



# The 9th Asian Regional Conference of CICIAMS



27 – 30 November 2005  
Hong Kong Academy of Medicine,  
Hong Kong SAR



## Healthy Family -- Our Mission as Carers

Proceedings



THE HONG KONG  
POLYTECHNIC UNIVERSITY  
香港理工大學



## C.I.C.I.A.M.S.



### INTRODUCTION :

C.I.C.I.A.M.S. stands for the International Catholic Committee of Nurses and Medico-Social Assistants (Comite International Catholique des Infirmieres et Assistantes Medico Sociales). She is a member of The International Catholic Organization Conference (ICO) and has a membership of more than 60 countries in the five regions of the world. C.I.C.I.A.M.S. organizes International / Regional Conference every four years examining current issues in the medical, social and the ethical fields. Through the global exchange of ideas from the speakers and participants, each delegate's thinking might be renewed. The resolutions at the end of the conferences and congresses are published in the regional and international levels to be shared by members and friends. In the 17th World Congress in India, 2002 there were 1000 participants and in the 8th Regional Conference in Korea, 2001 there were over 400 delegates.

### OBJECTIVES:

1. Promoting the initiation and participation in professional research and development toward the achievement of Healthy Family
2. Coordinating the work of member associations in their efforts to evangelize the ethos and ideals of their professions
3. Giving Christian witness in our lives through guiding and supporting healthcare locally and internationally.



## **PREFACE**

On behalf of the Organizing Committee, welcome to the 9th Asian Regional Conference of the CICIAMS from 27th to 30th November 2005 in Hong Kong.

The conference theme “**Healthy Family – Our Mission as Carers**” is utmost important today. The family is the basic unit of society and exists in different social, cultural, legal and political systems, and we CARERS are always committed to work with all family types and individual family members in promotion of health and prevention of illness.

We are dedicated to provide care in a holistic perspective encompassing physical, psychological, social and spiritual aspects.

The aim of the conference is to provide forum for discussion and sharing on cohesive relation of Family and Health. We are honoured to have invited renowned speakers to conduct 3 keynote speeches, 4 plenary papers and 11 papers for concurrent sessions. There are a total of 28 free paper presentations including 19 oral presentations and 9 posters.

We would like to thank all the authors for sharing with us their valuable works and experience in promotion of health in families.

Finally, I would like to thank you all for your zealous contribution and participation. We warmly wish that you would have a fruitful forum and pleasant stay in Hong Kong.



## ***Euy-soon CHOI***

*Asian President of the CICIAMS*



As the president of the CICIAMS of Asia, it is a great honor and pleasure to extend my warm welcome to all of you at the 9th Asian regional conference of the CICIAMS in Hong Kong.

We have been waiting for this moment with great expectations, since the year, 2001 when Hong Kong was announced as the hosting country for the 9th CICIAMS Asian regional conference.

The theme of this year's conference is "Healing Family – Our Mission as Careers." Traditionally, the concept of family was considered as the fundamental basis of every social relationship. However, we live in the world in which the significance of a family is degraded and its value is challenged. Therefore, the idea of family health care raises our special attention especially in this critical period.

This conference will be an excellent opportunity to address this issue and to assure our mission as catholic health care givers. All the participating members will contribute to better and healthier families by sharing the ideas and experiences based on the catholic moral principles. In addition, our friendship will be strengthened through many other events and programs.

For all the participating members and honorary guests, I would like to extend my cordial greeting and gratitude. Lastly, but not the least, I would like to express my sincere appreciation to the chairman, Mr. Rentius, together with the organizing committee members of this conference and Hong Kong Catholic Nurse Guild, for your tireless efforts and dedication.





**Rev. Joseph ZEN SDB**

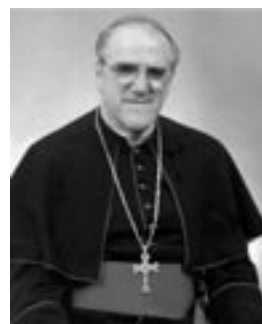
*Bishop of Hong Kong*

Dear members of CICIAMS, you who dedicated your talent, professional skills and love to the service of those who are suffering from sickness have a very special place in the hearts of the Church and her Pastors. In his Apostolic Letter on the meaning of suffering our beloved Pope John Paul II took up the parable of the good Samaritan to expound the Evangelical value of the selfless service given by those following the footsteps of the good Samaritan. I join myself with the Holy Father to express my admiration and gratitude to all of you.

I am sure that your gathering for the 9<sup>th</sup> Asian Regional Conference of CICIAMS will bring fruitful results for furthering your contribution to human society in caring for those who suffer.

My blessing goes to you and to your work.





## **Cardinal Javier Lozano BARRAGÁN**

*President of the Pontifical Council  
for Pastoral Assistance to Health Care Workers*

Dear Members of CICIAMS Asia,

I sincerely congratulate CICIAMS Asia upon the celebration of your Asia Regional Conference to take place in Hong Kong this Year.

I do believe that a nurse is the tender and loving human bridge between the physician and the patient, and above all, a radiant presence of the healing Christ to the patient. Christ is the fullness of Health. Medical science is not just some description of the substances created by God to heal those who are ill, and the analysis of the human organism and its problems of health. Yours is a profession at the service of the human person created in the image and likeness of God. It is a form of Christian witness. For you are called to be guardians and servants of human life.

Catholic nurses must therefore be in the front line in the struggle against the depersonalization of their profession, against the trend of making the technical aspects of illness prevail over the patient who should be at the center of health care. It is my sincere hope therefore, that CICIAMS will foster among nurses a Christian vision of their profession and promote Catholic values, so that the culture of life in the field of nursing throughout the world shines with greater luminosity.

You have chosen Health and the Family as the theme for your Conference. Certainly the family is the cradle for life. And life identifies itself with health. We know that health is the dynamic tension toward the physical, psychological, social and spiritual harmony and not just the absence of illness. This tension differs according to the different life stages and must conform to the distinct mission that God entrusts to everyone, to every family.

May the Mother of God, Health of the Sick, be the maternal intercessor for you during this conference, so that God through the Power of the Holy Spirit may enlighten you on the different aspects that contribute to this harmony of health.





## **An VERLINDE**

*International President of CICIAMS*

Honorable guests,  
Dear Members of the Organizing Committee,  
Dear Ciciams' Members,  
Dear Participants,

Since long time preparations for the Asian Ciciams' Conference are going on.  
Yet, we are in Hong Kong with so many!

The Conference is extremely well prepared and tremendous efforts are made to welcome warmly the participants and to give them a perfect stay in Hong Kong.  
The theme of the Conference is exiting!

Family values are under pressure worldwide. Health carers are confronted with failing family structures.

Interesting speakers will develop Catholic's position regarding health care and family and they will evoke appropriate solutions  
This Conference is historical!

The official participation of Catholic Pharmacists underlines the fruitful collaboration between Nurses, Midwives, Medical-Social Assistants and Pharmacists.

The Conference is blessed with the participation of the Special Papal Envoy, His Eminence Cardinal Lozano Barragan. His Eminence will be the Main Celebrant in the Openings Mass and will be the Celebrant at the Closing Mass Ceremony.

Ciciams is proud and grateful to have the lively and dynamic Asian Ciciams 'Region.  
This Conference will show the outside world and all Catholic's the professionalism and dedication of Asian Nurses, Midwives and Medical-Social Assistants.  
Wishing all success for this wonderful event.



## **Rev. Fr. Joseph JOBLIN SJ**

*Ecclesiastical Advisor to CICIAMS*

*Consultor of Pontifical Council for Pastoral Assistance to  
Health Care Workers*

A regional congress is always an important step in the life of CICIAMS; it does not duplicate the international congress; both of them are complementary. The general congress is responsible for recalling the fundamental principles that every nurse or association has to observe in order to be Christian and for proposing general ways to implement them. The regional congresses apply these directives on a particular point taking into consideration the local and cultural aspects of the question.

The present congress of the associations associated with CICIAMS offers an example of this complementarity between worldwide preoccupations and local responsibilities. CICIAMS international has already underlined the danger for societies of the new trends concerning the family. Many movements and governments spread the idea that the traditional family, the single family, is outdated and that modern societies have to propose new models of relationships between a man and a woman. Nurses will be confronted locally with these new tendencies and they have to be prepared to deal with them. Catholic nurses and health personnel have a special responsibility in these circumstances because they see in the Christian teaching on family the compass for a better development of the individuals and of the societies. For them, the true love between a man and a woman is the way for establishing a peaceful society. Nurses of Asia have to apply this view in their own environment, taking into account the values and limits of the Asian traditions for bringing them to a higher level. Christian nurses have to translate these views into practice, as far as possible, when they meet the patients, the women, the head of a family.

I would like to express my most sincere congratulations to the organizers of this conference as the program they have prepared will certainly help the health personal to revive their views on the family and to implement them in their daily life.



**York CHOW**

Secretary for Health, Welfare and Food Bureau, Hong Kong

公教國際醫務協會第九屆亞洲區會議誌慶

同心同德  
造福病黎

衛生福利及食物局局長周一焯



## **Kittie CHAN**

*Principal Nursing Officer,  
Department of Health, Hong Kong*

With great pleasure, I congratulate the Hong Kong Catholic Nurses Guild on hosting the 9<sup>th</sup> Asian Regional Conference of CICIAMS.

The Conference, with its theme “**Healthy Family--Our Mission as Carers**” provides a valuable platform for professional discussion and critical examination into family-related issues. Being the basic unit of society, a family has significant impact on the well-being of the community as well as the individuals. Members of the same family influence one another on making health choices, deciding on lifestyles, supporting and encouraging one another to maintain health throughout lifetime. Families also play an important role in caring for the young and helping children grow and develop in a healthy way. In the current health care system, families have become more important than ever in caring for the sick. Nursing at home has proved to be an effective catalyst for recovery and rehabilitation of members who have fallen ill. Thus, it is most timely and valuable for this Conference to look at family nursing and other related issues with an aim to promoting and developing robust families.

I wish the organizers and all participants a most fruitful and enjoyable occasion, and every success in the Conference.



## **Adeila LAI**

*Chairperson, Nursing Council, Hong Kong*

Congratulations to the Hong Kong Catholic Nurses Guild on hosting the 9<sup>th</sup> Asian Regional Conference of CICIAMS. It also gives me great pleasure, on behalf of the Hong Kong Nursing Council, to welcome the international delegates to this vibrant city.

I am delighted to see a constellation of eminent international and local speakers who share their visions on “**Health Family – Our Mission as Carers**” based on Christian thoughts. These topics are timely to remind us the values within the constant changes in society and impacts to our health and family life. I am sure that the conference will satisfy these and many other objectives, that both local and overseas delegates will treasure this memorable event for many years to come.

May I take this opportunity to congratulate the organizers a most successful conference; every participant an enjoyable time together; and overseas delegates a happy stay in Hong Kong.



## **John H.Y. LEE**

*Head, Hospital Pastoral Care Catholic Diocesan Commission;  
Chairperson, DCHPC*

With praise to the Lord and joy in my heart, I looked forward to meeting all the participants of 9th Asian Regional Conference of CICIAMS. On behalf of the Catholic Diocesan Commission of Hospital Pastoral Care (DCHPC), I welcome you all to this beautiful city of China - Hong Kong.

Cardinal Oscar Rodriguez Maradiaga of Tegucigalpa, Honduras, gave his keynote address in the Catholic Health Association's on June 5-8, 2005 assembly in San Diego. He mentioned that "Catholic health care goes far beyond merely providing sacramental ministry. When the main concern is the religious assistance to the sick these days, it is always the trend to give the responsibility to the clergy, who provide the sacraments, rather than to medical professionals. As a matter of fact, Evangelism is not something added to the healing act, but actually it must be inseparable from that act. Therefore, helping sick people know the Christian meaning of pain and disease, their bond with the Crucified One is also the role of all medical professionals as well."

With over 300 Catholic medical professionals meeting in this meaningful conference with the theme as "**Healthy Family - Our Mission as Carers**", let us not forget our role in the evangelization. Let us remember that our focus is in Christ, who is the centre of all that we do. I wish all an enlightening, spirit-filled, enjoyable and enriching meeting in Hong Kong.



**Susie LUM**

Senior Executive Manager (Nursing),  
Hospital Authority, Hong Kong

健康家庭齊推動  
促進家人互關懷  
鞏固家庭凝聚力  
建立融和樂社羣

香港醫院管理局總部  
高級行政經理(護理)林崇綏博士



## **Samantha Mei-che PANG**

*Professor and Ag Head, School of Nursing  
The Hong Kong Polytechnic University*

How to attend the sick and help them be restored to health in the context of technological advances, aging population, emerged and emerging contagious diseases and inequity in healthcare access across different cultures and around the world are some of the unprecedented challenges that nurses have to meet in today's troubled world.

For nurses who are committed to share their Christian faith in the practice of nursing, the overriding challenge will be to have Christ lived in their caring acts. Jesus met the challenges in his ministry by affirming that "The spirit of the Lord is on me, because he has announced me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners, and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favor" (Luke 4:18-19, Bible New International Version).

How to enact what Jesus has affirmed in his ministry work can be the central task of nurses who share the Christian faith from around the world.

My sincere congratulations to CICIAMS, and wish you every success in this endeavor: providing a forum for like-minded Asian nurses in scholarly exchange and value sharings on our mission as Christian carers on the theme of "Healthy family".



**David R THOMPSON**

*Director, The Nethersole School of Nursing  
The Chinese University of Hong Kong*

The Nethersole School of Nursing of the Chinese University of Hong Kong is pleased to be associated with the theme of this conference “**Healthy Family – Our Mission as Carers**”.

The School is committed to promoting spiritual and professional values in nursing care and we are sure this international conference will provide an important forum for the sharing of information on developments – clinical, academic and spiritual – that are likely to foster healthy families in the community.

We wish the conference every success.



## ***Agnes TIWARI***

*Acting Head of the Department of Nursing Studies,  
The University of Hong Kong*

I am delighted to take this opportunity to congratulate the Hong Kong Catholic Nurses Guild being appointed by CICIAMS International (International Catholic Committee for Nurses and Medico-Social Assistants) to host this 9th Asian Regional Conference of CICIAMS.

The CICIAMS has a long history of commitment and dedication in promoting Christian and professional values in nursing care. The Conference theme “**Healthy Family – Our Mission as Carers**” is particular timely and meaningful, given our understanding and belief of the important role played by the family and carers in promoting health.

I am convinced that this Conference will provide an important forum for participants to share their knowledge and experience.

I wish the Conference every success.



## **Fr. Lawrence LEE**

*Spiritual Director, Hong Kong Catholic Nurses Guild*

In our contemporary society, healthcare has come to be regarded more and more as a team work that becomes most fruitful when all of the caregivers – doctors, nurses, therapists, technicians, counselors, social workers – construe themselves as a team at the service of the patient. In this team process the patients' family has also a role to play. Indeed, love for our family members requires that we attend to them in a holistic manner, whether they be children, the disabled, the sick, those who meet with difficulties in life, the elderly or the dying.

