# Report on the International Nursing Research Conference 2017 in Bangkok, Thailand

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## Introduction

The International Nursing Research Conference 2017: "Culture, Co-creation, and Collaboration for Global Health" was hosted by the Thailand Nursing and Midwifery Council (TNMC) and the World Academy of Nursing Science (WANS) from October 20 to 22. The conference was a rich, international, academic meeting of 900 participants that were mostly from Southeast Asia and East Asia. The conference was successful in providing collaborative opportunities on research and participant's questions, and in building relationships for improving the health of people all over the world. Along with the rapid advancement of internationalization, it has become important for nurses to think about people's health from an international perspective. Most nursing universities are already developed nursing education from an international perspective and participating in the conference was an opportunity to consider how to educate students to become a nurse. Improving the education of researchers and university faculty members to implement cross-cultural research was emphasized at the conference. At this conference, we were all influenced by nursing education with an international perspective and by perspectives on the development of international nursing.

## The INRC2017 Conference in Brief

Many studies have provided evidence that health care problems have expanded beyond national borders. Problems related to international healthcare and health disparities are occurring not only in developing countries but also in industrialized ones. These aspects of global health conditions can be broadly divided into a range of infectious diseases, maternal and child health, malnutrition, health problems of intractable diseases, nutrition-related problems such as diabetes, reproductive medicine, and bioethics, among others. Therefore, this conference provided an opportunity for building a network of nursing research that is designed to improve international health outcomes.

The conference had four objectives:(1)updating advances in nursing research, practice, management and education related to global health problems, (2)contributing to international cooperation, networking, partnership development and continuation of international nursing research, (3) exchanging and sharing experiences and research outcomes on all aspects of world health and nursing innovation, and (4)providing nursing faculty members, nurses and students a place to discuss nursing problems and trends in global health.

## **Education in Nursing Colleges in Thailand**

We participated in a panel presentation and an exhibition of Nursing in Kingdom of Thailand. In the Nursing Education booth, the history of nursing education and its present state in Thailand was elaborated. Nursing students of the Assumption University of Thailand and Srisavarindhira Thai Red Cross Institute of Nursing (STIN) made presentations on the current state of nursing education in the Kingdom of Thailand.

Faculty of Nursing Science in the Assumption University of Thailand, which is an international

Catholic University founded in 1988, was accredited by the university in 1992. The objective of this university is to nurture students that meet international standards, excel in professional competence, use a holistic approach to clients, as well as show leadership, professional ethics, and responsibility. This university has admitted international students since 1988, and currently, 30% or more students are international. This university uses English textbooks in classes and the lecture was conducted in English. Moreover, when conducting clinical training, the university designates partner pairs consisting of international and Thai students, which helps in the communication with Thailand patients. One faculty member mentioned that these partnerships had affected the thinking process of nurses, as well as the implementation of nursing practices. After graduating, international at students have taken nursing exams in their home countries, or as NCLEX, and they now work in different countries.

Siam Red Cross School was founded in 1914, and changed its name to STIN in 2016. The STIN is the largest nursing school in Thailand and it is affiliated with the school of the Thai Red Cross Society. STIN has reorganized this nursing program, and in 1971 it introduced a four-year degree in nursing science. It is the mission of the school to provide its nursing staff with character and high ability in developing the identity as a nurse in the Thai Red Cross. In this Academy, half the lectures are conducted in English by using English textbooks. They have developed agreements of cooperation with overseas universities with nursing departments, including universities in Japan, and also conduct exchange programs for study abroad.

#### **Cross-Cultural Research Collaboration through Doctoral Nursing Education**

One the themes of this conference were doctoral education for nursing and cross-cultural research collaborations. Three of the presenters in the symposium reported on these issues. Since 2000, people with cultural diversity have been increasing in all developing countries because of the expansion of immigration, the increase of globalization, and the increase in ethnic minority groups, among others. To satisfy medical needs in today's changing society, nurses need to enrich the diversity of their jobs. Nurses must also recognize the importance of culture in nursing care. Faith in disease behavior, such as illnesses, symptom onset, disease role, response patterns, and the family role in decision making, can all be affected by cultural variables. Cross-cultural studies are suitable for providing appropriate care to appropriate people both at home and abroad.

