

フィリピン大学看護学部との看護教育コラボレーション 第1報 看護教育コラボレーション講演会の報告

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【はじめに】

長崎大学医学部保健学科では、国際的に活躍できる医療職の育成を教育目標に掲げ、国際保健や国際看護に関する講義に加え、開発途上国の人々の健康問題を実感し実践的なケアを行なうフィリピン看護学実習を、2007年2月から取りいれている。実習の中で、フィリピン大学看護学部との交流を少しずつ積み重ねてきた^{1,2)}。この流れから、さらに深い協力関係が必要であると考え、長崎大学医学部保健学科にて看護教育コラボレーション講演会を実施することになった。今回の講演会は、2010年

2月、フィリピンの看護学実習に多大なご協力ご支援いただいているフィリピン大学看護学部のツーザン看護学部長、およびバラバグノ先生を招聘し、看護教育コラボレーション講演会と銘打って「グローバル社会と看護教育」、「看護教育における異文化理解」をテーマに、両大学の文化交流の拡大を目指して行なったものである。

【来日スケジュールの概要】

両先生方を長崎にお招きしたスケジュールを表1に示した。お二人の先生は、日本の寒さにもめげずにスケ

表1. 招待スケジュール

Time	2010/2/7 (日)	2010/2/8 (月)	2010/2/9 (火)	2010/2/10 (水)	2010/2/11 (木)
9:00			送 迎	送 迎	
10:00			テクニカルビジット (1) 熱帯医学研究所	長崎大学における看護教育の説明 教員の学術交流のためのミーティング (アカデミックミーティング)	送 迎 長崎出発
11:00		送 迎			
11:30		表敬訪問 (1) 医歯薬学総合研究科長 移 動	テクニカルビジット (2) 長崎大学病院		高速バス
12:00		表敬訪問 (2) 保健学科長および 看護学主任	事務的な手続き	休 憩	
12:30				送別パーティ (教職員)	
13:00		歓迎パーティ (教職員)	昼 食		
13:30					
14:00			保健学科案内		
15:00	福 岡 着 送 迎 高速バス	原爆資料館見学		テクニカルビジット (3) 伊王島 NPO 法人 ふるさと見学	福岡より帰国
16:00			休 憩		
17:00			通訳との打ち合わせ		
18:00		講演会リハーサル		送 迎	
19:00	長 崎 着 ホテルチェックイン	送 迎	看護教育コラボ レーション講演会		
20:00	歓迎食事会				
21:00	送 迎		送 迎		

- 1 長崎大学大学院医歯薬学総合研究科保健学専攻
- 2 フィリピン大学マニラ校看護学部
- 3 名古屋大学医学部保健学科看護学専攻
- 4 聖マリア学院大学看護学部看護学科

ジュールを精力的にこなされた。表敬訪問で医歯薬学総合研究科長や保健学科長など多くの先生方とお会いし、長崎大学病院や熱帯医学研究所などを熱心に見学された。地域にも積極的に出かけられ、長崎原爆資料館では原爆の歴史に触れ、伊王島では高齢者支援を行なっているNPOを訪問し、地域住民と交流された。伊王島ではさらに日本の温泉を体験され、フィリピンでは裸で温泉につかるなどの文化がないことから、まさに「異文化理解」を、身をもって実践されたかのようなようであった。

また、本学保健学科の教員とのアカデミックカンファレンスを4日目に開催した。初めての両大学教員の意見交換会ではあったが、話し合いは前日の講演会の「看護と異文化理解」についての質疑応答から始まった。フィリピンにおける学生の実習経験の多さと、日本での患者の人権保護の観点から経験項目の少ないことが話題となり、文化的背景の違いをお互いが確認することとなった。その後それぞれの研究についての成果が意見交換され、相互理解の一助となった。

【看護教育コラボレーション講演会の模様】

主目的の講演会は、3日目の夕方5時から8時までの間、4部構成で行われた(表2)。開催の挨拶のあと、フィリピンで実習を行った本学の看護学生が「フィリピン大学を訪問して」のテーマで英語のスピーチを行い、その後バラバグノ先生の講演、ツーザン先生の講演と続き、最後、本学学生が研究論文としてまとめた「フィリピン大学看護学生の職業的アイデンティティと海外就労への関心」を英語でまとめたスピーチで終了した。学生のスピーチについては、ツーザン先生、バラバグノ先生から賛辞の言葉をいただき、好評であった。

