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## St.Luke's College of Nursing 21st Century COE Program "Nursing for People Centered Initiatives in Health Care and Health Promotion" Research Outcome Report 2007

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"Nursing for People-Centered Initiatives in Health Care and Health Promotion" Research Outcome Report 2007

St. Luke's College of Nursing 21st Century COE Program



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21st Century COE Program**

"Nursing for People-Centered Initiatives in Health Care and Health Promotion"

# Research Outcome Report 2007



## CONTENTS

1. Greetings
2. Message from the COE Leader
3. Creation and Dissemination of Genetic Nursing in Japan
4. Japanese Cancer Nursing
  - Development of a Care Provisioning System for a Multidisciplinary Approach to Cancer Nursing
5. Japanese Cancer Nursing
  - Development a Program for Fitness Recovery for Cancer Survivors
6. Japanese Geriatric Care
7. Women-Centered Care
  - Support for Victims of Domestic Violence
  - Support for Families Experiencing Stillbirth
8. Development of Women-Centered Care Models for Infertile Women
9. Community-Based Palliative Care (Hospice Care at Home) Project
10. Child- and Family-Centered Care:
  - Support System for the Development of Child- and Family-Centered Care in the Community
11. Development and Implementation of Effective Programs for Health Education and Practice Appropriate for Japanese Characteristics
12. Development of an International Collaboration Practice Model Contributing to “Health for All”
13. Creation of Health Resource Digital Contents and E-learning Program
14. Utilization and Evaluation of People-Centered Nursing Services
15. Knowing Our Body
16. The use of Case Studies as a Basis for a Model of Support for Visiting Mental Health Nurses Providing People-Centered Care
17. Health Information Service Activities for People at a Nursing College
18. International Relay Symposium: Collaboration between the public and nursing professionals
19. COE Evaluation
20. International Development and Challenges of People-Centered Care Projects
21. Development of Novice Researchers
22. Conceptualizing People-centered Care
23. A Future Review

Toshiko Ibe, President, St. Luke's College of Nursing

Since its foundation, St. Luke's College of Nursing has contributed to the development of nursing and fulfilled social demands through education and research; this has been realized through its educational focus on "encouraging students to become proficient and knowledgeable in the art and science of nursing practice based on the Christian spirit, as well as turning out well-rounded individuals who are involved in nursing care services." In the fiscal year 2003, the school was selected to host the "21st Century Center of Excellence Program" (21st Century COE Program), which was a step forward toward the concept of "nursing practice with an emphasis on consumers," which has been encouraged at St. Luke's.

St. Luke's College of Nursing's 21st Century COE Program—Nursing for People-centered Initiatives in Healthcare and Health Promotion—has evolved centered on nursing practice development research. This program focuses on health issues for which present-day medicine is under pressure to find solutions, including "Advanced Medicine and Nursing," "Living with Illness and Nursing," and "Living with Social Injustice and Nursing," with a major paradigm shift in the nursing viewpoint. In addition, we aim to amass and globally disseminate health information that can be used by consumers, in general, to acquire expertise and technical skills to be able to practically manage health.

We have also ensured that several international symposia and evaluation meetings could be attended by all faculty members and graduate students of the school, so that this could be a college-wide initiative, centering on the Department of Nursing. This has allowed us to recognize the basic factors involved in nursing for people-centered health initiatives in healthcare.

These activities have spurred renewed vitality in the research activities of faculty members and graduate students. As a forum for them to apply the various findings and awareness acquired through such activities, the Research Center for Development of Nursing Practice has created shifts in social recognition: the many experiences gained in nursing practice through partnership with the general public should lead to an improvement in the public's problem-solving abilities, and that nursing professionals and the general public are partners in healthcare initiatives.

Through the course of our life, we pass through four milestone experiences—birth, aging, illness,

and death. Nursing is important in order to support the general population that undergoes these stages, such that they feel satisfied that they have lived their lives to the fullest, until the time of their death. Nursing can do this by providing hope and healing to people at each of these milestones. The 21st Century COE Program is promoted on the basis of this philosophy and guided by expert as well as consumer opinions.

Hiroko Komatsu, the project leader, suggests that our involvement in the promotion of people-centered care activities has revealed some essential factors: participation, relationships, capacity building, empowerment, products, policy/procedure changes, and community work.

As we conclude this five-year long major initiative, the 21st Century COE Program is about to proceed to the next step in collaboration with our general consumers.

With the advancement of science and technology, our life has become increasingly affluent and convenient. Concurrently, this advancement has brought the transformation of our society and provided diversified choices for individual lifestyles. Such social transformation has a tremendous influence on our experience with birth, aging illness and death. On the other hand, health disparities and the imbalanced medical system are current topics in our society; for instance, people are faced with an overwhelming variety of choices due to the advancement of medical technologies; individuals suffering from chronic illness have to go through a number of treatment settings over a prolonged period of time to cope with their illness; and there are people who are not entitled to exercise their potential or rights due to social bias. These healthcare problems need to be addressed with a matter of urgency, as problems relevant to us all.

St. Luke's College of Nursing 21<sup>st</sup> Century COE Program focused on healthcare problems relevant to society in its entirety. It aims to create nursing science for people-centered initiatives in health promotion based on the principle of learning from unique individual experience as manifested in various lifestyles, values and beliefs. The features of this program are generating the organizational care by partnership and collaboration with the general public. Our concrete research activities are as follows:

1. develop practical quality nursing services based on a person's perspective;
2. deliver such nursing services worldwide as health information and through e-learning to people that are actual caretakers of their own health;
3. develop nursing services evaluated by people as clients;
4. develop policy recommendations and new research themes.

In short, we seek to establish a foundation of a new science of nursing practice with people-centered initiatives, which deeply promotes the collection, coordination and dissemination of evidence, the application, and the quality assessment of nursing service. This program is to be promoted through mutual relations with the adjacent St. Luke's International Hospital and St. Luke's Institute of Life Sciences with regard to education, research and practice. We believe that interaction with communities including the Chuo Ward and other wards in Tokyo will be a major driving force of this program. We further believe that a key to the success of this program lies in communication with people not only in Japan, but also with the global community, through our website.

As we closed our COE program March 2008, we would like to express our thanks to all the people who supported us and collaborated with our projects.

## Creation and Dissemination of Genetic Nursing in Japan

Project Leader: Naoko Arimori

### **【Goals】**

1. Developing and evaluating specific care programs for children and adults to share thoughts as a community in terms of family, school, and society in order for them to live their own lives in the ways that they have inherited from their parents.
2. Identifying concepts required for the realization of People-Centered Care in genetic nursing that have been obtained through the aforementioned activities.

### **【Plan and Implementation Process】**

The COE Program, consisting of eleven projects, aims to realize People-Centered Care (PCC) tailored to the health and subject profiles of each project. Based on the model shown in Figure 1, this diagram forms a flow consisting of the development of care (Step 1), followed by the delivery of care (Step 2) and the evaluation of which leads to the adjustment of care (Step 3).

Part of this model is the genetic nursing project, in which a range of activities have been taken place involving the general public who were stimulated to think deeply about how to live a unique "life", through heredity and genetics learning. The following is an overview of the phased implementation process of this project.

#### **Step 1: Development of care**

Specific care programs to support the goal attainment of this project include ones that: (1) utilized existing care programs, and (2) were developed from the initial creation stage. Our initiatives at this stage of the development of care are reviewed in terms of individual programs including the specific population focus.

#### **A) Education on heredity and life targeting the general public (society)**

- Inspired by the "Learning about Life" initiative in primary school pupils for which there had already been activities in place, and based on the concept of "parents and children sharing the appreciation of the birth of a life", we called on the Internet for essays under the title of "Precious of Life", which eventually led to another set of initiatives as a book publication (Year 3).
- "Learning about Life" has grown into a research initiative in which participants are asked for opinions as to the possibility of shifting from schools in the community to the hospital where a learner was born as the setting for learning activities (Year 4).
- Initiatives using interviews with working women to address how to support their reproductive health (Year 3), and evolved the results into implementing specific support activities.
- In the genetic education forum, to begin with, researchers experienced with programs developed overseas provided us with education and training (Year 3). In the final year, this evolved into a genetic education forum project for parents and children in a community of the Chuo Ward.
- Collection and management of educational materials for genetic and life education has been in place since the first year.

#### **B) Genetic nursing education for nursing professionals**

For genetic nursing education, our project research members developed a perinatal genetic



nursing program including genetic nursing practice guidelines reflecting current standards of practice. This guideline is in the process of becoming available as an online education program. A “Down's Syndrome Calendar” has been distributed to domestic and international nursing education providers over the two years since Year 1, getting feedback as to the possibility of its application to educational use (approximately 100 copies).

C) Introduction of decision-making support for the general public and healthcare professionals

Our project members have already developed the Ottawa Personal Decision Guide, a Japanese version of the Decision Conflict Scale, and "decision-making supporting website" (Year 2), in order to gain higher attention from the general public and healthcare professionals.

**Step 2: Dissemination of care**

At Step 2, dissemination of care was initiated through three vehicles, namely (1) website, (2) in-person activities, and (3) publications and television programs. The following is an overview of the activities for the dissemination of care for each field:

- (1) Web media: All activities are reported on our website, Kango-net.
- (2) In-person activities: Forums for face-to-face meetings that have taken place include initiatives such as "International Relay Symposium" to address shared issues together with the general public, and "Learning about Life" and "Celebrating Women's Health: Bouquet Festival" where healthcare providers joined citizens and communities for activities. Our pioneering initiatives such as "Health Support for Working Women", "Evaluation of Learning about Life Education", "Let's Visit the Hospital Where You Were Born", and "Genetic Nursing Education" have been reported at academic meetings and in academic journals as contents to be shared by among healthcare professionals.
- (3) Publications and television programs: The project "Precious of Life" has become available at bookstores nationwide, with coverage by the national broadcasting network NHK educational channel.

**Step 3: Evaluation of care**

We have asked a wide range of communities where our care programs have been introduced, including schools, workplaces, and the settings for genetic medicine, for evaluations to help develop future activities. For "Learning about Life", some adjustments are being made for the next program with feedback from the participating primary school pupils and their parents. Other programs are still at Step 2, “dissemination stage,” and yet to be at the stage for obtaining evaluation and making adjustments.

**【Goal Attainment】**

1. Research activities

1) Goal 1:

The "Learning about Life", "Genetic Nursing Education", and "Decision-Making Support" programs that researchers had already worked on before the beginning of the COE Program were able to be taken into Step 2, the “dissemination of care” stage.

It took until the final year for the "Learning about Life" program to finally receive recognition and requests for the program from parents and businesses.

Regarding the "Decision-Making Support" program, the development of a "Decision-Making



Support Website" that presented specific support tools and accompanying decision conflict scale for the evaluation of care on the web (Kango-net) has led to increases in inquiries from researchers since Year 4.

Several other programs, are still in the beginning phases however, including "Let's Visit the Hospital Where You were Born" and "Health Support for Working Women" which were launched in the first year of the COE Program, have only recently entered into Step 1, the "development of care" stage as a care program, that reflects the voice of the public.

As described above, the level of goal attainment has been partly determined by whether the specific care program existed before the COE Program. Those that had been at the stage of care delivery since the first year would reach a stage where they finally received recognition from the subject community members in Year 5, the final year of the Program.

Whether or not such characteristics seen in the process of implementation stem from the very nature of the themes as "heredity/life" will need to be discussed together with the concepts required for the realization of PCC in the "genetic nursing" described in the following.

## 2) Goal 2

In conceptualizing PCC in genetic nursing, discussions have been made in terms of (1) PCC perceived through the nature of heredity/life" events, (2) PCC from the standpoint of Shared Decision Making (SDM) and (3) PCC from the standpoint of citizen and professional power (knowledge and information), based on the results of the focus-group interviews by project members and other research studies.

(1) Figure 2 shows the "level of interest in life and health issues" on the vertical axis with the horizontal axis representing the timeline. Excitement about birth or interest in life does not normally increase in everyday life without the occurrence of a certain special event. An encounter with a emotionally evoking care model resource such as the "Learning about Life" and "Thank You for Coming into the World", however, may help children recognize anew how they were born, and how celebrated they were by people around them when they were born, encouraging a firmer confidence in their existence.

In today's prenatal diagnosis, women may often come to know that there is a technology that enables to know the condition of a child before birth and that they have choice only when they become pregnant. This causes them to face tremendous stress that they have never even thought about before that point.

These health issues are such that a person comes to recognize their necessity only when they have first-hand experience of the care, thus it is hard for such issues, by nature, to raise needs among those in need of the care. It is therefore critical for healthcare professionals to communicate their necessity to society.

(2) Healthcare issues often involve various therapeutic methods and accompanying choices. While it goes without saying that persons in need of care are the central decision maker, such a decision-making process is also shared by professionals specialized in the relevant area. Figure 3 illustrates the roles that the general public and healthcare professionals are required to play in the effort to establish decision-making aids or supporting communication, such as the Ottawa Personal Decision Guide, as a factor to enable such shared decision-making processes.

(3) In the "Genetic and Life Education" and other fields where new lines of care are currently needed, healthcare professionals themselves were seeking such care. It was this fact, that

healthcare professionals personally experienced such care, that "excited" them and made them "want to share" it with others, that acted as a trigger for the "Learning about Life" and "genetic education" programs. It has taken eight long years for the word-of-mouth by parents who took the "Learning about Life" program to create parent-led requests to the medical profession for the "Learning about Life" program. Because these particular health issues were "new health issues" and "issues influenced by individual values of heredity and life" it was more difficult to offer uniform programs. As the information and knowledge was newly emerging into the healthcare field, health care professionals were empowered to translate the knowledge into a format compatible with the public's level of comprehension and acceptance. In this case the diffusion of knowledge began with the professionals in professionally led groups.

## 2. Education of novice researchers

- 1) Expansion into graduate school students' research themes: at St. Luke's College of Nursing, one postdoctoral and one master's student are preparing a thesis on the theme of genetic nursing and life education. Outside, inquiries about requests for permission for the use of the Decision Conflict Scale have been received from five researchers (interested in pediatric, motherhood, and breast cancer research).

Notably, as a result of a growing recognition of our pioneering initiatives in the field of nursing in genetic medicine, the Project Leader is teaching students as a part-time instructor at two other graduate schools upon their request.

- 2) Undergraduate education: at St. Luke's College of Nursing, a Family Developmental Nursing II course (an elective; 5-9 students enrolled) has dealt with the topic of "prenatal diagnosis" for a period of two years. In the field of human sexuality, lectures were given regarding "life education for children" to 100 junior students, which eventually led to volunteer work participation for this activity. Also, a Nursing Aids class taught freshmen regarding decision-making support. The Project Leader is teaching students under the topic of perinatal genetic nursing as a part-time instructor at other institute upon their request.
- 3) Education of the present members: as a result of involvement in the COE Program, some members have considered going on to graduate school (1), given a presentation at an academic meeting and received recognition (3), and written an original article (1). There are requests for a lecturer to speak about genetic-related topics at a continuing education seminar (for certified nurses) from the nursing association once or twice a year.

## 3. International collaborative research

- Cross-national genetic nursing comparison: with Dr. Heather Skirton, former chairwoman of the International Society of Nursing Genetics (ISONG), which has been engaged in genetic nursing education in the United Kingdom, we have co-authored a publication on historic comparisons in genetic nursing between Japan and the UK.
- Collaboration in decision-making support: in relation to the Ottawa Personal Decision Guide and the Decision Conflict Scale 1 (DCS), as well as decision-making research, St. Luke's College of Nursing has been mentioned as Japan's base in the global decision-making network by Dr. Annette O'Conner, a prominent figure of the Cochrane Library.

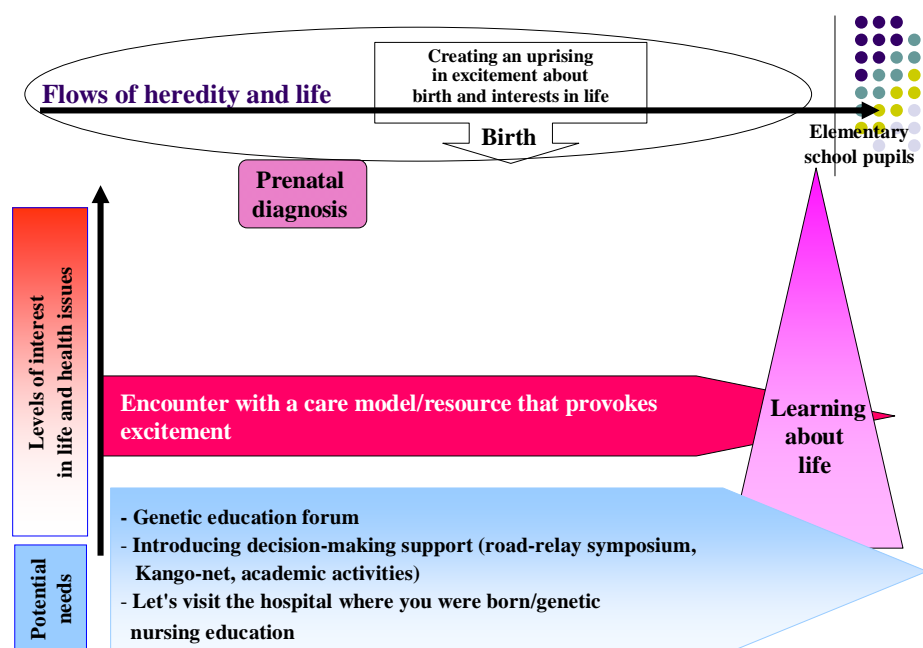
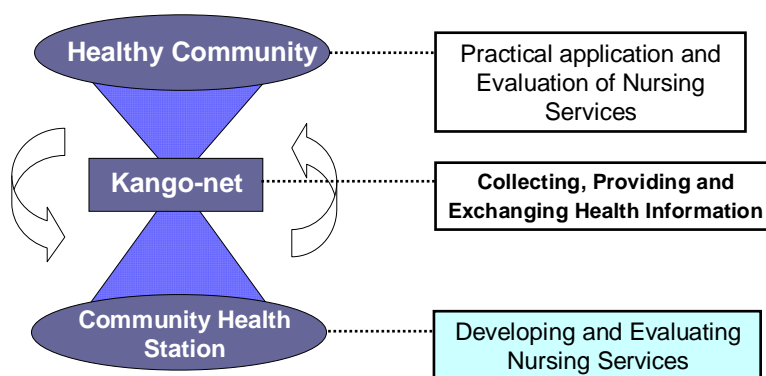
The DCS has been translated into English, Spanish, and German. Based on the results of surveys on Japanese subjects, covariance structure analysis has been conducted with its

configuration factors also examined, which served a basis for the exchange of opinions with researchers of this scale at an academic session at the International Shared Decision Making Conference (ISDM) 2007 held in Germany.

#### 4. Future directions

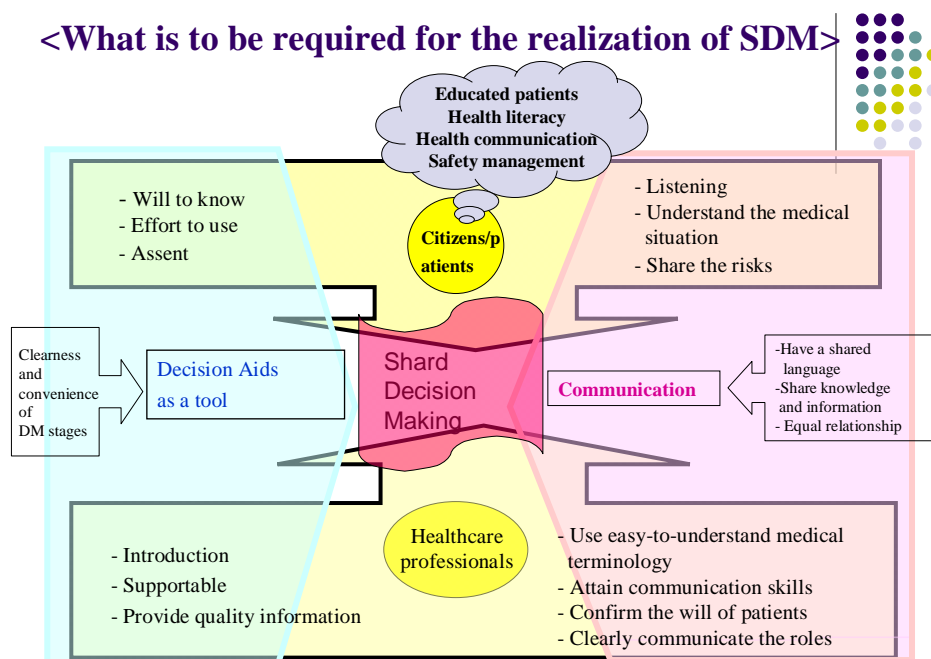
- 1) Goal 1: Research continued to the next step for care programs.
- 2) Goal 2: Narrowing down the themes and reporting as academic papers to communicate domestically and internationally, thereby pursuing general application of the PCC concepts established thorough the COE Program.

**Figure 1. Model of Nursing for People-Centered Initiatives in Health Care and Health Promotion**



**Figure 2. PCC Perceived through Heredity/Life Events**

## <What is to be required for the realization of SDM>



**Figure 3. PCC from the Standpoint of SDM**

**[Purpose]**

The aim of this project is to develop a patient-centered cancer care system in which women with breast cancer actively participate in their own care. This system will help breast cancer patients fully understand their own treatment process, and learn how to communicate with various medical professionals and how to take good care of their own life and lifestyle.

**[Plan and Implementation Process]**

Step 1: Provide opportunities to form partnerships among patients receiving advanced breast cancer treatment, their families and healthcare/medical professionals providing care. **(Breast cancer support program);**

Step 2: Advocate the importance of forming partnerships among breast cancer patients, their families, and healthcare professionals, and suggest the current issues and future direction of a cancer care system which can be developed through treatment process in collaboration with patients and healthcare professionals. **(Symposium/core meetings);**

Step 3: Based on realistic ways of forming partnerships, propose a care provisioning system model for cancer patients to control and use information and resources required for living with treatment and cancer, make satisfactory decisions, and continue with the treatment **(Descriptive studies and core meetings);**

Step 4: Implement the new care provisioning system based on partnerships and review the practicality and validity of the system (Implementation of an evaluation study, introduction of new care practices).

**[Goal Attainment]**

**1. Research practice activities**

**1) Empowerment of Breast Cancer Patient Community (Breast Cancer Support Program)(Figure.1)**

Based on the theme “Sharing Knowledge, Courage, and Trust,” we regularly held our support program for women with breast cancer, and planned and implemented “Support Programs for Learning” in collaboration with core members of participants. We also planned to establish a branch of breast cancer support program in a cancer treatment institution, partnering with the core members. We will develop a prototype of a new medical system which offers peer support services to cancer patients who desire to talk and listen to peer patients. We also started studies toward launching a web-based support program and are currently considering the contents of health information to be included and how to manage the program.

**2) Development of a Multidisciplinary Approach to Breast Cancer for “Information Sharing between Patients and Medical Professionals”**

**A. Development of a prototype of a care provisioning system model (Figure2-8, Table1)**

We developed a prototype of a care provisioning system model with a focus on breast cancer. A project team was formed with members from S Hospital breast team and patients participating in breast cancer support program. The prototype model was carefully examined and refined by the project team. The care provisioning system model was then put to practical use as a multidisciplinary approach to breast cancer for “Information Sharing between Patients and Medical Professionals”. The system model includes the following three care programs:

- Strengthening the collaboration and partnership between team members, medical professionals and patients;
- Conducting efficient team conferences using breast cancer medical information sharing system;
- Using self-care booklets that give guidance to patients to actively participate in team medicine;

To design the breast cancer medical information sharing system as the main database to preserve electronic chart data for later use, we examined what kind of information and data should be shared among medical team members. This system includes conference sheets that support understanding the whole picture of patients, flow maps of treatment processes, and self care sheets that enable patients and medical professionals to exchange information on self care.

## B. Clinical application and evaluation of the program

We held a workshop on the theme of “Utilization of Medical Information Sharing Systems” and “The Role and Function of Resource Nurses” for introducing the program.

In order to evaluate the validity and effectiveness of the program, we conducted a quasi-experimental design study for breast cancer patient receiving pre-operation chemotherapy. Patients were assigned through satisfied allocation to either the experimental group, to which the developed program was clinically applied or the control group receiving standard care. Outcome measures included patient satisfaction, quality of life, chemotherapy completion rate, etc.

As a long-term follow-up of the outcome evaluation will be necessary; we requested the core members of the breast cancer support group to participate in the evaluation process.

A community for women with breast cancer has been changed from a support group to a support program on an outpatient basis and expanding in many ways.

## 2. Education of novice researchers

<Project>	<Link with MS/PhD students>	<Educational intentions and commitment>	<Outcome>
Cancer	Proactive participation into a support program for breast-cancer patients	Acquisition of cancer communication competence Acquirement of high-level practical competence for community-based nursing	Obtainment of facilitator role
	Nomadic education in collaboration with the MD Anderson Cancer Center	Cultivation of internationally-minded, high-level practical competence for cancer nursing	Presentations at international academic conferences: 8 presentations Securing of research funds Research-backing from foundation for learning promotion: 6 person
	Conceptualization of people-centered care Participation in a working groups	Participatory learning pertinent to theory construction	Development of competence for promoting People-centered care

## 3. International collaborative research

- ① Dr. Ueno cooperated on this research program as an International collaborating researcher. He participated in

the symposium "patient-centered breast cancer medicine" and clarified the differences between the health care system and the cultural background in the breast cancer team approach of Japan and the U.S.A. Furthermore, he was engaged in clinical application of the interdisciplinary approach for breast cancer using "sharing medical care information between patient and health care provider on electrical medical records system". He particularly focused on the reinforcement points of approach for the Japanese model after having clarified the strengths and weaknesses of the interdisciplinary approach in the U.S.A.

- ② We expanded the People-centered care for cancer patient to Asia country. We developed the East Asia Cancer Nursing Network (EACNN). The secretariat of EACNN is established at St. Luke's College of Nursing. The participating institutions are St. Luke's College of Nursing, Yonsei University (South Korea), Mahidol University (Thailand), Ramathibodi School of Nursing, Mahidol University (Thailand) and the National Yang-Ming University (Taiwan).

- ③ International collaboration research based on this network is the following:

Title: Suggestions for advanced Korean hospice based on analysis of hospice law, cost, and management systems in foreign countries.

Principal Investigator: Chung Yul Lee, Yonsei University College of Nursing

Co-Investigator: Hiroko Komatsu, St. Luke's College of Nursing

Yann-Fenn Chao, Yang Ming University

Weihua Zhang, Nell Hodgson Woodruff School of Nursing Emory University

#### **4. Future directions**

We are planning to expand the support program into virtual communities such as support programs on the web.

Issues currently under consideration are how to:

- disseminate our efforts as a model to the society (collaboration with mass media),
- generate policy recommendations based on our activities and research outcomes,
- raise funds and set up an organization for sustainable development of our activities, and
- pursue possibilities to work with other projects.



## Development a Program for Fitness Recovery for Cancer Survivors

Project Leader: Akiko Tonosaki

### 【Goals】

The project goal is to develop an exercise program for assisting cancer survivors or people who have or are going through cancer treatment. The program aim is to efficiently and effectively diminish their discomforting symptoms such as fatigue and depressive mood caused by the illness or as a treatment side effect, so that they can return to their previous normal life and be themselves again while protecting and promoting their own health.

### 【Plan and Implementation Process】

- Step 1: Analysis of factors affecting patients' subjective views of their physical strength after hematopoietic cell transplant; longitudinal research was carried out to determine the changes in muscular strength of lower limbs of patients who receive hematopoietic cell transplant, a highly invasive therapy for cancer, and the influences of cancer treatment on patients' physical functions and their subjective views of their physical conditions, to make a basis for the development of a physical fitness recovery program.
- Step 2: Review of literature on exercise programs for cancer survivors.
- Step 3: In collaboration with a research team headed by Professor Victoria Mock at Johns Hopkins University School of Nursing that has already been running an exercise program for cancer survivors in the United States, discussion aiming to develop a Japanese-version program was made (a conference in the US and a workshop at St. Luke's College of Nursing).
- Step 4: Introducing the developed exercise program on the Internet.