#### What is Cross-Cultural Research?

Cross-Cultural Research is being conducted for various purposes. These include, but is not limited to (1)understanding "cultural metrics" from people's values, beliefs, attitudes, behavior, and other health-related phenomena in different cultures, (2)comparing mortality, morbidity, health behavior, risk factors, etc. in different cultures, (3)comparing medical practices and systems of different cultures, and (4)testing the impact of tool transferability and intercultural interventions.

## Significance of Cross-Cultural Research

Cross-cultural research is indispensable for the progress of nursing, to promote the provision of quality nursing care to all people, and to identify health problems in our own society. For Example, The announcement of a comparative study by the Organization for Economic Cooperation and Development (OECD) triggered recognition of the spread of poverty in Japan. Such studies can help to identify cultural indicators and help nurses better understand people's reactions, behaviors,

and the meaning of care attitudes. The value of minorities is often ignored in both nursing care and research, making it more difficult for these people to access high quality and culturally appropriate care.

#### **Issues of Cross-Cultural Research**

Careful design is necessary to ensure comparability in both quantitative and qualitative studies in cross-cultural research. When comparing multiple countries or multiple cultures, it is first necessary to pay attention to whether a comparison is at all possible. When sampling specific hospitals and universities that researchers have access to, they should take the generalization possibility problem into consideration. For example, vulnerable groups might not be well represented in this sample. Nevertheless, vulnerable groups, such as ethnic minorities, immigrants, illiterate people, and poor people are often most in need of the study outcomes. Also, Translation biases can occur because translations are insufficient. Several concrete procedures have been recommended to avoid this bias, one of which is reverse translation used to ensure equivalence. After following the recommended procedure, a preliminary test should be conducted to clearly clarify the further need for elaboration. In addition, interpreters may require training including training in ethical considerations because the quality of research might depend on the quality of interpretation work. Moreover, method bias refers to variations in scale values between cultures and should be considered to vary with specific cultures. For example, it is known that certain cultures react more optimistically or pessimistically to depression measures than other cultures. Another issue is that while the equipment itself could be equivalent, the reaction tendencies of people receiving the equipment might be different. Furthermore, theoretical concepts may vary from culture to culture. It is generally recommended to use the original configuration of instruments as is. However, that the construction of equipment in the target group might be different from that in the original group should be considered.

#### Conclusion

Improvement of global health is an important issue for nursing. This conference encouraged faculty members and researchers at departments of nursing to improve the quality of research and to conduct global health research. It is necessary to acquire English skills, which is the universal language of academic communication, to collaborate with international researchers. During this conference, we met Thai nursing students and faculty members who had good presentation skills in English because they use English in nursing education. To develop nursing in Japan, it might be necessary to have compulsory classes of nursing in English. We believe that faculty members, researchers and students in nursing department sharing their opinions and research at the international conference would lead to improvements in nursing.

## **Our Study**

Review of Bed Making by Comparing Textbooks in Japanese and the United States

#### Purpose

Florence Nightingale suggested that nursing is important to minimize the consumption of a patients' life. Instructions in bed making techniques have been conducted for many years as a nursing technique to prepare the environment for care. Historically, Nightingale's theory has influenced the development modern nursing in Japan. Also, US-style nursing education continues to influence contemporary Japanese nursing education. This study was designed to examine and identify differences between the two countries regarding bedding making education and suggest directions for future study.

#### Methods

We randomly selected 100 nursing colleges in Japan and 34 nursing colleges in the US that had their syllabuses on the Internet. Then, we extracted textbooks used for basic nursing studies from these syllabuses. We selected and compared three currently used Japanese textbooks and two currently used textbooks in the United States as examples of commonly used textbooks in the two countries.

