

第22回 日本看護医療学会 学術集会 プロシーディング

Proceedings of the 22nd Annual Meeting of
Japan Society of Nursing and Health Care

テーマ
Theme

最先端看護学とそのゆくえ

Leading-edge Nursing Science and Its Future Implications

会期
Date

2020年9月19日(土) 9:00~16:30

September 19 (Saturday), 2020, from 9:00 to 16:30

会場
Venue

神戸大学バーチャル会場(日本, 神戸)

Kobe University Virtual Meeting Spot (Kobe, Japan)

会長
Chair

法橋 尚宏 (神戸大学大学院保健学研究科)

Naohiro Hohashi, PhD, RN, PHN, FAAN

Graduate School of Health Sciences, Kobe University, Japan



法橋 研究室
Hohashi Lab.

The Society for the Study of
the Concentric Sphere
Family Environment
Theory

家族同心球環境理論研究会

The Society for the Study of the Concentric Sphere Family Environment Theory

日進月歩の“家族看護学”に 知的興奮を感じる！

家族症候とは、法橋が新しく提唱した専門用語であり、“主観的および客観的な家族データにもとづき、看護職者が総合的に査定した家族システムユニットの困難状態”のことです。あまたの家族ケース検討や長年の臨床経験などをおして、“家族の勢力構造の歪曲”“家族レジリエンスの発達不足”“家族インターフェイス膜の調節の不調”など、59の家族症候が明らかになっています（2017年5月現在）。家族症候を理解することで、具体的な家族支援を計画、実施することが可能になります。

家族同心球環境理論（Concentric Sphere Family Environment Theory, CSFET）は、家族のウェルビーイングに作用する家族環境をホリスティックにとらえるために、法橋が新しく提唱した家族看護学における理論です。これにもとづいて、家族アセスメントモデル（家族症候のラベリングも含む）、家族ケア／ケアリングモデルなどが開発されています。

本物の“家族看護”を会得し、 実践しよう！

家族同心球環境理論研究会（CSFET研究会）は、家族同心球環境理論にもとづいた家族アセスメントモデルおよび家族ケア／ケアリングモデルの改良、臨床応用、実証研究、普及活動などを推進することによって、あらゆる家族へのケア／ケアリングを具現化することを目的とします。一般会員と研究開発会員から構成され、2007年10月1日に設立されました。現在、一般会員を幅広く募集しています。

オープンなセミナーやワークショップを開催し、家族ケース検討などを行っています。これは、日本、アメリカ、中国などにおいて、随時開催します。なお、研究開発会員は、年間80回程度のクローズドな研究開発会議に参画することが前提になります。そして、競争的資金を活用した研究プロジェクトの推進、研究成果の国内外への情報発信・書籍の出版などを遂行します。

認定家族支援士と 認定上級家族支援士の認定

家族ケア／ケアリングの発展と家族ウェルビーイングに貢献することを目的として、家族同心球環境理論研究会の認定資格制度があります。本制度による資格は、家族同心球環境理論にもとづいた家族ケア／ケアリングに関する知識と技能を証明するものです。資格の名称は、認定家族支援士（Certified Intermediate Specialist in Family Support, CISFS）ならびに認定上級家族支援士（Certified Advanced Specialist in Family Support, CASFS）と称します。

家族同心球環境理論研究会

代表：法橋尚宏

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第22回日本看護医療学会学術集会事務局

Congress Secretariat of 22JSNHC

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第22回日本看護医療学会学術集会 開催の挨拶

最先端看護学とそのゆくえ

新型コロナウイルス感染症により亡くなられた方々、ご遺族の方々にお悔み申し上げるとともに、被患されている方々に心よりお見舞い申し上げます。また、世界中のひとびとの生命と健康と生活などを守るために、さまざまな場面で支援に取り組んでおられる看護職者ならびに関係者の方々に敬意を表しますとともに、心より感謝申し上げます。

このたび、第22回日本看護医療学会学術集会の会長を拝命し、2020年9月19日(土)に神戸大学バーチャル会場において学術集会を開催させていただきます。日本の最先端看護学の成果を発信する場を主催できますことは、私にとって誠に光栄に存じます。

本学術集会は、実に多くのご支援を受けて、神戸国際会議場で開催するために慎重に準備を進めて参りました。しかし、2020年5月時点の新型コロナウイルス感染症の状況を踏まえ、ご参加の皆様の看護活動と学術活動を支援するために、従来の集合型開催を中止し、バーチャル型開催とすることにいたしました。学術交流の機会を提供することは、私たち主催者の重要な役割のひとつであると考えております。

具体的な開催方法は、同期型(同時双方向型)と非同期型(オンデマンド型)でのハイブリッド開催とします。同期型は予定どおりの2020年9月19日(土)に開催いたします。非同期型(オンデマンド型)は、2020年9月19日(土)から2020年10月5日(月)に開催いたします。このために、急遽、神戸大学バーチャル会場(<https://virtualconference.jp/>)を設営いたしました。私は、20年以上前、日本コンピュータサイエンス学会の理事長を務めていたときに、学術集会をバーチャル型開催とした経験があります。今、インターネットの普及と高速化により、地球がかなり“小さく”なっていると感じています。今後はインターネット配信がますます普及することが予測され、新型コロナウイルス感染症収束後、バーチャル型開催は新しい学術集会の形になると考えられます。

最先端看護学は1日にして成らず！看護学の進歩・発展は、一朝一夕には叶いません。医療がますます高度化・複雑化する中で、看護学に携わるすべての者はこの動向に応え、未来の看護学をいかに創造するかを問い、それを実現させる地道な努力を続けなければなりません。そこで、本学術集会のメインテーマは、“最先端看護学とそのゆくえ”といたしました。

そして、会長講演は、“再定義される最先端看護学、それは……”とし、元コンピュータサイエンティストとしての私見を交えながら、人工知能、機械学習、ロボティクス看護

学などにも言及します。特別講演では谷岡哲也先生、招請講演では今中健二先生にご登壇いただき、それぞれ“最先端のロボティクスと看護学の融和”“中医看護学がもたらす最先端看護学の未来像”についてご講演をいただきます。シンポジウムでは、齋藤いずみ先生に“学際的研究者が創造する最先端看護学”、吉永尚紀先生に“若手研究者が切り拓く最先端看護学”、高橋弘枝先生に“現場から力づよく提言する最先端看護”についてご講演を賜り、最先端看護学の未来予想図を浮き彫りにできます。

なお、海外からは、カルガリー大学看護学部の Janice M. Bell 先生をお招きし、*Journal of Family Nursing* (2019年の Impact Factor は1.889) の編集委員長などのご経験をもとに、キーノート講演“最先端の論文を世界に発信するための秘訣”を予定しておりました。しかし、新型コロナウイルス感染症が世界各地に拡大している状況などを受け、誠に残念ながらキーノート講演を中止とさせていただくことになりました。講演を楽しみにしてくださっていた皆様には、心よりお詫び申し上げます。

日本の科学研究には、独創性が乏しいという批判があります。最先端看護学は、独創的な研究から生まれますので、世界に冠たる研究を牽引する研究者を養成することが必要です。そこで、今回の学術集会では、一般演題において“優秀発表賞”の表彰を行います。また、グローバル化の時代を生き抜くために、公式言語は日本語のみならず、英語も可能とさせていただきました。さらに、研究レベルを長期的に向上させるためには、若手研究者が独創的な研究を生み出すしくみが重要です。そこで、学部や大学院の学生が参加しやすいように工夫いたしました。

当初から節約を心がけ、無駄な出費を抑える努力をしてきました。しかし、新型コロナウイルス感染症の影響を受け、本学術集会の収支の黒字化は困難な見通しです。関係各位に多大なご心配とご不便をおかけし、心よりお詫び申し上げます。ご参加の皆様の満足度を担保できるように、最善の準備を整えるように努めてまいりますので、ご理解、ご支援のほど何卒よろしくお願い申し上げます。おもてなしの心で、多数の皆様のご参加を心よりお待ちしております。

第22回日本看護医療学会学術集会

会長 法橋 尚宏

神戸大学大学院保健学研究科・教授



Janice M. Bell 博士からのメッセージ

カルガリー大学看護学部の Janice M. Bell 博士をお招きし、キーノート講演“最先端の論文を世界に発信するための秘訣”を予定しておりました。誠に残念ながら、キーノート講演を中止とさせていただくことになりました。Janice M. Bell 博士からメッセージを頂戴しましたので、ここにご紹介させていただきます。

Dear Participants of the 22nd Annual Meeting of the Japan Society of Nursing and Health Care (JSNHC):

I send you warm greetings from Canada with wishes for your continued health and safety during this COVID-19 pandemic.

This is a strange and remarkable time in the world. One thing is for certain: COVID-19 has had a pervasive effect on families and individuals in your country of Japan and around the world with public health, social, and psychological consequences. Your skilled nursing care of individuals and families experiencing serious illness, trauma, and loss has never been more needed or more important. We need to continue to conduct research focused on coping and resilience of individuals and families as well as address issues like climate change and social justice which are affecting the health of all people around the world.

I hope the 22nd Annual Meeting of the Japan Society of Nursing and Health Care will offer you renewed vision, energy, and courage.