More healthy families can be formed, public health can be promoted more effectively, and sickness and pain can be faced with more faith, hope and acceptance if family members lend support to one another.

The team spirit in healthcare and the mutual care of family members for one another are an expression of participation, solidarity and commitment to the wellbeing of others, themes which are basic in the Catholic teaching about human society.

“**Healthy family – Our Mission as Carers**”, the main theme of the 9th Regional Conference of CICIAMS, is therefore a very relevant topic. It is our sincere wish that the participants of this significant event will find it an inspiring and enlightening experience.



## **Peggy NG**

*Chairperson, Catholic Nurses Guild, Hong Kong*

Dear brothers and sisters,

I thank our heavenly Father to make this event realistic to us. Since 2001 in Korea, we meet each other here again. On behalf of the Hong Kong Catholic Nurses Guild and the Organizing Committee, I welcome you all.

Family is the gift from God. We experience our joy and sorrow of our life and healed under the shelter of love provided by the family. Within the family, we “**increase in wisdom and in stature, and in favor with God and man**”(Luke 2”52). The speakers’ sharing in this conference is fruitful to us. I am sure that we will enrich the insight of our faith and enhance our evangelizing ability.

Wishing you enjoy in the conference and rejoice in our Lord



## **STEERING COMMITTEE**

Spiritual Advisor :	<b>Rev. Fr. Lawrence LEE</b> – <i>Chancellor, Catholic Diocese of Hong Kong</i>
Honorary Advisor :	<b>Mr. Leonard YEUNG</b> – <i>Executive Manager, Administration Unit, St. Paul Hospital, Hong Kong</i>
Chairman :	<b>Mr. Rentius SO</b> – <i>Member, Hong Kong Catholic Nurses Guild</i>
Members :	<b>Ms Ivy IP</b> – <i>Vice President, Hong Kong Catholic Nurses Guild</i> <b>Ms Peggy NG</b> – <i>President, Hong Kong Catholic Nurses Guild</i>
Co-op Members :	<b>Dr. Joyce S.H. CHANG</b> – <i>Director, Social Work Services Caritas, Hong Kong</i> <b>Ms Wan-yim IP</b> – <i>Associate Professor, The Nethersole School of Nursing, The Chinese University of Hong Kong</i> <b>Prof. Albert LEE</b> – <i>Former Master, The Guild of St. Luke, St. Cosmas &amp; St. Damian Hong Kong</i> <b>Ms Angel LEE</b> – <i>Teaching Consultant, Dept. of Nursing Studies, The University of Hong Kong, Hong Kong</i> <b>Dr. Kenneth TSANG</b> – <i>Member, Hospital Pastoral Care Catholic Diocesan Commission</i> <b>Dr. Marian WONG</b> – <i>Assistant Professor, School of Nursing, The Hong Kong Polytechnic University, Hong Kong</i>

## **Chairperson of Sub-committees**

Finance :	<b>Ms Alice WONG</b> – <i>Assistant Superintendent, Caritas Harold H.W. Lee Care &amp; Attention Home, Hong Kong</i>
Liturgy :	<b>Ms Mary LEUNG</b> – <i>Nurse, Tun Tat Nursing Centre, Hong Kong</i>
Programme :	<b>Ms Grace CHENG</b> – <i>Senior Nurse Manager, Central Nursing Division, Queen Elizabeth Hospital, Hong Kong</i>
Publicity :	<b>Ms Betty SO</b> – <i>Registered Nurse, Accident &amp; Emergency Dept., Queen Elizabeth Hospital, Hong Kong</i>
Solidarity :	<b>Ms Rose LEUNG</b> – <i>Nursing Officer, The Duchess of Kent Children's Hospital, Hong Kong</i>
Venue and Logistics :	<b>Ms Teresa TAM</b> – <i>Nursing Officer, Intensive Care Unit, Queen Mary Hospital, Hong Kong</i>



**The 9th Asian Regional Conference Of CICIAMS  
27-30 November 2005**

***Healthy Family – Our Mission as Carers***

<b>27-11-05 Sunday (Day 1)</b>			
	<b>Run Run Shaw Hall</b>	<b>Exhibition Hall</b>	<b>Foyer</b>
<b>14:00 – 16:00</b>		<b>Registration</b>	
<b>16:00 – 18:00</b>	<b>Opening Mass</b>		
<b>18:30 – 19:30</b>	<b>Opening Ceremony</b>		
<b>19:30 – 21:00</b>			<b>Welcoming Reception</b>



**28-11-05 Monday (Day 2)**

	<b>Registration</b>	
	<b>Plenary</b>	<b>Concurrent</b>
08:30 – 08:45	<i>(Run Run Shaw Hall)</i>	<i>(Pao Yue Kong Auditorium)</i>
08:45 – 09:00	<b>Morning Prayer</b>	
09:00 – 09:45	<p><b>Keynote</b>  <b>Health and Family</b>  <i>Cardinal                      Javier Lozano BARRAGÁN,                      President, Pontifical Council for                      Pastoral Assistance to                      Health Care Workers</i></p> <p><i>Theme: Childhood &amp; Family</i></p>	
09:45 – 10:30	<p><b>Asian Families in their                      Response to Childhood                      Cancer and                      Related Death</b>  <i>Professor Ida MARTINSON,                      Department of Family Health                      Care Nursing, University Of                      California, USA</i></p>	
10:30 – 11:00	<i>Break</i>	
11:00 – 11:30	<p><b>Parenting Programme in Family                      Health Service of                      the Department of Health</b>  <i>Dr. Karen TSO</i></p>	<p><b>Child Health from                      Community Aspect</b>  <i>Dr. Albert LEE</i></p>
11:30 – 12:30	Free Paper (1)	Free Paper (2)
12:30 – 13:00	<b>Mass</b>	
13:00 – 14:00	<i>Lunch</i>	
14:00 – 14:30	<p><b>Children: Wanted                      and Unwanted</b>  <i>Dr. Peter AU YEUNG</i></p>	<p><b>Empowerment of Man                      in Family</b>  <i>Mr. Wai-LUN LAI</i></p>
14:30 – 16:00	Free Paper (3)	Free Paper (4)
16:00 – 16:30	<i>Break</i>	
16:30 – 17:15	<p><b>Keynote</b>  <b>Responsibility of Nurses                      Towards Families in Asia</b>  <i>Rev. Fr. Joseph JOBLIN, SJ,                      Ecclesiastical Advisor to                      CICIAMS, Consultor of Pontifical Council                      for Pastoral Assistance                      to Health Care Workers</i></p>	
17:15 – 17:30	<b>Evening Prayer</b>	

29-11-05 Tuesday (Day 3)

08:30 – 08:45	<b>Registration</b>	
	<b>Plenary</b>	<b>Concurrent</b>
	<i>(Run Run Shaw Hall)</i>	<i>(Pao Yue Kong Auditorium)</i>
08:45 – 09:00	<b>Morning Prayer</b>	
09:00 – 09:45	<p style="text-align: center;"><u>Keynote</u></p> <p style="text-align: center;"><b>Family Planning and Women’s Health</b>  <i>Dr. John WONG,                      National Vice President,                      The Natural Fertility Awareness Service of Malaysia</i></p> <p style="text-align: center;"><i>Theme: Adulthood &amp; Family</i></p>	
09:45 – 10:30		
10:30 – 11:00	<i>Break</i>	
11:00 – 12:00	<u>Concurrent</u> <b>The Family in The Community of The Beatitudes</b> <i>Sr Teresa DELAI</i>	<b>The Business of Caring for Elderly People with Dementia</b> <i>Dr. Claudia LAI</i>
	<b>Family Systems Nursing: An Innovative Approach to Mental Health Care</b> <i>Dr. Peggy SIMPSON</i>	<b>The Needs of Community Carers</b> <i>Ms Doris YU</i>
12:00 – 12:30	<b>Free Paper (5)</b>	<b>Free Paper (6)</b>
12:30 – 13:00	<b>Mass</b>	
13:00 – 14:00	<i>Lunch</i>	
14:00 – 14:30	<i>Theme: Elderly &amp; Family</i>	
	<b>The Path To A Healthy Life</b> <i>Dr. Shiu-hung LEE</i>	<b>Family Constellation</b> <i>Fr. George ZEE, SJ</i>
14:30 – 15:00	<b>Family Therapy / Satir Model</b> <i>Dr. Nat YUEN</i>	<b>Free Paper (8)</b>
15:00 – 16:00	<b>Free Paper (7)</b>	
16:00 – 16:30	<i>Break</i>	
16:30 – 17:15	<i>Country Reports</i>	
18:30	<i>Cultural Night (金鐘 名都酒樓)</i>	

**30-11-05 Wednesday (Day 4)**

08:30 – 08:45	<b>Registration</b>	
	<b>Plenary</b>	<b>Concurrent</b>
	<i>(Run Run Shaw Hall)</i>	<i>(Pao Yue Kong Auditorium)</i>
08:45 – 09:00	<b>Morning Prayer</b>	
	<i>Theme: At End of Life</i>	<i>Special Session</i>
09:00 – 10:30	<b>Pastoral Care with Dying Patients</b> <i>Rev. Fr Joong Ho KIM</i>  <b>Facing Terminal Illness: An Opportunity for Peace Within, Peace Between and Peace Among</b> <i>Dr. Vincent TSE</i> <i>Sr. Agnes HO, FMM</i>	<b>Family Health &amp; Pharmacy</b>  <i>Professor Elaine LEJEUNE, International Federation of Catholic Pharmacists</i>  <i>Rev Fr. Dr. Alex VADAKUMUTHALA, Executive Secretary, Catholic Bishops' Conference of India</i>
10:30 – 11:00	<i>Break</i>	
11:00 – 13:00	Closing Ceremony / Mass	
	<b>Farewell Lunch</b> <i>(Jumbo Floating Restaurant)</i>	

## FREE PAPER SCHEDULE - ORAL PRESENTATIONS

### 28-11-05 Monday (Day 2)

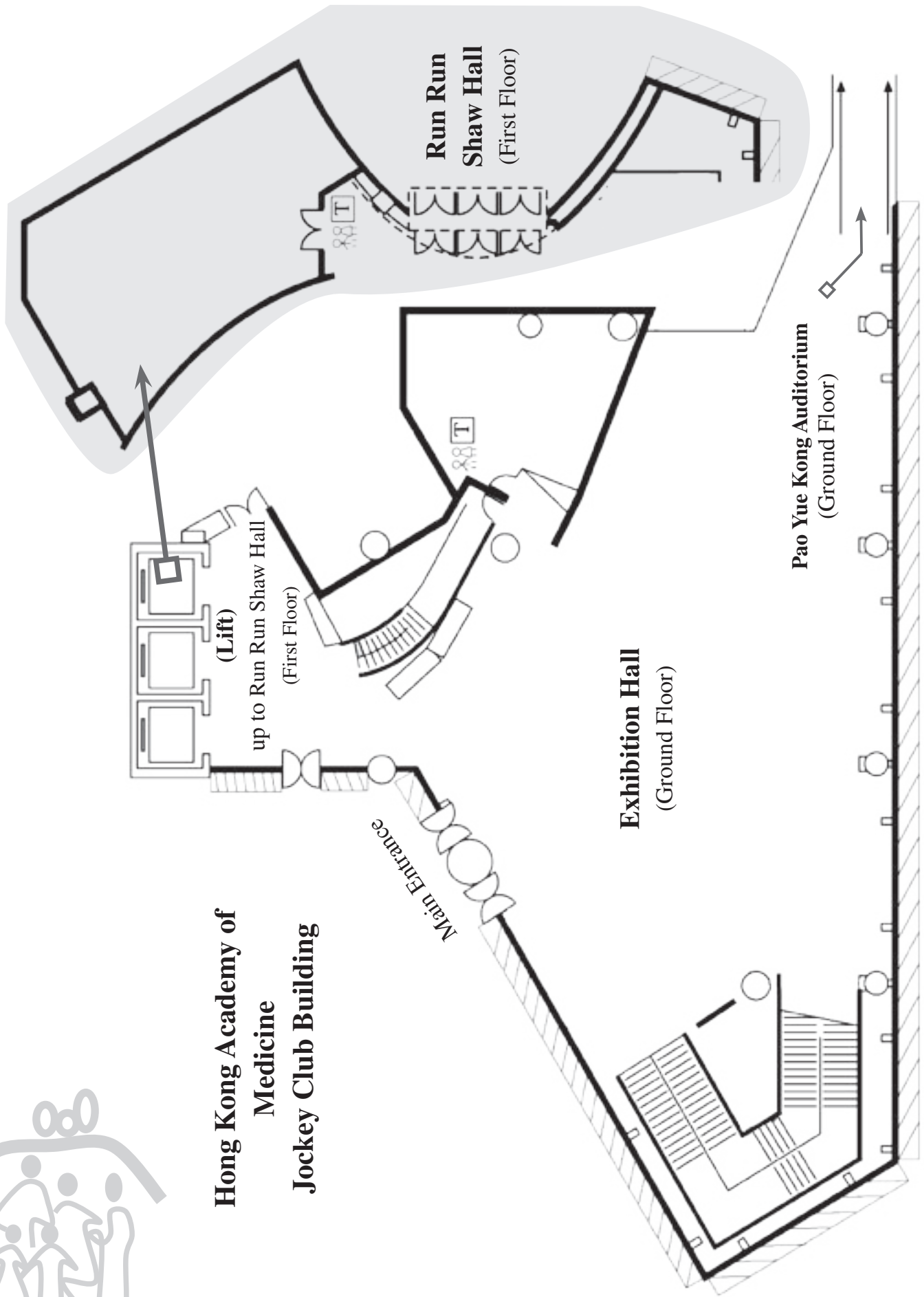
<b>Concurrent</b>		<b>Concurrent</b>	
<i>(Run Run Shaw Hall)</i>		<i>(Pao Yue Kong Auditorium)</i>	
<b>11:30 – 12:30</b>	<b>Free Paper (1)</b>	<b>Free Paper (2)</b>	
	1-1 A Family Bonding Programme: Baby Massage and Its Benefits to Mothers in Postnatal Depression, Babies and Their Families <i>Ms Sharon Cheung-lung CHAN</i>	2-1 The Importance of Parental Involvement in Preparing Children or Day Surgery <i>Dr. William Ho-cheung LI</i>	
	1-2 Factors Leading to Learning in Later Life: Is Family Support a Must? <i>Ms Angela Yee-man LEUNG</i>	2-2 Family ' Collaborators with the Creator' <i>Mrs. Jeanette MENEZES</i>	
	1-3 A Plan to Promote Wellbeing and Health for Families in Tin Shui Wai <i>Mr. Kee-hung NGAI</i>		
<b>14:30 – 16:00</b>	<b>Free Paper (3)</b>	<b>Free Paper (3)</b>	
	3-1 One Step Beyond Dietetic Counsellings <i>Ms Selina KHOR</i>	4-1 Families in Asian Countries What Threatens the Family Institution in Malaysia <i>Mrs. Francisca MALANTIN</i>	
	3-2 Changing Health Care and Changing Family <i>Sr. ELANORE C.M.C.</i>	4-2 The Challenge of a Middle Age Adult <i>Ms Helen Heung-ying SUNG</i>	
	3-3 The Study on Continuum Caring in the Care and Attention Home <i>Ms Alice May-fung WONG</i>	4-3 Towards a Society for All Ages: The Elderly <i>Sir Richard LAI</i>	

