately.

The study has showed that it is important to analyze children having problems and to reflect pediatric nursing care at outpatient clinic.

Proceeding of the 32th Society of Japanese Nursing Research Conference, 50, 2001

12. Effects of Training Meeting for Pediatric Nurses in Outpatient Clinic

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- 5) Master Course in St. Luke's College of Nursing

Pediatric nursing at outpatient clinic is essential for children and their families with chronic diseases who are living in their society and home. There is a matter with the way of improvement in the quality of the nursing. Then, we have examined effects of meeting for nurses worked for children with chronic diseases in outpatient clinic.

About 30 nurses were divided into 3 groups, which had three themes such as nursing record, cooperation (ward, outpatient clinic, society and medical staff) and patient education. They had lectures and group study three times during September 2000 and February 2001. A total of participants answered questionnaires before and after the meetings and were analyzed the questionnaire. The contents of questionnaire were about individual subjects and evaluation of this meeting. We also analyzed the records of individual work of participants through the group study.

The results of this study indicate these two major consequences:

1. The participants have changed their thoughts of pediatric nursing at outpatient clinic through the lecture and meeting. Additionally, nursing care has improved at work. For example, to consider nursing care, to make time to have conversation with patient even short time, to reconsider the method of patient education.
2. There are few opportunities to participate a conference for nurses at outpatient clinic. Therefore, it is necessary to continue this kind of meeting to exchange the useful information and support each other.

Proceeding of the 11th Japanese Society of Child Health Nursing Conference, 246, 2001

13. Characteristics and Related Factors of Health Risk Behaviors of Senior High School Students

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The purposes of this study were to describe “health risk behaviors” including “smoking”, “drinking alcohol beverage”, “illegal drug use”, “sexual behavior”, and “contraceptive behaviors”, to examine relationships among those health risk behaviors and other related factors such as “gender”, “age”, “objectives after graduation”, “extra-curricula activities”, “part-time jobs status”, and “health promoting behaviors”. Participants were 1467 male and 1679 female high school students from six schools in Kanto area. Findings were as follows: 1) the most common health risk behaviors was drinking alcohol beverages. 2) smoking students were more practicing or had practiced other health risk behaviors such as “drinking alcohol beverage”, “using illegal drug”, “having risky sexually behaviors”, 3) the students seeking to “obtain a job after graduation” were more practicing or had practiced “smoking”, “drinking alcohol beverage” and “using illegal drug”, 4) the students practicing “smoking” or “had smoked” were practicing less health promoting behaviors. Further discussions and study are needed to examine factors related to health risk behaviors.

Keywords Health risk behaviors, Senior high school students, Health promoting behaviors

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Japanese Journal of School Health, 42, Supplement: 108-110, 2000*

14. Review of Studies on Determinants of Health Promoting Behaviors of Adolescent Women: From Adolescent Women's Health Promotion Perspectives

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The health status of Japanese women is not necessarily good, although they live longer than men and their mortality rate is the lowest in the world. Women perceived their health as inferior to that of men. Large number of women complain about illness symptoms such as shoulder stiffness, back pain, and abdominal pain and are going to clinics and hospitals for treatment. These illness symptoms are closely related to lifestyle. This global tendency toward lower health status for women starts in childhood. It has been stated that healthy lifestyle is learned early in life, and consolidated in adolescence (Perry et al., 1985). Women, especially adolescent women need to consolidate healthy lifestyle and control over their health to promote their health. To support a degree of adolescent women, it is important to determine the mechanisms of their health promoting behaviors. Studies on determinants of health promoting behaviors of adolescent women were reviewed. Studies reported that health concerns, internality, perceived health, conventionality, socioeconomic factors, family and peer, career perceptions, and gender role as leading determinants. A conceptual model for health promoting behaviors of adolescent women in Japan was developed based on this review. Further studies will be needed to determine the mechanisms of health promoting behaviors.

Bulletin of St. Luke's College of Nursing. 26 : 44-48, 2000.