Warm regards,

Janice M. Bell, RN, PhD



総合案内とバーチャル会場案内

General Guidance and Guidance to the Virtual Conference

1. 総合案内

- 総合案内は、神戸大学バーチャル会場 (<https://virtualconference.jp/>) から入場した後のトップページにあります。バーチャル会場は、神戸大学内で運営しますが、事前にプレス受付を済ませた取材を除き、リアルでの来場はお断りします。
- 第1バーチャル会場は Zoom ウェビナーにてライブ配信、第2バーチャル会場は Zoom ミーティングにてライブ配信、第3バーチャル会場はウェブサイトにてポスターを掲示します。
- 各種問い合わせは、事務局への電子メール (22jsnhc@nursingresearch.jp) でお願ひします。

2. バーチャル会場への入場

- 事前に参加登録され、参加費を入金済みの方にのみ、登録いただいた電子メールアドレス宛てに、バーチャル会場に入場するためのログイン ID とパスワードを2020年9月16日(水)に送信します。ログイン ID とパスワードの再発行はしません。なお、ログイン ID とパスワードは第三者に譲渡せず、管理を徹底してください。
- 事前に、Zoom (Zoom ビデオコミュニケーションズ) のウェブサイト (<https://zoom.us/>) からミーティング用 Zoom クライアントをダウンロードし、パソコンにインストールしておいてください。なお、<https://zoom.us/test> において、テストミーティングに参加してインターネット接続を確認できます。
- ウェブブラウザを使用し、神戸大学バーチャル会場 (<https://virtualconference.jp/>) にお越しください。ウェブブラウザは、Safari (アップル)、Mozilla Firefox (Mozilla Foundation)、Google Chrome (Google) をお勧めします。画面表示などに問題が生じる可能性が報告されているため、Internet Explorer (マイクロソフト)、Microsoft Edge (マイクロソフト) の使用はご遠慮ください。
- 2020年9月19日(土)に、ログイン ID とパスワードを使って、バーチャル会場に入場してください。第1バーチャル会場と第2バーチャル会場では、プログラムをクリックすると Zoom クライアントが起動しますので、各バーチャル会場に入室できます。第3バーチャル会場では、プログラムをクリックするとポスターが表示されます。
- 2020年9月19日(土)から2020年10月5日(月)の期間、同じログイン ID とパスワードでバーチャル会場に入場可能です。

3. プロシーディングと参加証

- プロシーディングは、バーチャル会場に入場後のトップページにおいて、PDF ファイルとして提供します。
- 冊子体の『第22回日本看護医療学会学術集会プロシーディング (Proceedings of the 22nd Annual Meeting of Japan Society of Nursing and Health Care)』(ISBN 978-4-904684-07-8) は、2,000円(税別)で販売しています。購入希望は、事務局にお問い合わせください。
- 参加証と領収書は、バーチャル会場に入場後のトップページにおいて、PDF ファイルとしてダウンロードできます。

4. プログラムへの参加

- バーチャル会場に入場後、現れるプログラムを参照し、プログラムをクリックすると Zoom クライアントが起動しますので、各バーチャル会場に入室して聴講してください。
- プログラムに参加中は、発表者の音声トラブル発生を予防するために、音声はミュート（消音）に設定してください。
- 発表者は、発表中はカメラを常時オンにしてください。
- 万一、発表に際してトラブルなどが生じた場合、事務局ではその責任を負いません。特に、提示するスライド内容や関連ファイルでの著作権、肖像権、個人情報などの取り扱いに十分注意してください。
- 発表に際し、事務局はコンピュータの操作、インターネット接続、映像・音声などのトラブルへの直接的な対応はできませんので、ご自身での解決をお願いします。

1. Overall Guidance

- To view the General Guidance, please go to the web site of the Kobe University Virtual Conference, (<https://virtualconference.jp/>), where you will see the top page. The virtual conference is operated at Kobe University, but with the exception of reception by members of the press beforehand for purposes of coverage, please refrain from making actual visits to the site.
- The First Virtual Conference Room will be streamed live via Zoom Webinar; the Second Virtual Conference Room will be streamed live via Zoom Meeting; and the Third Virtual Conference Room will display posters on the web site.
- If you have any questions regarding the above, please email the Secretariat (22jsnhc@nursingresearch.jp).

2. Admission into the virtual conferences

- Those who have completed registration and payment will receive a log-in ID and password that will enable them to enter the site. This will be mailed to them on September 16, 2020 (Wednesday). The log-in ID and password cannot be re-issued. Please make careful efforts to protect your log-in ID and password and refrain from giving them to third parties.
- Prior to the conference, please go to the Zoom Video Communications web site (<https://zoom.us/>) and download the Zoom client for meetings and install it on your personal computer. It is suggested that you confirm that the software is operating by going to <https://zoom.us/test> and taking part in a test meeting.
- Utilizing your web browser software, log onto the Kobe University Virtual Conference (<https://virtualconference.jp/>). Recommended browsers include Safari (Apple), Mozilla Firefox (Mozilla Foundation) and Google Chrome (Google). As screen display problems have been reported by some participants, please refrain from using Internet Explorer (Microsoft) or Microsoft Edge (Microsoft).
- On September 19, 2020 (Saturday), please use your log-in ID and password to enter the site. Clicking on the First or Second Virtual Conferences will load the Zoom client, enabling you to enter to the respective virtual conferences. By clicking on the program for the Third Virtual Conference, you will be able to view the posters.
- From September 19, 2020 (Saturday) to October 5, 2020 (Monday), you will be able to access the virtual conferences using the same log-in ID and password.

3. Proceedings and Certificate of Attendance

- The proceedings will be provided in the form of a PDF file that is displayed on the top page following admission to the virtual conference.
- A printed booklet, "Proceedings of the 22nd Annual Meeting of Japan Society of Nursing and Health Care," (ISBN 978-4-904684-07-8) will be sold for 2,000 Japanese yen (exclusive of 10% sales tax). Those wishing to order copies of the booklet should contact the Secretariat.
- Certificate of Attendance and a receipt for payment of the attendance fee in PDF form can be downloaded from the top page after entering the virtual conference site.

4. Program attendance

- After entering the virtual conference site, refer to the program that appears. Click on the program will activate the Zoom client, enabling you to enter the virtual conference rooms to monitor the presentations.
- In order to avoid audio problems with the speaker, please set the volume to “MUTE.”
- Speakers should activate (turn on) their webcam or built-in camera during the presentation.
- The Secretariat cannot be held responsible for problems that occur during the conference. Presenters in particular are requested to take sufficient caution with the contents of their slide presentations with regard to copyright, image copyright, personal data and so on.
- When making presentations, the Secretariat will be unable to perform operations to fix problems concerning computer operation, internet connections, and audio/visual, so please be prepared to remedy these yourself.

各バーチャル会場における注意事項

Precautionary measures for the virtual conferences

1. Zoom クライアントで参加される前に、リアルな氏名を Zoom に入力して参加ください。発表者の場合、氏名の前に“発表者_”を付けてください。なお、Zoom ウェビナー／Zoom ミーティングに参加後、いつでもこの氏名を変更できます。
2. 事務局が参加者の氏名を常時確認し、参加費の入金が確認できない場合は強制退室いたします。
3. プログラムの IC レコーダなどによる録音、カメラ／ビデオカメラなどによる撮影／録画は、著作権の侵害になりますので禁止します。
4. 同様に、パソコンのソフトウェアを利用したプログラムの録音、撮影、録画、ならびにファイルのダウンロードは、著作権の侵害になりますので禁止します。なお、各バーチャル会場にあるファイルは、容易にダウンロードできない仕様になっています。
5. 参加するときの服装は、カジュアル過ぎない普段着をお願いします。

1. Before taking part using the Zoom client, please enter your actual name into Zoom. If you are presenter, before your name, add “Presenter_.” Following use of Zoom Webinar and Zoom Meeting, you can change the name as you wish.
2. The Secretariat will constantly confirm the names of participants, and if it is determined that the individual has not paid the attendance fee, that person will be blocked.
3. Use of IC recorders or other audio recording devices, or image recording by means of cameras or video cameras is a violation of copyright and strictly prohibited.
4. By the same token, recording, photographing, video recording or file downloads utilizing personal computer software is a violation of copyright and strictly prohibited. The files of the respective virtual conference rooms contain copy protection to discourage downloading.
5. Participants are requested to wear conventional attire and refrain from overly casual garments.

ポスター発表(紙ポスターを用いた討論)のご案内

Introduction to the poster presentations (arguments utilizing paper posters)

下記のガイドラインにしたがって、ポスターのご準備をお願いします。ポスターは大判の1枚ではなく、内容を何枚かに分割したスライドとして作成してください。

1. ポスター作成にあたり、以下の5点にご注意ください。

- ポスター作成には、Microsoft PowerPoint(マイクロソフト)、Keynote(アップル)などを使用してください。
- スライドのサイズをワイド画面に設定し、幅は33.87もしくは33.867cm、高さは19.05cmに指定してください。
- スライド枚数は、10枚以内で作成してください。
- 1枚目のスライドに“演題名、発表者名(筆頭発表者に○印)、所属名、連絡先の電子メールアドレス”を明記してください。演題番号は不要です。連絡先の電子メールアドレスは、参加者からのコメントを受け取るために必須です。
- 提出用ファイルとして、PDF ファイルを書き出してください。たとえば、スライド枚数が10枚の場合、10ページのPDF ファイルになります。

2. PDF ファイルは、2020年9月9日(水)までに、事務局(22jsnhc@nursingresearch.jp)宛てに電子メールに添付してお送りください。電子メールの件名は、“ご所属名_発表者氏名”としてください。PDF ファイルが5MB 以上の場合は、オンラインストレージ GigaFile 便(<https://gigafile.nu/>)などを利用し、その URL をお送りください。

3. 事務局が責任をもって、第3バーチャル会場にポスターを掲示します。自由に閲覧することになりますので、発表時間の設定はありません。

4. ポスターは、非同期型(オンデマンド型)で2020年9月19日(土)から2020年10月5日(月)までの期間に掲示します。参加者から電子メールでコメントがあった場合は、個人的にご対応ください。

5. 掲示が終了後、ウェブサイトを開鎖し、データは事務局が責任をもって消去します。

You are requested to prepare your poster in accordance with the guidelines below. Please do not produce a poster as a single large sheet, but segment the contents into several smaller sections to facilitate their readability.