### 29-11-05 Monday (Day 3)

<b>Concurrent</b>		<b>Concurrent</b>	
<i>(Run Run Shaw Hall)</i>		<i>(Pao Yue Kong Auditorium)</i>	
<b>11:30 – 12:30</b>	<b>Free Paper (5)</b>	<b>Free Paper (6)</b>	
	5-1 Depression After Stroke: A Triple Burden <i>Ms Angel Chu-kee LEE</i>	6-1 Medical Health Care for Families in Japan - Situation and Problems Faced by Elderly Persons <i>Mrs. Midori SHIMIZU</i>	
<b>15:00 – 16:00</b>	<b>Free Paper (7)</b>	<b>Free Paper (8)</b>	
	7-1 Promoting Psychological Health in Women during Labour <i>Ms Wan-yim IP</i>	8-1 Family in Different Stage of Life – Aging <i>Sr. EDITH</i>	
	7-2 Testing the Efficacy of an Empowerment Intervention for Chinese Abused Pregnant Women in Hong Kong <i>Dr. Agnes TIWARI</i>	8-2 Quality of Life and Culture of Dying Patients and Their Families <i>Dr. Filomena Lai-wan CHOW</i>	
		8-3 Nurses' Caring Behaviors with Dying Patients and Their Families <i>Sr. Magdalena Supaporn DAODEE</i>	
		8-4 Role of Hope <i>Ms Josepha TAI</i>	



**Hong Kong Academy of  
Medicine  
Jockey Club Building**



## ACKNOWLEDGEMENT

The 9th Asian Regional Conference of CICIAMS would like to express our deepest gratitude and sincere appreciation to all those who have contributed to the preparation of this conference. The conference would not be a success without the support of you all.

Anonymous

Caritas Rehabilitation Service

Catholic Centre

Culture Homes (Outlet Stores Wholesales Centre) Limited

Dr. Si-hung CHOI

Ms Mei-kuen CHUNG

Dr. Wing-man KO

Dr. Mang-yee KONG

Fr. Dominic CHAN VG

Fr. Lawrence LEE

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# SENSE MAKING/GIVING OF TODAY'S NURSES AND MIDWIVES IN CICIAMS

**Dr. An VERLINDE**

*International President of Ciciams*

## I INTRODUCTION

The title: 'Sense making/giving of today's' nurse/midwife in CICIAMS is exciting!

The title underlines different concepts: today-nurse–CICIAMS–sense making/giving. Developing the theme means speaking about nurses/midwives as human beings fulfilling a special role; being a nurse/midwife and having a function: practising nursing and midwifery.

Today refers to what happens 'now', what 'was' and what 'will be'.

CICIAMS means: having the opportunity to picture the organisation and informing on Ciciams lively activities worldwide.

Sense making/giving is answering the questions:

Why do nurses/midwives do what they do?

Why is nursing/midwifery in great progress and emancipating so rapidly?

Why can nurses/midwives work under pressure without collapsing easily?

It is obvious that nursing/midwifery has to develop constantly in a rapidly changing global world.

It is rather difficult to speak about nursing/midwifery due to a wide range of differences in nursing/midwifery, in nursing and midwifery sectors, nursing and midwifery qualifications, nursing and midwifery competencies and the nurses/midwives' personality. This paper has to tackle all of the facets of nursing/midwifery, nurses and midwives.

As nurses/midwives are children of their culture and time, nursing and midwifery has to be pictured in time frames. Different cultures will figure as backgrounds where national nursing and midwifery practices are embedded.

A historical view and future oriented nursing practices will be presented, starting with professional nursing since Florence Nightingale.

What does nursing and midwifery mean today and what does the community, patients, family and governments expect from a nurse and midwife?

A tour of different continents will show that nursing and midwifery has different flavours and colours. Professionalism in nursing/midwifery practice has different meanings, in relation to culture, perception of care and to reward nursing and midwifery care.

Speaking on nursing and midwifery means speaking about value driven orientations, beliefs and religion.

Special attention will be given to Catholic nurses and midwives worldwide.

**Note:** *This paper will focus more on nursing than on midwifery.*

*The author is a nurse herself and has less emotional and professional relations with midwifery.*



## II HISTORY

Nursing, nurturing and caring have always been an activity of living beings; animals and human beings.

Caring for others as a profession has been a phenomenon for about two centuries. Caring has always been seen as a female duty. Worldwide; mothers, sisters, older women and girls are caring for their siblings, neighbours and community members, and this since the knowledge of mankind.

In the western world, religious people, such as Christian knights, ordained brothers and nuns, stood at the crib of nursing and midwifery. Their concept of caring spread from Europe throughout the world, along with crusades, conquests and colonialism.

In other parts of the world as in Africa and Asia, religious people had the knowledge of cure, of medicines and of caring. Nursing has become a profession since the 19<sup>th</sup> century, in England with Florence Nightingale. Florence Nightingale was certainly a child of her time. She was well educated and born in a rich family. She had an independent spirit and was full of contempt for nurses who followed the male oriented medical ideology of obedience and carrying out orders given by doctors. She pleaded for well organised nursing practices and education. Nurses have to serve the medical practice, the surgery, health-care in general, and not the physicians, surgeons and health care administrators.

Her vision and concepts of nursing were successful during the Crimean war. She was a pillar of trust and of love for many dying soldiers. During the day she was dedicated to her job and at night she helped the soldiers and wrote their letters to their families. Her lamp became world famous and became an emblem for many nurses, nurses' associations and military nurses. (Ciciams member of Belgium 'NVKVV' has the lamp of Nightingale as emblem and logo)

Many nurses recite the Nightingale pledge at their graduation:

**"I solemnly pledge myself before God and in the presence of this assembly to live my life in purity and to practice my profession faithfully".**

Since then nursing became a profession with all the possible signs of an independent health care profession. The training of nurses has developed with special attention to attitudes such as dedication to patients, obedience, friendly behaviour, ever lasting service, no complaining, patience and vocation.

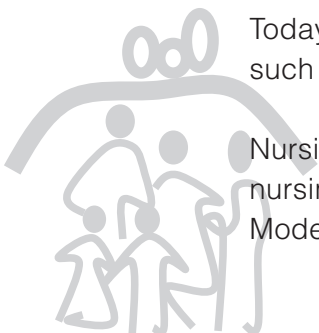
Due to changes in healthcare and progresses in medicine, nurses are trained in practices from daily care to high standard care activities.

Midwives followed more or less the same way, to emancipate their profession.

## III NURSING PRACTICE TODAY

Today's nurse is a well-qualified health carer, educated in various nursing sectors such as intensive care, paediatrics, psychiatric nursing, home care, etc.

Nursing functions are differentiated between the complexity of care and the specific nursing field. Nurses' qualifications vary from higher education to university degrees. Modern nursing education is no longer education and training in knowledge, skills



and attitudes performed in separate theoretical and practical programmes, modern nursing education is competence oriented.

What means competence oriented nursing education?

Competencies are the skills, abilities, knowledge and attitudes that are instrumental in the delivery of desired results and consequently of job performance. Competencies add further definition to the job by their focus on how and which work is done.

All modern nursing education develops core and key competencies: vision and strategies on the art/science of nursing

Core competencies are:

- Nursing care at somatic, physical, existential, social, ethical, juridical and culture level
- Organisation and coordination of nursing processes
- Pedagogical development and professional growth.

Key competencies are context bound and specific to various nursing fields, paediatrics, home-care...

Great emphasis is given lately to care of patients with chronic conditions.

Research in Europe (Netherlands) has shown that 80% of hospital patients, institutions and home-care, are chronically ill patients. The WHO, Geneva 2005, addresses great attention to the challenge of chronic conditions by preparing a “**Health care Workforce for the 21<sup>st</sup> century**”. Chronically ill patients form the majority in hospitals, institutions and nursing homes worldwide.

WHO states following:

“Traditional health care training is increasingly acknowledged as limited because of its fundamental focus on the diagnosis and treatment of acute medical problems. Although acute medical problems and illnesses will always require the attention of health care providers, a training model that is focused on managing acute symptoms is increasingly recognised as insufficient to address the concerns of the growing population of patients with chronic conditions. Training reform can expand this focus to recognise the patient from a broader perspective: from the vantage point of the patient and the patient’s care continuum (i.e. from the clinical prevention to palliative care)”.

Five core competencies were identified following a process that included document review and international expert’s agreement:

- **1. Patient-centred care**
  - Interviewing and communicating effectively
  - Assisting changes in health-related behaviours
  - Supporting self-management
  - Using a proactive approach
- **2. Partnering**
  - Partnering with patients
  - Partnering with other providers
  - Partnering with communities



- **3. Quality improvement**
  - Measuring care delivery and outcomes
  - Learning and adapting to change
  - Translating evidence into practice
  
- **4. Information and communication technology**
  - Designing and using patients registries
  - Using computer technologies
  - Communicating with partners
  
- **5. Public health perspective**
  - Providing population-based care
  - Systems thinking
  - Working across the care continuum
  - Working in primary health care-led systems

These core competencies have the potential to shift current thinking about providing care for patients with ongoing health problems and, in turn, to reform the training and preparation of the health care workforce.

The WHO identifies a core set of competencies to improve patients' conditions:

- The essence of care is to centre on the patient; this is a shift from traditional provider-focused practice. It requires the development of communication skills that empowers patients to see health from their perspective; training patients in health related self-management.
- Solo practice is no longer adequate to achieve positive outcomes. Health carers must create and maintain partnerships with patients, families, providers and communities.
- Need of skills to ensure continuous quality improvement for patients' safety and efficient service delivery.
- The ability to use available information and communication technology.
- The ability to view health care from a broader public health perspective, to let health carers (nurses) understand their responsibility and accountability within the larger health system.

Modern machines, equipments, gadgets and technology surround today's nurse. Nursing practices today are competence driven, nurses specialise in various fields of care; psychiatric nurse, paediatric nurse, intensive care nurse, palliative nurse, home-care specialist, health visitor, etc.

In many countries, nursing is on an academic level; referring to the Bologna decrees in Europe. Nursing practice is developed at higher education level and leads to a professional nursing degree. For example: a nurse may become specialised in: nursing wounds, chemotherapy nursing, etc.; this at the level of professional intensive nursing education. This increase in knowledge, skills and attitudes was introduced by the USA, and is followed in many Asian countries such as Taiwan, Korea, Hong Kong, Singapore and Malaysia.



The attitudes of tender loving, compassion, friendliness, always at the service of others, all embodied so hard by Florence Nightingale, are found less in developed countries and more in developing countries. In Africa and Latin America, they do acknowledge these fundamental and basic attitudes. The next World Congress of CICIAMS, to be held in Mexico, will focus on: ‘**Nursing Excellence with a Human Touch**’.

Recently in Nigeria, Africa, the African Regional Conference of CICIAMS, held in Abuja, September 2004, entitled “**Challenges in Health for Africa**” focused on increasing nurses’ capabilities while acting as “**the good Samaritans**”. This to confront African’s health needs related to the pan-endemic of HIV/AIDS.

#### **IV CATHOLIC NURSES**

Catholic nurses are very special in the field of health care. As former Consultant and actual Member of the Pontifical Council of Health Pastoral Care, I provided ideas for some guidelines for Catholic Nurses worldwide.

Notice that Catholic nurses are fulfilling their vocation in difficult surroundings (shortage – disasters – wars – conflicts between health care workers) and in difficult changing times (20<sup>th</sup> century full of changes, globalisation, decreasing interest for human values and the sick, secularisation in Europe and the USA).

The Pontifical Council of Health Pastoral Care, in which I am honoured to be a member, indicated the following information: strong points and elements of reflection.

##### **1. Nurses must:**

- Face environmental difficulties by trying to programme interventions that are not the reproduction of rigid systems borrowed from other cultures.
- To direct them towards the concrete needs of the local population in the anchorage of a Christian faith recognised and accepted as a vital resource.
- To have moral coherence in respecting shared principles, this is needed, to found a universal ethic while respecting human rights.
- In their personal training to take into account the possibility of crisis caused by the impact of severe illnesses.
- Teach/educate to prevent illnesses, health must be considered as a concrete object of personal and collective responsibility.
- Nurses must keep themselves permanently up to date in order to be able to organise specific services to particular local situations.
- Mainly in catholic health care institutions, nurses must resist the temptation to assume power and privilege logics to undermine the others: the nurse is a Minister of life!
- Nurses are invited to restore a balance between traditional care, very often inappropriate but still appreciated by people, and the modern techniques of assistance and notions of hygiene associated with traditional directives.
- Educate people to take responsibility for their health (AIDS) and to sympathize with those who experience the difficulties of illnesses.
- Most of all, in the absence of organised services, nurses penetrate the social community to assess health needs and to find common and sustainable answers.



- They must put the concept of health in relation with the auto-defence and the personal dignity of man and the natural environment; rich and mistreated.
- To evangelise health could mean rebuilding the hierarchy of values, centred on the respect of human life, from birth to death.
- To prevent, via permanent education and a welcoming help mainly towards young women, eventual abortions as a result of rapes which are common and also promiscuity that is almost epidemic in some societies.
- In accordance with cultures, taking care of the terminally ill and elderly people, by considering them as integral parts of the social community.
- All health carers must contribute to the construction of communities where, apart from health, the gift of God, which is love, must be rediscovered. It must be reminded that love is the best remedy as testified by the Christian tradition.
- Try to act in an integrated manner in the cultural context by including the values of family relationships and the solidarity between members of a social group: from local solidarity to worldwide generosity.
- Illness is not a punishment but a natural phenomenon, consequence of our limited and conditioned bodily being. One can prevent, heal illness and even live with it, from the moment that we accept the help of others, that we recognise the value of pain in the logic of the mystery of Christ's passion and that we improve, whenever possible, the hygiene conditions of life.

## 2. Catholic nurses

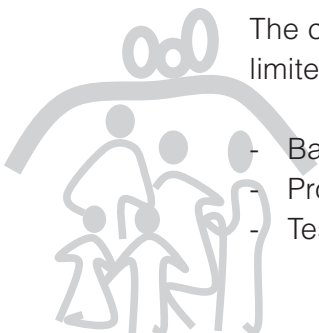
- The mission to embody 'Christ poor' with the poor by giving signs of hope and life where there is death and lack of resources. Christ is there, sick and dying, among so many other reasons because of the injustice of an unfair world.
- Holy Friday of suffering is a particular day for testimony and commitment to the Church.
- Unity and collaboration are necessary. There is no time for ideological wars, but for commitment, collaboration and coordination.

