



Proceedings of the Transcultural Nursing Society Conference in Japan 2020

Theme

East meets West in an era of Nursing Globalization

Date

July 12 (Sun.), 2020, from 10:00 to 16:30

Venue

Kobe University Virtual Meeting Spot

Co-chairpersons

Naohiro Hohashi, PhD, RN, PHN, FAAN
Graduate School of Health Sciences, Kobe University, Japan

Jennie Gunn, PhD, FNP-BC, CTN-A
College of Nursing, University of South Alabama, USA



法橋 研究室
Hohashi Lab.





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Greetings from the Co-chairpersons of the Transcultural Nursing Society Conference in Japan 2020

East meets West in an era of nursing globalization

First and foremost, we would like to extend our deepest condolences to those who have lost dear ones due to the novel coronavirus pandemic. At the same time, we wish those who have become infected a speedy recovery. And to those of you on the front lines of safeguarding the lives and health of people around the world, you have our deepest respect and gratitude.

It gives me great pleasure to inform you that we have been entrusted to serve as co-chairperson at the Transcultural Nursing Society Conference in Japan 2020. We consider it a tremendous honor to be able to be involved in this important conference, where the results of worldwide cultural nursing research will be shared with colleagues around the world. The Transcultural Nursing Society (TCNS) is an international healthcare organization supporting practice, research, education, and administration in the field of culturally competent and equitable healthcare for all people, with a respected history and tradition, and one which takes pride in its highly reputed *Journal of Transcultural Nursing* (JTN). I am especially pleased that this year will see that “Transcultural Nursing Society Conference in Japan 2020,” the first international conference to be held in Asia, will take place in Japan on Sunday, July 12, 2020.

With the support of so many individuals, we have devoted great efforts to preparing for the holding of Transcultural Nursing Society Conference in Japan 2020. Unfortunately due to restrictions on international travel and other factors due to the Covid-19 pandemic, in May of this year it was decided to suspend the traditional method of holding a conference in favor of a virtual type conference to support nursing and academic activities. The present situation notwithstanding, we, the organizers, believe it is important that the opportunity for academic exchanges should not be interrupted.

The conference will be held in hybrid formats: real-time bidirectional simulcast transmission and on-demand transmission. The date for the former has been changed to Sunday, July 12, 2020. The on-demand transmission will be available from Sunday, July 12, 2020 until Saturday, August 1, 2020. It has also been decided to reduce the fees for attendance commensurately.

The dates were set to coincide with the 12th Annual Meeting of the Society of Cultural Nursing Studies. For those who are able to attend both events, we anticipate even broader exchanges between the world and Japan. At this conference, moreover, you may submit abstracts, even though which have been submitted to the 12th Annual Meeting of the Society of Cultural Nursing Studies, when you want to discuss them in English.

To switch over to a virtual conference, the Kobe University Virtual Meeting Spot (<https://virtualconference.jp/>) was quickly set up. Over 20 years ago, when I served as president of the Japanese Association of Computer Science (JACS), I held virtual academic conferences via the internet and obtained experience. With the wide dissemination of streaming via high-speed internet, I believe that even after the current pandemic subsides, virtual conferencing might become the desired model.

In addition, a virtual gathering will enable those colleagues from certain countries and regions who up to now have found it difficult to attend a TCNS conference to be provided with access at which they will be able to discuss transcultural nursing, while at the same time publicize the results of their own research. In addition to TCNS members, attendance and publication of data at this conference will also be open to non-members.

I myself became a member of JTN's Editorial Board from 2011, and from 2014 was honored by the society with the title Transcultural Nursing Scholar (TCNS Scholar). Since 2011, I have continuously campaigned for Japan to host a TCNS conference, which has finally been realized in 2020. I firmly believe that the late Madeline M. Leininger, the founder of TCNS, would have been pleased to see this event take place.

With the rapid pace of globalization in our profession, the world has become a smaller place, and the barriers that had separated diverse cultures have been coming down. For nursing professionals, it is becoming essential to acquire an understanding of transcultural issues so as to realize multicultural coexistence. This is why, as the theme of this conference, we have adopted the theme of "East meets West in an era of Nursing Globalization." Our aim is to create new transcultural studies appropriate to the era of globalization, by reconsidering teleology, methodology and object theory from the perspective of culture. In this way, I believe the conference will succeed in providing a bridge to the results of meaningful research from various countries and regions.

We have from the planning stage endeavored to hold down unnecessary costs. However due to the impact of the Covid-19 pandemic, it is expected that it will be difficult to avoid running a deficit for this year's conference. We sincerely apologize for the concern and inconvenience to all those involved, and pledge to do our utmost in working to ensure everyone's satisfaction under these extraordinarily trying circumstances. With an unwavering spirit of "omotenashi" (hospitality), we extend our warmest "virtual" welcome to our colleagues and associates from around the globe.



Transcultural Nursing Society Conference in Japan 2020
Co-chairperson, Naohiro Hohashi, PhD, RN, PHN, FAAN
Professor, Graduate School of Health Sciences, Kobe University, Japan

Welcome to the Transcultural Nursing Society Conference, Japan 2020

The Board of Trustees of the Transcultural Nursing Society (TCNS) welcomes you to the 8th International Transcultural Nursing Society Conference in Japan 2020. The Conference will be held as a virtual type conference in Kobe, Japan, from Sunday, July 12 to Saturday, August 1, 2020. Dr. Jennie Gunn, President of the Board of Trustees of TCNS, and Dr. Naohiro Hohashi will serve as co-chairs of the conference. We are confident you will find the presentations enlightening and useful in your practice. The virtual-type conference enables colleagues an opportunity to learn about transcultural nursing and to present research that furthers the mission, values, and goals of the Transcultural Nursing Society.

The Transcultural Nursing Society (TCNS) is an international organization founded by Dr. Madeleine Leininger. The Transcultural Nursing Society addresses culturally competent, congruent care in healthcare practice, education, administration, and research. Dr. Leininger created and served as the first editor of the respected Journal of Transcultural Nursing. The Journal provides a venue to share knowledge about culture, cultural care, theories, and research methods. Dr. Leininger was a true visionary; her work is celebrated, and her Theory of Culture Care Diversity and Universality is highly respected. Carrying on with her important mission, the Transcultural Nursing Society Scholars and members continue to provide new understanding and insight into cultural care.

Japan is a beautiful location for the conference and Kobe is a culturally rich city. Opportunities to learn and share knowledge at virtual conferencing are unlimited. We look forward to the exchange of ideas and support of the mission of the Transcultural Nursing Society to enhance the quality of culturally congruent, competent, and equitable care that results in improved health and well-being for people worldwide. Visit the website, www.tcns.org, to learn more about TCNS and to join the Society.

