〔第10回国際家族看護学会報告〕
〔10th International Family Nursing Conference〕

Chair person's speech
Macro and Micro Triangulations for Supporting Healthy Family Growth

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Abstract

Goals of family nursing are to support healthy growth and development of a family. In another word, it is family health promotion and disease prevention. In order to cope with problems related to illness and impairments, to enhance the family's decision-making and self-care (problem-solving) abilities and to assist its growth and development.

Main theme of this conference: Making family nursing visible

To attain this goal, at first, we need to make family nursing visible, that is to identify, collect and share excellent practice, research and educational methods from all over the world. Also, this is the first conference after the International Family Nursing Association was established. Therefore, special care was taken for the structure of this conference (Fig.1).

That is, there are three main areas of discussion: Practice, research and education. In terms of practice, in order to identify and learn special family nursing skills and practice, we have invited outstanding practitioners and individuals from the Centers of Excellence and innovative models as speakers for this conference. As for research, in order to develop and expand family nursing, it is necessary to examine family nursing outcomes and its instruments and to generate evidences. So we have arranged for a symposium on the theme of developing family nursing instruments. Finally, as for education, many countries have started family nursing specialist education, and therefore we need to address graduate level education, and there is a need to discuss how we teach family nursing effectively at the undergraduate level. So we have invited speakers who have actually implemented such education.

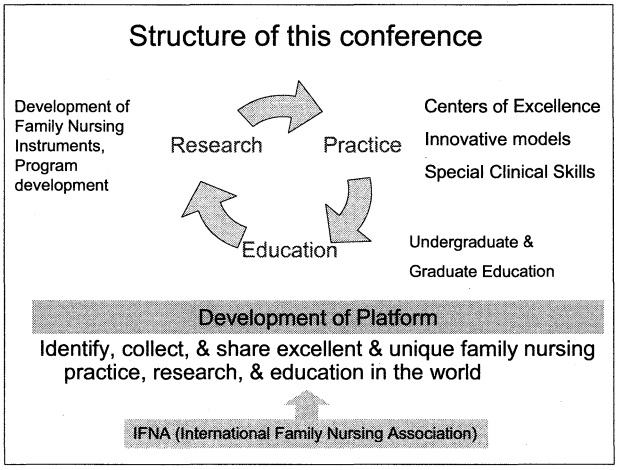

Fig. 1 Main theme of this conference and the structure

Development of family nursing: Some axes to consider

For development of Family Nursing, there are some axes to consider. One set of axes is that of a micro perspective and a macro perspective (Fig.2). A micro perspective focuses on individual families and situations. A macro perspective emphasizes national-, regional- and community-

level approaches to family health promotion. Another set of axes refers to the stages of prevention, and family health and illness cycles (Fig.3).

A third set of axes dealswith family developmental stages, nursing care settings, skill levels (generalist vs specialist), conceptualization of family (Emic (narrative) vs Etic (systems)), and ways of approach (family as a background vs family as a unit).

