

# NEWS FROM JANS

## Greetings from the New Chairperson

Sachiyo Murashima, Ph.D, R.N.

I would like to extend my warmest greetings to all our members and international colleagues as I begin my first year as the Chairperson of the Board of Directors of the Japan Academy of Nursing Science (JANS). At our annual meeting in December 2001 I together with the thirteen members of the Board of Directors and two auditors were approved unanimously for three-year terms of office. JANS, founded in 1981, is now in its 22<sup>nd</sup> year. Its membership has been increasing steadily, and as of September 30, 2001 there are 3,363 members.

Two events during the last year helped us acknowledge the important role of nursing science. In September the 4<sup>th</sup> International Nursing Research Conference was held in Mie Prefecture with Sumiko Maehara, Dean and Professor, Mie Prefectural College of Nursing as chairperson. Its theme was "A Holistic Approach: A Better Quality of Life for All-In Search of Core Principles for Nursing in the 21<sup>st</sup> Century." More than five hundred (521) participants from 11 countries attended the conference and 222 research projects were presented. In December the 21<sup>st</sup> Annual Conference of JANS chaired by Noriko Katada, Professor, Hyogo Prefectural College of Nursing Art and Science was held in Kobe. Its theme was "Examining Ethical Perspective on Nursing in the 21<sup>st</sup> Century." More than two thousand (2,141) attended and 300

research projects were presented. Both conferences were great successes. At the threshold of the new century when our community is faced with unprecedented problems caused by the aging population, the role of nursing science is more important and crucial than ever.

Looking back at the last three years, I want to recognize the notable accomplishments made through the distinguished and extraordinary leadership of the former chairperson, Dr. Noriko Katada. These include opening the JANS website, publishing the online journal and initiating the management of citizen forums, to name a few. In December the academy gave its approval for opening a new independent office and revising the membership fee. These will provide further stability for our work in the future.

As I review those accomplishments, I recognize that we face more challenges. Some of the priorities in my mind include 1) smooth management of our new independent office, 2) activities required for the registration our academy as an incorporated organization, 3) promotion of our journal sales, and much more. A new committee will be established soon to enhance social awareness of the importance of nursing science, which is integral to our academy becoming an incorporated organization. A new research award system will be set up to encourage JANS



Sachiyo Murashima, Ph.D, R.N.

members to write more theses and to have their efforts recognized. In order to achieve these goals, I AM DETERMINED TO WORK HARD.

The 22<sup>nd</sup> Annual Conference of JANS will be held at the Tokyo International Forum on December 6 and 7, 2002. The chairperson of this year's conference is Michiko Hishinuma, Dean & Professor of St. Luke's College of Nursing. I hope that all the members of JANS will make time to share this occasion.

I would like to express appreciation for the help and support from each and every member of JANS and from its friends and colleagues around the world. Your continued assistance and understanding are indispensable and essential for our activities and success. As new Board begins its work, we look forward to increasing international collaboration as well as continued development of our activities in Japan.

## Academy Organization

Committee memberships for 2002 to 2005 were approved by the Board of Directors in April. Each committee's functions and new chair are listed below.

Chairperson : Sachiyo Murashima  
(Graduate School of Medicine, The University of Tokyo)  
Vice Chairperson : Noriko Katada  
(College of Nursing Art and Science, Hyogo)

### 1. Editorial Board

Tasks include: publishing journals quarterly; promoting contribution of research papers; developing the review system; and participating in the commendation system.

(Sayumi Nojima<Chief>: Department of Nursing, Kochi Women's University & Setsuko Hisatsune <Associate>: Faculty of Nursing and Medical Care, Dept. of Nursing, Keio

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University)

## 2. Research/Academic Information

Tasks include: facilitating research by developing an information system regarding nursing science (including obtaining grant for promoting informatics); designing a system for distribution of research outcomes; and further development of our web-site and on-line journal.