We look forward to welcoming you virtually to Kobe, Japan !



Co-chairperson, Transcultural Nursing Society Japan 2020

Jennie Gunn, Ph.D., RN, FNP-BC, CTN-A

President, Transcultural Nursing Society

Professor, University of South Alabama, Mobile, Alabama, USA

For participants and presenters

参加者・発表者へのご案内

General Guidance and Guidance to the Virtual Conference

総合案内とバーチャル会場案内

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 Virtual A conference room will be streamed live via Zoom Webinar; the Virtual B conference room will display posters on the web site; and the Virtual C conference room will deliver a variety of events on-demand.
- If you have any questions regarding the above, please email the Secretariat (tcns@transculturalnursing.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 July 9, 2020 (Thursday). 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).
- On July 12, 2020 (Sunday), please use your log-in ID and password to enter the site. Clicking on the Virtual A conference room will load the Zoom client, enabling you to enter the respective virtual conferences. By clicking on the program for the Virtual B conference room, you will be able to view the posters. Clicking on the Virtual C conference room will stream videos of a variety of events.
- From July 12, 2020 (Sunday) to August 1, 2020 (Saturday), 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 Transcultural Nursing Society Conference in Japan 2020," (ISBN 978-4-904684-05-4) 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.
- A Certificate of Attendance in PDF form can be downloaded from the top page after entering the virtual conference site.
- If a receipt for payment of the attendance fee is required, please request it by sending an email to the registration desk (kntkobe0228@or.knt.co.jp).

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 room to monitor the presentations.
- In order to avoid audio problems with the speaker, please set the volume to “MUTE.”
- 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.

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。
- バーチャル A 会場は Zoom ウェビナーにてライブ配信、バーチャル B 会場はウェブサイトにてポスターを掲示、バーチャル C 会場はウェブサイトにてオンデマンド配信します。
- 各種問い合わせは、事務局への電子メール (tcns@transculturalnursing.jp) をお願いします。

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 7 月 9 日 (木) 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。
- 2020 年 7 月 12 日 (日) 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。バーチャル A 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。バーチャル B 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。バーチャル C 会場では、プログラムをクリックするとビデオが表示されます。
- 2020 年 7 月 12 日 (日) から 2020 年 8 月 1 日 (土) 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『Proceedings of the Transcultural Nursing Society Conference in Japan 2020』(ISBN 978-4-904684-05-4) 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 (Certificate of attendance) 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。
- 領収証が必要な場合は、登録デスクへ電子メール (kntkobe0228@or.knt.co.jp) で問い合わせてください。

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、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。
- 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。

Precautionary measures for the virtual conferences

各バーチャル会場における注意事項

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, 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.
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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。

Introduction to the poster presentations (arguments utilizing paper posters)

ポスター発表（紙ポスターを用いた討論）のご案内

You are requested to prepare your poster in accordance with the guidelines below.

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 (tcns@transculturalnursing.jp) by July 1 (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 Virtual B 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 July 12 (Sunday) to August 1 (Saturday), 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.

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。

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33.867 cm、高さは19.05 cm 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7月1日(水)までに、事務局 (tcns@transculturalnursing.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5 MB 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、バーチャル B 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7月12日(日)から2020年8月1日(土)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、ウェブサイトを閉鎖し、データは事務局が責任をもって消去します。

Guide to the Urgent Special Project/ Plenary Presentation/ and oral presentations (arguments presented orally)

緊急特別企画／プレナリーセッション／オーラル発表(口頭発表による討論)のご案内

Those conducting the Urgent Special Project/ Plenary Presentation/ and oral presentations (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 Webinar operation

3. Operation confirmation can be performed during the hours from 13:00 to 15:00 on July 11, 2020 (Saturday). 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 July 9, 2020 (Thursday), please enter the Virtual A 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 Urgent Special Project/ Plenary Presentation/ and oral presentations (arguments presented orally)

7. Thirty minutes prior to the scheduled start of the presentations on July 12, 2020 (Sunday), go to the Kobe University Virtual Conference site. Utilizing the log-in ID and password that you will be issued on July 9, 2020 (Thursday), please enter the Virtual Conference. Next from the program that appears on the screen, click on the Virtual A conference room. The Zoom client will be activated, permitting you to enter the room.
8. Zoom Webinar will stream the live proceedings from the Virtual A 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 Urgent Special Project/ Plenary Presentation/ and oral presentations (arguments presented orally)

10. The Secretariat will record the contents of the Urgent Special Project/ Plenary Presentation/ and oral presentations (arguments presented orally), and provide them on demand, exclusively to registered participants, in the Virtual A conference room. The videos will be available from July 14 (Tuesday) to August 1, 2020 (Saturday). 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.

下記のガイドラインにしたがって、緊急特別企画／プレナリーセッション／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 ウェビナー動作確認

3. 2020年7月11日（土）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7月9日(木)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A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。

基調講演／鼎談／特別講演への登壇

7. 2020年7月12日(日)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7月9日(木)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バーチャルA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. バーチャルA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。

緊急特別企画／プレナリーセッション／オーラル発表(口頭発表による討論)の動画公開

10. 緊急特別企画／プレナリーセッション／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、バーチャルA会場において、2020年7月14日(火)から2020年8月1日(土)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、ウェブサイトを開鎖し、データは事務局が責任をもって消去します。

Presentation of Best Podium prize and Best Poster prize

優秀ポディウム賞と優秀ポスター賞の授与

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 August 1, 2020 (Saturday).
 2. The award recipients will be sent a certificate of award via post.
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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8月1日(土)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。

