HANDOUT
GUEST LECTURE

History of Public Health and Medical Systems in Japan, its Success and coming Challenges.

Presentation at Universitas Airlangga, Sept. 2016 Masaki Moriyama

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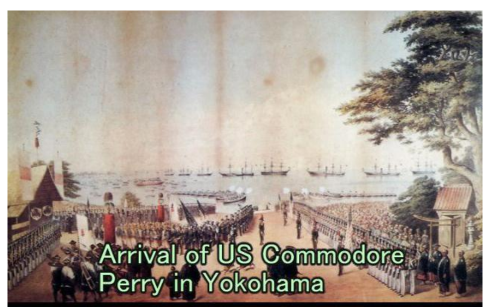
Phases of the Public Health and Medical Systems in Japan

- Phase I 1868 - 1919 Acute Infectious Disease Control
- Phase II 1920 - 1945 Chronic Infectious Disease, Control and the Formation of Maternal and Child Health Services
- Phase III 1946 - 1960 Restructuring the Health Administration
- Phase IV 1961 - 1979 Expanding Medical Services
- Phase V 1980 - present Challenge of an Ageing Society

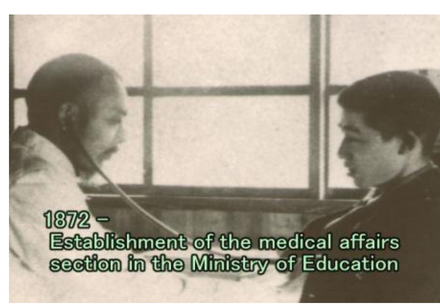
Phase I 1868 - 1919 Acute Infectious Disease Control

To promote modernization, the government followed examples of western nations.

In 1868, the Meiji government was established after more than 200 years of national seclusion.

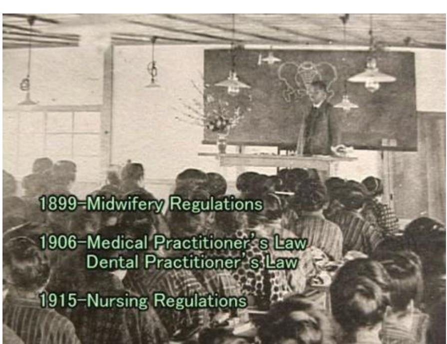


In 1872, the government established the Medical Affairs. The health administration was developed centering on Western medicine in place of mainly traditional Chinese medicine.

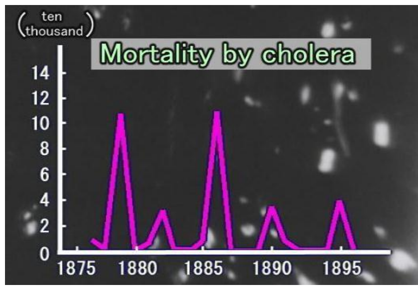


1874, the Medical System was promulgated instituting relevant systems such as the medical practitioners, midwife licensin , medical education, and pharmaceutical affairs.

Later, the other laws and regulations were instituted, and systems for qualification of medical personnel were developed.



It was not only positive things from opening of the country. Acute infectious diseases such as cholera, dysentery, typhoid fever and others were brought into Japan.

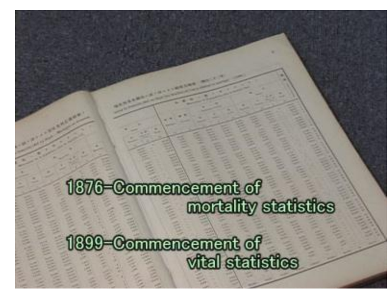


Infectious diseases spread across the country as human interaction and merchandise distribution increased along with industrial progress. >> many people were deprived of their lives.

The government transferred the responsibility of the health administration to the Ministry of Home Affairs in 1875. The Ministry and the Police Authority together established a system to prevent epidemics.

Statistic system began to be developed to obtain basic health statistics for policies. In 1876. Government began to take mortality and vital statistics in 1899.

1875-
The jurisdiction of health administration was transferred to the Ministry of Home Affairs

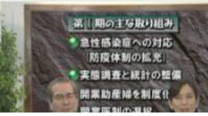

1876-Commencement of mortality statistics
1899-Commencement of vital statistics

Health and Sanitation Research Council was established in 1916. A nationwide survey on the morbidity of tuberculosis and various chronic diseases, and on infant mortality started.
Japan's health standards were lower than other industrialized countries.

As scientific analyses were made available based on accurate statistics obtained through nationwide surveys, more relevant policies came to be formulated.

Major Achievements during Phase I

- Acute infectious disease control (Development of epidemic prevention systems)
- Fact-finding surveys and statistics
- Organization of practicing midwives
- Introduction of medical practitioner system



Phase II 1920 - 1945 Chronic Infectious Disease, Control and the Formation of Maternal and Child Health Services

Japan rushed into war. The problem was the prevalence of tuberculosis that deprived many adult men of their lives. Also high infant mortality rate.

As those who had contracted tuberculosis in military camps, factories and schools returned to their hometowns, the disease spread across the country.

The government tried to control the epidemic by revising the "Tuberculosis Prevention Act" enacted in 1919. But it did not help. Only resting quietly in a place with clean air.

In rural villages, particularly in north Japan, people were living a subsistent life. Economic depression in 1929 and cold-weather damage drove people into extreme poverty.

Farmer unions and local governments employed public health nurses at their own expense, and sent them to no-doctor villages. Public health nurses lived in a community, and continued to provide services.

Celebrating the birth of the crown prince, the Imperial Gift Foundation "Ai-iku Association" was established in 1934.

Ai-iku Association provided expectant mothers with health guidance and delivery care. It also provided children at nurseryschools with lunch. Ai-iku Association gave great help to improve Maternal and Child Health standards, and develop the sense of solidarity among community people.

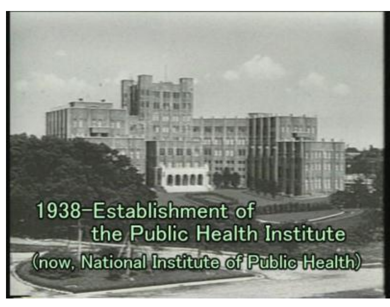
Around this time, the government created many organizations and syste e healt

Nursery school

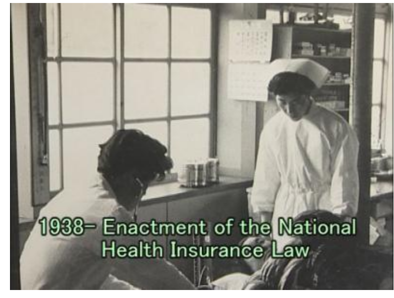
In 1937, it promulgated the Public Health Center Act, and began to develop the public health centers as community health stations.

In 1938, the Ministry of Health and Welfare was established. With this, an administrative structure was set up to control health and welfare from the national to village level.

In 1938, the National Public Health Institute was established with financial support by the US Rockefeller Foundation. The Institute has trained many public health experts.



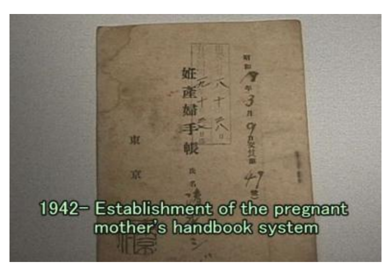
The National Health Insurance Law was enacted in 1938. Five years later, 95 % of all municipalities in Japan introduced the Health Insurance System.



Further, public health nurses were instituted by the Public Health Nurse Regulations in 1941. They carried out home-visit activities as important agents in the prevention of tuberculosis infection and enhanced maternal and child health services.

In 1942, the Pregnant Mother's Handbook System was introduced. The government promoted the registration of pregnant women so that comprehensive maternal and child health services could be provided. Infant mortality rate lowered remarkably.

1941– Formulation of the public
health nurse regulations


妊産婦手帳
1942– Establishment of the pregnant
mother's handbook system

Major Achievements during Phase II

- Establishment of the Ministry of Health and Welfare
- Creation of the pregnant mother's handbook system
- Activities of public health nurses and midwives
- MCH by community participation
- Institution of the National Health Insurance Act

Phase III 1946 - 1960 Restructuring the Health Administration

On August 15, 1945, World War II ended with the defeat of Japan. Japan was placed under the control of the General Headquarters of the Allied Forces. Under GHQ's support and guidance, Japan began to walk the path toward becoming a democratic nation state.

1945- End of World War II

Women's suffrage

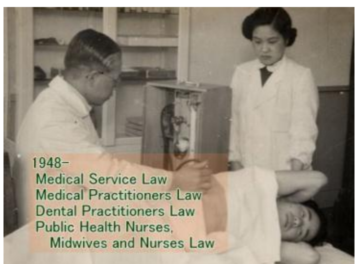
The Constitution of Japan was promulgated in 1946. Under this constitution, the state was mandated to guarantee its people's right to live and to improve the standard of living of the nation.

The health and administration was transformed greatly. Under the GHQ direction, the Ministry of Health and Welfare was reorganized.

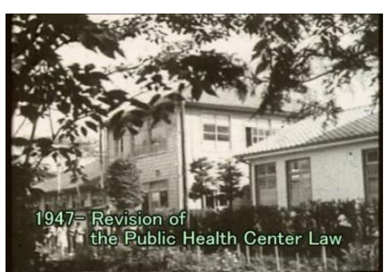
1946- Promulgation of the Constitution of Japan

GHQ public health and welfare officers

In 1948, the new laws, Medical Service Law, Medical Practitioners Law, Dental Practitioners Law, and public health Nurses, Midwives, and Nurses Law were enacted, and systems relevant to medical facilities and personnel were reformed.



Further in 1947, the prewar public health Center Law was revised. The public health Center was placed in the center of the public health and medical service network, and services were widely extended to community people.



The public health center in postwar Japan has two pillars of services.

One is public health services for people such as infectious disease prevention and health guidance. Services include tuberculosis diagnosis, maternal and child health checkups and vaccinations.

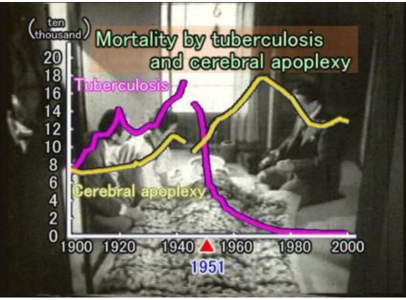
The other one, public hygiene services include environmental hygiene and food hygiene. Water supply and sewage, living environment, and cleaning of public spaces are among its services.

Around this time, medicines to treat tuberculosis were developed. Together with the efforts made by the public health Centers, this long- feared lethal disease came to be controlled.

Public hygiene activities
(environmental hygiene, food hygiene, etc.)

Streptomycin sulfate

Finally in 1951, tuberculosis gave away its position of No. 1 cause of deaths to cerebral apoplexy. After this year, deaths of tuberculosis declined rapidly



The struggle against tuberculosis since the end of war.

The maternal and child health service system was reformed after the war. In 1947, the Children's Bureau was established to improve welfare services to children, and the Child Welfare Act was enacted.

In 1948, the Maternal and Child Health Program Outlined were prepared to push forward MCH services.

In 1948, the Maternity Handbook of the prewar days was renamed MCH Handbook, and the new pregnancy registration system began.

This was followed by the enactment of the Immunization Law to prevent infectious diseases.

母子手帳
1948– Institution of
the MCH Handbook System

1948– Immunization Law

Further, the Eugenic Protection Law was enacted allowing induced abortions under certain conditions. With this system, the number of illegal and risky abortion operations was reduced, so were maternal as well as infant mortality rates due to delivery anomalies.

1948– Eugenic Protection Law

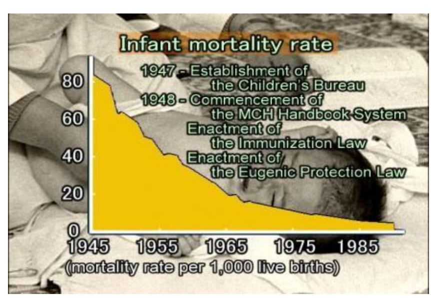
In order to build up the health standards of children at school, the School Health Law was formulated.

1958– School Health Law

The government encouraged "family planning" to protect maternal health. To spread family planning, the government introduced the "conception control instructor system." Public health nurses and midwives were trained. They visited community people to explain the need for family planning.

Conception control instructor system

Because of many measures put forward by the government, and efforts by public health nurses and midwives to improve nutrition conditions and environmental hygiene, infant mortality rate declined rapidly.

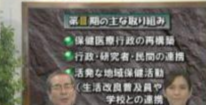


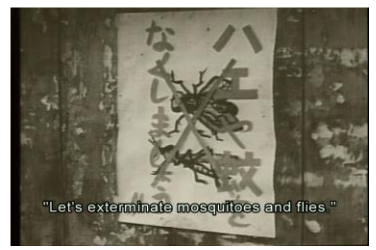
There were also people's initiatives to protect their health themselves. One example was the movement called "No Mosquitoes and Flies Program" that was carried out nationwidely. Under village leaders, neighborhood associations were engaged, and helped improve environmental hygiene.

Major Achievements during Phase Ⅲ

- Re-organization of the health administration
- Collaboration among the government, researchers, and the non-governmental sector
- Active community health activities

(in partnership with better living extension workers and school teachers)

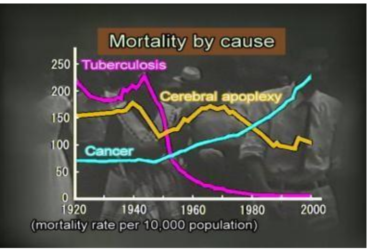



"Let's exterminate mosquitoes and flies."

Phase IV 1961 - 1979 Expanding Medical Service

In Phase 4, Japan accelerated its economic growth.