15. Mothers' Wakefulness at Night in the Post-partum Period is Related to Their Infants' Circadian Sleep - Wake Rhythm

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The relationship between a post-partum mother's wakefulness at night and her infant's circadian sleep - wake rhythm was examined. The subjects were seven primipara and their infants. Actigraphic recordings for the mothers and their infants were made over three to five continuous days during Weeks 3, 6, 9 and 12. A 24-h peak of autocorrelograms of the infants' movements appeared in two cases at Week 6, in six cases at Week 9, and in seven cases at Week 12. The mothers' night-time movements significantly decreased from Week 3 to Week 12. Mothers' wakefulness during night sleep in the post-partum period is related to their infants' obtaining circadian sleep - wake rhythm.

Key words actigraph, infant, post-partum, sleep logs, sleep - wake rhythm

Psychiatry and Clinical Neurosciences, 54:305-306,2000

16. Night Sleep and Infant's Temperament during First Four Month after Delivery

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The purpose of this study was to investigate at what caregivers identify specific difficulties related to childcare. Two areas were studied: 1) Characteristics of night sleep during the first four months after birth, and 2) aspects of temperament related to specific difficulties to be handled at one-month-infant. The questionnaire was given to mothers caring for children from 1 month through 4 months. The number of useful answers needed to equal 239 (a 69.9% useful answer percentage of the replies).

From the results, the following facts were noted:

1. Mothers, in the group whose infants took more than 30 minutes of sleep latency, sensed more confusion and difficulty in handling their infants.
2. Significant differences among the 3 groups were noted in the state anxiety score by STAI on the basis of average 1 SD. The scores demonstrated increased difficulty in handling the infant among the mother's group with high anxiety.
3. Regarding the temperament of the child, there were 5 distinctive areas investigated including difficulty in handling ; approach, adaptability, intensity, mood, and distractibility. The characteristics noted in these features were : hesitation with new stimulation, difficulty in becoming accustomed to change in the environment, loud crying, and a slow reaction to being soothed.

Key words temperament, night sleep, child rearing

Journal of Japan Academy of Midwife, 14(1):24-34,2000

17. Analysis of the Living Images of Puerperae after Hospital Discharge and the Factors Related to the Formation of These Images (1)

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The purpose of this study was to clarify how puerperae perceive experiences they will face after hospital discharge and to identify the factors related to the formation of the living images. Forty-four puerperae who had normal pregnancies responded to a questionnaire regarding their anticipated and actual experiences. A statistical analysis was performed to assess the difference between the living images of daily activities and actual experience as well as to correlate these findings with the background of the subjects.

Results :

1. Living images after hospital discharge were close to actual experience, except for the number of baby care hours.
2. For the period immediately after hospital discharge, the puerperae experiences were close to what they perceived because of the support they received from family.
3. At the time of the medical examination, one month after delivery, the puerperae noted that housekeeping hours increased as they expected but baby care hours increased significantly more than they expected. Sleep and rest hours were reduced.
4. The following can be considered as factors used by the puerperae in forming living images after hospital discharge : factors such as baby care experiences, the baby feeding method, and the amount and quality of support they received after discharge.

Key words puerperae, image, time budget

J. Jpn. Acad. Mid., 14(1):14-23,2000

18. The Effect of Hot Compresses Applied to the Lumbar Region for Promoting a Bowel Movement in the Clinical Settings

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The purpose of this study is to examine whether the treatment of application of hot moist compresses applied to the lumbar region of subjects would have a positive effect upon the evaluation of gas and/or stool within 24 hours.

The sample was 54 patients (22 male, 32 female) who were inpatients at two hospitals or lived in a nursing home. The subjects' age ranged 24–97 years(mean age 60.3). The subjects were selected based upon the criteria of having complaint of difficulty in having a bowel movement or having constipation symptoms were assessed by nurses. The diagnosis of the subjects was not a factor for selection. Total number of applying a hot moist compress to the subjects was 76.

The results were as follows:

47.4% of total number had a bowel movement. 40.8% of the number had passed gas. 61.8 % of the number either had a bowel movement or passed gas. 26.3% of the number neither passed gas nor had a bowel movement.

Subjects passed gas within 12 hours after application of hot compresses. 29.0% of the number had passed gas during the application of hot compresses. 50% of the number passed gas within 30 minutes after having compresses applied.

Subjects had a bowel movement within 30 minutes - 24 hours after compresses applied. 63.9% of the number had a bowel movement within 6 hours or within 12 -18 hours after compresses applied.

