Vol.13 JANS SPRING 2003

NEWS FROM JANS

Report of the 22nd Research Conference

Michiko Hishinuma
Dean of St. Luke's College of Nursing
Chair of the conference

Michiko Hishinuma, RN, MS

The 22nd research conference of the Japan Academy of Nursing Science was held on December 6th and 7th at the Tokyo International Forum. “Telling People How Nursing Makes a Difference” was the main theme. More than 2600 nurses attended. Those who worked to organize the sessions and make arrangements for the conference deserve our greatest appreciation. I also wish to thank the many volunteers who made our two days proceed smoothly.

I presented the keynote address, “Develop Evidence in Order to Tell People How Nursing Makes a Difference.” Next, Professor W. L. Holzemer of the University of California, San Francisco, School of Nursing made an educational presentation, “Translating Nursing Research to Practice.” There were two symposia, one on the first day, “Quantitative Research Focusing on Changing Nursing Practice” and one the next, “How Qualitative Research Can Changing Practice.” In these presentations we discussed how high quality research could inform people about ways in which nurses can serve them.

There were 171 oral presentations and 218 poster presentations at which participants were active in questions and answers based on their research results. The program also included ten exchange meetings, a seminar organized by JANS and a forum open to the general public entitled “Thinking About Death and Dying at Home.”

The common-sense understanding that people through their own actions can influence health practices and outcomes is more prevalent and now in Japan has been changing health care. When people choose for themselves the best way to keep their health, it is essential that health professionals provide them sufficient information. When it comes to nurses, it is also required that we provide reliable information supported by research findings.

In the keynote address, I pointed out the difficulties of conducting nursing research that shows the effectiveness of nursing arts. First, the stimulation of nursing arts might be very little and the client’s reaction is also small. Second, inevitably, outcomes due to nursing arts are influenced by the nurse-client relationship. Third, even so, when we evaluate the effectiveness of nursing arts it is worthwhile to pay attention to the care receiver’s subjective evaluation. Then, I showed some research data suggesting that even the little stimulation produced by nursing arts within the nurse-client relationship is sufficient to alter the clients’ physical adjustment in a way that helps earlier recovery and improves quality of life. To summarize and conclude, I pointed out that we could tell people that something is a nursing art only when we can support that art with clear purposes, elucidation of the mechanism that brings effectiveness, and the probability of obtaining good clinical effects. Moreover the skills and practices of those arts should be shown to be simple and safe, with the possibility of reliable performance.

Through this conference we, again, made sure of nurse’s responsibility to tell people in persuasive way what nursing can provide for their healthy life in order, as health care professionals, to build partnership with individuals and families and the community.

Dr.Yoshie Kondoh received the Research Award of 2002.

Forum for Citizens: “Thinking About Death and Dying at Home.”

Report of the Educational Speech

William L. Holzemer, Professor, University of California, San Francisco & Visiting Professor, St.Luke's College of Nursing, Tokyo presented a speech titled "Translating Nursing Research to Practice".

In his speech, Professor Holzemer introduced "Translational Research" as a way to promote high quality cost effective patient care and quality work life for nurses. In order to show us the direction and process, he addressed five sub-themes : definitions of translational research, knowledge and evidence, structure of knowledge, changing nurses behaviors, and strategies towards a preferred future.

First of all, he reminded us that it takes us long time to use new knowledge in our practice by quoting a Report of the Institute of Medicine (USA). Then he showed how we, nurse scholars, can translate research to practice. First, after introducing definitions of others, he defined translational research from a nursing perspective: "Translational research was links knowledge directly with practice in order to improve the quality and cost effectiveness of nursing care." To further describe it, "It is organized, focused, changes practices, improves client outcomes, enhances self-care, enhances quality of work life for nurses, is cost effective, and informs public policy." Dr. Holzemer emphasized both primary and secondary structures of knowledge as critical elements in translational research. Primary structures of knowledge refer to knowledge generated through research and published in journals. Secondary structures of knowledge refer to knowledge generated by synthesizing published research, such as that being produced by The Joanna Briggs Institute, Australia and others. Moreover, in order to structure nursing knowledge,

William L. Holzemer, RN, Ph.D.