講演会の状況についてはバラバグノ先生、ツーザン先生より改めて講演内容の原稿をいただいたので、参考資

料1,2として全文を掲載する。ここでは概要のみを記す。

【講演の概要】

バラバグノ先生の「看護教育における異文化理解」では、フィリピンの看護が「異文化理解の看護」をめざすにいたった背景を詳しく説明された。フィリピンは7000以上の大小の島々が熱帯から亜熱帯にわたって、南北1,000キロメートルの広範囲で位置している。言語は大きく8つの流れがあり、その中で150もの方言がある多文化国家であった(現在公用語はタガログ語と英語である)。そのことから、看護を展開する上で異文化理解という概念がもともと必要とされていた土台があった。そして、アメリカに移住したフィリピン看護師たちとレイニンガーが交わったことにより、レイニンガーによる民族看護学が成立したいきさつを知った。レイニンガーの指導を受けて、フィリピン大学では早くから民族看護学を取り入れてきたそうである。

文献レビューで看護のケアリングとフィリピンの民族的概念のすりあわせを説明された。つまり異文化理解とは、その地域に独自にある文化を理解することであり、看護の概念をその地域の言葉で言い直しをするということも異文化理解なのだということを知った。そして看護には本来異文化理解の必要性があることを力説された。

異文化理解のための学習は、文化的ケア能力をどのように育てるかという課題にかかっている。文化的ケア能力の育成は、文化とケアの両方を学ぶ必要があり、大学の総合的なカリキュラムの中に組み込まれている。さらに文化的ケア能力の育成を看護過程のあらゆる展開で学んでおり、学生は地域での看護学実習でもその地域の文化を理解してケアをするということで、学んでいた。

異文化理解に早くから取り組んでいたことが、現在のフィリピン看護師たちの世界へ働く場所を求めることに

表2. 講演会スケジュール

17:00 - 17:15	挨拶	長崎大学医学部保健学科長 松坂誠應 教授, 看護学専攻主任 大石和代 教授 座長 長崎大学医学部保健学科 入山茂美 講師
講演1	"What is The College of Nursing, University of The Philippines?"	
17:15 - 17:30	「フィリピン大学看護学部を訪問して」	長崎大学医学部保健学科看護学専攻 学生 折田真紀
講演2	"Cross-Cultural Understanding through Nursing"	
17:30 - 18:20	「看護教育における異文化理解」	フィリピン大学看護学部 教授 Araceli O. Balabagno 先生
	休憩 (10分)	
講演3	"Global Society and Nursing Education"	
18:30 - 19:20	「グローバル社会と看護教育」	フィリピン大学 看護学部長・教授 Josefina A. Tuazon 先生
19:20 - 19:40	質疑応答	
講演4	"Professional Identity and Interest in Migrant Nurse among Filipino Nursing Students"	
19:40 - 19:55	「フィリピン人看護学生の職業的アイデンティティと海外就労への関心」	長崎大学医学部保健学科看護学専攻 学生 川脇奨司 / 永井幸代
閉会	20:00	



写真1. ツーザン先生、バラバグノ先生をお迎えして

繋がっていることを理解した。

ツーザン先生の「グローバル社会と看護教育」では、最初にフィリピン大学マニラ校の看護学部についての説明があった。1948年に、フィリピンで始めて、おそらくアジアで最初に看護学部がフィリピン大学に設置され、それを皮切りに、修士プログラムが1955年に、博士課程が1979年と、早い時期に看護の高等教育が開始された。さらにフィリピン大学看護学部は、2004年からはWHOの看護の開発を推進する協力機関となっている。その説明のあと、「グローバル社会と看護教育」のテーマに沿って講演があった。まず、世界の現在のトレンドとして人口の高齢化や慢性疾患患者の増加について説明があり、WHOの患者の安全保障、気候の変動とそれに対する対応などの話があった。

ツーザン先生は、気候変動について看護職は何をすべきかと問いかけ、それに対し、気候変動は特に社会的弱者に影響が大きいと、これからはプライマリヘルスケアとヘルスプロモーションに特に力を入れるべきであると明快に論じられた。そしてアメリカの看護界では、看護師自体が高齢化し看護師の新卒者が減少している傾向が示され、看護師の労働力移動が行われている実情を示した。このことは、経験の豊かなフィリピン看護師の海外就労を促し、フィリピン国内では逆に看護師不足に陥っている。したがって、海外への人材供給と国内での人材供給の両側面から看護教育に対するニーズが高いので、よりよい看護師を輩出すべく教員の質、教育の質が問われている、と力説された。