(Satoko Tsuru: Div. of Nursing, Ins. of Health Science, Faculty of Medicine, Hiroshima University)

## 3. Liaison with Japanese Academy Council

Tasks include : overall business relating to Japanese Academy Council; facilitating the goal that nursing academies to send members to the Japanese Academy Council; and participating in Council of Japanese Academy Council.

(Misako Kojima : Osaka Prefecture College of Nursing)

## 4. Examining Nursing Terms

Tasks include: identifying issues and methods or strategies in order to organize nursing technical terms for the future development of nursing science in Japan; proposing nursing technical terms; and discussing infrastructures for organizing nursing technical terms.

(Keiko Kazuma : Graduate School of Medicine, The University of Tokyo)

## 5. International Exchange

Tasks include: improving nursing sci-

ence through international exchange; distributing Japanese research to other countries; investigating directions of international conference in the future; and reviewing the English version of bylaws and other documents.

(Junko Tashiro: St. Luke's College of Nursing)

## 6. Nursing Ethics

Tasks include: identifying ethical issues in nursing research, education, and practice; collecting and distributing information regarding ethical issues in society relating to nursing and developing responses for JANS to these ethical issues.

(Toshiko Ibe : St. Luke's International Hospital)

## 7. Public Relations

Tasks include: collecting information about the contributions of JANS and its members; developing channels to spread that information more widely to the public; and providing services to the public in addition to the Forum for Citizens at Annual Meeting.

(Setsuko Hisatsune : Faculty of Nursing and Medical Care, Dept. of Nursing, Keio University)

## 8. Incorporated Organization Preparation

Task is to assist the Chairperson especially relating to incorporation of JANS.

(Takako Mitoh: Nagano College of Nursing)

## 9. Research Commendation System

Task is to design and develop the research commendation system to recognize outstanding research and ultimately to further develop methods for research about nursing.

(Katsuko Kanagawa : Ishikawa Prefectural Nursing University)

## 10. General Affairs

Tasks include: managing office work for membership, board and council meetings, proceedings of general meeting, business and supporting tasks of committees, JANS journal sales; distributing information regarding membership and responding to other inquiries; and other business not conducted by committees.

(Mami Kayama: Graduate School of Medicine, The University of Tokyo)

## 11. Accounting

Tasks include: managing for all accounting business; establishing an accounting system appropriate to an incorporated organization; planning for a solid financial base for the incorporated organization; and financial management of the office.

(Katsuya Kanda: Graduate School of Medicine, The University of Tokyo)

## 12. Auditing

Tasks include: oversight all business of JANS and its assets; and auditing the academy accounts.

(Junko Kondo: Tenshi College & Sawako Kawamura: Tokyo Metropolitan University of Health Science)

## Change the ByLaw

The revision to these Bylaws shall become effective on Dec. 1, 2001.

### CHAPTER 1. GENERAL PROVISIONS

#### Article 2. Secretariat

The secretariat of the Academy is located at 303 Fujimi Building, 3-37-3 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan.

### CHAPTER 9. RESEARCH AWARD

#### Article 36. Research Award

In order to promote nursing research that develops nursing science, on occasion the Academy may recognize distinguished research by a member of the Academy.

### Implementing Regulations

#### Article 36. Selection Committee for the Research Award

1. The Selection Committee for the Research Award will be responsible for selecting the research for recognition.
2. The Selection Committee will consist of the following members: the Chairperson of the Board of Directors, the Chairperson of the Editorial Committee, and three members appointed by the Board of Directors: Board member (one) Trustees (two)
3. The Chairperson of the Board of Directors is the chairperson of this committee.
4. Committee members appointed by the Board of Directors will serve for one year; the term may be extended.

## The 22th Assembly of Japan Academy of Nursing Science

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**Chair Person** : Michiko Hishinuma (Dean, St.Luke's College of Nursing)

**Date** : December 6 (Fri.) & 7 (Sat.), 2002

**Venue** : Tokyo International Forum

**Main Theme** : Telling People How Nursing Makes a Difference

**Keynote Speech** : Michiko Hishinuma (St.Luke's College of Nursing)

"Develop Evidence in Order to Tell People How Nursing Makes a Difference"

**Educational Speech** : William L. Holzemer (University of California, San Francisco)

"Translating Nursing Research to Practice"

**Symposium** :

. "Quantitative Research Focusing on Changing Practice"

. "How Qualitative Can Change Nursing Practice?"