1. Please give attention to the following five points when producing your poster.

- Please produce the poster utilizing Microsoft PowerPoint (Microsoft), Keynote (Apple) or other familiar software programs.
- Please set the size of the slides for a wide screen, with a width of 33.86 or 33.867 cm and a height of 19.05 cm.
- Please limit the number of slides to 10 or fewer.
- On the first slide, please clearly indicate the title of the presentation, the name or names of the presenters (marking the first presenter with a circle), affiliated institution and contact email address. The inclusion of email contact is necessary in order to receive comments from participants.
- Please produce the presentation files in PDF format. For example, if the number of slides is 10, then the file will become a PDF file 10 pages in length.

2. PDF files should be submitted as email attachments to the Conference Secretariat (scns12@transculturalnursing.jp) by September 9 (Wednesday), 2020. On the mail subject line, please write in, as appropriate, “Organization/institution_presenter name.” If the PDF file is larger than 5 MB, please send it to the above URL via online storage GigaFile protocol (<https://gigafile.nu/>).

3. The Secretariat will be responsible for undertaking display of posters at the Third Virtual Conference Room. All participants will be able to view it freely, so the presentation time is not fixed.

4. Posters (in on-demand format) will be displayed during the period from September 19 (Saturday) to October 5 (Monday), 2020. If you receive comments from participants via email, please reply personally.
5. After the end of the presentations, the web site will be closed, and the conference Secretariat will take responsibility for erasing all data.

ポディウム発表／オーラル発表(口頭発表による討論)のご案内

Introduction to the podium presentation/oral presentation (arguments presented orally)

下記のガイドラインにしたがって、ポディウム発表／オーラル発表(口頭発表による討論)にご登壇ください。

スライドの準備

1. スライド作成には、Microsoft PowerPoint(マイクロソフト)、Keynote(アップル)などを使用してください。
2. スライドのサイズをワイド画面に設定し、幅は33.87もしくは33.867cm、高さは19.05cmに指定してください。なお、スライドのトランジション(画面遷移)は設定しないなど、Zoomを使用する際のITリテラシーを備えてください。また、モニタ(ディスプレイ)1台で参加する場合、Microsoft PowerPointの発表者ツールを使用しないでください(参加者にメモが見えてしまいます)。

Zoom ミーティング動作確認

3. 2020年9月18日(金)の13:00から15:00を動作確認の時間とします。Zoom ミーティングの使用に不安のある発表者は、この時間帯に動作確認を行ってください。
4. 事前に、Zoom のウェブサイト(<https://zoom.us/>)からミーティング用 Zoom クライアントをダウンロードし、インストールしておいてください。
5. ウェブブラウザを使用し、神戸大学バーチャル会場(<https://virtualconference.jp/>)にお越しください。
6. 2020年9月16日(水)に送信するログイン ID とパスワードを使用し、第2バーチャル会場に入室してください。Zoom クライアントが起動しますので、他の発表者と調整しながら、動作確認をお願いします。

ポディウム発表／オーラル発表(口頭発表による討論)への登壇

7. 2020年9月19日(土)の発表予定時刻の30分前に、神戸大学バーチャル会場へお越しください。2020年9月16日(水)に送信するログイン ID とパスワードを使用し、バーチャル会場に入場してください。次に現れるプログラムから第2バーチャル会場をクリックすると Zoom クライアントが起動しますので、入室してください。
8. 第2バーチャル会場は、Zoom ミーティングにてライブ配信いたします。開始時間になりましたらアナウンスをいたしますので、Zoom の画面共有を開始して発表してください。事前に録画した動画を配信しても結構です。
9. 時間厳守をお願いします。質疑応答のための時間は設定しておりません。

ポディウム発表／オーラル発表（口頭発表による討論）の動画公開

10. ポディウム発表／オーラル発表（口頭発表による討論）の内容は事務局が録画し、第2バーチャル会場において、2020年9月22日（火）から2020年10月5日（月）までの期間、非同期型（オンデマンド型）で参加者のみに公開します。参加者から電子メールでコメントがあった場合は、個人的にご対応ください。
11. 公開が終了後、ウェブサイトを閉鎖し、データは事務局が責任をもって消去します。

Those conducting the podium presentation/oral presentation (arguments presented orally) are requested to follow the guidelines shown below:

Preparation of slides

1. To produce slides, please use Microsoft PowerPoint (Microsoft), Keynote (Apple) or other similar software.
2. Set the slide size for wide screens, with a width of 33.87 or 33.867 cm and a height of 19.05 cm. A sufficient degree of IT literacy is required to use Zoom, for example such as knowing not to use the settings for transition effects when changing slides. If participating with one display monitor, please do not utilize Microsoft PowerPoint presenter's tools (otherwise memos will be visible to the participants).

Confirmation of Zoom Meeting operation

3. Operation confirmation can be performed during the hours from 13:00 to 15:00 on September 18, 2020 (Friday). Those presenters who have concerns over use of Zoom Meeting are requested to confirm operation during these hours.
4. Prior to the conference, please go to the Zoom web site (<https://zoom.us/>) and download the Zoom client and install it on your personal computer.
5. Utilizing your web browser software, go to the Kobe University Virtual Conference (<https://virtualconference.jp/>).
6. Utilizing the log-in ID and password that you will be issued on September 16, 2020 (Wednesday), please enter the Second Virtual Conference Room. The Zoom client will be activated, so while making adjustments with the other presenters, confirm that it is operating properly.

To those conducting the podium presentation/oral presentation (arguments presented orally)

7. Thirty minutes prior to the scheduled start of the presentations on September 19, 2020 (Saturday), go to the Kobe University Virtual Conference site. Utilizing the log-in ID and password that you will be issued on September 16, 2020 (Wednesday), please enter the Virtual Conference. Next from the program that appears on the screen, click on the Second Virtual Conference Room. The Zoom client will be activated, permitting you to enter the room.
8. Zoom Meeting will stream the live proceedings from the Second Virtual Conference Room. As we will announce the start of each activity, please begin to show your presentation using the Share Screen function of the Zoom. You may also transmit your recorded videos prior to the scheduled start.
9. Please adhere closely to the allotted time schedule. The duration has not been fixed in order to allow for questions and answers.

Access to videos of the podium presentation/oral presentation (arguments presented orally)

10. The Secretariat will record the contents of the podium presentation/oral presentation (arguments presented orally), and provide them on demand, exclusively to registered participants, in the Second Virtual Conference Room. The videos will be available from September 22 (Tuesday) to October 5, 2020 (Monday). If you receive any comments from other participants via email, please reply to them directly.
11. At the end of the duration of the showing, the web site will be shut down and the Secretariat will take responsibility for deleting all the data.

優秀ポディウム賞と優秀ポスター賞の授与

Presentation of Best Podium prize and Best Poster prize

1. 演題査読委員会の審査にもとづき、演題の中から優秀なものを会長が選出し、優秀ポディウム賞と優秀ポスター賞として2020年10月5日(月)に学術集会のウェブサイトで表彰します。
 2. 後日、賞状を受賞者に郵送します。
-
1. In accordance with judging by the Presentation Review Committee, the most outstanding presentations will be selected by the chairperson, and awarded the Best Podium prize and Best Poster prize, which will appear on the conference web site on October 5, 2020 (Monday).
 2. The award recipients will be sent a certificate of award via post.

キーノート講演／特別講演／招請講演／シンポジウムのご案内

Guide to the Keynote address/ Special address/ Invited address/ and Symposium

下記のガイドラインにしたがって、キーノート講演／特別講演／招請講演／シンポジウムにご登壇ください。

スライドの準備

1. スライド作成には、Microsoft PowerPoint(マイクロソフト)、Keynote(アップル)などを使用してください。
2. スライドのサイズをワイド画面に設定し、幅は33.87もしくは33.867cm、高さは19.05cmに指定してください。なお、スライドのトランジション(画面遷移)は設定しないなど、Zoomを使用する際のITリテラシーを備えてください。また、モニタ(ディスプレイ)1台で参加する場合、Microsoft PowerPointの発表者ツールを使用しないでください(参加者にメモが見えてしまいます)。

Zoom ウェビナー動作確認

3. 2020年9月18日(金)の13:00から15:00を動作確認の時間とします。Zoom ウェビナーの使用に不安のある発表者は、この時間帯に動作確認を行ってください。
4. 事前に、Zoom のウェブサイト(<https://zoom.us/>)からミーティング用 Zoom クライアントをダウンロードし、インストールしておいてください。
5. ウェブブラウザを使用し、神戸大学バーチャル会場(<https://virtualconference.jp/>)にお越しください。
6. 2020年9月16日(水)に送信するログイン ID とパスワードを使用し、第1バーチャル会場に入室してください。Zoom クライアントが起動しますので、他の発表者と調整しながら、動作確認をお願いします。

キーノート講演／特別講演／招請講演／シンポジウムへの登壇

7. 2020年9月19日(土)の発表予定時刻の30分前に、神戸大学バーチャル会場へお越しください。2020年9月16日(水)に送信するログイン ID とパスワードを使用し、バーチャル会場に入場してください。次に現れるプログラムから第1バーチャル会場をクリックすると Zoom クライ

アントが起動しますので、入室してください。

8. 第1バーチャル会場は、Zoom ウェビナーにてライブ配信いたします。開始時間になりましたらアナウンスをいたしますので、Zoom の画面共有を開始して発表してください。事前に録画した動画を配信しても結構です。
9. 時間厳守をお願いします。質疑応答のための時間は設定しておりません。

キーノート講演／特別講演／招請講演／シンポジウムの動画公開

10. キーノート講演／特別講演／招請講演／シンポジウムの内容は事務局が録画し、第1バーチャル会場において、2020年9月22日(火)から2020年10月5日(月)までの期間、非同期型(オンデマンド型)で参加者のみに公開します。参加者から電子メールでコメントがあった場合は、個人的にご対応ください。
11. 公開が終了後、ウェブサイトを閉鎖し、データは事務局が責任をもって消去します。

The keynote speaker, participants in three-way discussion and those making special lecture are requested to follow the guidelines shown below:

Preparation of slides

1. To produce slides, please use Microsoft PowerPoint (Microsoft), Keynote (Apple) or other similar software.
2. Set the slide size for wide screens, with a width of 33.87 or 33.867 cm and a height of 19.05 cm. A sufficient degree of IT literacy is required to use Zoom, for example such as knowing not to use the settings for transition effects when changing slides. If participating with one display monitor, please do not utilize Microsoft PowerPoint presenter's tools (otherwise memos will be visible to the participants).