Sex, age and having or having not a laxative were not a contributing factor to the incidence of passing gas or having a bowel movement. It is not clear whether disease variation skewed results.

Subjects stated they felt better during and after hot compresses applied.

These results suggest that hot compresses applied to the lumbar region in constipated adults would be a useful nursing skill in stimulating a bowel movement in the clinical settings.

Key words: hot compresses, bowel movement, gas, clinical settings, nursing skill

Journal of St. Luke's Society for Nursing Research, 4(1): 30-35, 2000. (in Japanese)

19. Relation between Sitting Position without Back Support and Frequency of Eye-Blinking in Patients with Prolonged Conscious Disturbance

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Sitting position without back support has been regarded as an effective position to improve the conscious level of patients with prolonged conscious disturbance, particularly to improve awakening. The purpose of this quasi-experimental study is to measure the effects of the sitting position without back support on improving consciousness in patients with prolonged conscious disturbance. Frequency of the eye-blinking was used as a parameter of activities in the brainstem where controls the conscious level.

Four subjects whose conscious level deteriorated were included to this study. The number of eye-blinking was counted for 3 minutes in supine resting, sitting without back support (without talking), and sitting without back support (with talking). In addition, there were two patterns regarding timing to talk: early phase in sitting period and later in the sitting period.

As a result, forty-two data was collected from four patients with Japan coma scale II to III. The mean frequencies of the eye-blinking in three situations have been compared by Student's t-test for paired data. The mean frequency of the eye-blinking in the supine position was 12.6, 20.6 in the sitting position without back support with no talking, and 18.7 in the sitting position without back support with talking. There were no changes in frequency of blinking over the three minutes. The total frequencies of the eye-blinking in the sitting positions with/without talking resulted in significant increase over that in the supine position ($p < 0.01$). Between the sitting positions, the frequency of the eye-blinking without talking was significantly higher than that with talking ($p < 0.05$). Talking at the early phase of sitting period showed greater increase in the blinking frequency from supine position compare to talking at the later.

These results suggest that the frequency of the eye-blinking is useful parameter to measure the conscious level, and that the sitting position without back support increase the conscious level. It is also suggested that taking to the patients early time in their sitting position will add more effective stimulus to their brainstem.

Key words: sitting position without back support, talking, conscious disturbance, eye-blinking

Journal of St. Luke's Society for Nursing Research, 5 (1) : 17-22, 2001. (in Japanese)

20. A Study of Variations in Maternal Temperature During Labor

Haruko Okamura

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The purpose of this study is to explain variations in maternal temperature during normal labor. The subjects were thirty-three women who experienced a vaginal birth at term. Their temperatures were measured continuously during the labor period.

The first measurements were limited to between 6 to 14 o'clock" and less than 5cm dilated. In this study, "temperature" indicates skin temperature and I used the deep body temperature monitor - CORETEMP RCTM-205. The results are as follows:

1. The limit of temperature in normal delivery

The limit of center temperature was 34.2-37.9 degrees, and the mean of the individual temperature variation range was 1.3 ± 0.6 degrees. The limit of peripheral temperature was 25.7-36.7 degrees, and the mean of the individual temperature variation range was 4.1 ± 2.3 degrees. The resulting variation was wider than that in the past study. When temperatures were taken in the axilla, the mean was 37.1 degrees at the time of delivery, and 5 cases exceeded 38 degrees. High temperature was usually considered a sign of infection. But, if the high temperature occurred only during delivery, it was not considered a sign infection. (It was noted in this case that the temperature would decrease naturally over the next 12 hours after delivery, and the baby would be doing well.)

2. Variations of personal temperature

With central temperature, twenty-six out of thirty-three cases showed a significant change of temperature with time, 15 cases showed a rise in temperature and 11 showed a decrease. With peripheral temperature, twenty-eight of thirty-three cases showed a significant change of temperature with time, 6 cases showed a rise in temperature and 22 showed a decrease.

In studying the above results, I found that maternal temperature might exceed 38 degrees during a normal delivery. The tendency for temperature fluctuation was found in every case - rise, decrease, and no remarkable change. These results suggest that temperature variations should be not only abnormal signs but also data to assess delivery progress.