## 3. Values of Catholic nurses

- The human being: his rights, his dignity, his life.
- Professionalism: not only technical aspects but honesty, responsibility and transparency.
- Hospitality: it must be kept, intensified such as welcome, service, commitment, generosity.
- Integral attention (holistic) to the person: physical attention, psychic, social, spiritual, ethical, juridical, etc.
- The ethos of sacrifice and the 'pastoral' true-life of the profession
- Be witnesses, prophets of hope in a suffering world.

The challenges already mentioned are overwhelming, summarising they can be limited as follows:

- Basic integral and permanent training
- Professionalism
- Testimony of faith and hope.



What's so special about Catholic nurses?

Quoting His Eminence Cardinal Richard Cushing (USA)

“Catholic nurses are faithful. Their faith is not just another creed to which they give intellectual assent, but something alive in creatures of flesh and blood. The wonderful thing about Christian faith is that it gives evidence of not only what Christ taught, but of Himself, the way He lived. Christ did not only preached God's Word, but It was Him, the Word was Flesh.”

Whenever people are cared by a Catholic nurse, she/he alone have the privilege of introducing them, as it were to Christ. The Catholic nurse must be prepared to show patients Jesus Christ, because she is a role model for all the sick.

Nurses can pray following: Jesus, when sick see me, may they recognize Thee.

Every hour, every second of day and night, in patients rooms and hospital wards, to a Catholic nurse, that prayer is granted .And the hands of the nurse, are the Hands of the Saviour, the fingers of God.

Catholic nurses are blessed with the gift of faith and the blessed vocation of caring for the Lord's sick people.

## **V HEALTH CARERS: NURSES, MIDWIVES, MEDICAL-SOCIAL ASSISTANTS IN OUR SOCIETIES**

Nursing, midwifery and medical-social assistance is remarkable!

Health care, such as nursing/midwifery and medical-social assistance is based on a platform of traditional norms and values, and on many competencies. They are rewarded for their work, all over the world. Unfortunately in many countries the salaries seem not to be in the same line with the highly outspoken value of caring. We notice far too low salaries for nurses, midwives and medical-social assistants in many countries.

Health care is under pressure in various parts of the world :saving in expenses, bad image of nursing and midwifery, low status for nurses and health carers.

Many European countries suffer from shortages. For example: in Ireland, a country with lots of well qualified nurses, a shortage will be noted in 2008. In 2008, 80% of practising nurses will be retired and there are no youngsters for replacement.

Some African and Asian countries have a great surplus of nurses and midwives.

They find their way to the United Kingdom and other European countries. In many Britain and European countries, Indian and Philippine nurses are in hospital wards, institutions and nursing homes.

From Nigeria, Ghana, Cameroon, S. Africa well qualified nurses find their way to the USA, UK and Europe .Former French colonies deliver nurses to French speaking European countries and to Canada

Although, nurses and midwives can make the difference in their own country and habitat.

Nursing today is broad: various nursing disciplines are appearing; mental health, elderly care, palliative care, nursing practice for wounds, etc.



Not only are nursing sectors broadening up, nursing practise is deepening; for example: nursing aggressive patients, automation in nursing, etc. This great progress in nursing is the fulfilling of the dreams of former nursing generations!

Why are nurses doing what they do?

Why is nursing/midwifery making such a progress?

The key is: **SENSE MAKING / GIVING!**

Antonovsky, an Israeli social scientist defined 'Sense of Coherence'.

He tried to find out why persons survive torturing, concentration camps and are mentally well after this ordeals , while others not.

Through research he was able to define three key-factors: comprehensibility, manageability and meaningfulness.

Certainly, nurses all over the world try to understand patients and situations.

They manage care for the patients, contacts with families, information for colleagues and other health care workers.

But above all: meaningfulness!

All over the world: the job-ethos for nurses/midwives is tremendously high.

The highest job-ethos is found by nurses in the first three years of their career, than it slows down. Student-nurses score very high on job-ethos .Nurses/midwives with long life careers, love to be a nurse/midwife, they cherish the value of meaningfulness.

Being a dedicate nurse or midwife cannot be declared rationally, its from the heart!

They state: nursing/midwifery is a vocation! Christian nurses/midwives are living the Bible: they step in the footsteps of the 'Good Samaritan'.

Values speak to the mind, but they touch the heart.

Therefore nurses/midwives do what they do!

Great importance can be given to the personality of the nurse and the midwife.

Nursing/midwifery schools and training centres can tune their programme's to the learning capacities of their students.

The worldwide know instrument MBTI (Meyers-Briggs Type Indicator) indicates that nurses/midwives have preferences for Sensing; meaning working with their senses They like to learn via direct contact with patients and via studying cases. They are less interested in theories and models. Therefore nursing education should be context bound, otherwise their will be difficulties with transfers from theoretical learning into practice.

MBTI shows that nurses/midwives worldwide are on the Feeling side. They practice nursing/midwifery with their feeling capacities, within the so called 'Nursing culture'.

Nurses/midwives have adversity to explain their daily practice in protocols in handbooks for risk-quality management. They care for patients, are at the service of patients, family and other health care workers.

Why? Simply this is nursing/midwifery in a nursing/midwifery culture.

Why are they doing so?

Answer: THEREFORE!



## VI NURSES' AND MIDWIVES' ENGAGEMENT

A profession can emancipate through the engagement of the members.

Why being an association member?

Nurses'/midwives' associations are created to support the nurses and midwives in their profession. New technologies, new techniques, new ways of caring are shared within the nursing associations.

Nurses' and midwives' associations are valuing nursing and midwifery practices and are giving respect and self-esteem to the profession.

Nursing/midwifery associations are positioning the profession in societies and they promote political impact.

Worldwide nurses and midwives made progress, due to the courageous colleagues who fight for better work conditions, appropriate salaries and high standard educations.

A lot has changed since Florence Nightingale, although the principle remains: first the sick, nursing is a vocation.

Quoting His Eminence Cardinal Lozano Barragan: '**Nursing is the heart of health care**'. Globally, via ICN and Ciciams, nurses' and midwives' associations have the strong will to professionalize and to deliver excellent performance.

Unity is the key; good individual ideas remain individual ideas. Unity gives the opportunity to implement good ideas into practise. We need each other!

Nurses and midwives need each other to re-new, to re-fresh and to re-organise.

Some quotes of the book 'In het schijnsel van de lamp', A. Verlinde, 2000.

Florence Nightingale answered through e-mail:

Dear AN: your nurses/midwives must be professionals. Give not all your attention to professionalism. Nurses/midwives must love their patients and being able to evoke love for all persons and their situations.

The light of my lamp was useful to care in the darkness of battlefields, it is also a symbol for the light in my heart to care for others.

Dear AN: be aware of the qualifications of nurses and midwives.

With Ciciams you can support nurses and midwives professionally, through conferences, seminars, Ciciams-news, Ciciams-web site.

Ciciams had this great tradition, pass it to next generation.

Above all: don't forget sense and meaningfulness.

LOVE is the key!

## VII EXPECTATIONS FOR THE FUTURE

Why are nurses/midwives doing what they do?

Answer: THEREFORE!

Nurses and midwives are driven by a strong platform of values.

Being at the service of others and making others happy is a very human and motivating value, mostly embedded in religious beliefs.

For Christians: in the footsteps of Christ and following the model of the '**Good Samaritan**'.



Economical concerns are credit to a failing nursing/ midwifery culture. Spending time with patients becomes a shared value.

Many engaged nursing and midwifery watchers plea for a caring nursing / midwifery culture. Components are: ethical thinking and feeling, care relation between the care-giver and care-taker and meaningfulness.

Why are nurses/midwives doing what they do?

Answer: THEREFORE!

A list of 'therefore's' can be presented.

Therefore: giving sense to the profession

Therefore: being gifted with a soul

Therefore: not keeping all energy of ourselves, sharing energy with others by caring

Therefore: developing visions and strategies on nursing and midwifery, based on a platform of values

Therefore: caring for others, evoke positive feelings. Stop negativism!

Therefore: sense and meaningfulness are motivators in care-giving

Therefore: re-implementation of the nursing/midwifery culture

Therefore: helping others is a full part of live

Therefore: nursing and midwifery is LOVE!

Why nursing and midwifery?

Simply: THEREFORE



## Keynote / Plenary / Concurrent / Special Session

### Keynote

- 1 Health and Family
- 2 Responsibility of Nurses Towards Families in Asia
- 3 Family Planning and Women's Health

### Speakers

*Cardinal*  
*J. Lozano BARRAGÁN*  
*Fr. Joseph JOBLIN, SJ*  
*Dr. John WONG*

### Plenary

- 1 Asian Families in Their Response to Childhood Cancer and Related Death
- 2 The De-centered Subject  
A Meditation on Marital Sexual Experiences of husbands of Women Treated for Breast Cancer
- 3-1 Pastoral Care for Dying Patients
- 3-2 Facing Terminal Illness: An Opportunity for Peace Within, Peace Between and Peace Among

*Dr. Ida MARTINSON*  
*Mr. Ka-hing CHEUNG*  
*Fr. Joong-ho KIM*  
*Dr. Vincent TSE,*  
*Sr. Agnes HO, FMM*

### Concurrent

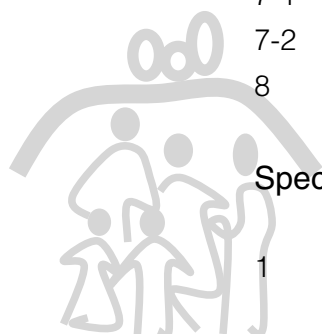
- 1 Parenting Programme in Family Health Service of the Department of Health
- 2 Child Health from Community Aspect
- 3 Children: Wanted and Unwanted
- 4 Empowerment of Man in Family
- 5-1 The Family in the Community of the Beatitudes
- 5-2 Family Systems Nursing: An Innovative Approach to Mental Health Care
- 6-1 The Business of Caring for Elderly People with Dementia
- 6-2 Elderly Abuse / Care for carer
- 7-1 The Path to a Healthy Life
- 7-2 Family Therapy: Satir Model
- 8 Family Constellation

*Dr. Karen TSO*  
*Dr. Albert LEE*  
*Dr. Peter AU YEUNG*  
*Mr. Wai-lun LAI*  
*Sr. Teresa DELAI*  
*Dr. Peggy SIMPSON*  
*Dr. Claudia LAI*  
*Ms Doris YU*  
*Dr. Shiu-hung LEE*  
*Dr. Nat YUEN*  
*Fr. George ZEE, SJ*

### Special Session

- 1 Health Family - How Does the Pharmacist Help? and Mainly The Catholic Pharmacist ....

*Prof. Alaine LEJEUNE*



## Free Paper – Oral Presentations

Paper #	Title	Author
1 – 1	A Family Bonding Programme: Baby Massage and It's Benefits to Mothers in Postnatal Depression, Babies and Their Families	<i>Ms Sharon Cheung-lung CHAN</i>
1 – 2	Factors Leading to Learning in Later Life: Is Family Support a Must ?	<i>Ms Angela Yee-man LEUNG</i>
1 – 3	A Plan to Promote Wellbeing and Health for Families in Tin Shui Wai	<i>Mr. Kee-hung NGAI</i>
2 – 1	The Importance of Parental Involvement in Preparing Children for Day Surgery	<i>Dr. William Ho-cheung LI</i>
2 – 2	Family 'Collaborators With The Creator'	<i>Ms Jeanette MENEZES</i>
3 – 1	One Step Beyond Dietetic Counsellings	<i>Ms Selina KHOR</i>
3 – 2	Changing Health Care and Changing Family	<i>Sr. ELANORE C.M.C.</i>
3 – 3	The Study on Continuum Caring in the Care and Attention Home	<i>Ms Alice May-fung WONG</i>
4 – 1	What Threatens the Family Institution in Malaysia	<i>Ms Francisca MALANTIN</i>
4 – 2	The Challenge of a Middle Age Adult	<i>Ms Helen Heung-ying SUNG</i>
4 – 3	Towards a Society for All Ages: The Elderly	<i>Sir Richard LAI</i>
5 – 1	Depression After Stroke: A Triple Burden	<i>Ms Angel Chu-kee LEE</i>
6 – 1	Medical Health Care for Families in Japan - Situation and Problems Faced by Elderly Persons	<i>Mrs. Midori SHIMIZU</i>
7 – 1	Promoting Psychological Health in Women During Labour	<i>Ms Wan-yim IP</i>
7 – 2	Testing the Efficacy of an Empowerment Intervention for Chines Abused Pregnant Women in Hong Kong	<i>Dr. Agnes TIWARI</i>
8 – 1	Family in Different Stage of Life – Aging	<i>Sir EDITH</i>
8 – 2	Quality of Life and Culture of Dying Patients and Their Families	<i>Dr. Filomena Lai-wan CHOW</i>
8 – 3	Nurses' Caring Behaviors with Dying Patients and Their Families	<i>Sr. Magdalena Supaporn DAODEE</i>
8 – 4	Role of Hope	<i>Ms Josepha Wai-ming TAI</i>



## Free Paper – Poster Presentations

Poster #	Title	Author
1.	The Effect of Foot Reflexology Program on Functional Constipation and Stress in Nursing Students	<i>Mrs. Eun-soon CHOI</i>
2.	Comparison of the Effects of Internet Diabetic Education by Gender in Type 2 Diabetic Patient	<i>Prof. Hee-seung KIM</i>
3.	Families in Asia Countries are Being Challenged by Globalization	<i>Sir Richard LAI</i>
4.	Effects of Massage on Stress, Immune Function, and Self- confidence Level in Mother	<i>Prof. Hon-ray PARK</i>
5.	Relationship between the Patients' Activities of Daily Living and Family Burden, Social Support under Home Health Nursing Care	<i>Prof. Kyeong- yae SOHNG</i>
6.	Development of Nursing Intervention Standards of Home Health Care for Hospice Patients	<i>Sr. Jinsun YONG</i>
7.	Pastoral Care Workers Helping the Terminally Ill and Their Families in Palliative Care; a Tested Model to Develop Professionalism and Care Illustration	<i>Ms Maria Kam-yuk YUEN</i>
8.	Effect of Psychotherapy on Immune Function and Quality of Life in Patients with Colonic Cancer Patients: Employing the "Writing" Method	<i>Dr. Yukiko ORII</i>
9.	Empowering Women's Self Control in Childbirth: A Study on Chinese First-Time Pregnant Women	<i>Ms Wing CHEUNG</i>



## HEALTH AND FAMILY

### **Cardinal Javier Lozano BARRAGÁN.**

*President of the Pontifical Council for Pastoral Assistance to Health Care Workers  
ITALY*

The East always has been the cradle of the wisdom. We have a lot to learn from those people of millenary culture that were living deep ideals. Inside the eastern culture calls me to attention the accent in the serenity, in the benevolence, in the complementation, in the equilibrium; in a word, in the harmony.

