# NEWS FROM JACHN

## Topics of Japanese Community Health Nursing

### 1. JACHN Research Agenda 24 for Community Health Nursing in 2040

**The Committee on Next-generation Reseach Activity Promotion**

1. Research Agenda development background

In 2040, Japan is expected to have a declining and aging population with a very low birthrate. These effects will extend to all aspects of society, including industry, the economy, education, social security, and people's values, and are also called "Japan syndrome." In 2019, the Japan Academy of Community Health Nursing (JACHN) created a new definition of community health nursing based on predictions of these effects for 2040. Community health nursing was positioned as a foundational discipline that cultivates the shared knowledge and abilities required of public health nurses, midwives, and nurse practitioners, and is defined as follows:

1) Community health nursing is an academic discipline that seeks to improve people's quality of life and help build healthy and safe communities that support this quality of life.

2) The purpose of community health nursing is to ensure people maintain lifestyle continuity and help improve their quality of life by supporting people's health and safety.

3) Community health nursing is a practical science that deals with people at various health levels living in diverse settings, which takes a continuous and comprehensive view of people's lives, and explores how to achieve effective nursing care in collaboration with people and communities.

This new definition of community health nursing must be further developed in order to anticipate and appropriately respond to changes in people's health and environment in 2040, not only in Japan but in the wider world as well. Therefore, the JACHN determined it was necessary to define a focused research agenda.

2. Research Agenda development process

Interviews were conducted between October 2021 and February 2022 with all board members, self-nominated delegates, other JACHN members, the president, and the auditors, and a draft was prepared based on the results of these interviews. Next, public comments on that draft were solicited from all JACHN members from February to March 2022. After much deliberation, the "JACHN Research Agenda 24 for Community Health Nursing in 2040" (hereinafter, "Research Agenda 24") and the "Strategic Pillars for Achieving Research Agenda 24") (hereinafter, "the Strategic Pillars") were completed.

3. Framework for Research Agenda 24

Research Agenda 24 is a set of 24 selected research agenda themes to be prioritized, from the perspectives of (1) quality of life, (2) continuity, and (3) inclusiveness, as encompassed in the JACHN's new definition of community health nursing (2019). These themes are illustrated in a diagram with

individuals, families, groups, and communities considered as the target groups for community health nursing. It is assumed that the definition of community health nursing and perspectives (1) through (3) will continue to evolve over time. "Innovation in community health nursing education, research, practice, management, and policy" at the top of the figure is the goal of the Research Agenda. "Research design refinement, data utilization, methodology construction, theory generation, technology development, program development, model construction, and system construction" at the bottom of the figure are the main methods used in the research agenda. Because both the study and practice of community health nursing emphasize collaboration and partnership with a variety of professionals and non-professionals across multiple disciplines and fields, "collaboration with residents and local communities" on the far right and "multidisciplinary collaboration" on the far left of the figure are listed as the main partners for the Research Agenda.

4. Content of Research Agenda 24
1) Quality of life

(1) Diverse individual lifestyles and diversification of family structures, (2) preventive approaches for people who are uninterested or do not seek assistance, (3) changes in the concept of comfortable, healthy, and safe living and lifestyle continuity in a super-aging society, (4) solving social issues by working alongside people facing life challenges, (5) transforming social interactions and communities in a post-COVID society, (6) determinants of everyday health in local communities, (7) emergence of new special populations and approaches to increase regional strength, (8) rediscovering existing living communities and cultures, (9) developing community inclusivity and richness and building livable communities, (10) problem-solving skills