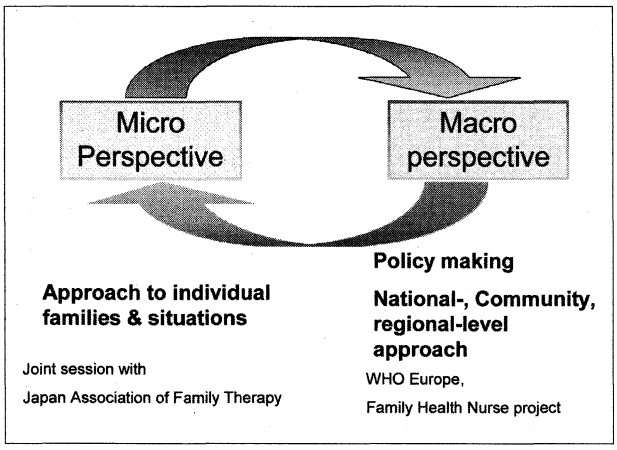

Fig. 2 Development of family nursing: Some axes to consider #1

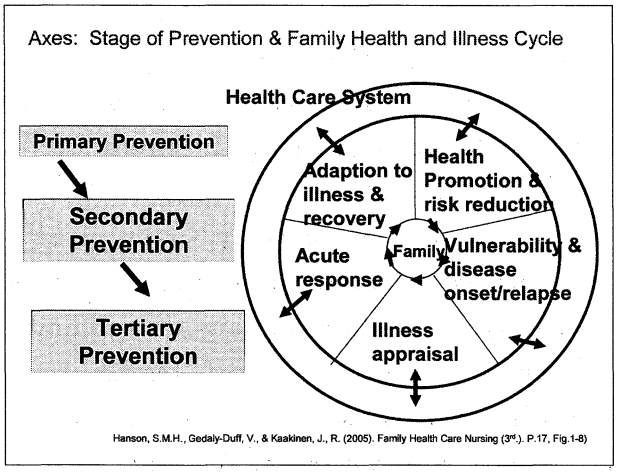

Fig. 3 Development of family nursing: Some axes to consider #2

JARFN role in Asian countries based on our value system, expand, share our experience

Family Nursing Networking in Asian Countries

Since this conference is being held in an Asian country of Japan and also as a leading country in the Family Nursing field, we have come up with a networking system for Family Nursing in Asia. Thus, by paying special attention to the fact that there are so many participants from Asian countries, such as Thailand, Korea, Taiwan, Hong Kong, we have succeeded in inviting those working at the top level of nursing administration in such countries as China, Viet Nam, Cambodia, Laos, Myanmar and Mongolia. This was largely due to the cooperation from National Center for International Medical Research and International Nursing Exchange Association. We also have speakers from the Philippine, Indonesia and Singapore.

Cultural perspective

There is one other thing that we would like to emphasize. That is to introduce Buddhism and Shinto, which constitute the roots of Japanese and Asian cultures and spirituality.

Japan has a cultural system which is distinct from those of the West. However, she has actively incorporated Western cultural elements for modernization since the Meiji Restoration. Particularly after the World War II, school education itself was provided under the principles of Western reductionism, which led to oblivion of the Japanese traditional culture, ways of thinking and values. Thus, we have arranged for a talk on Buddhist culture so that Japanese participants recall them and participants from overseas learn about them.

Advanced Practice Nurse in Primary Care

How can we expand roles of APN in Family Nursing?

How can we expand family nursing in community-base and take more responsibilities for health care in family. These are issues regarding family nursing in Japan.

- Family nursing practice is limited to micro level (no family-target policies)
- Family nursing is provided mostly in hospital-base and home health
- Scope of practice is unclear, most CNS in

family nursing works at discharge planning, a consultant in family care in hospitals

We have set up a session on advanced nursing practice in the primary care area as a joint domestic and international project. Unfortunately, because of political reasons, there are no family nurse practitioners in Japan. We would like to propose how we can build a advanced nursing practice with the primary care area as the target, that is, family nursing as a new area of practice. This session is supported by Japan Primary Care Association. We can discuss on future collaborations.

My trajectory

I studied Family Nursing tlodels in the United States when I was a student of a clinical nurse specialist program in gerontology. Even though I was still a beginning student of the models, I was very interested because they worked well. After I came back to Japan, I organized 3 study groups of the model in acute care hospitals. There, my colleagues and I conducted and analyzed many cases using the Calgary Family Assessment Model and the Intervention Model. We produced new skills for certain contexts. Then, I was recruited to the government post and worked in the policy-making department. After that, I moved to Hiroshima University and started to teach undergraduate and graduate CNS courses on chronic illness. My graduate students and I have developed family nursing intervention programs and conducted intervention research as well as action research at communities.

Family intervention programs and practice skills developed through research and practice

During the early stage of my career, I used the Calgary Family Assessment Model and Intervention Model. We interviewed more than 100 families, recorded and analyzed them and generated new family nursing skills for certain contexts. Table 1 is one example. In the contexts of end-of-life stage, life review is an important skill for families. Regarding compliance issues of chronic illness, family members often engage in mal-circular communication, so it becomes important to provide family education regarding mechanism of how this communication pattern often occurs and how it can be prevented.

In the life review interview, we asked them questions, such as "What was the best thing that happened to you in your life" or "What was the worst thing that happened to you in your life?" Thus we listened to their life stories, identifying the developmental stages that the family had gone through. By this process, the family confronted their unfinished business and worked on solving the problems. The unfavorable relationships were better understood through the reconstruction of the stories. The efficacy of this approach was examined through intervention research. The evaluation variables were set as shown here, and as a result, the patients' spirituality score rose and self-respect and self-efficacy scores also improved although to a lesser degree. In terms of the family scale, coherent and social support scores increased.

