

JACHN Newsletter No. 5

NEWS FROM JACHN

**Special Report of
The 3rd International Conference on Community Health Nursing Research (ICCHNR),
30th September-2nd October, 2005
Tokyo, Japan
“NEW CHALLENGES AND INNOVATIONS IN COMMUNITY HEALTH NURSING”**

CHAIRPERSON'S GREETING

Setsu Shimanouchi, RN, PhD

**Professor, Division of Comprehensive Health Nursing Sciences, Graduate School of Health Sciences,
Tokyo Medical and Dental University, Japan**

The objectives of ICCHNR include the following : working towards improvement of the quality of community health nursing practice through research ; increasing personal commitment by community health nurses to evidence-based practice ; encouraging the appropriate use of community health nursing research ; and promoting awareness of contributions of research to public health policy and governance.

The first ICCHNR conference was held in Edmonton, Canada in 1993, the second in Edinburgh, UK in 1997, and the third was held in Tokyo, Japan in September 2005. The third conference provided an excellent opportunity to learn more about research in community health nursing in the world.

The theme of the conference was “New Challenges and Innovations in Community Health Nursing.” The demand for community health nursing practice is increasing as various global factors influence the daily lives and health of individuals. We believe that the indicators of health can be better understood through organized international co-operation, and we need to participate in research on a global level. We hope that this conference contributes to the development of greater creativity in approaches to community health nursing, and that nursing researchers, educators and practitioners will work together to meet contemporary challenges to community health nursing.



Main areas addressed in paper :

1. Trend of international research and development process of practice in home care
2. Analysis of evidence of quality assurance, outcome evaluation, and quality improvement methods conducted in our research group for home care
3. Nurses' central role in home care practice, evaluation cycle and contribution to development of care
4. Challenges and strategies for quality assurance and effective/efficient development in home care

ICCHNR CONVENOR'S GREETING

Sally Kendall, RN, RHV, PhD

**Professor of Nursing, University of Hertfordshire, UK
and Co-convenor, ICCHNR**

On behalf of the ICCHNR Committee, my fellow co-convenor Professor Rosamund Bryar, and the Japan Academy of Community Health Nursing, I am truly honored and excited to welcome you all to the 3rd International Conference in Community Health Nursing Research in Tokyo. It has taken

several years to prepare for and organize this event, and we are indebted to the Japan Academy of Community Health Nursing for their commitment and expertise, and for their organizing such a prestigious conference in Tokyo.

ICCHNR was founded in 1993 following the 1st interna-

tional conference in Edmonton, Canada. This was a hugely significant event that brought together some 900 community health nurses from across the globe for the first time to discuss their research and promote evidence-based practice. Under the leadership of our founder, Professor Lisbeth Hockey, ICCHNR set out the following aims :

- To demonstrate the value of community health nursing research for improving the quality of care essential for the health and well-being of nations.
- To advance and share the knowledge of community health nursing practice generated through research
- To increase the personal commitment of community health nurses to research-based practice through the stimulation and sharing of ideas
- To encourage the appropriate use of research for community health nursing
- To promote awareness of the contribution of community health care nursing to healthy public policies and alliances

Why is ICCHNR important? Globally, community health nursing has very few opportunities to engage in critical debate about the science and application of knowledge that is so essential for community and primary care nurses in developing their practice to effectively meet health care needs. It is now more than 25 years since the Declaration of Alma Ata and yet in health terms, the major health care issues are probably more common to us all than ever before. The demographic change that is occurring globally towards a society of older people has implications for nursing and how to deliver nursing care to ensure quality of life and independence in old age. Poverty and nutritional need surround us, and community nurses have a critical role in delivering health care to those too frail to access it and in preventing problems of malnutrition. The health of children, including their mental and emotional health, as well as their physical development and management of ill health, is a major task for community nurses. Similarly, the management and control of communicable diseases such as TB, HIV, measles and SARS is of major global importance to public health, and relies hugely on front-line

community nurses being involved at all levels. We still struggle to find answers to the questions of health inequality, access to health care and health care rationing and now we are faced with international problems of diseases brought on by relative affluence such as obesity, diabetes and heart disease.

To understand and contribute to the positive global effort in public health, community and primary care nurses must have access to evidence about their practice that will widen the international debate and ensure that nurses across the world are developing their thinking, sharing their ideas and looking beyond their own frames of reference in order to make a real impact on these global concerns.