### 【Goal Attainment】

#### 1. Research activities

- 1) Results of analysis of factors affecting patients' subjective views of their physical strength after hematopoietic cell transplant

In patients who undergo hematopoietic cell transplant that requires inpatient treatment in a laminar-air flow room for about a month, living in a small space for an extended period of time resulted in lower number of steps, making the post-transplant muscular strength of lower limbs significantly weaker than that before the transplant. Weakened muscular strength of lower limbs leads to impaired ability to walk (and hence slower pace and shortened strides when walking), and was considered to be one of the factors contributing to patients' delayed return to social life once discharged from hospital. Among the measured muscular strength of lower limbs, weakened muscles around the ankle joints was marked, while the delayed recovery of food intake was found to be significantly correlated to heightened sense of fatigue and anxiety following discharge. It was assumed that weakened muscles around the ankle joints lead to reduced physical balance, decreased pace and strides of walking, which in return makes patients feel more vulnerable in walking, delays recovery of physical activity, and increases the sense of fatigue and anxiety. Analysis of individual cases showed that a smooth increase in physical activity could be expected after discharge in patients with an average at least 2,000 steps per day.

As a result, insights for developing a physical fitness recovery program for cancer survivors are that the primary goal should focus on the recovery of muscle strength to enable activities of daily living such as walking, standing up, and crouching down, and that increased strength of muscles around ankle and hip joints as well as well-maintained flexibility, instead of a focus on a substantial increase in muscle strength in major muscle groups. The focus on ankle and hip joints, should help smoothen such activities; ultimately leading to a reduced sense of vulnerability when walking.

## 2) Results of literature reviews on exercise programs for cancer survivors

On MEDLINE/PubMed as the database, the final search was carried out in May 2006 with a query of “[cancer] AND [exercise] AND [physical] AND [rehabilitation]”, limited to English articles on experimental research. The resulting articles were added with useful articles chosen from among their references, to comprise a total of 46 articles for analysis of “purposes, subjects, methods, therapy evaluation criteria and results, and measures of maintaining adherence” of the exercise programs for cancer survivors. The results of analysis showed that continued exercise by cancer survivors improved cardio-respiratory functions, muscular endurance, and immune function; and improved sleep and emotional stability, which led to effective use of physical energy and better subjective views of their own health and quality of life (QOL). It was also suggested that in order for subjects with a sense of fatigue or depressive mood to safely carry out exercise and continue to do so, appropriate advice and feedback by experts should be provided in terms of how much daily exercise, what kind, and how; and most importantly, it should be provided directly and individually on a regular basis.

## 3) Organizing a public hearing in the United States and a workshop at St. Luke's College of Nursing

In August 2006, we visited Professor Victoria Mock and her research team at the Johns Hopkins University School of Nursing, where we held a conference regarding the implementation of exercise programs for cancer survivors that are already in place in the United States. The results suggested importance in “securing program safety” by making motor function evaluation for individual subjects prior to the start of an exercise program to provide orientation regarding the ways to exercise based on the results, and having collaboration between the medical (oncology) team for the subject and the researchers. With respect to “ways to maintain subject adherence”, it was suggested that to be effective, research nurses should provide routine follow-ups through visits or over the telephone, and take measures to ensure that patients feel a sense of accomplishment in what they have done through keeping a self management diary.

In June 2007, a workshop was held at St. Luke's College of Nursing, with Professor Victoria Mock and Dr. Keita Kamijo, a Post-Doctoral Research Scientist at the Institute for Human Science and Biomedical Engineering, the National Institute of Advanced Industrial Science and Technology, in Japan to report the progress of the current project development and discuss the development and evaluation indicators of a Japanese-version exercise program for cancer survivors. At the workshop, it was reported that the effects of continued mild exercise include sharper concentration and shorter response time in cognitive functions, in addition to alleviation of a sense of fatigue and depressive mood that had already been reported, providing insights into the future purposes of program and the types and methods

of exercise as well as evaluation indicators for them.

#### 4) Introducing the developed exercise program for cancer survivors on the Internet

In March 2007, we introduced the “Program for Recovering Fitness for Cancer Survivors” on the Kango Net, a St. Luke's College of Nursing 21st Century COE Program website. The program consisted of two modes of exercise: “Walking” to build a basic physical strength to mitigate fatigue in keeping constant movements in daily life, and “Tube (rubber band) training” to develop muscles required for walking and maintaining posture using a rubber band that can be adjusted for site and strength. There also were detailed references as to conditions in which any exercise should be avoided and issues to be kept in mind while exercising in order to safely carry out the exercise, as well as indicators to determine the intensity of exercise, grouped into four levels, to ensure adequate exercise intensity.

While the website currently has a rather modest number of visits at around 200 to 500 per month, it has slowly but steadily gained recognition among cancer survivors, as it has been mentioned on survivors' blogs with reports of exercise implementation.

#### 2. Education of novice researchers

Prior to the workshop, held by Professor Victoria Mock in June 2007 at St. Luke's College of Nursing, a lecture entitled “The process of research collaboration in clinical settings” was given by Professor Victoria Mock. The lecture was concerned with the purpose and activities of The Center for Collaborative Intervention Research (CCIR) at Johns Hopkins University, and the collaboration process of research projects conducted in clinical settings. The lecture was organized by graduate students in Adult Nursing (cancer and palliative care, acute and chronic care), and was attended by graduate students (internal and external), research students, postdoctoral students and faculty members.

#### 3. International collaborative research

Collaboration was promoted between the research team headed by Professor Victoria Mock at Johns Hopkins University School of Nursing.

#### 4. Future directions

At present, this program is a one-way communication of contents. In the future, it will be necessary to develop it into an interactive system in which the progress of users' implementation of the program can be monitored and advice or answers to questions may be given as to the appropriateness of the types or intensity of exercise. Furthermore, indicators for evaluating the program's effects will be determined so that they will be measured in a randomized control study.

Adherence to exercise is strengthened through “experiencing the fun of exercising” and “constantly and individually receiving appropriate advice from an expert” and thus, exercising is incorporated into daily life, leading to subjects' development of better health. Taking this into consideration, a series of “exercising sessions for cancer survivors” in collaboration with exercise planners and other professionals, where strong partnership will be needed with the subjects' oncologist, in order to develop a system to ensure safety in implementing an exercise program.

In response to the diverse needs of local elderly persons and families, an interdisciplinary research team consisting of public health nurses, nurses, registered dietitians, former counselors of the home care support center, rehabilitation nurses, social workers, researchers of gerontology and epidemiology, health and fitness guides, and ward residents promoted the Japanese Geriatric Care Research Project. The aim is to develop Person-Centered Care models that honor the voice of elders, so that the home-cared elderly and their families can lead respectful and significant healthy lives.

### **【Purpose】**

To realize this, we developed Person-Centered Care models based on an interdisciplinary approach aimed at (1) the gathering of health related information for enhancing knowledge and skills related to the health management and nursing prevention of illness in the elderly persons, (2) the ability of elderly persons themselves, their families or nearby supporters to make decisions about the control of social resources and (3) analyze developed programs using logic models based on the community based participatory research (CBPR) method.

### **【Plan and Implementation Process】**

(1) Provision of Information: Publication of newsletter (Iki-Iki Net), booklets on nursing, dementia care, exercise for the elderly (Iki-Iki Nursing Prevention Series), and creation and distribution of holders for storing booklets. Provided information on classes held included a home oxygen therapy (HOT) support service (specifically for patients with chronic respiratory failure), a Website for Elderly Patients with Dementia, and a Video on Exercise for the Prevention of Falls and Fractures. (2) We developed a quality assessment web data input system for team approaches for elderly persons with dementia receiving care at home. (3) We continued an educational program for civilian students aiming to be professionals. (4) Outreach activities: Consultation on Home Care for the Elderly, Exercise Classes for the Prevention of Falls and Fractures, Foot Care, and lectures on nursing prevention for specific civilian groups. (5) We held and ran the 6th International Relay Symposium jointly with ward residents. (6) We established the “Handing-Down of Knowledge” Program based on Multi-Generation Networking. (7) We applied for the patent of a remote nursing support system for promoting the health of elderly persons and carried out practical operations of the system.

### **【Goal Attainment】**

#### 1. Research activities

##### A) Japanese Interdisciplinary Team Approach Training Center Development

##### (1) Information service

Published 3,000 issues of the St. Luke's Silver Press Iki-Iki Net Magazine (Vol. Number 1-6) and distributed them to ward meetings, elderly person clubs, and health, medical, and welfare organizations. These led to; (1) an increase in continuing readers, (2) elderly persons coming to our college and (3) requests for health education at clubs for elderly persons. This indicates the effects of diffusion of information to regions. In addition, the magazine leadership steadily

enhanced the recognition of project members by ward residents as indicated by the sudden increase in the number of times residents spoke to the project members on the streets outside the college. The magazine has helped establish an informal information exchange function for tracking requests for health consultations, requests to participate in projects, and health information, and for receiving local information, resulting in the steady accomplishment of Person-Centered Care outcomes.

The Website for Elderly Patients with Dementia provides information on dementia, advice on nursing family members, and other useful information. The average number of visitors in a month was 1,372 in 2006, increasing to 3,539 in 2007. Of the 103 persons who answered the webpage assessment questionnaire, 65 persons replied that it was useful (63.1%). Coupled with the 25.2% who replied that the webpage was more or less useful, 88.1% rated the webpage to be useful. A questionnaire survey was also conducted on internet browsers on the Video on Exercise for the Prevention of Falls and Fractures. Out of the 14 who replied between 2006 and 2007 (July), 11 (79%) replied that the video was very useful. In addition, out of the total number of accesses (17,187), the average number of accesses was 818, with the maximum number of accesses to the "Upper Body Stretch" reaching 1,960. Also provided on the web was information on dehydration prevention, skincare, and bathing methods. We presented a program we proposed to women's associations and specific late middle age groups via the internet, as well as programs proposed from results of outreach activities and research activities such as health education on nursing prevention, as well as presented analysis results at conferences.

We published booklets for nursing prevention among elderly persons "Tki-Iki Care and Prevention" on tips for home care, dementia care, exercise for the prevention of falls and fractures, and foot care) Volume 4, and received many comments that these booklets were "helpful."

- (2) Educational program for professionals engaged in geriatric care, elderly person's care and caretakers (citizens)

We studied the current situation of care methods for preventing the dehydration of elderly persons and presented the results at academic meetings for nursing, welfare, nutritionists, and other professionals. We also completed a care quality assessment system for an interdisciplinary team approach to the elderly with dementia at home.

- (3) Outreach activities in collaboration with ward residents

Six appointments were made for the Consultation on Home Care for the Elderly in five years, and numerous consultations were requested by directly visiting our college, telephone consultations, and on the spot consultations. We followed up on the mental and physical situation of participants of the Exercise Classes for the Prevention of Falls and Fractures and fall experience for three months, and in particular confirmed the need for balance programs for elderly persons for example the short standing time on a single-foot with one eye open. We also found in our foot care classes that there are many people with foot problems: out of the 34 participants (2006 and 2007), 44.1% had hallux valgus, 38.2% had knee joint pain, 35.5% had shoe and gait problems, 29.4% had cold feet/edema, 29.4% had corn/ingrown nail, and 26.5% had ringworm (tinea pedis). Results of evaluative questionnaires on the program indicated that good scores above 90% for the program in general, particularly "footbath and massage." From the aspect that all participants wished to participate in future classes and said they were able to do foot baths and massages, etc. at home themselves through this class, it was

concluded that the improvement of foot problems such as knee joint pain leads to effectiveness in terms of fall prevention, etc.

We held educational lectures on nursing prevention and health at women's associations, etc. in Chuo Ward. These were attended by about 30 persons, and were found to motivate participation in other fall prevention exercise classes and foot care classes.

(4) Educational program for students pursuing a career as healthcare and welfare professionals

The results of a follow-up assessment of 51 previous participants showed changes in value and recognition, own contribution, and skills regarding interdisciplinary team approach by participation in the program, indicating information exchange and consultation, etc. continued even after the program ended, and the successful formation of a community to resolve problems amongst participants.

(5) Symposium held jointly with ward residents

We held the 6<sup>th</sup> International Relay Symposium jointly with ward residents in September 2006. We appointed 10 persons from among the participants of the exercise class for preventing falls and fractures, town chairman, owners of retail stores, welfare commissioners, and ward residents as members of the symposium planning committee. The opinions of the planning committee for topics to be covered in the symposium included medical knowledge of dementia, introduction of supporting facts and precedent cases, nursing facts, and government efforts. To promote the participation of care providers who could not leave their homes easily, we also set up a Booth for "Fureai" (communication booth) and provided a "visiting volunteer" and day service at the same time. We gave out dementia nursing booklets and newsletters, held exhibitions on nursing products, nursing counseling by professionals (8 persons, 5 professions), provided weight measuring services, made symbol quilts with the cooperation of care worker committee members, and set up a resting corner, etc, to collect information as part of the symposium. These endeavors proved to be popular, drawing 300 visitors to the symposium, of which 60% were female ward residents, and 30% were nursing providers. Comments from symposium participants questionnaire results were: "meaningful event," "was very touched by the words of the keynote lecture: 'you are something worthy of praise,'" and "glad I was able to talk about it"; from professionals, we received such comments as "enjoyed the event,"; and from volunteers, we received comments essentially summarizing "enjoyed talking to elderly persons," indicating the symposium to have conveyed the intentions of the planning committee to the participants. The symposium also helped promote a sense of community between the members of this project and Chuo Ward members. We carried out program evaluation using a Logic Model and presented the results in a paper.

(6) Creation of intergenerational day care program

Through the symposium, we were able to discover the need for "a place for locals to continuously gather and talk" and "a place for promoting communication between all, from the elderly to children, through the same activities, for them to bond, and for different generations to mingle and pass down the Japanese culture." As intergenerational day care program, the St. Luke's "Nagomi no Kai" (relaxation and harmony) proposed by Chuo Ward residents was set up in April 2007. The program is run by current participants who include 14 elderly persons, eight children, ten registered volunteers, and management staff.

We analyzed the research activities A) carried out in this care project using the CBPR method. Based on the principles of Person-Centered Care, we were able to clarify the partnership and collaborative process between this care project, elderly persons, and the diverse local resources

available to realize respectable and meaningful lifestyles, in terms of healthcare for elderly persons receiving care at home and their families.

#### B) Development of Telenursing System for the Health Promotion of the Elderly

We submitted Telenursing methods (web-based) for patenting to Japan Patent Office (Japanese Patent application No. 2007-182020). This system is simple to use even for elder persons, and has been suggested to enhance self-management awareness, understanding of physical conditions, reduce the sense of insecurity, prevent re-admission to hospitals due to acute aggravation of respiratory disorders, and reduce medical costs by one-fourth compared to re-admission.

#### 2. Education of novice researchers

The research themes by three doctoral course students of our college in this COE program included “difficulties faced by nurses in the nursing of elderly patients with dementia at medical facilities,” “development of a practical evaluation scale for the interdisciplinary team approach,” “evaluation of interdisciplinary team intervention approach education and hands-on program for preventing falls in elderly persons,” “basic research on development of delirium risk assessment tools for hospitalized elderly persons,” and the “development of a delirium prevention care program centered on elderly persons.” These are very important health issues for elderly persons, both currently and in the future, and aim at the development of programs to enhance nursing care quality for various health related issues.

#### 3. International collaborative research

During this project, we were able to develop a program based on the results of a joint research project spanning more than 10 years with the University of Michigan Health System Geriatrics Center, Turner Geriatric Clinic (Ms Ruth Campbell, MSW and Ms Mariko Abe Foulk, MSW) on the following themes: development of care quality evaluation method on interdisciplinary team approach of home cared elderly persons with dementia, educational program for civilian students aiming to become professionals, holding symposiums, and building multi-generation networking care models. For this last multi-generation networking care model, we have already started joint research with our sister school, The Intergenerational School, in Cleveland, Ohio (founded by Dr. Peter Whitehouse).

#### 4. Future directions

##### 1) Provision of information

We are planning an evaluative survey on the public for the continued publication of our newsletter, Iki-Iki Net. We will continue to provide information on the web and analyze audience ratings.

##### 2) Educational program for professionals involved in elderly care, families of elderly persons, and civilian care providers

We will continue to provide educational programs for the public, including a broad range of elderly persons and care providers.

##### 3) Educational program for civilian students aiming to become professionals

We carried out a follow-up survey on the formation of communities for task-resolving by participants through information exchange and consultation after a program ends.

##### 4) Creation of multi-generation care models together with ward residents



We will continuously review impacts (patients with dementia can be looked after locally, relations can be built between the younger generation and elderly persons) brought to light by logic models.

5) Outreach activities through cooperation with ward residents

As each of our outreach activities receive a very high participation-satisfaction rate, we hope to expand these activities to building local care systems for elderly persons through cooperation with district organizations, with the continued participation of care workers committee members and town councils. We shall continue to review the logic model evidence to determine the effects of exercise class for preventing falls and foot care classes.

6) Development of telenursing system for promoting good health among elderly persons

We will continue hands-on operations as well as register intellectual assets.

## Support for Victims of Domestic Violence／Support for Families Experiencing Stillbirth

Project Leader: Shigeko Horiuchi

### A: Support for Victims of Domestic Violence

#### 【Goal】

Violence against women by men close to them such as their husbands or lovers (domestic violence, DV) can result in serious health issues for women. The aim of this project is to prepare guidelines based on evidence-based medicine to widen the circle of support to DV victims, and to spread and evaluate these guidelines.

#### 【Plan and Implementation Process】

Step 1: Preparation and disclosure of guidelines: based on accumulated research evidence, we compiled and announced “A Guideline for Supporting Victims of Perinatal Domestic Violence based on EBM: 2004 Version” to indicate the ideal means of early detection intervention, and actual support of perinatal DV in Japan, (Kanehara & Co., Ltd.).

Step 2: We held training seminars for medical staff, and implemented action research for providing support based on the above guidelines at model hospitals. We reported our progress at conferences in an effort to spread the guidelines. For in-hospital training, we adopted e-learning to enable students to access lectures at any time and any place they wanted.

To convey the concept and methods of EBN, we carried out continuing educational activities for nursing professionals at the St. Luke's College of Nursing Research Center for Development of Nursing Practice and the Japanese Nursing Association, etc. As a continuous education method of EBN, we carried out a randomized controlled trial comparing face-to-face lectures and web-based learning, and presented the results in an overseas journal.

Step 3: Disseminate of guidelines: for medical providers, we announced the guidelines at the Japan Council for Quality Health Care Medical Information Network Distribution Service (MINDS) (<http://minds.jcqhc.or.jp>) and overseas, the guidelines were adopted and released by the e-journal of the academic journal “Midwifery.” We also made support handbooks, posters and cards for women and the public, and distributed them.

#### 【Goal Attainment】

##### 1. Research activities

We presented a paper on the process of establishing guidelines using evidence-based medicine, and introduced the significance and uses of the guidelines in nursing practice.

We have been providing actual education using the evidence-based nursing (EBN) method since 2005 in a class for professionals titled “Clinical Research on Finding, Reading, and Using EBN” at the St Luke's College of Nursing Research Center for Development of Nursing Practice. The class consists of three stages (hop, step, jump) and has been attended by a total of 100 students to date.

We have also held training seminars on the use of EBN in clinical practice at the Kobe Nursing Association (80 clinical staff) and Tokyo Nursing Association (240 clinical staff). We compared face-to-face lectures and web-based learning as the means of acquiring knowledge on EBN, and confirmed that there exists no difference in knowledge acquisition in the final test. Web-based learning is preferable in terms of less frequent dropouts, while the advantage of face-to-face lecture is satisfaction with the over interactions with the lecturer.

We also hold in-hospital training seminars on “cyclical domestic violence support guidelines” at three hospitals. At one model hospital, we have formed a special team to spread the DV guidelines, as well as prepare posters and cards and to carry out victim screening.

In Japan today, the medical and diagnosis guidelines initiated by the Ministry of Health, Welfare, and Labor are mainly used. As for the guidelines placed on the website of the Japan Council for Quality Health Care, the DV support guidelines is the only document selected from the area of nursing. Given that there are only but a few guidelines that take into account victims during the preparation stage, these guidelines are very valuable.

## **2. Education of novice researchers**

We adopted the EBN concept as the pillar of nursing education at our college. There are four studies (Kataoka, Nagaoka, Arimori, and Mori) which focused on randomized controlled design in accordance with dissertation’s research themes and preparation progress, and produced successful results.

Kataoka submitted a dissertation on DV screening. A related paper “Screening of domestic violence against women in the perinatal setting: a systematic review” won the “Nursing Research Commendation Award” from the Society of Private Colleges of Nursing in Japan.

In our master’s and doctorate course curriculum, we held classes in accordance with EBN steps. Out of the submitted reports, outstanding ones were presented in the academic journals “Japan Academy of Midwifery Journal,” and in trade magazines such as “Midwife Journal” and “Perinatal Care.” The paper submitted by one of our PhD research students won the 20th anniversary best paper award of the Japan Academy of Midwifery. We also disseminated information on how to link EBN to nursing practices, not only at our college, but across the country as well.

There were 10 students who earned their doctoral degrees under the supervision of Horiuchi and there are now 3 who are at the candidate stage. (students residing at our college from 2003 to 2007)

- 1) Kataoka Yaeko : Effectiveness of two screening methods in a prenatal setting for identifying women experiencing domestic violence : A randomized controlled trial
- 2) Fujisaki Kaoru : Body image in bronchial asthma patients
- 3) Arimori Naoko : Randomized controlled trials of decision aid for women considering prenatal testing : the effect of the Ottawa personal decision aids
- 4) Mori Akiko : Supporting stress management for women undergoing the early stage of fertility treatment : a cluster-randomized controlled trial
- 5) Nagaoka Yukiko : The effect of an imagery program to promote relaxation in women undergoing in-vitro fertilization : a randomized controlled trial
- 6) Ando Hiroko : The Practice and Assessment of Genetics Nursing for Pregnant Women Receiving Prenatal Counseling
- 7) Katagiri Masumi : Evaluation Self-Management Teams as a Method to Promote Autonomy in Perinatal Care Unit
- 8) Nakagawa Yuka : Palm Pressure Applied by Midwives during Perineal Protection
- 9) Ota Naoko : Candidate; Evaluation of Nursing Education Program that Focuses on Care for Perinatal Loss: Randomized Controlled Trial
- 10) Kobayashi Yasue : Candidate; Facilitating of a Smooth Transition to Motherhood during the First Four Months of Childrearing

- 11) Oguro Michiko : Evaluation of the Development Program for Woman Health Volunteers of Reproductive and Child Health at the Community level
- 12) Tuji Keiko : Candidate; Evaluation of the Development Support Program for Pregnant Women Considering Prenatal Diagnosis
- 13) Doeda Narumi : Development of Breastfeeding Behavior Assessment Tool

### **3. International collaborative research**

We gave presentations at overseas conferences and carried out interchanges with researchers studying the same themes. We also actively submitted papers to English academic journals.

### **4. Future directions**

In the future, in order to further enthusiastically expand our dissemination activities, we are planning to compile “Commentary of Guidelines” for specialists and for the public through the Japan Council for Quality Health Care Information Service Center. We also hope to compare overseas guidelines and introduce screening scales developed in Japan to an overseas audience.

## **B: Support for Families Experiencing Stillbirth**

### **【Goal】**

Stillbirth is a serious health issue causing tremendous sadness for mothers and their families. In this program, we have developed a booklet and Angel Kit to support such “encounters and partings” for families and care providers experiencing stillbirth, and to evaluate their effectiveness.

### **【Plan and Implementation Process】**

Step 1: We started discussions on communal understanding with miscarriage and stillbirth self-help group leaders, midwives and clinical psychologists in the autumn of 2004. Every month, we held the Guardian Angel “Luka No Kai” at the St. Luke’s College of Nursing Research Center for Development of Nursing Practice to provide the venue for providing grief care to families. This gathering has served as the foundation of research activities ever since, as well as a resource at the same time.

Step 2: Referring to overseas care guidelines, we compiled a booklet for families experiencing stillbirth and developed the Angel’s Kit to support encounters and partings with no regret with the child who has died. Based on research evidence, we divided support to families into that during hospitalization and that afterwards when preparing the booklet and kit. “The Living with Grief Booklet” is available to families on the Kango-net website.

Step 3: We are currently carrying out evaluative research of the booklet and kit at model hospitals to determine their effectiveness, as well as collecting comments from families on questionnaires.

We are also trying to promote our ideas on support by placing information enthusiastically in maternal and midwifery related textbooks, as well as articles in journal “Midwifery Journal.” We also give educational lectures at conferences and Japan Academy of Midwifery. We have also developed a continuous educational program for perinatal nursing professionals for graduate school students to collect data for verifying the effects under the randomized controlled design.

## 【Goal Attainment】

### 1. Research activities

The activities of Guardian Angel “Luka No Kai” have been reported in newspapers and on radio, receiving extensive interest. Perinatal loss is often not spoken about in public: it is considered a taboo in society. Many families experiencing stillbirth have been hurt by the need to forget the lost baby, without any encouragement from people around them due to the lack of understanding. It is because the mother’s association has pointed out this phenomenon and promoted the support of mothers that is required, that it has attracted so much attention.

So far, the meetings have gathered fathers and families led by a total of 250 mothers. In conjunction with the meetings, events such as Angel Quilt, Color Therapy, and First Step Shoes are also being held. These events serve as an opportunity for families facing the loss to realize and come to terms with changes in their feelings due to the sadness and to the changes in the sadness felt.

The Ceremony Card offered on Kango-net is also popular, being used by many families as new years cards and announcements of birth, etc.

([http://plaza.umin.ac.jp/artemis/rcdnp/tenshi/tenshi\\_2.html](http://plaza.umin.ac.jp/artemis/rcdnp/tenshi/tenshi_2.html))

As of August 2007, about 850 booklets, that we provide, have been distributed. We received many comments on the questionnaire, which readers are asked to fill in after they have read the booklet, describing the importance and need of this booklet such as: “this booklet helped prove that the feelings experienced are absolutely normal and I feel so relieved”; “I have my ups and downs, I carry this booklet with me all the time and try to convince myself it is alright” and “I hope this booklet will be read by as many medical related personnel as possible”.

This booklet and Angel’s Kit are used experimentally at seven model hospitals in Japan and continuously assessed. We have made 100 sets of the kit, and are planning to distribute most of them. At first, we only distributed the questionnaire to those who had experienced stillbirth for evaluation, however we also received comments from medical personnel using the kit saying “I don’t think I’ll be able to go back to the days without this kit,” indicating that the tool was used as a strong source of encouragement.

We are asking mothers who have been participating for more than one year in the self-help group and who were wanting to contribute in any way to families with similar experiences to make dresses for the angel and stuffed toys. This helps mothers experiencing a stillbirth to feel connected to others through the angel.

We interchanged with lay experts during the international SIDS meeting to form networks on fostering supporters. Currently, we have a system which provides the required resource, gatherings, and support anywhere in Japan through the “Tenshi No Keijiban” bulletin board.

### 2. Education of novice researchers

In the past five years, the project leader has supervised the thesis progress of two masters students researching themes related to stillbirth, and both students have gone on to do their doctorate degree. A paper presented based on the masters thesis of one of these students. Ms. Ota, won the 20<sup>th</sup> Anniversary Outstanding Prize of the Japan Academy of Midwifery. (See DV section above for doctoral papers.)

Ota Naoko : Supportive Nursing Care Needs as Identified by Mothers of Stillborn Babies

Hiruta Akiko : Participating in a Self-help Group: The Implications for Women who have Experienced Perinatal Loss

### **3. International collaborative research**

During the 9th SIDS International Conference, the project leader participated as a conference planner and exchanged with many researchers studying similar themes of miscarriage, stillbirth, and death of newborn. The project leader is currently preparing to present a paper in an English academic journal.