Thus, in order for new Family Nursing evidence to be produced and accepted by medical institutions and society, it will become necessary to clinically implement a program developed through basic research and to measure its effectiveness. It will also be necessary to consider social policies for the sake of QOL enhancement for families in the community or in the country (Fig. 4). Table 2 shows these examples of family nursing programs developed by our graduate students and me, and clinically implemented.

My focus: Chronic Illness & Family Nursing-integration of research, education and practice

I have a dream!

My main research focus is chronic illness and

Table 1. Micro perspective at hospital base

Nursing contexts	Family nursing intervention skills
End-of-life stage	Support advance directive & decision-making Life review/Reconstruction of life history Dealing with unfinished business / Family Developmental task Providing family as a unit education for care giving
Care giving	Help searching meaning of the experience Bringing outside resource (challenging belief & boundaries) Dealing with family balance (power, amount of care, strain, etc)
Chronic ill ness	Illness narrative (story-reconstruction) Cutting malcircular communication Bringing family's concern & involvement

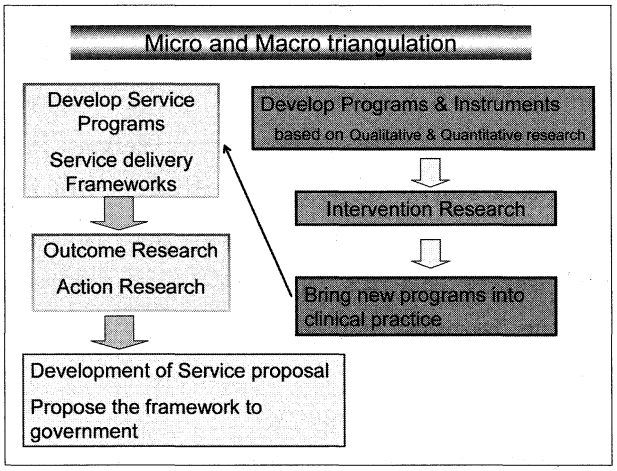

Fig.4 Micro and macro triangulation

Table 2 Family nursing intervention research studies developed and implemented by our graduate students

Family support/intervention programs	Outline of research studies
Educational Program for Families with Patient receiving Chemo Therapy (Saita, 2008)	Focus on acquisition of problem-solving, coping and stress-management skills Group sessions (5 times for 5 weeks) 13 families Measured Social Support, FACE III, Coping, Depression
Support Program for Families with a Young Child with a Developmental Disorder (Miyauchi, 2010)	Focus on couples acquisition of communication & problem-solving skills Developed communication materials Group sessions of 13 couples, one group pre-post design Developed and measured the ability to problem-solving rating scale for families
Support Program for Families who take care of their elderly with Cognitively Impaired (Kiriaki, 2011)	Focus on improvement of cognitive appraisal for care giving, acquisition of social support, improvement of relationship with clients Control Trial (intervention 35, control 35) Measured Partnership scale (developed in this study), Burden of Care giving, Positive feeling on care giving, Social Support
Family Support Program for Facilitating Adjustment of Transition from Diabetes to Diabetic nephropathy (Nishida, 2007)	Focus on Family as a unit, support on emotional adjustment & acquisition of right knowledge & skills 6 families, pre-post design, 2 sessions + home works Measured QOL, self-efficacy, anxiety, qualitative data
Family intervention on the communication of advanced cancer patients and their families (Niitani, 2009)	Focus on family communication 3 months, 2 face-to-face, 2 telephone sessions RCT design, 60 patients and their families Measured QOL, family communication scale (developed in this study), POMS
Chronic Illness Disease Management Programs (Post MI, Post CVA, CHF, COPD, DM, CKD) (Moriyama)	Focus on acquisition of disease Management, communication/stress management skills, Family learn how to support patients, Package program for 1 year or 6 month Measured QOL, self-efficacy, skills acquisition, physiological data, medical expenditure
Educational Program for Nurses to Improve Skills of End-of-Life Care (Yoshioka, 2011)	To improve end-of-life care skills for generalist nurses Group educational sessions Program & assessment sheet (form) were developed Intervention research (pre-post design), 25 nurses Developed & measured Nurses' abilities of end-of-life care scale

family nursing. It is to build a system where nurses take charge of a given community and provide health management. For that, translational research is an important theme. I have started a university-based venture business (DPP Health Partners) based on my research where population health management, or disease management, is provided. Municipal governments and business corporations, which are the medical insurers, purchase chronic disease management programs developed by us. We then provide the insured with education to prevent disease from becoming severe. Based on the results, we repeat the research and development process, making efforts

to improve the program.