Dr. Holzemer stated that meta analysis of completed studies is an essential technique to detect or confirm differences in the outcomes of nursing practices. Then, to change the behavior of nurses so that the goals of translational research are met, he suggested that we use both passive and positive models.

Dr. Holzemer gave us a map to improve quality of care and quality of work life for nurses. We, nursing scholars in Japan, should rise to the challenge these essential tasks in order to structure knowledge for nursing.

His speech will be published in the journal of the Japan Academy of Nursing Science.

(Junko Tashiro, RN, PhD,
St. Luke's College of Nursing)

Symposia Ⅰ:
"Quantitative Research Focusing on Changing Practice"

Symposia Ⅱ:
"How Qualitative Can Change Nursing Practice?"

Report of the Symposium

Symposia Ⅰ

The symposium entitled "Quantitative Research Focusing on Changing Practice" was conducted in the afternoon of the first day of the conference. Professor Megumi Teshima and Dr. Tomoko Kamei served the chair of this symposium. Each symposist addressed their experience as the researchers, in terms of why they selected particular the quantitative method for this research; and issues and challenges surrounding quantitative nursing research. Firstly, Dr. Hiromi Sanada presented her research project of fifteen years, developing a mattress for bed sore prevention following with its evaluation. Then, Dr. Etsuko Tadaka explained the steps for developing a day care program for the elderly with dementia living at home and its evaluation. Finally, Dr.Shoko Arakawa described the issues and challenges surrounding a research study promoting relaxation for patients who were receiving chemotherapy. By the end of the symposium, we concluded the following: 1) Nursing research education program may enhance the capability of selecting develop research methods depending on the research question; 2) the impacts of the results of quantitative research on policy promote understanding among other professions; 3) quantitative results facilitate explanation to the outcome.

(Megumi Teshima, RN, MS.)

Symposia Ⅱ

The symposium entitled "How qualitative research can change nursing pr actice?" was conducted under the chairmanship of Dr. Tomoko Inoue and Dr. Mayumi Tutsui. First, Dr. Mieko Tanaka gave an overview of qualitative research based on her experience in the study of life histories. Second, Dr. Shigeko Saiki-Craighill spoke of her experiences running support groups for mothers who have lost a child, a project that developed out of her research results. Third, Dr. Noriko Akimoto described her study on the care of women who underwent operations for uterine cancer, which included an explanation of how she analyzed data. There was an animated discussion between the audience and speakers during the rest of the session regarding : 1) How should data be collected from the subjects who cannot express themselves, such as people who are unconscious or small children; 2) The validity of analysis ; 3) How the results of a study could be presented ; and 4) How study results can be used to instigate changes in practice. This was a good opportunity for all attendees there think about the main theme of nursing research, which is how we should use the results of research to instigate developments in nursing practice.

(Shigeko Saiki-Craighill, RN, DNSc.)

23rd JANS

Main Theme: Nursing's Critical Role in the Community

Date: 6th and 7th, Dec. 2003

Place: Mie Prefecture Cultural Center

President: Masashi Kawano, RN, MS

Professor of Nursing, Mie Prefectural College of Nursing

Director of Nursing Research Center at Mie Prefectural College of Nursing

Masashi Kawano, RN, MS

Key Speaker: Jean Watson, PhD, RN, FAAN, HNC.

Distinguished Professor of Nursing, and Founder, Center for Human Caring, Endowed Chair in Caring Science, University of Colorado

Symposium Ⅰ and Ⅱ, Exchange Sessions, Oral Presentations and Podium.

Call for Abstract:

Contact: Tamiko Matsuda, Hiroko Hanada and Chiyoko Ito at Mie Prefectural College of Nursing

Phone and Fax: 059-233-5623

JANS Fifth International Nursing Research Conference

President: Yoko Nakayama, RN, PhD.