Confirmation of Zoom Webinar operation

3. Operation confirmation can be performed during the hours from 13:00 to 15:00 on September 18, 2020 (Friday). Those presenters who have concerns over use of Zoom Webinar are requested to confirm operation during these hours.
4. Prior to the conference, please go to the Zoom web site (<https://zoom.us/>) and download the Zoom client and install it on your personal computer.
5. Utilizing your web browser software, go to the Kobe University Virtual Conference (<https://virtualconference.jp/>).
6. Utilizing the log-in ID and password that you will be issued on September 16, 2020 (Wednesday), please enter the First Virtual Conference Room. The Zoom client will be activated, so while making adjustments with the other presenters, confirm that it is operating properly.

To those conducting Keynote address/ Special address/ Invited address/ and Symposium

7. Thirty minutes prior to the scheduled start of the presentations on September 19, 2020 (Saturday), go to the Kobe University Virtual Conference site. Utilizing the log-in ID and password that you will be issued on September 16, 2020 (Wednesday), please enter the Virtual Conference. Next from the program that appears on the screen, click on the First Virtual Conference Room. The Zoom client will be activated, permitting you to enter the room.
8. Zoom Webinar will stream the live proceedings from the First Virtual Conference Room. As we will announce the start of each activity, please begin to show your presentation using the Share Screen function of the Zoom. You may also transmit your recorded videos prior to the scheduled start.
9. Please adhere closely to the allotted time schedule. The duration has not been fixed in order to allow for questions and answers.

Access to videos of Keynote address/ Special address/ Invited address/ and Symposium

10. The Secretariat will record the contents of the Keynote address/ Special address/ Invited address/ and Symposium, and provide them on demand, only to registered participants, in the First Virtual Conference Room. The videos will be available from September 22 (Tuesday) to October 5, 2020 (Monday). If you receive any comments from other participants via email, please reply to them directly.
11. At the end of the duration of the showing, the web site will be shut down and the Secretariat will take responsibility for deleting all the data.

日 程 表

2020年9月19日土

	第1バーチャル会場 Zoom ウェビナーにてライブ配信(定員500名)	第2バーチャル会場 Zoom ミーティングにてライブ配信(定員300名)	第3バーチャル会場 ウェブサイトにて ポスターを掲示
9:00			9:00～16:30 [英語もしくは日本語]
10:00	10:00～10:50 [日本語] 会長講演 再定義される最先端看護学, それは…… 法橋 尚宏(神戸大学大学院保健学研究科)	張 慶波 (関西医科大学大学院看護学研究科) 榊原 麻子 (名古屋大学大学院医学系研究科) 伊地田 妙香 (名古屋大学大学院医学系研究科) 菅原 清子 (静岡県立大学看護学部) 和氣 小百合 (国立国際医療研究センター病院)	ポ ス タ ー ビ ュ ー イ ン グ
11:00		11:00～11:50 [英語もしくは日本語] ポディウム発表／オーラル発表 (口頭発表による討論)	
12:00	各自昼食	12:00～12:50 [日本語] 2020年度 日本看護医療学会総会	
13:00	13:00～13:50 [日本語] 特別講演 最先端のロボティクスと看護学の融和 谷岡 哲也(徳島大学大学院医歯薬学研究部)		
14:00	14:00～14:50 [日本語] 招請講演 中医看護学がもたらす 最先端看護学の未来像 今中 健二(同仁広大)		
15:00	15:00～16:30 [日本語] シンポジウム 最先端看護学の創造に挑戦する マインドセット 学際的研究者が創造する最先端看護学 齋藤 いずみ(神戸大学大学院保健学研究科) 若手研究者が切り拓く最先端看護学 吉永 尚紀(宮崎大学医学部看護学科) 現場から力づく提言する最先端看護 高橋 弘枝(大阪府看護協会)	高田 めぐみ (札幌市立大学大学院看護学研究科) 堀田 ひとみ (名古屋大学大学院医学系研究科) 座長: 門間 晶子 (名古屋市立大学大学院看護学研究科)	
16:00		16:00～16:30 [日本語] 日本看護医療学会研究助成金 研究成果発表	

プログラム

2020年9月19日(土)

第1バーチャル会場 (Zoom ウェビナーにてライブ配信)

10:00～10:50 会長講演

[日本語]

再定義される最先端看護学、それは……

How do we redefine leading-edge nursing science?

法橋 尚宏 第22回日本看護医療学会学術集会 会長、
神戸大学大学院保健学研究科 家族看護学分野 (家族支援 CNS コース) 教授

Naohiro Hohashi, PhD, RN, PHN, LSN, HS, FAAN
Transcultural Nursing Scholar, Caritas Coach
Professor, Graduate School of Health Sciences, Kobe University, Japan

13:00～13:50 特別講演

[日本語]

最先端のロボティクスと看護学の融和

The harmonious coexistence of advanced robotics and nursing

谷岡 哲也 徳島大学大学院医歯薬学研究部

Tetsuya Tanioka, RN, MA, MSN, PhD, FAA
Institute of Biomedical Sciences, Graduate School Tokushima University, Japan

14:00～14:50 招請講演

[日本語]

中医看護学がもたらす最先端看護学の未来像

A future view of leading-edge nursing science inspired by Chinese medicine nursing

今中 健二 中国新余市第四人民医院 中醫師、
中国医学協会 会長

Kenji Imanaka, Traditional Chinese Physician
President, Traditional Chinese Medicine Association, Japan

[最先端看護学の創造に挑戦するマインドセット]

The mindset for challenging the creation of leading-edge nursing science

学際的研究者が創造する最先端看護学

Leading-edge nursing science created by an interdisciplinary researcher

齋藤 いずみ

神戸大学大学院保健学研究科 看護学専攻

Izumi Saito PhD, RN, MW

Graduate School of Health Sciences, Kobe University, Japan

若手研究者が切り拓く最先端看護学

Young researchers open the way to leading-edge nursing science

吉永 尚紀

宮崎大学医学部 看護学科

Naoki Yoshinaga, RN, PHN, CPP, PhD

School of Nursing, Faculty of Medicine, University of Miyazaki, Japan

現場から力づよく提言する最先端看護

大阪府看護協会が社会全体の需要に対応した事業の紹介

Leading-edge nursing science strongly proposed from the workplace

高橋 弘枝

公益社団法人大阪府看護協会 会長

Takahashi Hiroe, RN

Osaka Nursing Association, Japan

第2バーチャル会場 (Zoom ミーティングにてライブ配信)

11:00～11:50 ポディウム発表／オーラル発表

[英語もしくは日本語]

OP-01 血糖と体位変換に伴う血圧変動の関係

Relationship between blood sugar levels and changes in blood pressure brought on by changes in body position

○張 慶波、藤本 悦子

関西医科大学 大学院看護学研究科 基盤看護分野

OP-02 高齢者のボランティア活動における参加・継続要因と支援

Participation and continuation factors and support in volunteer activities by elderly persons

○榊原 麻子、淵田 英津子

東海国立大学機構 名古屋大学大学院医学系研究科 総合保健学専攻 地域包括ケア開発看護学 老年看護学

OP-03 在宅で生活する認知症高齢者の家族介護者が抱く認知症診断時と現在の心情

The emotions felt by family care providers toward elderly dementia patients living at home at the time dementia is diagnosed and at present

○伊地田 妙香¹⁾、淵田 英津子²⁾

1) 名古屋大学大学院 医学系研究科 総合保健学専攻 看護学コース 博士前期課程、

2) 名古屋大学大学院 医学系研究科 総合保健学専攻 地域包括ケア開発看護学

OP-04 地域で開催されているがん患者支援イベントへの参加が、 がん患者の気分をどう変化させるのか

How does participation in locally conducted cancer patient support events change the mood of cancer patients?

○管原 清子、永谷 幸子、加藤 京里、倉本 直樹

静岡県立大学 看護学部

OP-05 日本版 CCRC (生涯活躍のまち) の課題に関する国内外の研究動向

Domestic and overseas research trends on themes related to the Japan version of CCRC (Continuing Care Retirement Community)

○和氣 小百合

国立国際医療研究センター病院

12:00～12:50 2020年度 日本看護医療学会総会

[日本語]

16:00～16:30 **日本看護医療学会研究助成金研究成果発表**

[日本語]

座長：門間 晶子（名古屋市立大学大学院看護学研究科）

Chairperson：Akiko Kadoma（Graduate School of Nursing, School of Nursing, Nagoya City University）

RG-01 腎臓移植患者の移植および免疫抑制剤の服薬に対する認識と服薬遵守行動の関係

The relationship between awareness of transplant and immuno-suppressant medication and strict maintenance of drug taking regimen among kidney transplant patients

○高田 めぐみ¹⁾²⁾

1) 札幌市立大学大学院 看護学研究科 修了生、2) 北海道大学病院 看護部 医科外来ナースセンター

RG-02 小児外科病棟における日本語版 FLACC 行動スケールの有用性の検討

A review of the scale of usefulness of Japanese-language version FLACC activities in pediatric surgical wards

○堀田 ひとみ¹⁾²⁾、浅野 みどり³⁾

1) 名古屋大学大学院医学系研究科 博士前期課程、2) 名古屋大学医学部附属病院、
3) 名古屋大学大学院 医学系研究科

第3バーチャル会場(ウェブサイトにてポスターを掲示)

9:00～16:30

ポスタービューイング

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The relationship between grasping strength and opening operations among elderly females

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PP-02 看護学概論の教育内容からみた看護観の育成に関する検討： 看護系大学のシラバスの分析を通して

Considerations in the nurturing of views of nursing from the training contents of introductions to nursing: Through analyses of the syllabuses at nursing universities