July 12 (Sun.), 2020

	Virtual A conference room	Virtual B conference room	Virtual C conference room
	Live via Zoom Webinar	Display of posters from the web site	Streamed on demand from the web site
10:00	<p>10:00-12:00</p> <p>Urgent Special Project: The current status of nursing during the novel coronavirus pandemic and related issues</p> <p>Chairperson: Maki Umeda, PhD, MPH, RN, PHN University of Hyogo (Japan)</p> <p>Speakers: Agrina, M.Kep., Sp.Kom., PhD Riau University (Indonesia)</p> <p>Caryn West, PhD, MPH, RN James Cook University (Australia)</p> <p>Christian Jay S. Orte, PhD, MAN, RN, RM, LPT Systems Plus College Foundation (The Philippines)</p> <p>Fu-Chih Lai, RN, PhD Taipei Medical University (Taiwan)</p> <p>Kun Xiang, PhD China Three Gorges University (China Mainland)</p> <p>Minato Nakazawa, PhD Kobe University (Japan)</p> <p>Titan Vincent Lam, Thai Chi Therapist G for Health (Hong Kong)</p>	<p>10:10-16:30</p> <p>Poster viewing</p>	<p>10:10-16:30</p> <p>Digital business card of Naohiro Hohashi, PhD, RN, PHN, FAAN</p> <p>Japan - Where tradition meets the future</p> <p>Kobe, Japan: Meetings and events</p> <p>Effective communications with foreign patients in clinical settings</p> <p>Visual basic medicine: Immune system</p> <p>Life sciences: Human defense system</p> <p>Case assessment based on Henderson's nursing theory: Activities and elimination</p>
11:00			
12:00			
13:00	<p>12:20-13:00</p> <p>Chairperson's Speech: Meeting the challenge of creating family culture- congruent nursing studies</p> <p>Naohiro Hohashi, PhD, RN, PHN, FAAN Graduate School of Health Sciences, Kobe University, Japan</p>		
14:00	<p>13:10-14:00</p> <p>Plenary Presentation: Growing cultural competences and global leadership for nurses</p> <p>Akane Futami, RN, PHN Tokyo Medical and Dental University Hospital, Japan</p>		
15:00	<p>14:10-16:30</p> <p>Podium presentation</p>		
16:00			
17:00			

SPECIAL SESSION PROGRAM

Virtual A conference room

Urgent Special Project: Chairperson

10:00-12:00

The current status of nursing during the novel coronavirus pandemic and related issues

Maki Umeda

Research Institute of Nursing Care for People and Community

WHO Collaborating Center for Disaster Risk Management for Health, University of Hyogo, JAPAN

Urgent Special Project: 1

10:00-12:00

Indonesian Family and Community Resilience during COVID-19 Pandemic

Agrina

Community and Family Health Nursing Specialist Lecturer,
Nursing Faculty of Riau University

Urgent Special Project: 2

10:00-12:00

An overview of the COVID-19 in Australia

Caryn West, PhD, MPH, RN

Dean of Research JCU Singapore. Deputy Academic Head, Nursing and Midwifery. Director WHO Collaborating Centre Nursing and Midwifery Education & Research Capacity Building
James Cook University, Cairns QLD 4870 AUSTRALIA

Urgent Special Project: 3

10:00-12:00

THE CURRENT STATUS OF NURSING DURING THE NOVEL CORONAVIRUS PANDEMIC AND RELATED ISSUES

Christian Jay S. Orte, PhDN, MAN, RN, RM, LPT

College of Nursing, Systems Plus College Foundation Angeles City, Philippines

Urgent Special Project: 4

10:00-12:00

Balance and Resilience for Nursing Education during COVID-19 Pandemic in Taiwan

Fu-Chih Lai, Associate Professor, RN, Ph, D.

Taipei Medical University

Urgent Special Project: 5

10:00-12:00

Research on Mental health Under the Outbreak of COVID-19 Based on Data Mining

Kun Xiang

Director of Institute of Emergency Management,
China Three Gorges University, Yichang, China
Institute of Big Data, Zhongnan University of Law and Economics,
Wuhan, China

Urgent Special Project: 6

10:00-12:00

Various responses to covid-19 and those outcomes in the world

Minato Nakazawa

Kobe University Graduate School of Health Sciences

Urgent Special Project: 7

10:00-12:00

Beneficial effects on immune system of Prescription exercise

Titan Vincent Lam

Prescription Exercise & Qigong Therapist G for Health, Hong Kong

Chairperson's Speech

12:20-13:00

Meeting the challenge of creating family culture-congruent nursing studies

Naohiro Hohashi, PhD, RN, PHN, LSN, HS, FAAN

Transcultural Nursing Scholar, Caritas Coach

Professor, Graduate School of Health Sciences, Kobe University, Japan

Plenary Presentation

13:10-14:00

Growing Cultural Competences and global leadership for nurses

Akane Futami

Tokyo Medical and Dental University Hospital

ORAL PRESENTATION PROGRAM

Virtual A conference room

- OP-01** **Establishment of a nursing management system in a special facility created to care for COVID-19-positive patients with mild symptoms**
Haruka Kodoi, Hiroko Baba, Toyomitsu Tamura, Tomoko Komagata
Bureau of International Health Cooperation, National Center for Global Health and Medicine
- OP-02** **Public health education and research in a cross-cultural context**
Mabel Ezeonwu¹⁾, Sukhjeet Kamboj²⁾, Suryabir Kamboj³⁾
1) School of Nursing and Health Studies, University of Washington, Bothel
2) MedExpress, Pennsylvania, USA
3) No current Affiliation
- OP-03** **What are the writing challenges faced by international nursing students in Japan ?**
Kazuaki Yamamoto¹⁾, Shoko Asakawa²⁾, Rintaro Kato¹⁾
1) Center for Liberal Arts, International University of Health and Welfare
2) Faculty of Nursing And Medical Care, Keio University
- OP-04** **Transcultural nursing perspectives of nursing school faculty in Japan**
Joel Hensley
Miyazaki Prefectural Nursing University, Japan
- OP-05** **Toward providing professional care through reforming the nursing education system in Democratic Republic of the Congo**
Yui Ito¹⁾, Tomoko Komagata¹⁾, Toyomitsu Tamura¹⁾, Karin Fukatani¹⁾, Kyoko Koto²⁾, Miyuki Oikawa¹⁾, Hiroko Kikuchi¹⁾, Yuriko Egami¹⁾, Josué-Désiré Bapitani Basuana³⁾, Gérard Kahombo³⁾
1) Bureau of International Health Cooperation, National Center for Global Health and Medicine, Japan
2) The University of Tokyo, Japan
3) Direction de l'Enseignement des Sciences de Santé, Ministère de la Santé, République Démocratique du Congo
- OP-06** **Left-behind women in the context of transnational migration: A scoping review**
Higinio Fernandez-Sanchez, Jordana Salma, Bukola Salami
Faculty of Nursing, University of Alberta, Canada
- OP-07** **The factors of adaptation to nursing homes in mainland China: A cross-sectional study**
Changxian Sun^{1), 2)}, Yiting Yu¹⁾, Xuxu Li¹⁾, Yan Cui¹⁾, Yaping Ding¹⁾, Shuqin Zhu¹⁾, Xianwen Li¹⁾, Shen Chen¹⁾, Rong Zhou¹⁾, Ying Xing¹⁾
1) Nursing school, Nanjing Medical University
2) Jiangsu Vocational Institute of Commerce
- OP-08** **Cross-cultural conflict experienced by deaf patients in hearing privileged healthcare settings: A qualitative descriptive study in Japan**
Ai Minakawa
Department of Nursing, St. Luke International University, Japan