The Fifth International Nursing Research Conference will be held in Fukushima, North Japan on August 29-31, 2004. The main theme will be "Nursing Phenomena and Research Designs : Search for New Research Methods in Nursing"

This conference will be focused on developing nursing research methodologies in 21st Century and international networks of nurse researchers. The Planning Committee for the Conference will invite presentations to be given at Poster Presentations, Information Exchanges and Workshops. The participants will be expected to produce active academic discussions in the conference.

Fukushima is a beautiful area with rich nature and hot spring. After discussions, you will enjoy walking around the Lake Goshikinuma and taking Japanese-style Onsen baths (hot spring). If you need the information of Fifth International Nursing Research Conference, please contact the secretariat by:

Email : dean.nursing@fmu.ac.jp

Fax : +81-24-547-2346

Current Research
Abstracts from Vol.22 of Journal of Japan Academy of Nursing Science

1. Indou, M. (2002). Research on the mental health of nurses -The verification of the causal model to predict the anxiety of nurses related to cancer nursing and restructuring-. 22 (1). 1-12.

The purpose of this study was to verify the causal model to predict the anxiety of nurses related to cancer nursing by multiple regression analysis. The variables used for the multiple regression analysis used the anxiety scale of nurses as the dependent variable and 17 variables (which include the negative experience of a patient's death, the cancer image, etc.) as the independent variable. This investigation was carried out with 500 nurses concerned with cancer nursing at 8 general hospitals in Osaka Prefecture in July-August 1998, and using a questionnaire.

The main results were as follows:

The multiple correlation coefficient explained by 6 variables was 0.59 ($P<0.001$) through the working process that the problem of the multicollinearity was excluded as a result of multiple recurrence analysis. The significant influences, in descending order of importance, were:

1. The negative experience of nursing patients at the time of death;
2. The feeling of the gap in goals for cancer nursing;
3. The emotional necessity to provide care with a businesslike attitude;
4. The attitude which avoids using the word "death" in conversation;
5. The negative cancer image;
6. The failure of execution of the informed consent of the nurse.

These findings suggest the need for examination, in personal or organizational contexts, of these 6 factors that influence anxiety, for the mental health of nurses concerned with cancer nursing.

2. Nakajima, T.(2002). Maternal attachment and healing for mothers through Kangaroo Care (skin to skin care). 22 (1). 13-22.

The purpose of this study was to examine maternal attachment and healing for mothers through Kangaroo care (skin to skin care) in a Neonatal Intensive Care Unit. This study is one group repeated measure design, also interview data were compared with quantitative data.The convenience sample consisted of 20 mothers and their pre-term infants

who were born weighing less than 2,500g. Evaluations were conducted before intervention, 2 weeks after intervention, and before discharge. Measurements used for this study were Healing of Preterm Child-birth (HPC), Maternal Attachment Inventory Japanese version (MAI-J), and Profile of Mood States (POMS).

The results of multiple comparison indicated significant differences in healing of pre-term child-birth between before intervention versus 2 weeks after intervention in the subscale of Relief from distress ($p<0.000$), and in Accept reality ($p<0.03$). Furthermore these variables indicated significant differences between before intervention versus before discharge ($p<0.000$-$p<0.001$), while Self confidence indicated significant differences only between before intervention versus before discharge ($p<0.01$). Maternal attachment indicated no significant differences at any time. The subscale of mood states of POMS indicated significant differences before intervention versus 2 weeks after intervention in Depression-Dejection ($p<0.02$), and between before intervention versus before discharge in Vigor ($p<0.01$).

Qualitative data showed that Kangaroo care reduced the mother's feeling of guilt and uncertainty after 2 weeks of intervention. Because, through skin to skin care the mother felt the infant's movement and breathing, the infant's strength and well being was confirmed. Also, at discharge from the hospital, mothers were confident in being maternal caretakers of infants, and they judged their experiences to indeed be meaningful despite the initial threat of having a premature infant. However, one case was very sensitive and afraid to take care of her infant. Therefore, mothers who experience distress related to pre-term child-birth need support.