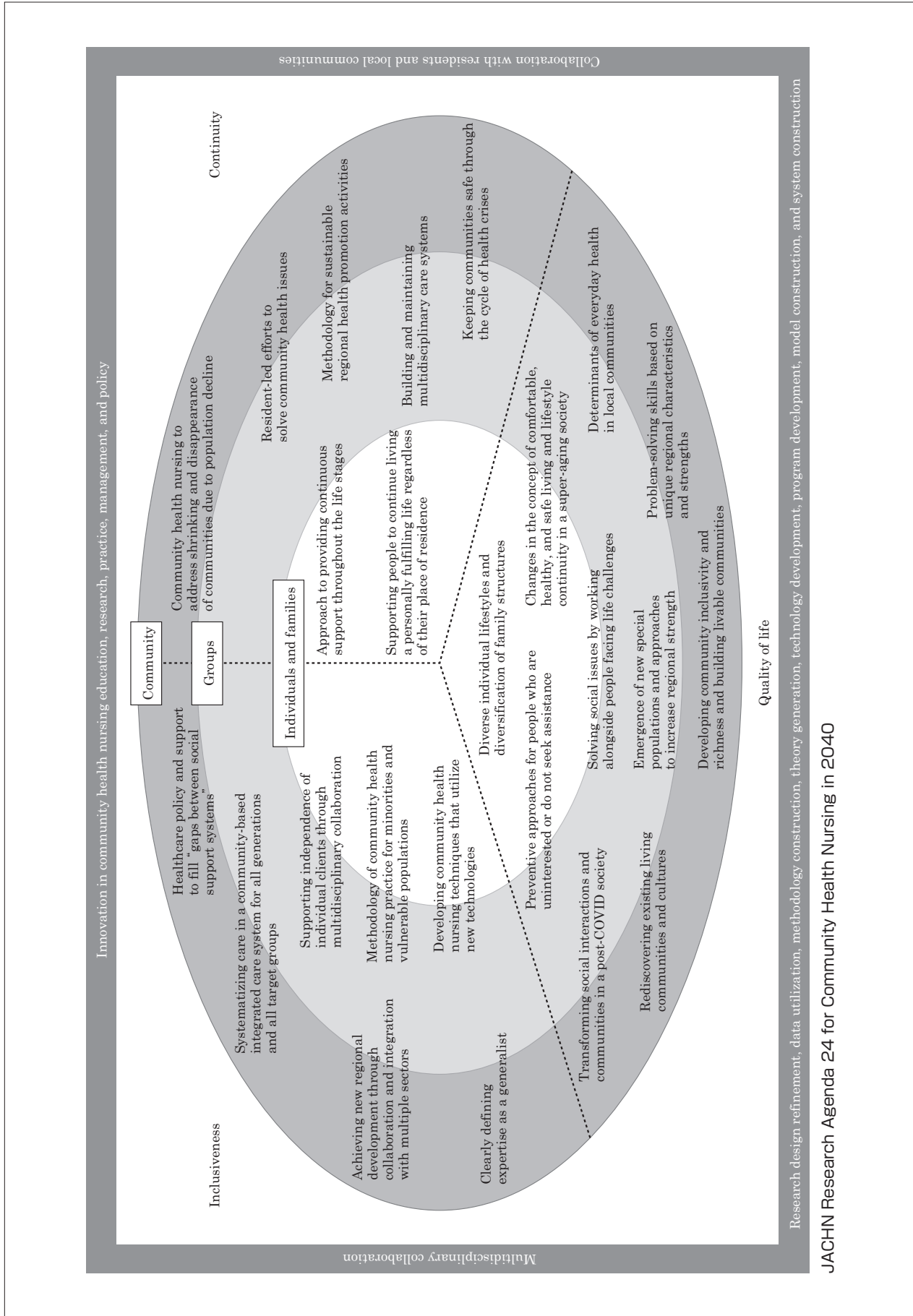based on unique regional characteristics and strengths.
2) Continuity

(11) Supporting people to continue living a personally fulfilling life regardless of their place of residence, (12) approach to providing continuous support throughout the life stages, (13) building and maintaining multidisciplinary care systems, (14) keeping communities safe through the cycle of health crises, (15) methodology for sustainable regional health promotion activities, (16) resident-led efforts to solve community health issues, (17) community health nursing to address shrinking and disappearance of communities due to population decline.
3) Inclusiveness

(18) Developing community health nursing techniques that utilize new technologies, (19) methodology of community health nursing practice for minorities and vulnerable populations, (20) supporting independence of individual clients through multidisciplinary collaboration, (21) clearly defining expertise as a generalist, (22) achieving new regional development through collaboration and integration with multiple sectors, (23) systematizing care in a community-based integrated care system for all generations and all target groups, and (24) healthcare policy and support to fill "gaps between social support systems".

