

Title	The current state of the center for the creation and dissemination of new Japanese nursing science: The 21st century Center of Excellence at Chiba University School of Nursing
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## CENTER OF EXCELLENCE PROGRAM

# The current state of the center for the creation and dissemination of new Japanese nursing science: The 21st century Center of Excellence at Chiba University School of Nursing

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### Abstract

**Aim:** The Center of Excellence for the Creation and Dissemination of a New Japanese Nursing Science at Chiba University School of Nursing is now in its third year of operation. This center aims to develop nursing science that is appropriate for Japanese culture and to internationally disseminate the importance of culturally based care. Our project seeks to systematically transform the art of nursing practise into a nursing science.

**Method:** To date, multiple frameworks have been created through the qualitative metasynthesis of research on effective nursing care. To create a nursing science, these frameworks derived from metasynthesis must be verified and internalized in nursing practise.

**Results:** After three years of research, the following findings are emerging: professional care relationships in nursing practise in Japan are characterized by the bidirectional process between the nurse and the client, in which both gradually undergo a transformation in order to establish a collaborative, therapeutic relationship; Japanese nurses emphasize the importance of understanding adolescent clients' subjective understanding of their own life with self-care, as well as social support; and the priority for community health nurses in Japan is to create support systems in the community, regardless of whether the intended client is an individual, a family, a specific group, or the community as a whole.

**Conclusions:** Our future efforts will focus on verifying our findings through interdisciplinary and international comparative research and by integrating various frameworks in order to create a new Japanese nursing science.

**Key words:** center of excellence, cultural care, nursing in Japan, practical knowledge, qualitative metasynthesis.

## INTRODUCTION

The Center of Excellence (COE) for the Creation and Dissemination of a New Japanese Nursing Science at Chiba University School of Nursing was established in 2003 and will be continued until 2007. Financial support for the COE is provided by the Ministry of Education, Culture, Sports, Science and Technology of the Japanese government. As has been previously reported (Ishigaki, 2004), this center aims to describe nursing care that is appropriate for Japanese culture and to internationally disseminate the importance of culturally based care.

The faculty members, graduate students, and postdoctoral fellows of the Chiba University School of Nursing have conducted intensive research in these 3 years. A significant amount of time was spent on developing a methodology for qualitative metastudy. It is expected that qualitative metastudy will reveal the culturally appropriate care that is embedded in nursing practise in Japan. Based on the established method for qualitative metastudy, actual metasyntheses have been conducted. For these studies, appropriate primary research papers were selected and analyzed, and the results were integrated in order to identify practical knowledge regarding nursing practise that is appropriate for the Japanese cultural context. In the present paper, we outline the achievements that have been made in the past 3 years.

## THE IMPORTANCE OF QUALITATIVE METASYNTHESIS

Qualitative research methods are commonly used in nursing research because they are useful and more informative than other methods, especially when the research purpose is to describe the content of nursing practise in detail. However, qualitative research in Japan faces one significant problem: the findings of master's or doctoral theses using qualitative methods tend not to be fully utilized by other researchers.

Several reasons for this underutilization can be considered. Theses conducted using qualitative methods often require a great deal of effort to read because of their large size. In contrast, published articles tend to be very short because journals impose page limitations; thus, discussion of the important content of the study is frequently insufficient.

In order to overcome the underutilization of qualitative studies, we considered that integration should be attempted for the qualitative studies. In order to construct a new Japanese nursing science, we consider that it is of particular importance to fully utilize data from

previous qualitative studies.

The method for reanalyzing and integrating multiple research studies is generally referred to as meta-analysis. Quantitative meta-analysis is well known; however, qualitative meta-analysis is a comparatively new method. Paterson, Thorne, Canam and Jillings (2001) published a detailed description of their attempt to conduct a qualitative meta-analysis. They divided the metastudy process into four steps: metadata analysis, metamethod, metatheory, and metasynthesis. In the present paper, we use "metasynthesis" to describe our attempt to integrate qualitative studies. In contrast to the meta-analysis of quantitative data, the analytical process is more complicated for qualitative meta-analysis and is not yet well-established.

## **THE CENTER OF EXCELLENCE AT CHIBA UNIVERSITY SCHOOL OF NURSING**

### **Chiba University School of Nursing and qualitative meta-analysis**

From its beginning, the Graduate School of Nursing at Chiba University has emphasized the importance of clarifying the content of nursing practise. As a result, a large number of qualitative theses have been accumulated by our university. Therefore, our center is in an ideal position to attempt a meta-analysis of qualitative studies. Initially, we studied two books, one by Paterson *et al.* and another by Noblit and Hare (1988). In February 2005, Dr Paterson was invited to our center, allowing us the opportunity to discuss the analytical method directly with the author (Fig. 1).