3. Fukaya, Y. (2002). Development, reliability and validity of an ADL gap self-efficacy scale for elderly persons requiring home based nursing care. 22 (1). 23-32.

This study first developed an ADL gap self-efficacy scale and then examined the reliability and validity of this scale using 146 elderly persons requiring home based nursing care due to chronic motor function disability and undergoing motor rehabilitation. This scale is one-dimensional and consists of 10 items developed based on principal components analysis and Kappa statistics. The reliability assessment demonstrated that this scale had a Cronbach alpha coefficient of 0.86, which is an assessment of internal consistency. The mean test-retest correlation coefficient was 0.74, which is an acceptable level of stability.

Construct validity was supported by a significant correlation between ADL gap self-efficacy and a depression index and between ADL gap self-efficacy and the ADL gap. Concurrent validity was supported by significant correlation between this scale and a standard self-efficacy scale when the examinees were 64 years or under, male and could walk independently. The predictive validity of this scale were examined by to discuss significant correlation between ADL gap self-efficacy and ADL change, among ADL gap self-efficacy and ADL gap and ADL change. By using the ADL gap, it was shown that the ADL gap self-efficacy influences ADL change, which provides indirect support for the predictive validity of this scale.

4. Yamanishi, M. (2002). Relationship between perceived uncertainty and adherence in patients joining physical training program after myocardial infarction. 22 (2). 1-10.

This study has been carried out to the relationship between perceived uncertainty and adherence in patients joining physical training program after myocardial infarction. The cross-sectional, correlational research design was selected, data were collected by the instruments which were consisted of the Mishel Uncertainty in Illness Scale and the Adherence Behavior Questionnaire. The subject consisted of 93 patients with myocardial infarction who had been undergone coronary angioplasty. Their ages ranged from 31 to 81 years, with an average of 64.0 years (SD=9.9 years).

Multiple regression analysis indicated that ambiguity, complexity, employed, male, a history of myocardial infarction, treadmill user, and exercise habit accounted for 43% of the variance in adherence. Patients with myocardial infarction have perceived uncertainty through the process of cognitive appraisal in a cardiac event. It is suggested that high levels of perceived uncertainty are directly related to low levels of adherence.

5. Suzuki, M., Miyata, S., Chikamori, E., Murashima, S., Katayama, K., Okamoto, R., Ota, K., Dewazawa, Y., Tsuru, S., Nakane, K., Inoue, M., & Nakanishi, M. (2002). Structure and feature of terminology in nursing practice in the home care field during visiting nurse service. 22(2). 11-22.

The purpose of this study was to systematize nursing terminology in scientific terms by describing the way that visiting nurses expressed and described their own nursing practice.

The subjects were 25 visiting nurses in the Kansai region of Japan. Each nurse was asked to choose a patient of the day and to describe and discuss her activities during the visit in terms of nursing. The items covered were divided by the researchers into "label of the activity", "reason for performing the activity" "aim of the activity", "actual nursing procedure for the activity", "labels of simultaneous activities", "aims of simultaneous activities", and "actual procedures for simultaneous activities". The data gained through this process were analyzed to determine the nature of each item and the relationships among the items.

Because nursing is provided as one part of daily life for home health care patients, the terms used to describe

nursing practice consisted of words used in daily life (for example, “greetings”).

Sometimes the terms used were colloquial expressions. Because of the limited time available to carry out a number of nursing tasks during one visit, one term included more than one nursing activity. In addition, because nurses need to collaborate with various specialists in both the medical and the health and welfare fields in order to care for their patients, nurses should use their terms that have the communality with other fields.

6. Fukui, S. (2002). Information needs, information receiving and the related variables among Japanese family caregivers of cancer patients: In initial phase vs in terminal phase. 22 (3). 10-19.