This popular experience that with take patience reflection, estimation and constancy, that goes beyond the sensible world and arrives to contemplation express itself in diverse religions and philosophic thoughts, that try solve the problems of the one and the multiple, the appearance and the truth, the transitory and the eternal, the action and the contemplation. On arrives to different expressions and formulations that express salvation positions such as extinction of the passion as egoistic anxiety, the equilibrium between forces of contrary sign between opposite elements that in so old expressions as Taoism have the personification for instance in “Yin” and “Yan”, the male and female elements; to return finally to the “Tao” origin and goal of all.

When we formulate the ideal of health we are not far from this thought and the harmony is its basic element. If after we speak of the family health, we proceed in the same direction.

For us Christians, this is the right direction. We think that it is the transparency of God in the man. God is harmony and so is also the life. The original intuition of the eastern culture is completed by the Christendom from a double way: receiving the Revelation as a gift from God that says to us that God in His intimacy is a fecund harmony; and knowing that He gives us the force to reproduce this harmony in the creation, specially in the man.

When on consider the subject of health and family, this is the way I intend to follow with those reflections: how God is harmony, and how the health in the family consists in this divine harmony. Furthermore, how God is the family harmony and how in this harmony consists the true health of the family.



## RESPONSIBILITY OF NURSES TOWARDS FAMILIES IN ASIA

**Rev. Fr. Joseph JOBLIN SJ**

*Ecclesiastical Advisor to CICIAMS, Consultor of Pontifical Council for the Pastoral Assistance to Health Care Workers, ITALY*

Nurses are active witnesses of the transformation of the family.

### I. The Transformation of the Traditional Family

The transformation of the traditional family is associated with the coming of a new world, social, ideological and political.

The crisis of the family to-day originates in the rejection of the traditional concept of family itself and the emergence of a new one through the notions of gender, sexual orientation and free choice.

**Gender:** For several political or ideological forces the distinction between sexes is a cultural phenomenon linked to the past without any biological basis.

**Sexual orientation:** Sexual orientation is a familiar concept. For the gender ideology a male or female behaviour is not the consequence of a biological fact but the result of a cultural prejudice.

**Free choice:** The family has always been considered as *\*Natural and Fundamental Group of Society\** (ONU Declaration of Human Rights 1948 art. 16.3).

The ideology of free choice challenges this affirmation considering that each individual has the right to choose freely his or her orientation without any rules imposed from outside by society or religion.

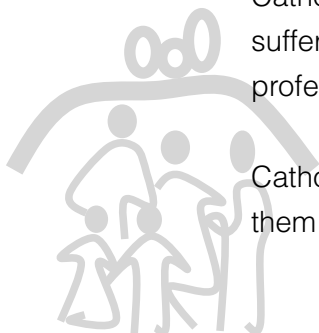
### II. Is still the family to be considered as the pillar of a stable society?

One of the challenges of our time is to decide whether a single headed household can or cannot be considered as the basis of a stable society. As a matter of fact family is indispensable for the material, psychological and moral development of individuals.

### III. Responsibility of catholic nurses faced with the daily problems of the families to-day.

Catholic nurses give testimony of their faith especially when confronted with the suffering of the patients and their families through the accomplishment of their professional responsibilities.

Catholic organisations give a technical, moral and spiritual support to nurses for helping them to give testimony of the sense of the family in contemporaries societies.



# FAMILY PLANNING AND WOMEN'S HEALTH

## **Dr. John WONG**

*General Practitioner; Occupational Health Physician;  
Chairman, Natural Family Planning Service, Penang,  
MALAYSIA*

### **1. Introduction**

This key note address is a reflection and discernment on how artificial contraceptives have affected the women, and how as “ Carers of Healthy Family”, we can reverse it bring out the good in various natural methods of family planning.

Comparing and contrasting the artificial and the natural methods of family planning enable us as nursing and medical professionals to help women make a God - guided decision in choosing a family planning method

### **2. The Essence of Family Planning**

Family planning is not merely a method, but a way of life. The decision to achieve conception or to avoid conception should be made with a fully informed conscience, after considering various methods of family planning and taking into account what is most pleasing to God.

We are called to participate in the creation of human lives and to share in God's work of salvation. By interfering in our reproductive system we have made this task impossible.

God alone is the giver of life and so every human life must be respected right from the time of the beginning of that life. Every method of family planning must uphold this truth, to reflect God's infinite goodness of creating human lives in order to share in his eternal happiness.

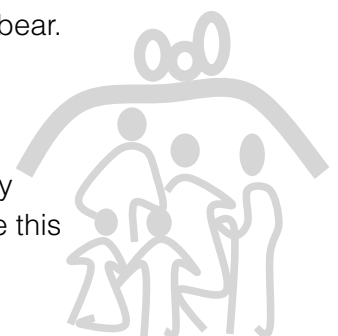
Man and woman becomes one body, one soul and one mind in the very act of human fertilization. The wisdom of God that “ love is between one man and one woman” is clearly written on the face of the fertilized ovum. We thus see the face of God in science.

Every family planning method should seek to preserve the 2 essential elements of the marital act of intercourse, the unitive and the procreative elements. Only a natural family planning method can do this.

I as a doctor and also a Catholic, cannot see family planning as a mere matter of science, but also as a matter of faith.

Family planning is not just a method to limit the number of children a woman may bear. Infertility occurs in 5 % of married couples in some countries and therefore family planning for them would mean trying to conceive a child .

The central event in a woman's menstrual cycle is ovulation, not menstruation . Any good and scientifically sound method of fertility regulation should seek to preserve this central event of a woman reproductive cycle.



### 3. Family planning and a woman's health

Reproductive health is “ the total well being of a woman, physical, social and mental, in her reproductive age.” I would like to add spiritual well being as part of it.

#### 3.1 Spiritual Health

Natural methods of family planning respects the integrity of the marital act , preserving its 2 essential elements of unity and openness to life. Faithfulness to this design of God for the marital sexual act brings joy to a marriage relationship. An intimate union between the husband and wife in body, mind and soul is a symbol of the union between Christ and His Church on earth, and a foretaste of the ultimate union between man and his creator in Heaven.

#### 3.2 Physical health

The physical effects of artificial contraceptives have been overemphasized while the other effects have been overlooked. The International Agency for Research of Cancer ( IARC ) under the WHO has just concluded on the 29th of July this year that combined estrogen-progestogen OC's are Group 1 carcinogen, meaning proven carcinogenic to human, increasing risk of breast, cervix and liver cancer, after a thorough review of the published scientific evidence.

#### 3.3 Social and Moral Health

The result of a contraceptive mentality leads to an increase in the rate of abortions, the easy availability of the oral contraceptives and condoms lead to promiscuity, premarital sex, teen pregnancies, teen abortions, divorce, single mothers, abandoned babies, infanticides, and sexually transmitted diseases. These make us recognize that they do not come from God.

I believe that a child from a large family learns to share more unselfishly when there is so little to share among so many children.

#### 3.4 Health of a Nation

Small families have effects on the economy of a nation. Manpower is an asset to a nation. Nation building depends on the people. Aging of the population results in an increase in geriatric diseases. Medical expenses of a nation increases with the aging of the population. There would be fewer young people working to support the old and the sick.

### 4. The challenge to promote to all the women in the world the right methods of family planning.

The challenge that we face today is “How do we promote a good and morally sound method of family planning to people who do not know God?” The secular society looks at family planning in a way very different from ours.

God is present in every good thing on earth. By practicing NFP and encouraging others to follow, God will make His presence felt.



### 5. Involvement in NFP in my journey of faith

3

When I became a doctor I began to ponder what God would like to see and accomplish in me as a doctor. For me, the desire to please God would be the first and most important factor in choosing the method of family planning for myself, and having practiced and experienced its goodness, I desire to share this good news with others.

#### Conclusion

Promoting good family planning methods to the world is a great way to evangelize. Jesus calls us the salt of the earth and light of the world. By promoting wholesome reproduction health in the women we become the salt of the earth, light of the world, and yeast in the dough.

Billing's Ovulation Method's motto is "Credidimus caritati" – we have put our faith in love. We come here out of love for all women in the world, that they may enjoy health in spirit, mind and body in their reproductive life which is the most productive and love giving part of their lives as a woman.

We have chosen to be a sign of contradiction to the contraceptive values of the world. No matter how unpopular we are, it is God's work we are doing, not merely working for God. And if it is God's work He will see to it that it will multiply from 2 loaves and 5 fish, to feed 5 thousand, with left over. ( Matt 14: 19-20 )



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## ASIAN FAMILIES IN THEIR RESPONSES TO CHILDHOOD CANCER AND RELATED DEATH

***Prof. Ida S MARTINSON***

*Professor, Step VII, Department of Family Health Care Nursing, School of Nursing,  
University Of California, San Francisco,  
USA*

Family care and overt issues of culture will be discussed. Contrasts will be made between Asian counties regarding technological economic practices, traditional & religious values, health care systems and family structures. Examples will be given of families who have/had a child with cancer.



## THE DE-CENTERED SUBJECT -

### A Meditation on Marital Sexual Experiences of Husbands of Women Treated for Breast Cancer

**Mr. Peter Ka-Hing CHEUNG**

*Marriage Counsellor, Hong Kong Catholic Marriage Advisory Council,  
HONG KONG*

The husband of woman treated for breast cancer is often confronted in the area of marital sex with one or both of two issues. First, because of the wife's diminished desire for genital sex, he has to face rejection or more frequent rejection to his sexual initiatives. Second, he has to deal with his own aversion to the sight of scarred breast or flat chest after her breast surgery. Departing from popular expectations, and based on reported experiences of thirteen couples who participated in a qualitative study that lasted four years, the author proposes that bodily constraints on the part of wife can be experienced as an invitation to the couple to new forms of intimacy, sexual and spiritual. The key to the experience, which is the focus of this presentation, is being de-centered, involving a pre-reflective turn from self to other, and from active, expressive presence to passive, responsive presence.



3 - 1

## PASTORAL CARE FOR DYING PATIENTS

**Rev. Joong-ho KIM MD., Ph. D**

*Director, Catholic Institute of Bioethics*

REPUBLIC OF KOREA

For my final unit of CEP at St. John Hospital, I have chosen as my field DEATH and DYING.

In order to help me in this work, I have studied the following books on this topic:

- 1) "On death and dying" by Elizabeth Kubler-Ross
- 2) "Death, the final stage of growth" by Elizabeth Kubler-Ross
- 3) "Religion and Pain" by Joseph H. Fighter
- 4) "Crisis Counselling" by Eugene Kennedy

From the works of Dr. Kubler-Ross, I have learned the various stages a person or persons experience: The 5 stages of Death and Dying:

These stages provide a very useful guide to understand different phases that dying patient may go through. They are not absolute : not everyone goes through every stage in the exact sequence at some predictable pace. But this paradigm can if used in a flexible insight-producing way, be a valuable tool in understanding why a patient may be behaving as he does.

During the course of this unit, my visits and verbalisms have lead me to personal contact with people facing death and dying. I refer to my 6 verbalism:

In these verbalisms no two are similar from the follow up study of my Verbalisms, I can get the following results in relating with Dr. Kubler-Ross's work.

These may experiences with deathand dying patients has taught me the following:

- 1) Importance of attending the dying patient.
- 2) Supporting the family of the patient.
- 3) Listening to the patient actively and also confronting.
- 4) Empathizing with the dying patient and meeting the patient where he or she is.

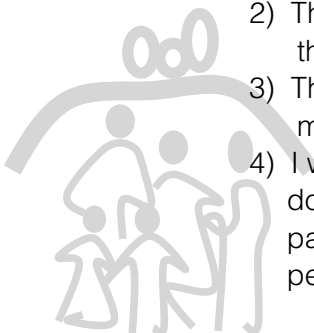
The following is 4 stages of death and dying among Japanese by Dr. Kashioki

- 1) Hope for recovery.
- 2) Doubt.
- 3) Anxiety.
- 4) Despair.

### CONCLUSION:

This unit I have chosen on DEATH and DYING, it has been a revelation to me:

- 1) Ministry for dying patients is one of the most important area of Pastoral Care at the hospital setting.
- 2) The studies of books on this topic has been a valuable tool for me to understand the behavior of dying patient.
- 3) Throughout the research and experiences with dying patients, I have reflected for myself the real meaning of DYING
- 4) I was able to get some valuable thoughts from the experience of these living documents; like Importance of attending the dying patient, Support the family of the patient and helping the patient in the final stage by permitting him or her to go in peace.



# FACING TERMINAL ILLNESS: AN OPPORTUNITY FOR PEACE WITHIN, PEACE BETWEEN AND PEACE AMONG

## **Dr. Vincent Kin-chuen TSE**

*Specialist in Clinical Oncology, Chairperson, Subspecialty Board,  
Palliative Medicine of Clinical Oncology (Hong Kong College of Radiology),  
HONG KONG*

Terminal illness provides people a chance to slow down their fast pace of life. Whether one can take it as an opportunity to grow and attain peace of life depends on many factors. With my experiences in taking care of cancer patients and their families, my presentation would elaborate on the success factors in building a personal relationship between patients and the carers.



3 - 3

## FACING TERMINAL ILLNESS: AN OPPORTUNITY FOR PEACE WITHIN, PEACE BETWEEN AND PEACE AMONG

***Sr. Agnes HO, FMM***

*Clinical Pastoral Education Supervisor and Counsellor  
HONG KONG*

How we live is how we die.

End of life is the beginning of life.

It is a life long process for believers and non-believers to learn to prepare for it.

End of life is also a reunion time with self, others, the universe and God.



# PARENTING PROGRAMME IN FAMILY HEALTH SERVICE OF THE DEPARTMENT OF HEALTH

***Dr. Karen TSO; Cynthia LEUNG; Francis IP; Shirley LEUNG***

*Senior Medical Officer, Family Health Service, Department of Health,  
HONG KONG*

This paper describes a public health approach in the development and implementation of parenting programmes in Maternal and Child Health Centres (MCHCs) in Hong Kong.

The Family Health Service, with a network of MCHCs that covers 90% of newborn babies, is well positioned to implement a community-wide parenting programme, with the aim of improving the mental health of children and their parents. A community survey was conducted to map out the prevalence of child behaviour and parenting problems in the community.

A programme with proven effectiveness is then taken to the clinic settings through training, continual peer review and professional mentorship, to ensure the quality of programme delivery. An evaluation mechanism has also been put in place to monitor the effectiveness of the programme, and the results indicated that participants reported decreases in parenting stress and child behaviour problems after programme participation.