### **4. Future directions**

The project leader is planning to make presentations on the results of research on the effectiveness of the booklet and Angel Kit in other countries, as well as work on the theme of Developing lay experts to foster support for others who have also experienced a stillbirth.

# Development of Women-Centered Care Models for Infertile Women

Project Leader: Akiko Mori

## 【Goal】

To develop an environment in the community in which women with infertility problems can appreciate themselves and their lives, deal with stress and make choices accompanying infertility treatment with appropriate information and support, including the enhancement of the quality of nursing professionals.

## 【Plan and Implementation Process】

- Step 1. Attempting support for maintaining QOL and reducing the stress of infertile women  
(Stress management programs of women currently undergoing infertility treatment and individual consultations by e-mail)
- Step 2. Development of partnerships with self-help groups and nursing professionals  
(Forums/seminars)
- Step 3. Education for enhancing infertility nursing expertise through tie-ups with related professional societies (Practical infertility nursing seminar)
- Step 4. Identifying problems and challenges in the community regarding infertility through partnerships and practice, followed by drafting, implementing, and evaluating care models (production of booklets, outreach models)

## 【Goal Attainment】

- 1. Research activities
  - 1) Individual approach for infertile women to reduce stress and make choices
    - A. Implementation and evaluation of stress management program for women undergoing fertility treatment

A randomized controlled cluster study was conducted to investigate women under 35 years of age who started general infertility treatment for less than two years. Two types of stress management programs were provided for the duration of three months. Results found that QOL improved or decreased less in women using a combination of guidebook and homework notebook according to health related QOL summary and two subscale scores, compared to subjects using only a guidebook.
    - B. Individual consultation using e-mail

The number of consultations has been steadily growing year by year, mainly seeking specific advice and information due to concerns and a sense of not knowing what to do regarding diagnosis and treatments.
    - C. Joint production with a self-help group of two booklets that help understand concerns accompanying infertility and treatment and to support choices of women with infertility problems.
  - 2) Information to women with infertility and to nursing professionals
    - A. Holding forums and seminars for women with infertility through joint planning with a self-help group (Table 1.)
    - B. Holding seminars for nursing professionals through joint planning with related professional societies (Table 1.)
  - 3) Development of “community empowerment in relation to infertility issues” model



#### A. Construction of outreach model (Table 2)

Identification of challenges, and proposal of design for the “Development of an Environment to Support Choice for Affected Parties: Community Empowerment in Relation to Infertility Issues”

#### B. Implementation and evaluation of outreach models

With the assistance of eight local municipalities in Japan, lectures and interchange meetings were jointly planned and held with the self-help group, The Friends of Finrrage. Responses suggested that specialists, local administrations, and women with infertility succeeded to approach goals. Significant opinions were also exchanged.

### 2. Education of novice researchers

During most of the research period, there were no graduate students undertaking infertility as a research theme, but graduate students with research themes related to infertility treatment (care for women pregnant with twins) received consultation from nurses involved in pioneering activities in the UK. Undergraduate school students interested in this project participated in volunteer work during seminars, etc.

### 3. International collaborative research

Though research did not extend to joint research, information on partnerships between reproduction nurses and women with infertility problems and on continuing education for reproductive nurses was collected from leaders of the UK Royal College of Nursing, Fertility Nurse Group (FNG) and members of self-help groups in the UK. Opinions were exchanged with both groups as well.

### 4. Future directions

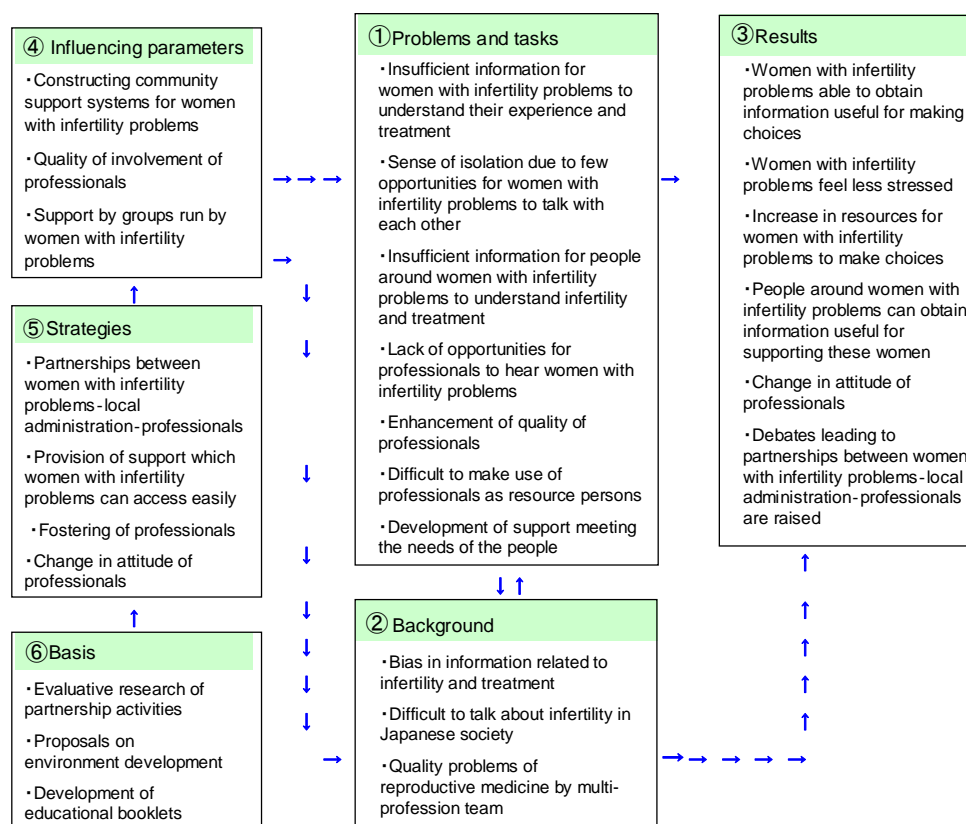
Through individual approaches and intensive group approaches, the project promoted the building of environments for supporting choices made by women with fertility problems, and created outreach models through partnerships between nursing professionals and self-help groups as new models for community empowerment related to infertility. In the future, we are planning to improve the model, summarize, and announce the results. We will also propose measures, gather funds for continuing this research and review our organization.

Table1. Seminars for Women with Infertility Problems and for Nursing Professionals

Date held	Plan	Theme	No. of participants
1.17. 2004	People's Forum	Infertility Treatment Today and in the Future, From St. Luke's International Hospital's Practice [Tokyo]	92
9.4. 2004	Practical Nursing Seminar on Infertility	The Beginning and the End of Infertility Treatment [Tokyo]	70
5.28. 2005	People's Seminar	Importance of Informed Choice of Infertility Treatment [Tokyo]	70

8.6. 2005	Practical Nursing Seminar on Infertility	Nursing for Infertile Couple with Male Factor [Kobe City]	50
10.9. 2006	Practical Nursing Seminar on Infertility	Listening to People with Fertility Problems [Tokyo]	90
9.8. 2007	Practical Nursing Seminar on Infertility	How to Support Life of the Child [Fukuoka City]	74

Table 2. Development of an Environment to Support Choice for Affected Parties: Community Empowerment in Relation to Infertility Issues  
DESIGNING TARGETS AND STRATEGIES



# Community-Based Palliative Care (Hospice Care at Home) Project

Project Leader: Masako Yamada

## 【Purpose】

The aim is to develop a community-based palliative care system for realizing “Building a Community for Spending One’s Last Days at Home in Collaboration with the Public” as well as to develop community-based palliative care programs and systems for palliative care initiated by the public, and palliative care based on collaboration between the public and professionals in the community.

## 【Plan and Implementation Process】

- Step 1: In addition to the importance of forming partnerships between the public and professional groups, the future direction and tasks for care systems which can be jointly developed by patients, their families, and professionals for patients to live in familiar communities peacefully are proposed. (A. Symposium, citizen networking event, and workshop for care manager)
- Step 2: To develop programs required for citizen participation in community-based palliative care systems, B. education for hospice volunteer (development of volunteer education program), and C. policies for the institutionalization of day hospices provided by visiting nurse station together with citizen volunteers (day hospice for cancer patients and patients with intractable illnesses at home by care facilities) are proposed.
- Step 3: Development of community-based palliative care team standards for constructing citizen-participation, community-based palliative care systems. (D. Standards development)
- Step 4: To practice citizen participation, community-based palliative care system models, community-based palliative care systems networking for basic plans of administrations are proposed. (E. Establishment of a joint liaison council consisted of members of the community, administrations, universities, medical facilities, and nursing facilities).

## 【Goal Attainment】

### 1. Research activities

#### A. Formation of partnerships between citizens and professionals

We talked with the public (N=300) about “developing a community which allows people to spend their last days at home” under the theme “where would you like to spend your last days?”, and acknowledged the importance of mutually building systems with the public so as to respond to the public’s needs. As a result, some participants of the symposium were led to participating in the hospice volunteer seminars, public networking events, and preparatory meetings. We considered that participants could deepen their understanding of and clarified the aims of the project, drawing further attention to it through the symposium. Following this, we held public networking events with the residents of the Chuo ward (N=20), and as a result of the discussions here, we jointly conducted a study group (N=60) for care managers with the administration to undertake public needs.

#### B. Cooperation with community: Development of citizen-participated hospice volunteer education course

The public participated from the planning stage of the seminar based on health promotion; preparatory meetings (N=26) were held jointly with core members such as professionals (college faculty and managers of visiting nurse station) and social welfare council members. Sixty people

wanted to participate in this course, and 45 people were picked by draw. The participants showed a significantly higher tendency towards “if I get cancer, I think I can spend the end of my life at home” after attending the course than before ( $p<0.01$ ), indicating increased awareness of the feasibility of dying at home with cancer. The results also indicated an increased understanding and awareness of knowledge about volunteers (86%) as well as changes in behavior (44%), suggesting the effectiveness of the program. After completing the course, 10 participants registered hospice volunteer groups (10 people). Another 10 participants started to make a group for volunteer activities based on this college as the center and launched a self-help group aiming at developing communities for people being able to die at home. The group meetings were held every month, and tours of facilities and study groups were held to learn about local resources. In addition, opportunities to experience wheelchairs and exhibitions on environment development in the ward were created. Through these 15 activities, groups supporting health are gradually being formed. Of the members, two have left, and though the number of members has changed, the number of members has doubled from 10 to 21. As of this year, we have registered our volunteer group with the social welfare council in the Chuo-ward to start hospice volunteer activities such as visitations to elderly persons living alone in order to realize communities which allow people to live in familiar areas safely until their final moments.

#### C. Efforts in institutionalization (Setting of new fees for day hospice service by care facilities)

We developed a hospice care program and provided care through a visiting nurse station. As a result of making proposals toward the systemization of day hospice, it has been installed as a nursing care service since April 2006. Day hospice is available for moderate to severe patients with medical and nursing needs including terminal cancer patients and the care service fee is payable from long term care insurance. This further enhancement of a support system for terminal cancer patients at home has been considered an extremely positive evaluation.

#### D. Towards development of community-based palliative care team standards

National survey questionnaires were sent by postal mail to 2,588 visiting nurse stations nationwide. 1,398 cases of the 969 stations that replied were analyzed. The results indicated that only about 30% of the terminal cancer patients using the visiting nurse stations could spend their last days at home. Such cases were receiving care from the doctors and nurses of the same organization, as well as from care managers and care workers. Other team members were hardly seen. The involvement of nurses with special training in hospice care (cancer care nurses and certified hospice care nurses) was less than 1% of the total. We analyzed the data of 1,398 cancer patients of the responding stations and considered the structure and evaluation of community-based palliative care teams that provided care for terminal cancer patients who were able to spend their last days at home.

Teams with the highest percentage of terminal cancer patients who died at home (71.2%) were teams composing of two or more visiting nurses, a doctor from the same organization as these nurses, and other professionals from other organizations. This was followed by teams composing of two or more visiting nurses from the same organization, doctors specially participated for the patient, and professionals from other organizations, which successfully cared for 64.7% of the terminal cancer patients at home until they passed away. Professionals from other organizations were mainly care workers and care managers, while some teams were also joined by pharmacists and, medical social workers from the medical care liaison section in the hospital, physical therapists, staff providing bathing services, and public health nurses. There were also teams

which were joined by volunteers, psychiatrists, nutritionists, professional or lay clergy, aroma-therapists, etc., but these accounted for only 1%. These findings indicate that for terminal cancer patients to maintain their QOL to the end with their families at home and to live in peace during this time, there is a need for professionals such as pharmacists, psychiatrists, clergy, etc. as well as volunteers to cooperate together to support the overall livelihood of patients.

In the subjective evaluation of visiting nurses of palliative care teams which had provided care for terminal cancer patients until the end of their life at home, the percentage of replies “we were able to assess users and families in the team and set goals,” “we were able to understand our mutual roles and provide care according to the role,” “members were able to help each other,” “there was a leader figure who led the team” was significantly higher than the visiting nurses of other teams. This suggests the importance of understanding mutual roles, carrying out the roles assigned, and for the whole team to think together about how to support patients and their families.

#### E. Towards implementing citizen-participated, community-based palliative care system models: Proposals to basic plans of administration (holding joint liaison meetings)

We held meetings between various professions (ward citizens, nurses, doctors, guardians, care managers, volunteers, and government personnel) as well as various facilities (elderly nursing homes, group homes, homes of patients (including family, paid elderly homes, residences with nursing care) for all diseases targeting elderly persons and persons with terminal cancer. We also proposed building a group home (small multi-functional facility) specializing in cancer to improve the quality of the networking between such small multi-functional facilities as an idea on the ideal mechanism by which the ward can run such facilities.

### 2. Education of novice researchers

- In the four years between 2003 and 2007, one Ph. D. candidate participated as a research assistant.
- In FY2004, one person from the public who participated in this research advanced to graduate school to do research on community development and volunteering as a result of participating in activities.
- In the respective years of 2005 and 2007, COE research fellows started this research, and are currently supporting the research by making presentations about it at COE evaluation meetings, conference symposiums, and international conferences, as well as by writing papers (ongoing). (See Research Achievements)
- In 2005, a COE research fellow conducting this research joined our college as a teacher from 2006 to participate in activities related to this research as well as educational activities for students and graduate students.
- In 2006, a master’s degree student (community health nursing) participated in activities (setting up a booth in the Chuo Ward Town Development Exhibition and on-site training) to spread home hospice care in the community.

### 3. International collaborative research

As part of the international comparative research between Korea (Yonsei University), Taiwan (National Yang-Ming University), US (Emory University), and Japan (St. Luke’s College of Nursing), attempts were made to clarify the current situation and tasks of hospice palliative care in Japan and review whether current systems can be used as an infrastructure for developing community-based palliative care. (Analysis of hospice law in foreign countries, cost systems,

management systems)

#### 4. Future directions

##### 1) Continuation of current activities

As a result of educating hospice volunteers, a volunteer group was launched to start community-based activities. In addition, as a result of successful systemization by the proposal of policies, we believe that we have successfully made the first step forward to developing communities for people to spend their last days at home. In the future, there is a focus of efforts on continuing these activities by reviewing continuous education for enhancing the skills of volunteers and methods of running organizations. As for the development of standards, it is necessary to continue reviews for developing standards which can be actually used as a reference to those involved in team care, based on national survey results and literature from within and outside the country.

##### 2) Continuation of evaluative research of activities

Based on current research, there is a need to carry out further evaluation and research of activities.

##### 3) Partnership with municipalities

Currently, we are already co-organizing social welfare meetings with the Chuo Ward, and despite some manpower problems, we hope to review cooperation with municipalities where possible for currently activities.

## Child- and Family-Centered Care:

### Support System for the Development of Child- and Family-Centered Care in the Community Project Leader: Ikuko Oikawa

#### 【Goals】

With progress in medicine, more children with chronic illness or disabilities now live in the community while receiving medical treatment. In order for these children and their families to be able to live with a sense of safety, it requires comprehensive support involving not only medical but social welfare and education. However, an array of challenges have been identified, including the varying available pediatric medical services and social resources, and the variability of accepting systems at schools among different communities, making it difficult to have smooth coordination among all the services. These challenges have brought about the necessity to develop a more fine-tuned system to tailor the needs of the children, their families and communities.

This project aims to develop support networks in coordination between children, parents, and medical/ welfare/educational sectors, to ensure the quality of home care provided for children with chronic illness and disabilities. In consideration of regional characteristics, this project has been carried out in three locations, namely Tochigi, Fukushima, and the Chuo Ward of Tokyo. In our activities here at the St. Luke's College of Nursing (located in Chuo Ward, Tokyo), since FY2005 and we have extended our worked beyond children with chronic illness and disabilities to reach children and their families who live in Chuo Ward and those who are engaged with children and their families. Thus, the results are presented under the category of Tochigi/Fukushima and the Chuo Ward.

#### 【Plan and Implementation Process】

1. Checking regional profiles (FY2002): for each of the three locations, we reviewed various resources, gathered information to identify needs, and checked regional profiles.
2. Conducting needs surveys (FY2003): regarding children with chronic illness in Tochigi/Fukushima. While in the Chuo Ward, a survey could not be conducted on children with chronic illness, hence a health/lifestyle survey was conducted in FY2005 to cover infants going to nurseries.
3. Holding focus groups of each region consisting of nursing professionals (including hospital nurses, health nurses, school nurses, and visiting nurses (FY2003-2004): with the promotion of networking in the respective regions, we discussed the present status with nursing professionals in each area.
4. Creating a brochure and holding a symposium in Tochigi/Fukushima (FY2005)
5. Organizing "Nurse Clinic" sessions in Chuo Ward (FY2003-present): We continue to provide "Nurse Clinic" sessions for children and their families, and those engaged in daily contact with children living in Chuo Ward.

#### 【Goal Attainment】

1. Research activities

- 1) Activities in Tochigi/Fukushima

In the Tochigi district, we created a brochure in FY2005, mainly for nursing professionals at hospitals, that describes social resources for coordination among medical, welfare, and



education sectors, and distributed it to medical institutions. Its utilization status after six months showed that it was used for staff training at medical institutions and doctor's giving explanations to families. In partnership with parents' associations of the region, a symposium was held by public health, visiting, hospital and school nurses and drew 68 participants.

In the Fukushima district, we created a brochure with the aim of having knowledge on the regional activities of nursing professionals and social resources. The brochure was distributed to schools, visiting nurse stations and other organizations dealing with children with chronic illness. A lecture meeting was also held to discuss support by public health nurses for children under long-term treatment, which addressed issues such as difficulties in working in coordination with schools at the time of child's discharge from the hospital or admission to school. In FY2006, we collected information concerning medical care at schools and had talks about revising the brochure and activities at special-needs schools for children in need of medical care.

In Tochigi/Fukushima, connections across nursing professionals are being formed as a result of the series of research activities; each party has come to know about their own roles and activities, which has made it easier for them to have talks or contact each other than before the project. While it will take more time to have children and parents involved in the activities, members in the area continue their own research activities independent of the research team since FY2006.

## 2) Activities in Chuo Ward: "Nurse Clinic" activities to address child health issues

### Goals

Children and their families living in Chuo Ward work together with nursing professionals to build a support network for child health issues

- ① Using learning and networking meetings as a health resource for children and their families living in Chuo Ward
- ② Finding clues for partnership and cooperation through interacting between children/families and professionals
- ③ Building a support network to address child health issues

### Activities in progress

Planning and organizing for "Nurse Clinic" programs:

Project team members: As focus group interviews prompted members to know about each other's activities and to recognize the necessity of working in partnership, interviewees became the Nurse Clinic project members. Other nurses, health nurses and nursery nurses subsequently joined as members.

Activities:

- Planning "Nurse Clinic" project: Project members are responsible for planning "Nurse Clinic" sessions and distributing posters and leaflets to nurseries, kindergartens, primary and secondary schools, children's centers, and medical institutions. As for children and their families, members work to recruit persons to engage in project planning and organizing from among volunteers participating to "Nurse Clinic" sessions.
- Ways of operating "Nurse Clinic" sessions: Topics were determined for each session in line with the respective fiscal year's project theme, and meetings are arranged to provide the latest knowledge and discuss it, as well as networking. Sessions are arranged for the convenience of more children and families to encourage their participation, including providing snacks and

child-care service. The sessions occurred from 18:00 to 20:00 on weekdays.

- Status of "Nurse Clinic" session organization (Photograph 2: Clips from "Nurse Clinic" Sessions)

FY2004: Theme: "Gathering of children with chronic illness and their families, and public health and nursing professionals" 3 sessions with a total of 20 participants

FY2005: Theme: "A child's body of a child, illness, issues regarding hearts and minds, and what we can utilize" 6 sessions with a total of 106 participants

FY2006: Theme: "Let's learn and think about child health" 5 sessions with a total of 132 participants in FY2006; 6 sessions are due in FY2007

#### Participant evaluation:

At each "Nurse Clinic" session, we ask participants to fill in a questionnaire for the purpose of project evaluation.

For theme-based lectures, feedback found in the responses included "Useful", "Helpful", and "Highly concentrated lecture and very informative"; as for the opinion exchange and networking part, comments included "Exchanging opinion was meaningful", "I'm satisfied to be able to share opinions from various standpoints", "Atmosphere was conducive to sharing opinions", "Good to have a small-group session", "Satisfied to have had a variety of information", and "It is hard to have an opportunity like this". On the other hand, some pointed out concerns over the small number of participants and poor public relation activities.

Overall, "Nurse Clinic" appeared to have gained recognition as one health resource.

#### Goal Attainment

##### ① What has been found out through "Nurse Clinic" activities

- In many instances, learning meetings provided opportunity for participants to ask experts for advice on an individual case, which gave clues for solving challenges otherwise hard to solve in daily life.
- In initial sessions, participants consisted mainly of those who are engaged in supporting children and families such as nursery staff and teachers in charge of health education at schools for the handicapped, who had chances to nurse network and make acquaintance through the sessions. Beyond "Nurse Clinic" sessions, they would also share information individually.
- Improved understanding of the ways of each profession's engaging in contact with children and their families led to better recognition of each other's roles within the community setting.
- Challenges each profession faced at nurseries and schools were better understood, leading to a fresh recognition of the importance of sharing information and hence the necessity of having such a setting.
- In some cases, activities and solutions used in one profession were found to be useful for problem solving in other settings, or offer an opportunity to help others see directions in their future activities.
- Challenges were identified as to how the issues of medical practice (such as managing medicines) within communal life should be dealt with by medical institutions and families.
- In addressing child health as a common need, it appeared that the selection of themes taking into consideration the ways to deal with children with difficulties as well as seasonality, lifestyles and environment would lead to working in partnership and collaboration.
- Some participants eventually became repeat participants.
- Information owned by other professions, such as that about various human resources in the

community or of meetings among professionals, has proved to be important for planning the project.

A summary of findings through participants' questionnaire responses and actual status of session participation and activities are shown in Figure 1. Participants to "Nurse Clinic" sessions, ranging from children and their families to nursery staff, school teachers, teachers in charge of health education at schools for the handicapped, and those engaged in social welfare service, are all citizens who are in daily contact with children and fellows to address problems together. While each of them is normally working on health issues in their own work field, a "Nurse Clinic" session serves as a forum for them to gather around, think, and talk with one another. There is 'cross-border' interaction, one that is beyond the differentiation between professionals and non-professionals and free from sectionalism among institutions such as public health centers, schools, and so on. Based on each theme, participants acquire knowledge, solve individual problems, listen to each other's stories and understand them, share sympathy to similar problems that others may have, and identify new issues and challenges that need to be solved. Such a process gives them, be they parent or professional, the ability to make their own judgments or thoughts and helps them empower themselves to have willingness or confidence and to cope with that which faces them. Mutual understanding of and sympathy toward each other also builds trust in each other, creating a sense of cooperation in that they may consider seeking advice or making contact on another occasion. This would eventually lead to sharing their struggles and wisdoms, forming a new partnership for health development in children.

## ②Byproducts of "Nurse Clinic" project

- In response to requests for a brochure on resuscitation that had been covered at a "Nurse Clinic" session, we created a first-aid guide brochure and distributed it to nurseries, kindergartens, primary schools, and children's centers.
- In response to requests from a nursery PTA for a workshop on first-aid, we engaged in outreach activities.
- We receive inquiries from nurses at nurseries or public health centers for information provided at a "Nurse Clinic" session.
- Creation of a video on emergency treatment for children is planned.

## 2. Education of novice researchers

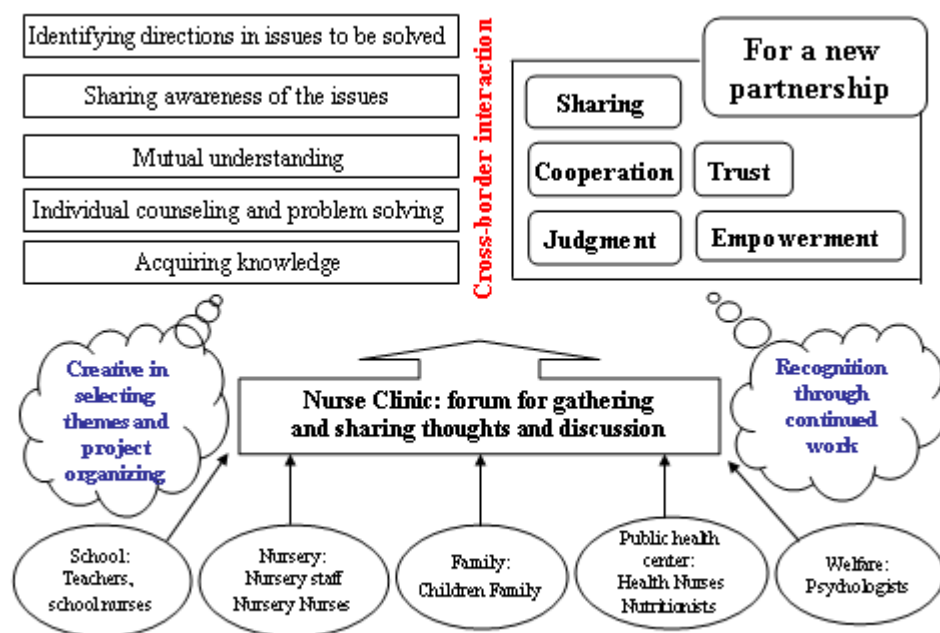
Link with MS/PhD students	Educational intention and commitment	Outcome
Participation to and support of organizing "Nurse Clinic" project	Learning about ways to organize "Nurse Clinic" sessions that raise awareness of child health issues and allow discussion about nursing support strategies in the community	Use in CNS Role-playing training (educational encouragement and coordination)

## 3. Future directions

- 1) Continuing "Nurse Clinic" project: it is now the fourth year since the launch of the "Nurse Clinic" project, and activities there have come to gain recognition among people in the community. While it is an occasion where people come to the university, it has nevertheless

received certain appraisal from participants for the opportunity the project has provided community children and families to gather to participate in workshops and voice their opinions. Although it has not yet matured into a citizen-led project, participation of families is increasing, and we are continuing to develop a system for planning and implementing the project together.

- 2) Challenges in policy recommendations: cooperation with public administration has not been fully in place, yet allergies, developmental disabilities, and emergency treatment have been found through our activities to be issues with strong needs for guidance. There is also a strong demand for the development of certain standards for medical practice in communal living and of aid personnel to support emergency treatment for children, which we will address in the future in cooperation with public administration.
- 3) Continuing outreach activities: continuing our outreach activities, inquiries concerning child health education and participation in project planning and organization as byproducts of the "Nurse Clinic" initiative, we will further expand the scope of activities while providing information about child health.