This was all summed up by our late President, Professor Lisbeth Hockey :

“...community health nursing research explores means by which potential patients, which includes us all, can be prevented from becoming actual patients through illness and injury, and the means by which the health and/or well-being of both groups can be promoted.” (Hockey, Edmonton, Canada 1993)

Previously, ICCHNR has hosted and organized events to support the ideals of research and evidence-based practice. All have been highly successful but we need to achieve more accurate and sophisticated levels of evaluation at this stage of ICCHNR's history to show decision makers that Community Health Nursing research can really contribute to making a difference to public health. The Tokyo conference offers an opportunity to demonstrate the real value of global community health nursing. We have 583 representatives here from 21 countries, covering Southeast Asia, the Americas, Europe, Africa and Australasia, the WHO Regions. We reviewed over 250 abstracts from at least 20 different countries, demonstrating the importance that you place on Community Health Nursing research. There are two and a half days covering nine topic areas, a symposium, a research methods session and workshops as well as a networking session and a practice study tour at the end of the conference. What an amazing opportunity to empower ourselves through critical thinking, discourse and sharing of ideas.

KEYNOTE PAPERS

Keynote Papers : Professor Karen A. Luker and Dr. Jeanne Besner

The two keynote papers were given on the Friday afternoon following the opening ceremony, and identified issues that were referred to throughout the conference. Both papers challenged those attending to focus on delivery of care within

**Rosamund Bryar, RN, BNurs, PhD
Professor, City University London, UK
and Co-convenor, ICCHNR**

the realities of local, national and international political and health care systems.

The first paper was given by Professor Karen A. Luker

who holds the Queen's Nursing Institute Chair in Community Nursing at the University of Manchester, Manchester, UK where she is also Head of the School of Nursing, Midwifery and Social Work. The title of her paper was 'Challenges for Home Care Nurses in Providing Quality Care.' In the paper Professor Luker used palliative care to demonstrate how home care nurses are enabled to provide good quality home care and difficulties they face in providing such care. In her first words Professor Luker acknowledged the contribution to her paper of a group of researchers who have been working with her for some time on a research program concerning chronic disease management, lay participation in health care decisions and evaluation of new services. This acknowledgement illustrated one of her key points : the need for community nursing research to move from a position where the majority of such research is undertaken as one-off, stand-alone studies to a programmatic approach, each study to be undertaken by a team building a thematic research program. It was evident that the conference participants took this message to heart and there was considerable discussion and demonstration of programmatic research by those attending.

A number of issues, which were shared across many parts of the world and challenging quality of care, were identified in the paper. The first was the increase in the old and very old populations in many countries with the consequent increase in need for community-based services, which led to the second issue : rising health care costs. Professor Luker discussed skill-mix and partnership working with other agencies as a response to the increased demand and challenges this then places on home care nurses to ensure quality of care provided by other team members. In these situations, drawing on research by her team, she referred to changes that skill-mix brought to the relationship between the home care nurse and the patient. The home care nurse, as a case manager, may co-ordinate the care but her 'personal knowing' of the patient is much reduced, as her role in direct care-giving is less. Drawing on research evidence Professor Luker described the elements of high quality palliative care and the main finding that high quality care was dependent on the quality of the relationship between caregiver, the patient and the family. This provides added weight to the need for caution in introducing new service models that may distance the most experienced and highly qualified home care nurses from direct patient care.

The second paper was given by Dr. Jeanne Besner who is the Director, Research Initiatives in Nursing and Health, Calgary Health Region, Alberta, Canada and holds appointments as Adjunct Professor with the Faculties of Nursing at

the University of Calgary and University of Alberta. The title of the paper given by Dr. Besner was 'Optimizing Nursing Scope of Practice Within a Primary Health Care Context.' In her paper Dr. Besner considered two main areas : a) the external forces influencing nursing and b) the need for an accountability framework for community nurses to enable the demonstration of the relationship between nursing actions, health needs and health outcomes. She emphasized the importance of the need to be able to identify the nursing contribution, which may of course be achieved through research as well as other activities, to ensure the accountability of nurses for their practice.