講演の最後に述べられたのは、国際的にフィリピン看護師に対する需要の高いことと、その一方でフィリピン国内での看護師不足を招いている現状であり、その状況の中で、フィリピンの看護師を教育する大学として、他の大学をリードする質の高い看護師の教育に情熱を注いでいる様子が伺えた。

【講演会の評価】

講演会は、学内の教員および学生を主な対象として行ったが、私たちのプロジェクトチームを含めて47名の参加があった。講演後、アンケートに回答していただいた方は19名であり、学生の回答が12名、あとは教員、臨床の看護師であった。アンケートの回答や記述から見てきたものは、看護は対象理解で、異文化理解の視点が必要であり、これからもこのような催しを続けてほしいというものであった。運営の仕方としては「早い時間での開催を望む」や、「ディスカッションの時間をもっと取ってほしい」、「もっと宣伝をしたらどうか」などの要望があった。学生の発表については賛否両論で、「非常に良い」という意見と、「学生の発表に時間が取られて質疑応答の時間が少ない」というものであった。異文化理解の必要性の言及が臨床の看護師や看護学生からコメントとしてあったことは、講演会の主催者側としてよかったと考えるが、評価するにはアンケートの回答率をもっと高める必要があった。

【終わりに】

私たちは、今回の講演会とアカデミックミーティング、そのほかの活動を通して、お二人の先生の陽気で活発なフィリピン人気質に触れることとなった。特に感銘を覚えたのは、フィリピンの先生方の看護教育に対するプライドと誇りであり、私たちに勇気を与えてくれたように思う。私たち日本人看護師は自分たちの態度を振り返り、フィリピン看護師から多くを学び、日本の看護の発展に貢献していく必要があると考える。

さらに2009年から日本は、フィリピンとの経済連携協定によりフィリピン看護師を受け入れているが、言葉の壁などでまだごく少数である。今後はフィリピン看護師をどう日本で受け入れていくかという視点も重要になると思われ、相互理解の必要性がさらに増すことであろう。

本事業は、平成21年度長崎大学高度化推進経費、国際交流事業の助成金を得て実施された。多くの方のご協力、ご支援をいただいたことに深謝いたします。

文献

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参考資料 1

LECTURE PRESENTATION 1 (Ngasaki University, FEBRUARY 7- 11, 2010)
“CROSS CULTURAL UNDERSTANDING THROUGH NURSING EDUCATION”

ARACELI O. BALABAGNO, RN, PhD

Professor, College of Nursing, University of the Philippines Manila

GOAL: The goal of this presentation was to contribute to understanding of cross cultural nursing from the Philippine perspective. The essence of the presentation was drawn from experiences derived at UPM CN on the integration of cross-cultural nursing in the BS Nursing curriculum.

OBJECTIVES: Three objectives were covered in this presentation: 1) appreciate the factors that helped shape cross cultural nursing education in the Philippines; 2) discuss experiences supporting development of cultural care competence; and 3) derive insights on inter-cultural nurse relationships.

SUMMARY:

The geographical nature of the Philippines supports its diversity and unity as one culture. Each subculture and ethnic group seek to preserve their own values, beliefs, lifestyles, health practices. Yet, there is a shared culture and set of values from the collective experiences of the Filipino people. This is threaded by a national language and common experiences of the country's history.

From the perspective of health practices and nursing, several dominant ethno care values, beliefs and practices shape nursing and caring. The following concepts were described in the study of Leininger (1984) on the cultural care factors of Filipinos. Her findings showed that caring ideas were closely linked to the Filipino's religious beliefs. Education was held very important. Parents were most supportive of their children getting an education and felt it was their responsibility and obligation to support their education.

On caring, the following were presented.

1) Caring means maintaining smooth and harmonious relationship with others. This is explained in the cultural concept of the Filipino words, such as “pakikisama”, “pakikipagkapwa-tao”, generally translated as getting along well with others.

2) Caring means showing respect for others, especially for the elderly demonstrated by being attentive, and giving assistance.