OP-09 The association between resilience and perceived control of Japanese patients after acute coronary syndrome

Akiko Kondo¹⁾, Tomomi Oki²⁾, Amane Otaki²⁾, Renaguli Abuliezi¹⁾, Ann L Eckhardt³⁾, Hitomi Sasaki²⁾, Satoko Washiyama²⁾, Shinji Koba²⁾, Eiichi Geshi²⁾

- 1) International Nursing Development, Graduate School of Health Care Sciences, Tokyo Medical and Dental University
- 2) School of Nursing and Rehabilitation Sciences, Showa University
- 3) School of Nursing, Illinois Wesleyan University

OP-10 A demonstration experiment of a multilingual application for foreign patients

Eiko Takaoka¹⁾, Kosuke Haruki²⁾

- 1) Faculty of Science and Technology, Sophia University
- 2) Dokkyo Medical University

POSTER PRESENTATION PROGRAM

Virtual B conference room

- PP-01** **Factors related to work engagement among nurses in Japan: A literature review**
Yuichi Kato¹⁾, Rie Chiba¹⁾, Akihito Shimazu²⁾
1) Department of Nursing, Graduate School of Health Sciences, Kobe University, Japan
2) Faculty of Policy Management, Keio University, Japan
- PP-02** **Awareness of nurses on the current use and promotion of research findings in pediatric nursing care practice**
Yuko Hiratani, Kaoru Ise
Department of Child Health Care Nursing, Graduate School of Nursing, Osaka City University, Japan
- PP-03** **A review of literature on families in which a fetal disease was first diagnosed during pregnancy**
Yui Masui, Akemi Yamazaki, Ryota Kikuchi, Tae Kawahara
Division of Health Sciences, Graduate School of Medicine, Osaka University, Japan
- PP-04** **Analysis of cultural care content in fundamentals of nursing textbooks**
Shoko Asakawa
Faculty of Nursing and Medical care, Keio University, Japan
- PP-05** **Experiences of foreign residents from Asian countries at medical facilities in Japan: From the viewpoint of promoting multicultural understanding for nursing students**
Mao Iwadate, Miyoko Okamoto
Faculty of Health Care and Nursing, Juntendo University, Japan
- PP-06** **Collaborative Online International Learning (COIL): An innovative pedagogy to build cross-cultural understanding**
Kosuke Niitsu¹⁾, Akiko Kondo²⁾
1) School of Nursing and Health Studies, University of Washington Bothell, USA
2) Graduate School of Health Care Sciences, Tokyo Medical and Dental University, Japan
- PP-07** **Clarifying the healthcare needs of people with diverse backgrounds in Japan: Developing educational programs for respecting diversity for healthcare professionals**
Miyoko Okamoto¹⁾, Yui Matsuda²⁾, Manami Nozaki¹⁾
1) Faculty of Healthcare and Nursing, Juntendo University, Japan
2) University of Miami School of Nursing and Health Studies, USA
- PP-08** **A descriptive study concerning Japanese nurses' cultivation of cultural competency through clinical experiences in the U. S. A.**
Hiroko Baba¹⁾, Tomoko Komagata¹⁾, Chiemi Kawanishi²⁾
1) Bureau of International Health Cooperation, National Center for Global Health and Medicine, Japan
2) Department of Nursing, Kansai University of Social Welfare, Japan
- PP-09** **Difficulties and problems in assessing daily challenges in patients with diabetic autonomic neuropathy in Japan**
Akane Hatanaka¹⁾, Kei Takahashi²⁾, Yasuko Shimizu²⁾
1) Doctoral Program, Division of Health Sciences, Osaka University Graduate School of Medicine, Japan
2) Division of Health Sciences, Osaka University Graduate School of Medicine, Japan

- PP-10 Seeking help for cancer care in rural areas: A literature review**
Mariko Oshiro, Midori Kamizato
Okinawa Prefectural College of Nursing, Japan
- PP-11 Association between subjective well-being of patients with Marfan syndrome and medical care system in Japan**
Tomoko Shimizu, Yasuko Shimizu
Division of Health Sciences, Osaka University Graduate School of Medicine
- PP-12 Experiences of older men under the age of seventy-five with chronic illness living alone in Japan**
Kazuma Haida¹⁾, Miyuki Ishibashi¹⁾, Miho Nakahara²⁾, Harue Masaki¹⁾
1) Graduate School of Nursing, Chiba University, Japan
2) ex- Chiba University Hospital, Japan
- PP-13 The lived experiences of emergency nurses in facing of involuntary psychiatric treatment**
Yu-Ting Wang¹⁾, Hui-Chen Hsu²⁾, Cheng-Han Tsai³⁾, Rei-Mei Rita Hong⁴⁾
1) Assistant Head Nurse of Emergency Department, Chiayi Branch, Taichung Veterans General Hospital
2) Director of Nursing Department, Chiayi Branch, Taichung Veterans General Hospital
3) Medical Director of Emergency Department, Chiayi Branch, Taichung Veterans General Hospital
4) Associate Professor, Chang Gung University of Science and Technology
- PP-14 Prenatal and postnatal depressive and anxiety symptoms during the COVID-19 pandemic in Japan: The first quantitative evidence**
Midori Matsushima¹⁾, Hanna Horiguchi²⁾
1) University of Tsukuba, Japan
2) Kobe University, Japan
- PP-15 Food preferences of Japanese parents raising school-aged children**
Maiko Yasuzato, Akemi Yamazaki, Ryota Kikuchi, Tae Kawahara, Yuichi Nakayama
Area of Nursing Science, Division of Health Sciences, Graduate School of Medicine, Osaka University, Japan
- PP-16 Disaster response of affected Japanese people based on their local culture**
Miki Marutani¹⁾, Nahoko Harada²⁾, Kanae Takase³⁾, Hiroko Okuda¹⁾, Yukiko Anzai⁴⁾, Sanae Haruyama⁵⁾
1) National Institute of Public Health, Japan
2) University of Miyazaki, Japan
3) Fukushima Medical University, Japan
4) Miyagi University, Japan
5) Jichi Medical University, Japan
- PP-17 Development of exercises incorporating movements of Kagura, a traditional performing art**
Shuji Takahashi¹⁾, Noriko Matsumoto¹⁾, Atsuro Kushima¹⁾, Hideki Oshikata²⁾, Junko Maeda²⁾
1) Miyazaki Prefectural Nursing University, Japan
2) Hinokage Town Health Center, Japan