Dr. Besner began her presentation with an overview of both the pressures and opportunities in health care systems throughout the world. She emphasized the opportunities that new developments and new roles provide for community nurses, for example, introduction of new health care technologies and prescribing rights. She then provided an overview of primary health care and an opportune reminder to all the conference participants of the challenge laid down to nurses by Dr. Mahler when he was Director General of WHO : 'If the millions of nurses in a thousand different places articulate the same ideas and convictions about primary health care, and come together as one force, then they could act as a powerhouse for change' (Mahler, 1985). This challenge embraces community nurse researchers, and the debate, presentations, and networking, etc. that took place during the conference can be seen as a response and contribution to this challenge.

Assessment of health needs and articulation of the contribution of different practitioners to meeting health care needs were then considered in the second half of the paper and these were themes that were very evident in papers, posters and the research symposium. It was clear from her paper that community nursing researchers have a significant role in helping practitioners to articulate their underpinning beliefs, values and theories of practice and in helping service organizations better demonstrate the contribution of nursing to individual, family and community health care.

Both papers provided a great deal of food for thought and set the tone of the conference in which researchers, practitioners, educationalists and managers examined and debated the 'new challenges and innovations in community health nursing.'

Reference

Mahler H. 1985. "Nurses lead the way." *New Zealand Nursing Journal* October : 10-11.

SYMPOSIUM

The symposium was on “Evidence-Based Practice (EBP) in Community Health Nursing.” The coordinators were Dr. Rosamund Bryar, Prof. City University London, UK and Dr. Keiko Kono, Prof. Teikyo Heisei University, Japan.

Four eminent community health nursing researchers were invited from various parts of the world as the symposists.

Dr. Jean McIntosh, Prof. Glasgow Caledonian University, Scotland, UK, discussed “The Evidence Base for Individual Patient and Client Assessment.” She showed six key elements in assessment : role of the nurse-patient/client relationship, taking account of patient/client preferences, impact of environment, significance of family structure and roles, too many questions may be intrusive, and theories to support assessment. She then gave three professional influences on assessment : support for a broad-based and patient/client-centered approach, codifying elements in a framework and emphasis on detailed documentation. She also referred to policy and organizational influences on assessment. After those presentations she looked at the evidence on two assessment models : the structured questionnaire approach and the conversational approach. Lastly, she described her conclusions and challenges : there are positive and negative aspects of both models, little or no evidence of links between assessment and outcomes, patient/client focused assessment should be a priority for students and practitioners and the need for more research on both models.

Dr. Sheila Shaibu, a lecturer, University of Botswana, Botswana, addressed “Implementing EBP in Community Health Nursing : Issues and Recommendations.” She defined evidence-based care and discussed examples of EBP already in place using primary health care as a framework of the health care delivery system. Dr. Shaibu gave many recommendations such as bridging the digital divide between the developed and developing countries, developing continuing education on the use of the evidence base in decision-making,

WORKSHOP

Four workshops were held in the session.

Dr. Fiona Ross, Centre for Research in Primary and Community Care, UK, and her co-facilitators offered, “Next generation Perspective on School Health Nursing—Developing the evidence base : research for the future of school nursing—”

Dr. Moon-Hee Jung, Hanyang Univ. Korea, facilitated “Occupational Health Nursing in the Future in Korea.”

Keiko Kono, RN, PHN

Professor, Teikyo Heisei University, Japan

reviewing clinical guidelines and protocols against existing evidence, engaging in collaborative research under international leadership, documenting evidence from expert informants, communicating evidence acquired to create public support and awareness.

Dr. Diana T.F. Lee, Prof. The Chinese University of Hong Kong, focused on “Application and Maintenance of EBP in Community Health Nursing.” She provided a critical analysis and an applied research model to facilitate the use of EBP in community health nursing. She concluded her presentation by saying that EBP is a basis for decisions about practice dilemma but there is a mismatch between the realistic models of practice and those implied in the dominant research strategies. Therefore, an applied research model is important and should be employed.

Dr. Katsuko Kanagawa, President and Prof. Ishikawa Prefectural Nursing University, discussed “Community-Based Nursing Care for the Prevention of Dementia in Elderly Residents in Japan,” considering four subjects : the evolution of the aged population in Japan, the health and welfare care system for old adult’s health in Japan, the actual Community Health Nursing activities for old people for prevention of dementia in a community, and her thought on how community-based nursing activities should be developed for preventing dementia of the aged. Through the presentation she gave some ideas and suggestions as to how the use of evidence in practice might connect to better practice, and how useful practical application of research is in good practice.

Following the four presentations many participants contributed to discussions concerning the issues raised in the presentations, and we could get a lot of ideas and suggestions as to how EBP might be enhanced through research ; how evidence might be best implemented in practice, and how the use of evidence in practice might be evaluated.