○川島 悠

順天堂大学 医療看護学部 基礎看護学

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The relationship between motivation for nursing jobs and the learning motivation of students who entered newly-established Faculties of Nursing

○北島 元治、細矢 智子、山口 幸恵、河津 芳子

常磐大学 看護学部

PP-04 看護学部1年生と2年生のコミュニケーション・スキルの特徴

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○管原 清子、永谷 幸子、倉本 直樹、加藤 京里、山口 みのり

静岡県立大学 看護学部

PP-05 看護過程教育システム活用による患者像のイメージ変化

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○太田 浩子

元東京工科大学 医療保健学部 看護学科

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Aspects of elevating learning motivation of nursing students through transactions with instructors/ teachers during the nursing practicum: Focused on the involvement of instructors

○鈴木 由紀子¹⁾、眞鍋 知子²⁾

1) 了徳寺大学 健康科学部 看護学科、2) 湘南鎌倉医療大学 看護学部

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○榎下 朱音

名古屋大学大学院 医学系研究科 総合保健学専攻 看護学コース

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○岩崎 賢一¹⁾、山口 曜子²⁾

1) 大阪市立大学大学院 看護学研究科 前期博士課程、2) 大阪市立大学大学院 看護学研究科

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○鈴木 智子¹⁾、斉藤 ゆかり²⁾

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○小長谷 咲紀¹⁾、川島 実夏²⁾、林 久恵³⁾、永谷 幸子⁴⁾

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4) 静岡県立大学 看護学部

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○清原 智佳子

福岡県立大学

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○上原 佳子¹⁾、長谷川 智子¹⁾、北野 華奈恵¹⁾²⁾、礪波 利圭¹⁾、出村 佳美¹⁾

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○川阪 千夏、遠藤 史子

地方独立行政法人 大阪市民病院機構 大阪市立総合医療センター

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○近藤 やよい¹⁾、上原 佳子²⁾、長谷川 智子²⁾、北野 華奈恵²⁾、出村 佳美²⁾

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○瀧田 英津子、平松 美穂

名古屋大学大学院医学系研究科総合保健学専攻

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○高倉 恭子

富山大学 学術研究部医学系 地域看護学

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○呉 青草、法橋 尚宏

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○堀越 美保

地方独立行政法人 神奈川県立病院機構 神奈川県立循環器呼吸器病センター

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○高久 範江

福井市医師会看護専門学校

講演抄録

Abstracts

Chairperson's address



How do we redefine leading-edge nursing science?

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1. Defining leading-edge and next-generation nursing science

Leading-edge and next-generation nursing science refer to “the most-advanced, near-futuristic nursing science.” With an awareness of the limitations of nursing science at present, they aim to carve out new fields and create new common wisdom that will keep pace with the times.

While Japan achieved high-level economic growth, it has not been able to forecast what the near future will be like, and the unexpected emergence of the corona crisis is transcending the boundaries of simple medical events. At its basis this pandemic has altered the ways in which humans confront life, generating a fundamental and philosophical paradigm shift. Along with neologisms such as “living with corona,” “post-pandemic,” “new normal” and so on have come various new standards and norms. As the times are always in motion, both nursing science and people must be updated and rebooted.

The corona crisis has inevitably impacted on the means by which we communicate. From communications conducted in places where people congregate in an actual space according to the purposes, indirect communications in cyberspace have increased. For example, academic conferences, in addition to those held as face-to-face meetings, are being held virtually via the internet, enabling styles that can be matched to the participants' needs. These include use of on-demand delivery utilizing web sites and video conferencing software such as Zoom. While I was serving as president of the Japanese Association of Computer Science, virtual type academic conferences were introduced back in 1997. Now more than 20 years later, ICT (information and communication technology) has become ubiquitous.

2. The expanding social implementation of AI

Artificial intelligence (AI) is said to be “synthetic program functions that recreate human knowledge.” While this may cover such areas as learning, awareness, comprehension, prediction, inference, planning, idealization and so on, AI is not formally defined. Moreover, intelligence is regarded as “the overall ability to comprehend and make decisions.” At the present time, AI with awareness and free will does not exist. Within AI is a method called machine learning, and within this machine learning is a method referred to as deep learning, which will be essential for future progress in AI. In other words, there is a relationship that involves AI ⊃ machine learning ⊃ deep learning. The debate has intensified over how to control AI and how to make it useful for human development.

In recent years, the ongoing social implementation of AI has begun. For example, AI greeting systems that enable non-contact measurement of body

temperature; humanoid robots that perform tasks at hotel reception desks; robot-assisted therapy (RAT) as a substitute for animal-assisted therapy and others have been introduced, with growing successes in reducing or eliminating human labor, and these continue to become adjusted to social conditions.

3. The Japanese government's promotion of Society 5.0

Society 5.0 can be explained as “a human-centered society by which, through the high-level fusion of cyberspace (virtual space) and physical space (actual space), both economic development and social issues can be resolved.” This concept for a future society was proposed by the government of Japan as the next step in the chronological progression from hunter-gatherer society (Society 1.0), agricultural society (Society 2.0), industrial society (Society 3.0), and information society (Society 4.0). The basis for realizing Society 5.0 will involve such new technologies as Internet of Things (IoT), big data, AI, robotics and so on.

As relates to healthcare in Society 5.0, such things as living assistance (to enable people to enjoy living even when alone through life support or conversation by means of robots); promotion of health (through promotion of health or early detection of disease by means of automated diagnostics in real time); idealized therapy (obtaining of idealized therapy through the sharing of physical and medical data); and burden reduction (reduction through assistance by robots in medical and care venues) can be realized.

IoT applies “not only to data communications devices such as computers and mobile phones, but the technology to mount communications functions on physical objects in the real world, connecting and linking them to the internet.” From objects to sensors, data (on objects, people, environments and so on) are obtained, and can be transmitted and received via the internet. In the health care field, this has also been extended to wearable devices from which health data are collected and harnessed.

4. Contention between GAFA and BATH over next-generation ICT hegemony

GAFA is an acronym taken from the initials of four American ICT companies, Google, Amazon, Facebook and Apple, which are also referred to internationally as the “Big Four.” The GAFA firms operate their own service platforms on the internet. They collect big data which they actively harness. They are also devoting efforts to develop and apply AI. As the influence of Microsoft Corporation has declined, it is not included in GAFA.

BATH is taken from the initials of four Chinese ICTs: Baidu, Alibaba, Tencent and Huawei. The BATH companies are roughly equal to GAFA, and are promoting major social change. Huawei's entry into next-generation 5G communications has led to a battle for hegemony with the United States, but in terms of technological development Huawei is clearly the world's leader.

Both information technology (IT) and information and communication technology (ICT) are inclusive terms that cover computers and data communications. While IT and ICT have nearly the same meaning, ICT tends to emphasize communications. Internationally, ICT is more widely used than IT.

5. A paradigm shift in nursing studies is needed

Paradigm means “the way a topic that dominates a certain period or field is perceived, or the means by which it is recognized.” When revolutionary or discontinuous changes cause transformations during an era, these are referred to as paradigm shifts.

Paradigm can be broadly interpreted within the framework of common wisdom and values. What spreads throughout the world is not truth, but fragments of reality, which people see as reality as they filter it through their own values. Consequently even while under the same conditions the world changes through differences in values.

In Japan, as a result of a universal national health insurance scheme, health care has become like the air we breathe which “anyone, anywhere and at any time” can receive. In the 2020s, progress in digital health is expected. In particular, advancements in ICT have made possible care at home, which people are expecting to significantly change the hospital-centered health care system.

With the realization of Society 5.0, presumption of the paradigm shift caused by the coronavirus pandemic will require us to redefine the meaning of the existence of nursing studies. What does society need from nursing studies? In what manner can nursing studies provide value? This renews calls to question its meaning.

6. 71st World Health Assembly's resolution for harnessing digital health

Digital health refers to “health care service that harnesses ICT, robotics, AI and other digital technologies to improve a person's (including a patient's) access, and through boosting the efficiency of care, reducing medical costs and improving the quality of care so as to enable the providing of individual care.”

In 2018, at the convening of the 71st World Health Assembly (WHA), the highest decision-making body under the auspices of the World Health Organization (WHO), the decision was made to harness digital technology as a means for member nations to improve their public health themes and health care systems. For example, efforts would be expanded to harness such data communications technologies as eHealth and mHealth.

Electronic health (eHealth) is “health care services that harness ICT.” This would include distance learning. Mobile health (mHealth) is “health care services that harness mobile devices as part of eHealth.”

Distance learning, furthermore, is “education conducted in spatially separate place.” The utilization of printed teaching materials, materials broadcast on TV, materials communicated via the internet and so on, requires ICT literacy by both instructors and learners. While this is suitable for acquiring knowledge, combining other measures is required for the acquisition of skills with bodily movement.

7. Developments in digital transformation

Digital transformation (DX) means “changes that improve human life through the permeation of advanced digital technology.” The objective of adopting ICT is to harness digital technology, but DX differs in that it works as a means of promoting change.

In the digital technology being harnessed to promote DX, the technologies that stand out as “the new three sacred treasures” are 5G, AI and 4K. For DX to promote sustainability for the globe and for humanity, it is important to nurture people-oriented ideas that will create a more convenient and abundant society through innovation.

Hohashi has developed such materials as “Uriboware,” an interactive-type game software for handicapped children limited in sophistication or verbal cognitive ability; “Uribow Talk,” a speech auxiliary device for children with expressive language disorder; and “Mamin,” baby book software that enables recording of voice and image.

8. The prospects for AI surpassing humans in the near future

Singularity (technological singularity) refers to “the point in time when AI surpasses human intelligence.” The progression of AI, and through AI that improves upon itself, will make it possible for AI to generate new AI. When this singularity arrives in the near future it will open up the possibilities of changes in the forms of the jobs and employment in which people are engaged, or by people’s very existence.