- PP-18** **Current status and issues regarding care communication with foreign patients as perceived by Japanese nurses**
Harue Masaki^{1), 2)}, Yasue Hayashi¹⁾, Yuri Fukazawa²⁾, Yuko Ohara¹⁾
1) Department of Nursing, Graduate School of Nursing, Chiba University, Japan
2) Doctoral Students of Graduate School of Nursing, Chiba University, Japan
- PP-19** **Intercultural communication in Japanese healthcare settings: Foreign nationals' experience and solutions to improve provider-patient communication**
Megumi Morikone¹⁾, Miyoko Okamoto²⁾, Yui Matsuda³⁾
1) Graduate School of Akita International University, Japan
2) Juntendo University, Japan
3) University of Miami, USA
- PP-20** **Values and behaviors of oncology nurses integrating cancer nursing and gerontological nursing**
Kaoru Amano
Graduate School of Nursing, Nagoya City University, Japan
- PP-21** **The second study on cultural competence in nursing: The relationship between intercultural sensitivity and cultural competence in nursing**
Hikari Tomiyama¹⁾, Chisato Koga²⁾, Moeka Kawachi¹⁾, Mari Kinkawa³⁾, Misae Ito³⁾
1) Yamaguchi University Hospital, Japan
2) Nagasaki Medical Center, Japan
3) Yamaguchi University Graduate School of Medicine, Japan
- PP-22** **A first study on cultural competence in nursing: Current situation of nursing care for foreign patients**
Chisato Koga¹⁾, Hikari Tomiyama²⁾, Moeka Kawachi²⁾, Mari Kinkawa³⁾, Misae Ito³⁾
1) Nagasaki Medical Center, Japan
2) Yamaguchi University Hospital, Japan
3) Yamaguchi University Graduate School of Medicine, Japan
- PP-23** **Literature review on aspects of senior citizens who engage in volunteer communities of practice**
Kaori Hotta^{1), 2)}, Mina Ishimaru³⁾
1) Chiba University, Graduate School of Nursing, Doctoral Program, Japan
2) Niigata University, Japan
3) Chiba University, Graduate School of Nursing, Japan
- PP-24** **Key characteristics of social resources related to health and welfare developed in the community: Scoping review**
Mina Ishimaru¹⁾, Seiko Iwase²⁾
1) Graduate School of Nursing, Chiba University, Japan
2) Graduate School of Nursing, Doctoral Program, Chiba University, Japan
- PP-25** **The efficacy of virtual family interviews/meetings that transcend physical distance and national borders**
Naohiro Hohashi, Hanna Horiguchi, Chikako Hirano, Qiting Lin
Department of Nursing, Graduate School of Health Sciences, Kobe University, Japan

- PP-26 Experiences of transition to motherhood among pregnant women following assisted reproductive technology: A systematic review of qualitative evidence**
 Kunie Maehara, Hiroko Iwata, Kayoko Kimura, Emi Mori
 Graduate School of Nursing, Chiba University, Japan
- PP-27 Development of Screening Scale for Insufficiencies in Family Resilience (SS-IFR)**
 Natsumi Kijima, Akane Hashimoto, Naohiro Hohashi
 Department of Nursing, Graduate School of Health Sciences, Kobe University, Japan
- PP-28 Pregnancy, delivery and childcare services for Vietnamese women in Japan: An ethnographic study**
 Kaori Nishimura, Hiromi Matsui, Ruriko Sanga, Miyoko Murata, Rika Kudo
 School of nursing, Toyama Prefectural University, Japan
- PP-29 Pregnancy, delivery and childcare services for Chinese women in Japan: An ethnographic study**
 Kaori Nishimura, Kaori Nishimura, Hiromi Matsui, Rika Kudo, Ruriko Sanga, Miyoko Murata
 School of nursing, Toyama Prefectural University, Japan
- PP-30 Nursing care based on elderly patients'own culture in an acute hospital setting**
 Chieri Ishii¹⁾, Harue Masaki¹⁾, Miho Nakahara²⁾
 1) Graduate School of Nursing, Chiba University, Japan
 2) ex-Chiba University Hospital, Japan
- PP-31 Self-care behavior for lifestyle-related disease prevention of unmarried middle-aged men: An interview survey of male co-workers**
 Shuji Takahashi¹⁾³⁾, Mina Ishimaru²⁾
 1) Miyazaki Prefectural Nursing University, Japan
 2) Chiba University, Graduate School Of Nursing, Japan
 3) Doctoral course, Chiba University, Graduate School Of Nursing, Japan
- PP-32 Qualitative studies on maternal and child community health needs and public health nurses' activities after natural disasters in Japan**
 Hiroko Okuda
 Department of Health Crisis Management, National Institute of Public Health
- PP-33 Transcultural differences in training to improve maternal and child health**
 Hiroko Kikuchi, Kaori Ohara, Tomoko Komagata
 Bureau of International Health Cooperation, National Center for Global Health and Medicine, Japan
- PP-34 Cultural care for dying patients in Okinawa's outlying islands**
 Sayuri Jahana, Midori Kamizato
 Okinawa Prefectural College of nursing, Japan
- PP-35 Requirements to be a good nurse: Perceived experiences for a woman who had bad perinatal outcomes in a non-native country**
 Maki Saito^{1), 2)}
 1) Graduate School of Health Care Sciences, Tokyo Medical and Dental University, Japan
 2) School of Health and Nursing Science, Wakayama Medical University, Japan (from 1st May 2020)

PP-36 Revision of the Family Environment Assessment Index (FEAI) to assess family spirituality: Combining of literature review and semi-structured interviews

Naohiro Hohashi, Qiting Lin

Department of Nursing, Graduate School of Health Sciences, Kobe University, Japan

PP-37 Cultural competency and health beliefs of Filipino female caregivers in Okinawa prefecture, Japan

Akane Futami¹⁾, Miki Marutani²⁾, Daigo Suzuki³⁾, Shima Ishikawa⁴⁾, Kanae Takase⁵⁾, Takayo Oshima⁶⁾, Akihito Uezato⁷⁾

1) Tokyo Medical and Dental University, Japan

2) National Institute of Public health, Japan

3) SYM Care support Co. Ltd,

4) Keio University, Japan

5) Fukushima Medical University, Japan

6) Japan College of Social Work, Japan

7) International University of Health and Welfare, Japan

PP-38 Self-actualization of nursing professionals and self-actualization of other individuals in China: A literature review

Jiayue Leng, Naohiro Hohashi

Department of Nursing, Graduate School of Health Sciences, Kobe University, Japan

PP-39 Searching for family conditions that indicate family resilience: Directed content analysis based on literature review and semi-structured interviews

Naohiro Hohashi, Akane Hashimoto, Natsumi Kijima

Department of Nursing, Graduate School of Health Sciences, Kobe University, Japan