Yuko Bessho, RN, PhD

Professor, Kanagawa University of Human Services, Japan

Lene Holländer, Scandinavian Home Care, Denmark facilitated on the theme, “Do we “kill” the elderly with care ?”

Dr. Yukiko Anzai, Miyagi Univ. Japan, facilitated on “Developing Terminology for Public Health Nursing Practice : Clarifying the Meaning of Public Health Nursing Activities”.

More than fifty persons participated in most of the workshops. They actively contributed and shared discussion. The

evaluation of the participants and the assigned members of the committee were high, being “good” to “excellent.” The time spared for a workshop was 45 minutes in the conference. It would be needed to be longer for the next conference to lead the workshop even more fruitful.

FROM A WORKSHOP : DO WE “KILL” THE ELDERLY WITH CARE?

In Japan, the elderly often stay in hospital for very long periods of time. The number of rehabilitation staff and teamwork with the care staff in hospital wards are often limited. Life in a hospital will therefore often make elderly people reduce their functional ability, and increase their dependency.

In order to restore the *autonomy and dignity* of the elderly, and the possible gains of increasing the use of *teamwork, rehabilitation* and *home care* some of the following questions could be addressed :

- Do we know what the hospitalized elderly patients in Japan expect?
- Do they have goals for the future that we tend to overlook?
- What are the goals of the care performed by staff for the individual elderly?

Could the Danish experience of elderly care be of use in Japan? We had very long hospital stays in Denmark 20 years ago. But the average length of a hospital stay in Denmark is now five days through focus on rehabilitation, teamwork across all professional groups and teamwork between the hospital sector and 24-hour homecare services in all Danish towns.

Obviously, a solution can not simply be copied from one country to another, but inspiration and ideas could prove useful in the development of elderly care in Japan.

In Japan, a basic current conflict seems to be, on the one hand, the autonomy of the elderly and their ability to make their own decisions and express problems and goals, and on the other hand, the routines, procedures and limited teamwork between the care and other hospital staff.

At a local hospital in Kagawa an experiment has been carried out with the aim of improving the dignity, autonomy and functional ability of the elderly. The experiment showed that it is important for staff — among others — to focus on :

- Personal goals of the elderly, their quality of life and functional ability
- 24-hour care and rehabilitation plans for the individual older person
- Teamwork among all professional groups
- Efficient meetings and less paperwork
- Reduced use of medication and incontinence pads
- Focus on maintaining acquired skills after discharge

We felt very sorry that the workshop on “Community Health Needs Assessment” by Prof. Elizabeth Anderson, Univ. of Texas, US, was cancelled because of the hurricane attack on the Gulf Coast.

Lene Holländer, RN., MNSc, Denmark

from hospital

- A new role for homecare nurses

In the workshop at the conference of the Japan Academy of Community Health Nursing held in Tokyo on October 2nd 2005, we discussed what we could learn from the Danish experiences and the Kagawa experiment about the care for the elderly in Japan.

Is it possible to improve the quality of life for the elderly as well as the professional life of nurses through focusing on rehabilitation, teamwork and shortening hospital stays?

Among the key points discussed were :

- Making the elderly captains of their own lives.
- Establishing coherence between the treatment of medical problems, the solution of social and care needs, and the improvement of functional abilities.
- Making the elderly keep up their dignity and autonomy while reaching their personal goals such as being able to improve walking, being able to go to the toilet, dress and have a bath by themselves, and getting ready for discharge from hospital.
- Reducing medication costs and unnecessary care procedures regarding vital signs, etc.
- Focusing on dietary issues — increasing the weight and energy level of the elderly.
- Heightening job satisfaction through much closer teamwork among doctors, OTs, PTs and other professional groups.

It was agreed at the workshop that the care of the elderly in Japan needs some improvement and that nurses must play a bigger role in achieving these goals. Rehabilitation is also a part of the nursing role and nurses need to take more responsibility for the basic care of the elderly instead of mainly leaving it up to the care workers. In fact all professional groups need a wider focus on the self-fulfilment of older people instead of just looking at their disability and care needs. Almost all the elderly have some ability which can be the starting point of the rehabilitation process with older people in the “drivers seat.” Nurses also need to make the future of older people something to look forward to without fear.

The experiment in the Kagawa area based on the Danish ideas is now progressing into new territories with focus on

increasing teamwork with emergency hospitals in the local area.