In public affairs, for example, AI surpassed the power of humans on a chessboard (with $8 \times 8 = 64$ squares) in the 1990s; on a board for Japanese *shogi* ($9 \times 9 = 81$ squares) in the 2000s; and on a board for the game of *Go* ($19 \times 19 = 361$ grid points) in the 2010s. In health care fields, AI has exceeded human physicians in image interpretation ability and other areas.

9. Prospects for resolving issues through compilations of big data

While no explicit definition of big data exists, it can be described as “huge bodies of complex data that are so large they defy management through ordinary data management and data processing software.” Not only does big data involve a large volume of data, but data exist in a variety of formats, indicating the high velocity of the data. Medical big data refer to data collected on a large scale related to human health.

With usable data increasing astronomically in leaps and bounds, the increasingly faster processing speed of computers (hardware capabilities) has greatly improved the precision and convenience of AI. Through harnessing of big data, the evidence of nursing studies, explicit knowledge of nursing and others may enable resolution of clinical issues by means of AI.

10. For AI to progress, machine learning and deep learning will be absolutely essential

Machine learning (ML) means “technology to estimate and determine the unknown while teaching regularity and judgment criteria to a machine (computer, robot, etc.).” Machine learning is the technology that enables AI to learn autonomously. This enables it to automatically obtain accurate results from a large volume of data, in a brief time span unachievable by humans. Machine learning has various algorithms (methods), including supervised learning, unsupervised learning, reinforcement learning and others. In supervised learning, a human performs the role of instructor.

Supervised learning is “the method in which the relationship between input data and output data is learned according to labeled data (data tagged with the correct answer).” Data are composed of input data and output data (correctly answered data). This learning method conducts regression forecasting continuous response (such as predicting worsening symptoms 24 hours later, etc.), classification forecasting dispersed response (classification of whether or not a tumor is malignant or benign, etc.) and others.

Unsupervised learning is “the method by which the nature of data is learned autonomously according to unlabeled data (data without correct answer).” No distinction is made between input data and output data. This learning method is used to perform clustering (characteristics classification analysis of patients, etc.) and others.

Reinforcement learning is “the method of learning by which rewarding of an agent (subject of an action) leads it to take actions to maximize the rewards (decision making).” The data are composed of state, action and reward. In this learning method, it is common to parse algorithms in terms of a Markov decision process (MPD). For example, when governing the locomotion of robots, the distance a robot walks is given as a reward. In

order for the robot to achieve maximum walking distance, it engages in trial and error of a variety of forms of walking, and an algorithm for the longest possible walking distance is constructed.

Deep learning (DL) is “artificial intelligence by which data analysis and learning is fortified through a multilayer synthetic neural network.” A neural network refers to a mathematical model having a structure similar to the network of neurons in the human brain. Deep learning is one machine-learning algorithm with the ability to apply either supervised or unsupervised learning. It includes image recognition (image diagnostics, facial recognition, etc.), voice recognition (voice pattern recognition, voice-to-text, etc.), natural language processing (machine translation, document summarization) and so on.

11. Hardware capability that supports AI evolution

The CPU (Central Processing Unit) is “the processor that governs a computer and its calculations.” In 2020, Fugaku, a supercomputer at Japan’s Institute of Physical and Chemical Research (known as RIKEN), was ranked as the world’s fastest. It utilizes ARM (Advanced RISC Machine) architecture. Apple is developing its Apple A14, Apple Silicon and others with ARM architecture, and CPU evolution has been ongoing.

A GPU (Graphics Processing Unit) is “a processor specializing in graphics processing.” The difference between a CPU and a GPU is in their architecture. A GPU incorporates far more cores (processing units), and is excellently constructed to engage in necessary calculations by means of high-speed parallel processing. A CPU can be said to be a computer’s “brain” for general use, and is capable of complex processing. On the other hand, a GPU can be said to be a “brain” for image processing, and is capable of large volumes of simple processing. In the case of a CPU without a GPU, the CPU performs image processing. GPUs were originally developed to speed up image processing, but because deep learning requires huge volumes of calculations, a GPU capable of large-volume calculations is indispensable.

12. Changed experiences through 5G innovation

5G (5th Generation) refers to “the 5th generation mobile communications system.” Compared with the previous 4G (4th generation mobile communications systems), such as LTE (Long Term Evolution), it is characterized by faster communications speed (enhanced mobile broadband), with nearly no delay (ultra reliable low latency communications), and enabling communications between more devices (massive machine type communications), making it the basis for realizing DX. The targeted value of 5G’s maximum communications speed (downloading) is 20Gbps.

For example, if it were to take a 4G device 5 minutes to download an entire two-hour long movie, 5G can achieve this in just 3 seconds. Or, compared with a 1.7 meter braking distance between cars traveling at the speed of 60 kilometers per hour with 4G, a car with 5G can brake in just a few centimeters. In the same manner, 5G is an essential infrastructure for transmitting and receiving high-detail images in health care fields and development of distance nursing, etc.

13. Proposing robotics nursing

Robotics nursing is “nursing that realizes the development and equipping of a nurse robot that is familiar to humans based on robotics that involves robot design, manufacture and control.” For example, a robot nurse with AI functions can engage in such nursing tasks as measurement of vital signs, etc., thereby reducing the workload on human

nurses while raising their efficiency, making them able to focus on tasks nurses should do. The nursing is people-oriented services with high communications skills and holistic approaches. Nursing tasks that require a nurse to view humans must be conducted by a human, and nursing professionals will survive in the age of AI. Nursing professionals are essential workers.

An electronic person is “the legal status of a robot equipped with AI.” In the case a robot is bestowed with intelligent autonomous decision-making, or can independently engage in mutual interaction with a third party, an electronic person will be applied to it. In the future, it will be necessary to resolve such problems related to robot ethics or responsibility. For example, in the case of a robot nurse becoming involved in an incident or accident, who should be held responsible?

14. Online nursing by means of avatar nurses

An avatar is “a digital clone of a person in a virtual space on a network.” An avatar robot is “a robot that is realized in the real world by means of the virtual existence of an avatar.” A human remotely operates the avatar robot, and via what the robot experiences can experience the same thing in his own body. For example, the avatar robot (avatar nurse) placed in the home of a patient acts as the clone of a nursing professional. It can be remotely operated and communicate with the patient or the patient’s family to provide online nursing.

15. The new reality created by XR and its possibility

XR (X Reality) is “cyberspace technology comprehensively expressed through VR (Virtual Reality), AR (Augmented Reality), MR (Mixed Reality) and SR (Substitutional Reality).” After web pages (pages viewable on the World Wide Web using a browser) and SNSs (social networking services), XR is expected to become the third huge platform.

XR technology provides a new experience that fuses the real world and virtual world. Differences in terms of the degree of fusion can be found in VR, AR, MR and SR. However, as the borderline between these is vague, XR is the term applied to these multiple new realities.

For example, for nursing students who require practice in bathing, by wearing VR goggles (a head mounted display), will be able to simulate bathing in a virtual bathtub, enabling it to be changed to an actual experience.

16. AI continues to elucidate on the wisdom of traditional medicine

The World Health Organization (WHO) adopted the International Classification of Diseases 11th Revision (ICD-11) in 2019. In ICD-11, “Traditional Medicine Conditions - Module I” was added.

For example, China’s Tu Youyou discovered the antimalarial treatment artemisinin in herbal medicine, for which she was awarded the Nobel Prize in Medicine or Physiology in 2015. Traditional medicine is a great treasure chest, and organically fusing it with modern medicine has become a major topic. By subjecting traditional medicine to analysis utilizing AI or big data, it can be increasingly modernized.

17. Proposing Chinese medicine nursing

The proposing of Chinese medicine nursing is calls for “practical science to enable the

comprehensive diagnosis of a person's entire body's condition, and, through improvements in physical constitution and environment, alleviate symptoms, enable illness prevention, treatment and recuperation." In the future, the building the foundations for theory, practice, education and research into Chinese medicine nursing will be an urgent task.

Concretely, according to the basic theory of Traditional Chinese Medicine (TCM) the comprehensive diagnosis of the body condition was conducted through pulse examination, tongue inspection, etc. Methods of improving the physical constitution and environment include meridian and acupuncture therapy, cupping therapy, dietary therapy (instruction in medicinal foods, etc.), exercise therapy (Taijiquan, etc.), acoustic therapy, aroma therapy, and others. Through natural healing power of the mind and body, alleviation of symptoms, illness prevention (meaning curing malaise), treatment and recuperation (self-care) are enabled.

The number of facilities training public health nurses, midwives, and nurses that have adopted Chinese medicine nursing are limited, but in modern nursing studies, knowledge, skills and thought concerning Chinese medicine nursing are essential.

18. Actual practice cases of Chinese medicine nursing

Cupping means "a complementary health approach for improving blood circulation, by which specialized cups are attached to the skin, and then applying suction with negative pressure."

TIRAPY (Chinese medical exercise therapy) is "an exercise therapy performed using a Tiraball, a rubber ball containing 150 metal spheres, which is developed based on the theories of Taijiquan and Qi Gong." It was proposed in 2016 by Titan Vincent Lam, a Taijiquan therapist (G for Health, Hong Kong). Hohashi is conducting field-based research into TIRAPY (on the benefits of the Tiraball on patients with movement disorders, such as those with Parkinson's disease).

19. Definition of Chinese medicine

Chinese medicine is "traditional medicine which has been practiced in East Asia, mainly in China." It is also referred to as Traditional Chinese medicine (TCM). In China, national certification is accorded practitioners, with CM (conventional medicine) applied to "western doctors" and "TCM" applied to "practitioners of Chinese medicine." While the concepts of the two are completely different, the aims and objectives are the same, and a creation of body of knowledge linking Chinese and Western medicine is sought.

In 2001, "Wa-Kan Yaku (Japanese-Chinese herbal medication) can be outlined" was added to the model core curriculum of Japanese medical training. In 2011, this was revised to: "Characteristics of Wa-Kan Yaku and Kampo Yaku (Chinese traditional herbal medication) and the current state of their usage can be outlined." Currently the number of hospitals with departments providing traditional Japanese-Chinese treatment has been increasing.