### **The process of constructing Japanese nursing science**

The outline of the process of constructing Japanese nursing science is shown in Figure 2. This outline is based upon Nonaka's (1966) theoretical model of transforming an art, such as sports techniques, into science. Herein, we consider that nursing practise is a type of art and attempt to develop scientific knowledge about the art of nursing practise. The art of nursing practise can also be called "tacit knowledge" (Polanyi, 1967), in the sense that it is only practised and realized in daily life and does not have names and words to describe it. In contrast, the science of nursing practise is "explicit knowledge" (Polanyi), in the sense that it can be verbally and explicitly described using names and words. The process of constructing Japanese nursing science is the process of transforming tacit, practical nursing knowledge into explicit nursing knowledge.

Each individual qualitative nursing study is an attempt to transform nursing practise (tacit knowledge) into verbal expressions (explicit knowledge) using the qualitative research method ("Externalization 1" in Fig. 2). The metasynthesis of several research studies, under a specific research question, creates further integrated explicit knowledge ("Externalization 2"). A nursing practise model is designed based on Externalization 2, and the model is evaluated and verified through actual nursing practise ("Socialization"). Several models are then combined and integrated in order to construct a system of explicit nursing knowledge: nursing science ("Combination"). The combined models are again embedded in nursing practise ("Internalization"). This entire process continues repeatedly to further develop nursing science.

Developing a nursing science is a continuous process. From the beginning of the process, our 3 years were spent developing several nursing models and integrating explicit nursing knowledge. In Figure 2, this is shown in "Externalization 2."

## **EXAMPLES OF OUR FINDINGS**

The research at this center consisted of seven main areas that are considered to cover the overall arena of nursing: (i) Subproject A: Professional caring relationship in nursing; (ii) Subproject B: Nursing for the family; (iii) Subproject C: Nursing for the community; (iv) Subproject D: Holistic assessment of bodily function; (v) Subproject E: Nursing outcomes; (vi) Subproject F: Training clinicians; and (vii) Subproject G: Morals and ethics in nursing practise and education (Ishigaki). The following three examples are a part of the results in subprojects A, B, and C.

### **Practical knowledge for the development of professional caring relationships in the Japanese cultural context**

In this subproject, led by Harue Masaki (RN, PHN, PhD), we examined how nurses develop interpersonal relationships with clients and how they provide nursing care that is appropriate for the unique characteristics of each client. This research has attempted to create a nursing practise model that focuses on the development of professional caring relationships with clients (Masaki *et al.*, 2005).

One of the research questions is: "How do nurses view older adults with whom they have difficulty communicating in the process of nursing care?" To answer this question, Noblit and Hare's seven steps of qualitative metasynthesis were utilized. These seven steps are: (i) clarify the researcher's interest ("How do nurses view older adults with whom they have difficulty communicating in the process of nursing care?"); (ii) define the selection criteria for the primary studies; (iii) read the papers carefully; (iv) compare and examine the papers from the perspective of the clarified interest; (v) interpret the results of the primary studies into one another; (vi) synthesize interpretations from the perspective of the clarified interest; and (vii) express the synthesis. Following the seven steps above, 13 master's or doctoral theses were analyzed and integrated.

As a result, five integrating concepts have emerged and the process of developing professional caring relationships has been elucidated. In this process, nurses' initial impressions of an elderly individual are based on fragmented information; however, the nurses

are gradually able to view the individual based on his/her totality.

Based on several metasyntheses, such as the above-mentioned research, an attempt was made to develop an analytical framework for professional caring relationships. The awareness and behaviors of nursing professionals have been observed to change qualitatively during the nursing process and when the nursing objectives are achieved. In the same process, the awareness and behaviors of the client (an individual, a family, or the community) also have been observed to change toward a higher level of awareness and behaviors related to well-being, independence, growth, or development. These changes occur as a result of the interaction between the nurses and clients. The nurses' behaviors include skills and techniques, but are focused and specialized; therefore, the nurses' perspective of the clients becomes more holistic. In the same manner, the clients gradually reveal their full potential and become more independent, more satisfied, and enjoy a fuller life. Further metasyntheses must be conducted in order to elucidate the development of professional caring relationships in the Japanese cultural context.

### Self-care of school-aged children and adolescents with chronic illnesses

In this subproject, led by Nobue Nakamura (RN, PHN, PhD), we developed a nursing assessment framework based on a qualitative metasynthesis. The framework is designed to sensitize nurses to the characteristic behaviors, reactions, interpersonal relationship styles, and functions of each family. In particular, we focused on the Japanese cultural characteristics of intrafamily interactions. As a part of this subproject, we examined the self-care of school-aged children and adolescents with chronic illness and associated factors (Kanamaru *et al.*, 2005).

Eight master's theses with detailed descriptions of self-care of school-aged children and adolescents with chronic illnesses were selected for metasynthesis. We examined the adolescents' actual self-care behaviors, their daily lives, their view of their own life, as well as the factors that might influence their self-care behaviors and lifestyles.