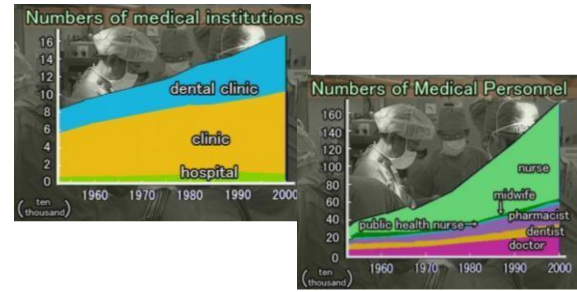
People came to enjoy an affluent life, and their diets changed. Health focuses shifted from tuberculosis and other infectious diseases and maternal and child health services to cancer and heart diseases. Instead of health services, needs for medical services rose.



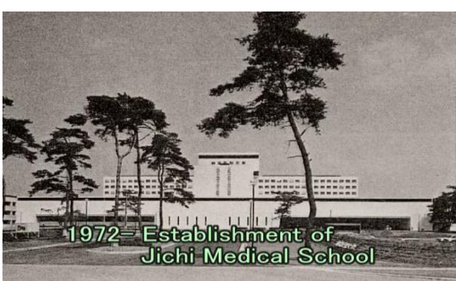
The greatest event in the health and medical administration in the 1960s was the achievement of the Universal Medical Care Insurance System in 1961. This universal medical care coverage contributed to attain the world's longest life expectancy.

Under the medical care insurance system, all people became able to consult with doctors easily without worrying over payments.

To meet people's needs for medical services, the government has developed policies to increase medical facilities and personnel and upgrade service quality.


Numbers of medical institutions
16
14
12
10
8
6
4
2
0
dental clinic
clinic
hospital
1960
1970
1980
1990
2000
ten thousand
Numbers of Medical Personnel
160
140
120
100
80
60
40
20
0
nurse
midwife
public health nurse
pharmacist
dentist
doctor
1960
1970
1980
1990
2000
ten thousand

All the prefectural governments joined together to establish Jichi Medical School in 1972. This Medical School trained medical personnel who would work in remote districts.



However, behind the remarkable economic growth, environmental pollution became a serious social problem throughout the country.

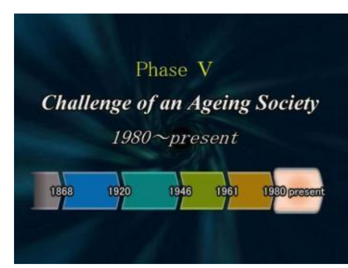
The pursuit of economic affluence through the development of heavy industries created hazards to people's health.

With a sense of crisis, people launched movements to solve pollution problems. In response, the government enacted the Basic Law for Environmental Pollution and relevant laws to control air, water, noise and other pollutants.

Major Achievements during Phase Ⅳ

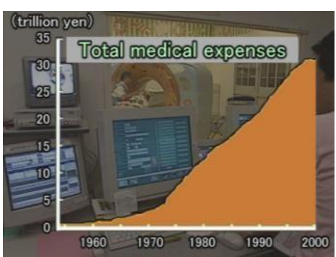
- Universal medical care insurance scheme
- Qualitative expansion of medical services
- Creation of emergency medical system as a result of increase in traffic accidents
- People's movements against pollution and drug-induced diseases

Phase V 1980 - present Challenge of an Ageing Society


Phase V
Challenge of an Ageing Society
1980～present
1868
1920
1946
1961
1980 present

In the 1990s, the bubble economy collapsed, and the Japanese economy suddenly entered the age of economic recession and deflation.

Because of highly technological medical care and longer treatment periods, medical expenditure has swelled to pressurize the national finance. Medical expenses for the elderly have now come to occupy one third of the total medical expenditure.

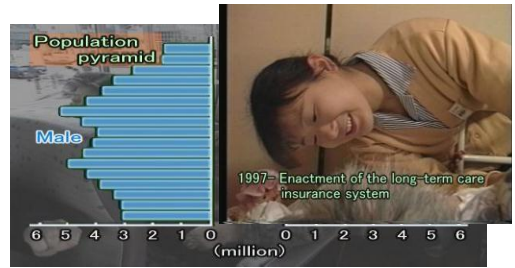


As people's needs have diversified, and the administrative decentralization process had progressed, changes occurred in the field of health and medical services. It was a move to mandate the municipal governments taking the place of the public health centers in providing maternal and child health services and health counseling services. The law to facilitate this move was the "Community Health Law" 1997.

Improved living environments and advancement in medicine/ medical care helped prolong people's life. But low fertility has continued for years, population aging is going on with a speed that human history has never seen.

To cope with the situation, the Diet passed the bill to establish the Long-term Care Insurance system in 1997. The law provides that the local government should take responsibility to give comprehensive nursing care to the elderly. This marked a new system to support the elderly with insurance contributions

paid by local people with governmental contribution.



Further in 2002, the "Health Promotion Law" was enacted that encourages people [illegible] nd control [illegible] vn initiativ [illegible]

2002– Health Promotion Law

Japan.

Currently, the government and concerned parties are studying the feasibility of establishing a locally based, effective and comprehensive system in which health, medical and welfare services will be incorporated for the benefit of the elderly and every individual.

Japan on which about 130 million people live. Japan in which people can obtain almost everything they wish. Supported by its favorable economic and educational backgrounds, people enjoy high health standards as presented by the longest average life expectancy and one of the lowest infant mortality in the world. The present status of Japan is nothing but the result of having overcome a number of unexpected challenges through concerted efforts of people and the government.

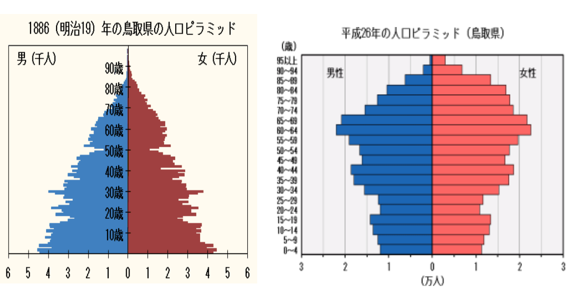
Population Pyramid, 1886 vs 2014.
In case of Tottori prefecture.

Major Achievements during Phase V

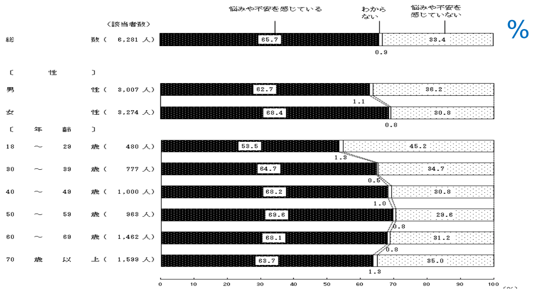
- Decentralization of the health and medical administration
- Reform in the social security system to respond to population ageing
- Integration of medical, health and welfare services

last 150 years?

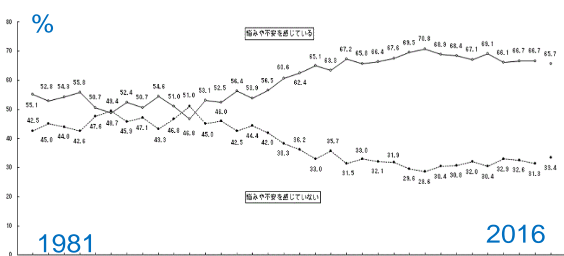
Then, what happened after the improvement of health status for



People's Worries & Anxieties. Japanese Public Opinion Poll, 2016

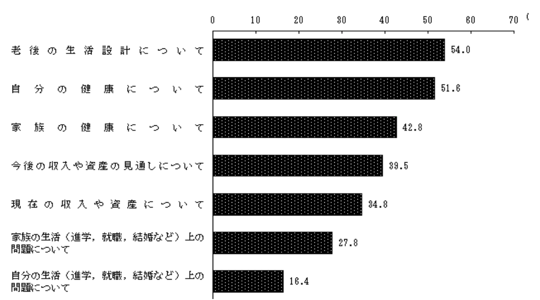


Increase of Worries & Anxieties, 1981 to 2016.

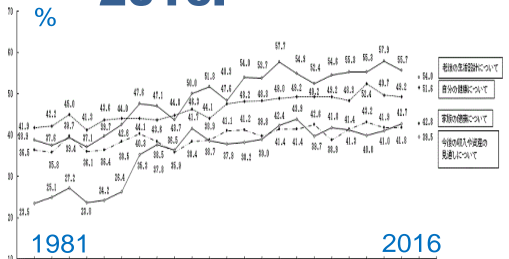


Worries & Anxieties, specified.

Of all the people who have worries & anxieties. %



Trend of Major Worries & Anxieties1981 to 2016.



What is your worry? Death? Disability?

Learning about Blindness & Low vision.

Let's learn more about disability?

KIRIN
Coca-Cola

A TRADITION OF INDEPENDENT THINKING

UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

LEADERSHIP IN NURSING FOR BETTER EFFECTIVE HEALTH CARE

Professor E. Savage PhD MEd, BSc, RCN, RGN

Focus of the presentation

Introduction to Ireland, Cork, University C ollege Cork & School of Nursing &Midwifery as a LEADER in HEALTH CARE

Nursing in Ireland - Historical & Current Perspectives

Global Health Issues – Relevanc Ireland

Implications for Academics & Healthcare Professions – working together

Reaching Out Across the Globe

School of Nursing and Midwifery UCC

Ireland

· Small country situated on the Western fringe of Europe

· Population 4.8 million

Faculty Nursing

Unive angga

· I r i s

Discover Cork

h people are known for

· Friendliness

· Openness

· Family orientation

- Sense of humour
- Community spirit
- Safety and respect for individuals
- Traditionally a rural country but changing demographics highlight an urban shift

"The REAL Capital of Ireland"

6km from Cork International Airport

UCC

Cork Dublin

"Everything good about Ireland can be found in County Cork" (*Lonely Planet*)

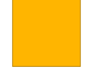
- **Rich Cultural Tradition in Music, Dance and Literature**
- **Young vibrant population**
- **Friendliest people** ***(Lonely Planet)***
- **Best walks** ***(National Geographic)***
- **Culinary capital of Ireland**
- **Sporting and Cultural Ca**
- **Healthcare Base**
- **International Airport**

University College Cork – Overview

- **Comprehensive University – Established in 1845**
- **Student population: 21,000 students**
  - **Over 3000 international students**
- **Ireland's leading research university**
- **Sunday Times University of The Year 4 times – most recent 2016**
- **School of Nursing & Midwifery**
  - **ranked in the top 100 in QS (World University Ranking 2016, 2017)**

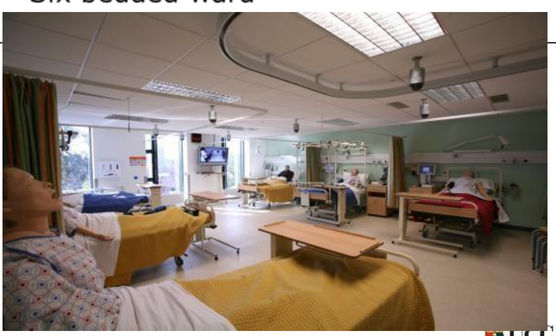
World Class Facilities

University College Cork Ireland



OUR **School of Nursing & Midwifery**

Six bedded ward



Recording and observation studio

Recording and observation studio

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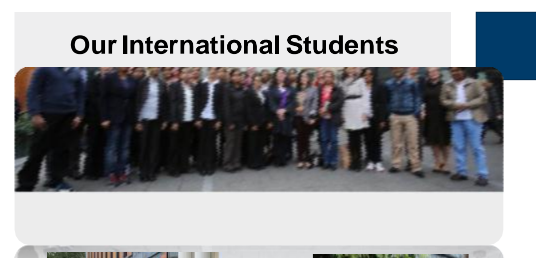
Our International Students



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Let's Focus on Leadership

Think about the following questions?

1. What is leadership?
2. Is leadership important in the profession of nursing?
3. What roles in nursing are important for leadership in promoting better and effective healthcare?
4. Are you a leader?

UCC

Two more Question

What is you vision for the development of the Nursing Profession in Indonesia in 10 years time?

How will you influence the development of the nursing profession in your country in the

future?

What is leadership?

-Leadership is a process by which an individual influences a group of individuals to achieve a common goal" (Northoouse 2007, p.3).

Components of Leadership

Leaders:
Understand who you are, what you know and what you can do? It is the followers who judge the leaders success.

Followers:
Different people need different type of leaders. Know the people you will be leading. You must understand human nature, the individuals' needs, emotions & motivation.

Context:
Situations differ. Know the situation. What works in one situation will not work in another.

Outcomes:
There must be an end result. EnVISION this end result.
Common goals at the outset are important.

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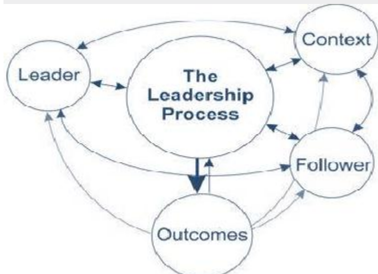
Components of Leadership



LEADERSHIP:
An Irish Case Study

The Leaders: A small number of academics & Senior Clinical Nurses

The Followers: All

nurses/midwives across Ireland

The Context: Dissatisfaction with work conditions/pay, education status, & career pathways.

Outcome: A blueprint for the profession of nursing/midwifery in Ireland i.e. a plan for the future development of the profession.