In Japan, family caregivers of cancer patients usually receive information on the patient from healthcare professionals before patients are told the truth. Efforts to provide suitable information to these caregivers may be crucial to improving the quality of life in family caregivers as well as in patients. A descriptive correlational study explored and assessed the information needs and the information receiving of family caregivers of cancer patients, both in initial phase and in terminal phase. Data were obtained by a semi-structured interview with a questionnaire. The categories of information assessed were disease, treatment, prognosis, and patient and family care. In addition, the demographic and situational characteristics related to individual information receiving were investigated by logistic regression analyses. In initial phase, of 66 family caregivers, about two-thirds expressed they received the disease-related information, whereas less than one-third of those felt they did not receive the care-related information. In terminal phase, among 66 family caregivers, most caregivers expressed they received the disease-related and care-related information for patients, whereas less than half of those felt they did not receive the care-related information for themselves. The caregivers who were older, who did not inform the cancer diagnosis to the patient, and whose patient had not undergone any treatment significantly more perceived that they did not receive information, although they had the needs for information. Our results may help healthcare professionals to plan the appropriate provision of information to family caregivers of cancer patients.

7. Yakushiji, Y. (2002). Family hardiness and the regeneration process of families of children with behavioral disorders in psychosomatic disease. 22 (3). 10-19.

This study explored the regeneration process of families who faced difficulties in dealing with children’s psychosomatic behavioral disorders and described the characteristics of family hardiness.

Data were collected through semi-structured interviews with 16 families and/or participant observations during counseling sessions. Interviews were audiotaped with permissions and transcribed verbatim and analyzed according to the grounded theory approach. The findings suggested that “synchronization” was a core category that described the process of how families of children with behavioral disorders coped with the frightening and discouraging events surrounding their children and how new family functions were regenerated through the child-parent interactions.

This family regeneration process consisted of three phases: “in-limbo,” “stagnation,” and “getting out of chaos.” Each phase was constructed with the family interactions of “conflicting and relinquishing,” “groping in the dark and being involved with,” and “confirming the emotional distances and reconstructing the relationships of trust,” respectively. The family members got deeply involved in both their children’s psychological and behavioral difficulties in these phases; however, they came to terms with their children’s outlasting behaviors. While the families and children retraced these three phases repeatedly, new family ties and the best emotional distance between child and family members were established. Family hardiness was the most important strength that accelerated the family regeneration and psychological stability in families.

8. Kokufu, H. & Inoue, T. (2002). The process of decision-making regarding surgical treatment by breast cancer patients. 22 (3). 20-28.

The purpose of this study was to investigate the decision-making process regarding surgical treatment in patients with early breast cancer, and to suggest nursing interventions to facilitate this process. The participants of the study were 18 women who were offered a choice between breast-conserving surgery and mastectomy. The data were collected using a semi-structured interview and participant observation, so as to clarify the feelings and ideas of these subjects concerning the treatment options offered. We used qualitative data analyses.

As a result, four types of processes were identified; carrying her hope through-type, gradual consent-type, agitation-type and confusion-type. Each of these types of processes was structured into five phases: initial reaction, question against initial reaction, idea about undergoing surgical treatment, decision conflict, and final selection of the type of surgery.

The findings indicated that the following nursing interventions might facilitate the decision-making process, as follows: early provision of correct information regarding each option, clarifying each subject’s values of the breast and views of life, and emotional support to facilitate the difficult decision-making process.