20. An era in which the importance of oriental medicine is on the ascendancy

Oriental medicine refers to "Chinese herbal medication (drug therapy) and acupuncture-moxibustion (physical therapy)." Treatment by oriental medicine is characterized by being conducted over a long period, and treating the physical constitution in its entirety.

The basis of oriental medicine can be summarized through the aphorism, “Heaven and man are one, mind and body are the same.” Man is a part of nature and the natural world is the “universe.” In this way of thinking, the human body is a “small universe.” For example, in accordance with circadian rhythms, exercise during the daytime will promote better sleep. As for mind and body being the same, by this way of thinking the spirit and flesh are one. For example, if poor digestion occurs as a result of stress, crude drugs are taken to promote movement of the digestive system, combined with medication to relieve the depressed feelings.

21. Rapid increase in frequency of use of complementary health approach utilization

Complementary health approaches are “various methods of therapy or treatment that complement modern western medicine.” These can be categorized into natural products, mind and body practices and others. Natural products include products utilizing crude drugs and herbs, vitamin and/or mineral supplements. Mind and body practices include acupuncture treatment, meditation, massage therapy, Pilates, Taijiquan, Qi Gong, yoga, therapeutic touch and others. In addition, there are by treatments by traditional healers, Chinese medicine and so on.

Alternative medicine is a medical treatment utilized as a substitute for modern western medicine, whereas complementary medicine utilized in addition to modern western medicine. At present the term complementary health approach has come into use.

The National Center for Complementary and Integrative Health (NCCIH) is “a government organization in the United States engaging in research of complementary health approach.” In 2014 its research objective changed from prevention of sickness and treatment to management of symptoms.

22. Example of complementary health approach practice

Therapeutic touch (TT), is “an energy therapy performed by the healer, who holds hands above or beside the healee, to adjust the flow of the human energy field of the healee.” It has been proposed by Dolores Krieger (New York University School of Nursing).

Centering is “directing outside facing awareness toward oneself, focusing on one’s own awareness and returning one’s essence to oneself.” The center axis that has shifted and become another person’s axis returns to one’s axis, and unaffected by various beliefs and sense of values, one is able to take action through one’s own awareness.

The centering method includes prayer and meditation. For example, before the healer performs a therapeutic touch, he or she engages in centering.

23. Definition of healing

Healing refers to “the energy that keeps a balance in body, mind and spirit.” Healing derives from the Greek *holos* (whole or entire), and means the promotion of harmony and balance between the body, mind and spirit.

Through healing, the awareness of the healee changes, and this promotes well-being through support for the power of psychological healing. Healing is characterized as non-invasive, having no side-effects and economical.

In 1994, the North American Nursing Diagnosis Association (NANDA) included a nursing diagnosis of “Disturbed energy field” but that term was dropped in 2015. It was revived three years later as “Imbalanced energy field.”

24. Modern nursing studies and nursing theory

In science of unitary human beings by Martha Elizabeth Rogers, the mutual interaction between humans and the environment is explained. These have four characteristics: energy field, openness, pandimensionality and pattern. A human being is an energy field and this energy field is an open system that extends to infinity, in various dimensions that transcend time and space. Human Energy fields are indivisible, but identified by patterns manifesting continuous change while mutually interacting with the environmental energy fields. Also, the existence of the human energy field has been clearly demonstrated via Qi Gong and others.

Jean Watson advocates human caring science. Human caring attempts to harmonize the body, mind and spirit, in order to assist a person's psychological healing. Transpersonal caring healing adopts yoga chakras, centering and others. In order to practice human caring, Hohashi has obtained certification as a Caritas Coach.

25. Differences between healing and curing

Sickness is viewed from the perspectives of illness and disease.

Illness is "a certain symptom and its experience," and subjectively recognizes the ill person. Acts taken toward illness are called "healing." The nurse does not encounter disease, but illness.

Disease is "change in the biological structure or functions," and is diagnosed by the person providing treatment. Acts performed to deal with disease are said to be "curing."

Sickness is "the entirety of illness and disease." There are types of sickness that are illness but not disease, and there are illnesses that are also diseases, and diseases that are not illnesses. Consequently there are illnesses that cannot be treated with curing, and can only be treated with healing. Also, illnesses that are also diseases can be treated with healing and curing.

26. Healing methods

Healing methods include meditation therapy, Zen meditation (zazen therapy), energy therapy, yoga therapy, acoustic therapy, aroma therapy, art therapy, color therapy, forest therapy, gardening therapy, herbal therapy, diet therapy, animal-assisted therapy, robot-assisted therapy and others. Energy therapy includes Qi Gong, therapeutic touch and others.

Hohashi has been involved in development and production of such health-related products in the fields of acoustic therapy and aroma therapy.

27. Definitions of care/caring

Care, a noun, refers to specific acts provided by nursing professionals in collaboration with member(s) of other professions, and is defined as "acts (practices) aimed at maintaining and improving the subject's well-being."

Caring, a gerund, is the phenomenon seen in care (nursing phenomenon and person phenomenon), and is the transaction between a person and the nursing professional or its circular process. It is defined as "an attitude for understanding the subject's beliefs, intentions and hopes, and to harness this understanding to care." Caring is a process based on concern or interest, because it is needed to recognize the demands of others and respond to these.

Concern is "directing attention and showing care toward a subject"; interest is "be-

coming attracted to a subject, with the feeling he or she is interesting.” Concern and interest are the first steps in engaging in communications. As opposed to interest that is emotionally directed to a part of the subject, concern is different in that it is directed rationally toward the subject in its entirety.

28. A relational diagram of care/caring/healing

Nursing is “care provided by the nursing professional within the scope of people’s lives.” The nursing professional does not engage in intervention with persons or people but participates in transaction with persons/people and the environment. The International Council of Nurses (ICN) recognizes the four basic responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering.

Because nursing, from the aspect of care, applies holistically to support people/persons, it is essential to establish the study of care/caring/healing.

29. The direction of leading-edge nursing science

In this paper, I have offered my personal views on leading-edge nursing science, based on my own definitions of the relevant terms.

In order to realize the ideal in leading-edge nursing science, development of knowledge in three fields --- robotic nursing; Chinese medicine nursing; and care/caring/healing studies --- will be necessary.

PROFILE

In 1993, Dr. Naohiro Hohashi obtained a PhD from The University of Tokyo. After holding the post of lecturer at that institution’s Graduate School of Medicine, in 2006 he became full professor at the Division of Child and Family Health Nursing, School of Medicine, Kobe University. Two years later he became professor at Division of Family Health Care Nursing, Graduate School of Health Sciences, Kobe University, where he is currently oversees the master’s program leading to certification as “Certified Nurse Specialist” (CNS) in Family Health Nursing, a specialty unique to Japan.

His fields of specialization are family health care nursing (particularly studies on family functioning and family signs/symptoms) and pediatric nursing. Among his internationally noted works on theory are the Concentric Sphere Family Environment Theory (CSFET) in 2005; the Family Care/Caring Theory (FCCT) in 2013 and the Family Belief Systems Theory (FBST) in 2018, among others, which have been adopted in various countries. He has also been a recipient of funding for more than 40 research projects.

In 2014, he was accorded the title Transcultural Nursing Scholar by the Transcultural Nursing Society, and a year later he received the Innovative Contribution to Family Nursing Award from the International Family Nursing Association. In 2016 he was named a Fellow of the American Academy of Nursing (FAAN) by the American Academy of Nursing (AAN). He has also obtained certification as a Caritas Coach as well as in other professional disciplines.

Overseas, he has served as a member of the Board of Directors of the International Family Nursing Association; as an Editorial Advisory Board of the *International Journal for Human Caring*; as an editorial board member of the *Journal of Holistic Nursing*; and as an editorial board member of the *Journal of Transcultural Nursing*, among others. In Japan, he has served as a member of the Board of Directors of the Japan Society of Nursing Research; as a member of the Board of Directors of the Japanese Association for Research in Family Nursing; and as a member of the Board of Directors of the Society of Cultural Nursing Studies. An expert in computer science, he has also served as President of the Japanese Association of Computer Science.

Dr. Hohashi has authored or contributed to over 100 published works, including “*New family health care nursing: Theory, practice and research*” (2010, in Japan), as well as over 100 original articles, including “Development of the Concentric Sphere Family Environment Model and companion tools for culturally congruent family assessment, *Journal of Transcultural Nursing*, 2011,” and others. He is also involved in the development and production of various health-related products, including the CD “Medical sounds: Healing environment sounds and noise” and “Medical essential oils.”

Dr. Hohashi welcomes visitors to his bilingual web site, which is <https://nursingresearch.jp/>.