**Forum for Citizens** :

"Thinking About Death and Dying at Home"

**Open Forum**

**Presentation** (Oral & Poster)

The Office for 22th Assembly of Japan Academy of Nursing Science:

Event & Convention House

Address: Sai-Tower 4<sup>th</sup> FL, Matsunaga-cho, Kanda, Chiyoda-ku, Tokyo 101-0023, JAPAN

Tel: 03-3255-0900 Fax: 03-3255-7377

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URL: <http://square.umin.ac.jp/jans22>

## Current Research

## Abstracts from Vol.21 of Journal of Japan Academy of Nursing Science

- 1. Nakajima, T. (2001). Reliability and validity of the maternal attachment inventory Japanese version. Vol. 21(1). 1-8.**

The purpose of this study was to evaluate the reliability and validity of the Maternal Attachment Inventory Japanese Version (MAI-J). The 26 item MAI-J is a self-report questionnaire designed to measure maternal affectionate attachment to infants. The Maternal Attachment Inventory original version was translated into Japanese and then back-translated into English using translators not involved in the original translation. The subjects were 255 mothers of healthy infants. The results demonstrated the MAI-J to be highly adequate internal consistency reliability, with a Cronbach's alpha coefficient of 0.92, and for stability, with a test-retest reliability of 0.84. Content validity was established at 100%. Construct validity was not adequately supported, although the results of the principal component analysis and the factor analysis showed MAI-J to be an essentially one dimensional scale, and there was a moderate correlation of 0.63 with the scale of What Being the Parent of a New Baby is Like-Reversed-Japanese Version. Measure of concurrent validity was not adequately supported, showing a correlation of 0.38 with the scale of Feeling Towards Infant. The results showed the MAI-J to be highly adequate reliability but did not adequately support validity. Therefore further testing of the scale is necessary.

- 2. Uchida, Y., Shimanouchi, S., & Kouno, A. (2001). Outcome evaluation and cost-effective of home care service. Vol.21(1). 9-17.**

The purpose of this study was to evaluate outcome of home care clients and to identify cost-affecting factors in client's condition and care characteristics by cost-effectiveness analyze. Subjects were 64 clients who received home care services and 11 nurses in a visiting nursing station. As a result, the solution rate of clients' needs was improved in areas such as "cleanliness" and "excretion" while the stability rate was high in "ADL disability". Overall client satisfaction was high. Two areas of distribution, better and worse groups, were shown in the cost-effectiveness with the solution rate of clients' need and satisfaction. Independency affected the cost-effectiveness, and it was high in the better group but low in the worse group ( $t = 2.14, p < 0.05$ ). "Rehabilitation" was high in the better ( $t = 3.69, p < 0.01$ ), whereas "medical treatment" was high in the worse group ( $t = -2.44, p < 0.05$ ). It is necessary for nurses to improve clients' independency by care provision and utilization of social resources.

- 3. Ogawa, K., Shimanouchi, S., & Kouno, A. (2001). Evaluation of home nursing care for patients with terminal cancer from perspective of bereaved families and nurses. Vol.21(1). 18-28.**

The purpose of this study was to examine home nursing care services related to satisfaction of family and nurse, differences of results between families and nurses, and factors contributing to these differences. Questionnaires were given to 48 bereaved families of patients with terminal cancer and 21 nurses at visiting nursing stations. The subjects of analysis were 47 families (response rate: 97.9%) and 21 nurses. (1) The following home nursing care services were related to family satisfaction: informed consent, relationship of mutual trust, peace at the time of death, acceptance of death, bereavement support, maintain comfort, pain management, medication, emotional family support, and family support for relief of physical fatigue. Nurses reported other services including nutritional assessment, excretion care, and hygiene support in terms of nurse satisfaction. (2) The results of evaluation were different between families and nurses ( $p < .001$ ). Emergency measure, acceptance of death, and collaboration with health care institutions were the top-three services in consistency between families and nurses while family support for relief of physical fatigue was the lowest. (3) Several factors significantly contributed higher consistency in the results between families and nurses: longer nursing career on acceptance of death, older age of patients on acceptance of death and collaboration with health care institutions, and older age of family members on family support for relief of physical fatigue. This study suggests important care services that we need to pay attention in evaluation of home nursing care for patients with terminal cancer.