5. Strategic Pillars

The strategy to achieve Research Agenda 24 has two main pillars. The first is "development and evaluation of education, research, practice, management, and policy for the newly defined community health nursing." The second is "formation and strengthening of local networks formed by community members, practitioners, educators, and researchers." Examples of potential specific initiatives and projects based on each pillar were also presented. For example, efforts based on the

Collaboration with residents and local communities

Innovation in community health nursing education, research, practice, management, and policy

Continuity

Inclusiveness

Community health nursing to address shrinking and disappearance of communities due to population decline

Resident-led efforts to solve community health issues

Methodology for sustainable regional health promotion activities

Building and maintaining multidisciplinary care systems

Keeping communities safe through the cycle of health crises

Determinants of everyday health in local communities

Problem-solving skills based on unique regional characteristics and strengths

Developing community inclusivity and richness and building livable communities

Community

Groups

Individuals and families

Approach to providing continuous support throughout the life stages

Supporting people to continue living a personally fulfilling life regardless of their place of residence

Changes in the concept of comfortable, healthy, and safe living and lifestyle continuity in a super-aging society

Solving social issues by working alongside people facing life challenges

Emergence of new special populations and approaches to increase regional strength

Diverse individual lifestyles and diversification of family structures

Preventive approaches for people who are uninterested or do not seek assistance

Transforming social interactions and communities in a post-COVID society

Rediscovering existing living communities and cultures

Developing community health nursing techniques that utilize new technologies

Methodology of community health nursing practice for minorities and vulnerable populations

Supporting independence of individual clients through multidisciplinary collaboration

Healthcare policy and support to fill "gaps between social support systems"

Systematizing care in a community-based integrated care system for all generations and all target groups

Achieving new regional development through collaboration and integration with multiple sectors

Clearly defining expertise as a generalist

Quality of life

Multidisciplinary collaboration

Research design refinement, data utilization, methodology construction, theory generation, technology development, program development, model construction, and system construction

JACHN Research Agenda 24 for Community Health Nursing in 2040

first pillar included developing and evaluating a new community health nursing that targets community members with urgent issues not adequately addressed by current measures and new target populations that will emerge in the future, and efforts based on the second pillar included training the next generation of professionals who will take on the work of implementing the 2040 agenda. This strategy, which assumes compliance with the "JACHN Code of Ethics" that establishes the basic ethical principles and philosophy for the conduct of the JACHN, is intended to further the organization's purpose, which is to contribute to human health and welfare as well as society in general.

6. Efforts during this term

To expand on the research laid out in Research Agenda 24, we must foster young professionals who will take on the work of conducting the research and implementing the practices that will launch the next generation of community health nursing. The JACHN has established a new committee to promote training of the next generation. The following four topics were raised as challenges in training young professionals: (1) difficulty conducting collaborative research with community members; (2) lack of opportunities for young researchers to network with each other and for researchers to network with practitioners; (3) post-pandemic lack of information about research, practice, and educational activities and sense of fatigue; and (4) lack of opportunities for young researchers to deepen the research agenda. All of these have common elements of a heavy workload and lack of contact with stakeholders outside of academia. Therefore, it was determined that "we need to consider the heavy workload of education and create resources to address that workload directly and to deepen research and practice respectively, and one way to achieve this would be by creating opportunities for people to connect with the

experience and knowledge of others they normally would not encounter." Therefore, the JACHN started a LINE OpenChat called "Discussion Group on the Next Generation of Community Health Nursing." This chat group is open to all JACHN members, and is intended for collaborative creation of video content with young professionals who are not committee members. We hope that this effort will lead to new projects and networks beyond video sharing.

## 2. Best Research Awards of Japanese Community Health Nursing

### 1) Development of a Coordination Scale Focused on Life Support of Elderly People with Dementia for Public Health Nurses in Community General Support Centers

**Akemi Okano**
*Kyoto Prefectural University of Medicine School of Nursing*

**Objective**: This study aimed to develop a scale to evaluate coordination practice provided by public health nurses (PHNs) in community general support centers for elderly people with dementia.

**Method**: Preparation of a draft scale allowed for the selection of 57 items extracted from semi-structured interviews with PHNs in community general support centers; these items were investigated for surface and content, validity by administrators who work with elderly people with dementia, PHNs in community general support centers, and experts on coordination practices. A scale with demonstrated reliability and validity was administered to measure results of a self-administered questionnaire provided to 499PHNs in 414_community general support centers.

**Results**: The number of subjects surveyed were 372PHNs, with valid date obtained from 314PHNs (valid response rate: 62.9%). Three factors comprising 25 items were selected from 32 items based on the results of item analysis, and exploratory factor analysis. The three subscales were named as follows: Assessing the impact of cognitive symptoms on one's life; Creating a resource to support elderly people with dementia in the community; and Connecting elderly people with dementia to institutions of medical and nursing care. Cronbach's alpha coefficient for the draft scale was 0.90-0.957 and correlation coefficients of the test-retest were 0.818-0.869. Validity assessment was conducted for criterion-related validity for the three subscales. Confirmatory factor analysis was in the acceptable range.