**Figure 1. Nurse Clinic for citizens**

## **Development and Implementation of Effective Programs for Health Education and Practice Appropriate for Japanese Characteristics**

Project Leader: Fumio Kikuta

### **【Goal】**

To develop and practice people-centered health education programs in which experts support citizens in their developing abilities to create a lifestyle suited to themselves. These programs are aimed to be:

- Fun for participants to experience
- Expected to be smoothly incorporated into the daily life of urban people
- Not making participants feel as if they are forced to participate
- Expected to be sustainable and long-lasting
- Open for families (parents and children) to participate together
- Inspiring participants to develop a healthy lifestyle on their own for everyday life

With the aim of developing programs that meet these criteria, we set the following three implementation goals.

- 1) Developing software that allows users to keep records of their lifestyle every day and objectively reflect on their lifestyle in a trouble-free manner that is similar to playing a game; with the use of this software, offer an environment that gives citizens opportunities to identify characteristics of their own everyday lifestyle and educate themselves in a fun manner and through experiences that are focused around what can be done to make improvements.
- 2) With the aim of preventing and/or controlling lifestyle-related disease, launching a community sports complex in the Tsukiji and Akashi-cho areas in Tokyo, where advice and assessments are provided by medical professionals; through this, providing support to the formation of a lifestyle that naturally incorporates sports into people's livelihood at least several times a week.
- 3) Planning and implementing seasonal programs in which participants stay at a lodging facility with their families in an area richly endowed with nature on their holiday, and enjoy nature-experiencing activities and sports in nature, including life experience-oriented health educational activities to prompt participants to review their everyday lifestyles and health educational activities to help participants become aware of the importance and value of life and health through their experiences in nature; developing programs that can be smoothly incorporated into the daily life of urbanites and eventually organizing them into a system.

### **【Plan and Implementation Process】**

Planning and implementation process for each of the programs 1) to 3) listed above is as follows:

- 1) Developing a pilot tool that users can employ to identify their own everyday lifestyle, and educate themselves about the importance of improving such a lifestyle or decision-making concerning everyday living activities, in an experimental and game-playing manner, using game-inspired educational materials that run on i-Mode mobile phones, so users can use it whenever and wherever they wish.
- 2) Gathering information from community residents as to needs for a community sports complex to run in the Tsukiji and Akashi-cho areas in Tokyo; based on the results, planning activities to support citizens at varying stages in their life, to control lifestyle-related diseases (selection and determination of diet and luxury food intake, or guide to safe sporting activities), and

developing and implementing health educational programs to encourage citizens to incorporate such activities into their everyday lives.

- 3) Developing and implementing hands-on health educational programs that employ nature-experience activities that participants join in while staying at accommodations with their families in an area surrounded by nature, and making evaluations; in evaluating the programs, points of focus are whether the participants have had an inspiration to reflect on their own everyday lifestyles through experiencing a program developed as part of this project, whether they have been able to feel the importance and value of health and life, and whether they think the program may be incorporated into everyday life of participants who live in urban areas.

The key messages that we intended to communicate to participants of these programs are the following nine concepts:

- Have fun (the bottom line is to have good time; do not turn against your own instincts)
- Open atmosphere (not giving participants a sense of being confined in implementing a program; creating a space comfortable for both the newcomer and repeat participants)
- Experience-focused learning (programs are designed to give opportunities to enjoy learning through experiences)
- Nature and wildlife experiencing activities (perceiving life)
- Lifestyle experience activities (participants sharing living hours)
- Communication (Giving weight to children's communicating with adults other than their own parents; making sure all adults keep an eye on children)
- Reflection (participants' awareness; opportunity for them to have thoughts on how to make the best of their own situation in their daily life from now)
- Sharing (sharing sympathies with other families)
- Influences of the site ("Kiyosato magic" produced by a site filled with nature's gifts)

### 【Goal Attainment】

Goal attainment for each of the programs 1) to 3) listed above is as follows:

- 1) In FY2003, we developed the pilot version of a lifestyle experience-oriented, health-themed game that runs on i-Mode mobile phones, available for downloading from the server. This served to materialize the basic foundation of a system to enable users to collect data that allow them to look objectively at characteristics of their own everyday lifestyles from a long-term point of view. In actually running this test-developed, life experience-oriented health-themed game, however, it has been learned that it is largely affected by the model and functions of the i-Mode mobile phone to be used, and that maintaining the basic functions of the software alone would require significant funding. We have therefore, been seeking hardware and software that works in line with the concepts pictured in this project with reduced cost.
- 2) In FY2003, we conducted an interview survey to gather information from community residents regarding needs for a community sports complex to be open in the Tsukiji and Akashi-cho areas, covering board members of the Tsukiji block association, business owners, and Chuo Ward physical-education instructors. The results showed that there are a number of sport clubs targeting juveniles and adults, some of which are highly active as they may be competing with teams from other wards, suggesting that the new community sports complex we may build is unlikely to have much impact. This has led us to conclude that, in order for the program to work effectively, we should participate in activities at different sport clubs targeting varying

populations, through which we plan activities to help citizens to control lifestyle-related diseases and implement health educational programs that may be incorporated into citizens' everyday life on an ongoing basis, and that it would be ideal for us to assume an administrative role to support and control the implementation process. As a result, we have been contemplating strategies for us to effectively implement the program in partnership with multiple existing sport clubs that are actively working.

3) From FY2004-2007, we have developed and implemented life experience-oriented health educational programs that employ nature-experience activities. The following is an overview of the programs:

(1) Distributing brochures (public relations) - asking three primary schools neighboring St. Luke's College of Nursing to distribute the brochure to all pupils

(2) Site and activities - Kiyosato Educational Experiment Project (KEEP) St. Francis Discovery Center (Kiyosato, Takane-cho, Hokuo City, Yamanashi Prefecture)

(3) Camping programs implemented to date

2-Day parent-child camp (12 sessions) at KEEP St. Francis Discovery Center

11-Day parent-child camp (3 sessions) at KEEP St. Francis Discovery Center

1-Day parent-child camp (1 session) near Tsukiji, Chuo Ward, Tokyo

(4) Staff members

Health education researchers

Rangers (nature experience activity instructors)

Administrative dietitians

Farm workers (in charge of dairy experience)

Farmers (in charge of farming experience)

St. Luke's College of Nursing graduate and undergraduate students

(5) Engaging participants

Developing programs by combining expert knowledge

Maintaining exclusively a role as a catalyst (avoid excessive engagement with participants)

Developing an atmosphere that is comfortable to be in and always open

Acting on equal terms with, and from a point of view of, participants

Effective feedback to participants (Slideshow about a "reflection meeting")

Safety management

(6) Evaluations by participants to parent-child camps

- Acquired health knowledge and methods of practice through hands-on learning session
- Recognized the link of life (Willing to keep in mind that to eat is to receive life in living daily life / Witnessed proof of animals living in a "natural" setting)
- Had a new discovery with respect to parent-child relationship (parent looking at child / child looking at parent / as a result of living together with other families)
- Observed Father roles on many occasions ("outdoor activities" and "adventure activities" involve a number of occasions for fathers to play an active role); the "inner child" of fathers resonated together, serving to connect different families
- An atmosphere encouraging the watching and fostering of children together was created; experience for children and adults who met each other for the first time at the camp to work together
- Found the program to be a comfortable setting (in parent-child camps held in FY2005

and onward, the ratio of repeat participants and newcomers changed from 5:5 to 6:4)

- A number of parents seem to be interested in the parent-child camps even if they are yet to actually participate, suggesting a large population of potential applicants

(7) What is required of staff

Creativity; flexible responses; enthusiasm; moderate engagement; safety management

(8) Evaluations from staff members

- Staff can also learn from participants
- Children will not grow up with a *laissez-faire* attitude alone
- Fresh recognition that family keeps growing up
- What nature teaches us is significant

**【Future directions】**

- Continuing seasonal programs (parent-child camps) (continuing to serve as one of a number of valuable options for citizens)
- Longitudinally checking whether what participants experienced or felt has been smoothly incorporated into their everyday life in the urban area after the program
- Working to smoothly link together participants' everyday urban life and their life experience at the parent-child camp (seasonal program)
- Working to foster communication skills of parents to socialize well
- Making the hands-on health educational programs that employ nature-experience activities into packages and developing implementation instructions



## **Development of an International Collaboration Practice Model Contributing to “Health for All”**

**Project Leader: Junko Tashiro**

### **【Background and Purpose】**

Since 2001 global efforts to reduce regional gaps in health status have been actively moving ahead within the framework of the United Nations Millennium Development Goals (MDGs). It is the aim of St. Luke's College of Nursing as a World Health Organization collaborating center, to contribute toward attaining the goals of “Health for All” as well as MDGs by strengthening human resources in Nursing and Midwifery. The purpose of this research project is to develop an international collaboration practice model in the area of human resource development using “People-Centered Care.”

### **【Goals】**

A goal in the first phase of development (from fiscal 2002 to 2004) was to develop an educational training program for nurses in Japan that would allow strengthened assistance for higher-quality nursing and midwifery in developing countries. The training program was based on a survey of educational needs of international nursing collaborators.

A goal in the second phase (from fiscal 2005 to 2007) was to develop an international collaboration practice model for strengthening human resources in health or nursing with counterparts or partners in focused developing countries.

### **【Plan and Implementation Process】**

In the first phase, we conducted a survey on educational needs of Japanese international nursing collaborators who had been working for more than one year in developing countries with researchers working at the National College of Nursing and International Medical Center in 2003. Educational needs and perceived competencies of Japanese international nursing collaborators were derived from the interview data. We developed a systematic educational program model (Figure 1). As an outcome of the first phase of research project, we proposed a standard curriculum of a master's program in International Nursing in 2004. St. Luke's College of Nursing Graduate Program developed a master's course of International Nursing and started it in 2005. We meet the goal of the first phase by establishing the educational training program.

In the second phase, we started action research in order to strengthen human resources in health and nursing with counterparts or partners in three different developing countries. One group has been working for strengthening a master program in community nursing in Kenya. A second group has been working to develop a baccalaureate program in Afghanistan. The third group has been working toward strengthening female health workers in rural villages in Myanmar. Both partners and Japanese researchers have been collaborating to obtain each goal established by the research teams. We also had two international research workshops to share research findings and lessons from research activities with international experts of the international collaborative study.

Furthermore, we worked with researchers from the Institute of Public Health, National College of Nursing, and other institutions in Japan. Based on our research findings, process, and lessons, we conceptualized an international collaboration model for strengthening human resources in health and nursing.

In 2005, we held an International Relay Symposium entitled “Sharing Wisdom, Experiences and

Courage: Women Supporting Each Other in Society.” We expanded the implications and significance of collaboration from our research findings and presentations by partnerships.

### 【Goal Attainment】

#### 1. Research activities

In the first phase, we conceptualized competencies and educational programs for international nursing collaborators (See Figure.1) and the curriculum of a master’s course in International Nursing (Figure 2), in April 2005, St. Luke’s College of Nursing first offered this course. It will be a base or center for strengthening international practice, education, and research on international collaborative practice in nursing and midwifery in developing countries.

In March 2007, one master’s degree student with research focus as an international nursing collaborator graduated this course. She is working for a NGO health care institution in order to strengthen midwifery in health care in Tanzania. In this March, two graduate students in the same field completed their coursework. They will teach and conduct research on international nursing.

In the second phase, each study team has been reaching their respective research goals as follows:

The study team focused on Kenya has been working to strengthen the master’s program in community nursing with its Kenyan partner. They conducted an educational needs survey by interviewing interested nursing parties in Kenya including policy makers in Nursing Department of Ministry of Health, Nursing Councils, nursing instructors, and nursing administrators in community health. The study team analyzed educational needs or expected competencies of master’s prepared community nurses. In July 2007, the study team had a workshop to share its findings, receive feedback, and to discuss with the stakeholders participating in this study. Based on the feedback from the participants, and as a result, the Kenyan partner will refine competencies and review the original master’s program in Kenya with Japanese team members. They will also propose a revised educational program for community nursing to the Nursing Council in Kenya to develop a curriculum standard for advanced practitioners in community nursing.

The study team focused on Afghanistan has been working for the development of a culturally sensitive baccalaureate program in nursing with a dean and faculty members of newly developed faculty of nursing in a medical university in Afghanistan. This nursing project team is a part of the medical education funded by the Japanese International Cooperation Agency. In October 2006, the Japanese study team invited our partners to Japan because of Afghanistan’s unstable safety and security. We developed a philosophy and concept of education. We made an outline of a program including a curriculum plan. We then edited and printed the prospectus of the faculty of nursing. Afghani partners participated in the WHO Workshop for Medical Education held in Kabul, and presented the outcomes of our collaborative work. In September 2007, our team will prepare the syllabus of nursing subjects developed in 2006.

The study team focused on Myanmar has been working with community leaders and female health workers following the NPO project (2002-2004) for promotion of health in the rural community based on a Concept of Women-Centered Care. Under the concept, women’s decisions of their own activities, sharing knowledge, and self-help have been respected. This study team is conducting a mid-term evaluation to determine the effects of activities of female health workers on community health from diverse dimensions with Myanmar partners and research assistants.

This international collaboration project has been working with both international partners and

also Japanese researchers from the National Institute of Public Health, collaborating to strengthen continuing education for community health nurses, and with the National College of Nursing, collaborating to strengthen the program for the Primary Health Care team in South Africa.

The extended research projects have had periodical meetings and an international research workshop once a year. We synthesized the findings from each research project. By the end of 2006, we developed an international collaboration practice model for strengthening human resources in health and nursing (Figure 2).

## 2. Education of novice researchers

Doctoral student researchers: two doctoral student researchers participated in Myanmar and Kenya projects and working as the main investigators.

Master's student: one masters degree student graduated from our International Nursing course and was sent to Tanzania as a worker of the NPO organization in Japan.

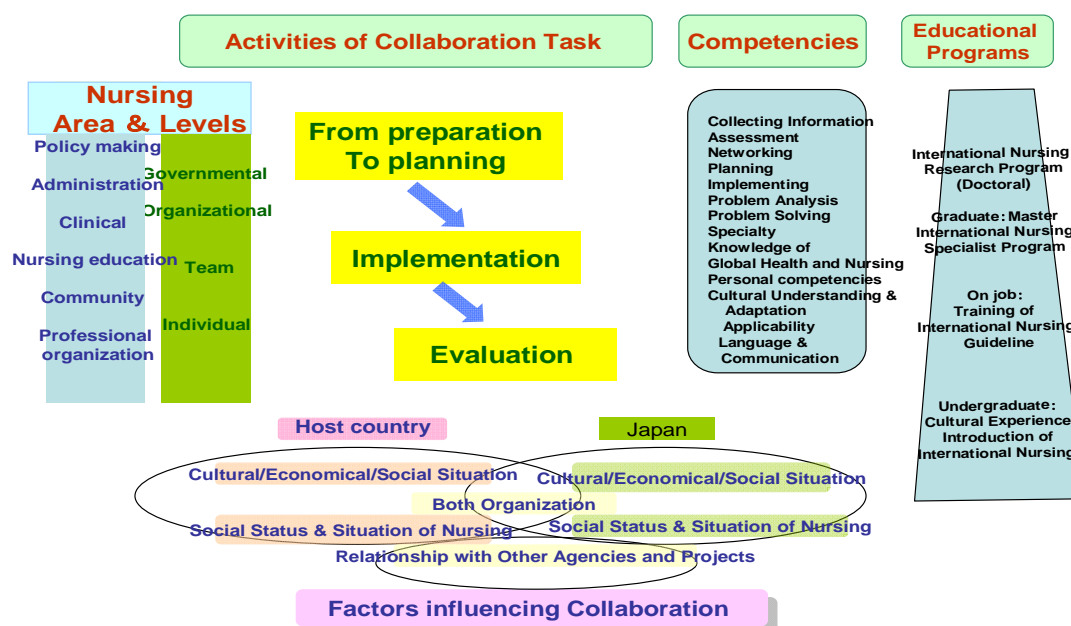
## 3. International Collaborative Research

The projects in Kenya and Afghanistan are international collaborative action research projects.

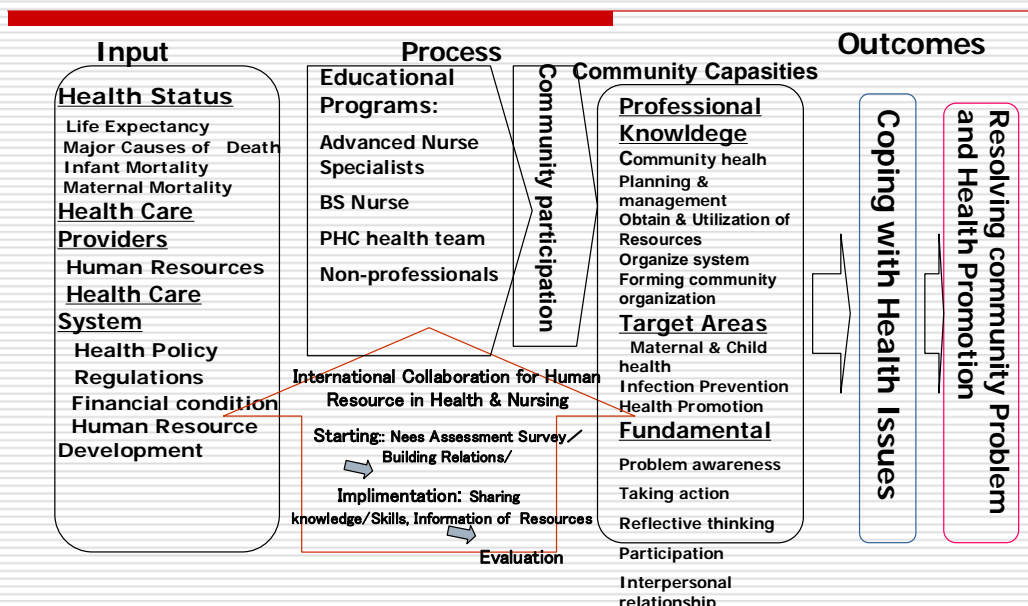
## 4. Future Directions

The research center for international collaboration in nursing and midwifery needs further development. One direction is to develop an international education program for graduate students from developing countries. Another is to conduct international collaborative research with both developed and developing countries. The other is to strengthen an education program further enabling Japanese nurse researchers to conduct international collaborative research.

**Fig.1 Competencies and Educational Competencies of International Nursing Collaborators**



**Fig. 2**  
**International Collaboration Practice Model for Human Resource in Health and Nursing in Developing Countries (Draft)**



## Creation of Health Resource Digital Contents and E-learning Program

Project Leader: Kazuhiro Nakayama

### 【Goal】

One of the major purposes of the St. Luke's College of Nursing COE Program is to disseminate our research results via websites for citizens and professionals. In doing so, however, consideration must be given as to how the information should be provided on the website for it to be effective. Effective information requires an understanding of how the information is accepted by its receivers, citizens in particular. Without this understanding it is difficult to develop a better system of information dissemination. In order to ensure a quality system, theoretical review is essential concerning the citizen-health information relationship, covering such issues as citizens' capability to understand and utilize health information (health literacy), effective methods of improving health literacy through health-related communication (health communication), and decision-making and decision-making support.

The goal of this project was to conduct a theoretical review in these related fields while developing a system to further empower citizens and nursing professionals through mutual interactions.

### 【Plan and Implementation Process】

#### 1. Discussing and introducing e-learning

Discussion about e-learning was made from the standpoint of educating and learning among citizens and nursing professionals. For the purpose of collecting information about technology for developing and distributing e-learning contents, content development software and learning management systems (LMSs) were piloted, followed by the eventual introduction of Macromedia Breeze to start developing e-learning contents and streaming services.

#### 2. Reviewing college information systems and mechanisms of providing information and determining structures

Interviews were made as to specific types of websites to be developed, the overall structure of the COE Project, status of progress in contents of each project, planning, and e-learning. There was also discussion about topics from e-learning from a bulletin board, a system of accumulating research results, information database development, information retrieval systems, and citizen's health counseling systems.

In order to put such a system in place at St. Luke's College of Nursing, various issues were discussed, including network system concepts, infrastructure, staffing, budget, and operation, policies for normal computer-related inquiries and requests, framework of promoting systemization, and support for establishing the structure of system management and operation. Some concerns involved the management of a website at college were pointed out, including the unclear roles and scopes of responsibility and weak authority of teams involved in the management, operation, and promotion of the system, the lack of unification of concepts of systemization with the resulting lack of coordination due to inability to understand movements and information in the school as a whole, and the unclear concept of college-wide systemization as part of the COE Program. In the future, therefore, it will be necessary to set up a section for a sustainable university information system, where full-time teaching staff is assigned with their roles and scopes of responsibility clearly presented and a certain level of decision-making power (authority) granted. Developing such a system will take time, however, and

thus for the time-being the network server will be set up externally with all management being outsourced to a subcontractor.

### 3. Collecting and publishing domestic and international examples of information distribution at other universities

We attempted to learn what systems and methods are used for community outreach activities in the leading region of the Internet world, North America (the United States and Canada). Selected from websites of universities and related organizations, especially hospitals, a number of informative e-learning contents and health information resources for citizens were organized into a list of links, called the "Contents of North American Universities Contributing to Public Health" and made available for viewing online. This should be used to promote university outreach activities not only at St. Luke's, but universities nationwide.

### 4. Creating Kango-net

A comprehensive website with a people-friendly interface has been developed as a system to turn the research outcomes of each project into web contents to be released for dissemination among citizens and nursing professionals. The objectives of the website have been streamlined to the following six items, and these should be subject to evaluation for each project as well as the entire program:

- 1) Providing information in order to support the enhancement of citizen health literacy
- 2) Providing opportunities to learn ways of looking at evidence and a forum for people to communicate
- 3) Emphasizing nursing professionals' ability to play a role in decision-making
- 4) Providing a place and assistance for citizens who have already acquired health literacy
- 5) Exploring implicit knowledge in narratives between citizens and nursing professionals to transform it into formal knowledge in each instance of 2) - 4)
- 6) Creating a community that has functions of empowerment and advocacy and forming social capital

### 5. Releasing health information and forming a community

#### 1) Releasing health information

##### (1) Sections for information about individual projects

A page to provide topics and event information, a forum to report research results, and a list of useful links has been developed.

##### (2) Nursing knowledge

Pages developed include "What is nursing?" which serves as a self-introduction of nursing professionals as the website owners who provide citizens with information, "How to read healthcare information on the Internet" to guide users in looking for reliable information from among what is an unorganized mix of good and bad information on the Internet, "What is patient-centered medicine through EBM (evidence-based medicine)?" to help citizens understand evidence and make their own decisions, and the children-oriented "Kango-net for Kids" in response to the common demand for information as to what is nursing.

##### 2) Forum for mutual communication: "Nursing Community"

- (1) "Message board": A counseling service page has been developed to include any theme, in which users who seek advice and those responding may indicate their respective occupations, with available options including "general citizen," "experienced citizen," "registered nurse/public health nurse/midwife," "other healthcare provider" and "nursing student" to choose from, giving consideration to clearly specify whether the knowledge comes from "experienced" citizens or nursing

professionals.

(2) Questionnaire asking about Kango-net and evaluation of each page

Questions include one that asks about usage frequency, "How did you know about Kango-net?" "What information have you found?" "Have you found the information you were looking for?" "Do you think you will come back again?" and "Please mention if there is anything that you think needs improving in the contents, display screen handling, or screen displaying of Kango-net." There has also been a point of evaluation provided at the end of each page across the website, which asks questions including "Has this article and/or information in it been helpful?" and "Please mention specifically what has or has not been useful."

6. Theoretical review and content development to enhance health literacy of citizens

In relation to reviewing issues related to health literacy, health communication, and decision making, we are developing contents for enhancing health literacy that are easy for both citizens and nursing professionals to understand and promote proactive participation to healthcare. Concepts and keywords used include: what is health?; salutogenesis; illness; risk factor; information; decision-making; EBM; health literacy; web trends; web2.0; health communication; narrative; group; open database; EBM and NBM; decision-making support; types of decision-making; medicalization; health promotion; behavioral modification theory; stress coping; positive coping; social support; advocacy; social capital; community; and consumer health informatics.

7. Reviewing Web2.0 trends and re-examining Kango-net

While there is a certain level of citizen participation in the "Message board" and evaluation for individual pages on Kango-net, it is yet to reach a point at which citizens form the contents. One of the recent trends in the web system is Web2.0, which draws interest with its system to form "collective knowledge" thanks to citizen participation and its openness. We have thus started discussing the possibility of employing some of its features including SNS, blogging, FAQs, and a community website.

**【Goal Attainment】**

1. Research practice activities

1) Regarding e-learning, theoretical review in learning science and educational technology and an overview of reports about its introduction at universities in Japan and overseas has led to the finding that instructional design is essential content for developing e-learning for citizens, and it requires utilization of technical knowledge in related fields of education, psychology, and informatics. It is important in e-learning to follow the learning needs of the subject and thus be learner- rather than educator-oriented, which overlaps with the theme of "people-centered."

As for systems for citizens, those considered appropriate have already been fully introduced, while contents about "nursing technology" and "How EBN should be used in clinical settings" for nursing professionals are scheduled to become available.

2) In reviewing examples of information services for citizens in North American universities, it has been found that websites are utilized as a tool for health education and promotion, that the levels of contents are particularly higher in the cases of large state/private universities or faculties/schools (medicine, nursing, public health, health science, health informatics, and pharmacy) where an integrated organization including the university hospital (such as a health science center) provides information or in the cases of an industry-government-academia partnership, and that the website is used as a tool to promote community outreach, which involves citizen participation in all processes starting from the development of evidence to dissemination of evidence and behavioral

modification. This has helped determine the direction Kango-net should take, and has shown that the basic concepts here are consistent with the trends in North America.

- 3) Kango-net has traffic of over 130,000 page views per month with some 26,000 unique users as of August 2007, showing a year-to-year increase by 5,000 users. Seen by page content, "Message board" has the largest traffic, followed by "Topics," "Tips for receiving good nursing service," and "What is nursing?", forming the four most-viewed pages, each with 4,000-6,000 visits and 3,000-4,000 unique users.
- 4) The responses to questionnaires about Kango-net and evaluation points on each page showed that a combined 85% of answers indicated either "very useful" or "reasonably useful" in the 5-grade rating, suggesting it receives a high evaluation overall.
- 5) We conduct theoretical reviews and develop web contents concerning the significance of health information and its uses for the purpose of improving health literacy of citizens, based on the structure plan (see Table 1).

## 2. Future directions

- 1) As a university system, a desirable system to be developed is one that is sustainable and allows the school to better understand the connection with citizens and nursing professionals. We will examine the possibilities of converging university websites, Kango-net, and the E-learning system, or those of the working Luke-Navi site, research centers, and the university library together to form a portal for citizens and nursing professionals that seek information.
- 2) We will attempt to form a community of participating citizens, employing Web2.0 functions as a system to form "collective knowledge," including SNS, blogging, FAQs, and community websites, making it a forum for participants to share the process of knowing and understanding information, then sharing it and acting together.
- 3) We will publish contents regarding the significance of health information and ways to use it, and then seek evaluation by citizens.

Table 1.

What is health?	Health is change as a result of interactions between humans and the environment
Problem occurs	Information is necessary as to what to do in response to a change
Seeking information	What is information?
	Information exists for the sake of better decision-making
	What is considered to serve more people is considered as evidence
	Where is information that has reliable evidence?
	Era in which sought-after health information is found on the web
	Receiving information requires communication
	Mind is developed through individual conversations and narratives
	Knowing what others do is also important
Decision-making	Ability to choose based on evidence and following one's heart



	Receiving help in deciding
	However, sole dependence on medicine does not bring good health
	Changing one's own mindset, behavior, and environment is necessary
Behavioral modification	Way to change lifestyles and environment
Stress	How to cope with stress in each of the above-mentioned processes
Social response Social resources	Valuing interpersonal connections
	Developing networks of mutual help
In the future	Utilizing and forming health information resources

## Utilization and Evaluation of People-Centered Nursing Services

Project Leader: Toshiko Ibe

### 【Goals】

Japanese medical care is typically provided from the care provider's perspective.. In recent years there is a growing interest in medical care among people who are not medical professionals. Higher expectations of recipients towards better medical care, that presume medical safety, are increasing. Believing that a system which provides better medical care and nursing services can be developed by sharing philosophy with medical care recipients and providers to obtain mutual understanding, affirmative participation of consumers as members of health care teams are required. The goal of this project was to pursue the construction of a new model of medical care and nursing systems by incorporating the views of consumers who were provided with information on existing medical care and nursing systems.