9. Higa, H. (2002). Development of spirituality rating scale and study of its reliability and validity. 22 (3). 29-38.

In this study the spirituality rating scale was developed and its reliability and validity were studied. Spirituality is defined as the mental outlook of actively seeking something and endeavoring to relate oneself to it, as well as the perception or thought of oneself and particular events : spirits and ideas. Based on this concept, a questionnaire was developed which consisted of 20 items, and for each item one of five possible answers could be chosen. Among 385 university students to whom this questionnaire was given, the number of effective answers was 382 (female, average age, 20.12±1.10 years). After excluding statistically inappropriate items from the study, factor analysis by maximum likelihood-promax rotation was performed. As a result of analysis, five factors with 15 items were finally obtained: self-consciousness, meaningfulness, volition, human spirit, and values. The 15 items were defined as the spirituality rating scale (SRS). The cumulative contribution percentage after extracting the factors was 52.80%. Cronbach's alpha coefficient of 0.82 and the reliability coefficient of 0.72 obtained by a retest method confirmed the reliability of the SRS. The validity of the SRS content was confirmed by the two-factor model, the convergence validity was confirmed by the negative anxiety and positive anxiety scale, helplessness scale, and fulfillment scale, the discriminate validity was confirmed by the religious perspective scale, and the dependent validity was confirmed by the depression-dejection scale which is the Japanese version of the profile of mood states. The above findings indicate that the SRS is sufficiently reliable and valid for practical use.

10. Kanzaki, H. & Kido, Y. (2002). Cognitive-behavioral interventions for gastrectomy with the early stage of gastric cancer -Weekly counseling and journal writing targeted to self-efficacy and psychological stress-. 22 (4). 1-10.

The aim of this study was to evaluate the effect of cognitive behavior therapy for self-efficacy and psychological stress.

The study subjects were gastrectomy patients with the early stage of gastric cancer, and interventions comprised of weekly counseling and journal writing. Conceptual framework of this study was based on Lazarus's Stress model (1984), and for the framework for Self-efficacy is based on the Social Learning Theory (Bandura, 1977, 1986). Three scales were employed to evaluate the effect of interventions: general self-efficacy (GSES: Sakano and Toujyou, 1986), mental stress response (SRS-18 : Suzuki et al., 1997), and moods (DAMS: Fukui, 1997). Subjects were allocated to either intervention group (IG (n=14)) or to control group (CG (n= 12)) and of those twenty completed the study (9 and 11, respectively).

Subjects were assessed at baseline, at the time of discharge, and 1 month after discharge.

Results:

1) Two sample t test revealed that IG had significantly lower SRS-18 total scores and SRS-18 subscale (depression-anxiety) scores than CG did at discharge. One month after discharge, depression-anxiety scores for IG remained significantly lower than that for CG ($p<0.05$).
2) Split Plot Design Repeated Measure ANOVA revealed that DAMS subscale scores (positive mood) for IG improved significantly from baseline to discharge ($p<0.05$).
3) Dunnett's test of multiple comparisons showed that IG had significantly improved moods than CG did at discharge, and the effects were sustained at 1 month after discharge ($p<0.05$).
4) Total General Self-Efficacy scores and any of the subscale scores between the two groups did not differ at discharge and 1 month after discharge.

In summary, interventions seemed to have contributed to the improvement of positive moods and depression-anxiety. However, interventions have failed to show any measurable impact on the general self-efficacy. Further research is necessary to confirm the findings.

11. Ito, N., Kazuma,K., & Tokunaga, K. (2002). Development of a scale for feeling of stability in daily life among outpatients with permanent gastrointestinal stoma. 22 (4). 11-20.

The purpose of this study was to develop a scale to rate the feeling of stability in daily life with a stoma. One hundred and thirty three patients with permanent gastrointestinal stoma responded. The questionnaire was consisted of a scale for feeling of stability in daily life and the ostomate's QOL questionnaire. The items of this scale were collected by preliminary interviews, and they were confirmed content and face validity.

Five factors, consisting of 24 items, by exploratory factor analysis and confirmatory factor analysis, were selected from 40 items, as follows: (1) recovery and expansion of activities, (2) acceptance of the stoma, (3) relief at having a place to go for consultation about stoma care, (4) absence of worry about peristomal skin trouble, and (5) perception of defecation and physical condition. Weighted kappa for each item and the intraclass correlation coefficient for each factor, based on the test-retest method, indicated the moderate level of reliability. Cronbach's α for each factor indicated a certain level of internal consistency. Correlation assessments between the scores for this scale and those for the ostomate's QOL questionnaire or some items confirmed the convergent and discriminant validity. We supposed an ordinal relationship among 3 factors, from the clinical viewpoint, that is, absence of worry about peristomal skin trouble,

acceptance of the stoma, and recovery and expansion of activities. This relationship was supported statistically.