- 4. Honjo, K. (2001) Revision of the self-care agency questionnaire for patients with chronic illness. Vol. 21(1). 29-39.**

This research was conducted to revise of the Self-Care Agency Questionnaire (SCAQ). The validity and the reliability of the SCAQ were tested for this purpose. The SCAQ consists of the scale of 29-items, which includes four subscales: a) ability to perform self-care operations, b) ability to adjust one's own physical condition based on personal weaknesses, c) ability to concentrate one's attention on self-care, and d) ability to receive valid support. The age of subjects ranged from 40 to 65 years. Most of those subjects had been suffering from diabetes, cardiac disease, or hypertension. The construct validity of the SCAQ was tested using factor analysis and the known-groups technique. And there was significant relationship between the SCAQ and the Exercise of Self-Care Agency Scale 35 items version ( $r = .72, p < .001$ ). The stability of the SCAQ was tested using test-retest reliability ( $r = .85, p < .001$ ). Internal consistency was

also tested, Cronbach's alpha for the SCAQ was .91. The validity and the reliability of the SCAQ were supported. The ability to adjust one's own physical condition based on personal weaknesses of the SCAQ were distinctive features as self-care agency's subscale.

**5. Hanade, M. & Sato, R. (2001). Quality of life in survivors of head and neck cancer in the first five years after treatment. Vol. 21(1). 40-50.**

The purpose of this study was to investigate the aspects of quality of life (QOL) in survivors of head and neck cancer in the first five years after treatment, and nursing intervention to enhance the QOL. Semi-structured interviews with twelve survivors were conducted to elucidate their perception of their life experiences, and qualitative data were analyzed. Ten themes and positive aspects describing meaning-of-life experiences indicated three life processes with a significant impact on QOL: (a) coping with the possibility of head and neck cancer relapse, (b) making compromises that inconvenience on one's own life, and (c) accepting one's present condition. These findings indicated six nursing interventions to enhance the QOL in survivors of head and neck cancer: (a) properly responding to the anxiety of cancer relapse, (b) improving self-care ability to meet basic needs, (c) enhancing motivation to rehabilitate, (d) facilitating proper family social support, (e) encouraging socialization to maintain relationships with others, and (f) facilitating awareness of one's own positive changes.

**6. Suzuki, M. (2001). Parents' decision making in determining the living setting of respirator-dependent children. Vol. 21(1). 51-60.**

The purpose of this study was to investigate the interactions among variables in a theoretical framework derived from the Mishel Theory of Illness Uncertainty (1988; 1990), which represents parents' decision making about the setting of living for their children based on the following hypotheses. Hypothesis 1) Parents who can notice the changes in the reaction of their own children tend to challenge to the uncertainty in illness, resulting to raise the quality of decision making about the living setting of children. Hypothesis 2) Parents who can not notice such changes in their children's reaction tend to persist in the uncertainty in illness, resulting to lower the quality of decision making about the living setting of children. Hypothesis 3) Parents who are confident in the care of their own children tend to challenge to the uncertainty, resulting to raise the quality of decision making about the living setting of their children. Hypothesis 4) Parents who are little confident in the care of their own children tend to persist in the uncertainty, resulting to lower the quality of decision making about the living setting of children. Hypothesis 5) Parents who are not burdened down with the care of children tend to challenge to the uncertainty, resulting to raise the quality of decision making about the living setting of children. Hypothesis 6) Parents who are burdened down with the care of children tend to persist in the uncertainty