The major findings are as follows: (i) school-aged children and adolescents with chronic illness view their self-care behaviors and daily lives differently depending on the size of the gap between their ideal lifestyle and their actual lifestyle, which includes self-care behaviors required for illness management. When the gap is substantial, school-aged children and adolescents view their lives as conflicted. However, when the gap is minor, they view their lives positively or without conflict. When the size of the gap is unclear, their views are either passive or uncertain; (ii) support from parents and friends has a significant impact on their self-care; (iii) school-aged children and adolescents want their friends to be aware of their illness, while at the same time they do not want their friends to treat them differently because of the illness. When their friends demonstrate both attitudes, they carry out appropriate self-care behaviors and enjoy their lives; (iv) parents feel a desire to both protect their child by providing the appropriate care and promote the independence of their child; (v) when school-aged children and adolescents have good communication with their parents and when the parents assist the child only with care that the child can not perform independently, the adolescents perform appropriate self-care behaviors and enjoy their lives; (vi) when adolescents have a passive or uncertain perspective of their lives, they do not receive support from their parents or friends; and (vii) when school-aged children and adolescents have a passive or uncertain perspective of their lives or when they have a positive or unconflicting view of life, but receive no support from their parents or friends, they have inappropriate self-care behaviors or are dissatisfied with their daily lives.

These findings indicate the need for a new nursing assessment framework that focuses on the gap between adolescents' ideal life and the self-care behaviors needed for illness management, and the available support from parents and friends.

### Creating practical nursing knowledge for community health nursing

The purpose of this subproject, led by Misako Miyazaki (RN, PHN, PhD), is to create practical nursing knowledge for the field of community health nursing. For this subproject, we have carried out several metasyntheses. Two examples and the main findings are described below.

An example research question is: "What is nursing care for family caregivers that promotes the continuation of family caregiving and the discovery of meaning in home care?" Through the metasynthesis of four theses, the following five categories have been identified: (i) nurses examine the family carefully and assess their needs and the appropriate timing for nursing care; (ii) nurses empower the individuals within the family with the aim of enhancing the care capacity of the family as a whole; (iii) nurses raise the clients' consciousness regarding the positive aspects of caregiving; (iv) nurses develop an effective home care system and improve the caregiving skills of the family; and (v) the family members discover the meaning of caregiving and can think about their own health and social life.

The research question for another project is: "What practical knowledge do public health nurses possess regarding the development of appropriate community care systems?" The meta-analysis of three theses has identified the following two categories: (i) nurses are responsible for the individuals who require nursing care, and nurses provide care in collaboration with related agents; and (ii) nurses develop quality community-care systems.

It was found that public health nurses' practical knowledge supplements the goal of nursing care and incorporates different types of nursing care skills. The basis of public health nurses' practical knowledge is their specific care intention to create a support system, regardless of whether the targeted client is an individual, a family, a specific group, or the community as a whole.

## FUTURE DIRECTIONS

Through our experience with qualitative metasyntheses, valuable information has been made available that might otherwise have been lost. Practical knowledge that has been accumulated in the theses of our graduate school has now been made available using this procedure. We believe that further qualitative meta-analyses must be conducted for the construction of nursing science.

However, the reanalysis of primary research studies from a cultural perspective is difficult and has taken a great deal of time. In most cases, cultural issues are not explicitly explained; rather, they are hidden behind narrative expressions. As Japanese nurses care for clients from almost the same culture, they are not aware of the influence of culture, even when their work appropriately considers a client's cultural background. Thus, culturally appropriate care is taken for granted and is not verbally explained. Cultural issues are recognized only when there is a visible cultural difference. As researchers exist within the same culture as their research subjects, they also are unable to recognize cultural aspects that have been taken for granted. There is no doubt that Japanese culture differs from the cultures of many other countries; however, researchers must delve into the feelings of nurses in order to clarify explicit cultural aspects of their care.

Such realizations have guided a gradual shift to research methods that incorporate greater numbers of primary research ("Externalization 1" in Fig. 2). To confirm culturally appropriate care provided by Japanese nurses, it is necessary to include more primary research projects that are focused on cultural aspects. They will also help us to understand the results of our metasynthesis.

In addition, we realize that researchers must have high cultural competence when studying culturally appropriate care. In order to improve our cultural sensitivity, we prepare many opportunities to exchange ideas with one another, with researchers from overseas, and with interdisciplinary researchers. In order to compare Japanese culturally appropriate care with the care in other countries, we are planning multiple collaborative research projects with researchers from overseas.

Furthermore, we are planning to establish two new projects that have been inspired by our activities in the first 3 years at this center. One project will investigate the organizational culture of Japanese nurses, including how they function and how they think within an organization. The other project will study the anthropological characteristics of related systems, such as the health-care, medical, and welfare systems.

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**Figure 1** Xxx.

**Figure 2** Creating and systematizing nursing practical knowledge.

**Figure 1**



# Creating and Systematizing the Nursing Practical Knowledge