**Conclusion**: Results confirmed that this scale possesses a certain degree of reliability and validity.

【Key words】elderly people with dementia, community general support centers, public health nurses, coordination, scale development

## 2) Process and Effect Factors of Professional Identity Formation in Municipal Public Health Nurses; Characteristics of Formation Processes Observed in Four Types in Reference to the Trajectory Equifinality Modeling

**Hiroko Shoji**
*Kobe Women's University*
*Department of Nursing*

**Purpose**: This study aimed at clarifying process and effect factors of professional identity formation in municipal public health nurses using the trajectory equifinality modeling (TEM).

**Method**: Semi-structured interviews were conducted twice with 19 public health nurses in Prefecture A for qualitative and descriptive analysis using TEM method.

**Results**: A comparative investigation of vocational paths focusing on "motivation to become a public health nurse," "encounter with a role model," and "expansion of the regional activities from individuals to groups and communities," resulted in four types of classification: Type I, individuals actively deciding on public nursing and positively expanding activities; Type II, individuals actively deciding on public nursing and performing required work; Type III, individuals passively deciding on public nursing but actively expanding activities; and Type IV, individuals passively deciding on public nursing and performing routine work. Types I and III encountered role models and expanded activities from individuals to groups and communities, which facilitated recognition of professional identity. Type II recognized professional identity through the performance of roles to establish a new system. Type IV struggled to handle routine work without sufficient experience in regional activities, which decreased confidence in professional identity.

**Discussion**: The classification in this study showed that experience in expanding activities from individuals to groups and communities strengthened recognition of professional identity, and role models influenced expansion of regional nursing activities. This study clarified the characteristic of professional identity formation processes; namely, public health nurses develop awareness of nursing and administrative roles while establishing relationships with clerical staff.

【Key words】municipal public health nurses, professional identity, trajectory equifinality modeling

### 3) Development and Evaluation of a Community-organization-based Intergeneration Program through Action Research

**Azusa Arimoto**
*Yokohama City University, Graduate School of Medicine*

**Purpose**: To evaluate the effects on health and social capital among community-dwelling older adults who participated in a one-year community-based intergeneration program.

**Method**: An intergeneration gardening program was conducted among community-dwelling volunteers, aged 65 years and older, in A city, from February 2015 to March 2018. The program was developed as action research to solve community problems such as limited intergeneration relationship and frailty among older adults by community organizations, local governments and a university. Baseline data were collected on sociodemographic factors, health status including hand grip strength, and social capital. Follow-up data were collected one year later and compared with a similar age control group that did not participate in the program. Qualitative data were collected by focus group discussion and analyzed.

**Results**: The mean age of the intervention group ($n$ = 36) was 72.6 ± 5.6 years and the mean age of the control group ($n$ = 36) was 74.7 ± 4.6 years, with 23 males in each group. Significant interaction effects over time were found between the two groups with the intervention group displaying significantly maintain levels of community commitment ($p < 0.05$) and tendency to increase hand grip strength ($p < 0.1$),compared with the control group. Qualitative analysis revealed categories: "pleasure of getting involved with children," "tradition and nurture," "reflection and evaluation of life," and "extension of relationships between neighbors in the community."

**Conclusion**: Study findings suggest that a community-based intergeneration gardening program is an effective intervention to help maintain health status and social capital among community-dwelling older adults.

【Key words】action research, intergeneration exchange, program development, community organization, older adults, outcome evaluation

## 3. Brief Reports of Participants

### 1) The 7th Conference on International Collaboration For Community Health Nursing Research : ICCHNR

**(1) Taichi Sato**

Chiba University, Institute for Advanced Academic Research

The 7th ICCHNR conference, hosted by Linnaeus University, Sweden, was arranged virtually online on June 21-22, 2022. This conference consisted of keynote speeches and poster presentations, and oral presentations in nine disciplines. I presented "Implementation Strategies for Promoting On-the-Job Training (OJT) for Public Health Nurses (PHNs) through Case Conferences: Literature Review (Sato & Ishimaru)" in the area of the nursing workforce. During the Q&A session, we were asked about the extent of the contribution of OJT in the competency development of PHNs. The question made us realize the need to clarify the significance of the study considering the international situation, as we could anticipate that in Japan, OJT occupies an important position in the competency development of PHNs, but in countries with license renewal systems, etc., the weight of OJT is relatively lower than in Japan. Since this was a question that had not been available at previous

conferences in Japan, I was reminded of the importance of presenting to people with different systems and backgrounds and examining the significance of research in international community health nursing research.