In the future, we hope to have local governments purchase community organizational skills, construct IT devices and new communication network and develop a system where chronic disease care can be developed in communities so that patients with severe diseases will see their community as the hospital unit and care be provided accordingly (Fig.5).

Chronic Care: Ideal Environment

●The Expert Patient: *How you bring patients into your clinical practice and how you empower them!*

For the framework of chronic illness care, patients and their families are included. We set up an expert patient group and construct a system to support patients and families with a team of therapy expert patients and medical professionals (Fig.6). They are great partners and bring forth great benefits.

●Macro perspective: Kasumi Danchi Project

We aim to build connections between people who support life and the purpose of life. We strive for such a society where nurses take responsibility for providing health management of a given community; therefore, we developed Kasumi Danchi Project, in which a nurse take responsibility of people living in a Kasumi Danch. Family and community, rather than individuals, are the units of care (Fig.7).

Diseases are derived from family characteristics, and therefore the improvement of conditions largely depends on family. We hope to construct such a system where we can evaluate family's health behavior and coping abilities, teach coping skills and provide direct care.

Conclusion

These slides are my example from Micro and Macro approaches. You have many examples will be presented in this conference. Please share your practice, research, and educational strategies with other participants and network with them. I have tried many things, and am still going on. These examples follows today's main theme of Making Family Nursing Visible.

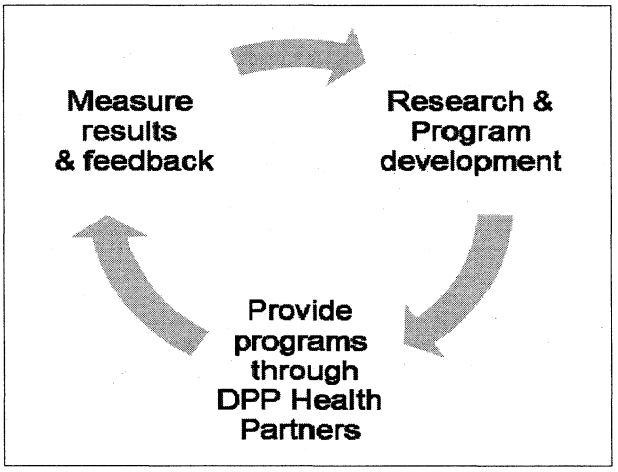

Fig.5 Integration of research, education, and practice

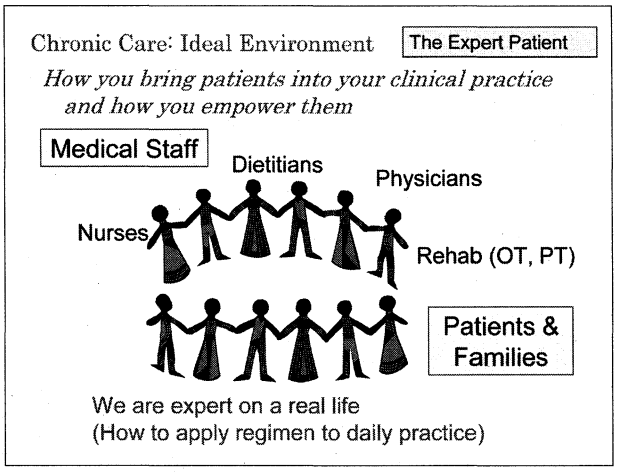

Fig. 6 Chronic care: Ideal environment

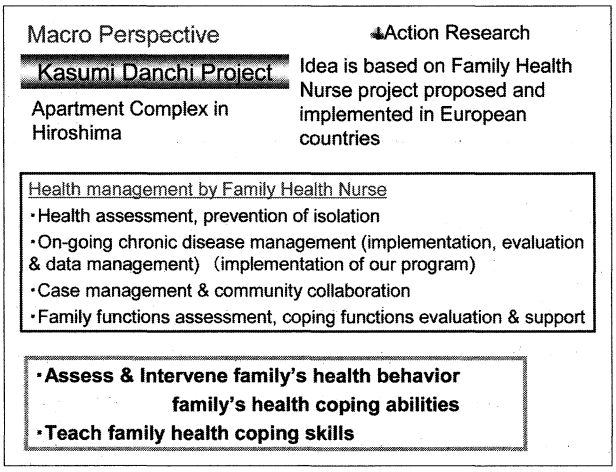

Fig. 7 Macro perspective: Kasumi Danchi Project