### 【Plan and Implementation Process】

#### 1. Implementing a study to investigate appropriate nurse/patient ratios to provide patients' safety in Japan's acute care hospitals

To investigate appropriate nurse staffing rate to keep patients' safety in acute care setting hospitals in Japan, we formed a project team consisting of clinical nursing administrators, nursing researchers, nursing educators, nursing college graduate school students, journalists, clinical nurses, and hospital risk managers.

#### 2. Holding International Relay Symposium "Let's Talk about Healthcare! Patients are member of health care team"

To obtain people's perspective about the health care system in Japan, we held a symposium to share information to illustrate the complicated situation surrounding health care system both from the view of medical professionals and patients.

#### 3. Development of "Hints for Receiving Good Nursing Care" website and "A Hand Book to Read When You Go To a Clinic" brochure

After holding the aforementioned symposium, we realized that there were requirements of the public to participate in medical care teams as members, as a foundation they needed to have adequate information about health and healthcare system to help their own decision-making.. In order to actively and continuously communicate the roles and functions of nursing professionals, we thus developed a website and brochure.

#### 4. Continuation of research to build up evidence for proposing policies and building partnerships among nursing professionals

By drawing upon the activities of the California Nursing Outcome Coalition (CalNOC) in the U.S., which aims to draft policies for safe and high quality nursing for patients, we have a continuing accumulation of data for policy recommendations and related research. Given that proposals must be made by organizations rather than individuals on both the public and medical care provider sides to create social movements, we formed partnerships among nursing professionals sharing the same goals.

### 【Goal Attainment】

#### 1. Research activities

- 1) Continuation of research on nurse staffing rates to ensure medical safety in Japan: Research for proposing evidence that influence policies and building partnerships among nursing professionals.

As a result of reviewing literature, we found there was no clear evidence on the relation between patient safety and nursing staffing rates. There were only a few countries and regions which actually prescribe regulations on nurse staffing rates by law. In the State of California, U.S.A., nurse staffing rates were established by state law in 2002, as a result of the efforts of nursing professionals and societal demands. These standards were much stricter than those in Japan in terms of nurse to patient ratio. The nurse staffing standards in Japan, especially in the acute care setting, are essentially inadequate, suggesting that better staffing is required in order to ensure patient safety, which is the basic need of the people, and to provide reliable medical and nursing care.

We therefore worked together with CalNOC, a leading research organization on nurse staffing in the U.S., to conduct research on 94 nursing care wards in Japan. We were able to obtain full permission from CalNOC to use their data collection tool (CalNOC Code Book, translated into Japanese) as well as received research advice and the most recent information by participating in their annual general assembly.

In Japan, we held four seminars about the issue of nurse staffing for ward nursing administrators working in acute hospitals and wards in the Kanto area. Each was attended by about 80 to 90, mostly nursing administrators. These seminars served as a venue to: (1) obtain mutual understanding of the international situation; (2) significance of research on the influence of nurse staffing on patient safety and (3) the importance of nursing professionals to voice their views as an organization. Many of the participants went on to participate in our study with CalNOC.

The acute wards in Japan participating in this study were found to provide inpatient treatment for 38.8 patients per ward per day on average. An average of 5.4 nurses were on duty during the daytime and at night (registered nurses, assistant nurses, nursing assistants), who provide 3.6 hours of care per day to each patient. This is a huge difference from the 8.68 hours of nursing time per patient in California as found by CalNOC's study. It was also found that more than 10% of ward nursing staff are new nurses in their first year, and about 40% are registered nurses with one to five years experience. Like the research in U.S., this study was not able to show a direct relationship between medical safety and nurse staffing; however, it was concluded to be due to influential factors of nurses on patient safety being completed and diverse, and there really is not much difference between wards as a result of our country's staffing standards.

- 2) Provision of information by nursing professionals and setting up venues for communicating with the public: Development of the "Bits of Wisdom for Receiving Good Care" website and "Handbook for Outpatients" brochure

Results of holding the relay symposium "Let's Talk about Healthcare! Patients are Part of the Team," suggested the need for nursing professionals to proactively provide information on medical care and nursing for the public to participate in medical care teams as members. We therefore reviewed the use of websites as an information service medium, use of brochures, and the information to be provided taking advantage of the two media.

- ①Website "Hints for Receiving Good Nursing Care" <http://www.kango-net.jp/mame/index.html>

Setting the age groups which we think can actively obtain information using the Internet as in the teens to 40's, and given the fact that mainly those with interests in "nursing" and "nurses" would reach the website by searching these keywords, we decided to design the

homepage as a site that would be selectively read, and place information that nursing professionals want to provide to people who are not from the field of medical care along with technical knowledge that nursing professionals want to share amongst themselves.

However, to ensure that the site can be casually read, we designed the homepage as a story of a fictional family called “The Yamada Family” whose experiences can be simulated by readers, and should readers want to know more, they can go on to read the commentaries. The story was given a structure which allows the readers to simulate, over time, episodes such as hospitalization and receiving outpatient treatment which would rouse their interest in medical care and nursing to resolve doubts related to these experiences, and learn about the roles of nursing professionals and issues of medical care and nursing systems.

## ②“A hand book to read , when you go to a clinic” (Photo 1)

Most people begin their relationship with medical care at the outpatient department. Given that outpatient medical care and nursing is growing more and more important in the entire medical care providing system, we decided to provide information that would prove useful when people receive outpatient treatment.

As a result of our survey for consumers and observations of outpatients and visitors to our hospital, we reached the conclusion that a large part of outpatients and visitors are made up of women in their 50’s and 60’s or above. This suggests that many women compromising one generation not only visit hospitals to cure their illness or poor physical conditions, but also accompany their parents on hospital visits to help or at times, make decisions. To inform and educate these generations who probably do not use the information provided on our website, we decided to use brochures as a medium.

We designed the brochure in such a way that procedures and actions during outpatient visits are described chronologically and visually easy to understand. We are currently working on revising the brochure in accordance with needs revealed through patient groups and the public.

## 2. Education of novice researchers

Link with MS/PhD students	Educational intentions and commitment	Outcome
Study on health care service provision systems	<ul style="list-style-type: none"> <li>• Case study of constructing outpatient service systems using soft systems method when starting a clinic.</li> <li>• Study of medical service quality in breast cancer patients—effects of volunteer service by women who are experiencing breast cancer, on medical service quality</li> </ul>	Current medical service is founded on cooperation between medical care providers and the public, and their interactions affect medical care quality.
Study on health care and nursing policies	<ul style="list-style-type: none"> <li>• Study of the power of nursing professionals who influence the policy decision process</li> <li>• Study of the policy-making process</li> </ul>	Health care and nursing policies prescribe the source of the quality of medical services provided, but the effective participation of nursing professionals in the policy decision

	of non-affiliated local politicians with nursing qualifications	process enables more realistic and specific policies to be drawn up.
Study on mass media and information about nursing	·Review of methods of promoting nurse's "voice" to the public	One of the major factors affecting current social trends is mass media. Nurses face many problems in the medical and welfare scene. They need to recognize the significance of telling the public their experiences as professionals and actively voice their views audibly.
Study on nursing professional knowledge and functions	<ul style="list-style-type: none"> <li>•Functions of liaison nurses in surgery rooms and factors affecting their functions</li> <li>•Analysis of clinical evaluation skill forming process of new nurses</li> <li>•Process of creating implicit knowledge of nurses.</li> </ul>	Many nurses have developed knowledge and experience in their respective working scenes by themselves. They need to recognize the importance of sharing their individual experiences with other nurses and enhance the quality of education as nurses.

### 3. International collaborative research



Japan-CalNOC Collaboration seminar



2004-2006 CalNOC annual conferences

### 4. Future directions

#### 1) Delivery of medical and nursing service information from the public viewpoint

Due to the need to update and revise the contents of our website and brochure in accordance with the changes in social trends, revisions of the medical system, and changes in public needs, etc., we will update our website when appropriate, and we are currently working on the first revision of the brochure.

#### 2) Need for policy recommendations based on evidence

With regard to research results required for policy recommendations, we need to review survey items according to the characteristics of medical care in Japan, and continuously and systematically collect data from facilities above a certain scale. There are limitations to efforts that can be accomplished by educationally sponsored research groups. There is a need to obtain support from the government and from professional groups, and for the establishment of permanent data banks and on-going research mechanisms.

#### 3) Need for use of mass media

In order to motivate social movements, there is a need to make use of mass media in addition to showing scientific evidence. Nursing professionals need to establish methods for using this, and methods and opportunities to present this to society by following policies such as “never saying no when asked for comments” and “voicing opinions even when not asked for comments.”

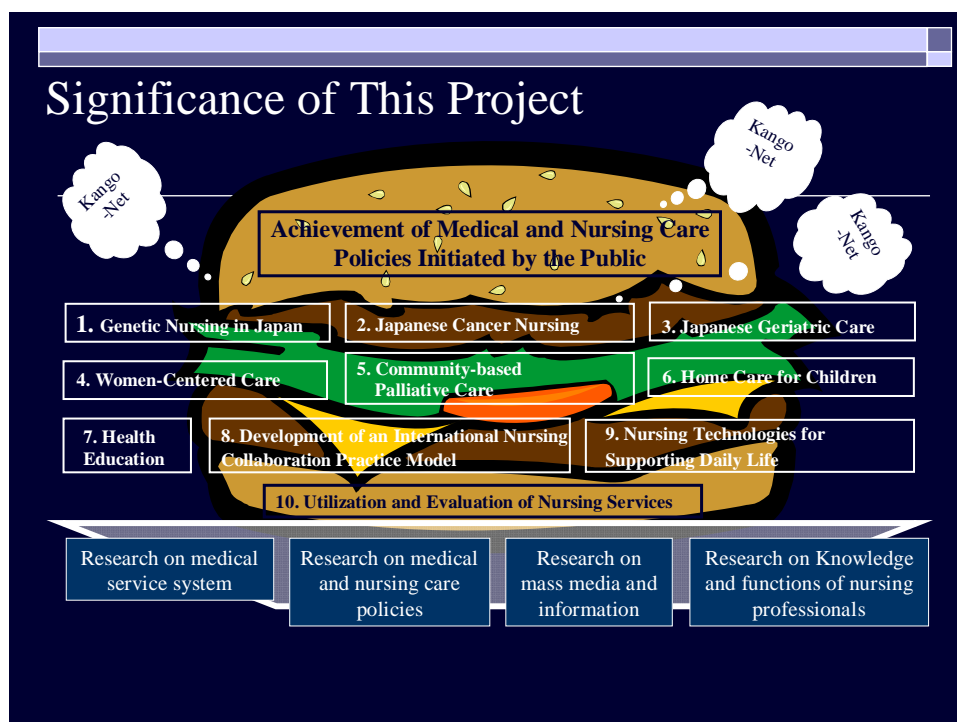
## Positioning of the Utilization and Evaluation of People-Centered Nursing Services Project in St. Luke's COE Program

The Project within the St. Luke's COE program is summarized in the Hamburger Model (Figure 1). In the model, this project serves as the base or “bread” supporting other projects conceptually, analyzing and reviewing the policy trends affecting medical and nursing service quality as well as social trends including mass media. Carrying out various “meat and toppings” COE project activities for the public will help realize people-centered medical and nursing policies.

Photo 1



Figure 1



## Knowing Our Body

Compilation of Human Body Picture Books for 5 to 6-Year-Olds for Providing Basic Health “Body” Information to All

Project Leader: Michiko Hishinuma

### 【Introduction】

While people are required to take the initiative for healthy behavior and ensuring proper medical care, there exists an ever widening gap between the health information available to and understood by the people and advances in medicine available to the medical professionals. Based on the assumption that the key to good health is for people to be knowledgeable about their bodies, we focused on two goals aiming to foster a well-informed society. One is the development of routine nursing support techniques suiting the individual, and the second is making available health information to everyone including teaching pre-schoolers about the human body. Toward this goal we compiled teaching material. For the first goal, we developed and spreaded practical nursing skills with patients and nursing professionals in the first year of this project. That program has been completed. This report focuses on the second goal.

### 【Goal】

Using a Community Based Participatory Research (CBPR) strategy, involving researchers at universities, and the community, such as child-care workers and parents compile teaching materials for pre-schoolers and teach them about the human body.

### 【Plan and Implementation Process】

- 1) To select the target community to teach physical health information, we conducted a survey of 15 school nurses and a survey on precedent subjects that would eventually be carried out. The results showed that teaching children about the physical mechanism of the human body is important for people to lead healthy lives and it was also concluded that ideal subjects are kindergarten children and older children in nursery schools (5 to 6 years of age). (Hishinuma et al., 2006)
- 2) We focused on existing educational tools such as toys, picture books and illustrated books, and found them to be diverse-ranging in content depending on the purpose. Out of these, we decided that a pictorial book explaining the human body using three-dimensional models compiled in the U.S. was excellent, and translated this into Japanese and published it (3D Model Picture Book: The Human Body, Kodansha, 2005).
- 3) We conducted a survey of knowledge that five-year-olds had about the names of body parts and internal organs. Surveyed were 15 boys and 14 girls through their parents. Results indicated that most of them knew the names of external parts and knew such internal parts as bones and heart. They knew that food was for stomach contents and had also seen blood. It was concluded that it is also possible to talk about those parts and they would understand what was being said using those words.
- 4) We compiled picture books on seven systems: digestive, urinary, circulatory, and respiratory systems, bones and muscles, as well as nervous and reproductive systems. Specialized information was prepared by college teachers, while terms used, easy-to-understand expressions, information volume and contents were determined based on the opinions of

school nurses who were research members, public health nurses, graduate students, and the public. We asked an illustrator to draw the pictures, as well as create a picture-card show. Based on the results of the precedent subjects, we asked a shop to make internal organ T-shirts as visual educational tools.

- 5) Using the digestive system picture-card show, internal organ T-shirts, and picture books, we carried out the picture book educational program at two nursery schools, and evaluated the usefulness and pertinence of the program. Sixty-seven five-year-olds participated, and 45 parents and five child care providers answered our questionnaire. Child care providers replied that the program helps five-year-olds understand the human body and that they enjoyed learning about the body's mechanism together with the children. Both parents and child care providers requested further development of the program. (Matsutani *et al.* 2007)
- 6) We carried out the program and the questionnaire survey on child care providers between January and June 2007, for a total of 20 times on a total of 742 children at kindergartens, nursery schools, and elementary schools. The educational tools used were the picture books of the digestive system (13 times), those of bones and muscles (3 times), and those of the urinary and circulative systems and the T-shirts (one time each). Parents and child care providers replied that the intended goal was more or less achieved. They said that the children listened and looked on with interest during classes, and responded enthusiastically to organs they knew and to "poop." The teachers who taught the classes also said the children responded well, and that the classes were fun for them and they were motivated to do them again in the future. Comments were also received on the picture-card show and implementation methods.
- 7) Based on the results of 6) and exchange of opinions between participating program members, the picture books were revised. Carefully selected contents were placed on the picture books, and a commentary of two pages in length (A4 size) for each system was compiled for parents and child care providers. The picture card show was changed to one consisting of pictures pasted to the surface only.
- 8) To evaluate the effects of the teaching tools, we are currently carrying out evaluative research by conducting classes on all seven systems in private kindergartens and investigating the increase in knowledge of the children, and gathering opinions from child care providers and parents.

## 【Goal Attainment】

### 1. Research activities

We have been developing educational tools for a program to teach children about the human body since 2003 with the aim of fostering people who take an initiative in leading healthy lives. This endeavor started with a conceptual model shown in Figure 1 based on the need for such educational tools felt by college teachers. As a result of surveying the comments of people involved in the health education of children, child care providers, and parents, as well as precedent cases, it was revealed that the first step to cultivating people who would take the initiative in being healthy was to develop the required teaching materials and programs, as well as having the public participate and cooperate in these.

We analyzed the development of the picture books and the program progress, according to the nine elements of the Community-based Participatory Research (CBPR) proposed by Israel (Table 1). The following results were seen for the nine elements; setting the target community as older children (5-year-olds)<identity>, served as a joint project of picture books compilation where the



participation of the public increased with progress <partnership>, resources in the project accumulated <resources>, continued discussions at equal stance <cyclical interaction>, while respecting each other's experience and knowledge, those carrying out the program changed from nursing professionals to the public to child care providers <capacity building>, successfully prepared the educational tools for continuing the program <sustainability>, and gave presentation at seminars <dissemination>. Information was also spread to parents and child care providers through the children <local relevance>, and the evaluative research proceeded as planned as comments were gathered in the program <balance>.

Particularly important amongst these elements is partnership, and as shown by the water ring model (figure 1), as the program progressed, the circle of people contributing to it, such as the public, participants, and all those who exchanged opinions, and helped develop the educational tools and program, also spread. The program, which was first launched inside our college, gradually broadened to child care providers and parents in the region through teachers, students graduating from our college, and ward residents, thus expanding the target community of the program and contributing to relation-building. The other important element is capacity building. To the children of the target community, the picture books are a means of acquiring information, so this means all participants successfully acquired knowledge and skills. In particular, the faculties of the nursing college were able to create easy-to-understand educational tools from the thoughts of the people and reaction of children in the process of conveying specialist knowledge to children, thus allowing them to acquire the skills for providing information to the community people.

This study involved the repeated interaction of many in the process of developing picture books (coalition), continuous discussions on equal footing, and accumulation of new knowledge and skills by participants with time. We were able to express this process using a spiral model (Figure 2).

## 2. Education of novice researchers

In the first year of this research, which established “nursing techniques for supporting daily living” as a program, joint research with people actually involved in the field (patients, nurses, other professionals) successfully contributed to the research endeavors of these people. One of the students summarized the results in a doctorate paper “Effects of Nursing Care Program ‘Awaking the Body’ to Promote Reconditioning of Patients with Acute Cerebrovascular Disorders.”

Throughout the “Making Available Knowledge of the Human Body to All” program, graduate students participated in all stages of the activity. Joint efforts to carry out this program (picture card shows, symposiums, etc.) according to the target community served as an opportunity to learn what people-centered care actually is. The candid information of responses and opinions of the community were gathered. By reporting and talking about such information, they were able to learn the elements of CBPR. This is also involved in data gathering and research progress for the evaluative research of this program.

A COE research fellow employed in the final year of the project was scheduled to give presentations in two conferences in 2007.

## 3. Future directions

### 1) Revision of the picture books

Evaluative study of the picture-books “Knowing our body”, by using monitors.  
Through the internet the monitors are asked to answer the questionnaires about the books.  
The monitors are parents, care-takers, and kindergarten teachers.

In addition to this study, all records from local institutions, where our programs have been implemented, are analyzed. After obtaining the results of the evaluative research on these educational tools and program, if further revisions are deemed necessary, we will have community members participate and work with us on those revisions.

2) Evaluative researches on this program

- ① Evaluative research of the health teaching program ,”Knowing our body”, for the pre-school children.

The survey is conducted to evaluate the teaching effects on 22 five-year-old children at the private kindergarten after implementing seven card-board shows.

- ② Cohort study of the program, “Knowing our body”, for the pre-school children---after one year of implementation.

At the private elementary school, the study is conducted to survey the effects on first-grade elementary children at the private school after one year of implementation.

3) Dissemination of this program

We will also consider collaborating with picture book publishers and the government to spread the program. In addition, to continue this program, we are also planning to foster and secure personnel who will be able to become program providers in the future.

Table 1. Analysis of Israel’ s Nine Elements

	Keyword	Element	COE 11
1	Community	Approve community as one unit of identity	5-year-olds, caregivers, parents
2	Strength and resources	Accumulate resources and strengths in the community	Easy to understand expressions, special knowledge, educational needs, pioneering cases
3	Equal partnership	Promote cooperative and equal partnership in all stages	Discussions during member meetings
4	Acquisition of skills	Foster collaborative learning and skill acquisition	Adjusting use of words, pictures, and content to five-year-old children, effectiveness of visual educational materials
5	Balance	Balance knowledge output and intervention for benefit of all partners	Implementation of program and results, selection of technical knowledge, observe response of children
6	Local relation	Focus on regional related and ecological aspects	Local events, symposiums, touring of program
7	Circularity	Develop in circulative and reciprocal process	Revision of picture books in discussions, editing committee
8	Diffusion of results	Spread results to all partners and further spread through them	Calling out to local kindergartens, distribution of picture books
9	Sustenance	Promote sustenance in long-term process	Compilation of picture books, presentations at conferences

Figure 1. Water Ring Model on the increase of partner

## <Water Ring Model>

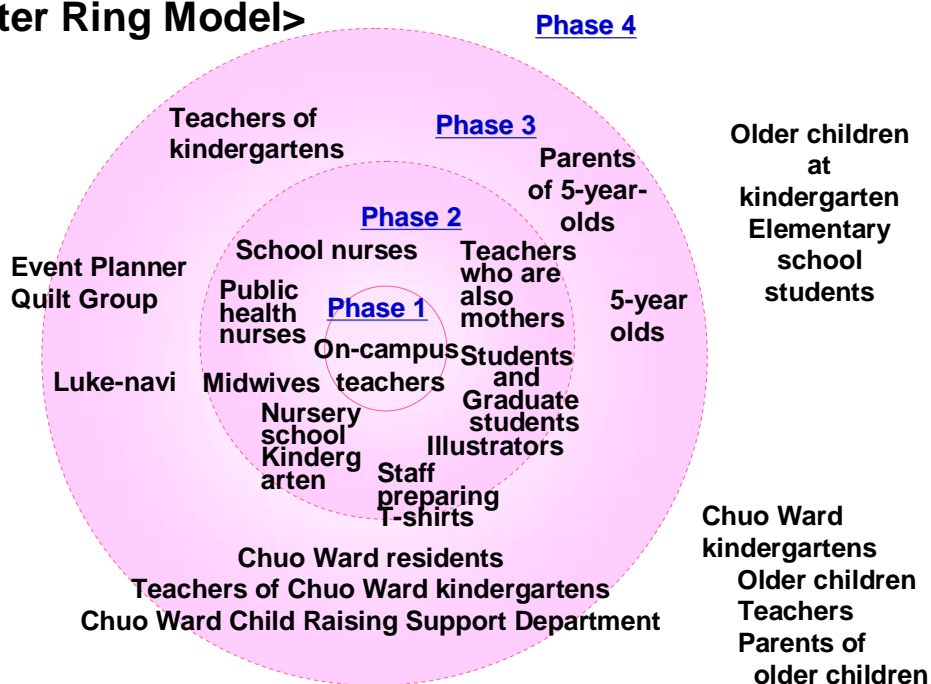
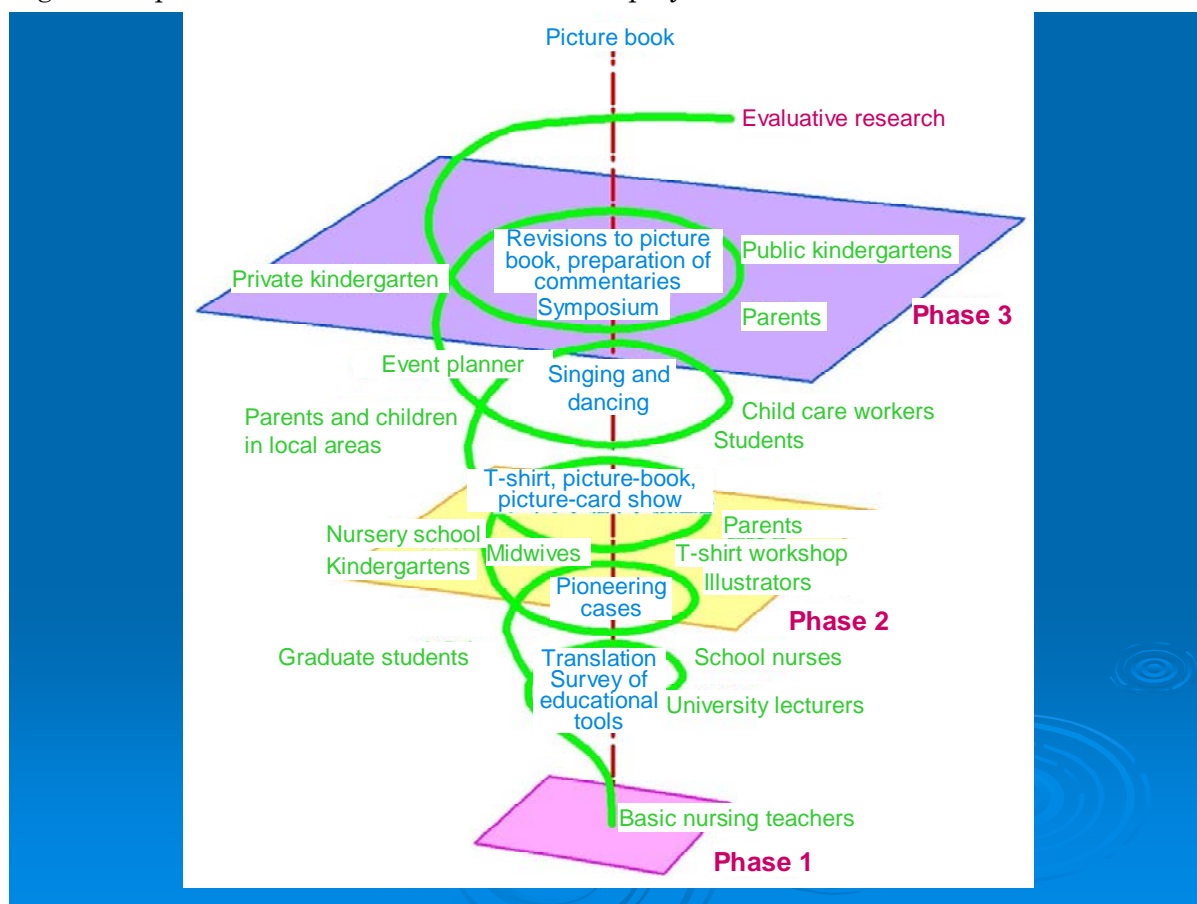


Figure 2. Special Model of the activities of this project



## **The use of Case Studies as a Basis for a Model of Support for Visiting Mental Health Nurses Providing People-Centered Care**

Project Leader: Mami Kayama

### **【Goals】**

In the process of developing strategies for providing care aiming for “Nursing for People-Centered Initiatives in Healthcare and Health Promotion” at our college, we sometimes experience difficulties in interacting or dealing with people with mental health problems. We therefore think it is crucial to set up a venue for supporting the understanding of difficult mental health related cases and how to deal with such cases, analyze the challenges in relating with people with mental health problems, and review ideal support systems. The following are three specific goals in this project:

- 1) Project members specializing in the area of psychiatric nursing participate in case study meetings that are held by professional volunteers providing health counseling to the public. By analyzing the contents of these meetings, professional volunteers providing health counseling to the public would be able to reexamine the difficulties they encounter during counseling sessions, the influential elements of these difficulties, and the required support.
- 2) A series of case study meetings organized by psychiatric certified nurse specialists (CNS) should be held on a regular basis.
- 3) A series of case study meetings organized by psychiatric visiting nurses should be held on a regular basis. By analyzing the contents of these meetings, psychiatric visiting nurses supporting people with psychiatric problems would be able to reexamine the difficulties they encounter at the point of care-delivery, the influential elements of these difficulties, and the required support.