3) Caring means reciprocity-the giving and receiving between individuals of the family group. The cultural concept described by Filipino words “utang-na-loob”

explains a give and take relationship.

4) Caring means preserving one's self esteem or one's face. This includes the cultural concepts of “amor propio”, adapted from Spanish words to describe self-worth, or shame (in Filipino language, “hiya”). Demeaning or threatening the self-esteem and shaming others are viewed as non-caring.

5) Caring means providing physical comfort to those who are sick, helpless, and those experiencing pain. The study showed that these acts were considered an obligation. This is characterized by concepts like acts of tenderness, and combined skill of using gentle touches in a sustained manner with compassion and kind attitude. Gentle nursing care also meant moving in a slow and deliberate touching way with thoughtful consideration of the person.

Cultural competence and education is considered important even more today. We now see an increasing trend of foreign students enrolling in Philippine nursing schools. Pacuiao's study (Transcultural Nursing, 2007) focused on the increasing cultural diversity situations influencing nursing schools and nursing practice. Leininger (1995) explained the increasing demand for community and culture-based health care services in a diverse environmental context. There is diversity in national and global population due to increased migration. More people travel, work or live in other countries other than their own. This rise in multicultural identities make people seek to preserve their own cultural values and life ways.

UPM CN has been at the forefront of promoting cultural competence for Filipino nurses. Relevant concepts and skills have been integrated into our own BSN curriculum, which has influenced nursing education in the country.

The current BSN curriculum is competency-based, community oriented and value-based. The aim is that, by the end of the program, the graduate will render safe, comprehensive, culturally-competent nursing care to individuals, families, population groups in health promotion, therapeutic and rehabilitative health situations in various clinical care settings such as the hospital and the community. Graduates are prepared to assume three major roles as professional

nurses: patient-care provider, leader-manager, and beginning researcher. Six core values are incorporated in the curriculum: integrity, nationalism, caring, universalism, leadership and excellence.

The curriculum is composed of General Education courses (arts and humanities, social sciences and philosophy, and math, science and technology) and the professional nursing courses. At first year, the course on Behavioral Foundations covers basic concepts in Anthropology, Sociology, and Psychology, which provides initial understanding of the social and cultural perspectives. As the student progresses, Fundamentals in Nursing and Nursing Intervention courses are gradually introduced to provide theoretical bases for competent and holistic care. The practice component is likewise gradually introduced and is characterized by hospital-based activities, as well as community-based activities.

The cultural care experiences are derived from learning activities of our nursing students who regularly work within the cultural context of the individual, family, population groups (example: older persons, those with diabetes, hypertension) and communities of diverse cultural background. Cultural care competencies are identified in terms of knowledge (example: communication methods), skills (example: assessment of clients) and attitude (example: affective domain of values, feelings, beliefs, health practices). In the process of home visits with supervision, students assist clients identify problems in the community. There is community participation in the process. The knowledge that students gain in the classroom are put into practice as they learn the culture of the community. They gain understanding of the community and the resources available to the community and develop skills in communication. Students learn about the life patterns of the community, health belief and practices, food habits, traditions and values. These are essential steps in enhancing cross-cultural nursing. (Ref. UPCN Competency-based Curriculum)

In the Philippines, a master's degree in nursing is the minimum qualification to become a faculty, dean or chief nurse of a hospital. There are factors that help strengthen and support graduate education

within the cultural context: developments in health care delivery system, changing patterns of illness, emerging illnesses, science and technology in health care, evidence-based practice, expectations of clients who are mobile, new ways of learning, information technology, and advanced nursing practice.

The graduate programs of UPM CN are supported by the following framework statements, which support transcultural nursing: 1) Graduates are faced with complex problems in health and illness brought about by rapidly changing societies; 2) New patterns of illness, changing environment, changing needs of our people; and 3) Nurses should understand the pluralistic nature of Philippine society. (Ref. UPCN Catalogue). There are five specialty areas and tracks of our Master of Arts in Nursing Program: Adult Health Nursing, Maternal and Child Nursing, Community Health Nursing, Mental Health and Psychiatric Nursing, and Nursing Administration.

At the PhD level, we have an elective course on Transcultural Nursing. This course covers theories and models, evidence-based research to arrive at descriptions of health care needs of diverse ethnic groups or subcultures, development of cultural sensitive assessment tools for patients and to assess cultural competence of nurses, in-depth study of a phenomenon of interest, such as bedside nursing for an ethnic group, therapeutic touch, coping with pain and aging, birthing practices.