Source: Mind Tools adapted from Dunham & Pierce (1989) accessed at https://www.mindtools.com/pages/article/leadership-process.htm

Past, Present & Future

‗Life can only be understood backwards; but it must be lived forwards.‖ (Soren Kirkegaard)

Key Historical Points on Irish Nursing

- Predominately female occupation; High demand
- Strong tradition of religious orders caring for the ‗sick' - hospitals led by religious sisters e.g Mercy; Bon Secours, Presentation.
- Nurse apprenticeship ‗training' hospital based up to 2002 (3 yr programme Diploma)
- Short Post-registration Courses – hospital based until mid/late 1990s

Turning Point in the History of Irish Nursing: *Strike Action in 1999*

Faculty of Nursing

Universitas Airlangga

Strike of 1999: What Nurses Said:

The Tiger's wealth is not

Nurses Health

WE'RE NO longer

OUTPATIE SURGER

- oWorking conditions
- oStaff shortages oPoor pay
- o Lack of clinical career pathways
- oInadequate education and access to 3rd level
- oRecognition & Improved professional status

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Government established a Commission on Nursing:

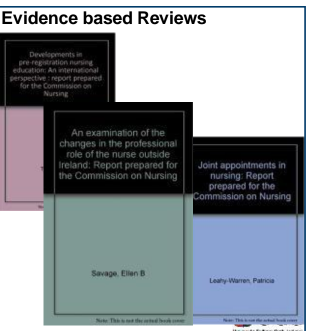
Focus:

- Regulation of the Profession
- **Preparation for the Profession**
- **Professional Development**
- Role of Nurses & Midwives in the Management of Services

Activities of Commission

Learning from other countries

Evidence based Reviews



Preparation of Profession

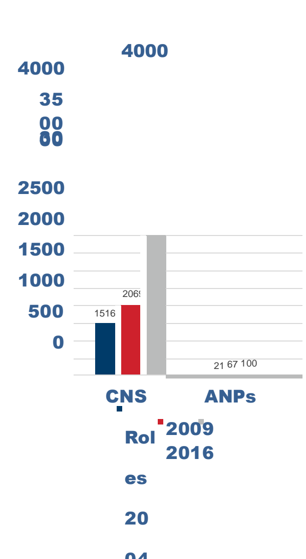
- **Moved towards an 'All Graduate' Prep**
- **Commenced in 2002 – nationwide**
- **3 points of entry –General; Psych; ID**
- **2 additional entry points in 2007 (Integrated Children's & General; Midwifery)**

Education Pathways now in line with other Disciplines

- Doctoral education (PhD/Clinical doctorate)
- MSc (2 yrs with option to exit after 1 year with a PG diploma)
- BSc Undergraduate (4 years)

Professional Development

- Growth in Clinical Nurse/Midwife Specialist Roles
- Growth in Advanced Nurse/Midwife Practitioner Roles

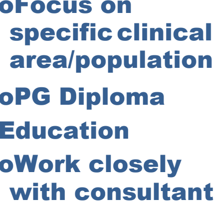


Clinical Nurse Specialist

- Focus on specific clinical area/population
- PG Diploma Education
- Work closely with consultant doctors
- Offer specialist advice & education to general nurses
- May have prescribing authority with additional training.

Examples of CNS include:

- Wound care
- Cancer nursing
- Sexual health
- Diabetes care
- Respiratory care
- Women's health
- Men's health



Advanced Nurse Practitioner

- Focus on Advanced Practice clinical area/population

Examples of CNS include:

Impact/Outcomes of CNS & ANPs

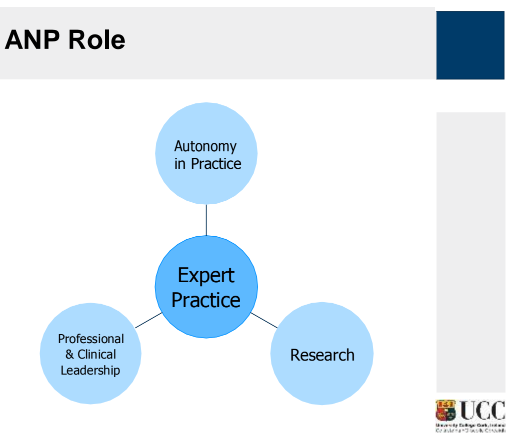
The Evidence:

- Masters Education with clinical mentoring
- Works independent of doctors
- Diagnostic, referral & discharge authority
- May have prescribing authority incl X-ray with additional training.
- Must be licenced to practice

- Emergency care (most)
- Sexual health
- Diabetes care
- Wound Care

- Shorter hospital stays/Fewer admissions
- Improved health indicators e.g. HBA1C
- Holistic approach to care
- Greater Patient satisfactions
- Specialist/Advanced support to general nurses e.g. at ward level

ANP Role



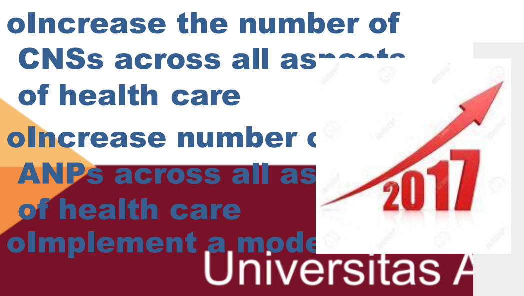
ANP –positively evalu

- *"She* [the ANP] *would be the visionary who looks at what is going to happen in the future."* CNS
- *They don't just see people quickly they see them quite thoroughly. They give a sense of direction to the nursing staff in general because it's another career people can develop. They play lots of other roles you know and obviously they take part in teaching and that would include teaching the SHOs."* (Doctor)
- *"The job she is doing I don't think you could get anyone better. It's the personal touch, she puts the personal touch to it. (Patient)*

(National Council…2005; Scape 2010)

Current Government Strategy

- Increase the number of CNSs across all aspects of health care
- Increase number of ANPs across all as… of health care
- Implement a mode…



Sharing our experiences: Reaching Out Across the Globe

Nursing

Universitas A…ngga

Returning to Leadership Questions – Let's Discuss again

Two more Question

1. **What is leadership?**
2. **Is leadership important in the profession of nursing?**
3. **What roles in nursing are important for leadership in promoting better and effective healthcare?**
4. **Are you a leader?**

‑Destiny is not a matter of chance, but of choice. Not something to wish for, but to attain.‖
— William Jennings Bryan

What is you vision for the development of the Nursing Profession in Indonesia in 10 years time?

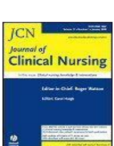
How will you influence the development of the nursing profession in your country in the future?

Writing for Publication in Nursing Workshop

Professor Graeme D. Smith PhD RN FEANS
Editor, *Journal of Clinical Nursing*
Editor-in-Chief, The Hong Kong Nursing Journal

Professor of Nursing, Edinburgh

Universitas Ariangga December 2018



Where is Edinburgh?

Publishing in SCI journals

- **Applicable across all SCI journals**
- **Nursing, paramedical and medical**
- **General principles**
- **Guide to publishing in SCI journals**
- **Tips for writing**
- **How to avoid rejection**
- **Making a paper 'international'**

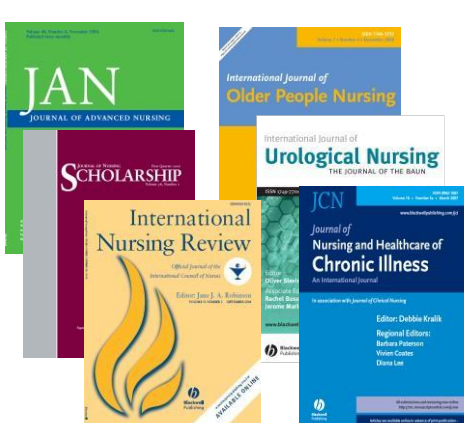
Faculty of Nursing
Universitas Airlangga

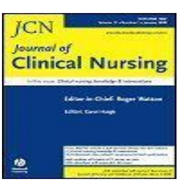
Scotland

Language of (nursing) research

Publishing: Nursing research Integrity

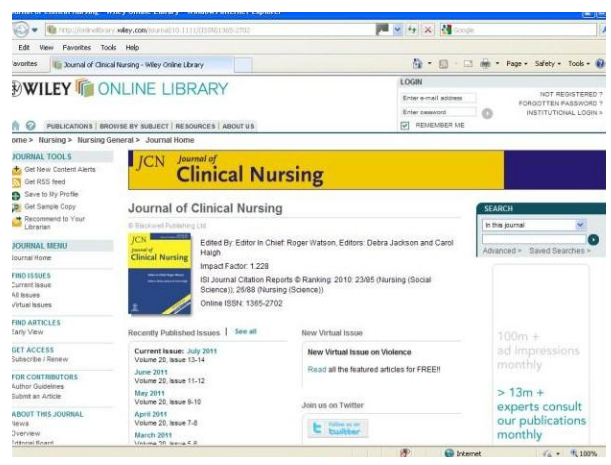
peer-review process as 'quite an improvement.'



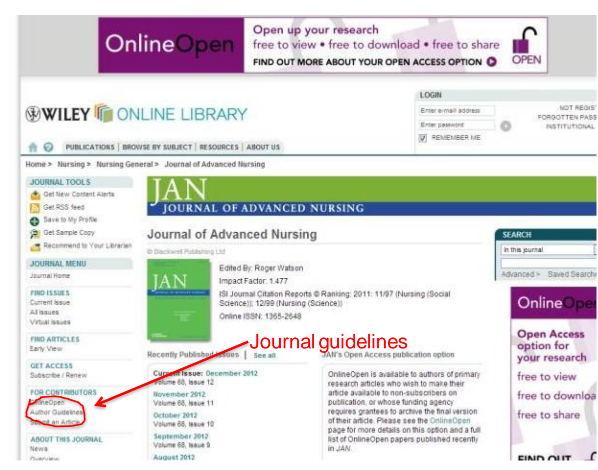


Aims and scope of JCN

***The Journal of Clinical Nursing* (*JCN*) is an international, peer reviewed, scientific journal that seeks to promote the development and exchange of knowledge that is directly relevant to all spheres of nursing and midwifery practice.**



International editorial board Majority of papers are non-UK 12 issues per year since 2010 Impact factor: 1.316 (20/97)



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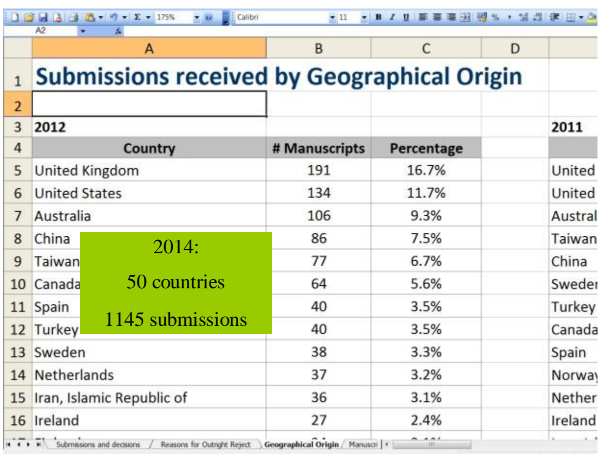


Submissions received by Geographical Origin

2012			2011
Country	# Manuscripts	Percentage	
United Kingdom	191	16.7%	United
United States	134	11.7%	United
Australia	106	9.3%	Austral
China	86	7.5%	Taiwan
Taiwan	77	6.7%	China
Canada	64	5.6%	Sweder
Spain	40	3.5%	Turkey
Turkey	40	3.5%	Canada
Sweden	38	3.3%	Spain
Netherlands	37	3.2%	Norway
Iran, Islamic Republic of	36	3.1%	Nether
Ireland	27	2.4%	Ireland

Aims and scope of JCN

The Journal of Clinical Nursing **(*JCN*) is an international, peer reviewed, scientific journal that seeks to promote the development and exchange of knowledge that is directly relevant to all spheres of nursing and midwifery practice.**

Peer review

All manuscripts are subject to blind peer review by at least 2 reviewers (plus a statistical review if necessary)

Aims and scope of JCN

The Journal of Clinical Nursing **(*JCN*) is an international, peer reviewed, scientific journal that seeks to promote the development and exchange of knowledge that is directly relevant to all spheres of nursing and midwifery practice.**

Aims and scope of JCN

The Journal of Clinical Nursing **(*JCN*) is an international, peer reviewed, scientific journal that seeks to promote the development and exchange of knowledge that is directly relevant to all spheres of nursing and midwifery practice.**

JCN adheres to international guidelines

CONSORT http://www.consort-statement.org/

PRISMA http://www.prisma-statement.org/

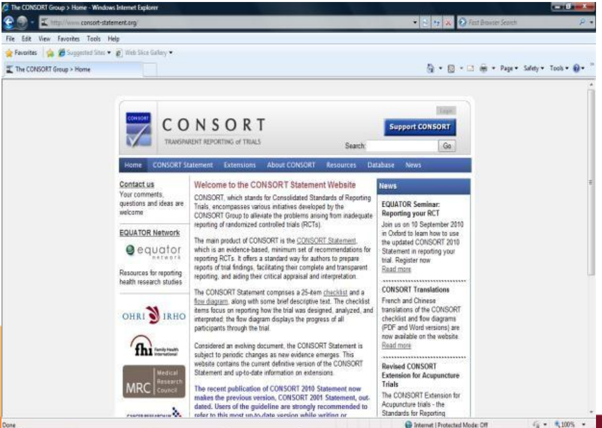
STROBE http://www.strobe-statement.org

COPE http://publicationethics.org/

ICMJE http://www.icmje.org/

JCN adheres to international guidelines

CONSORT http://www.consort-statement.org/



JCN adheres to international guidelines

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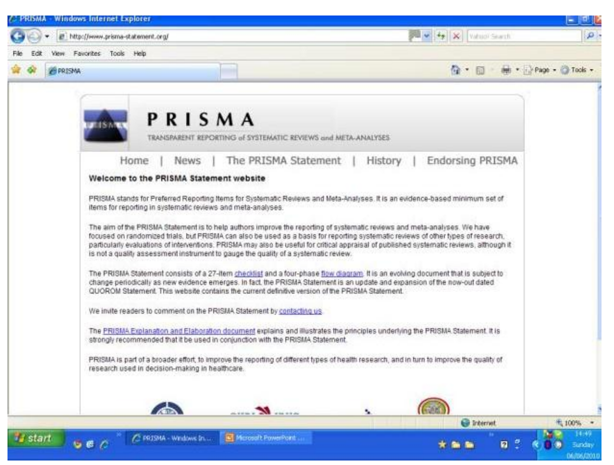


JCN adheres to international guidelines

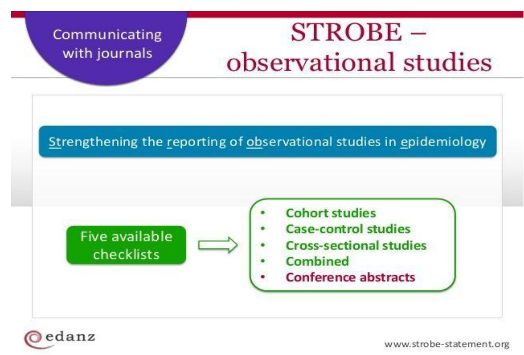
CONSORT **http://www.consort-statement.org/**

PRISMA **http://www.prisma-statement.org/**

STROBE **http://www.strobe-statement.org**

Integrity in survey design research

STROBE guidelines



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ICMJE http://www.icmje.org/

JCN uses plagiarism de

ITHENTICATE	http://www.ithenticate.com/
<15%	acceptable
>25%	write to author
50%	write to institution

Which papers get cited most?