## CHILDREN: WANTED AND UNWANTED

### A Review of the Church's Teachings on Contraception and Reproductive Therapy

**Dr. Peter AU YEUNG**

*Chairman, Diocesan Committee on Bioethics  
HONG KONG*

With the advent of the oral contraceptive pill in the early 1960s, people generally thought it meant that sex does not have to be accompanied by reproduction, and that sex could thus become an unencumbered pleasure or indulgence. This together with a fashionable liberal social agenda, the spectre of world over-population and the advent of the social welfare state in some form or another worldwide, ensures that children are relegated from the status of God-given gifts of marriage to undesirable consequences of sex.

The reverse of this coin is that when children are wanted, parents-to-be would spare no effort in making sure that their dreams live up to their fantasy. Infertile couples resort to reproductive technology not only to provide them with a child, but as near-perfect a specimen as possible. This is achieved with prenatal diagnosis with the aim of seeking and destroying the imperfect. With such a sustained assault on the dignity of the child as God-given gift of marriage, the idea that begetting another child for the sake of helping to cure an existing one has also gained ground. Recently the House of Lords in the UK ruled that there is no legal prohibition to the use of reproductive technology to create saviour siblings. Allied with cloning technology, the spectre of creating a cloned life for spare parts becomes a chilling possibility in the not so distant future.

The rot started with the debasement of the sacrament of marriage by humanism and the gradual secularisation of European society at the later stages of the 19th Century. Pope Leo XIII spoke out against its dangers in *Arcanum Divinum* (1880). Fifty years later, when the contraceptive mentality was first rearing its ugly head, Pope Pius XI taught against the frustration of the marital act as well as the evils of abortion in *Casti Cannubii* (1930). Pope Paul VI condemned artificial contraception and expounded on responsible parenthood in *Humanae Vitae* (1968), whilst Pope John Paul II taught about family and marriage in context with each other in *Familiaris Consortio* (1981). This presentation examines the teachings of these papal documents together with the message of the Gospel of Life (*Evangelium Vitae* (1995)) in relation to the Church's teachings on contraception and reproductive technology.



## EMPOWERMENT OF MAN IN FAMILY

### **Mr. Wai-lun LAI**

*Supervisor, Caritas Dr. & Mrs. Olinto de Sousa Family Service cum Personal Growth Centre for Men,  
HONG KONG*

For a long time, the patriarchic family type has been taken as the normal family type in Hong Kong. In this type of family, man is the one who goes out for work and is the mere “provider” in the family. Woman takes the “carer” role and is responsible for nourishing the children.

Great change occurred in last century. The feminist movement broke down the rigid boundary of the two gender roles in the family. This movement aims to liberate women from the rigid boundary of the “family”. Women should not be tied up by the “carer” role. They should also go out to participate in the work field and become one of the “providers” for the family.

Besides liberating women, the feminist movement also aims to change men so that gender equality can be achieved. Some men are moved and involve in the movement. Nevertheless, the majority of men are not moved. They stay in their status quo of patriarchic behavior. They seldom involve in the “caring” tasks in the family.

In this new era, women have both the “provider” and “carer” functions in the family. They are respected by the children in the family. Men have the only “provider” function and are distant from the children. They are becoming marginal in family. When the couple relationship is broken up, most of the men are expelled from the “family”.

Actions have to be taken to empower man in family so as to prevent men from being kicked away by family members. Two directions of work are suggested:

1. To strengthen the will and enhance the ability of men to take up the “carer” role,
2. To advocate for a man-friendly family policy,

Caritas Personal Growth Centre for Men, the first men centre in Hong Kong or even Asia, has organized over two hundred fifty programs and served over two thousand five hundred men in its seven years’ service. The men users mutually supported and reinforced each other to involve in the “carer” role. Their growth stories appeared in the mass media including newspaper, television, radio, and magazines. The re-telling of men’s stories before the media is reinforcing men’s involvement in their families. Their narratives became available discourses for other men to get involved in their strange world of “carers”. More and more men would be moved by men to involve in this men’s movement.



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## THE FAMILY IN THE COMMUNITY OF THE BEATITUDES

***Sr. Teresa DELAI***

*The Community of the Beatitudes,  
MACAU*

One may ask, what is the relationship between a religious community with this conference where one talks about Healthy Family and your missions as carers?

**Can we mention health without mentioning the author of life – God?**

Families today are under violent attacks. Many illnesses in society are the outcome of broken families. “The families of today must be called back to their original position. They must follow Christ”, said John Paul II, 15 August 1980.

### 1. The history of the founding of the Community – a gift of the Holy Spirit

The Community of the Beatitudes is a mixed Community of man and woman founded in 1973 in southern France. The novelty of it is that it is founded by 2 couples. The Community is a gift of the Holy Spirit to the families at this time when families are especially under attack. It is important to note that the Community is not founded by the religious and accepting the families to join them. This point is essential and fundamental. If one day, there are no families in the Community, then it will not be the Community of the Beatitudes any more.

### 2. The implication and prophetic role of the Community in the Church

The beloved Holy Father calls to the families and said “*Family, believe in what you are, believe in your vocation to be a luminous sign of God’s love*”.<sup>1</sup>

The family has the mission to become more and more what it is, that is to say, a community of life and love. The synod emphasized four general tasks for the family<sup>2</sup>:

- forming a community of persons – ‘the domestic Church’
- serving life
- participating in the development of society
- Sharing in the life and mission of the Church – as a believing and evangelizing community, a community in dialogue with God and a community at the service of man.

The modern Christian family confronted by the prevailing ‘culture of death’ is often tempted to be discouraged and is distressed at the growth of its difficulties. “The need for the mission of Christian families becomes more necessary than ever”<sup>3</sup>

### 3. The life of the family in the Community

We have now 95 families in the Community over the world. These families “responding to the call of giving up everything to follow Christ, commit themselves to community life, in serving the mission in prayer, evangelization and works of compassion within the Community. They aspire to testify the transfiguration of human love through the grace of their Sacrament of Marriage, to become signs of hope for the Church and the World”<sup>4</sup>.

These families are called to leave the world, and to lead a life of obedience and poverty in the Community, without neglecting their duty towards their children. Their form of ‘consecration’ is based on their sacrament of marriage. In a word, they ‘consecrate’ their whole family to God, whereas the singles consecrate their virginity.

The family is the primary community living in the big Community which becomes in a way, their ‘extended family’. Very often, the presence of a warm and loving family in the Community is a source of healing for many people, especially those who came from broken families. In return, this ‘extended family’ provides moral support and mutual help to families, rendering helps to the little ones, the sick and the aged, making tangible the image of a Holy Family. The children of the Community grew up in an environment of prayer and love where their faith is formed.

A few years ago, the Community started the **Beatitudes of the Holy Family** for people who wish to adhere to the spirituality of the Community of the Beatitudes and live a concrete commitment to the Community without living-in.

### 4. Conclusion

Christ in his 33 years of life on earth had spent 30 years in his family! We have much to meditate on this mystery of Nazareth, the Holy Family – little Trinity on earth!

Our time is the time for Family! If Jesus spent 30 years in forming the Holy Family for his first mission on earth, he will also need families for his second coming!

*“The future of humanity passes by way of the family”<sup>5</sup>!!*

<sup>1</sup> John Paul II meeting with Families on 20 October 2001

<sup>2</sup> Apostolic Exhortation Familiaris Consortio, n.17

<sup>3</sup> John Paul II to the Pontifical Council for the Family on the 20th anniversary of the Apostolic Exhortation Familiaris Consortio.

<sup>4</sup> *The Statues of the community of the Beatitudes*, n. 84

<sup>5</sup> *Familiaris Consortio* 86

# FAMILY SYSTEMS NURSING: AN INNOVATIVE APPROACH TO MENTAL HEALTH CARE

**Dr. Peggy SIMPSON**

*Lecturer, The University of British Columbia, School of Nursing, Vancouver, British Columbia, CANADA*

In Chinese culture the family is the core structural and functional unit in society. The concept of health and the family are inextricably linked. However, in Hong Kong, psychiatric nursing care has traditionally focused on the individual and the concept of considering the family as the unit of care is relatively new. The purpose of this paper is to describe the process of planning, implementing and evaluating a family systems nursing project in a large psychiatric facility in Hong Kong. The process included engaging the system, assessing needs, listening to the system/language, focusing on strengths, facilitating change and reinforcing positive outcomes.

Over a two year time frame 110 psychiatric nurses participated in educational workshops focusing on family systems nursing and the care of individuals and families suffering from psychiatric illness. The Calgary Family Assessment Model (CFAM) and The Calgary Family Intervention Model (CFIM) were the guiding frameworks for the project. Staff outcomes were measured using the Family Nursing Practice Scale (N=89).

Significant changes were found both in the nurses' critical appraisal of their clinical practice related to Family Systems Nursing and in their reflections on the reciprocity in their nurse-family relationships. In addition, hospital wide systems outcomes related to family systems nursing were noted in changes to the documentation system, mentoring of staff by more experienced colleagues and the development of a family systems nursing approach in an out patient clinic that included family feedback and client outcomes.

This project demonstrates that a family systems nursing approach is culturally congruent with mental health care in Hong Kong.. The use of interventions described in CFIM can be modified to fit the culture and the unique situations related to Hong Kong families suffering from mental illness.

**Key Words:** Family Systems Nursing, psychiatric nursing, Chinese culture, evaluation, staff development



## THE BUSINESS OF CARING FOR AGING PEOPLE WITH DEMENTIA

**Dr. Claudia K. Y. LAI**

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HONG KONG*

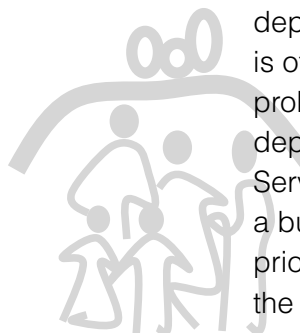
This paper discusses two current trends affecting health care provisions for the elderly and their families, with particular reference to those suffering from dementia. First, the business model as a dominant framework governing the administration of health services will be explored; and second, modern society's appraisal of the value of man in terms of his or her intellectual ability and economic productivity will be discussed.

The words "business" and "caring" conjure up vastly different images. In the current economic environment, not only does caring closely tie up with business, but it is quickly becoming just a business. In advanced economies as well as developing ones, health care providers run services adopting a business model. "To care for you" or "we care about you" has become a catch phrase for all kinds of commercial commodities remotely related to health. Health care, supposedly a service to care for people, has become a lucrative business.

Elderly people are more prone to coming down with multiple illnesses, making it more difficult for them to be independent. With the number of older people increasing, health service providers will face the challenge of having to look after a large number of frail elderly people. In view of the higher prevalence of chronic disease among the elderly, health care costs for the elderly can be phenomenal. At some stage, society as a whole will have to decide on how the provision of health care for the elderly should be paid for, and by whom.

Stephen Post, an American ethicist, has argued that modern societies place such a great emphasis on productivity and rationality in humans that it debases our view of those who are cognitively impaired. We humans are not defined only by our cognitive ability and our capability to engage in economically productive work. Our ability to feel and to relate, although impaired as a result of disease, should be evidence enough that people with dementia are not lesser humans.

Older people with dementia and their families are often challenged on multiple fronts. When health care is market-driven, services that are not profitable will suffer. Services for a chronic illness like dementia, which requires continuous vigilance in monitoring, are expensive. It is unlikely that affected families will be able to pay for such services over the entire course of the illness, which can be anything between eight to twenty years depending on when the disease was first diagnosed. Caring for people with dementia is often conceptualized as burden – a toll on an already aging society wracked with problems and responsibilities. The level of support that society is willing to provide will depend on the perspectives and values we embrace in our decision-making processes. Services for people with dementia and their families, who are perceived by some as a burden on society, may not be profitable and may therefore rank low on the list of priorities. People with dementia and their families will need advocates to help them get the care and attention they deserve as members of the human race.



# ELDERLY ABUSE / CARE FOR CARER

***Ms Doris Mei-yuk YU; Mabel Yuk-chun PAK***

*Supervisor, Caritas Shamshuipo and Tsuen Wan Elderly Services,  
HONG KONG*

To achieve the concept of “care in the community”, Caritas – Hong Kong has launched two innovative projects namely “Carer’s Supporting Hotline” (明愛護老者支援專線) and “Individual Consultation” (專業護老諮詢站). The content of the projects were highlight as below:-

## **1. Carer’s Supporting Hotline (明愛護老者支援專線)**

In order to release carer’s stress and strengthen their enthusiastic commitment to take care of their elderly who are living in the community , a hotline - 2958 1118 was set up in August 2004. This phone counseling service is to give empathetically emotional support as well as introducing suitable community resources to carers so as to recognize and rebuild their effort as well as enthusiasm in taking care of their elderly. In order to promote this pilot project to the needy carers, propaganda such as banners, posters, magnetic stickers, pamphlets etc were sent out to elderly units in Hong Kong. Besides, we also joined in the HKCSS Mutual Aid Help Line for referring needy cases for help. Up to the end of July 2005 , 87 calls were received. From our limited experience, the users were mainly those who are aged under 60. They focused on finding suitable carer’s service to lessen their burden and seeking emotional support and understanding in caring their senior family members immediately. Since some carers were still working in the day time, they might request the worker to follow up their need in the night which reflects the vulnerable anxiety which they are facing. Furthermore, more calls were received during the seasonal time such as Mid-Autumn Festival, Chinese Lunar New Year, etc. After sharing their feeling of anger, guilt , and misunderstanding by others especially the family members, they were more willing to continue their unconditional caring role.

## **2. Individual Consultation (專業護老諮詢站)**

This project was started from June 2004. It aimed at meeting the service gap of medical service in Hong Kong. By worker’s observation, the frail elderly and their carers only have limited time to consult the medical professionals during their follow up time which resulted in lacking of adequate knowledge in caring their senior family members. Whereas the frail elderly might also too much rely on other’s care. According to this phenomenon, worker tried to use interfacing approach to co-operate with a physiotherapist to recruit frail elderly and their family members together to come to service units to have individual consultation , so the programme was designed to held in Saturday afternoon to facilitate the working carers to participate. Throughout the process of consultation, physiotherapist was mainly to assess the caring skill as well as the ADL and IADL of the elderly. Afterwards, he taught them about the appropriate caring and self help skill. Whereas the social worker mainly focused on referring community resources to facilitate the whole family to live in the community independently, and also the emotional aspect and the communication pattern among family members so as to foster their mutual understanding and acceptance. In the end of March 2005, totally we have served 76 elders and 60 carers. Since the carers gave much positive recognition to this project, the project were chosen to join the HKCSS the Best Practice Award selection and we continued to launch this tailored made project in our service units this year so as to empower the family to live in the community with care, concern and dignity.