In the Q&A session for the research project "Caring Community Oriented Approach in the local community setting: A Scoping Review (Ishimaru et al.)" in which I am involved as a research assistant, we were asked that in the current situation, where residents must participate as care providers in the delivery of integrated care, shouldn't we first encourage the government to fulfill its responsibility to provide necessary services instead of conducting research to promote mutual support among residents. While it is true that the government has the responsibility to address these issues, if the current situation is not being addressed by the government alone, as a researcher in community health nursing, I felt again that it is necessary first to take the necessary initiatives in the community and then encourage such initiatives to be positioned as services by the government eventually.

Besides that, I had set my own goal of asking at least one question at this conference (I had already told this to the graduate students in my lab), so I was able to ask questions at two of the presentations that I was interested in. One of the studies I asked about was a study on the workload of health visitors in the United Kingdom. Because of the difference in the country, I asked about background information such as the postnatal care system in the U.K. The answers to our questions made me realize how well the postnatal care system works in the U.K. and the excessive workload of the health visitors who support it, and I realized anew the significance of research that supports the nursing workforce. I sent an e-mail to the presenter after the event, thanking her for answering my questions and informing her of the situation in Japan.

Before the day of the conference, we practiced our presentations with a professor and graduate students from our laboratory who will also be presenting at the 7th ICCHNR conference. A professor told us, "At the international conference, be confident and speak about what you want to say." These messages encouraged all the graduate students, and we completed our presentations successfully.

**(2) Yuko Fujimoto**
Oita University of Nursing and Health Sciences

The 7th ICCHNR-conference was an unforgettable conference presentation for me. This is because it was the first time for me to give an oral presentation at an international conference. I had made several poster presentations at international conferences in the past. However, I was not confident in my English and presentation skills for oral presentations, and felt that the hurdle was too high for me to take on the challenge. This time, when the conference secretariat suggested that I give an oral presentation, I was honestly half-excited and half-anxious, but I thought to myself, "It's a great opportunity! Let's do it!" I was half-excited and half-anxious, but I was determined to give it a try.

When it came time to start the preparations, I found that creating a PowerPoint presentation and developing a manuscript for the explanation was different and more difficult than creating a poster. First, I read books explaining English presentations and learned the basics. Next, I visited my colleagues who had experience giving presentations and asked them for tips. Now, it was time to prepare the presentation materials. However, there were two major problems that plagued me. The first was whether I would be able to convey the content of my presentation in the limited time I had. My advisor knew about these problems and gave me advice from the beginning of the PowerPoint presentation

preparation, and I was able to cover the lack of speaking ability by devising presentation materials. The second issue was how to convey the background to my theme in Japan. My topic was "Conceptual Structure of Mothers' Needs for Grandmothers' Childcare Support and Development of Measurement Tools in Japan." The history and culture of parenting support by relatives are different in Japan than in Western countries. In order for non-Japanese researchers to understand the results and discussion of this study, it was necessary to describe the situation in Japan regarding childcare support by grandparents in an easy-to-understand manner. Therefore, we carefully explained the research background and dared to have a professor from a different field listen to the presentation to confirm that the intent was conveyed correctly and clearly.

Unfortunately, the conference was held online, so I was unable to participate on-site in Sweden, but it was a very valuable experience for me to be able to give an oral presentation at this conference. I may have set the hurdle for the oral presentation too high because of the language barrier. It was certainly more difficult to prepare an oral presentation than a poster presentation, but it was a great pleasure to be able to talk about my research in my own voice and communicate it directly.

If there are others who, like me, have not been able to take the plunge into oral presentations, I hope they will also have an opportunity to experience this joy and sense of accomplishment.

## 2) The 7th International Nursing Research Conference of World Academy of Nursing Science : WANS

### (1) Takashi Naruse
Sompo Institute Plus Inc.

I attended the 7th International Nursing Research Conference of the World Academy of Nursing Science (the 7th WANS) in Taipei on October 18 to 19, 2022. I was recommended by the Japan Academy of Community Health Nursing as a symposium presenter.

### 1. The 7th WANS report

The theme of the conference was "Nurses Together for Global Challenges - Leading Nursing Science and Knowledge Generation Post Global Pandemic. There were three keynote speeches, three main sessions, four symposia, and one special session related to the theme. In addition, there were poster and oral presentations.