- Methodological papers
- Discussion papers (discursive papers) – controversial papers
- Review papers
- Original research
- Bad papers !

The four rules of writing

Read the guidelines

Set realistic targets and count

words Seek criticism

Treat a rejection as the start ofnext submission

WILEY-BLACKWELL

SCI Journal guidelines

Leng
th

Layo
ut

Organisation

Referencing

system

Any other conventions

- spelling
- presenting statistics
- numbers (words or numerals)…etc

Why are papers rejected?

10. Wrong journal
9. No new information
8. Information old or out of date

7. Topic too narrow
6. Missing information or out of date references
5. Too much literature/not enough results
4. Paper taken from speech/thesis no modification
3. Methods flawed or poorly described
2. Paper does not make a point
1. Poor writing!

Journal of Professional Nursing (20

WILEY-
BLACKWELL

How to avoid rejection

Before you start writing

Think...

What is already known on this topic? What does this paper add?

After you have written

Think...

What is already known on this topic? What does this paper add?

Writing a paper

Use clear, simple writing

Organise the paper using headings and sub- headings

Be meticulous about references

Respond to feedback
(from friends, colleagues and editors)

Be aware of limitations of using material of others

Order of contents

- **Title**
- **Abstract**
- **Introduction**
- **Background**
- **Methods**
- **Results**
- **Discussion**
- **Conclusion**
- **References**

Title

Should be:

As short as possible

Clearly related to the topic of the paper Contain vital information at the beginning Some people will only read this!

WILEY-BLACKWELL

For example:

Title

Title

A systematic review of traditional Chinese medicine

NOT:

Traditional Chinese medicine: systematic review

WILEY-BLACKWELL

But:

Traditional Chinese medicine: problems and pitfalls

NOT:

Problems and pitfalls of traditional Chinese medicine

WILEY-BLACKWELL

Abstract

Structured (250-300 words)

- **Aims and objectives**
- **Background**
- **Design**
- **Methods**
- **Results**
- **Conclusions**
- **Relevance to clinical practi[ce] (*JCN*)**

WILEY-BLACKWELL

Methods

May begin with research

questions/hypotheses Normally includes:

- **Design**
- **Sample**
- **Data collection**
- **Analysis**
- **Ethics**

Introduction

Places the study in context:

- **Policy**
- **Practice**
- **Research**
- **Education**

Writing the introductio n

Background

·Demonstrates what is already known about the topic and what gaps the paper will fill

·Identifies questions to be addressed in the paper

· Contains literature review

·May end with research questions/hypothes

Research question

A clear statement in the form of a question of what you set out to

investigate, e.g.

·Are practice nurses more effctive than GPs at removing ear wax?

·Does continuing professional development improve nurses' management skills?

·Why do older nurses leave the profession?

Aims and objectives

For example:

Aim:

- **The overall aim of this study was to investigate the quality of life of clients**

Objectives:

- **To provide a profile of quality of life in clients**

De sig n

- **Quantitative: RCT, Survey**
- **Qualitative: ethnography, grounded theory**
- **Type of design: cross sectional, longitudinal**

Brief rational for choice of design

Sample

- **Popul ation**
- **Inclusion/exclusion criteria**
- **Type of sampling**
- **Access to participants**

Data collection

- **Instruments used (and why)**
- **Validity/reliability (quantitative)**
- **Criteria for ensuring rigour (qualitative)**
- **Translation of questionnaires**

Analysis

- Calculations and tests
- Process of qualitative analysis
- Use of statistical or qualitative analysis
- Reference other similar works using methods

Re sul ts

Just state the results don't

discuss them* Refer to all tables

and figures

* Qualitative research is sometimes combined with Discussion

BLACKWELL

BLACKWELL

Discussion

- Discuss the finding to the research questions
- Include limitations of study
- Do not overstate findings
- Implications/recommendations (policy, practice)
- Relate back to aims of study: were they achieved?

Order of writing

- Title
- Abstract
- Introduction
- Background
- The study
- Results
- Discussion
- Conclusions

Conclusion

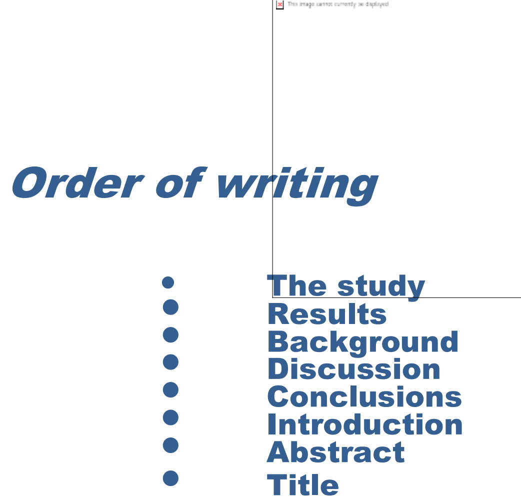
- Brief summary of what the paper shows
- Main implications
- A statement on future lines of enquiry

The conclusion

has been achieved.

Importance of conclusion

- It should clearly signal to the reader that the paper is finished and leave a clear impression that the purpose of the paper



Order of writing

- The study
- Results
- Background
- Discussion
- Conclusions
- Introduction
- Abstract
- Title

Length of Sections Research Paper

Section	Words
Introduction	500
Background	1000
The study	500
Results	500
Discussion	2000
Conclusions	500
Total	5000

Academic writing is not sending texts!

Poor writing style

Poor organisation

Ambiguous and flowery

language Jargon

Clichés

Longer words than

necessary More words

than necessary

Presentation

- Headings and sub-headings
- Verbal sign posts
  (e.g. I will argue that in conclusion)
- Paragraphs
- Sentence length

Jargon

"The local PCT advise the CPA when passing ADHD clients with PTSD to CPN's from the CMHT."

Blah Blah Blah
Blah Blah Blah
Blah Blah Blah

Avoid cliches

RAINING CATS AND DOGS
All ears
The big cheese
BREAK A LEG
Ants in his pants
Cold feet
APPLE OF MY EYE
Bad to the bone
A tall tale

Ambiguous language

Ambiguous language

Ambiguous language

- Nurses are outstanding people who should go far
- The nurses were revolting
- We had the children for dinner

context

First or third

person Do not be afraid

to use the first person

For example:

- ‘We hypothesized that’ is better than ‘It was hypothesized’
- ‘I recruited interviewees’ is better than ‘The researcher recruited interviewees’
- ‘We found that’ is better than ‘It was found that’

Other points

Examples

Hyphens: ***e.g pre-operative or preoperative.*** **Be consistent**

Capital letters: ***e.g. Nursing Care.*** **Not necessary**

Apostrophe: ***e.g. it's, don't, can't.*** **Do not use!**

Question mark?: Try to avoid asking ' reader questions

Exclamation marks! No place in academic writi

Don't use:

In Smith's (2003) study it was shown…

Use:

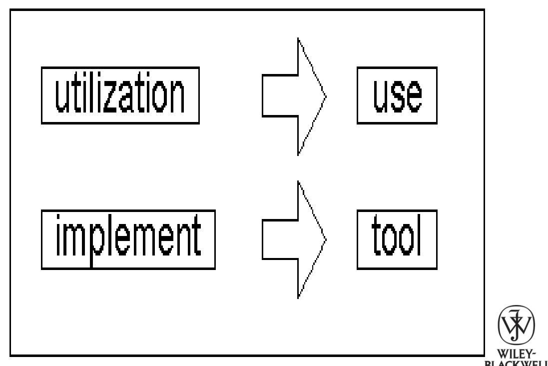
Smith (2003) showed…

Don't use:

These results are in agreement with …

Use:

These results agree with …



Academic writing: words

Fewer words

Use	rather than
maintaining	the maintenance of
developing	the development of
about	in relation to;
with regard to it seems that it would seem that	
several	a number of
to	in order to
true	true to say
think	of the opinion

Reading aloud

will also help you find & remove awkward repetitions.

For example:

Women told us that their symptoms were improved and those in the intervention group reported less fatigue.

is better than:

Women told us that their

symptoms were improved and women in the intervention group reported less fatigue.

WILEY-BLACKWELL

Academic writing: words

Losing words exercise

The results of the survey showed that green vegetables, raw fruits, salads figured at the bottom of the student's list of preference. This can only be bad news for their health, because it means that there is a likelihood that their vitamin requirements are not adequately met. It means also that there is a serious lack of fibre in the lunch time diet.

Losing words exercise

Is the same as:

The survey showed that green vegetables, raw fruits and salads are rarely eaten. Their vitamin requirements are not adequately met. Fibre is also low in their lunch time diet.

Losing words exercise

The way people write is of interest to nurses, because they are required to present arguments in writing.

18 words

Losing words exercise

The way in which people write is of considerable interest, especially to nurses, because they are increasingly required to make and present arguments in writing to other people.

28 words

Losing words exercise

It is, nevertheless, true to say that it is possible for almost anyone to improve their skills at writing and become a better writer than they were previously.

28 words

It is, nevertheless, true to say that it is possible for almost anyone to improve their skills at writing and become a better writer than they were previously.

It is, nevertheless, true to say that it is possible for almost anyone to improve their skills writing and become a better writer than they were previously.

It is, nevertheless, true to say that it is possible for almost anyone to improve their writing skills and become a better writer than they were previously.

Losing words exercise

Nurses may be asked to write for a

variety of different purposes. They may be asked to write case notes, they may be asked to write reports from their areas of clinical responsibility, they may be asked to write a research report, they may be asked to write for publication.

50 words

Losing words exercise

It is, nevertheless, true that anyone can improve their writing skills.

11 words

Nurses may be asked to write for ~~a variety of different~~ purposes. They may be asked to write case notes, they may be asked to write reports from their areas of clinical responsibility, they may be asked to write a research report, ~~they may be asked to write~~ for publication.

Losing words exercise

Nurses may be asked to write for many reasons. They may be asked to write case notes, reports from their areas of clinical responsibility, research reports and publications.

28 words

Thank you for you attention Questions!

email: smithgd0901@gmail.com
Twitter@gds1903

The four rules writing

Read the guidelines

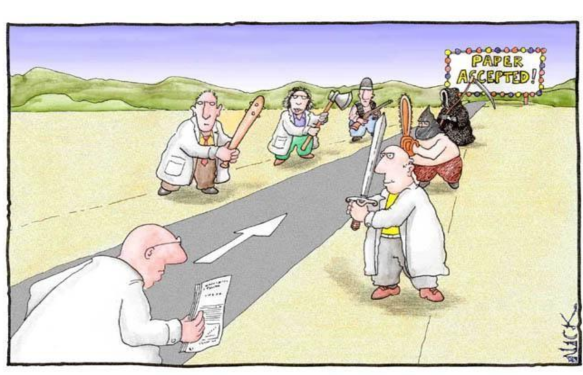
Set realistic targets and count

words Seek criticism

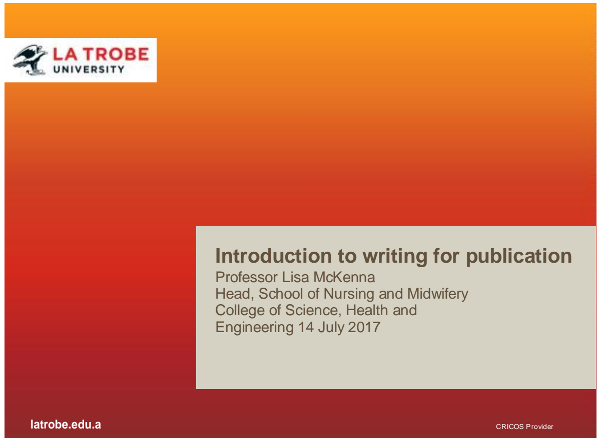
Treat a rejection as the start of the next submission

Su m ma ry

- **General principles**
- **Nursing, paramedical and medical**
- **Guide to publishing in SCI journals**
- **Tips for writing**
- **How to avoid rejection**
- **Making a paper 'international'**
- **Follow the four rules!**



Most scientists regarded the new streamlined peer-review process as 'quite an improvement.'



Why publish?