#### Result

The review indicated that in Japan, the purpose and content of bed-making particularly emphasize providing an environment where patients are comfortable. Moreover, there were certain differences between Japan and the US. First, in the US, it was considered important for nurses to assign the bed making task to appropriate nursing support personnel. Secondly, bed making was related to controlling infection.

## Conclusion

Currently, in Japan, bed making is considered one nursing technique used for environment adjustment for focusing on the patient's comfort. In addition to comfort, infection prevention is considered a reason for patients to remain clean and comfortable the United States. Moreover, nurse's responsibility for the delegation of bed making to nursing support personnel is emphasized. In Japan and the United States, it is considered important to understanding the basis of bed making methods and procedures. It is necessary for nursing skills to reflect the basis for maintaining and promoting human health. Moreover, nursing care should be appropriate to contemporary needs in the era of migration.

#### Reference

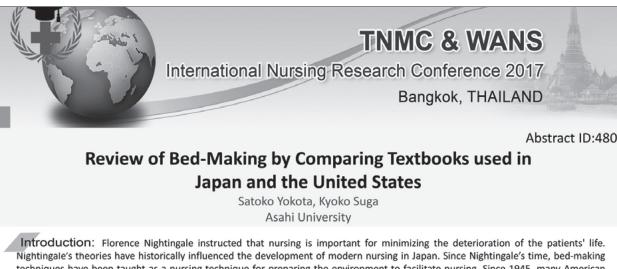
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Nightingale's theories have historically influenced the development of modern nursing in Japan. Since Nightingale's time, bed-making techniques have been taught as a nursing technique for preparing the environment to facilitate nursing. Since 1945, many American nurses have been involved in nursing education and reforming the nursing system in Japan. Given this historical background and US textbooks used in theoretical nursing education at the time, it was considered that identical nursing technology could be used in Japanese textbooks. However, there are differences between the contents of introduced US-style textbooks and Japanese medical environment that are affected by Japanese culture and lifestyles. Therefore, it is necessary to modify the contents of US-style textbooks so that they would become suitable for Japanese clinical settings. In this paper, the content of textbooks teaching bed making practices in the two countries were reviewed.

Objectives: This study was designed to clarify differences between the two countries in bed-making education.

Methods: We randomly selected 100 Japanese nursing colleges and 34 nursing colleges in the US with syllabuses on the Internet. Then, we extracted the textbooks used for basic nursing studies from the syllabus. Based on the above selection, we compare three contemporary Japanese textbooks with a high adoption rate and two contemporary textbooks used in the US.

**Results:** The review indicated that in Japan, the purpose and the content of bed-making particularly emphasize providing an environment where patients are comfortable. For example, it is taught that if the pillow cover is too large, the seam of the cover should be folded inward to prevent skin damage caused by rubbing against it to enhance comfort. Moreover, wrinkles on sheets cause discomfort and pressure ulcers. Therefore, when pulling a sheet off, it should be drawn on a diagonal line to eliminate wrinkles. Furthermore, the corners on the bottom of sheets have to be trimmed with triangles to eliminate wrinkles. Also, it is important to ensure that under sheets do not easily come loose.

It was indicated that textbooks in both countries addressed patient's comfort, but comfort is more strongly emphasized in Japan. Also, it is taught that using proper body mechanics and organizing the workplace is necessary to prevent muscle strain and excessive fatigue, as well as for saving time.

Certain differences related to bed-making between Japan and the US were identified. In the US, bed making is a task consigned to nurse support personnel, and moreover, it is also related to controlling infections. For example, it is indicated in textbooks used in the US that the situation and the needs of patients should be carefully considered when delegating bed-making to nursing support personnel and ensure that support personnel is capable doing it safely. Moreover, in the US it is emphasized that hygiene of the hands should be ensured before and after removing contaminated linen and preparing Personal protective equipment (PPE) when necessary to prevent infections, including shaking the sheets and removing gloves before touching clean linen.