PP-40 The culture in performance groups related to mental illness

Hiroshi Sugimoto

Department of Nursing, Niigata University of Health and Welfare, Japan

PP-41 Parents' action of offspring with schizophrenia: The process of preparing for the future of sons or daughters after parents' demise

Megumi Kawaguchi¹⁾, Miho Katayama²⁾, Midori Kawamura³⁾, Akiyo Nakamoto⁴⁾, Hiromi Morioka⁵⁾

1) Faculty of Medical Sciences, Division of Nursing, University of Fukui, Japan

2) Department of Nursing, Komatsu Nursing School, Japan

3) Faculty of Nursing, Department of Nursing, Ishikawa Prefectural Nursing University, Japan

4) Faculty of Nursing and Rehabilitation, Department of Nursing, Konan Women's University, Japan

5) Faculty of Nursing, Department of Nursing, Kansai University of Health Sciences, Japan

PP-42 Comparing meaning-making in disaster health activities between public health nurses in affected areas and dispatched public health nurses

Saori Iguchi¹⁾, Mina Ishimaru²⁾

1) Graduate School of Nursing, Doctoral Program, Chiba University, Japan

2) Graduate School of Nursing, Chiba University, Japan

PP-43 Verification of efficiency and practicality of a collaborative model for community health promotion through community health worker empowerment (First report): Evaluation by public health nurses

Rie Matsui¹⁾, Misako Miyazaki²⁾, Mina Ishimaru²⁾

1) Department of Nursing, Graduate School of Health Sciences, Gunma University, Japan

2) Graduate School of Nursing, Chiba University, Japan

PP-44 **Verification of efficiency and practicality of a collaborative model for community health promotion through community health worker empowerment (Second report): Evaluation by community health workers**

Rie Matsui¹⁾, Misako Miyazaki²⁾, Mina Ishimaru²⁾

1) Department of Nursing, Graduate School of Health Sciences, Gunma University, Japan

2) Graduate School of Nursing, Chiba University, Japan

PP-45 **Culturally congruent health activities for the prevention of functional disabilities among older adults in Japan's arboreal communities**

Yasuko Irie, Naohiro Hohashi

Department of Nursing, Graduate school of Health Sciences, Kobe University, Japan

PP-46 **Causal factors on families/family members while under *rorokaigo* (care for elderly by elderly): A literature survey in Japan**

Ruohui Lan¹⁾, Qinqiuzi Yi²⁾, Naohiro Hohashi¹⁾

1) Department of Nursing, Graduate School of Health Sciences, Kobe University, Japan

2) China Three Gorges University

Abstracts

Chairperson's Speech

Meeting the challenge of creating family culture-congruent nursing studies

Naohiro Hohashi, PhD, RN, PHN, LSN, HS, FAAN

Transcultural Nursing Scholar, Caritas Coach

Professor, Graduate School of Health Sciences, Kobe University, Japan



1. Transcultural family health care nursing

People, families and communities are targets of nursing. Among these, individual nursing (pediatric nursing, maternal nursing, adult nursing, gerontological nursing, psychiatric nursing, etc.) is applied to people; family nursing is applied to the family; and community nursing/public health nursing involves communities. Families, the targets of family nursing, are an organization of people, and live in a community. Consequently, in many cases family nursing is necessarily practiced in communities.

Family is defined as “a unit/organization as a system of the OR operation (logical operation) of individuals, that is, living people, having the cognition of belonging by other constituent member(s)” (Hohashi, 2019). Here, living people range from birth to death. Families undergo diversification, without regard to cohabitation or not, blood relationships and marital relationships. A family member, that is, a person who becomes part of the family organization, assumes the embodiment of that family’s culture, and it is important to maintain a constructive view toward this relationship. It is important to understand the family’s intrinsic culture and apply this to family care/caring/healing.

Culture is defined as “the beliefs and values (implicit culture) shared by members of a group or organization, and the patterns of acts that are regulated by them (explicit culture), which enable adaptation to their environment” (Hohashi, 2019). In addition, I have proposed transcultural family health care nursing, which is defined as “a knowledge system for practicing family care/caring/healing, based on cultural differences of the family system unit.” Culture, moreover, is reflected in the language, writing, food, clothing, housing, religion, traditions and customs and so on. These are also reflected in family structure, family functioning, family beliefs and so on, which influence family well-being.

Differences among families are “differences in various characteristics between multiple families.” This requires the nursing professional’s special ability to assess the differences among individuals and/or the differences among families. It is a fundamental iron rule in family support that when targeted families are assessed, that family support be conducted based on their individuality.

Moreover, differences among families represent diversity, with universality and diversity recognizable in families. Universality refers to “aspects that exist in common,” and exists throughout diversity. Diversity refers to “aspects that exist in a different group.” This is made up groups with similar aspects and differs those from having various aspects. Diversity and universality have a mutually complementary relationship, with universality being established within diversity. For example, to say “the existence of family is important,” is universality relating to families, while “the existence of same-sex couples” relates to diversity in partnerships.

Cultural differences are “differences in culture within spatiotemporal space.” They can be divided into differences in the existence of things and differences in the nature of things. For example, differences exist in macro culture between countries and regions; or differences in micro culture between individuals; or differences in chronological culture between past and present. As chronological cultural differences, for example, differences in beliefs in families can be recognized as an age gap or generation gap. Families exist within the family environment, and according to the location (family environment), a family’s conditions are influenced. Culture is included in the family environment and families can be appropriately understood from the vantage point of cultural differences.

However while differences in macro culture may be useful in understanding the general direction of people who share a specific culture, for example, this raises the risk of promoting stereotypes toward a specific culture. There are families strongly influenced by the culture to which they belong, and also families that are not. One must be aware of a family’s uniqueness through understanding both cultural differences and differences among families.

2. Three major theories in family health care nursing

The explanation of family phenomena by means of a theory has become possible for the first time. As family nursing theory from Japan, I have proposed three major theories for family health care nursing. These are the Concentric Sphere Family Environment Theory (CSFET) (Hohashi, 2011), Family Care/Caring Theory (FCCT) (Hohashi, 2015) and Family Belief Systems Theory (FBST) (Hohashi, 2019). The Concentric Sphere Family Environment Theory is “a middle-range family nursing theory, proposed by Hohashi in 2005, that focuses on the family environment that acts on family well-being, by taking up the family system unit from the chrono and spatial axes, and aiming for holistic high-level family existence.”