- Professional credibility and profile
- Disseminate important research findings and ideas
- To make a professional contribution

- To make a difference to our field

La Trobe University 2

La Trobe 3

La Trobe 4

The 5 rights of journal publishing

- Right audience
- Right manuscript
- Right journal
- Right metrics
- Right timing

Right audience

- Who are you writing for?
- Who do you want to read your paper?
- Who will the findings have an impact with?
- Find a critical friend to review the paper before you submit it

Right manuscript

- Does the manuscript fit the journal's aim and scope?
- Does it conform to the journal's guidelines for authors?
- Does the manuscript make a new contribution to knowledge?
- Is the language, spelling and grammar all of high standard?
- Has the right/consistent reference style been used?

Right journal

- Credibility
- Editorial Board
- Scope - what do they publish?
- Restricted versus open access
- Should build on what the journal has previously published

Nurse Education Today is the leading international journal providing a forum for the publication of high quality original research, review and debate in the discussion of nursing, midwifery and interprofessional health care education, publishing papers which contribute to the advancement of educational theory and pedagogy that support the evidence-based practice for educationalists worldwide. The journal stimulates and values critical scholarly debate on issues that have strategic relevance for leaders of health care education.

The journal publishes the highest quality scholarly contributions reflecting the diversity of people, health and education systems worldwide, by publishing research that employs rigorous methodology as well as by publishing papers that highlight the theoretical underpinnings of education and systems globally. The journal will publish papers that show depth, rigour, originality and high standards of presentation, in particular, work that is original, analytical and constructively critical of both previous work and current initiatives.

The Journal of Nursing Management is an international forum which informs and advances the discipline of nursing management and leadership. The Journal encourages scholarly debate and critical analysis resulting in a rich source of evidence which underpins and illuminates the practice of management, innovation and leadership in nursing and health care. It publishes current issues and developments in practice in the form of research papers, in-depth commentaries and analyses.

The complex and rapidly changing nature of global health care is constantly generating new challenges and questions. The Journal of Nursing Management welcomes papers from researchers, academics, practitioners, managers, and policy makers from a range of countries and backgrounds which examine these issues and contribute to the body of knowledge in international nursing management and leadership worldwide.

The Journal of Nursing Management aims to:

- Inform practitioners and researchers in nursing management and leadership
- Explore and debate current issues in nursing management and leadership
- Assess the evidence for current practice
- Develop best practice in nursing management and leadership
- Examine the impact of policy developments
- Address issues in governance, quality and safety

What about open access?

- Makes journal readily available to all
- Generally, a fee is payable (can be quite substantial)
- Need to be careful in choosing credible open access journal – many poor quality and predatory

Predatory journals and publishers Right Metrics

Characteristics:

- They accept articles very quickly with no peer review or quality control
- Often tell authors about the fees after their papers hav
- Often name academics as being on their editorial boar
- Appoint fake academics to their 'editorial board'
- Send emails, often with poor wording, inviting submiss
- May have a journal with a name very close to a reputable one, creating confusion

- Make misleading or fake claims about their publishing, location, impact factors

- Misleading claims about the publishing operation, such as a false location.

Beall's list: http://beallslist.com/journals/

Commonly used journal metrics

- Impact factor (IF)
- Quartiles
- Eigenfactor
- Source Normalised Impact ... (SNIP)
- Impact per Publication (IP...
- SCImago Journal Rank (S...
- Altmetrics
- Google Scholar metrics

Impact factor (IF)

- Simple calculation of number of papers a journal publishes and the number of citations the journal receives in a year
- Eg. An impact factor of 1 means that on average all manuscripts published in a year were cited once each
- Highest nursing journal, *International Journal of Nursing Studies,* has IF 2.901
- Not all nursing journals have IF

Quartiles

Divides all journals in a discipline area into four groups

Q1 – top 25%

Q2 – middle-high (next 25%) Q3 – middle-low (next 25%) Q4 – lowest 25%

Eigenfactor

- **Rates total importance of a scientific journal**
- **Rates total number of incoming citations and applies a weighted factor on the ranking of the journal**
- ***International Journal of Nursing Studies* 0.01141**

Source Normalised Impact per Paper (SNIP)

- SNIP measures contextual citation impact by weighing the citations based on the total number of citations in a subject field
- The ratio of a journal's citation count per paper and the citation potential in its subject field
- Available through Scopus

- *International Journal of Nursing Studies:* 1.732

Impact per Publication (IPP)

- IPP measures the ratio of citations per article published in the journal to those published in the three previous years
- Not normalised for the subject field
- Available through Scopus

- *International Journal of Nursing Studies:* 2.709

SCImago Journal

Rank (SJR)

- SJR is a prestige ranking of a journal based on the concept that 'all citations are not created equal'
- With SJR, the subject field, quality and reputation of a journal have a direct influence on how a citation is valued
- Highest in nursing, *Journal of Pain and Symptom Management,* 1,296
- *International Journal of Nursing Studies:* 1.171

Altmetrics

- Alternative metrics
- Other impact of a work, such as how many data and knowledge bases refer to it, article views, downloads, or mentions in social media and news media

Right timing

- What has the journal recently been focusing on?
- Is your study timely or contemporary?
- Has the journal recently published similar studies/articles? If so, how does yours add new knowledge?
- Is there a special issue coming that fits your manuscript?
- What are the journal's normal turnaround times?
- Can you build on what the journal has previously published?

Practicalities of writing the paper

- Do not cut and paste from previous work, even thesis
- Choose your journal and access that journal's guide for authors before you begin
- Structure the paper as the journal requires it
- Look at whether the journal has other requirements
- If possible, do a similarity check
- Have another person read your work before you submit it

Why are manuscripts rejected?

- Poor research quality
- Poor manuscript development
- Poor English language and grammar
- Not the right journal
- Journal has recently published similar work

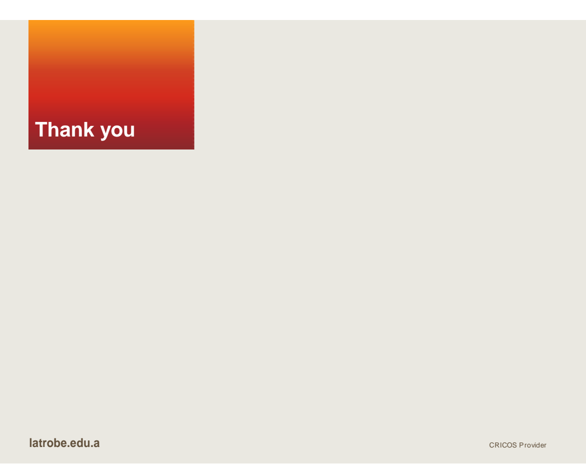
- Nothing new in the work presented

Managing a rejection

- A significant percentage of papers are rejected by the Editor on submission without going out to review.
- Don't take it personally! It does not necessarily mean the paper is not a good one.
- Work with reviewers' feedback to strengthen the paper.

- Find another journal to submit to.

Helpful resources



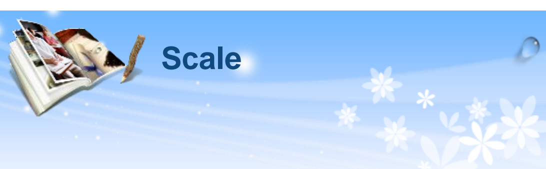
Reference

Darbyshire, P., McKenna L, Lee S, East CE. (2017) Editorial: Taking a stand against predatory publishers. *Journal of Advanced Nursing,* 73(7), 1535-1537.

Different research d for dementia field

Ya-Ping, Yang
RN. PhD
Date:2017/04/0 7

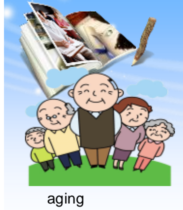
Scale

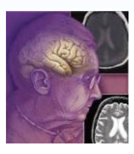


The Development of a Checklist for Assessing Thirst Related Behavior and Psychiatric Symptoms of Patients with

Research Idea

Background


aging



Dementia has become a global problem due to aging population.

The World Health Organization (2013) recently estimated that 115.4 million people will be living with dementia in Asia

Specific to the context of the current study, the Taiwan Alzheimer's Disease Association (2013) estimated that over more than 157,000 people are currently living with dementia and that 720,000 people will be living with this disease by

They always difficult represented thirsty clearly due to cognitive impairment and communicating problems

Clinicians spent much time in assessment what's the meaning of patients if they were thirsty or other needs.

Checklist for thirst need assessment.

Background

Approximately 12% to 74% of all patients with exhibit the behavioral and psychologi symptoms of dementia (BPSD); (Aalten et ... 2007; Ballard & Oyebode, 1995; Ropacki & Jeste 2005).

The prevalence of BPSD in very old patients i significantly higher, ranging from 36% to 54% (Östling, Gustafson, Blennow, Börjesson-Hanson, & Waern., 2011).

In Taiwanese studies, 30%-% to 79.3% of patients with dementia have been reported as exhibiting psychiatric symptoms and aggressive behaviors (Fuh, Wang, & Cummings, 2005).

Literature

BPSD are characterized by repetitive behavior, agitation, moaning, aggression, wandering, pathological hoarding, changes in eating habits, and delusions (Cipriani, Vedovello, Ulivi, Nuti, & Lucetti, 2013; Cohen-Mansfield & Creedon, 2002; Shaji, George, Prince, & Jacob, 2009).

depressi

anxiet

licking

restlessness

personality alteration

repetitive movements

Literature Review

Maslow's hierarchy of human needs categorizes food and water as basic physiological requirements (Maslow, 1943). Thirst, the need for water, is an essential mechanism that can help to achieve an appropriate physiological fluid balance.

The objective characteristics of thirst include a dry, scratchy mouth and throat; chapped or dry lips; dizziness; tiredness; irritability; and loss of appetite(Kenney and Chiu, 2001).

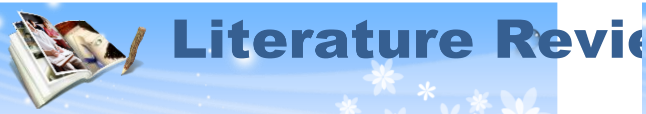
Older people often experience lower levels of thirst and thus have a reduced fluid intake due to deterioration in the physiological control systems associated with thirst and satiety (Phillips, Bretherton, Johnston, & Gray, 1991).

Literature Review

Patients with advanced dementia often have difficulty communicating their needs verbally, which means that caregivers need to make extra efforts in order to comprehend these behaviors.

Thirst, the need for water, is an essential mechanism that can help to achieve an appropriate physiological fluid balance.

Old patients with advanced dementia (PwAD) often lose interest or desire for food and drink, and have problems with the coordinated processes necessary for swallowing, making it difficult to experience thirst (Gillick, 2001).



Literature Review

When feeling thirsty, as mentioned earlier, PwAD who cannot express their needs verbally often express their need for fluids using certain behaviors and psychological symptoms. Healthcare providers must properly understand and interpret these behaviors and symptoms in order to provide appropriate care (Mayhew, Acton, Yauk, & Hopkins, 2001).

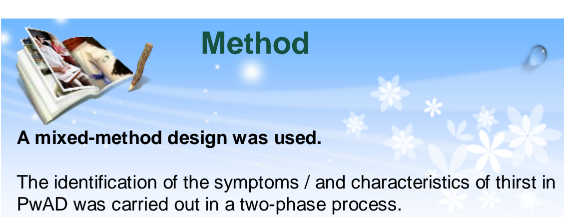
In the need-driven dementia-compromised behavior (NDB) model, Algase et al. (1996) proposed that behaviors arise as a result of physical or psychological needs in patients with dementia and that this helps to explain why behavioral and psychological symptoms of dementia (BPSD) are often manifested in PwAD.

Research

To identify the characteristics related to behavior and psychological symptoms of thirst needs and develop a reliable and credible tool for assessing thirst needs of PwAD.

Checklist

Characteristics and BPSD of thirst need



Phase Ⅰ, Initial item development

The initial items of the checklist were developed by literature review and interviewing 10 professional nurses who have adequate experience in caring for patients with dementia followed by content validity assessed by 4 experts in dementia field. A 23-item checklist was developed based on this review process.

Identification

Characteristics and BPSD of thirst need

Met hod s

Phase 2, Reliability testing

Six professional registered nurses and two nurses'- aides (who had received at least a high school education) were invited to observe patients.

The researcher provided consistent training to the observers prior to the observation in order to minimize collection bias.

A proxy of advanced

dem enti a pati ent

Characteris tics and BPSD of thirst need

Met hod s

The sample size

A small effect size = .30, power = .80, Cronbach's alpha = .05.

At least 150 subjects were needed and we recruited an additional 20%.

Inclusion criteria

(1) Diagnosed as having dementia based on Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), or having a Short Portable Mental Status Questionnaire (SPMSQ) score of less than 8 (Pfeiffer, 1975), or or having a Mini-Mental State Examination (MMSE) score of less than 17 for those with an education below senior high school and less than 23 for those with an education of senior high school or above (Folstein, Folstein, & McHugh, 1975; Guo et al., 1988).

(2) The perception of the caregiver that the patient could not express thirst-related needs lucidly, regardless of the stage of the disease.

Methods

Procedure and Ethical Co...

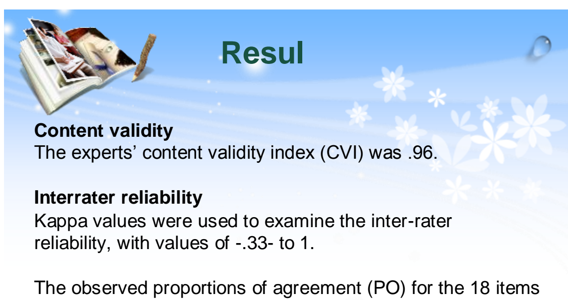
IRB approval

Table 1. Demographic Characteristics (N = 186)

Variable	n	%
Age (M±SD)	(79.7±9.9)	
[illegible]		
Male	81	43.5
Female	105	56.5
Marital status		
Married	155	83.3
Unmarried	22	11.8
Others	9	4.9
Children		
Yes	159	85.5
No	27	14.5
Years of education		
0	78	41.9
1-6	63	33.9
7-12	33	17.7
>12	12	6.5
Living arrangement		
Daycare	5	2.7
Long-term care	181	97.3
Dementia type		
Alzheimer	71	38.2
Vascular	36	19.4
Other general medical condition	18	9.7
Unspecified	61	32.8
Severity of dementia		
Severe	101	54.3
Moderate	67	36.0
Mild	18	9.7

Data Analysis

The SPSS version 17.0 (SPSS, Inc, Chicago, IL, USA). Means, standard deviations, frequencies percentages, kappa values, internal consistency reliability, and exploratory factor analysis (EFA) were conducted to analyze the data.