		Japan	United States
Assessment		-Checking patient's condition	Checking patient's condition
Inscention	Descend Lines	Fold liners for easy to use, and pile in the order of laving	Assemble necessary equipment on the bedside stand or
Preparation		着 予Row on the chair著	over table #
	Ventilation	*Open windows and curtains #	-
	Dec	*Adjust the ted to a combinable working height R	*Adjust the bed to a confortable working height 2
	Fold the lineral	*Look the bed carefully # *Characteristic folding method®	
	and mettress	Characteristic folding methodrin	-
bed meking	Hemove solied linens		Fioling soled liners snughand placing them into hamper 8 Soled liners against your uniform "Do not Place on the four or furniture 8 "Put on gives 8
Mettreds	Clean	*Using Int roller	*Using antisectic solution to wipe of any moisture with a peopril!
	Reposition	-	Shift the mattress up to the head of bed ®
Motivess pad	Assiy.	"When shorter than the mattress, align the edge with foot side III "Place the mattress pad with its center fold in the center of	-
		the bed	-
Botto sheet	Opening	*Place the sheet with its center fold in the center of the bod *Remova the worklas III *Now to do with one person and two people	Multing the bod on one side and then completing the bod on the other side III. "The side is about smoothy. "To early a flat unifited sheet, allow about 25cm to hang over sides of matterns adges. "Remove the winkles III.
	Fuck under mettress	*UR the mattress, grab the top of the sheet with one hand *Put the hands down	*Put the hands down: *Drap the edge of sheet, and tuck tightly
		*Apply force in an oblique direction and extend winkles *Drasp the edge of sheet, and tuck tightly	
		Maintain a statle center of gravity	-
	Vettress corner (Head side)		- Triengle
	Mattress correr (Foot side)	* Triengle *Square #	Triangle correr as well as the head side #     Make sure that correr is taut
Dravsheet	Acciy	"If readed, place it with its center fold in the center of the bed	"If needed, place it with its center fold in the center of the
Top sheet	Apply	PAlign the center line with the back side up, and elign it with the top edge of the mattress	Place it over bed with vertical centerfold lengthwise down middle of bed. * Top edge of sheet is even with top edge of methods Make horizontal top placet5=10cm2
	Furning edge	-	Make oulf by turning edge of top sheet down over top edge of blenket and opread
Darikot	Healty	Make horizontal toe place(S=10cm) Make fold approximately 15cm from bottom edge of methesis with top sheet M	*Make holizontal toe place(5=10cm) Make fold approximately 15*20cm from bottom edge of mattress with top sheet
	Bankat.comer Foot side)	*Soure	*Triangle(Mitering: conner of top sheet - blanket, and spread
Duvet	Duvet cover	*Put it inside to cover and draw the corners[make 2 people]	-
Spread	Apply	Place it over bed with top edge parallel to top edge of sharet	*Place it over bed with top edge parallel to top edge of sheat
	Spread corner Foot side)	*Triangle	*Triangle(Mitering coner of top sheet and spread)
Pillow	Pilow case	"Gathe the piloacase over one hand toward the closed and "If it is big. fold the seam part inwardMi	
	Place	<ul> <li>Place it at the head of the bad</li> <li>The bottom of the cover in a direction visible from the entrance to the room</li> </ul>	*Place it at the head of the bed
To prepare the environment,	Around the bed	"Return to the original position "Return to the original position such as bed height and bed force	"Return to the original position such as bed height and bed fance 20

**Conclusion**: Currently, bed-making is a nursing techniques used in Japan for adjusting the environment, by focusing on patients' comfort. In the United States, infection prevention is included in making patients clean and comfortable. Moreover, the delegation of the task to nursing support personnel is emphasized in the US. There is an understanding of the basic importance of the methods and procedures of bed-making in Japan and the US. However, physical and scientific views are not clearly expressed.

Keywords: Bed-Making, Textbook, Japan, The United States