## THE PATH TO A HEALTHY LIFE

### **Prof. Shiu-hung LEE**

*Emeritus Professor of Community Medicine  
The Chinese University of Hong Kong,  
HONG KONG*

According to the United Nations, the enjoyment of the highest attainable standard of health is the fundamental rights of every human being without discrimination. Health promotion is an effective means of enabling people to increase control over their health and thereby improve the quality of life, and of mental and spiritual well being.

In order to lead a healthy life, we have to tackle the total determinants of health. Over the past decades, the factors affecting health have changed markedly. These factors are not only physical such as environmental hygiene and sanitation but also socio-economic. The latter include smoking, family relationship, new immigrants and minority groups, low income families and lifestyle and behaviour.

With the advent of these new factors affecting health, the pattern of diseases has also changed. Hong Kong is facing a triple burden of diseases, namely chronic non-communicable diseases including mental illness, emerging new infectious diseases, and accidents and injuries. In addition socially related health problems such as inequities, obesity, smoking, alcoholism and drug abuse also give rise to considerable concern.

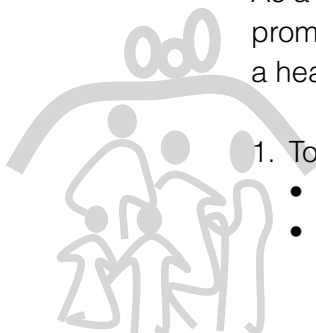
Such a change in the determinants of health is observed world-wide. To manage this global challenge, the “Bangkok Charter for Health Promotion in a globalized world” approved at the recent 6th Global Conference on Health Promotion, Bangkok in August 2005 has set out the following strategies for health promotion in a globalized world.

- Advocacy for a rights based approach to health promotion
- Investment in sustainable policies and actions to address the determinants of health.
- Building capacity for policy development and leadership in health promotion
- Partnership with public, privates and NGOs to create sustainable actions.
- Regulation and legislation to ensure protection from harm and equal opportunity for health and well being for all people.

The Bangkok Charter particularly called for action to make the promotion of health a key focus of communities and civil society.

As a member of the community and civil society, you can play an important role to promote a healthy and active life for yourself as well as for the community. The path to a healthy life could be along the following routes:

1. To be a leader in health promotion in the place where we work, study live or love e.g.
  - Workplace (Healthy Workplace)
  - School (Healthy Schools)



- Communities (Healthy Cities, Healthy Housing Estates)
  - Families (Healthy families)  
Woman(Women's health), Youth (Adolescent health), Elderly (Health care for elderly), Men (Men's health)
2. To be an advocate in health promotion e.g.
- Healthy and active living
  - Smoke Free environment
  - Healthy – choice, the wise choice
3. To be a trainer in health promotion e.g.
- Health trainer
  - Health ambassador
  - Tai Chi and Health

In all these settings of health promotion for a healthy life, trust-worthy and reliable information should be made available to the people so that they become aware of the risk factors and make healthy choice, the wise choice in particular the following healthy choices:

- No smoking
- Balanced diet
- Appropriate exercise
- Falls prevention
- Food and drug safety
- Infectious diseases prevention
- Mental health and well-being
- Limitation on alcohol consumption.

In conclusion, health is everybody's responsibility. The non-governmental organizations have often taken the lead in initiating, shaping and undertaking health promotion with great success. They have demonstrated their effectiveness in health promotion and provide good models of practice for others to follow. The present 9th Asian Regional Conference of CICIAMS – Health Family – Our Mission as carers” is another good example. It is hoped that the evidence and the practice on health promotion to be derived from this Conference could be built into the policy of government and become a core function of a public health system.



# FAMILY THERAPY: SATIR MODEL

## **Dr. Nat YUEN**

*Hon. Clinical Professor of Family Medicine, The Chinese University of Hong Kong,  
HONG KONG*

### **Family Models:**

Biomedical Model: Disease is accounted for by deviation from the norm of measurable biological variables and is supposedly independent of social behaviour.

Biopsychosocial Model (by George Engel 1977): Emphasizes the unity of body, mind and social context.

Family physicians must understand that in our daily practice we are dealing with both biomedical and biopsychosocial models. In biopsychosocial models, illnesses may become a means of escaping from problems or avoiding conflict. It may only be a physiological response or manifestation of emotional stress.

### **The Principles of Satir Model:**

1. Satir believes that the basic element in family behavior and interpersonal dynamics is self-esteem.
2. Low self-esteem affects the entire family system.
3. She believes that self-esteem is learned, especially through the primary family triad of "Ma, Pa and the Child".
4. Since learned information can be unlearned, or even transformed, people are capable of change.
5. The potential for change is the essence of the treatment process.
6. Within dysfunctional families, interaction amongst members with low self-esteem, are often based on survival. Survival depends on how well that person can cope in any situation.
7. Satir describes four survival coping stances:
  - Placating,
  - Blaming,
  - Super-reasonable, and
  - Irrelevant.

All of which originates from a low self-esteem position and are efforts to conceal weakness and avoid rejection.
8. A fifth stance, congruence, is a state of being confident and wholesome.



# HEALTHY FAMILY

## HOW DOES THE PHARMACIST HELP? AND MAINLY THE CATHOLIC PHARMACIST...

**Prof. Alain LEJEUNE**

*International Federation of Catholic Pharmacists*

INDIA

In this conference, we will try to develop all the activities around the diploma of pharmacist. A pharmacist plays a very big lot of activities with a big impact on public health. He can be present in pharmacy, hospital, research, education, industry, university....The capacity of the pharmacist as medicines specialist is very important.

Near this capacity we have to found the human capacity to the sick people, the poor people.... We have to try to make medicines affordable for everybody everywhere in the world....We have to help women in difficulties and to give a message about some kind of medicines....or drugs....the catholic pharmacist triest o be involved in these processes.

He tries also to be an expert in the bioethics questions to give a competent answer to his patient...

We'll make a trial to cover all theses aspects in the presentation, following this schema:

The Pharmacist and his job, and the evolution of his job

- in pharmacy
- in industry
- in regulatory affairs,
- in pharmacovigilance (post marketing survey)
- in hospital
- in clinical biology
- in information
- in research
- in education
- in clinical pharmacist activity...

The main activity specialist in medicines (everywhere)

The developing activity : information about medicines

- a good use of medicines
- the post marketing survey activity

The social goal of pharmacist

The accessibility to medicines : a human right FIPC Resolution

Medicines at affordable prices

- AIDS > FIPC resolution
- Tuberculosis + nevirapine
- Malaria (paludism) + factory (plant Libreville)

The pharmacist as counselor

In public health (tobacco, doping, narcotics)  
Driving risks with medicines

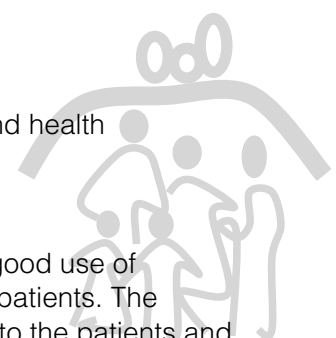
The ethic (bioethics) point of view

- the « problematic » medicines after morning pills
- the abortifacient pills
- the "conscience or moral clause" > FIPC Congress and resolutions
- the position for medical doctors, nurses...what about the pharmacists ?

The assistance to the poor countries

- technology transfert > FIPC against debt to education and health
- quality of medicines
- generic drugs
- against counterfeit medicines

**Conclusion** : the pharmacist takes an important place in the public health and in the good use of medicines through the counsels he gives to the other health professionals and to the patients. The catholic pharmacist adds a knowledge in the bioethics points of view and in the help to the patients and then to the families.



1 - 1

## **A FAMILY BONDING PROGRAMME: BABY MASSAGE AND IT'S BENEFITS TO MOTHERS IN POSTNATAL DEPRESSION, BABIES AND THEIR FAMILIES**

***Ms Sharon Cheung-long CHAN***

*Advanced Practice Nurse, Cheung Sha Wan Jockey Club GOPC,  
HONG KONG*

**Objective:** To study the effectiveness of baby massage in helping newborn calm down, and mothers' emotion during the process. It highlights the significant interrelationship between postnatal depression and baby massage.

**Survey Method:** A survey was conducted with a control group not practicing baby massage, and an experimental group that engages in baby massage activity. Emotions of mothers from both groups were examined by using the Edinburgh Postnatal Depression Scale (EPDS). A total of 312 postnatal mothers joined the baby massage class 6 weeks after delivery. Mothers suspected of showing signs of depression were encouraged to continue baby massage at home, and were invited to repeat the EPDS testing 2 weeks later. A telephone visit was made to all cases to assess baby's progress and mother's emotion state.

**Results:** Satisfactorily scores were noted, only 4% scored over 12 in EPDS scoring the experimental group, compared with 6.2% in the control group. After 2 weeks of additional baby massage, the data showed only 3% still exhibited emotional problems in the experimental group.

95% of postnatal mothers or family members gave positive response regarding the infant's development, namely temper, appetite, sleep and alertness pattern. During the first week, the body weight gain among massaged group babies was about 8-10% more (Average body weight = 5.38kg) than the normal group babies without massage (Average body weight = 5.05kg).

**Conclusion:** Baby massage is an effective and the most economic way to foster interaction between postnatal mothers and infants. It is considered the best way for postnatal women attending their infants. Furthermore, the use of baby massage could lead to a relaxed and harmonious family life, further strengthening family ties.

Nowadays, advanced nursing practice seeks to improve psychological and physical well being of the whole family as a unit, and help clients pursue a healthy, harmonious and fulfilling life. Baby massage costs virtually nothing, produces no harm to babies, and involves all family members in a comforting process to strengthen family bonding.



## FACTORS LEADING TO LEARNING IN LATER LIFE: IS FAMILY SUPPORT A MUST?

1 - 2

**Ms Angela Yee-man LEUNG**

*Lecturer, The University of Hong Kong,  
HONG KONG*

**Purpose:** This qualitative study aims to explore factors contributing to learning in later life among Hong Kong Chinese adults.

**Method:** A total of 16 Hong Kong Chinese citizens aged between 50 and 64 were invited to attend two focus groups in July and August 2004. Interview guides were designed and utilized to elicit these Chinese adults' learning experience in later life. The transcribes were coded and analyzed.

**Results:** By and large, the informants believed that their active learning attitude was due to their past learning experience and their wish to cope with daily living. Some of their learning drive was well supported by their family members and friends. In addition, their learning motivation was also contributed by their personality (openness to experience), high level of self efficacy and good health status.

**Conclusions:** This study provided another perspective to understand the phenomenon of later life learning in Chinese population. It seems that family support is a crucial factor leading to the success of lifelong learning.



1 - 3

## A PLAN TO PROMOTE WELL BEING AND HEALTH FOR FAMILIES IN TIN SHUI WAI

***Mr. Kee-hung NGAI; SNJ CHENG; YY CHOW; PYV LEE; MW LEUNG; PM WU***

*Postgraduate Student, The Hong Kong Polytechnic University,  
HONG KONG*

**Background:** The legislative council member of the Health Services Consistency, Dr Lee, J. pointed out that there was imbalance of present health expenses and it was essential to promote health in community. Tin Shui Wai (TSW), a new community in Hong Kong, was named as “a sick community” by Professor Chow, N., Chair of the Department of Social Work and Social Administration at the HKU. Thus, it is crucial to promote health in TSW.

**Purpose:** This presentation will describe a Family Health Promotion Campaign with the aim of promoting wellbeing for families in TSW according to biological, emotional, spiritual and sociological aspects with the following objectives:

1. To disseminate health information and care for the health of individual, family neighbor and community.
2. To develop a family health profile for the families in TSW.
3. To increase the awareness of family health in TSW.
4. To cultivate sense of belonging toward the community and empower to participate family health promotion.
5. To develop, monitor and evaluate framework that will indicate the progress of strategies for action and measure the outcome.

**Method:** The Family Health Promotion Campaign will be conducted with different strategies including health ambassadors’ scheme, family health week carnival, roving health exhibitions, health classes, healthy schools scheme, and multimedia promotion. Multimedia promotion will includes free monthly newsletter, district website, road show and television programme. The estimated budget of the plan is HKD2,000,000.00. Meanwhile, the whole programme will last for 3 years.

**Result:** As this health promotion plan will be conducted, the result of the changes of health knowledge, attitudes or beliefs, behaviours of people in TSW will be evaluated by health surveys.

**Conclusion:** Emphasis should be on prevention and early detection of diseases to reduce the need for tertiary care. Besides, resources should be reallocated to family health promotion.



## THE IMPORTANCE OF PARENTAL INVOLVEMENT IN PREPARING CHILDREN FOR DAY SURGERY

**Dr. William Ho-cheung LI**

*Nurse Instructor, The Nethersole School of Nursing, The Chinese University of Hong Kong,  
HONG KONG*

**Purpose:** Surgery can cause considerable stress and anxiety that can have a profound effect on both children and their parents. With the increasing number of paediatric surgery being performed in day surgery units, parents must also assume a greater role in the care of their children during pre- and post-operative periods. Therefore, children and their parents need preparation before surgery. The purpose of this study was to examine the effects of preoperative therapeutic play intervention on the immediate preoperative and postoperative outcomes of Hong Kong Chinese children undergoing surgery in a day surgery units along with their parents.

**Methods:** A randomized control trial, two-group pretest-posttest, between subjects design was employed. Two hundred and three children admitted for surgery in a day surgery unit were invited to participate in the study along with their parents. Participants were randomly assigned into the experimental and control groups. Children with their parents in the control group received routine preoperative information preparation. Children with their parents in the experimental group received preoperative therapeutic play intervention.

**Results:** The results showed that both children and their parents in the experimental group reported significantly lower state anxiety scores than the control group immediately before and after surgery.

**Conclusions:** The results of this study revealed that children and their parents need preparation for surgery. Most importantly, this research provides empirical evidence of the benefits of incorporating therapeutic play in the preoperative preparation of children and parents thus charting a path towards promoting holistic and quality care.



2 - 2

## FAMILY 'COLLABORATORS WITH THE CREATOR'

**Mrs. Jeanette MENEZES**

*National President, Catholic Nurses Guild of India,  
INDIA*

Parenthood has been imbued with matchless worth and unparalleled dignity. In the words of Pope Paul VI, " You are the collaborators of God, the Creator, in transmitting the priceless gift of life. You are the collaborators of God the Provider-----"

We child rearers and carers are God's concern. We are always committed to work with all family types and individual family members in promotion of health, prevention of illness and the crucial job, for on going creation. Family plays an important role in the development of an individual. Institution of family orients an individual in the world around and enables him/her to participate in a meaningful way. A stable family is not only essential for balanced personality development, rather it is the most important medium to reach the final goal of self realization.

This paper will discuss the characteristics of a Healthy Family:

1. Love
2. Discipline
3. Consistency
4. Authority



## ONE STEP BEYOND DIETETIC COUNSELLINGS

3 - 1

***Ms Selina KHOR***

*Stated Registered Dietitian,  
HONG KONG*

One of the roles of a dietitian is to “counsel” clients to change their diet and adhere to the meal plan for the benefit of their health and as part of the treatment of their diseases whether it is due to the lack of knowledge or the lack of motivation.