Further, a particular emphasis is placed on *preventive home-care nurse visits to both the independent and dependent older people* to support their healthy and long independent happy lives. Finally, *town meetings* are to be organized from

next year to increase the pressure on the town for support of the older people, disabled and family-caregivers. Those attending will be given a chance to have an open dialogue with the town politicians.

CONGRATULATIONS ON THE 3RD ICCHNR !

and Co-Chair in the planning and conduct of the First ICCHNR held in Edmonton, Canada in 1993

Shirley Stinson, RN, PHN, PhD

Professor, University of Alberta, Canada

The 3rd International Conference on Community Health Nursing Research (ICCHNR) recently held in Tokyo was a wonderful success. The *Proceedings* of the ICCHNR conferences will continue to be a great resource and legacy in the development and communication of community health nursing practice, education and management research.

Similarities and Differences

Comparing the 3rd ICCHNR with the 1st one that was held in Edmonton, Canada in 1993, there are many similarities. For example, the ultimate aims of both conferences were to improve community health nursing practice through research, and to promote international networking of community health nurses. There were wide-ranging contents at both conferences. Both included emphases on primary health care and evaluation research, but in the 2005 conference, extensive attention was given to research on evidence-based practice. To improve the recognition and visibility of CHN research, budgetary provision was made at the 1993 conference for 1,000 additional copies of the *First ICCHNR Proceedings* to be published and distributed nationally and internationally on a complimentary basis. Distribution targets included over 110 member national nursing associations of the International Council of Nurses.

The leadership in the instigation and planning of the 1st ICCHNR was primarily rooted in the ideas and initiatives of Alberta *field* nurses in community health. In contrast the leadership and planning of the 3rd ICCHNR was *international in its composition, primarily involving nurse academics* : Professors Sally Kendall and Rosamund Bryar of the UK-based ICCHNR organization (which is focused on the ongoing development of international CHN research conferences) ; Chairperson Professors Setsu Shimanouchi and Katsuko Kanagawa of Japan ; and Professor Michiko Konishi, President of the Japan Academy of Community Health Nursing. Another difference in the two conferences was the number of attendants ; the 1st ICCHNR was attended by 900 from 40 countries, while the 3rd by 575 from 22 countries. The ratio of foreign attendants to local ones was similar : 28% of the 1st

conference attendants were from outside of Canada, and 31% of the 3rd conference attendants — were from outside of Japan.

Both the 1st and 3rd planning committees utilized graduate nursing students within respective ICCHNR volunteer groups. It provided a great opportunity for those students to benefit from the CHN research substance, international images and international interchange. But the opportunities provided for international interchange through the concurrent sessions, workshops and symposia at the 3rd ICCHNR were even greater than those provided at the 1993 conference. Also, translation services were more extensive at the 3rd conference, English-Japanese translators being present at all sessions, whereas English-French (Canada's two official languages) translators were present primarily at the eight plenary keynote presentations at the 1st ICCHNR. It should also be noted here that the outstanding contributions of Dr. Lisbeth Hockey of Scotland were significantly recognized at both the 1st and 3rd ICCHNRs. Known as "the world's greatest nurse researcher," Dr Hockey (1917–2004) had given a brilliant keynote address at the 1st ICCHNR, which was a description and analysis of the 457 Abstracts presented. She was given special recognition in the opening ceremony of the 3rd ICCHNR for her outstanding contributions to CHN research and to the ongoing development of ICCHNRs.

Future Developments

Two key developments were announced at the 3rd ICCHNR in Tokyo : the appointment of Professor Jean McIntosh, Glasgow Caledonian University in Scotland, as president of the UK-based ICCHNR organization ; and the news that the 4th ICCHNR will be held in Adelaide, Australia, in spring of 2009, hosted by the Royal District Nursing Service of South Australia. It will be interesting to see what international linkages will emerge from the 3rd ICCHNR, and how developments in community health nursing practice, education and research will be linked to the substance of the research reported in the *Proceedings* and from the professional and personal enrichments of the 3rd ICCHNR held in Japan.

IMPRESSIONS OF THE ICCHNR CONFERENCE HELD IN TOKYO IN 2005

**Chungnam Kim, RN, Dr. P.H.,
Professor, College of Nursing, Keimyung University, South Korea**

The 3rd ICCHNR conference held in Tokyo in 2005 was a challenging, innovative, well-organized and smoothly-implemented conference. We experienced various global ideas which gave us eye-opening perspectives. Now, we have to share global ideas with our local community health nursing researchers, educators and practitioners as much as possible.