Japan Academy of Nursing Science.20(2):26-36,2001

21. The Relationship between Maternal Temperature Variations and Delivery Progress

Haruko Okamura

St. Luke's College of Nursing

The purpose of this study is to explain the relationship between maternal temperature variations and delivery progress in normal delivery. I measured 33 women's temperatures who experienced a vaginal delivery. This was done using a deep skin temperature monitor. (the forehead was used as the central deep skin temperature, and the instep as the peripheral deep skin temperature). As a result, I noticed 3 variation patterns:

- 1) The central and the peripheral temperature both decreased; This group's delivery progress was quiet and steady.
- 2) The central temperature increased and the peripheral temperature decreased; This group's delivery incidents included high tension, appeal strong pain.
- 3) The central and the peripheral temperature both rise; This group's delivery incidents included too much exercise for prolonged (stagnant) dilating cervix or a long time pushing.

Childbearing women's temperature is varied and the midwife must individualize their approach to each woman.

Key words delivery progress, temperature, variation pattern

Japan Academy of Midwifery.14(2):48-58,2001.

22. Administrative Public Health Nursing Approaches to Quality of Life Issues

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The purpose of the present study was to examine characteristics of various approaches under Community Health Law utilized by administrative public health nurses to address issues of quality of life.

One hundred activities by public health nurses belonging to prefectural public health centers were analyzed regarding : problems recognizing areas in need of support ; setting of activity goals ; determination of lifestyle phenomena to improve quality of life ; and methods of applying activities to implement lifestyle change.

As a result, public health nurses were found to focus on the establishment of : independence for individual patients ; patient relationships with others in the community ; balanced lifestyles ; support systems ; suitable provision of care ; support from relatives ; community-based healthcare ; and municipal measures targeting health and welfare issues.

It was suggested that approaches focusing on the establishment of patient independence and relationships with others in the community are essential to improving both the healthcare system in general and healthcare measures in the community.

Journal of School of Nursing Chiba University,23: 23-28, 2001.

23. Nurses' Attitude and Knowledge about Sexual Assault

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The purpose of this study was to examine nurses' attitudes toward sexual assault, general knowledge of sexual, and comprehension of nursing care for survivors, and explored the relationship between these aspects and personal characteristics of the nurse.

379 nurses working on obstetric/gynecologic (OBGY), surgery, and emergency room units at 11 hospitals and 1 clinic participated in this survey. The Rape Supportive Attitude Scale (RSAS) was translated by the author. The Test of General Knowledge of Sexual Assault and the Comprehension Test of Nursing Care for Rape Survivors were author-developed. Factor analysis of the RSAS yielded four factors: (1) image of the rape victim and justification of assailants, (2) some rape is induced by women and is their responsibility, (3) women's sexual preferences, (4) men desire rape.

As a result, three personal characteristics of nurses were correlated with the dependent variables: being a midwife, working in OBGY and interest in nursing care for rape survivors. Midwives had more favorable attitudes toward survivors (RSAS), higher general knowledge of sexual assault, and greater knowledge of nursing care.

The above findings, together with the findings that 71% of respondents were interested in nursing care for survivors but few had the chance to learn, indicate that an educational program that focuses on the nursing care for rape survivors should be planned for nurses.

Key words attitude toward sexual assault, education, nurse

Journal of Japan Academy of Midwife, 15(1):14-23,2001

24. Comparisons of Sleep Patterns between Mothers in Post-partum from 9 to 12 Weeks and Non-pregnant Women

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In order to evaluate two patterns of interrupted and non-interrupted sleep for the post-partum mothers from 9 to 12 weeks after delivery, we compared them with sleep patterns of non-pregnant women. Subjects were 10 primipara and 12 non-pregnant women. Their polysomnographic recordings were made using a Medilog recorder at home. In interrupted sleep, low sleep efficiency, decreased total sleep time, and a decreased percentage of stage 2 were significantly observed compared with non-pregnant women. Sleep parameters of non-interrupted sleep, except for increased percentage of stage 4, did not show any significant differences from non-pregnant women. Mothers' sleep fluctuated between interrupted sleep similar to the early post-partum sleep from 1 to 6 weeks and non-interrupted sleep with increased stage 4.