The keywords at the conference were "Application of Information Communication Technology (ICT) to Nursing Care and Education," with many podium presentations on healthcare data collection using IoT, data analysis and disease prediction using AI, and the development and evaluation of intervention programs using ICT. The overall impression was that the use of communication technology has become commonplace. I felt that nursing has moved from the stage of just trying to use communication technology to the stage of modeling, demonstrating, evaluating, and improving ways to use it more effectively.

At a symposium I attended (Knowledge Generation in Nursing Research Post Global Pandemic), I spoke on the topic of "Community Health Nursing, Impact of COVID-19 on Community Health Nursing and Practical Application Utilizing IT," introducing the narrowing of the living world of disabled old people due to the impact of COVID-19 and the potential use of ICT there. I suggested that nursing researchers should make a deep analysis of human needs. In a time of rapid ICT spread, we should not vote ourselves on what can be done but on what is needed in the field. I also introduced examples of my own current online practice/research activities in which community members collaborated. As a nursing researcher, I am proud to

be actively involved in both basic needs analysis and pioneering practice. Presentation materials are also available on my website (https://takanaruse.com/en/recent/wans-oct-2022/).

Here is one interesting presentation. Regarding nursing education, there was a report on nursing education using virtual reality training machines. The presenter was Professor Hyunsook Shin (College of Nursing Science, Kyung Hee University, Korea). In this training, the player controls an avatar of a nursing student. The player can walk around the school and medical institution created in the virtual reality space and can take on a variety of quests. Players will meet a variety of professionals and patients. I believe that the future of this training space should be like a Massively Multiplayer Online Role-Playing Game, where players interact with each other, there are non-playable characters with their own egos, and players will be able to acquire information with their senses (including tactile senses). In the future, it may be possible to provide a learning environment that is more conducive to the education of students than the real world. The audience looked stimulated by as this kind excellent challenge. Professor Shin's project is described on the University's web page (https://www.khu.ac.kr/eng/news/detail.do?seq=1005468).

## 2. Taiwan Nurses Association

The conference was co-hosted by the Taiwan Nurses Association (TWNA) and the Asia American / Pacific Islander Nurses Association (AAPINA). As a member of the symposium, I was invited to the Taiwan Nurses Association (TWNA) office and museum with Professor Jing Wang, President of AAPINA, the day before the conference. The TWNA office occupied three floors of a building in downtown Taipei. In the museum, we saw several wall displays, video content, and posters, and learned not only about the history of the TWNA, but also about the leadership of the Taiwan Nurses Association and its active involvement in various policies related to nursing, based on photos and videos. It was a sobering experience to be present at a place where representatives from different countries look back on their history and talk about the future.

## 3. Follow up

After returning to Japan, I reported about the conference on Facebook and received reactions from people I met at the conference. The conference was mainly conducted through Facebook, Linked in, and other social networking sites. I usually do not like social networking sites, but I was reminded that they are important as a means of networking in a more casual and straightforward manner than email addresses. I thought that SNS would be essential as a business tool to maintain visibility to community members and researchers in other countries. I would like to utilize it proactively without fear.

## The 26th Annual Research Conference of JACHN

**Main Theme：** Examining the Current Status of "Community-based Comprehensive Care Created by Everyone"

**Date：** September 2-3, 2023

**Venue：** Kawasaki City College of Nursing

**Chairperson：** Mikako Arakida（Professor of Kawasaki City College of Nursing）

**Program：**

◆Chairperson's speech: Mikako Arakida

◆Educational lecture ◆Symposium ◆Appointed workshop ◆Poster session ◆Workshop ◆Open lecture

**Website：** https://jachn26.yupia.net/index.html

## 7th International Conference of the Global Network of Public Health Nursing

**Main Theme：** Building Resilience and Innovative Solutions: Amplifying Impact and Advancing Positive Global Public Health Change

**Date：** July 2025

**Venue：** Calgary, Alberta, Canada

**Chairperson：** Dr. Aliyah Dosani (Mount Royal University) and Dr. Zahra Shajani (the University of Calgary)

**Website：** https://www.gnphn.com/7th-international-gnphn-conference-calgary/

**Program：**

◆ Leveraging partnerships to tackle global health security

◆ Healthy recovery after COVID-19

◆ Global leadership on public health science and data

◆ Climates and Environmental Change

◆ And many more interesting lines of inquiry that will be confirmed shortly