### **【Plan and Implementation Process】**

- 1) Conducting case study meetings by professional volunteers providing health counseling to the public are mainly attended by the project leader and project members involved in public health counseling.
- 2) Conducting case study meetings by psychiatric CNS  
The meetings held every two months are conducted primarily by the project leader and project members who are psychiatric CNS. Graduate students from the advanced practical course (psychiatric CNS) are also asked to help conduct the meetings.
- 3) Conducting case study meetings by psychiatric visiting nurses  
The meetings held once every two months are conducted mainly by the project leader and project members who are psychiatric visiting nurses. Graduate and undergraduate students of psychiatric nursing are also asked to help conduct the meetings.
- 4) Involvement of community  
Information about up-coming meetings are announced in advance at health centers, hospitals, and visiting nursing facilities, etc. in the Kanto area, by postal mail, e-mail, and putting up notices on websites, etc.

### **【Goal Attainment】**

#### **1. Research activities**

- 1) Case study meetings by professional volunteers providing health counseling to consumers

Since 2004, health counseling service for the public has been provided on the first floor of the St. Luke's College of Nursing Building Two by professional volunteers such as nurses, doctors, psychologists, and nutritionists. Due to the large number of people with mental health problems seeking this service, the professional volunteers sometimes have problems with how to coping with all of them. To resolve this problem, the project members participated in case study meetings held by professional volunteers to review difficult-to-handle case studies of people with mental health problems. Beginning January 2005 four such meetings have been held.

*<Analysis of difficulties experienced by professional volunteers providing health counseling service for the public>*

- Fear/Anxiety (Afraid that the safety of users will not be maintained, afraid of being disliked by users)
- Difficulties in communication, hesitation about the users feelings
- Feeling burdened, pressured, and being blamed while attempting to support user
- Despair over lack of foresight
- Limitation of one's ability

*<Difficulties that professional volunteers providing health counseling to the public are aware of>*

- Characteristics of actions and words of person seeking counseling (public)
- Characteristics of professional volunteers
- Characteristics of public health counseling system

*<Effects of reviewing meetings for difficult case studies in public health counseling>*

Analysis of such difficulties suggests the need for opportunities for professional volunteers to obtain knowledge about mental illness, to talk freely about their feelings, and to follow-up on their anxieties such as burden, fear, sense of insecurity, and despair. Currently, these review meetings are thought to provide this role and have a strong significance in related activities.

## 2) Case study meetings by psychiatric CNS

Since May 2006, the St. Luke's College of Nursing Research Center for Development of Nursing Practice has been holding and conducting these review meetings once every two months.

*<Effects of review meetings by psychiatric CNS>*

Many hospitals have only one psychiatric CNS, which results in limited opportunities for nurses to seek CNS advice how to deal with difficult clinical cases. These meetings therefore serve as a venue for reviewing the type of care to be provided to such cases, attended by CNSs from different medical facilities.

## 3) Case study review meetings by psychiatric visiting nurses

Since April 2006, these review meetings were held regularly once every two months at the St. Luke's College of Nursing Research Center for Development of Nursing Practice. Each meeting lasted about 90 minutes. Participants included nurses, public health nurses, psychiatric social workers (PSW) engaged in psychiatric visiting nursing services in the Kanto region, as well as

nurses and public health nurses with clinical experience in psychiatric nursing not currently engaged in psychiatric visiting nursing services. Table 1 shows the number of participants and themes of each meeting.

*<Analysis of difficulties identified by psychiatric visiting nurses>*

These case study meetings were analyzed using a content analysis method. Difficulties included:

- Providing support for enabling users to self-manage their medication
- Identifying what kinds of support users want
- Support of illness management for users who are pessimistic about their treatment
- Support of the financial management for users who cannot stop buying products from door to door sales
- Making individual nursing judgment about the appropriate extent of appropriate visiting nurse involvement in routine activities of users on their behalf.
- Providing food and exercise therapy while taking into consideration the psychological symptoms of users
- Responding to the stress of users who are at risk of suicide
- Dealing with users whose symptoms are having negative effect on family members
- Working together with many different types of professionals at the same time, such as doctors, nurses, PSW, public health nurses, administrative welfare workers, occupational physicians, etc.

*<Effects of case study meetings by psychiatric visiting nurses>*

- By working with professionals from different medical facilities we were able to gain a variety of useful perspectives as we reviewed better care both difficult cases and people with psychiatric diseases in their routine community life. These case study meetings are effective for visiting nurses providing individual care to users at home. It helps them obtain a more comprehensive picture of users, discover new perspectives, verify, evaluate, and correct care methods and stance, as well as review future plans.

In addition to the initial objectives of the project, this program found the following four merits:

- The case study meetings held regularly by psychiatric visiting nurses were thought to serve as an opportunity to consolidate: 1)tasks related to visiting nursing interventions, 2)tasks related to psychiatric nursing policies, and 3)tasks related to medical remuneration. Certain medical fees should be ensured to facilitate psychiatric visiting nursing care services. Based on the response of attendees we think problem solving and sharing will have a positive impact on the improvement of the care system targeted in this project.
- On-going regular meetings has helped to accumulate know-how for managing the meetings, such as how to steer the meetings, consideration to be given to participants, etc.
- By participating in running the meetings, graduate and undergraduate students were able to learn how to run the meetings and the significance of a well managed meeting.
- We were able to appeal to the community showing the presence of our college as contributing to the community.

## 2. Education of novice researchers

The meetings served as a chance for the participating graduate and undergraduate students to experience running review meetings. Because they were also engaged in clinical practice while participating in the meetings, they were able to link tasks faced in relationship to policies for building future support systems to: sustain their own nursing activities; support clinically-focused research and establish quality review.

### 3. Future directions

#### 1) Case study review meeting of profession volunteers providing public health counseling

We plan to continuously participate in the review meetings and intend that the meetings will serve as a source of support to the volunteers. In public support activities, it is a challenge to share and talk about difficulties faced while trying to protect the privacy of the people involved. However, if these care providers are not given any chance to talk and share about these problems and obtain knowledge on how to resolve them, they themselves can “burn out”. While the members of this project have the advantage of belonging to the same college, which allows them to mutually understand their respective positions in participating in the review meetings from the standpoint of psychiatric nursing, they also face the risk of being too close to each other. Another task is the need to review establishing a support system which incorporates these meetings.

#### 2) Review meetings for psychiatric CNS and psychiatric visiting nurses

There is a need to continue these meetings regularly so that they can serve as an important source of support to nurses working with people with mental health problems. Based on these review meetings, it is important to review ideal over premise support.

By continuously analyzing difficulties that nurses are aware of, it is possible to apply these difficulties to foster nurses’ expertise and to provide in-service training, as well as use their experience as the basis for making proposals about medical policies.

Our vision for the future is that psychiatric visiting nursing will be broadly established as a support for maintaining and enhancing the QOL for people with psychiatric diseases. And we also expect these support services will further improve in quality and become a standard practice. Therefore, it is indispensable to clarify psychiatric visiting nursing technologies and verify the effectiveness of these techniques. Many mental disorders tend to become chronic, so that they require continuous symptom management such as drug treatment. Therefore, we hope the results of this project provide effective guidelines for the support of those with mental illness living in the community.

Table 1: Themes and Number of Participants in Visiting Nurse Case Study Review

	Theme	Case Provider	Number of attendance
1st meeting in 2006	What are problems during actual home visits by visiting nurses		22
2nd meeting in 2006	Visiting nursing work for a care user who says, "If visiting nurses don't bring my medication, they are useless."	Visiting nurse office in the hospital	37
3rd meeting in 2006	How to approach care for recipients to be able to manage themselves	Visiting nurse office in the hospital	27

4th meeting in 2006	Visiting nursing work for a patient who is depressive but eager to seek employment again	Visiting nurse office in the clinic	24
5th meeting in 2006	Care user who understands his/her "mental disease", but rejects taking medicines and instead uses walk-in clinical service whenever he/she wants to.	Visiting nurse office in the hospital	22
6th meeting in 2006	Support for a couple, both of whom have schizophrenia, and their families	Public health care center	21
1st meeting in 2007	Visiting nursing activity for a patient who is unable or unwilling to engage in appropriate excretory behavior	Visiting nurse office in the hospital	28
2nd meeting in 2007	Visiting nursing work for a care user who is job hunting despite having an unstable condition	Visiting nurse office in the clinic	42



# Health Information Service Activities for People at a Nursing College

Project Leader: Michiko Hishinuma

## 【Goals】

In Japan, numerous types of health information are found on TV, the internet, in books, and magazines. Therefore people can conveniently access health information, but they may not reach appropriate and useful health information that they need. In May 2004, the “Health Information Service Spot” for the public was opened on a nursing college campus with the following goal:

- 1) Provide information on how the public can obtain information about health required for building healthy lives, with the aim of building a community where the public in its entirety can maintain health as well as information on the uses of health information, so that the center can function as a place where people can feel confident and strong
- 2) Provide health information service activities to promote links between the public and an informed community
- 3) Function as a venue for educational activities for students
- 4) Function as a venue for research efforts

## 【Plan and Implementation Process】

### **Step 1: Preparations for launching a health information service center for the public that is linked to the community**

In January 2004, we set up a people-centered health information service committee within the Research Center for Development of Nursing Practice, St. Luke’s College of Nursing, for the preparation of opening the information center. The committee members included the head of the Research Center’s Educational Department as the committee president, full-time professors and teaching staff of the Research Center, those from outside who have had experience as a volunteer coordinator at visiting nursing stations, and librarians who have had experience in patient library services. Preparations included reviewing the conditions for providing information service in limited spaces within our college, selecting the location for providing information to visitors from the public, selecting reliable libraries, and preparing the venue for this information service. We also closely reviewed methods for providing basic information clearly during the preparations. Committee members focused their efforts on building the venue and environment for providing community-based health information services to the public by paying courtesy calls to nearby shops, eateries, and medical facilities to promote and introduce the health information service center, placing flyers on upcoming events, as well as requesting others to place posters.

### **Step 2: Launch of public health information service activities linking citizens and community**

The “St. Luke’s Health Navigation Spot ‘Luke-Navi’” service was launched in May 2004 on the first floor of Building 2, St. Luke’s College of Nursing, run by one coordinator and four nursing volunteers. Open to all, the service mainly provides one-on-one health consultations by nursing volunteers. Also available are the “health check service” where visitors can measure their blood pressure and height, and the “health information service” which has a collection of 150 books, more than 200 types of pamphlets, and provides an Internet browsing

service. The free service was available from 10:00 to 16:00 on Mondays through Fridays. Nurses and librarians managed the Spot, and some nurse volunteers and citizen volunteers joined the activities. Luke-Navi adopts an attractive character “Poluka,” a mix between the North Star, a navigator for travelers and the Little Dipper, to symbolize a place to navigate toward health.

### **Step 3: Reinforcing PR activities for the people and community**

During the first four months since its launch in May 2004, Luke-Navi was visited by 428 persons. As it had no visitors on some days, there was first the need to inform the public about the service center and its activities, and promote visits and use. With the cooperation of neighboring store owners who did business with the College, we were able to put up posters at ten notice boards on the streets. We also asked local shops to display posters and put out name cards. We also added new events to the lists of services that would draw the public to the service corner; such as once-a-week complimentary herbal tea service, once-a-month 30-minute health seminar and concert during lunchtime, Lunchtime Open Lectures on Healthcare, and a tea ceremony event once per month. To spread the word of our activities, we also started to participate in remote, “out of college” activities from 2005, such as university events and festivals, as well as annual health and welfare festivals organized by municipalities. We installed a 1m tall rotating signboard displaying “Poluka” and services provided. An internet PR promoting the service corner was created by placing a link on the St. Luke’s College website so that the public could also obtain information from the Internet.

### **Step 4: Analysis of health information needs of users and enhancement of services based accordingly**

We conduct a yearly analysis of consultation details from the service corner users from the paper records to clarify health problems faced by the public and review the services provided. An increasing number of users are drawn to the service corner because of the added enhancements. We have also added a new service open to all; “health check” that provides simple body fat and bone density measurements. In 2006, we received a contribution of 1,000 books on personal experience with illness from a project by a private research organization, were loaned equipment and software to search these records from the National Institute of Informatics, and set up a reading corner of books on personal experience with illness and disease. In addition, we were also asked by a municipality to cosponsor a social education program. We accepted any requests by external entities in accordance with our policy of “refusing nothing that comes to us.”

### **Step 5: Launch of people-participated health information service activities**

We held five public health support volunteer service seminars between September 2006 and February 2007. These activities were joined by 32 participants, of whom 13 completers registered as volunteers of Luke-Navi. Motivated by this (as a result), since April 2007, citizen volunteers (Luke-Navi volunteers) have been forming partnerships with professionals to participate in activities providing health information service to the public. Luke-Navi is run by nine staff of the St Luke’s College of Nursing, 14 registered professional volunteers, and 15 registered citizen volunteers in March 2008.

### **Step 6: Evaluation of health information service activities**

◇ Analysis of health consultation records

Every year, Luke-Navi committee members analyzed and evaluated the use and details of health consultations by users, response method, and user comments from health consultation records.

◇ Lunchtime mini-seminar and concert

We conducted questionnaire surveys on the use of lunchtime mini-seminars and the comments of users.

◇ Building a model of people-centered health consultation (Figure 1)

A navigation model of one of the services provided by Luke-Navi--the people-centered health consultation--was built as a hypothesis based on reviews by committee members. Currently, a survey is being conducted to verify the model.

◇ Public initiation as seen from Luke-Navi

Based on the reflections and reviews of members, we have realized that the public and professionals can join hands and mutually understand each other despite the respective walls between themselves. For this, we are searching for a means to realize this mutual understanding smoothly across respective barriers.

## **【Goal Attainment】**

### **1. Research activities**

#### **1) Provided advice on how to obtain required health information and methods of using health information to the public, creating an environment for citizens to feel confident and empowered**

◇ Health consultation service activities

- Users of this service increased to 237 in 2004, 577 in 2005, 946 in 2006, and to 987 in 2007. The percentage of repeated users jumped from 12% in 2005, 26% in 2006 to 31% in 2007.
- Most of the consultations were regarding illness and health, and maintaining health. Other consultation topics included medical systems, interpersonal relations, life, living, and activities of Luke-Navi. Response methods consisted mainly of physical measurements and advice, explanation, and attentive hearing to the party receiving consultation. More than 90% of the users came back with positive comments, which included “want to come again” as the top comment, followed by “glad I came,” “satisfied I came,” “thank you” indicating appreciation of the service, and “will rethink my diet” indicating change in attitude.

◇ Lunchtime mini health seminar and concert activities

- The Lunchtime Open Lectures on Healthcare were held for a total of 31 times between November 2004 and March 2008. These were attended by a total of 931 participants, about 14 to 53 participants per seminar, 30 participants on average per seminar. The number of participants by monthly average was 18.3 in 2004, 31.2 in 2005, 31.9 in 2006, and 32.2 in 2007, indicating a yearly increase. 70% of the lecturers were staff from our nursing college. Questionnaire surveys distributed to users between the months of November 2006 to February 2007 revealed that 60% were residents of the Chuo Ward, in which our college is located, and 60% had attended seminars twice or more. Regarding the content of the seminar, participants gave such comments as “useful health information,” “realistic and familiar themes,” and “easy to understand” and 99% expressed a desire to participate again.

#### **2) Provided health information services linking the public and community**

- We completely created and then launched the Luke-Navi service center in 2003 and next began introducing our activities to the public and community as extensively as we could to gather visitors and spread our service. In 2007, as word got around and users introduced our service to their friends, the number of users increased; the community started to know of our activities, and as a result an increasing number of establishments in the community were advertising for us with posters and name cards. Through the last five years, we have been gradually building up a rapport with the community and the public, such as neighboring shops, eateries, health and welfare facilities, banks, elementary schools, offices, churches, libraries, etc. (Figures 2 and 3).
- In 2006, we again participated in annual health and welfare festivals sponsored by a municipality as well as accepted an offer by a municipality to cosponsor a social education program. We also successfully formed a partnership with a municipality by starting talks about a partnership with the Chuo Ward Library.
- Of the graduates of the Health Support Volunteer Seminar held in 2006, 13 registered as civilian volunteers, actively participating in the activities of Luke-Navi to deepen relations with the public.

### **3) Venue for educational activities for students**

- Luke-Navi served as an opportunity for practicing “Human Development Nursing II”, a second year nursing course and for practicing “Nursing Support Theory I”. The Luke-Navi service center also accepted graduate students as a training and research field. We furthermore loaned out books on personal experience with illness and disease as research materials for a fourth year course, “Nursing Research II” to students.
- We placed free public health information pamphlets that students made during class at the Luke-Navi service center for users (the public) to take home.
- We opened our service center in 2005 for junior high school students so that they could experience the workplace environment.

### **4) Venue for research efforts**

As displayed on the separate sheet, we have reported activities and evaluation results of Luke-Navi at nursing and information related conferences. Currently, we are also in the midst of evaluating Luke-Navi activities.

- ⇒Despite certain tasks that need to be overcome, we think that Luke-Navi is steadily approaching the type of health information service that meets the needs of users, given the retention/increase in the number of people seeking consultations, satisfaction of the public, change in the public’s attitude towards health, increased liveliness of the public with the availability of information, etc. We believe that we are also gradually approaching our goal of providing a health information service linked to the community, looking at the results of having realized every-growing link with the community, link with the public, link with municipalities, and cooperation with the public. Though we still need to review certain issues, we think we have approached the goal of functioning as a venue for educational activities and for research efforts.

### **5) Other achievements**

Other than the initial goals, through the five-year span of Luke-Navi activities, our services have become increasingly well known, and we have also received unexpected

requests and offers, resulting in the enhancement of services we provide.

- (1) Received contribution of books on personal experience with illness and disease from the project run by the People's Research Project.

In June 2006, we received 1,000 books on personal experience with illness and disease books on personal experience with illness and disease from a project run by a private organization, which served as an opportunity to increase in the corner of books on personal experience with illness and disease.

- (2) Venue for finding future direction

Luke-Navi provided professional volunteers with the chance to find new careers by participating in the activities of the center. Citizen volunteers were also able to reaffirm their skills and interests through center activities, participating in the activities energetically with a sense of challenge and satisfaction.

- (3) Mobile site health information

In response to a request to place health information on a mobile site for women in their 20's and 30's who rarely use the service center, we started this site in August 2007 (Karada Ni Iikoto---Being Fit).

- (4) Media publications and lectures

- i) Postings in newspapers and magazines

◇ The Asahi Shimbun: books on personal experience with illness and disease: Linking Patients. December 5, 2006.

◇ Nippon TV: books on personal experience with illness and disease and 24-Hour TV Charity Report February broadcast

◇ Heart Net Times Luke-Navi: University Support Service Opened to the Community: Attempts of St. Luke's College of Nursing. 4, June 2007.

◇ Michiko Ishikawa: Providing Health Information: Attempts of the Luke-Navi. Library Journal, 101(4), 243, April 2007.

- ii) Invited lectures

◇ Michiko Ishikawa: Health Information Service Corner Run by Nursing College. Practical attempts in providing health information to citizens: library handling medical information. 32nd Medical Information Service Research Conference Workshop, July 2006.

◇ Keiko Takahashi: Health Problems Faced by Citizens and Accessible Health Information Service. A Series of Workshops for Enhancing Practical Skills: "References for Health Information." Japan Library Association, December 2006.

◇ Michiko Ishikawa: Attempts of Nursing Library (Librarian) to Review Nursing Library Functions in Health Information Services: Focus on St. Luke's Health Navigation Service Spot, Luke-Navi. The Japan Nursing Library Association 26th Workshop, Sendai, August 2007.

## **2. Education of Novice Researchers**

- In 2006, one graduate school student used Luke-Navi as a training venue, and in 2007, the student used it as a research field to write her doctorate paper.
- Two graduate school students participated in health information service activities as research collaborators.
- Eight graduate school students registered as professional volunteers, and to date, two graduate school students are providing health consultations.
- Two professional volunteers have proceeded on to graduate school, jump-started by their

participation in center activities.

- COE researcher participated in this research from 2006 to 2007. In these two years, she received one lecture invitation, gave four conference presentations, and completed two papers.

### 3. Future directions

#### 1) Continuation of activities

We are planning to promote the retention of users, enhance services, and increase staff members in continuation of services.

#### 2) Continuation of evaluation and research of activities

Based on current research, there is a need to carry out further evaluation and research of activities.

#### 3) Providing services from the public standpoint

Given the participation of citizen volunteers, we are planning to apply new ideas and energy from them to review and explore services from the public standpoint.

#### 4) Partnerships with municipalities

Currently, we are cosponsoring social educational programs and working with the Chuo Ward Library. Despite the lack of personnel, we need to review partnerships with municipalities as much as possible, aiming at health information service activities that are built into the community.

### Figure 1. Establishing a People-Centered Health Consultation Model Navigator Model (hypothesis)

#### ■ If destination is known (Destination = Subject of consultation)

##### ◇Pattern 1: People drive their cars solely themselves to the destination

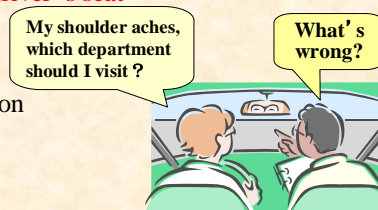
- (1) People drive and the care-giver serves as a navigator who indicates several possible routes, and they are able to reach their destination despite errors along the way
- (2) People drive ignoring the navigation of the care-giver but reach their destination despite difficulties and problems along the way

##### ◇Pattern 2 : The care-giver sometimes drives

##### ◇Pattern 3 : The care-giver dominates the driver' s seat

#### ■ If destination is unknown

- ◇Find the destination together with the person in question
- ◇The care-giver specifies the destination
- ◇Ultimately unable to find the destination





## **International Relay Symposium: Collaboration between the public and nursing professionals**

Collaboration between the public and nursing professionals is indispensable for people-centered care to be accepted by the community, to be realistically helpful, and to be established as a community necessity. To this end, the COE program has been partnering with the people of the community since its research planning stage, to work together in selecting research themes which match social needs, applying research strategies and results to practical nursing services, and the evaluating the outcomes. The regularly held COE International relay Symposiums provided the forum for exchanging and discussing views on important themes and topics of interest related to people-centered care, which were found through the research and hands-on cooperative activities (Table 1).

Details of past symposia are as follows:

### **First: “Building a Community for Spending One’s Last Days at Home”**

Symposiasts: Allan Kelleher, Director of Palliative Care Unit, La Trobe University; Kyoko Maniwa, community nursing specialist, city council member of Hiroshima city; Kazuo Hara, nursing-care helper of volunteer group Pallium

The goal of this symposium was to discuss with the public “how to build a community for spending one’s last days at home.” To be able to spend our last days in a familiar environment that is one’s home was something wished for by most participants. The process of changing the place of care giving and receiving requires providing meticulous palliative care to the patient in a manner that is seamless, systematic and on-going. Crucial to this process is establishing a system that supports the family who would be there during the last moments of the patient’s life. During this symposium, the need to establish the foundations and organizations for mutual support were discussed with hospice volunteers, whose work involves providing daily support and emotional care to such families. Prior to this symposium, an exchange of views with the public was attempted on the Internet, and related questions and topics to be reviewed on the day of the symposium were discussed. The results of the symposium suggested deep interest by the community regarding this aspect, as well as the importance of people-centered discussions and the establishment of systems based on their needs.

### **Second: “Let’s Talk about Healthcare! Patients are Part of the Team”**

Symposiasts: Mary E. Foley, Associate Director, Center for Research and Nursing Innovation, University of California San Francisco; Kyoko Takai, St. Luke’s International Hospital; Yasuhiko Ota, Editorialist of Nihon Keizai Shinbun

In the symposium, we discussed efforts in building systems for the public to cooperate, as main players or navigators, with nursing professionals to ensure quality medical and nursing services. The symposium served as a venue for providing specifics of nursing services for consumers, discussing with them whether nursing services can actually be used effectively as tangible services, and determining the challenges in using them. As a result, tasks for consumers to be involved in care as part of the team were



identified. The complexity of technical medical terms and inconsistencies met in communication were pointed out. The needs for consumer-friendly medical information and mechanisms were reviewed.

### **Third: “For Living a Life of Your Own Choice”**

Symposiasts: Anette O’Connor, Ottawa Health Research Institute; Ran Kawai, Childbirth Medicine Writer; two patient representatives.

With the overflow of complicated medical information available, participants pointed out the difficulties and seriousness involved in making decisions that required consideration of ‘how we should live our lives’ and ‘what is the ideal family’. In this seminar, discussions revolved around how to overcome such problems, and how convincing and satisfactory decisions were reached by the participants. It also served as an opportunity for medical caregivers to learn from the experience of the public regarding “support for decision-making in the medical field” as well as for the public and medical professionals to share related attempts made abroad. Details of the seminar are introduced on the Internet and our journal of nursing, Nursing Today vol. 20 No3 2005. They are also disclosed internationally at the website of one of the intended speakers Annetee O’Connor from the University of Ottawa <http://www.ohri.ca/profiles/o’connor.asp>.

### **Fourth: “Toward the Era of My Choice: Patient-Centered, Team-Based Breast Cancer Care”**

Symposiasts: Naoto Ueno, medical oncologist of M. D. Anderson Cancer Center; Yoko Hatano, participant of St. Luke’s “Support Program for Women with Breast Cancer”; Seigo Nakamura, general manager of mammary gland division of St. Luke’s International Hospital, manager of Breast Center; Kumi Suzuki, St. Luke’s College of Nursing

Cancer care is showing remarkable progress thanks to cutting edge medical technologies, offering cancer patients the chance to live longer for many years. One of the factors making this possible is the relentless efforts by many patients to continue therapies, which are accompanied by different types of pain, over a long period of time. Symposium participants discussed the tasks that need to be challenged for patients to receive effective care from professionals, with the patients positioned at the center of cancer care. Exchange of opinions with women, who have experienced breast cancer brought to light that cancer care is carried out mainly through isolated relationships with the physician in charge. A problem is that patients do not know how other cancer specialists play a role in cancer care, and how their help can be utilized. Discussions were carried out about the need for patient-centered systematic care and the specific tasks involved for accurate decisions to be made, guided by patients with breast cancer, on the cancer treatment process, self-care, and how to lead satisfactory lives.

### **Fifth: “Sharing Wisdom, Courage, and Experience: Women Supporting Each Other in Society”**

Symposiasts: Michiko Oguro, doctoral student at St. Luke’s College of Nursing; Keiko Ishii, manager of Kanto branch, With the Angels In the Sky; Judy Chonan, director of World Nook Shonai (NPO); Barbara Perfitt, professor of Glasgow Caledonian University, director of Nursing & Midwifery Development

## Cooperation Center Global Network (WHO)

In this symposium, views were exchanged on how women can share their experiences, learn from each other, and grow together regarding health issues faced, among female leaders from Japan who have lost young children, foreign female leaders living in Japan, Japanese midwives for female workers in Myanmar, and English nursing professionals working for women in Central Asia. It was found that there are problems whose nature is difficult to understand unless seen from the standpoint of the person experiencing them, and the faults of the medical system which hinder this understanding. It was suggested that latent resources in the community can sometimes be found through clashes in relations and repeated efforts, and thus continuing relations based on persevering trust in the community is important.