Content validity
The experts' content validity index (CVI) was .96.

Interrater reliability
Kappa values were used to examine the inter-rater reliability, with values of -.33- to 1.

The observed proportions of agreement (PO) for the 18 items were all above .60, with the exception of that for "squirming"

In retest, Kappa values were between -.13 and 1, the observed proportions of agreement (PO) for the 18 items were all above .6.

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Table 2. Test and Retest for the Inter-Rater Reliability of the18 Items

Item	Test		Retest	
	Kappa	PO	Kappa	PO
1. Taking fluid inappropriately	.53	.80	.90	.90
2. Repetitive movements	.32	.67	.05	.73
3. Squirming	-.33	.27	-.11	.77
4. Restlessness or anxiety	.46	.73	-.13	.77
5. Persistent or unreasonable demands	.17	.73	.35	.90
	-.15	.73	.17	.73
	.22	.67	.97	.97
	.97	.97	-.03	.93
	.20	.60	.93	.93
	-.03	.93	.20	.70
	-.06	.80	.87	.87
	1.00	1.00	.97	.97
13. Inactivity	.43	.87	.15	.67
14. Going toward fountain or faucet	.31	.70	.67	.83
15. Spitting	-.06	.83	1.00	1.00
16. Rude actions	.93	.93	.97	.97
17. Slow reactions	.25	.67	.73	.73
18. Groaning	.27	.87	1.00	1.00
Average of total items	.30	.73	.54	.85

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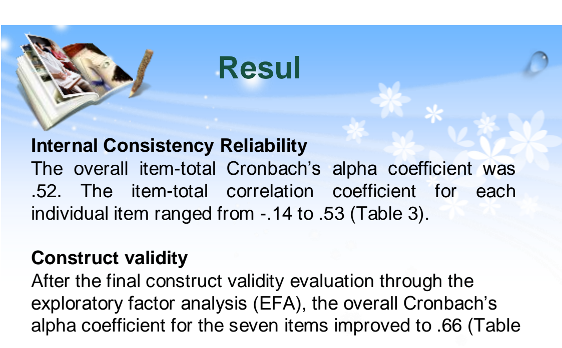

Resul

Internal Consistency Reliability

The overall item-total Cronbach's alpha coefficient was .52. The item-total correlation coefficient for each individual item ranged from -.14 to .53 (Table 3).

Construct validity

After the final construct validity evaluation through the exploratory factor analysis (EFA), the overall Cronbach's alpha coefficient for the seven items improved to .66 (Table

19

Table 3. Internal Consistency Reliability (N =

Item	Mean	SD	r
1. Taking fluid inappropriately	.23	.42	-.03
2. Repetitive movements	.27	.45	.32
3. Squirming	.32	.47	.53
4. Restlessness or anxiety	.34	.48	.48
5. Persistent or unreasonable demands	.15	.35	.25
6. Pacing back and forth	.09	.29	.28
7. Taking away other people's drinking cups or glasses inappropriately	.17	.37	.11
8. Attempt to reach another place	.06	.24	.17
9. Licking lips or touching mouth	.47	.50	.01
1. Repeating a sentence or question without purpose	.17	.37	.25
11. Making sounds	.13	.34	.19
12. Tearing, damaging, or destroying property	.02	.15	.17
13. Inactivity	.18	.38	-.02
14. Going toward a fountain or faucet	.28	.45	-.14
15. Spitting	.11	.31	-.05
16. Rude actions	.08	.27	.19
17. Slow reactions	.31	.46	.28
18. Groaning	.31	.46	.04
Total item scale Cronbach's α			.52

Result

Table 4. Internal Consistency Reliability and Factor Loadings for the Seven Retained Items (N = 186)

Item	r	α if Item is Deleted	Factor Loadings
2. Repetitive movements	.40	.64	.71
3. Squirming	.50	.61	.76
4. Restlessness or anxiety	.55	.59	.79
5. Persistent or unreasonable demands	.26	.67	.65
6.Pacing back and forth	.25	.67	.65
1. Repeat a sentence or question without purpose	.33	.66	.58
17. Slow reactions	.39	.64	.54
Total variance accounted for			.49
Total item scale Cronbach's α			.66

Factor loading of the 7 items accounted for 49.3% of the total variance. Content Validity Index of the checklist was 0.96 and the item consistency reliability for the 7 items was .66.

Result

Severity of dementia with the total thirst score was r = -.23. Severe dementia had negative correlations with "repetitive movements," "persistent or unreasonable demands," and "slow reactions" (r = -.15, -.20, and -.15, respectively), while moderate dementia had a positive correlation with "repeating a sentence or question without purpose" (r = .19).

Types of dementia was no correlative with and the total thirst score. However, vascular dementia correlated negatively with "repeating a sentence or question without purpose" (r = -.15), while Alzheimer's- type dementia correlated positively with "restlessness or anxiety" (r = .18)(see Table 5).

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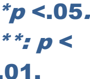
Table 5. Correlation (r) among the Characteristics of Thirst, Severity of Dementia, and Dementia Type (N = 186)

Item	Severity of Dementia			Type of Dementia			
	Mild	Moderate	Severe	Alzheimer	Vascular	Other General Medical Condition	Unspecified
2. Repetitive movements	.02	.13	-.15	.04	.03	.00	-.07
3. Squirming	.04	.05	-.10	.11	-.10	-.07	.02
4. Restlessness or anxiety	.02	.05	-.12	.18	-.04	-.12	-.07
5. Persistent or unreasonable demands	.13	.13	-.20	.02	-.05	.07	-.03
6. Pacing back and forth	-.01	-.05	.04	.14	.03	-.10	-.10
1.Repeating a sentence or question without purpose	-.12	.19*	-.10	.12	-.15	.00	-.01



***p <.05.**
****: p < .01.**

Limitation

(1) **The use of caregiver observation to collect data opens the possibility that certain behavioral characteristics were overlooked / or missed.**

(2) **Although the observation period lasted for two 2 weeks, the specific behaviors of patients may have differed on a daily basis.**

(3) **The current study represents the preliminary development of a checklist to assess thirst in PwAD. Additional research should be conducted on larger samples in order to further validate this 7seven-item checklist.**

Conclusion

(1) A preliminary development of a checklist

(2) A useful reference for clinical nursing staff, caregivers or family members to pre-identify thirst or fluid needs

(3) To improve care quality

Characteristics and BPSD of thirst need

Relevance to clinical

A useful reference for care providers to pre-identify the thirst or fluid needs of PwAD who are unable to effectively communicate their physiological needs and thus may facilitate improvements in quality of care.

The findings further the scholarly research on defining the characteristics of thirst for advanced-dementia patients in the Nursing Diagnosis System.

Relevance to clinical practice

The negative correlations between severe dementia and “restlessness or anxiety,”, “persistent or unreasonable

suggest that caregivers consider other characteristics of thirst when working with patients in this category. However, for patients with moderate dementia the most important indicator of thirst is “repeating a sentence or question without purpose.”.

With regard to dementia type, patients with Alzheimer’s-type dementia tend to use “restlessness and anxiety” to communicate their thirst and patients with vascular dementia tend not to use “repeating a sentence or question without

Caregivers thus need to take these results into consideration when working with patients with different types of dementia.

27

Q&A

28

A randomized control

Effectiveness of Aroma-massage on Alleviating Behavioral and psychological symptoms of Patients

29

Backgroun

With the increasing number of aging population, dementia has
become a public health problem worldwide.

Behavioral and psychological symptoms of dementia

dementia

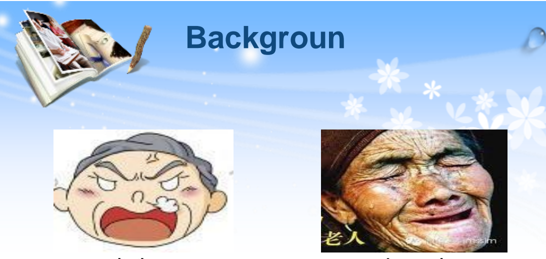
30

medications therapy

Alternative

Psychotropic medications as a first line to manage agitation and depression in PwD are widely used. However, advanced side-effects and cost of medication became great concern for health care providers.

Non-pharmacological strategies were recommended to manage these behaviors and symptoms (Enache et al., 2011; Wood-Mitchell, James, Waterworth, Swann, & B3a1llard, 2008).



agitatio depressi

Among behavior and psychological symptoms of dementia (BPSD), agitation behaviors and depression are prevalent in PwD.(Enache, Winblad, & Aarsland, 2011; Ford, 2014).

32

Sedative

Aromatherapy

Among complementary therapies, aromatherapy is commonly used and seen as a relatively non invasive procedure for managing a variety of patients' conditions (L. Thorgrimsen, Spector, Wiles, & Orrell, 2003).
Aromatherapy is frequently used in combination with massage (aroma-massage) which combines the natural therapeutic properties of
the essential oils and the healing power of massage therapy (Clarke33, 2008).

Literature

According to the systematic review (Forrester et al., 2014; Fung, Tsang, & Chung, 2012; L Thorgrimsen, Spector, Wiles, & Orrell, 2007), aromatherapy is not only used to reduce agitation and improve sleep but also reduce disturbed behavior and facilitate desirable behaviors.

Although, two studies combining aromatherapy and massage to manage agitation behaviors and depressive mood had been conducted, small sample size and dose are problems (Forrester et al., 2014; Fung et al., 2012; Yim, Ng, Tsang, &

Therefore, the evaluation of effectiveness of aroma-massage is needed.

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Research Purpose

Aromatherapy

The purpose of this research was to examine the effects of aroma-massage on alleviating agitation and depressive mood in patients with dementia.

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Methods_Participants

Inclusion criteria:

Dementia

(1) SPMSQ (Short Portable Mental Status Questionnaire) score less than 8 (Pfeiffer, 1975)

(2) MMSE (mini-mental state examination) score less than 17 for education below senior high school and less than 23 for education above senior high school (Folstein, Folstein, & McHugh, 1975; Guo et al., 1988),

(3) Have been diagnosed dementia based on DSM-IV.

BPSD

(1) Demonstrated agitation or depressive symptoms in the past 2 weeks as reported by caregivers (nurses and nurse aides) by using CCMAI and CCSD-C.

Exclusion criteria:

patients with severe dementia not able to interact with the researcher.

36

Research design_ randomized controlled trials

A randomized controlled trials was administered.

Participants were recruited from five long-term care facilities located in Tainan city. Research purpose was explained and informed consent obtained before procedure execute.

Participants were randomized assigned into one of comparison or experimental groups applying a randomized block technique.

The intervention group received aroma-massage once per week for 8 weeks.

The control group received regular care.

37

Flow

Enrollment

Assessed for eligibility (n=61)

Excluded (n=2)
Not meeting inclusion criteria (n=0)
Declined to participate (n=0)
Trans to hospital (n=2)

Randomized (n=59)

Allocation

Allocated to intervention (n=29)
- Received allocated intervention (n=29)
- Did not receive allocated intervention (n=0)

Allocated to control (n= 30)
- Received allocated intervention (n= 30)
- Did not receive allocated intervention (n=0)

Follow up

Lost to follow-up (give reasons) (n=0)
Discontinued intervention (uncomfortable feeling after massage) (n=2)

Lost to follow-up (n=0)
Discontinued intervention (discharge from the facility) (n=1)

Analysis

Analysed (n=27)
- Excluded from analysis (n=0)

Analysed (n=29)
- Excluded from analysis (n=0)

39

Figure 1. Flow Diagram

Methods_Setting

Sample size was estimated by G-power software.
To achieve 20% effect size and 80% power for significance at alpha level 5% while considering a 20% drop-out rate for a trial with repeated measures design (Cohen, 2013), at least 51 subjects were needed.

Protection for human subjects
IRB approval

Data collection
The directors of the facilities referred PwD based on the study criteria.
Written informed consent was obtained from the PwD or their surrogate. One member of staff from each study site (a nurse or supervisor of the nursing aide) collected data through the whole study period.
The staff data collectors were assigned by the nursing supervisor because they cared for the subjects constantly and closely.
They received assessment training prior to the observation in order to minimize collection bias.

Methods_ Outcome measurements

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The Chinese versions of Cohen-Mansfield Agitation Inventory (**CCMAI**) (Lin, Kao, Tzeng, & Lin, 2007), Cornell Scale for Depression in Dementia Chinese version (**CSDD-C)** (Lin, & Wang, 2008).

Instruments	CCMAI	CSDD_C
item	29	19
score	1-7	0-2
Total score	0-203	0-38
Internal reliability	07	0.82
Content validity	0.99	0.92
References	Lin et al.	Lin & Wang

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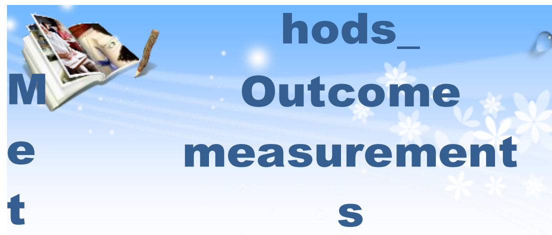

Methods_ Outcome measurements

Patients were evaluated with the CCMAI and CSDD-C at first visit (week 1).