If you allow me, I have 3 suggestions to share with you.

1. Oral presentation and poster presentation were scheduled together. If those were scheduled separately, participants could have more chances to join.

2. Booth exhibitions were limited. If there were more booth exhibitions, we could grasp and share more practical ideas to bring back home. At the first ICCHNR conference in Edmonton, Canada (1993) there were wide variety of booth exhibitions ; I picked up brochure on a parish nursing project from the "parish nursing" booth of USA. The first "Parish nursing project" was then started in Korea.

3. For more various members to be able to participate, including from neighborhood countries, earlier and wider announcements would be necessary and helpful.

IMPRESSIONS OF THE ICCHNR CONFERENCE HELD IN TOKYO IN 2005

**Jean McIntosh, RGN, BSc, PhD, OBE, FRCN
Professor, Glasgow Caledonian University, Scotland, UK
President of ICCHNR**

It gives me great pleasure as the second President of ICCHNR to send warm greetings to the members of JACHN and to share with you my impressions of the ICCHNR conference held in Tokyo. First and foremost, I would like to acknowledge the hard work and efficient organisation provided by the Secretariat and by JACHN. Their contribution was without doubt one of the main reasons for the enormous success of the conference. I would also like to say that I personally found your Japanese colleagues to be wonderful hosts and everyone I spoke to remarked on their warmth, kindness and helpfulness. Not only that but the efforts made by all of the Japanese presenters to deliver papers in a second language was impressive. This of course also applies to many presenters from other countries.

The conference was attended by over 570 people and this provided a rich opportunity for hearing about community health nursing challenges and innovations around the world. The conference was launched with a stimulating Chairperson's address by Professor Setsu Shimanouchi. She set the scene for the conference, emphasising the key role that community nurses play in home care, reminding us that we must continue with our efforts to identify and apply evidence to ensure quality care. This was followed by an insightful keynote paper from Professor Karen Luker who illustrated the importance of quality of care through the medium of a study in the field of palliative care. The conference proceeded with a total of 128 short papers, 140 poster presentations, 4 sessions on research design and methods, 5 sessions on networking opportunities and 5 workshops. The conference ended with a symposium consisting of 4 papers that focused on evidence-based practice.

It is impossible to do justice to this amount and range of

research. However it is worth noting that many of the concerns and challenges that confront community health nurses around the world are similar. Many speakers referred to the impact on Community Health Nursing of an ageing population, inequities in health provision, government requirements to contain expenditure, the changes in care resulting from the use of complex technology, the need to adopt new roles in response to changing boundaries within the health and social care workforce and the emphasis on health promotion. The need for sound research to support practice is therefore of crucial importance and it was gratifying to hear that so many nurse academics and practitioners are addressing these issues in their research work. The presentations overall demonstrated community health nurse researchers' capacity to manage ambitious studies, tackle complex issues at nurse-patient, service delivery and organisational levels, and use a wide range of research methods. There was also an encouraging focus on consumer or user involvement in research and evidence of strong partnerships between researchers and their health practitioner colleagues. Altogether my personal feeling was a sense that community nurse researchers are alert to the major health issues that confront both developing and developed countries and that they are applying their skills to these with intelligence and energy.

In summary, ICCHNR 2005 demonstrated the value and essential contribution that researchers can make to patient care. I am sure I speak for all delegates when I say that we hope to see many Japanese community health nurse researchers join us again at the next conference scheduled for 2009 in Adelaide, Australia. Best wishes to all readers of this newsletter.

ORGANIZATION OF THE 3RD INTERNATIONAL CONFERENCE ON COMMUNITY HEALTH NURSING RESEARCH, 2005 (3RD ICCHNR)

Co-organized by Japan Academy of Community Health Nursing on September 30 to October 2, 2005, at Toshi Center Hotel in Tokyo, Japan.

Committee members : 15 (Japanese 12, Foreigners 3)
Sub-Committee members : 38 (Japanese 26, Foreigners 12)
Participants : 575 (Foreigners 174, Japanese 401, 22 countries)
Presentation : Total numbers are 293.

Chairperson 1, Keynote 2, Symposium 4, Research Design/Method 8, Workshop 5, Oral 128, Poster 140, Network Opportunity (Free Meeting) 5.



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