resulting to lower the quality of decision making about the living setting. A total of 101 parents who had decided the living setting for their respirator-dependent children (0-15 years old) wearing a respirator for more than 3 months were used as the subjects. A survey was made using six forms of questionnaire and the statistical analysis was performed by multiple regression analysis and the interactions between two variables except for the influence of other variables were expressed with path coefficient. The present results supported neither of the correlation between the notice of children's changes and the persistence in the uncertainty for Hypothesis 2) nor the correlation between the burden of care and the challenge to the uncertainty for Hypothesis 5). The present study provided useful information to establish a support system for parents by which it would become easy for parents to decide the living setting of children to satisfaction through converting the uncertainty as to the children's illness to a challenge to it by nursing professionals in future.

**7. Shinkoda, H., Matsumoto, K., & Mishima, M. (2001). Change of primipara and multipara mother's sleep-wake behaviors from late pregnancy to postpartum weeks. Vol. 21(2). 1-11.**

It was the purpose of this study to investigate the changes of sleep-wake behaviors of primiparas and multiparas from late pregnancy to postpartum weeks respectively. The subjects 26 women that consist of 14 primiparas and 12 multiparas. They kept a sleep logs everyday from 7th week before delivery to 15th week after delivery and 8 of them also kept another record about their babies. From 1st to 11th week after delivery, mother's nocturnal total sleep time decreased and wake after sleep onset (WASO) increased significantly, compared to those in late pregnancy. The sleep efficiency significantly decreased from 1st to 8th week after delivery. Especially the data from primiparas shows significantly increase in WASO and the mean duration per a awakening, and decrease in sleep efficiency from 2nd to 6th week after delivery. In conclusion, the irregularity of primiparas' nocturnal sleep is greater especially, compared to that of multiparas. The irregularity continues until about 11th week after delivery. However, after 12th week, with the development of their infants' sleep-wake rhythm and feeding rhythm, the sleep-wake behavior of mothers also seems to no interrupted.

**8. Katsuda, H., Katada, N., Ebina, M. et al. (2001). Child's "Kakugo" and its influential factors for procedure and/or treatment. Vol. 21(2). 12-25.**

The purpose of this study is to clarify the child's experience when he/she is facing a procedure and/or treatment. The design of the study was a inductive qualitative method. The data was obtained through observation and interview. The grounded theory approach was used to analyze the data. Children who are receiving procedure/treatment were observed. Interview was conducted to 18 paired of child, parent, nurse, and physician who had participated in the child's

procedure/ treatment. When children were facing and starting the procedure and treatment, children seem to go through the emotional/cognitive state to determine to accept the consequence. We had named this phenomena as a "Kakugo" of the child. Furthermore, when the child had to do Kakugo, the child was balancing emotion, cognition, and psychomotor aspects. After the Kakugo, the child would face the procedure/treatment with full acceptance. Factors influence the child's Kakugo were identified as following: people surrounding the child, image of past experience, possibility of child choice of action, feeling oneness with people surrounding, some benefit for procedure/treatment, and declaration of own Kakugo. Above mentioned factors were summarized into three ways to strengthen the child's ability to control the situation. The first one is to promote child's potential to utilize his/her ego power to balance cognition and emotional preparedness. The second is participant's understanding of the child as the primary person who has to balance his/her emotion and cognition. This understanding would enhance the feeling of self-control in the child which will promote child's ability to control his/her behavior. The third is for the child to find a good timing with others to make a Kakugo which lead the child to take action.