Key words polysomnography, post-partum, primipara, women

Psychiatry and Clinical Neurosciences, 55: 227-228,2001

25. A Comparison of Reproductive Health Knowledge Between Malawian and Japanese Women

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St. Luke's College of Nursing, Maternal Infant Nursing & Midwifery

Introduction: The World Health Organization has been striving for Health for All by the year 2000. Developed countries can achieve the goal of having a healthy nation without problems. Malawi is a developing country, and has many problems to overcome in achieving the goal of having a healthy nation. Seventy percent of the Malawi population is mothers and children. The maternal and child death rates are high. Nutritional status is poor. The illiteracy rate is high especially among women; only thirty percent of women are literate. Because the culture and tradition of Malawi do not allow it, sex and human sexuality is never discussed in public to the adolescents. This leads to high rates of teenage and unwanted pregnancy. These can lead to high rates of induced abortions because the young women are not ready for the pregnancy which can also lead to secondary infertility and death.

In Japan young women and adolescents know about their bodies and reproductive health. One hundred percent of the women in Japan are literate; the maternal and child death rates are low; and nutritional status is good. We thought it would be useful to study and compare the knowledge and understanding of pregnancy and contraception.

Purpose: To compare the knowledge and understanding of reproductive health of women and adolescents of the two countries in order to plan appropriate action for the promotion of safe motherhood.

Method: We gathered statistical data about maternal and child health in Malawi and Japan. In Japan we interviewed 25 adolescents after obtaining their consent. The clinical information on Malawi was based on Ethel Nasoro's 8 years working experience in two of Malawi's biggest hospitals. The tone of the interviews was friendly and relaxed and questions were open-ended. The content of the interview focused on knowledge about pregnancy and contraception as well as the role of reproductive health education classes. This was complemented by a visit to a company that publishes books and magazines on reproductive health education for junior as well as high schools and also teaches the students on the subject.

Results: Our findings were categorized in three areas: information concerning sex, pregnancy and contraception; social responsibility for sex education; and the empowerment of women in relation to reproductive health knowledge. In Malawi adolescents do not know anything about how their bodies work until they learn at high school; the reality of human sexuality is hidden until when teenagers find out the truth by themselves. We found that teenagers in Japan have adequate knowledge on reproductive health through reading books and magazines and also learning in schools as well as being taught by their own parents. They however showed interest to learn more especially about contraception and protection from sexually transmitted diseases including HIV. Even though there is a high level of knowledge in Japan, there is a high rate of induced abortion as compared to Malawi.

Conclusion: Our results suggested that there are needs in both countries. We would like to

create an atmosphere in both countries for open discussion on human sexuality. We will design education material for this purpose such as posters, videos and organize small groups of adolescents. This can empower women to make informed choice on reproductive health issues and improve their quality of life thereby promoting safe motherhood initiatives.

Journal of St.Luke's Society for Nursing Research.5(2):27,2001

26. Collaboration between a Project in Northeast Brazil and the Department of Maternal Infant Nursing and Midwifery at St. Luke's College of Nursing from 1996 to 2000

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This report traces international cooperation for a project between Brazil and the Department of Maternal Infant Nursing and Midwifery at St. Luke's College of Nursing over the past five years. As one of our goals as members of the WHO Collaborating Center for Nursing Development in Primary Health Care, we are searching for effective strategies to ensure safe motherhood.

The Maternal and Child Health Improvement Project in Northeast Brazil was launched in April 1996, and will be carried out through March 2001 in the State of Ceara. This project is collaboration between the Government of the Federal Republic of Brazil and the Government of Japan with the purpose of improving health conditions in Northeast Brazil. One of the objectives of the project is to improve maternal and child health services and to promote health education activities at the community level by including the training of community-based health personnel.

The initial survey revealed that cesarean section rates were high and there was much artificial intervention. In addition, laboring women did not receive humanistic care. It was felt that delivery related care, including care at the primary level, would be improved by utilizing the spirit of "Safe Motherhood" and by introducing human caring related to the "midwifery concept".

This report describes the delegation of personnel resources, self-directed learning in terms of education and acceptance of counterparts, evaluation, cooperation with the International Conference on the Humanization of Childbirth, the extent of research activities and prospects for the future.

Key words WHO collaborating center, midwife, human caring, Brazil, JICA

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