### **Sixth: “Create Safe and Comfortable Communities for People with Dementia: Let’s Begin With What You Can— Care for Dementia in Urban Areas”**

Symposists: Ruth Campbell, former social work director of Turner Geriatric Clinic, University of Michigan Health System Geriatrics Center; Chitose Nakano; Satoshi Hirahara, [director of Home-care Support Center, Tokyo Fureai Health Co-operation Kajiwara Clinic](#); Keichi Bekku, Himawari Home-care Support center; Kaya Ogura, chief, care insurance division of Chuo-ku, and others

In the planning stage of the symposium to be held jointly with the public, 10 persons were selected to comprise the symposium citizen planning committee. They were from: last year’s participants of the exercise class for preventing fractures from falls, the mayor of neighborhood association, shop owners, welfare commissioners, and ward residents. During the planning session, committee members discussed specific topics for the symposium agenda such as medical knowledge for dementia, introduction of actual support and pioneering case studies, facts of nursing, and efforts of the government. To encourage participation of caregivers who have few chances of making trips outside their homes, programs including interchange booth, visiting volunteers, and day services were provided. To assist participants in gathering information, booklets on caring for dementia and informative newsletters were handed out, nursing goods exhibited, consultation on nursing provided by eight nursing professionals from five areas of specialties, physical fitness test trials performed, symbol quilt project, and a lounge area provided. The symbol quilt was made in collaboration with welfare commissioners. Of the participants, 60% were female residents, and 30% were caregivers. Questionnaire surveys revealed comments such as “it was a significant symposium,” “I was very touched by the words of the keynote speaker that I am worthy of praise,” “I was very happy to have been able to consult someone,” and opinions from the professionals participating included “it was an enjoyable event,” while those from volunteers were “had an enjoyable time talking with elderly persons,” indicating that the symposium successfully conveyed the intent of the planning committee to the participants. It also helped enhance the sense of togetherness between the project members and residents of the Chuo ward.

### **Seventh (10/28/2006): “Together with your children, let’s learn how your body works: How much do you know about your body?”**

Symposiasts: Akemi Takamatsu, resident of Chuo-ku, mother with three children; Kazuyo Takahashi, Akashi Kindergarten in Chuo-ku; Noel J. Chrisman, Professor of Psychosocial and Community Health University of Washington USA.

The symposiasts were invited representing various viewpoints: parents, teachers, researchers, children and their mothers. Parents and children participated in an event called, ‘to learn about our bodies’ , a program using picture books and a musical and dance performance called “Karada Fushigi” (Wonders of Our Bodies) by children. It was unanimously agreed by all participants that health education for our children, leaders of future generations, is something what everyone in the community wants, and the difficulties of making use of appropriate resources and medical knowledge by parents and in the family in reality were discussed.

Also discussed was the need for the community to give consideration to the health of children as an organization, and the importance of supportive care extending over multiple generations to realize this.

Thus, in the process of holding the international relay symposium regularly, our people’s health consultation service (Luke-Navi) and nurse clinic were able to successfully filter into the lives of the residents of the Chuo ward through teamwork with community resource persons led by our research center, thereby sharply enhancing the quality of our consultation training. Many needs about fostering citizen health volunteers were also voiced in the above activities, which led to the launch of the Citizen Health Volunteer Course as a program of the Research Center for Development of Nursing Practice, which can be called the secondary effects of the symposium.

Table 1 St. Luke’s College of Nursing 21st Century COE Program: International Relay Symposia

First (7/17/2004):	“Building a Community for Spending One’s Last Days at Home” “Let’s Talk about Healthcare! Patients are Part of the Team”
Second (10/3/2004):	“For Living a Life of Your Own Choice”
Third (11/21/2004):	“Toward the Era of My Choice: Patient-Centered, Team-Based Breast
Fourth (10/29/2005):	Cancer Care” “Sharing Wisdom, Courage, and Experience: Women Supporting Each
Fifth (11/27/2005):	Other in Society” “Create Safe and Comfortable Communities for People with Dementia:
Sixth (9/30/2006):	Let’s Begin With What You Can— Care for Dementia in Urban Areas” “Together with your children, let’s learn how your body works!: How
Seventh (10/28/2006):	much do you know about your body?”

## COE Evaluation

### 1. Purpose of the Evaluation Committee

The COE Evaluation Committee, consisting mainly of external evaluators, is organized for the purposes of evaluating the administrative performance and progress of the COE program, providing advice so that functions as an international center of excellence for nursing science can be exercised effectively, and to indicate directions for further development.

### 2. Committee Members

The Evaluation Committee consists of the following 10 members:

#### National members:

Ms. Sumie Asatori	NPO “Onna-no benri cho” (Women’s Yellow Book)
Mr. Masahiro Ishida	Member of the executive board, Japan Nursing Federation
Mr. Yasuhiko Ohta	Editorialist, Nihon Keizai Shimbun
Ms. Machie Kanegae	Executive director, Chuo Ward Social Welfare Council
Mr. Norihiko Tanikawa	President, NSK-CHUGAI, Ltd.
Ms. Haruko Saeki	Tokyo Simulated Patient Institute

#### International members:

Dr. William Holzemer	University of California, San Francisco, Director of International Council of Nurses
Dr. Caroline White	Visiting Professor, St. Luke’s College of Nursing
Dr. Chung Yul Lee	Yonsei University, South Korea
Ms. Kathleen Fritsch	WHO/Western Pacific Regional Office

### 3. FY2007 Evaluation Committee Meetings

#### 1) Purpose

FY2007 Evaluation Committee Meetings were held as a two-part conference over two days, consisting of the final research activity report meeting on Day 1 and External Evaluation meeting on Day 2.

The Day 1 meeting saw presentations of the project results over the preceding five years, which were made available to those involved in the projects as well as the general public in order to provide an opportunity for the five-year process to be shared by everyone, and to thank all for their commitment to the program promotion.

On Day 2, the external evaluation committee meeting was not open to public; instead, the day was spent to review project outcomes and explore future challenges and directions, based on the results

of external evaluation on the results of COE program according to a five-year plan.

## 2) Program

Day 1: Final activity report meeting, Saturday, October 6, 2007, at St. Luke's College of Nursing  
Alice C. St. John Memorial Hall

[Morning Sessions]

- On the five years of COE project activities
- Activity report (1) Development of Women-Centered Care Models for Infertile Women
- Activity report (2) Japanese Cancer Nursing
- Activity report (3) "Let's Learn about Our Body" Caravan
- Summary

[Lunchtime] Lunch and result presentation/demonstration

[Afternoon Sessions]

- Conceptualization of People-Centered Care
- Fostering Young Researchers
- International Development of People-Centered Care
- Future Outlook

Day 2: External Evaluation Committee Meeting, Sunday, October 7, 2007. Room 301, 3rd Floor,  
St. Luke's College of Nursing

- Review by national and international evaluators
- Question and answer session

## 3) Final activity report meeting

### (1) Planning and operation and public relations activities

A series of planning meetings were held to develop the programs and operational plans for the day. A total of 60 COE people were involved in the planning and operation, responsible for areas including public relations, receptions, venue, visitor guide, entertainment, food and drinks, and poster presentation. As public relations activities, some 400 invitations were mailed to other universities, supporting institutions, and magazine publishers while announcement was made on the St. Luke's school website. Information brochures for the general public, the research results report, and a questionnaire for participants were prepared and handed out on the day of the meeting. At lunchtime, as part of presenting the five-year progress and expressing gratitude, lunch with an after-meal drink and dessert was provided; the poster presentation of the results was made available for visitors to see and staff members offered explanations about the reports for participants.

### (2) The day at a glance

The reporting meeting was attended by a total of 120 participants including Chuo ward residents, students, nursing school personnel from around the nation, and representatives from medical publishers. Shigeaki Hinohara MD, Chairman of the Board of Trustees, St. Luke's College of Nursing, and Toshiko Ibe RN PhD, President of St. Luke's College of Nursing gave the opening remarks. Hiroko Komatsu RN PhD, Project Leader, gave a presentation where she explained the outline of COE and briefed the organizational initiatives over the past five years. More detailed reports were then presented for activities in three projects: 1) Development of Women-Centered Care Models for Infertile Women, for which a project member (Ms. Momoi) reported on their activities in cooperation with a self-help group for infertile women, followed by remarks by a representative of the self-help group that they were glad to be able to exchange frank opinions with the nurses, and spread their activities nationwide; 2) Japanese Cancer Nursing, for which Project Leader Dr. Komatsu made a report on their breast cancer support program activities and the "patient-centered, team-based care" promoted collaboratively by the St. Luke's International Hospital and St. Luke's College of Nursing, then enthusiastic opinions were voiced to point out that patients themselves should take part in their care; and 3) "Let's Learn about Our Body" Caravan, Michiko Hishinuma, Project Leader, gave an explanation about the development of educational materials for children to learn about their bodies, and concluded that the process, involving repeated talks and developing the materials itself, was People-Centered Care.

At the end of the morning sessions, the 15 COE projects were shown as a slideshow, creating a sense of unity among everyone present, with each project reflecting on five years of working hand-in-hand with the general public.

The 100-minute lunchtime gave attendees an opportunity take a look at the results shown as a poster display or having enthusiastic talks with COE people while taking a break.

In opening the afternoon sessions, Ms. Asahara, Leader of the People-Centered Care Conceptualization Group, gave a summary of activities for the 15 projects, and reported about the conceptualization of People-Centered Care that had been realized through cooperative efforts with the general public. Meanwhile, Shigeeko Higuchi, Dean, presented the results of fostering young researchers in actual figures; then, Junko Tashiro, Leader of the training program for international nursing, referred to challenges of developing project results to those that would be recognized in terms of international competitiveness.

### (3) Results of questionnaire survey on participants

The handout questionnaire to the participants included six questions: 1) Have you gained an understanding of our activities through the oral and poster presentations?; 2) Which project(s) have you participated in?; 3) Have you understood the concept of "people-centered health development"?; 4) Has your attitude and behavior changed in relation to health and illness, as a result of your participation to the activities?; 5) If yes to Question 4), in what aspects have such

changes occurred?; and 6) Which project(s) are you interested in learning about in the future? The collection rate was 26%. For Question 1), about 80% of the respondents answered "Gained a very good understanding," with a number of them adding a note such as "I would like you to keep your activities focused on the general public." Question 3) also had approximately 90% of the answers saying "Gained a very good understanding," while a combined 90% of the respondents answered "Fairly changed" or "Slightly changed" for Question 4). As for how they have changed as asked in Question 5), responses included "My attitude to illness and healthcare has changed as I have learned that there are various choices," and "I have come to face illness more assertively." According to the presentation, opinion exchanges and questionnaire results, the reporting meeting on Day 1 proved to be a meaningful event to communicate and share the details of activities to the general public, and present future challenges and directions to move toward.

#### 4) External evaluation committee meeting

##### (1) Perspectives in evaluation

As fiscal 2007 marks the final year for the COE program, a comprehensive evaluation was made on the Nursing for People-Centered Initiatives in Healthcare and Health Promotion research activities over the five year period, in terms of 1) overall evaluation on the development of innovative academic fields: creativity, academic values, and creation of new care approaches in research; 2) evaluation on the impact on society, and development of research results on an international level: utilization of research results and potential in society and international competitiveness; 3) evaluation on the training of young researchers, and 4) evaluation on research organization operation.

##### (2) Details of evaluation

At the external evaluation committee meeting on Day 2, three international and three national evaluators gave their review on our five-year activities, and made a discussion with some 50 project members. Written reviews were also given by evaluators who were not present.

First, high acclaims were given by evaluators for the significant results achieved in each project. The final reporting meeting and reports presented there on the previous day were acclaimed as offering a very good picture of the five-year progress and its results, citing such reasons as the clear presentation of data for results such as published articles, presentations at academic meetings, a list of publications, student education and training, research grant acquisition, etc., and the easy-to-follow presentation of the process to date that includes actual words of those involved in the project or diagrams.

In early days after the start of the program, claims were repeatedly made that there were too many

technical terms for the general public to understand discussions at symposia and reporting meetings. Working in cooperation with the general public, therefore, we proceeded with the project placing a great importance to how to communicate necessary information to the general public, using language that is easy for them to understand, and how to receive information provided from them. At this reporting meeting, as a result, much recognition was given by the national evaluators that we had improved our ability to share information with the general public. Evaluators also commented that our skills to communicate with the general public acquired through these activities should be shared by other students and teaching staff to make it an asset of St. Luke's.

National and international evaluators recognized significant achievement of promoting the conceptualization of People-Centered Care (PCC), which was a highly challenging task. Comments were then made by the evaluators as to what is PCC which lead to discussions by project leaders and evaluators about the essence of PCC and then, to identify several features. Firstly, it was pointed out that there was a conceptual shift from a healthcare- and illness-oriented perception to a larger focus on "living better." Importance was emphasized for aiming not only for the cure and treatment of illness but patients' lives, way of living their lives, dignity, and the possibility of choices. The second point was a change in the concept of knowledge resources, in that knowledge does not lie in the healthcare providers alone, but in patients and community as well. Because patients possess expertise as patients, it was indicated to be important to learn how they perceive health and illness, and draw and utilize the knowledge that they have. As the third point, there was a change in the relationship between the healthcare providers and receivers (clients). The shift in power balance so that both parties engage in talks with a mutual recognition of the expertise of each another, and that the general public recognizes professionals as a resource, was concluded as a major change in the PCC process.

Based on the discussions above, it was confirmed that, through the PCC project, new possibilities in nursing as to how nurses can deal with the general public were identified, while the renewed recognition of the question of "what is nursing?" served the first step for looking at the definition of nursing from a new standpoint.

As for the challenges identified in relation with the project, evaluators pointed out that the highly limited subject group has left it at issue as to whether concepts and methodologies presented through the project may be applied to other locations with different cultural backgrounds. In the future, as voiced by many evaluators, it would be necessary to practically apply the PCC concepts and methodologies presented in this project and verify them in different regions, countries, and with varied subjects. In particular, many indications were given as to the possibilities of collaborating and sharing the results with countries in Asia that have similar cultural backgrounds to ours; in our doing so, the Kango-Net website would make an important resource center, as



stated in one comment.

In order to disseminate PCC in Japan and overseas, however, it was argued that it would be important to devise dissemination schemes, and that it would also be particularly essential to discuss the ways to develop it on an international level. What is important in doing so, as emphasized in our discussions, would be the course (process) in which we develop and introduce care programs together with the general public rather than simply introducing established care programs, as well as verifying the process. In addition, discussing how and from what standpoint the results (outcomes) should be evaluated was recognized as a challenge to be handled.

Other challenges evaluators identified included questions of what is nursing education, research and practice based on the concept of PCC and how PCC concepts should be utilized in nursing practice, education and research. Over the past five years, we proceeded with project activities, clarifying the concept of PCC on a theoretical level through such activities, all within the limited subject groups. As a future task, it may now be shown that it is important to present in a more concrete manner the ways to realize the PCC concept in practice.

The evaluation committee meeting offered us through assessment by evaluators an opportunity to take a renewed look back on the results of the five years and the path along the way, allowing us to recognize various changes of project members ourselves. Since it was shown to be necessary to use the concepts of PCC clarified through the five-year COE program as well as its process and outcomes as a basis of further discussion from the perspectives of internationalization of PCC, its dissemination in Japan and abroad, and its application to nursing practice, research, and education, we have come to identify the results of the COE program over the given period, and the possibilities of further development. Having shown the concept of PCC, this project has been the first step leading to major developments in the future, and we were encouraged by international and national evaluators to further research, practice, and evaluation activities based on our activities to date.

#### 4. Summary

The external evaluation committee is an organization established for the purpose of promoting the COE program. Over the course of the five-year program period, external evaluation committee meetings were held annually for a total of five times, giving evaluations and orientations on the program implementation. At the seven Relay Symposia that were held between 2004 and 2006, national evaluators were invited to attend to make specific evaluations on the people-centered project. In the evaluations by external evaluators, the meaning of People-Centered Care was constantly raised, and the ways to accumulate and disseminate the research results of each project and integrate them into the COE program as a whole were discussed at each meeting. In the final

evaluation for fiscal year 2007, it was recognized that certain research results were achieved through the conceptualization of Nursing for People-Centered Initiatives in Healthcare and Health Promotion, with indications also given as to the possibility of further development of this program.

We would like to take this opportunity to express our sincere gratitude to the 10 external evaluators for their providing us with rigorous opinions and appropriate advice at each evaluation point, while warmly watching over this program for the past five years.

(Ikuko Oikawa, Nozomi Setoya, and Nobuko Okubo of the Evaluation Committee)


# International Development and Challenges of People-Centered Care Projects

Junko TASHIRO

## Introduction

People-centered care (PCC) projects have been growing both at home and internationally over the past four years. This report discusses the international development of people-centered nursing care services in the four areas of: 1) global information dissemination, 2) international competitive edge, 3) international collaboration system and network, and 4) internationalization of education, including comparison with 2002 when the project was launched, as well as future challenges. Figure 1 shows the milestones in the evaluated areas of international development of the project.

Figure 1



	2002>	03	04	05	06	07
Global information dissemination WHO Annual report (English) Web(English) (Presentation at conferences) (Submission of papers)	<1990-----	-----2004>E-report-----→ Start of information service on web -----→ 13/30 11/50 21/50 19/81 6 6 - 10 4/				
International competitive edge Reception of award Inviting lectures		3		3	1 2	1 2
Academic interchange cooperation agreement Research system Network  Joint research  Collaboration	(McGill U.) Michigan U. Elderly Clinic	OHSU, Yonsei U, Mahidol U. McMaster U ----- Collaboration with MD Anderson, Johns Hopkins U. CalNOC, East Asia Cancer Nursing Network (5 facilities in 4 countries), Royal College of Nursing, Kenya, Afghanistan				
International personnel development system Foreign teachers Foreign lecturers Student interchange  Acceptance of interns from abroad University educational network	1 person    Acceptance of interns  6 East-Asian countries	Start of international nursing lectures 2 persons 4 persons (2) persons 10 persons ( persons) 8 persons (9 persons 9 persons (10 persons) Acceptance of interns ----- {Preparations to accept overseas students into graduate school} INDEN, Korea-Japan Workshop				

## 1) Information dissemination overseas

Information disseminated overseas includes: (1) information on the English website, (2) English reports, (3) PCC-hosted international symposiums, and (4) presentations at international conferences and contribution to English journals.

- (1) Dissemination on the English website: Since its launch in 2005, the number of accesses to the PCC-related information website has been increasing. The website now plays a major role.
- (2) Dissemination through English reports, newsletters: Before the PCC project was started, abstracts in

English were presented in newsletters as research reports of the WHO Collaboration Center for Nursing Development. Annual reports are sent to WHO headquarters and WHO branches in the Western-Pacific Region electronically or in newsletter form. A part of this annual report is issued and distributed to nursing development centers all over the world during the WHO general assembly to introduce the activities of the WHO Collaboration Center for Nursing Development. Activities are also covered as news in the Nursing & Midwifery Links newsletter issued by the Global Network, to which nursing development centers belong to, as well as on the website.

- (3) Presentations at international symposiums and conferences: Since 2003, each project has been holding international symposiums, inviting symposiasts from overseas. Information on projects is disseminated through such international symposiums.
- (4) Presentation at international conferences, and contribution to English journals: As shown in Figure 1, the number of presentations at international conferences overseas has been increasing: 13 in 2003, 11 in 2004, 21 in 2005, and 19 in 2006. Over ten papers were submitted to English journals in 2006.

## 2) International competitive edge

Growth in international competitive edge can be assessed in terms of: (1) awards received from overseas academic organizations, (2) increase in invitations to lecture from overseas academic organizations, and (3) receiving international research grants.

- (1) Awards received from overseas academic organizations: Professor Hiroko Komatsu received the award of best presentation (ICCA) in 2006, and Associate Professor Naoko Arimori received the ISONG Founders Award in 2007.
- (2) Invitations to lecture from overseas academic organizations: 3 invitations in 2003, 3 in 2004, and 2 in 2006. PCC investigators are asked to speak at major international conferences abroad.
- (3) International research grants: To date, no grants have been received, and this is a future challenge.

## 3) International collaboration system and network

In the area of cancer nursing, joint research projects are gradually being launched, such as collaboration with MD Anderson in U.S. The East Asia Nursing Network was also launched in 2006. Other networks have been formed with researchers of John Hopkins in the area of enhancing patient health, with the Royal College of Nursing in the area of infertility nursing, and with UCSF in the area of nursing management, fostering a regular exchange of information.

As part of international collaboration, researchers from Kenya, Afghanistan, and Myanmar were involved in the international collaboration practice development model projects. In particular, women health workers joined the Myanmar group. They are studying the impact of their health activities on local health improvement in collaboration with investigators and research supporters in the area.

## 4) Internationalization of education

Internationalization of education has been progressing in the area of: (1) graduate school education, (2)

undergraduate education, (3) involvement in graduate school network expansion.

- (1) Graduate school education: The numbers of professors and clinical professors invited from abroad in graduate school education have been increasing in general. In particular, since the doctoral programs in international nursing were started in 2005 there has also been an increase in guest professors and cancer clinical professors from overseas. In the area of women and midwifery, field studies were started in the U.S. in 2006. Doctoral programs on international nursing began to include surveys in two focus countries, India, Bangladesh, and practical training in Pakistan and Cambodia. Systems to accept students from abroad are currently being established to accept doctoral students beginning in 2008. In addition, St. Luke's College of Nursing hosted the biannual conference of the International Network for Doctorate Education in Nursing, an organization focusing on international doctorate education, in June 2007. We are also involved in a forum held between six East Asia countries (East Asian Forum of Nursing Scholarship (EAFONS) and the Graduate School Educational Network (Korea-Japan Workshop) held between Korea and Japan.
- (2) Undergraduate education: In the area of undergraduate education, exchanges were carried out with Villanova University in the U.S. Since 2005, four students are accepted from Mahidol University (Thailand), and four from Yonsei University (Korea) for two weeks each year. For exchange, students from St. Luke's are dispatched to these universities. In August 2007, undergraduate students participated in volunteer groups of the St. Luke's International Hospital to experience fieldwork abroad.

#### Challenges for Future International Development

Although certain international development was achieved as our PCC projects have been carried out, further progress in the global arena holds challenges for the future. Areas that need to be developed are gradually emerging as projects progress. Most significantly, there is a need to establish a personnel development system to facilitate international PCC centers. Personnel development for promoting PCC globally means fostering human resources with international communication skills, as well as planning, fieldwork, and evaluation skills. To this aim, it is essential to review and reform the current curriculum. From the perspective of international communication, challenges include holding English paper writing courses, increasing graduate school exchange programs and international exchange opportunities, and reinforcement of international educational affairs departments to promote these efforts. At the same time, there is a need to reinforce international networks broadly, ranging from international faculties to graduate school doctorate programs. We plan to continue pursuing these activities to reinforce international education and research networks through international cooperation.

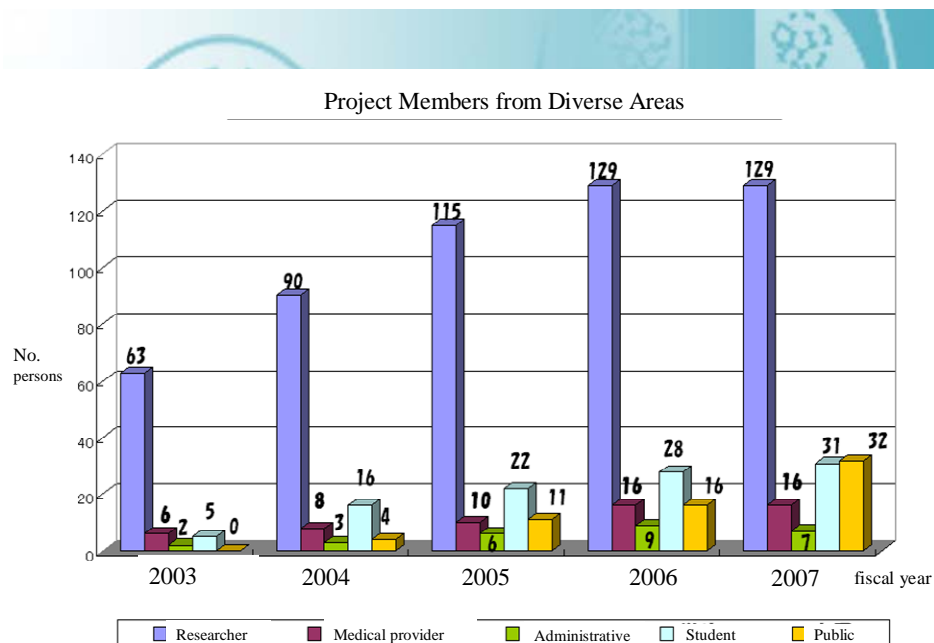
## Development of Novice Researchers

Shigeko Horiuchi, RN, NM, Ph.D.

Dean, Professor

One of the major objectives of the 21st Century Center of Excellence Program is the development of novice researchers. In terms of graduate school doctoral education, the period prior to 2003 till the present day has witnessed dramatic changes, both qualitatively and quantitatively. We have focused on the development of novice researchers within the overall framework of COE activities. Educational consortiums were established to develop human resources who will, in the future, be involved in people-centered care services as well as those who will work internationally. Support has been provided in the areas of research and education, nursing practice and development, and international exchanges.

This figure depicts the transition in the number of research project members over the past five years. These members were involved in significant activities such as research planning, data accumulation, writing papers, and conducting symposiums and seminars. As can be seen from the graph, the number of members from diverse fields increased. In particular, there was an increase in administrative officers, students, and general consumers between 2006 and 2007.

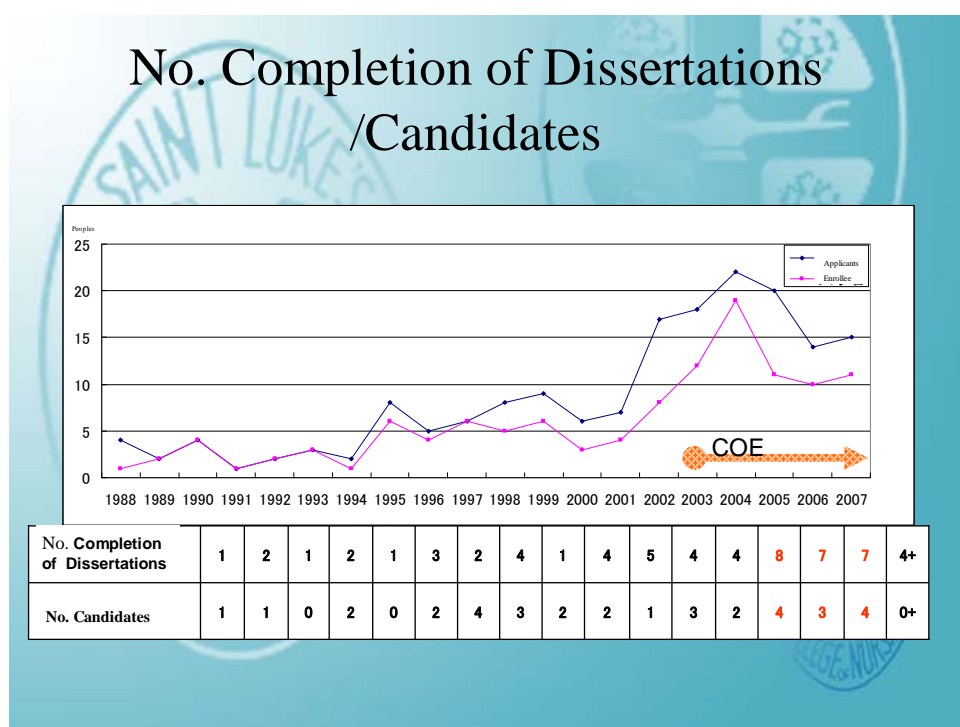


## Transition in Doctoral Course Applicants, Enrollees, and Degree Holders

This graph presents the transition in the number of doctoral course applicants and enrollees. In 1988, St Luke's College of Nursing began its doctoral program. It is interesting to note that after a 10-year

delay, the number of applicants began increasing in 1998. In particular, the numbers rapidly increased for five years starting in 2003, when the COE Program was launched. In the last several years, this has increased the capacity (in terms of number) per academic year from four to ten.

The figures provided at the bottom of the following chart indicate the number of students who have completed their dissertations (obtained their doctoral degrees) and those who have obtained their credits but have not completed their dissertations (candidates for doctoral degrees). Both of these numbers were less than five for a period of ten years after the launch of the doctoral program; however, they exceeded ten after 2003.



## Novice Researcher Incentive Grants and Completion of Dissertations

The following table shows the names of the novice researchers receiving incentive grants and the status of their degree-holding (dissertation). Students with crowns beside their names have obtained their degrees (completed their dissertations) while those with books beside their names have submitted their research plans and passed the screening to write their doctoral dissertations. Under this system, research plans are invited from doctoral program students in their academic year or above, and grants up to a maximum amount of 1 million yen are provided to successful research plans. In the past five years, 29 students have been given grants, and from these, 69% or 20 students have completed their dissertations, and about 21% or 6 students have passed the screening of

research plans for dissertation submissions.