**9. Okamura, H. (2001). A study of the variations in maternal temperature during labor. Vol. 21(2). 26-36.**

The purpose of this study was to describe variations in maternal temperature during normal labor. The subjects were thirty-three women experiencing a vaginal birth at term, and were less than 5cm dilated. Their temperatures were measured continuously during the labor period, with the first measurements between 6 and 14 o'clock. In this study, "temperature" indicates skin temperature, measured by the CORETEMP CTM-205 monitor. The results are as follows: 1. The range of temperature in normal delivery The range for center temperature was 34.2-37.9 degrees, and the mean of the individual temperature variation range was  $1.3 \pm 0.6$  degrees. The range for peripheral temperature was 25.7-36.7 degrees, and the mean of the individual temperature variation range was  $4.1 \pm 2.3$  degrees. This variation was greater than in a previous study. For temperatures taken in the axilla, the mean was 37.1 degrees at the time of delivery, and 5 cases exceeded 38 degrees. High temperature is usually considered a sign of infection. But, if the high temperature occurs only during delivery, it is not considered a sign of infection. (For the women in this study, the temperature decreased naturally during the 12 hours after delivery, and the babies were doing well.) 2. Variations of individual temperature With respect to central temperature, twenty-six out of thirty-three women showed a significant change of temperature as delivery progress, 15 showed a rise in temperature and 11 showed a decrease. With respect to peripheral temperature, twenty-eight of thirty-three women showed a significant change of temperature as delivery progress, 6 showed a rise in temperature and 22 showed a decrease. In studying the above results, I found that maternal

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

**10. Tsuboi, K. & Yasukata, F. (2001). Development of a self-efficacy inventory toward nursing practice teaching and investigation of its reliability and validity. Vol. 21(2). 37-45.**

The present study aimed at developing a teacher self-efficacy inventory for nursing teachers in nursing practice. 50-item questionnaires were mailed to 433 nursing teachers of which 245 were returned completed. Factor analysis identified 7 factors with 28 items: conference management, confidence in nursing practice, respect for students, utilization of teaching skills, preparation for practice education, appreciation of student situation, and facilitation of student learning. The 7 factors of the "Self-Efficacy toward Nursing Practice Teaching Inventory (SENPTI)" had an accumulation contribution percentage of 57.8. SENPTI had promising reliability with Cronbach's alpha of 0.937. Both content validity and criterion-related validity were assessed. The criterion-related validity revealed medium correlation between SENPTI and a self-efficacy scale which measures general self-efficacy. Moreover, concepts related to teacher efficacy in practice education were examined. As a result, self-efficacy toward nursing practice teaching displayed a significant correlation with job-orientedness and job satisfaction. Results indicate that SENPTI is an instrument which can measure teacher efficacy and also that it has potential for analysis of related factors.

**11. Imai, N. & Kido, Y. (2001). Quality of life of outpatients treated with low anterior resection or anterior resection for colorectal cancer -Correlation between dyschezia and self-completed QOL questionnaire. Vol. 21(3). 1-10.**

This study examines the correlation between dyschezia and quality of life in an outpatient population that received either low resection (LAR) or an anterior resection (AR) as treatment for colorectal cancer.

The outpatients answered a questionnaire examining the severity of their dyschezia and its impact on their quality of life. One hundred ninety two outpatients, with a mean age of 64.6 years (SD=10.4 years) and from 1 to 36 months after surgical resection respond to the questionnaire. Two assessment scales were included in the questionnaire: The Defecative Dysfunction Assessment Scale (DDAS) and a self-completed questionnaire for QOL revised (QUIK-R). Data were analyzed using a Mann-Whitney test, Kruskal-Wallis test and Spearman rank correlation coefficient, and step-wise multiple regression was also performed. DDAS scores were significantly higher for patients receiving low anterior resection (LAR) than for those receiving anterior

resection (AR). A significant relationship was also observed between DDAS and QUIK-R scores, in particular, between "soiling" on the DDAS. Multiple regression analysis revealed that DDAS and resection technique used for treatment accounted for 22.3% of the variance in QUIK-R.

In conclusion, the findings suggest that the severity of dyschezia is related to the resection technique used to treat colorectal cancer. Furthermore the severity of the dyschezia was found to exert a significant influence on quality of life.

**12. Kondoh, Y. (2001). Effects of flexed posture with boundaries following endotracheal suction in very low birth weight infants. Vol. 21(3).11-20.**

The purpose of this study is to determine differences in behavioral (stress signs and sleep-wake state) responses following endotracheal suction in very low birth weight infants between routine care and flexed posture with boundaries.