After receiving the aroma-massage, all subjects were assessed by using CCMAI and CSDD-C in the midterm period (week 5) and final period (week 9).

Regard to the timely effective of aromatherapy, all subjects were also assessed at next day (24 hours later) following the aroma-massage on first, fifth and eighth week.

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Methods _ intervention

Both the control and intervention arm participants participated in regular activities in the long-term facilities.

Through an expert review, 30 minutes of aroma-massage once a week for eight continuous weeks was deemed appropriate for the intervention group.

To address concerns about the subjects in the control group not receiving the intervention, we did provide aroma-massage to subjects after the completion of the study to receive further feedback.

Aroma-massage was performed by trained research assistants.
The consistency of massage techniques used by each research assistant was compared by seven volunteers who received the massage intervention.

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Protocol for the Aroma-massage Technique and Procedure

1. The oil used was imported from England and labeled 100% pure Lavandula angustifolia and orange.
2. The researcher explained the procedure of massage to the subject.
3. The massage consisted of 3 drops of pure undiluted lavender and 3 drops of pure undiluted orange oil mixed 5ml of essential oil on the hands prior to placing the hands on the subject.
4. Let the subject gets in a comfortable posture and smells the oil to ensure his/her preference. Then an allergy test will be performed and noted.
5. If privacy is a concern, step out of the room as the subject dresses down and cover himself/herself with the additional towel or sheet.
6. The researcher rubs oil on the subject after warming the oil in her palm.
7. The lymph flows within lymph vessels in one direction and there are valves present to ensure this. When doing a massage, the researcher must be in the direction of the flow of blood and lymph which is towards the heart and proximal lymph nodes.
8. The researcher lets her hands slide around the neck, shoulder and arms while performing effleurage and petrissage in a circular motion.
9. Each subject has a different tolerance to pressure, when introducing deeper strokes ask for feedback is necessary.
10. At the end of the aroma-massage, the researcher can drape a towel over the subject's neck, shoulder and arms and rub gently to absorb most of the oil to avoid
11. The adverse effects of essential oils were monitored by caregivers of facilities throughout

Each section of aroma-massage

The subjects received the aroma-massage on the neck, shoulder and arms.

Methods_Data

SPSS17 was used for descriptive analysis.

A **General Liner Model (GLM)** repeated measurement analysis was used to determine the differences in outcome measures at 3 measurement times. Chi-square test was used to analyze differences of timely effective of aroma-massage in preferences of each item of 24hr CCMAI between the intervention group and the control group.

Table 1. Demographic Characteristics of the Subjects (N

Variable		Control group N=30	Intervention group N=29	t or x	P value
		Mean(SD)/n(%)	Mean(SD) /n(%)		
Age	Mean	80.67(7.44)	83.34(6.41)	-1.48	0.14
Sex	Male	13(43.3)	10(34.5)	0.49	0.49
	Female	17(56.7)	19(65.5)		
[illegible]	Illiteracy	[illegible]	[illegible]	[illegible]	[illegible]
	Below senior high school	17(56.7)	12(41.4)		
	Above senior high school	5(16.7)	6(20.7)		
Marriage	Unmarried	3(10.0)	1(3.4)	6.51	0.09
	Married	15(50.0)	7(24.1)		
	Divorce	1(3.3)	1(3.4)		
	Widowed	11(36.7)	20(69.0)		
Religious belief	No	2(6.7)	7(24.1)	10.17	0.07
	Folk beliefs	1(3.3)	0(0.00)		
	Buddhism	15(50.0)	8(27.6)		
	Taoism	11(36.7)	8(27.6)		
	Christianity	1(3.3)	4(13.8)		
	Catholic	0(0.0)	2(6.9)		
Chronic disease	No	1(3.3)	1(3.4)	0.00	1.00
	One	4(13.3)	4(13.8)		
	More than 2	25(83.3)	24(82.8)		
Psychiatric	No	11(36.7)	7(24.1)	1.09	0.30

Result

Outcome measures of cont... up over time

Agitative behaviors

There was no significant difference between groups in overall agitation over time (Table 2). Yet, the frequency of overall agitation decreased from week 1 to week 5 for the intervention group compared to the control group, however there

Result

Outcome measures of control and intervention group over time

Depressive mood

Depressive symptoms decreased significantly over time for the intervention group compared to the control group (Table 2).

With regard to the five sub-scales on the CSDD-C, results showed “Mood Related Signs” ($F = 7.05$, $p = 0.001$), “Behavioral Disturbances” ($F = 12.30$, $p = 0.000$), “Physical Signs” ($F = 14.27$, $p = 0.000$) and “Cyclic Functions” improved significantly ($F = 6.47$, $p = 0.002$), but no

was no additional change on week 9.

Significant changes were demonstrated in four specific agitative behaviors: “Grabbing onto people or things inappropriately” (F = 6.51, p = 0.01) and “Eating or drinking inappropriate substances” decreased (F = 3.99, p = 0.048) while “Making strange noises” (F = 4.19, p = 0.031) and “Negativism” (F = 4.02, p = 0.031) increased over time.
47

sub-scales on the CSDD-C showed decrease in the intervention group.
48

Table 2 Outcome measures of control and intervention group over time (n = 56)

	Control group(n=29)	Intervention group (n=27)	F	P
CCMAI scale	Mean (SD)	Mean (SD)	1.149	0.316
Week1(Baseline)	42.10(13.44)	54.30(16.66)		
Week5	38.45(11.65)	47.22(12.97)		
Week9	38.69(12.18)	48.00(13.62)		
CSDD-C scale	Mean (SD)	Mean (SD)		
Overall Week1(Baseline)	5.48(4.37)	12.89(8.37)	17.526	0.000*
Week9	4.86(4.40)	6.44(5.91)		
Subscale_ Mood Related Signs			[illegible]	[illegible]
Week1(Baseline)	[illegible]	[illegible]		
Week5	1.83(1.49)	2.67(1.94)		
[illegible]	[illegible]	[illegible]	12.303	0.000**
Week1(Baseline)	1.45(1.27)	3.11(1.87)		
Week5	1.31(1.49)	2.15(1.54)		
[illegible]	[illegible]	[illegible]	14.266	0.000***
Week1(Baseline)	0.38(0.78)	1.52(1.58)		
Week5	0.41(0.87)	1.15(1.10)		
Week9	0.48(0.99)	0.15(0.46)		
Subscale_ Ideational Disturbances			0.979	0.375
Week1(Baseline)	0.72(1.10)	2.22(2.24)		
Week5	0.72(1.22)	1.85(2.32)		
[illegible]	[illegible]	[illegible]	6.46	0.003*

We
ek
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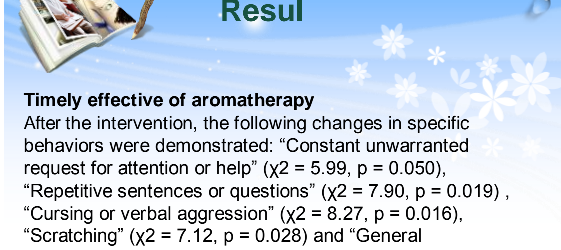
We ek 9	0.72 (1.0 3)	1.33(1.49)

Result

Timely effective of aromatherapy

Subjects were assessed using the 24hr CCMAI on the day following the aroma-massage in week 2, week 5 and week 9 (Table 4).
On the day after aroma-massage in week 2, the number of agitative behaviors in the control group increased significantly compared to the experimental group (t = 2.36, p = 0.025).

In week 5 and 9, the number of agitative behaviors in experimental group decreased significantly compared to the control group (t = -3.61, p = 0.001; t = -3.46, p = 0.002). However, in week 9, the number of agitative behaviors in experimental group remain constant compared to the control group (t = 2.42, p = 0.021).



Resul

Timely effective of aromatherapy
After the intervention, the following changes in specific behaviors were demonstrated: “Constant unwarranted request for attention or help” (χ2 = 5.99, p = 0.050), “Repetitive sentences or questions” (χ2 = 7.90, p = 0.019) , “Cursing or verbal aggression” (χ2 = 8.27, p = 0.016), “Scratching” (χ2 = 7.12, p = 0.028) and “General restlessness” (χ2 = 7.52, p = 0.023) decreased significantly in the intervention group in week 5. However, only “Repetitive
intervention group in week 9.

Table 3. The change in agitation using the 29 items of CCMAI at next day (24 hours later) following the aroma-

	Control group	Intervention group	t	P
Week2	Mean(SD)	Mean(SD)		
Decrease	0.37(1.10)	0.62(1.15)	-0.869	0.388
Constance	27.93(1.82)	28.38(1.15)	-1.131	0.264
Increase	0.70(1.62)	0.00(0.00)	2.364	0.025*
Week5				
Decrease	0.77(0.25)	1.89(2.61)	-3.617	0.001*
Constance	28.20(1.52)	26.52(4.48)	1.858	0.073
Increase	0.76(1.55)	0.70(2.51)	0.099	0.921

*p<0.0

Limitatio

(1) It is difficult to clearly distinguish the effects due to aromatherapy and massage.
(2) Observations were based on a total period of two weeks, but the agitated behaviors of PwD fluctuate over time, and thus the observers may have missed certain behaviors.
(3) We only conducted aroma-massage once a week for eight continuous weeks, and this intervention dosage may not be adequate. A comparison of the three group designs (aromatherapy, massage, and control) of aroma-massage with different dosages of intervention are thus options for

Conclusion

The effectiveness of non-pharmacologic approaches to behavioral problems in dementia has been raised in support of developing more multidisciplinary teams to deal with PwD; however, the effects of aroma-massage remain inconclusive in the literature review.

Long-term care facilities lack both the ability and time to deal with all instances of agitation and depressive moods of PwD. It is thus necessary to plan effective interventions to help health providers solve the problems they face in this regard.

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practice

The findings of this study can be used as references by health care providers in long-term care facilities when working to plan more effective interventions to alleviate the agitation and depressive moods of dementia patients.

For example, when a PwD demonstrates agitated behavior, care providers can apply aroma-massage to rapidly alleviate these behaviors. In addition, when PwD feel depressed

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Comparing Effects of Cognitive Stimulation, Reminiscence and Aroma-massage on Agitation and Depressive Mood in People with Dementia

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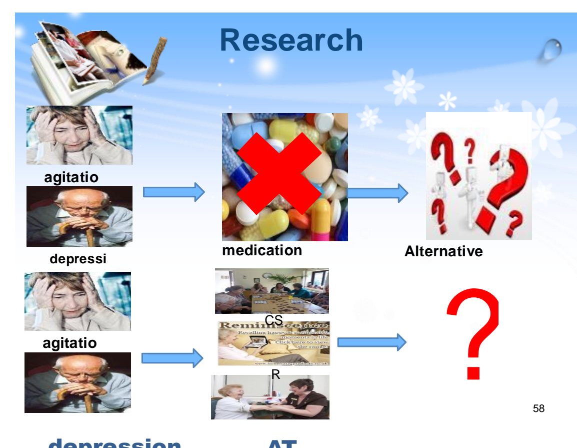
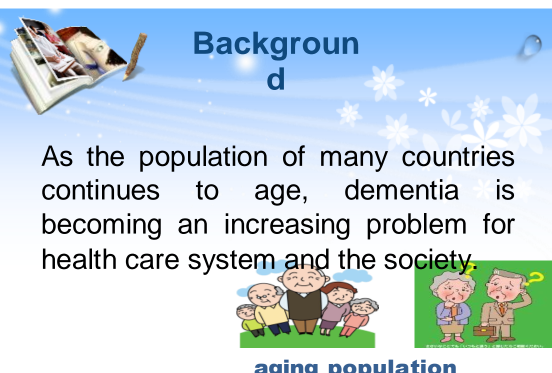
Research



Background

As the population of many countries continues to age, dementia is becoming an increasing problem for health care system and the society.



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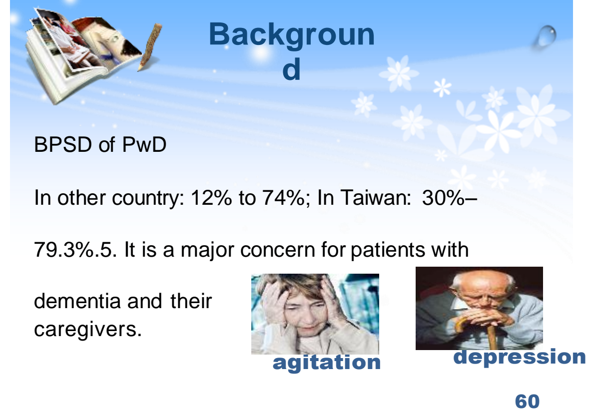
Background

BPSD of PwD

In other country: 12% to 74%; In Taiwan: 30%–79.3%.5. It is a major concern for patients with dementia and their caregivers.



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Backgroun

Although sometimes psychotropic medications are prescribed to manage BPSD, their limited efficacy, side effects, high risk of morbidity and mortality, and relatively high cost make non-pharmacological strategies preferable. Desai and McFadden (2013) also indicated that non-pharmacological interventions may be valuable for agitation, and thus decrease the use of

medications Alternative

Backgroun d

Of the various therapies used to manage BPSD, cognitive stimulation therapy (CST), reminiscence therapy (RT), and aroma-massage therapy (AT) are commonly used.

CST RT AT

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Cognitive stimulation therapy

- Be designed for people with mild to moderate dementia.
- Be used by specifically trained staff.
- Be conducted individually or in groups.
- Settings include care homes, memory clinics, and day centers.