One characteristic of the CSFET is that it’s developed based not only from empirical knowledge but through results of scientific research (evidence). Theory development commenced in 1999. Targeted families include in Japan residing in a wide variety of geographic areas (major cities, rural areas, offshore islands, mountainous parts, etc.), as well as families in a variety of countries and regions --- Canada, China (Hong Kong), Indonesia, the Philippines, the United States, etc. This resulted in creation of a global theory, which was developed based on multi method research, such as family interviews/meetings subjected to over 950 families, family ethnography, and a total of over 50,000 paper questionnaire surveys. Through development research and synergistic clinical applications, evidence creation and improvement underwent repeated development. The newest version is 3.0 (published in February 2019).

The family system unit interacts/transacts with the family environment which expands externally and internally, and in a dynamic process (chronological and spatial reaction process), family resources, family functioning and family signs/symptoms can be regulated. The family environment forms a three-dimensional chrono space along three assessment axes (structural distance, functional distance and temporal distance), in which five systems (supra system, macro system, micro system, family internal environment system and chrono system) are positioned. Within these, 41 functional items (religion, workplace environment, neighbors, sexual love between two partners, the family chronicle, etc.) are structured, giving a visible three-dimensional complete image of the family. The entirety of the family system unit is

established, and by adaption of the family system unit to the family environment, family well-being can be realized.

In the Concentric Sphere Family Environment Theory, culture is included in the functional indicator, “an item which has the function of acting on family well-being.” The CSFET is effective as a diversity analytical axis for family culture, and continually maintains the locale (structural distance and functional distance) and chronology (chrono distance), relativizing the family’s condition and culture. In transcultural family health care nursing it is important to conduct family assessment and family care/caring/healing within the framework that transcends various cultures, and not as a binary conflict such as between East and West.

As the Family Environment Assessment Model (FEAM) in order to assess the family environment and the condition of family well-being based on the CSFET, and the Family Environment Care/Caring Model (FECCM) as a family intervention model based on the CSFET, were developed, so the practice system is well-organized. Its use makes possible a comprehensive approach from within and outside of the family environment that acts upon family well-being. This is a practice model for advanced family nursing practice. It establishes a grand design for family nursing and armed with theory enables family support based on evidence and phronesis.

3. Culturally congruent family care/caring/healing

The Family Care/Caring Theory is “a middle-range family nursing theory that explains nursing phenomena and family phenomena that occur in the relationship between the nursing professional(s) and the family system unit, and which focuses on the establishing of the process of the family care/caring relationship.” Family care, as a noun, refers to specific acts toward families that the nursing professional shares with another professional (or multiple professionals) and is defined as “acts (practice) directed toward maintaining or improving the well-being of the targeted family.” Family caring, as a gerund, refers to the phenomena observed during family care (nursing phenomena and family phenomena), in which the family system unit interacts with the nursing professional, or the circular process thereof, and is defined as “an attitude toward realization of effective family care by knowing the beliefs, intentions, and hopes of the family.”

Family’s best interests refer to “the best things for the family.” In family nursing, based on the family’s best interests, it is essential to anticipate the future when considering family care/caring/healing. This takes into account how the family, as the target concerned, is thinking, and shows the need to reach mutual agreement between the family and the nursing professional. Or conversely, without knowing what the family hopes for (family demands), family care/caring/healing that respects the family’s best interests cannot be achieved. Also, assessments can be made of “What are the family’s hopes?” in the chrono system (family chrono environment system) of the Concentric Sphere Family Environment Theory.

Culturally congruent family care/caring/healing refers to “family care/caring/healing conducted in harmony with culture, through understanding, respect and tolerance of cultural differences between the targeted family and nursing professional.” “Cultural competence” refers to “ability to provide family care/caring/healing in response to the culture of the family and family environment.” This is the ability to accept cultural differences between oneself and

the targeted family, and to be able to understand the targeted family's worldview. Because the nursing professional encounters families with a variety of beliefs and values, and the patterns of acts, they may sense many cultural differences or cultural similarities, so for the nursing professional to have the cultural competence is an important characteristic. Through culturally congruent family care/caring/healing, cultural diversity is respected, and family well-being is achieved based on the level and process considered by the targeted family.

4. Family ethnography

In family nursing research, it is necessary to take up the family system unit comprehensively, and family ethnography is a powerful methodology to enable this. Family ethnography is "a methodology that records phenomena that occur in the family's life world, through field work (site inspection), composed mainly of participant observation." Ethno pertains to "people or ethnic groups," and graphy has the meaning of "recording." It is a methodology as a research process by which the family is studied from the perspective of culture, which is recorded as family culture.

In family ethnography, field work that shares experiences with the family where it lives is necessary, characterized by combining numerous methods including participant observation, ethnographic interviews, collation of existing books, literature and internet sources, written questionnaire surveys and so on. In particular, importance is placed on using both etic (the outsider's perspective) and emic (the insider's perspective), and the family's life is observed comprehensively with repeated data collection and analysis. The surveyor is referred to as the "family ethnographer," and he/she himself/herself is the tool by which data is collected and analyzed.

Participant observation is "a method of participating at the place of the family's live and using the five senses, mainly seeing and hearing, to record family phenomena." Participant observation, according to the observer's position, may be divided into four dimensions, being complete participant, participant as observer, observer as participant or complete observer. Depending on the stage of family ethnography, participant observation continues while these dimensions flexibly come and go. In interviews data may be obtained at a level of family members' awareness, but in participant observation, non-awareness of family members, or other latent demands of which the family is unaware may be revealed.

Interviews are "conversations having a purpose," which may possibly extract matters not possible from mere observation. For example these would be in situations where the family ethnographer cannot participate, private acts, past acts, internal aspects of the family members (sensations, feelings, beliefs, etc.). For example, participant observation with direct observation can be used to determine "What are you doing" for a family, whereas an interview would involve asking the family "What are you doing?" So in family ethnography it is important to combine the two.

Ethnographic interviews can be divided into formal and informal interviews. The formal interview is a hypothesis testing method through verifying "questions" and "hypothesis" for questions relying on a standardized procedure (in terms of question items, order, method, etc.). The informal interview, by contrast, does not adopt a standardized procedure, but includes a variety of communications with the family --- including, for example, daily conversation,

dialog, random speech and unprompted remarks made by encounters of people on the spot. Consequently the informal interview can be said to be a hypothesis discovering method, which can avoid imposition into the interpretative framework of family ethnographer, and can be effective in discovering the condition of the family itself.

When nursing professionals supporting families enter the family's living environment and conduct family ethnography, they encounter family phenomena from countries and regions other than Japan, which cannot be explained or recorded within the framework of Japanese family nursing. Family ethnography is conducted from the perspectives of etic and emic, and a sensation that "What may be common in Japan is uncommon in the rest of the world, and vice-versa" can truly be felt. The Concentric Sphere Family Environment Theory was constructed from phenomena that appeared through chance meetings with a variety of families around the world.