The nine infants in this study had a mean gestational age of 26.96 weeks (ranging for 23 weeks and 6 days to 28 weeks and 6 days) and a mean birth weight of 968.4 grams (ranging for 572 to 1,524 grams).

Heart rate and arterial oxygen saturation were monitored for estimating autonomic functions, while the motor system parameters were measured visually through observations. The autonomic and motor system variables were integrated and used to trace stress signs. States of sleep were assessed according to the Thoman classification. Observations were made every 2 minutes for 30 minutes, beginning at the baseline and finishing 30 minutes after the end of suctioning.

A total of 42 sessions were recorded, among which 20 were for the experimental and 22 were for the control group. Two groups did not differ significantly in birth weight and gestational age at birth. The results of two-way repeated measures (ANOVA) for each variable indicated that the groups differed significantly in stress signs. There were significant differences in effects of time ( $F=3.530$ ,  $p=0.0001$ ), intervention ( $F=12.476$ ,  $p=0.01$ ) and intervention-by-time interaction for stress signs ( $F=3.018$ ,  $p=0.001$ ). In the experimental group exhibited fewer stress signs than in the control group. The time before onset a quiet sleep state differed significantly between the groups ( $t=-2.529$ ,  $df=35$ ,  $p=0.016$ ). In the experimental group was significantly shorter time than in the control group. The flexed posture in the prone position with boundaries around the infant's body are needed to help the very low birth weight infants enhance self-regulatory behavior to maintain a behavioral integrity.

**13. Okawa, A. & Kido, Y. (2001). Study on the factors relevant to the mood of the pre-operative patients - With a focus on their perception of support network and HLOC-. Vol. 21(3). 21-29.**

The authors studied the effect of the perception of support network and HLOC on the mood of the pre-operative patients. Forty-seven cases of gastric- or esophagus-cancer, who were hospitalized for radical surgery after being announced, were chosen as subjects of the study. For the

rating of interior- or exterior intermediary factors scales of support network and JHLC (Japanese Version of Health Locus of Control) were used, and for the rating of the mood or states of mind the scale of POMS (Profile of Mood States) was used. The results show that in the subjects with positive perception of emotional support network relatively lower levels of the feelings of "depression slump", "fatigue" or "confusion" factors were observed. Because an instrumental support network lowers the feeling controlled by "life" or "vigor" factor, it is important for the pre-operative patients that they are given such spiritual support as to encourage them to perceive the "emotional support network". Though no significant correlation between JHLC and states of mood of the patients was observed, it will be significant to create a condition or take a way of contact which would make clear the existence of patients' inherent control.

**14. Eto, H. (2001). One month-old infants sleep at night at home Vol. 21(3). 30-39.**

This study set out to clarify the characteristics of infant sleep-wake states by behavioral observation at night at the first month after birth. A total of 36 healthy first-born infants (average age 30.8 days) participated in this study. Infant sleep-wake states in the night were recorded using videosomnography for two consecutive nights, and data of the second night coded and analyzed using an established protocol. Mean total sleep time was 7.4 hours, 70 % of the mean total recording period. The ratio of the percent of total sleep time in active sleep (AS) to the percent of total sleep time in quiet sleep (QS) was 7:3. The mean length of all sleep periods was 124 minutes. Principal component analysis of night sleep yielded two components: "sleep stability" and "sleep depth". The component of "sleep stability" consisted four variables: mean sleep period; percentage of sleep time; number of waking; and standard deviation of awake period. The component of "sleep depth" consisted two variables: % AS and % QS. Two variables from this analysis, mean sleep period and standard deviation of awake period are newly defined sleep parameters, and should be considered actual sleep features of one month-old infants. It is necessary to examine these newly identified sleep parameters in more depth. Moreover, it is important to discover whether and how patterns at one month persist in later months. Further studies using the methods of this study and also methods to document mother-infant interactions during nighttime sleep and feeding are indicated.