For inter cultural nursing cooperation, the framework in increasing interaction between two nursing groups is presented. Inter cultural in this presentation refer to building relationship between two nursing groups in terms of increasing understanding of each one's cultural perspective. The recommended process should be gradual. For example, how can we work together to develop cultural competent care for older persons? This area will bring in development of nurses competencies in communication, strategies for care, and technology related activities. The goal is to expand the area of convergence for mutual understanding through dialogues and conferences on cultural perspectives.

Thank you very much for your eager listening.

參考資料2

LECTURE PRESENTATION 2 (Ngasaki University, FEBRUARY 7- 11, 2010)
“GLOBAL SOCIETY AND NURSING EDUCATION”

JOSEFINA A. TUAZON, RN, MN, DrPH

Dean and Professor, College of Nursing University of the Philippines Manila
Head, WHO Collaborating Center for Leadership in Nursing Development

1) INTRODUCTION OF UPM COLLEGE OF NURSING

The College of Nursing of the University of the Philippines was established almost 62 years ago in 1948. With it, the first university-based Bachelor of Science in Nursing (BSN) program was offered in the Philippines, and possibly, this was the first in Asia. In the 1980s, the College adopted a competency-based BSN curriculum. This influenced the curricula of other nursing schools, and eventually, the national curriculum adopted by the Commission on Higher Education.

UPM CN opened its first Master of Arts in Nursing program in 1955 and PhD Nursing in 1979. The PhD program was also the first in the Philippines and Asia.

The College was also the first World Health Organization Collaborating Center (WHOCC) established in the Western Pacific Region in 1989 and the 6th established in the world. Today, it is designated as WHOCC for Leadership in Nursing Development since 2004. Before this, it was a WHOCC for Primary Care. The College is also recognized as a Center of Excellence for Nursing Education by the Philippine Commission on Higher Education.

I will speak to you today about some important trends and developments happening in the world that definitely affect nursing and nursing education, both in the Philippines and possibly Japan.

I will first give an overview of some of the global trends. Then, I will focus on some that I feel are important for you as nursing students such as changes in demographics and population, Patient Safety initiative of the World Health Organization (WHO), the need for more health promotion and primary health care, and the effects of the global nursing shortage and migration of nurses particularly from the Philippine perspective. Lastly, I will discuss the implications of these to nursing and nursing education.

2) GLOBAL TRENDS AFFECTING NURSING

Nursing around the world is evolving to meet the changing health care needs of the public and the

career goals of nurses. We cannot divorce ourselves, nursing and nursing education from developments in the global society.

Some of the global developments that affect nurses and nursing include the following (Laura Stokowski, Trends in Nursing: 2004 and Beyond):

- Aging Population
- Increasing Health Care Costs
- Shorter Lengths of Hospital Stay
- Chronic Diseases
- Patient Safety Imperative
- Complementary and Alternative Medicine
- Developments in Information and Technology, Web-based Education
- Emerging and Re-emerging Infectious Diseases
- Disparities in Health Care
- Climate Change and Health
- Global Nursing Shortage, Migration and Mobility

Trend #1 Aging Population

Today, there are more elderly persons in developed countries, especially here in Japan. Looking at the data of the world population of persons aged 60 years old and older from 2000 and projected to 2050, we expect that even less developed countries will also have increasing number of older persons in the future.

Referring to data from the USA regarding the older persons in nursing homes or institutions, the number using nursing homes has not changed despite the increasing number of older persons. This means that older persons may prefer to stay at home. This has implication on adequacy of home care services and other services for older persons within the community.

Trend #2 Epidemic of Chronic Diseases

- 60% of all deaths are due to chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes
- In 2005, out of 35 million people who died from chronic disease:
 - 50% were under 70 years old; with increasing life expectancy, it can be expected that

- chronic diseases will also increase
- 50% were women
- 80% of chronic disease deaths occur in low and middle income countries. This is an unrecognized cause of poverty and hinders the economic development of many countries.