The results of this study suggested that this scale was reliable and valid, indicating that the scale might be used clinically.

12. Iwasaki, Y., Ishikawa, K., Shimizu, K., & Miyazaki, S. (2002). Coping in family caregiving for relatives with mental illness: Family responsiveness and self-nurturing. 22 (4). 21-32.

A qualitative study was conducted to identify an explanatory model which describes coping in family caregiving for relatives with mental illness. Thirty four family members provided written consent to be interviewed. Analysis of data revealed four coping styles in family caregiving.

a) Co-prosperous style: family caregivers empathically attend to needs of the ill relative in addition to their own.
b) Fused style: family caregivers are deeply involved with the ill relative, sometimes at the cost of their own needs.
c) Self-protective style: family caregivers are primarily concerned about their own needs.
d) Demoralized style: needs of both the ill relative and the family caregiver are disregard.

The four styles are explained by "family responsiveness" to the welfare of the ill relative and "family self-nurturing" of their own well-being. Responsiveness and self-nurturing are both high in the co-prosperous style and both low in the demoralized style. Responsiveness is high and self-nurturing is low in the fused style, while responsiveness is low and self-nurturing is high in the self-protective style. Family coping style is not static, and family caregivers move between coping styles to resolve conflicts between family responsiveness and self-nurturing. These findings suggest the need to assist families in finding a balance between responsiveness and self-nurturing. The findings also indicate the importance of improving the well-being of both the ill relative and the family.

13. Kita, M. (2002). Competing needs among family members that arises from the "Shiwayose" of caregiving at home. 22 (4). 33-43.

The purpose of this research was to explore the home care process for the elderly by families using the Grounded Theory Approach. Twelve families in process of caring for or waiting for caring were picked up for this research by this approach at the two general hospitals in Tokyo. Data were collected through interviews and observations on a continuous basis, being analyzed by the comparative analysis method. In this research, the home care process for the elderly by family was clarified by focusing on the competing needs between or among the family members arose from the "Shiw ayose" (the burden shifting) of caregiving at home. The process had 3 properties of 1) distress caused by the shared burden, 2) conflict between or among family members, and 3) mobility of work sharing by family members; and included 3 stages, that is, "The stage of harmony", "The stage of provisional harmony", and "The disharmony". Also it was made clear that the family members used some strategies at the stages of provisional harmony and disharmony to avoid or reduce the needs' competition and continue the home care. The findings suggest that the needs' competition among the family members caused by the Shiwayose of the home care was the critical issue in question. Even if the family members were placed in the worst situation of confusion caused by the needs' competition, they would still have potential power to live together in harmony while continuing the home care. The health provider needs to promote such potential power, supporting the strategies that family use.

14. Ikezoe, S. (2002). Describing the wisdom of life reconstruction in families with a stroke patient family member. 22 (4). 44-54.

The purpose of this study was to examine the processes of reconstructing life in families with stroke patients, and to propose guidelines for family support. The sample comprised 11 spouses of stroke patients, living with their spouses either physically or nominally if the patient was still in hospital. Data was collected using interviews. Following qualitative analysis of data, 4 phases of life reconstruction in families were extracted: 1) definition of the situation; 2) the wisdom of families; 3) family prospects; and 4) reconstruction behaviors.

The wisdom of families represented skills originating with and developed by the family, based in the experiences and knowledge cultivated from life with stroke patients, and developing constantly. The wisdom of families includes the following 4 core items : 1) management of caregiving ; 2) shaping attitudes towards the current situation; 3) maintaining family identity; and 4) deepening relationships.

When families with stroke patients struggle to reconstruct family life, supporting the wisdom of families for family nursing appears important.

JAPAN ACADENY OF NURSING SCIENCE

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