**15. Azuma, M., Shirata, K., Yasumori, Y., & Kawabata, K. (2001). Subjective well-being and psychological aspects of quality of life in patients with osteoporosis. Vol. 21(3). 40-49.**

The aim of the present study was to examine the necessity for nursing care with psychological consideration, through the investigation of the quality of life in patients with osteoporosis by assessing their subjective well-being, including their anxiety, depression and self-esteem, which may influence

their happiness and mental health. The study had subjects themselves fill in questionnaires utilizing four psychological scales; Life Satisfaction Index A (LSIA) to assess the subjective well-being, Self-Esteem Scale (SES) to assess psychological aspects, The State-Trait Anxiety Inventory (STAI), and Self-Rating Depression Scale (SDS). Subjects were 230 females aged 64.9 on average, and who were osteoporosis outpatients visiting clinics in Osaka prefecture. The level of quality of life of osteoporosis patients was found to be relatively low in terms of subjective well-being, and those patients were in the state of anxiety or mild depression. However, approximately 90% of the subjects showed high scores of the Self-Esteem Scale (SES). Patients with vertebral fractures and those faced impaired activities in daily life appeared to be depressive. An inclination of anxiety was found in most subjects having an acquaintance and/or family members who had osteoporosis disease as well. It turned out from the results obtained by multiple regression analysis that self-esteem, anxiety, disease duration, health satisfaction and depression are major factors that affect the subjective well-being of osteoporosis patients. The study has indicated that it is important for nursing care to raise the self-esteem of osteoporosis patients.

**16. Saiki-Craighill, S. (2001). Preparing for a child's death: Intuiting the time of the death as a nursing skill. 21(3). 50-60.**

The purpose of this study was to investigate how and why nurses intuit the time of death of the child. By analyzing interviews of twenty-five pediatric nurses, it was discovered that they intuit the time of the death by observing changes in both the physical condition and the actions of the child. Although many nurses could make their assessments by observing a child's physical condition, fewer could make their assessments based on a child's actions since this required more sensitive observation. However, nurses that are able to make these sensitive observations possess a unique and valuable skill since they become able to predict an imminent death before it is detectable in the physical condition and medical tests.

Intuiting the time of death is associated with the task of preparing for the death. The nurses shared their intuitions with other nurses and physicians in order to make sure everyone

is on alert, they can reduce the child's agony, and to make sure the physician will be present at the time of death. The nurses also share their intuitions with family members to encourage them to come to terms with the situation and to arrange for people to be at the bed side at the time of death. For these reasons, intuiting the time of death is the fundamental skill needed by nurses to make sure the death occurs in a well controlled situation according to the terms of a 'good death'.

**17. Fukui, S. (2001). The effect of educational group intervention on satisfaction with information among Japanese women with primary breast cancer. 21(3). 61-70.**

Many studies have pointed out that most cancer patients have unmet informational needs and they are often dissatisfied with information they receive. However, no studies have investigated the effect of informational supports on the satisfaction with information for Japanese cancer patients. The aim of this study was to determine the effect of an educational group intervention in improving satisfaction with information among patients with primary breast cancer in a randomized controlled trial. The patient selection criteria were age less than 65 years, and surgery undergone within the previous 4-18 months as of the start of the study. We conducted a 6-week educational group intervention. The intervention consisted of health education, coping skills training, and relaxation. Subjects were assessed for the satisfaction with medical information and psychological information using the Visual Analogue Scale (VAS) at the baseline, at 6 weeks, and at 6 months. Fifty (33%) of the 151 patients participated and were randomized, and 46 (30%) completed the study. The experimental group had significantly higher scores than the controls for the satisfaction with the information about breast cancer ( $p=.04$ ), stress of having cancer ( $p=.0001$ ), and coping methods to cancer ( $p=.0001$ ), and the satisfaction with total medical services they receive ( $p=.0009$ ) over the study period. The results of this study suggest that a short-term educational group intervention produces significant long-term improvement in the satisfaction with information of Japanese patients with primary breast cancer.

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