一般演題抄録

Abstracts

ポディウム発表

OP-01 血糖と体位変換に伴う血圧変動の関係

Relationship between blood sugar levels and changes in blood pressure brought on by changes in body position

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関西医科大学 大学院看護学研究科 基盤看護分野

【目的】 正常の人では一般に起立性低血圧は起こりにくい、食事との関係で起こりうるものが指摘されている。そこで、血圧の変動と血糖が関係するのかどうかを調べた。

【方法】 被験者は、糖尿病と診断されていない20歳以上の成人を18人である(平均年齢 41.2 ± 9.5)。被験者に持続性血糖測定(FreeStyle リブレ Pro)を装着し、2週間の血糖トレンドをモニタリングした。血圧は持続血圧測定器(uBP-small, ANDS 社)を用いて、1拍ごとに測定した。失神の診断・治療ガイドライン¹⁾に従い、食前と食後60分、食後120分の3時点で能動起立試験を行った。被験者が仰臥位になって、安定した3分間が経過した時点で試験を開始した。安定した3分間の平均血圧の平均を基準値とし、①仰臥位から座位へ体位変換(約30秒間)+座位(約30秒間)、②座位から立位へ体位変換(2・3秒間)+立位保持(3分間)までの血圧変動と変化率を計算した。収縮期血圧についても同様に計算した。さらに、最大と最小の血糖値を示した者について18人の中の位置づけを行った。血糖値と血圧変化率の相関関係を、SPSS を用いて Pearson 法で解析した。

【結果】 体位変換に伴って基準値よりも20mmHg以上低下した者は1人いたが、17人には認められなかった。この1人は食後120分のケースで起立後に約25mmHgの低下を示し、アンケートから常に血圧が低いことを医師から指摘されていることが分かった。上記①の期間では、食事と関係するどの時点(食前、食後60分、食後120分)においても、激しい血圧の変動が認められた。②の期間では、変動幅は少なくなった。食事と関係する3時点間では、大きな差異はなかった。血糖値が高い者は低い者より、血圧変化率が大きく降下

した。食前の①の体位変換時の、血糖値と血圧変化率の関係は $r=-.666$ 、同様に②の時は $-.468$ であり、食後60分の①の体位変換時の、血糖値と血圧変化率の関係は $r=-.639$ 、同様に②の時は $-.480$ であり、食後120分の場合は、各々 $r=-.158$, $-.019$ であった。

【考察】 健常者においては、起立性低血圧を示す者は殆ど認められないことが示唆された。血圧の変動は、体位変換の初期(仰臥位から座位へ)に激しく、後期(立位になってから)には穏やかになった。すなわち、仰臥位から座位への変換時の方が循環器系への負担が大きいことが明らかになった。血糖値と体位変換による血圧変化率の関係においては、食前と食後60分においては負の相関があり、食後120分になると相関がないことが明らかになった。

以上から、健常者は起立性低血圧を引き起こさないものの、食前、食後60分までは、血糖が高いほど、血圧が低下しやすいことが示唆される。

【文 献】

- 1) 日本循環器学会等合同研究班：失神の診断・治療ガイドライン(2012年改訂版)

【倫理配慮と利益相反】

関西医科大学倫理審査委員会の承認(2019019)後、JSPS 科研費 16H05563の助成で行われた。
本研究における利益相反は存在しない。

ポディウム発表

OP-02 高齢者のボランティア活動における参加・継続要因と支援

Participation and continuation factors and support in volunteer activities by elderly persons

○榊原 麻子、淵田 英津子

東海国立大学機構 名古屋大学大学院医学系研究科 総合保健学専攻 地域包括ケア開発看護学 老年看護学

【目的】 高齢者のボランティア活動の参加・継続要因を明らかにし、高齢者の参加・継続を促進する支援を検討する。

【方法】 非営利活動法人 T 団体の研究担当者に選出を依頼し、協力の得られた高齢者男女各2名に半構造化面接を実施した。面接内容から、高齢者のボランティア活動の参加要因、継続要因について語られている部分をコードとして抽出し、コードの類似性と相違性を比較検討しサブカテゴリ、カテゴリを作成した。これらの関連性から、高齢者のボランティア活動の参加・継続に共通する要因や高齢者のボランティア活動への参加・継続を促進する支援について考察した。なお、本研究は名古屋大学大学院医学系研究科生命倫理審査委員会の承認を得て実施した（承認番号：19-115）。

【結果】 対象者は高齢者サロンの主催、障がい児の送迎、緩和ケア病棟での患者との交流や介助、認知症カフェの世話をを行う71～81歳の男女各2名であった。ボランティア活動の頻度は週1回2名、週2回1名、月1回1名であり、継続年数は5～13年であった。ボランティア活動の参加要因には、[他者の厚意に恩返ししたいという思い] や [ボランティア活動に対する意欲] [生活様式の変化に合わせて新たな役割を獲得したいという思い] があった。さらに、[ボランティア活動を知る機会] があり、身近な [ボランティア活動の基盤となる人的・物理的環境の存在] により、[ボランティア活動の意義を実感] したと述べられた。ボランティア活動の継続には、[ボランティア活動に対する信念] [ボランティア活動を確実にできる心身の状態] が関連しており、[ボランティア活動を継続する機会との遭遇] も挙げられた。また、高齢者は [ボランティア活動を通じて自己の存在を再認識] し、

対象者との関わりから [ボランティア活動により実感する肯定的な感情] を抱いていた。そして、[ボランティア活動を推進するための人的・経済的資源の確保] を求めている。

【考察】 ボランティア活動の参加には、高齢者自身の自発性や奉仕性、[ボランティア活動を知る機会] が必要であるとともに、参加基盤となる環境が整備され活動の意義を実感することが重要と推察される。一方、ボランティア活動の継続には、ボランティア活動への肯定的な感情だけでなく、仲間の存在や資金援助、他者からの声掛けが影響すると考えられる。そのため、地域住民と知り合う機会や既存のボランティアグループの活動内容を周知する福祉教育の充実により、仲間の拡大や高齢者の貢献意識の獲得に繋がれると考える。

【結論】 高齢者のボランティア活動の参加・継続促進には、友人・知人からの勧誘や高齢者が活動の実態を知りボランティアに対して肯定的なイメージを持つことが重要と示唆された。そのため、高齢者がボランティア活動を知る機会や活動に参加できる体制の整備が必要である。

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The Society for the Study of the Concentric Sphere Family Environment Theory: SSCSFET

The rapidly advancing field of “family health care nursing” is becoming exciting !

Professor N. Hohashi has coined a new term, “family signs/symptoms,” which he uses to describe “problematic conditions in the family system unit, comprehensively assessed by a nursing professional based on subjective and objective family data.” Through reviews of numerous family cases and years of clinical experience, 59 types of family signs/symptoms have been distinctly identified (as of May 2017). These would include “distortions in the power structure of the family,” “insufficiency in development of family resilience,” “irregularities in regulation of the family interface membrane” and others. Through understanding of family signs/symptoms, it becomes possible to plan and implement measures for family support.

Because the Concentric Sphere Family Environment Theory (CSFET) takes a holistic approach to the environment that affects the family's well-being, Professor Hohashi is proposing it as a new theory within family health care nursing studies. Based on the family assessment model (including labeling of family signs/symptoms), the family care/caring model and others have been developed.

Let's understand what authentic “family health care nursing” is and put it into practice !

The Society for the Study of the Concentric Sphere Family Environment Theory, by conducting such activities as improvements, clinical applications, empirical studies, propagation activities and others of the family assessment model and family care/caring model which are based on the Concentric Sphere Family Environment Theory, has the objective of realizing care/caring toward all kinds of families. The society, composed of regular members and research and development members, was established on October 1, 2007. Presently it seeks to expand membership through wider recruitment of regular members.

Through the conducting of open seminars and workshops, the society deals with a variety of topics, such as family case studies. These can be held at any time in Japan, the United States, China and other countries. The research and development members will need to participate in about 80 closed research and development meetings per year. In addition, the research and development members are also competitively engaged in research projects that harness competitive grants, and communicates its research findings within and outside Japan through the issuing of information, publication of books and others.

Certification in the fields of Certified Intermediate Specialist in Family Support and Certified Advanced Specialist in Family Support

With the aim of developing family care/caring and contributing to the family's well-being, The Society for the Study of the Concentric Sphere Family Environment Theory has adopted a system of occupational certification. This system serves as verification of the knowledge and skills related to family care/caring based on the Concentric Sphere Family Environment Theory. Currently candidates are able to earn titles in two levels of certification: Certified Intermediate Specialist in Family Support (CISFS) and Certified Advanced Specialist in Family Support (CASFS).

The Society for the Study of the Concentric Sphere Family Environment Theory

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家庭同心球环境理论研究会

*在日新月异的“家庭护理学”里
感受到知识的兴奋！*

家庭症状是法桥最新提倡的专业术语，它是指“护理专业人员以主观的和客观的家庭数据为基础，综合性查定了的家庭系统单位的困难现象”。通过对为数众多的家庭事例的探讨和长年的实地经验，揭示了“家庭势力构造的歪曲”“家庭恢复能力的发展不足”“家庭接口膜的调解不当”等的59个家庭症状(2017年5月现在)。通过理解家庭症状，就能够计划，实施具体的家庭支援。

家庭同心球环境理论(Concentric Sphere Family Environment Theory, CSFET)将作用于家庭健康的家庭环境视为一个整体，是法桥最新提倡的家庭护理学理论。以这个理论为基础，法桥还开发了家庭评价模型(其中也包含家庭症状的分类)，家庭护理和家庭关怀模型等。

*领会真正意义上的“家庭护理”
并将其运用于实践吧！*

家庭同心球环境理论研究会(CSFET研究会)通过推进以家庭同心球环境理论为基础的家庭评价模型以及家庭护理和家庭关怀模型的改良，实地应用，实证研究，普及活动来实现对所有家庭的家庭护理和家庭关怀的具体化的目的。家庭同心球环境理论研究会由一般会员和研究开发会员组成，并于2007年10月1日创立。现在正广泛募集一般会员。

家庭同心球环境理论研究会召开了对外的研讨会和讲习会，进行了家庭事例的探讨。这些活动也随时会在日本，美国，中国等国家进行。另外，想要成为家庭同心球环境理论研究会的研究开发会员则需要一年间参加80回左右的内部研究开发会议。除此之外，家庭同心球环境理论研究会也在持续推进活用竞争性资金的研究项目的开发，研究成果的国内外宣传以及书籍的出版等活动。

*关于家庭支援士以及
高等家庭支援士的认证*

为了促进家庭护理／家庭关怀的发展以及致力于为家庭幸福做出贡献，家庭同心球环境理论研究会设立了资格认证制度。该资格认证制度能够证明您具备以家庭同心球环境理论为基础的有关家庭护理／家庭关怀的知识和技能。通过此项资格认证制度的人员会被授予家庭支援士(Certified Intermediate Specialist in Family Support, CISFS)以及高等家庭支援士(Certified Advanced Specialist in Family Support, CASFS)的称号。

家庭同心球环境理论研究会

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