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PROFILE

I withdrew from the Graduate School of Medicine, The University of Tokyo in 1993 and obtained a PhD from the same university. After holding the post of lecturer at the Graduate School of Medicine, The University of Tokyo and other positions, I became full professor at Division of Child and Family Health Nursing, Kobe University School of Medicine in 2006. Following that institution's reorganization in 2008, I became professor at Division of Family Health Care Nursing, Kobe University Graduate School of Health Sciences, where I am currently responsible for a master's program leading to certification as "Certified Nurse Specialist" (CNS) in Family Health Nursing, a family health nursing specialty unique to Japan. Overseas, I serve as the editorial board of the *Journal of Transcultural Nursing* and the editorial advisory board of the *International Journal for Human Caring*, among others. In Japan, I serve as a director of the Society of Cultural Nursing Studies, a director of the Japanese Association for Research in Family Nursing, and other organizations.

I have been involved in the authorship and publication of over 100 works, including "New family health care nursing: Theory, practice and research" (2010, in Japan), and published 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. I have also corroborated in the production of health-related products, including the CD "Medical sounds: Healing environment sounds and noise (1)" and "Medical essential oils," among others.

In 2014, I was accorded the title Transcultural Nursing Scholar by the Transcultural Nursing Society, and in 2016 I was named a Fellow of the American Academy of Nursing (FAAN) by the American Academy of Nursing (AAN). I have also obtained certifications in a variety of professional disciplines, such as Caritas Coach.

The URL of my web site is <https://nursingresearch.jp/>.

Presentations

Oral Presentation

OP-01 Establishment of a nursing management system in a special facility created to care for COVID-19-positive patients with mild symptoms

Haruka Kodoi, Hiroko Baba, Toyomitsu Tamura, Tomoko Komagata

Bureau of International Health Cooperation, National Center for Global Health and Medicine

Purpose: COVID-19 has been forcing medical institutions to respond urgently and in various ways (Wong et al., 2020). To avoid overwhelming hospitals with large numbers of inpatients with mild illnesses, the X municipality decided to rent a hotel and provide it as a facility for patients with mild illnesses. Here, we share our unique experience of the start-up of this facility in the X municipality for similar situations around the world.

Method: The facility for patients with mild illness was open to those who tested positive for COVID-19 by PCR and did not need to be hospitalized but wished to stay in the facility. Although the facility itself does not have a medical function, it was necessary to establish a health management system that could respond to worsening symptoms of the patients (Wang et al., 2020). We coordinated the development of this system with various rules and stakeholders and made recommendations on a nursing management system from the perspective of nursing management. Regarding as ethical consideration, although this is an activity report without human subject, we have anonymized the facilities and residents to protect their privacy.

Results:

1) Overview of the facility and patients

About 900 hotel rooms were prepared in this facility for 450 patients. Eleven administrative staff from the municipality, and a medical doctor and two nurses were on duty during the day. Each patient was required to stay in a single room offering general accommodations and to stay only in that room except when receiving meals, etc. Also, the patients were required to check their temperature and measure their oxygen saturation twice daily.

2) Establishment of a nursing management system

We set the main nursing tasks to be health-related interviews at patient admission, confirmation of the patients' daily health status, and the conducting of phone interviews. While careful health management was necessary for infection control, contact between nurses and patients was by telephone only and information collection was limited. For early detection of worsening symptoms, a longitudinal nursing record form and list of patients at high risk were created. In our concern for mental health, telephone consultations were made available as needed. All information was shared with all staff involved in the operation of the facility.

Discussion: Still we are required to prepare and respond to COVID-19. In the stressful environment of COVID-19 care, a strong backup system is necessary (Nagesh & Chakraborty, 2020). It is essential to improve the physical environment and staffing to ensure the safety and security of health care workers and to provide better care to the patients.

Conflict of interests: The authors have no conflicts of interest.

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Oral Presentation

OP-02 Public health education and research in a cross-cultural contextMabel Ezeonwu¹⁾, Sukhjeet Kamboj²⁾, Suryabir Kamboj³⁾

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Purpose: Health disparities between and within nations are often potentiated by unequal distribution of socio-cultural and economic forces. Language, culture, and health literacy serve as strong determinants of health outcomes, and vehicles for evidence-based practice and scientific inquiry that produce accurate results. In working with rural communities who speak different languages than the researchers and health practitioners, linguistic considerations must be made to address health literacy. The purpose of this presentation is to describe innovative strategies used in conducting research and health education in the presence of cultural and language barriers in remote areas of Guatemala.

Method: A research study was conducted to identify the risk factors and symptoms that are suggestive of sexually transmitted infections (STIs) in rural Mayan villages of Guatemala in order to effectively prevent and treat the infections. A pictorial easy-to-understand questionnaire was developed for data collection using the World Health Organization's (WHO) (2016) syndromic protocol. The questionnaire was translated in Spanish and administered by Guatemalan team members who spoke both Spanish and Q'eqchi'. Data was analyzed using bivariate measures of association. Participants include 103 indigenous Mayans who spoke primarily Q'eqchi'.

Extensive training programs was also conducted for community health workers (CHWs) and traditional birth attendants (TBAs) in areas of healthy nutrition using indigenous recipes, hygiene, STI prevention, basic health screening and assessments, and prenatal care. Focus group sessions were followed by teaching sessions, accomplished with the help of Spanish and Q'eqchi' interpreters. Data was analyzed using qualitative content analysis. Participants include six TBAs and 25 CHWs.

Results: Key barriers encountered in this cross-cultural research and education efforts were linguistic differences between the researchers, practitioners and indigenous communities despite the use of interpreters. Low literacy levels were prevalent. Results show that STI is of high burden for young people and language barrier is a key determinant of access to preventive care. Culture and gender roles also influenced group interactions and individual responses. Despite these challenges, the use of real time teaching demonstrations, easy-to-interpret visuals, and teach-back methods were successful. Feedback from participants about the training was positive and they found teaching session "very useful" and "useful". They were confident that they would apply the knowledge when taking care of clients.

Discussion: Public health professionals that work in global low-resourced communities must ensure that their research and health education projects are culturally relevant, and locally meaningful. The hallmark of public health is educating communities on preventive and protective practices that improve and sustain health. In rural villages, CHWs and TBAs are primary sources of primary health care. The competency of TBAs for example, in identifying prenatal and intra-partum complications that require referral to trained providers is a large component of the training programs. Although interpreters help address the issues of transmitting and explaining health and research information, issues of health literacy or the ability to obtain, process, and understand basic health information for the purpose of decision-making (Singleton & Krause, 2009) remain in rural communities.

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