## Novice Researcher Incentive Grants and Dissertations

2003 (9名)	2004 (19人)	2005(8人)	2006 (7人)	2007 (9人)
片岡				
堀内				
小野(智)	小野(智)			
大森	大森			
長岡	長岡			
大久保	大久保	大久保		
宇城	宇城	宇城		
	岡田	岡田	岡田	
	鈴木	鈴木	鈴木	
	加賀谷		加賀谷	加賀谷
	中川	中川		
	谷口(好)			
	大金	関森	関森	
有江	有江	大金	大金	
片桐	片桐			
	長谷川			長谷川
	太田			太田
			飯岡	飯岡
	小山田			
	栗生田	西田		
				杉本
				辻
				土江田
	竹内			小野(和)
	谷口(珠)		谷口(珠)	藤原



: Dissertations



: Candidates

## Support Measures for Study from the International Perspective: Library Services

The library—which includes a search on support and educational information—is a support tool that enables students to adopt an international perspective in their studies. It allows library users to investigate the opinions of researchers worldwide, the subjects they are pursuing, and to what extent they are successful in this regard. Searching for information on the Internet, in particular, requires productive databases and independent users.

The library service provides individualized consultation as well as small-group guidance courses that can be selected at will. These are one-year courses; examples include Introduction to PubMed and other selective courses that enable students to improve on their developmental areas.

Other library services include e-journals and improvement of the database. St Luke's College of Nursing installed the EBSCO Nursing & Allied Health Collection in fiscal 2005, enabling information retrieval from approximately 400 e-journals such as the CINAHL records. In addition, literature can now be copied, received, and mailed online, and hence, used at any time and in any place.



This figure shows the main page of the recently revamped library. The left side of the page lists the databases and the center lists the e-journals. It is user-friendly.

E-journals published by the leading English publisher, Blackwell, can be accessed directly. Journals from other leading publishers, like Elsevier, can be mutually loaned between hospital libraries, and therefore, can be obtained with a delay of only one day. The satisfaction involved in being able to access the required papers at the required time has boosted students' research ambitions.

### **Support Measures for Studying from a Global Perspective: International Dissemination of Research Achievements**

Another support measure for studying from an international perspective includes inculcating an environment that will foster mutual cooperation among top researchers from abroad. This includes the provision of numerous opportunities for overseas lecturers to hold lectures with regard to various existing projects as well as for them to provide consultation services. Some examples include the international relay symposiums, WHO Center workshops, and open seminars.

Students are also provided with many opportunities to accompany their teachers who lecture at international conferences. In 2006, students applied for a total of 45 overseas business trips. Student participation in international conferences is highly encouraged. In order to provide support to students in writing English papers, two native English professors have been instituted as guides even after the completion of doctoral program.

### **Supporting Novice Researchers in Acquiring Skills**

An example of support provided to novice researchers in terms of skill acquisition includes the research and educational support provided at the research center. This includes field support, education and advice on research theories, support on how to acquire external research grants, and guidance on writing research plans.

Another example is providing motivation and support to students to continue their research. Novice researchers are encouraged to participate in the research projects of experienced researchers as well as to pursue their own research themes. Information on opportunities for novice researchers to enhance their careers is also provided.

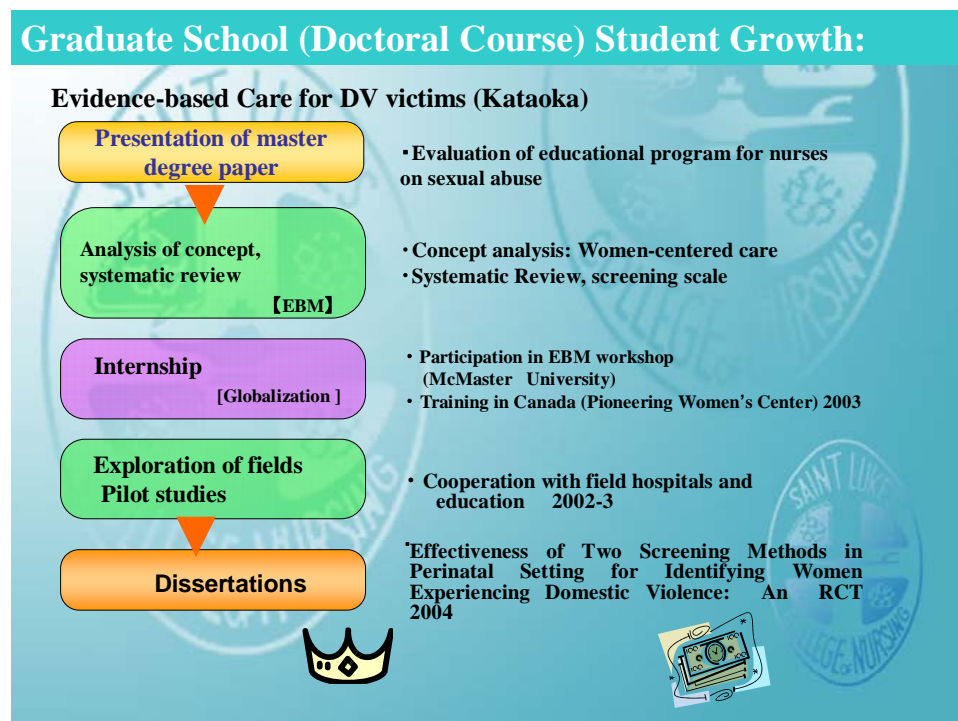
Novice researchers are also enthusiastically recommended as candidates for awards at various

conferences and committees. These are intended to increase incentives for novice researchers.

### Example of the Encouragement of the Development of Novice Researchers (While in the Doctoral Course)

The following paragraphs introduce examples in which the development of the novice researcher is encouraged.

One student has been conducting research on domestic violence (DV) related themes since the beginning of her doctoral course. She had developed a perinatal screening method based on her research theme of care for female victims of DV. As shown in the figure below, her research process is based on the concept of women-centered care. Systematic review is indispensable to the development of new nursing practices. For her doctorate thesis, she conducted a randomized controlled trial (RCT) to evaluate the appropriateness of the practical application of her developed screening method, and submitted her dissertation in English. In 2003, during the third academic year of her doctoral course, she obtained the COE novice researcher incentive grant to pursue her research further.



### Example of the Encouragement of the Development of Novice Researchers (After

## Completing the Doctoral Course)

After completing her doctorate course, this student joined the faculty as a lecturer and participated in one of the COE projects. Her role in her project group was primarily to compile DV guidelines during the perinatal period. She has also presented papers related to her doctorate thesis in both Japanese and English. Unfortunately, her RCT-designed paper was rejected by the British Medical Journal. She is now submitting her paper to another journal.

She actively participates in international conferences in order to promote interchanges with researchers worldwide. She writes research plans independently and acquires new research grants in her continuous efforts to reform practices in a new field of study.

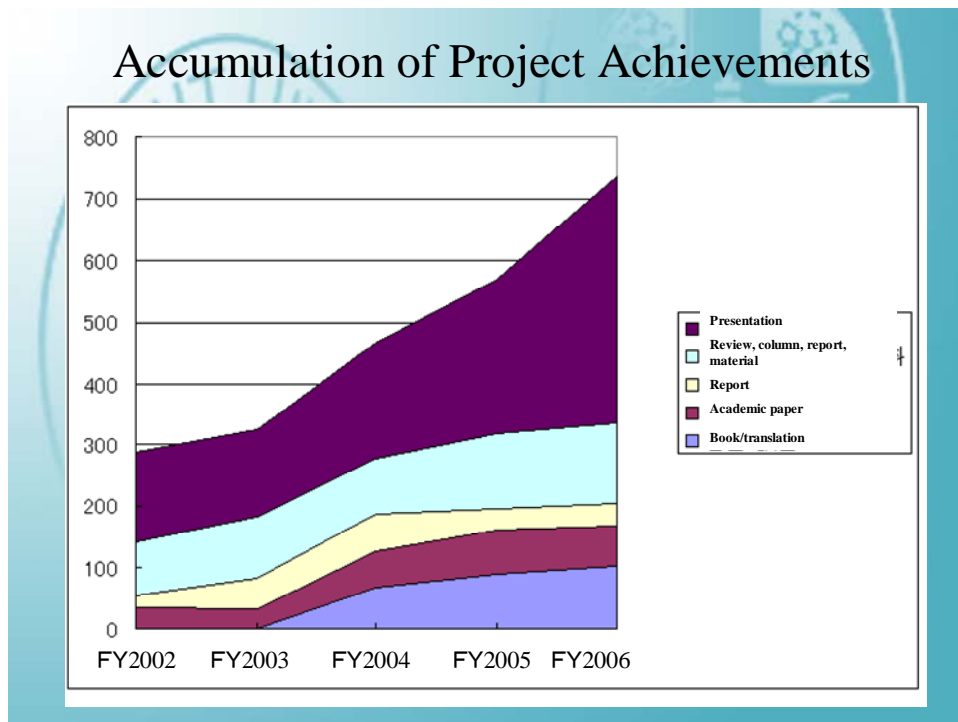
In this way, most of our doctoral course graduates continue their research as university lecturers.



## Accumulation of Project Achievements

Students and novice researchers are members of different COE projects. This figure depicts the research achievements of the lecturers at our college from 2002. The number of lecturers does not change; however, the number of presentations and papers are increasing. The number of English

papers presented has also sharply increased since 2003.



### Acquiring Competitive Funds for Faculty Members

The following chart presents the increase in research grants for faculty members. The research grant of 44 million yen before the COE was launched increased 2.4 times during 2007 when the COE was in progress. The percentage of new grants also sharply exceeded the national average, indicating that research grants were acquired extensively by both novice and veteran lecturers.

This study has introduced the development of the novice researchers in our college, including the fostering of an environment that will enable them to meet this objective.

## Faculty Member's Research Funding

Source: Ministry of Education And Technology

Year	No. accepted	Annual research funds (Yen)	New acceptance rate (National average)
• 2001	16	44,000,000	50% (23.1)
• 2003	24	61,040,000	56% (23.7)
• 2004	28	96,410,000	55% (23.7)
• 2005	29	85,970,000	73% (24.8)
• 2006	29	91,890,000	75% (24.0)
• 2007	34	105,430,000	80% (23.5)

## 1. People-centered Care and COE Projects

Following a disappointing diagnosis, patients or people who have health concerns as well as their families usually find themselves in a difficult situation; they are distressed from worrying about their situation and at the same time are forced to resolve their health issue by themselves. Essentially, nurses are “supposed” to serve as the partners of those people by being there for them by their sides, helping them become healthy, live long, and helping dying people die peacefully. However, patients and those concerned apparently consider nurses in a different way. Five years ago, we concluded “People-centered Care (PCC)” applicable to such activities of nurses, but we did not know what sort of care this was specifically, what nurses were really supposed to do, and how we were supposed to work together with the people and those concerned. To determine this, we decided to start off by working together with consumers and interested parties, and launched 15 projects. So PCC is not a concept we fully understood from the start. Care is what we gradually learned about during such joint efforts and activities. Through these activities, we learned the importance of NOT forcing people to do what we thought was right, but instead asking people and those concerned what we did not know, and formed such a relationship with them. We realized for the first time, the obvious,- that sharing knowledge and skills to resolving problems together and what we mutually wanted helps create better lives for both the people and those concerned as well as for nurses. What did we do to realize this, and overcome difficulties faced in our activities with the public and those concerned? We finally realized that such acts and activities themselves were PCC.

## 2. Process to Realizing/Conceptualizing PCC

For this report, we attempted to recollect and summarize the sort of PCC activities that we carried out, and what we learned together with the people and those concerned. We therefore decided to survey the process of the 15 projects including the details and achievements that constituted the joint activities, with participating members of the public and interested parties.

First, we asked the following questions to the participants (public and interested parties), members, and leader of the respective projects: how was the process of activities? What type of activities were they? Did the activities proceed smoothly? What were the difficulties? How were the difficulties resolved? We asked these questions because we saw the process of joint activities with the public and interested parties itself as PCC process, and the changes made to the perception and actions of the nurses to overcome difficulties met as the nursing method (care method) for carrying activities

together with the public and interested parties. We also asked the public and interested parties about the achievements made in the joint activities, because we thought that if we could find achievements common to the projects, it would mean that these achievements were made through the joint efforts with the public and interested parties, exceeding the borders of the research area. The interviews carried out for these investigations were discussed over a long period of time in the conceptualization group, analyzing PCC processes, activities, and achievements common to the projects.

### 3. PCC Process and Activities

The process common to the respective projects consisted of three steps; “creating a stir”, in other words making the first move or taking the first step towards the desired activity, “forming the project team,” “acting and expanding” (Figure 1). Here, two characteristics were seen. One is the direction of the PCC activities. We found that PCC processes consisting of these three steps started to expand their target of activities from individuals to organizations, and then to communities. At the same time, the form of activities also expanded from the support of individuals to working on policies. This meant that targets and activities were heading towards “progress and enlargement” (vertical axis). We also found that activities were continuing to become steady with time (horizontal axis). The second characteristic was PCC activities consist of activities that are characteristic to a step and activities commonly used throughout the whole PCC process.

The first “creating a stir” step differed from project to project. It may have started from a certain thought of a researcher or specialists as in “hope that children can learn about their body” of the “Knowing Our Body” project, or it may have started gradually from ongoing research as the Development of a Care Provisioning System for Multidisciplinary Approach to Cancer Nursing. In other words, common to all projects was the step where the project leader, research members or nurses started developing interest in a health issue and starting to take action by finding the path to joint partnership with those concerned. In the second step, all projects formed project teams and activities were carried out mainly by these teams. Team members were not fixed from the start, and more and more people from different areas started to participate according to the project activities. For example, in the “Knowing Our Body” project, participation by various people increased with time and as the activities changed. Participants included school nurse, nursery school staff, illustrators, etc. Project activities expanded through events such as symposia, and through appeals made to the community and society by providing and spreading information to communities, appealing to society and establishing policies. For example, the Development of Women-Centered Care Models for Infertile Women project started out from self-help group activities, and later

seminars and networking events were held in eight areas around the country with the support of local municipals to build an environment supporting women with infertility concerns.

The other activity (technique) used commonly in these three steps was found to be indispensable for nurses to work together with the public and interested parties. It indicated the method for nurses to carry out activities together with them, and required nurses to change their perceptions and actions. For example, people who have undergone cancer treatment or are currently undergoing treatment have extensive knowledge and experience on cancer medical care and the problems faced in daily life. Similarly again, mothers with five-year-olds are fully aware of the nature and life of children of this age and how to handle them accordingly. So, just as nurses have special knowledge and skills related to medical care and nursing, the public and interested parties are also specialists with special knowledge and skills in a particular culture. We experienced something that helped us realize this and change our perception. It was realizing the importance of respecting others and this experience formed the basis for building a trusting relationship with the public and interested parties. Common activities (techniques) thus included building trusting relationships and the need for continuous efforts to gain common understanding, which we learned was not an easy activity.

#### 4. Variation According to PCC Health Issues

The speed of progress and activities of each step were seen to differ according to the health issues of each project. From the perspective of nurses, joint activities with the public and interested parties can be grouped into three patterns (Figure 2).

One pattern is the “Collaborating working” type. This applies when there are self-help groups already established by the public/interested parties. An example is the Development of Women-Centered Care Models for Infertile Women project, where organization of the project team and development of activities into social activities proceeded in a comparatively early period. The second pattern is the “Escorting and supporting” type where the health concern is clear but the public and interested parties have yet to make any concerted efforts. The Development of a Care Provisioning System for Multidisciplinary Approach to Cancer Nursing project first formed a small group while nurses provided care to the individual health issues of members, and built the bridge for expanding activities to medical care providers and organizations. The third is the “Identifying needs” type where the public and interested parties do not yet have clear problem awareness. Some examples are the “Knowing Our Body” and “Utilization and Evaluation of People-Centered Nursing Services” projects. Like the Creation and Dissemination of Genetic Nursing in Japan project, the problem is known, but is very private and people are reluctant to make it public. With this type,



nurses had to catch latent needs, provide suggestions by anticipating the care programs needed by the public/interested parties, and expand members, range, venue, and contents of activities.

These three types correspond more or less to four groups based on the characteristics of the health issues of the PCC project. Brought to light here was the fact that the role of nurses working together with the public and interested parties differed according to their health issues. This was a new insight that emerged and was related to having both direct experience and in-depth systematic reflection on the processes.

## 5. Outcome of PCC

What was achieved when nurses worked together with the public and interested parties? The achievements that were seen from the projects included those aimed for by each project, those gained in the process and changing as projects proceeded (process outcome), and achievements related to systems required for them (Figure 3). Process outcomes seen included resources, relationships, and abilities, and their characteristics differed between consumers and interested parties, nurses and other professionals, project team, and community. Achievements aimed by PCC included carrying out projects, building sense of security in the public/interested parties, and enhancing health awareness. At the community level, they included improving the health index values of death rate, disease rate, reducing medical costs, and improving the quality of care. However, these achievements cannot be gained in a short period of time, and at this stage, activities are carried out aiming at these achievements in each project.

One example of process outcome is “resources.” Gradually, through the project activities, the public and interested parties started to see our university and nurses as resources in the sense that they had more people to talk to for advice, and they learned how to better use the university. On the other hand, through the activities, nurses started to form links with communities and public organizations with which they had no ties with until then, and were able to see them as resources that could be partnered with and used. Project teams also made gains—they acquired methods of carrying out activities through project activities and people with whom activities could be carried out. At the community level, resources such as tools beneficial to the people of the community (for instance, booklets, picture books, T-shirts), venues for exchanging information such as website, systems and human development programs, were gained. These resources did not just include “things,” but consisted of various aspects bringing profits to projects gained through activities. The second process outcome was “relationships.” This is considered unique to PCC. The public and interested parties sited “found that nurses are useful” as an achievement of relations, while nurses achieved

relationships including closing the distance with the public by “finding out what people are thinking about and their capacities” and “being touched by being able to work with the public.” In the project team, mutual roles were clarified and a relationship of mutual respect was built. The third outcome was abilities. The public and interested parties said they gained more knowledge, realized their own problems, and were now able to make their own decisions and act. The specialists (nurses) on the other hand said they learned how to determine what care was needed and provide it, the techniques and approach required for working together with the public, and the true meaning of working together. Project teams also demonstrated enhanced teamwork, saying ideas broadened and they were able to deal with problems better. At the community level, process outcomes were manifested integrating relationships and abilities, in that the community was gradually becoming one in which interactions of the people improved, the people were more considerate to each other, and strived to creating something together.

Characteristic achievements of PCC that were seen were: system achievements essential for ensuring final objectives and creating process outcomes. For the public, interested parties, nurses, and related parties to work together and continue the activities enabling, systems were required. Systems during the process of PCC activities were considered themselves to be an achievement themselves.

## 6. Characteristics of PCC

To clarify what PCC is, in other words, how nurses work together with people and interested parties towards public health, and how these activities should be implemented, 15 projects were enacted starting with joint activities with the public and interested parties. Through this analysis, differences with existing activities and conventional research methods, for example differences with the public health nursing activities and Community-Based Participatory Research, were studied to determine the characteristics of PCC pursued within the COE projects.

First, we found these differences to lie in how people saw PCC. We discovered that the public and interested parties can serve as partners with expertise and to be respected, joint efforts between the public/interested parties and nurses can bring about diverse achievements in line with the culture of the people involved rather than individual efforts. These can be skills of people, relationships, systems, achievements for dealing with new problems in the future. When starting out on the PCC projects, we targeted people from the beginning, and saw them as a community with common health issues. The reason is because the public/interested parties and nurses are reluctant to join hands due to various walls or barriers existing between them. For instance, professionals (nurses) see the public/interested parties as subjects to whom they should provide special knowledge to, while the

public/interested parties take it for granted that nurses don't want to work together with them. Therefore both parties have conflicting perceptions. Naturally, this causes relationships to be one-sided. Such ideas are also influenced by specialist groups, people, organizations to which the people/interested parties belong region from which they come, Japanese culture, etc. Another major influence is policies determining ideal health and medical care. In other words, in order for the public and interested parties and nurses to join forces, such activities need to be considered at the community or social level. In addition, by targeting people as subjects, achievements by partnerships between the public and interested parties and nurses can be accomplished effectively and efficiently. Furthermore, this community does not just refer to people living in a specific area. It is a community taking into account people of the whole Japanese society with common health issues. In the PCC projects, booklets and picture books for all Japanese are made as a social appeal to change the Japanese environment. This may also be related to the nature of COE projects having started from research efforts. This way of perceiving the community differs from CBRP and public health nursing activities which target a specific region, and it enables activities to start from any community, enables activities to cross the borders of time and space, and return the achievements of activities back to the respective regions.

Next, PCC characteristics are discussed in terms of the process and details of activities. PCC is a collaboration model based on mutual respect between nurses and the public/interested parties. Our COE projects were able to successfully demonstrate specific activities jointly carried out between nurses and the public/interested parties, and to detail the process and steps of specific activities. Until now, the importance of partnership between professionals and the public has been pointed out, however rarely have specific activities common to multiple projects been demonstrated in the past. Essential to professions is the principle of cooperation and specific methods for realizing this. The specific activities that we demonstrated include changes made in the actions and perception of nurses to overcome dilemmas and difficulties in the process of carrying out the projects. These indicate the response and care of nurses attempting to carry out effective activities for people in the face of dilemmas and difficulties, by building closer partnerships with the people. This is indeed PCC.

Another aspect of PCC involved "system construction". It was necessary to build organizations and create opportunities to link the public and related parties and to have an "organized approach" such as activities by project teams and expansion of activities through events. Projects appealing to society and governmental policies are characteristics of PCC activities aiming at cooperation with groups (people), and are considered essential activities based on the Japanese society for the steady continuation of PCC activities, their growth and expansion, and the spread of these activities to communities.

Looking at the health issues of communities, differences were seen in the process and details of activities, and the three patterns in the roles of nurses. Consequently, differences in activities depending on the health issues of communities are considered a feature of PCC. This was made clear because the COE project is composed of various projects, and is a new finding with quite important ramifications.

Finally, the following were found to be important expertise of nurses for partnerships: (1) strong sensitivity and assessment towards health issues as experts, who “create a stir” after identifying communities with health concerns; (2) commitment and driving force to establish project bases and expand business; and (3) expertise and skills to link consumers with government and medical institutions that will provide a sense of security to people, create resources that benefit the community, produce results and yield useful evaluation data. These are elements indispensable to PCC. In particular, the Japanese tend to be reluctant about enthusiastically expressing their own problems. The fact that medical professionals serve as the bridge between medical care and supporters of people may indicate the ideals and values of PCC that are unique to Japan.

Next, another characteristics of PCC that we learned through analyzing the PCC results was that the partnerships formed by professionals and the public/interested parties to join hands in activities under the PCC project generates resources, relationships, and skills at the levels of the public/interested parties, professionals, project teams, and community. This indicated the need to build mechanisms for activities to circulate.

There are additional characteristics of PCC as a project. For example, some of the PCC projects under COE showed a form of multi-cooperative project research promoting 15 diverse research projects comprehensively towards the same goal. On the other hand, given that the COE project has a steering committee composed of leaders managing 15 projects, and is carried out based on cooperation among projects, the COE project itself is considered to be a practical application of PCC including the communities of different projects. It is also research focusing on the process by which PCC is created. There are two courses: creation of new knowledge and returning knowledge to the community. Not to be forgotten is that this project involves graduate school students and serves as an opportunity for them to learn and research. Thus, this COE project demonstrates a type of research system based on an alliance among research, education, and practice.

## 7. Future Tasks of PCC Conceptualization

The main concepts of PCC were successfully determined from the above analysis (Table 1). In future

our efforts, we hope to select important ideas from these concepts, define and structure them, and create PCC models. Evidently, the concepts we abstracted had much in common with existing research and CBPR activities however the strengths of our PCC research lie in clarifying how nurses should work together with the public and interested parties, how joint activities should be carried out, and specific methods. By showing these methods in a way that nurses can use them easily, it can contribute to the peace of mind of many people and interested parties. We see the dissemination of PCC as our critical mission in the future.

## A Future Review

Hiroko Komatsu

Through our five-year activities, people-centered care (P-C-C) has come to characterize itself as a combined, cooperative care that promotes systematic service in a comprehensive manner to meet the needs of consumers and the general public. In society, introducing P-C-C for the purpose of solving health issues with a focus on those that are yet to be improved by either experts from medical and governmental institutions or associations of patients and families alone may potentially bring a breakthrough in the presently rigid solutions for health issues. For instance, P-C-C may be applied in strategies for the prevention and early detection of breast cancer, which is in need of social attention as one of the nation's most epidemic diseases. One such instance is a community-wide activity towards the creation of an anti-breast cancer health community. The proportion of women undergoing breast cancer screening in Japan disappointingly falls below 10%, ranking among the lowest in developed countries; it is indeed extremely low when the figures are typically 70-80% in western countries. It is unfortunate that nearly 70% of women who undergo screening have already developed a 2- to 3-centimeter lump. There are apparently various different underlying factors and background issues behind womens' extreme reluctance to obtain breast cancer screening. Exploring such factors and background issues from a woman's standpoint and systematizing the community-based cooperative activities in a manner that promotes diversity, as shown in the slide, should be something that can soon be put into action. Such activities are expected to link together this COE project and the East Asia Cancer Nursing Network in other Asian countries, where the proportion of women undergoing breast cancer screening is also low, evolving into an international initiative against breast cancer.

In order for this to happen, actions should be implemented by developing a magnetic field of prevention activities by members of a wide variety of communities and organizations involved in the COE. Apparently the most effective subjects, among others, may be mothers in the age range with the greatest proclivity to breast cancer, who are our partners in the Knowing Our Body project; it may be of use that they discuss what should be done to avoid their own health from falling behind parenting. Ideas are limitless. It is important to bring such ideas to the level making policy proposals and then securing funding for the activities.

It is an urgent task, however, to secure funding in order to maintain P-C-C activities and present society with a model that can achieve a health-nurturing community. Continued efforts are warranted for the acquisition of large research funding, joint projects with administrative bodies, service transfer projects through modularized and programmed care, and acquisition of endowments and

donations.

In the meantime, academic development should also be promoted. Creating a preventive system of this size essentially requires coordinated actions with local and national governments as well as large-sized research funding to be obtained through these actions. For this purpose, it is considered critical to secure support from the public, although it could be a challenging mission to complete. In order to facilitate the practical application of our proposed measures and medical service fees, we must publicly present the accumulation of P-C-C evaluation as scientific evidence.

Fortunately for us, P-C-C has come under the spotlight among several academic societies in Japan, including the Association for Medical Care Service Quality Assurance which is to hold a symposium with a main theme of "People in the center." Further academic cooperation is anticipated with these associations.

Furthermore, the key to steady P-C-C development is the human resources to produce staff members capable of developing systematic care service. Human resources with a macroscopic view to see community people in a comprehensive way, inclusive of background matters such as resources, mechanisms, public opinion, and culture, as well as with a high interest in society and people to address what may often be buried underneath such a large system, are crucial. Also necessary are the commitment, leadership, and tolerance to discover resources and turn them into useful care and systems in cooperation with those who have such experience and knowledge among the public. The revision of academic curricula may also be important, so that graduate schools provide courses for human resource development in a wide range of new fields to allow people of different academic backgrounds and personalities to join in the educational activities, rather than limiting such courses to nursing professionals.

Japan's health care is still more solid than most other countries. This is something to be proud of, given our high average life expectancy. We are, however, feeling the danger of the gradual collapse of health care services. What we need is to suggest through our future activities how P-C-C can enhance the strengths of the existing healthcare system while reducing the weaknesses, thereby solidifying sound safe and good health of the general population.