(Spector et al, 2003)

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Cognitive stimulation therapy

- Sessions include structured discussions about topics such as current affairs, word associations, and money.
- The technique does not aim to test factual answers but to encourage participants to give their opinions, and thus to actively stimulate and engage them in an optimal learning environment, usually with the social

(Spector et al, 2003)

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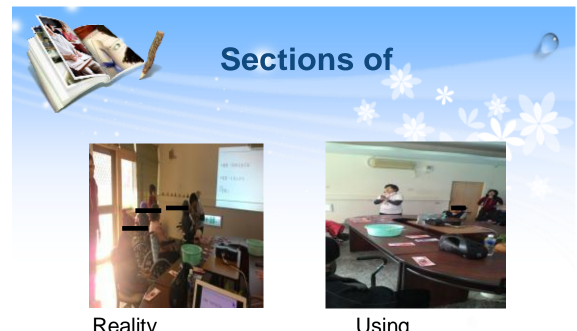

Sections of

Reality Using

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Reminiscence therapy

- Be designed for people with mild to moderate dementia.
- Be used by specifically trained staff.
- Be conducted individually or in groups.
- Settings include care homes, memory day

(Woods,

66

Reminiscence therapy

- Be the act of recollecting past experiences or events.
- When a person shares his personal stories with others.

with a (Woods,

67

Sections of RT

Grandparents are often among those who reminiscence to their grandchildren, sharing their individual experience of what the past was like.

photos foods materials Oldies

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Aroma-massage

AT consisted of the natura s of the

essential oils and the healing power of

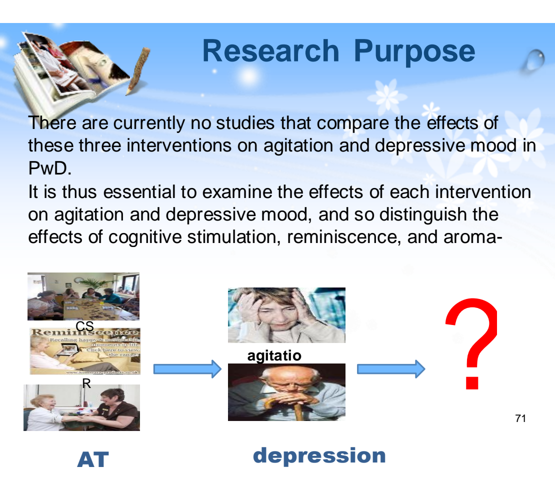
It is believed to increase oxygenation and nutrients to cells and tissue, release endorphins to cause physical and mental relaxation.

AT also has the potential to enhance comfort and sleep, reduce levels of agitation and alleviate anxiety and depression.

(Clarke, S., 2008) 69

Sections of

70


Research Purpose
There are currently no studies that compare the effects of these three interventions on agitation and depressive mood in PwD.
It is thus essential to examine the effects of each intervention on agitation and depressive mood, and so distinguish the effects of cognitive stimulation, reminiscence, and aroma-
CS
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agitatio
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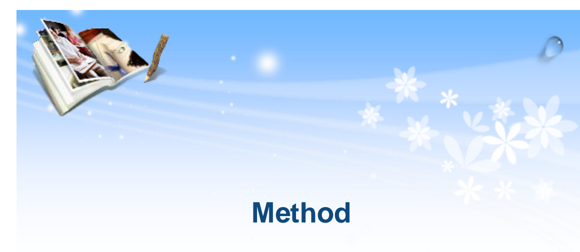
AT
depression


Method
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Methods

Research Design

The study was drawn from a larger stu exploring the effects of several alternat remedies on a variety of health indicators f PwD in long-term care facilities. It applies factorial design to compare three interventio with regard to their effects on agitated behav and depressive mood in PwD.

Subjects and Setting

Ten long-term care facilities with similar characteristics in southern Taiwan were contacted and invited to participate. A three-group intervention study was conducted in which each facility was given one intervention. The intervention offered to each individual facility was based on a randomized block technique by the researcher.

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Participants

Inclusion criteria		criteria	reference
1	Short Portable Mental Status	0-8	Pfeiffer, 1975
	Mini-Mental State Examination, MMSE(0-30)	10-17 (below senior high school) 10-23 (above senior high school)	Folstein, Folstein, & McHugh, 1975;
2	Elders who demonstrated agitation or depressive symptoms in the past 2 weeks as reported by caregivers (nurses and nurse		
Exclusion criteria			
1	PwD are not able to interact with the researcher		

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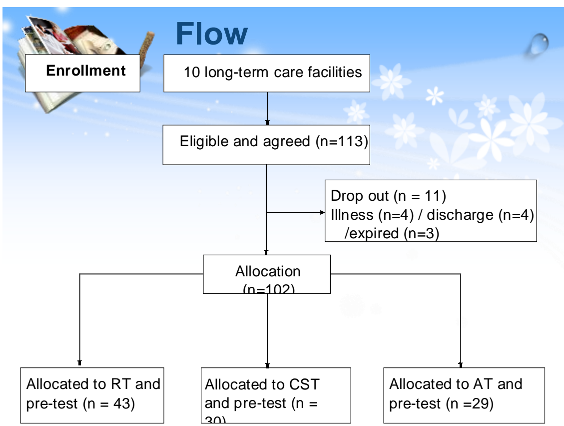
Flow



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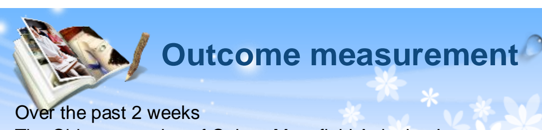
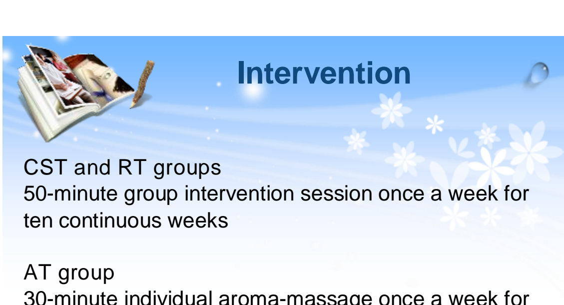


Outcome measurement

Over the past 2 weeks
The Chinese version of Cohen-Mansfield Agitation Inventory (CCMAI) was used to identify the level of agitation.
The Cornell Scale for Depression in Dementia the Chinese Version (CSDD-C) measures signs and symptoms of depression in PwD.

Instruments	CCMAI	CSDD_C
item	29	19
score	1-7	0-2
Total score	0-203	0-38
Internal reliability	07	0.82
Content validity	0.99	0.92
References	Lin et al. 2007	Lin & Wang 2008

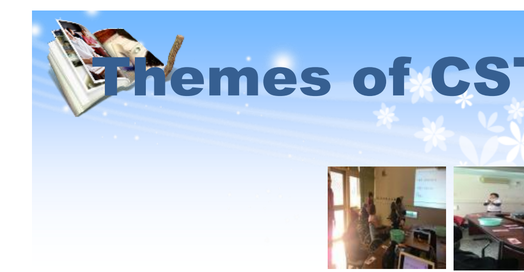


Intervention

CST and RT groups
50-minute group intervention session once a week for ten continuous weeks

AT group
30-minute individual aroma-massage once a week for 8 continuous weeks

Themes of CST



Each subject still participated in the regular activities of

the long-term facilities.

“Physical games” “Sound” “Face/scenes” “Food” “Word games” “Using money” “Being creative”, “Categorizing objects” “Orientation” and “Team quiz”.

Reality Orientation
Using Money

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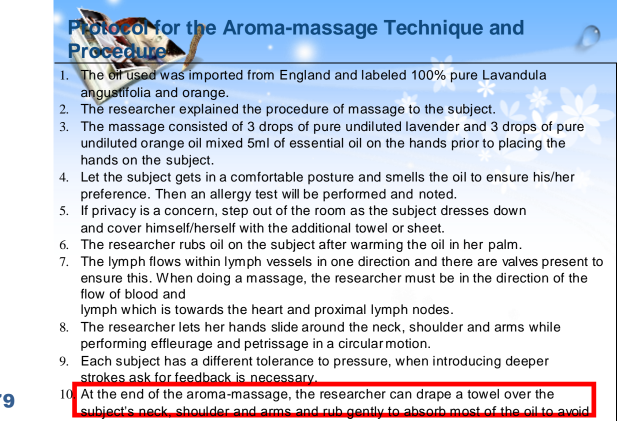
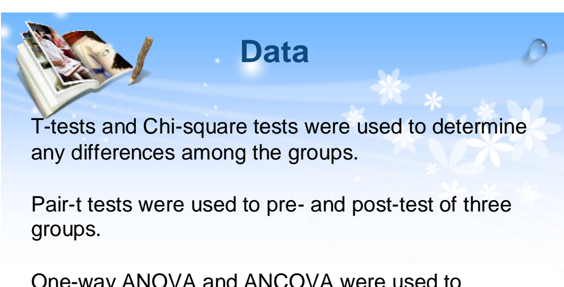
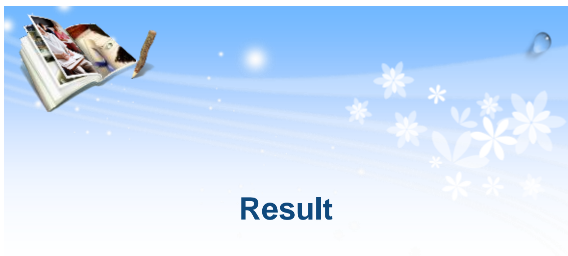




T-tests and Chi-square tests were used to determine any differences among the groups.

Pair-t tests were used to pre- and post-test of three groups.

One-way ANOVA and ANCOVA were used to compare effectiveness of three interventions on



Subjects who completed at least 70% of treatment dose were involved in data analysis.

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Table 1 Demographic Characteristics of the Subjects (N = 99)

Variable		RT (n=43)	CST (n=29)	AT (n=27)	F / x ²	P
		M(SD)	M(SD)	M(SD)		
Age		78.7(6.7)	79.1(9.1)	83.3(6.4)	3.85	.025
Children		3.0(1.9)	2.9(2.0)	3.7(1.6)	1.61	.205
		n(%)	n(%)	n(%)		
Sex	Female	29(28.4)	19(18.6)	19(18.6)	0.13	.936
	male	14(13.7)	11(10.8)	10(9.8)		
Education	Illiteracy	16(15.7)	12(11.8)	10(9.8)	4.23	.376
	Below senior high school	24(23.5)	16(15.7)	13(12.7)		
	Above senior high school	3(2.9)	2(2.0)	6(5.9)		
Marriage	Unmarried	4(3.9)	4(3.9)	1(1.0)	4.22	.647
	Married	10(9.8)	7(6.9)	7(6.9)		
	Divorce	4(3.9)	4(3.9)	1(1.0)		
	Widowed	25(24.5)	15(14.7)	20(19.6)		
Religious belief	None	5(4.9)	0(0.0)	7(6.9)	10.97	.360
	Traditional beliefs	1(1.0)	1(1.0)	0(1.0)		
	Buddhism	16(15.7)	10(9.8)	8(7.8)		
	Taoism	15 (14.7)	14(13.7)	8(7.8)		
	Christianity	4(3.9)	4(3.9)	4(3.9)		
	Catholic	2(2.0)	1(1.0)	2(2.0)		
Severity of dementia	Mild	3(2.9)	3(2.9)	3(2.9)	61.23	<.001
	Moderate	40(39.2)	27(26.5)	7(6.9)		
	Severe	0(0.0)	0(0.0)	19(18.6)		

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ANOVA

Significant differences in the effects on agitation and depressive symptoms in PwD were found among the three

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interventions.

Post-hoc analysis

AT was more effective than RT and CST in improving agitated behaviors, and was also more effective than CST and RT in alleviating depressive symptoms

Table 2 Outcome measures of three groups (N =

Scale	RT(n=40)	CST(n=24)	AT(n=27)	F	Post-hoc
	Mean (SD)	Mean (SD)	Mean (SD)		
CMAI1					
Pretest	38.9(10.1)	35.9(9.9)	54.3(16.7)	17.18***	
posttest	38.4(12.2)	35.38(12.7)	48.0(18.6)	7.35*	
Change	.21(6.6)	6.2(9.2)	6.3(11.0)	4.53*	AT>RT; AT>CST
CSDD					
Pretest	3.7(4.4)	2.0(2.6)	12.9(8.4)	27.24***	
posttest	3.68(5.2)	1.5(1.9)	6.4(5.9)	5.86*	
Change	-.81(7.0)	.93(3.48)	6.4(3.8)	15.53***	AT>RT; AT>CST

F: One way ANOVA(the change of pretest and posttest on agitation and depression mood in PwD)

***p* < .05, ** *p* < 0.01, *** *p* < 0.05**

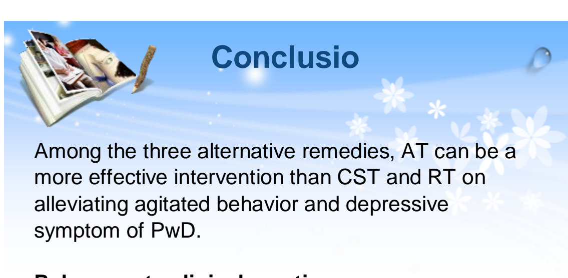
Limitation

(1) **The programs used in this study require manpower and resources, which may not be available in practice in all long-term care facilities.**

(2) **The intervention dosages were different among the three groups. The finding that the effect of AT was greater than that of RT or CST may be because the individualized nature of AT was better able to meet the personal needs of the participants than group therapy.**

(3) **Although reducing antipsychotic use is crucial, most of the subjects in this study used psychotropic medication to improve sleep quality, which may have interfered with the results.**

(4) **The observations of behaviors were based on a total period of two weeks, but the behavioral problems of PwD fluctuate over time, and thus the observers may have missed certain behaviors.**



Conclusio

Among the three alternative remedies, AT can be a more effective intervention than CST and RT on alleviating agitated behavior and depressive symptom of PwD.

Relevance to clinical practice

Aroma-massage is an easy-to-learn intervention