Trend #3 Patient Safety Initiatives

The WHO Patient Safety Programme was launched in October 2004. So far, there are 3 areas being focused by WHO:

1. Clean Care is Safer Care – This emphasizes the importance of cleanliness especially on the part of health workers, particularly proper hand washing. By cleaning hands in the right way and at the right time, health care-associated infections will be reduced and lives saved. There is a WHO Guidelines on Hand Hygiene in Health Care.
2. Safe Surgery Saves Lives – There is an increase in errors in surgery that cause harm to patients such as wrong site. The WHO Safe Surgery Checklist helps to improve the system to prevent such surgical errors.
3. Tackling antimicrobial resistance in 2010 – This has to do with proper use of antibiotics to prevent developing resistance to the drug.

Other action areas include patients for patient safety, research, education for health professions, reporting of adverse events etc.

Trend #4 Climate Change

There is no doubt that climate change is already happening! Climate change has resulted in:

1. Rising atmospheric temperature-becoming warmer
2. Rising sea level
3. Reductions in North Hemisphere snow cover

Climate change has negative effects on health and people. What we can do is to minimize its effects by reducing greenhouse gas emissions. Some examples of how we can reduce greenhouse gas emissions include:

- Tobacco control and smoking cessation
- More walking and physical activity, parks, walkable environments (consider mode of transportation that increase CO₂)
- More ventilation in buildings/ infrastructures
- Infection control, hand hygiene, sanitation
- Eat more vegetables, buy and grow organic (prevent more nitrogen in soil)

As nurses, we need to promote adaptation to climate change and its impact on health particularly in vulnerable groups such as the poor, young children and older persons. This implies the need for more health promotion and primary health care.

Trend #5 Global Nursing Shortage, Migration and Mobility

Shortage of nurses was widely reported in countries like the United States in the early 2000 which increased further the demand for Filipino nurses worldwide. There are many factors that led to this shortage in the USA. Reported were financial constraints, a dissipating workforce related to job dissatisfaction and wages, and an increasingly complicated and stressful work environment moved American nurses out of the nursing workforce.

Just like the overall population, the demographics of nurses in the US was “aging.” The average age of nurses in 2000 was 45.2 years old compared to only 37.7 years in 1983. Fewer college students were enrolling in nursing compared to several decades ago. New graduate RNs declined by 26% from 1995 to 2000.

In the Philippines, however, the increased demand for Filipino nurses has resulted in a different kind of nursing shortage – shortage of experienced nurses. Although there was increased enrolment and production of nurses, experienced and trained nurses were being recruited for jobs abroad. This phenomenon was described as the “Revolving door syndrome” – fast turnover of nurses result in new nurses learning to cope without the benefit of experienced nurses.

3) OPPORTUNITIES FOR NURSING AND NURSING EDUCATION

Trends in health care industry have implications for nursing, and if used properly, can open up valuable opportunities to promote the role of nurses in health promotion and health education, long term care, and advanced nursing practice. These trends include:

- Shift from provider care to self care
- Movement of primary site of care from inpatient setting to outpatient or community settings
- Aging of the population
- Chronicity of illnesses
- Nursing shortage in some countries

Directions for Nursing in the Future

- Strengthen nursing curriculum with respect to competencies in the care of older persons

- Offer nursing services for older persons, long term care, and health promotion in various settings including the home and the community
 - To retain experienced nurses within the workforce, improve local work conditions such as more flexibility in nursing employment, such as flexi time and part time work
 - Opportunity for nurse entrepreneurship to include home health care services that provide health assessment and risk appraisal, wound care, medication teaching, pain management, disease education and self-care management as in Diabetes
 - Prevention of chronic diseases that are lifestyle-related such as diseases of the heart, blood vessels (hypertension, stroke), cancers, diabetes mellitus, chronic lung diseases
 - Promotion of healthy lifestyle by addressing the shared risk factors of smoking, obesity and lack of physical activity/exercise
- Basic sanitation and environmental control, hand hygiene, respiratory hygiene etc. - also addresses emerging and re-emerging infectious diseases

Directions for Nursing Education

1. Entry level to nursing preferably at Bachelors level (BSN) - "Well - prepared and educated nurses save lives!"
2. Advanced nursing practice (ANP) prepared at graduate level
3. Technology in nursing education
 - Distance education, online or web-based
 - Simulation technology to enhance undergraduate education
 - Use of personal digital assistants (PDA)

Thank you very much. I will welcome questions or clarifications later.

Collaboration for Nursing Education Between University
of the Philippines and Nagasaki University
No.1 The effect of the collaboration at Manila

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