Is “diet counselling” just a technical term or an essential element in dietetic practice?

Dietitians who work “with a heart” will certainly agree that it is not merely a technical term. It is an essential element in Medical Nutrition Therapy (MNT); we need to be equipped with some skill in persuading clients to make the necessary behavioral changes in diet and lifestyle.

“Diet counselling” is something more than teaching about appropriate diets. It involves setting up rapport between the caregiver and the client; there are elements of psychological involvement during the process of “educating” or “giving information”. During the “counselling” and Medical Nutrition Therapy (MNT) process, building up a good rapport enables dietitians to understand the clients better. Listening is part of assessing as psychological, social, economical, environmental, educational factors affect a person’s diet. It is not surprising that very often we find ourselves talking about other matters rather than “diet”, and it is not infrequent that we touch on our clients’ deep-seated problems that hamper their dietary adherence.

“Charity begins at home”, yet, “Family” can also be the place where hurt begins. “Psycho-dietetic” practice—applying the concept of psychology in clinical dietetic practice—will enable us to provide better care for the patients. In the presentation, the presenter will be looking at a few cases she has handled that demonstrate the application of “psychological tools” such as “psychoanalysis”, “concept of personality”, and “arts” to facilitate a better provision of care.



3 - 2

**CHANGING HEALTH CARE AND CHANGING FAMILY****Sr. C M C ELANORE***Staff Nurse, Congregation of Mother of Carmel,  
INDIA*

**Purpose:** To understand the complexity of care giving in the context of disintegration of traditional family system and commercialization of health care in Kerala, India

**Results and Conclusions:** Kerala, a progressive state in India has been noticed for advances in health against the background of a joint family system. The catholic nurses have been acknowledged as major contributors for this achievement. But due to progressive disintegration of the traditional family nearly 85% of the population now live in nuclear families, 2% in single-parent families, and the rest in joint families. This phenomenon brings in several challenges to the health providers:

- High incidence of chronic diseases like diabetes, heart diseases, heart diseases, cancer, hypertension etc. needing continuous care and monitoring,
- The elderly, the chronically ill, and the disabled being denied or deprived of timely care and support in the family,
- Those with HIV/AIDS presenting complex health problems and social dilemmas,
- Growing demand for abortion, euthanasia, infertility management etc.
- High rates of suicide, divorce, child abuse etc.
- Mounting rates of alcohol tobacco, and substance abuse, and
- Prevention of diseases and promotion of health being neglected.

A paradigm shift in the care agenda is called for. The caregivers need to become healers and health providers. Some concrete measures needing urgent attention:

- Listening ministry allowing the patient to ventilate oneself.
- Pastoral ministry helping the distressed family to cope with conditions of chronic diseases, HIV/AIDS, disability or death of the family members etc.
- Commitment to the core values for protection life and preventing harm to the living, and
- Health education leading to lifestyle changes and prevention of diseases.



## THE STUDY ON CONTINUUM CARING IN THE CARE AND ATTENTION HOME

**Ms Alice May-fung WONG**

*Asst. Superintendent, Caritas Harold H.W. Lee Care and Attention Home,  
HONG KONG*

With the support of the Health and Welfare Bureau and the Finance Bureau, the Social Welfare Department has developed a proposal and funding formula for launching a 3-years Pilot Project on Continuum of care. There were three existing sub-vented residential care homes approved to take up the pilot project from 1st August 2000. It was so happened that the home where I was working, the Caritas Harold H. W. Lee Care and Attention Home, was one of the three residential homes to launch the pilot project.

Through the periodically interdisciplinary team meeting and case conference, the home has to provide holistic care to tackle the natural continuous aging deterioration of the residents by the co-operation of the occupational therapist, physiotherapist, the social workers and the nursing team. A few staff training program was organized to equip them with more knowledge and skill in taking care of elderly residents with serve impairment.

Intermediate study showed that the relatives' anxiety of looking for another Nursing Home or Infirmary has been relieved. The hospital personnel also showed hat it would be help for them. When the residents once admitted into the hospital, they would be accepted back to the previous Care and Attention Home, no matter how weak and frail, even though they became highly dependent after a stroke with Ryles' tube feeding.

According to present standard subvention mode for a Care and Attention home, it would be difficult to cope with the care of the seriously deteriorated residents who were paralyzed after a serve stroke. Therefore it would need a special module with a special funding mode which it would enable the to employ extra manpower and to have special equipment e.g. Quick raiser, hoist, transferring apparatus etc.



4 - 1

## WHAT THREATENS THE FAMILY INSTITUTION IN MALAYSIA

**Mrs. Francisca MALANTIN**

*President, Catholic Nurses Guild of Malaysia,  
MALAYSIA*

The breakdown of families very often begins with a breakdown in marriages. 35% of all marriages in Malaysia end up in divorce. Stress of urban life and modern lifestyle and the never-ending quest for material possession are the main causes for marriage to break down.

Drug addiction and pornography cause young people to be engaged in sexual relations before marriage. A new drug addict emerges every 30 minutes in Malaysia, that means more than one per cent of our total population are drug addicts. They are now resorting to injecting drugs into their heads for quick action.

In a study on various forms of violence perpetrated against women, there are 90 cases of wife battery taking place per day nationwide and an average of four women were raped daily. The number of single mothers has surpassed the 700,000 mark according to a University study. The rising number of single mothers is linked to the increasing number of divorce cases as well as to abandoned families.

Creed and corruption tear away Malaysia's social fabrics. Corruption has crept into the very core of life, from the Cabinet to the city councils, the courts to the commercial companies. The cancerous effect of corruption is felt. All round accidents at workplace has become a dangerous place for workers. Everyday an average of 3-4 people died and 20 disabled as a result of accidents in workplace. Malaysia has become a world record in terms of road accidents. For every 10,000 registered motorists, an average of five people died in road accidents. (Star News )



## THE CHALLENGE OF A MIDDLE AGE ADULT

***Ms Helen Heung-ying SUNG***

*Nursing Officer, Tuen Mun Hospital,  
HONG KONG*

With increased human longevity, improved nutrition and better health service provision, the span of middle age has been stretched from mid forties to late sixties in Hong Kong. The existence of several generations in a family becomes more common. It is not surprising to see a middle age adult to look after his/her parents and grandparents. In Chinese, filial piety is still considered as one of the most important virtue that encourages the middle age adult to take on the responsibility of caring their ancestors. On the other hand, there is the continuous expectation of his/her children for family support in various ways.

A middle age person, at the prime of life may experience his/her last promotion, retrenchment or retirement. Depending on a middle age person's capabilities and opportunities, the choice of taking different challenges may vary. However, there is one thing in common, that is the gradual slowing down of the whole body's momentum. These include decreased secretion of sex hormone, decreased metabolic rate which leads weight gain, larger waist and more abdominal mass, less sebum secretion that leads to appearance of wrinkle, progressive loss of melanin to cause grey hair appearance, gradual flattening of intervertebral discs and loss of calcium.

As a health care worker, how should we inculcate this group of people in maintaining health? What are the key points that a health care worker should take into consideration in helping a middle age person to pursue their challenges despite their psychological and physical changes. A holistic approach is the key to the success of health promotion and prevention of the age-related diseases.



4 - 3

**TOWARDS A SOCIETY FOR ALL AGES: THE ELDERLY****Sir Richard LAI***Former President, CICIAMS,  
MALAYSIA*

**Introduction:** In recent years, twenty years have been added to the average human life. Everyone is encouraged to be part of this unique global celebration to actively develop a positive vision of ageing in line with the UN Principles for Older Persons (1991)

**Old Age and Society:** Older people have vast experiences, knowledge, wisdom and free time that could be of use to society. For some, the goal to be successful in life is to enjoy good health and financial security during their retirement years. They also wish to enjoy peace, simplicity of life

**Asia** being the cradle of many great religions, invites us to reach out to our Asian brothers and sisters of other religions to learn from them their values and experiences, to share with them our Christian faith. The Church urges older people to continue their own evangelizing mission. Older persons have physical, psychological, mental, emotional, social and spiritual needs. These needs are fundamental to the art and science of nursing.

**Old Age and Family:** The most prevalent type of care in old age is informal and provided by one's family. Stress is often placed on the importance of the family providing support for the elderly members. But the family size is declining even in Asia, thereby taxing the ability of children, to help aged parents. Furthermore, with financial demands on families the older person may feel like a burden to the family

**Old Age and Health Care Providers:** False beliefs about the ageing process are prevalent not only in society but also among elderly people themselves, and health service providers. Healthcare professionals often have little innovation or incentives to work with older persons. When distribution scarce resources some governments and healthcare providers appear to be of the opinion that elderly people are among the least deserving thus resulting in inadequate and inappropriate services and support for older people

**Conclusion:** Action is needed to challenge the issues that affect older persons. It is envisaged that at this 9<sup>th</sup> Asian CICIAMS Conference in Hong Kong to come up a *Position Paper* containing the stance of Christian health care professionals.



**DEPRESSION AFTER STROKE: A TRIPLE BURDEN*****Ms Angel Chu-kee LEE; L W TANG; G K K YU; R T F CHEUNG****Teaching Consultant, Department of Nursing Studies, The University of Hong Kong,  
HONG KONG*

**Background and purpose:** Stroke is the number 3 killer in Hong Kong. Many people have taken for granted the inevitable link between diseases and low mood. Literature in the West suggested that many stroke patients in fact also suffered from depression, which is a treatable illness. The occurrence of Depression After Stroke (DAS) is in fact composed of the three conditions: 1. stroke, 2. depression and, 3. being old. DAS thus constitutes a triple burden to patients, their family caretakers and health care. This study is launched to identify the prevalence, predictors and intervention framework of DAS among Hong Kong Chinese.

**Methods:** Consecutive recruitment of 108 first ischemic stroke patients in local regional hospitals had been interviewed at one-month since stroke onset by a trained nurse. Questionnaire used has incorporated eight sections: 1. socio-demographics; 2. medical histories; 3. stroke data; 4, depression data; 5. stressors; 6. coping strategies; 7. social support; 8. drug and blood result.

**Results:** This study showed that a significant percentage (28.7 % or more than ¼) of stroke patients indeed fulfilled the diagnostic criteria for Major Depression, which is a treatable mental disorder. DAS is a hidden disease. Its detection is a challenge to the health care team. Patients with DAS may not be any different from those with stroke alone without a careful assessment.

It is noted that most old patients do not want to disclose and talk about their worry or mood condition to their family, fearing that they may pose burden to their family members. On top of that, the older adults in Hong Kong are less vocal about their mood because they have minimal understanding about depression as an illness and the relationship between emotions toward health and recovery.

**Conclusion:** The results of this research highlight the importance of early recognition and treatment for hidden depressive illness in stroke patients to lessen the burden on the patient, the family and the healthcare system.



## 6 - 1 MEDICAL HEALTH CARE FOR FAMILIES IN JAPAN - SITUATION AND PROBLEMS FACED BY ELDERLY PERSONS

**Ms Midori SHIMIZU**

*A member of the Japan Catholic Nurses Association,  
JAPAN*

In Japan has - at present the country with the longest average life expectancy in the world - the number of persons aged 65 and older will be rising steadily for the next 20 years. This 20-year period has been called the "final steep slope." At the same time, the birthrate has been low, pointing to a trend toward a decline in population and giving rise to the suggestion that there will also be a decline in productivity.

One serious problem burdened upon the family in Japan is providing support for the daily needs of elderly persons. The increase in the percentage of nuclear families means that there is nobody to look after elderly persons. Accordingly, there is an every increasing number of elderly persons living alone or of households consisting only of elderly persons. An advancement in years will inevitably bring a decline in health and to look after these elderly people is called "providing care". So far, there has been an over reliance on hospitals to fulfill that function and the establishment of welfare facilities has not kept up pace with the increasing need. As a result, the Japanese society is reaching a serious impasse.

Promoting the idea of providing care as a social service, a new "Long-Term Care Insurance System" was launched in April 2000 together with the new job of "Care Manager". Expectations directed toward the role and function of this new development have been very high. However, the burden of providing care tends to fall disproportionately on women, and there are many cases where the mental and corporal burden has led to friction within the families involved.

There have been warnings that the health of the family has been harmed.



## PROMOTING PSYCHOLOGICAL HEALTH IN WOMEN DURING LABOUR

**Ms Wan-yim IP**

*Asst. Professor, The Nethersole School of Nursing, The Chinese University of Hong Kong,  
HONG KONG*

**Purpose:** The aims of this study were to explore factors that would promote women's positive feelings towards their childbirth experience. A feeling in control during labor has been suggested to be one of the important factors contributing to maternal childbirth satisfaction (Gibbins & Thomson, 2001). Yet studies exploring the concept of feelings of control during labor and its relationships with labour experience in Chinese societies were limited. The aim of this study was to investigate the relationship between maternal psychological health in terms of feelings of control during labour and the perceived childbirth experience among Hong Kong Chinese first-time mothers.

**Method:** A retrospective, correlational descriptive design was employed for this study. Ninety-three Hong Kong Chinese mothers who had undergone vaginal delivery within 48 hours were recruited from postnatal ward of a large public teaching hospital. After giving the consent, the participants were asked to complete a questionnaire including a self-developed socio-demographic questionnaire, the Chinese version of the Childbirth Experience Questionnaire (Gupton, Beaton, Sloan & Bramadat, 1991) and the Labor Agency Scale (Hodnett & Simmons-Tropes, 1987),.

**Results:** Both the descriptive and inferential statistics were used to analyse the data by means of the Statistical Product of Service Solutions version 12. Pearson product-moment correlation coefficient tests indicated significant positive relationships between the level of feelings in control and the total mean score of the childbirth experience ( $r=0.29$ ,  $p<0.005$ ) as well as the subscale score of perceived self ability to cope with labour pain ( $r=0.37$ ,  $p<0.001$ ). However, the women's perceived support from midwives and/or partners, and their attendance at antenatal classes did not have any significant correlations with their feelings of control during labour ( $P>0.05$ ). As the women's level of satisfaction towards the whole labour process was associated with their overall ratings of childbirth experience ( $r=0.27$ ,  $P<0.05$ ), the emphasis on promoting women's feelings in control is discussed.

**Conclusion:** Midwives should work with women to enhance personal control during labour and attain satisfactory childbirth experience. The insignificant relationship between attendance at antenatal classes and maternal psychological health in terms of feelings in control during labour has indicated the need to evaluate the philosophy, curriculum and implementation of the traditional childbirth education. The role of partner and midwives in promoting the maternal psychological health in childbirth should be reemphasized.



7 - 2

## TESTING THE EFFICACY OF AN EMPOWERMENT INTERVENTION FOR CHINESE ABUSED PREGNANT WOMEN IN HONG KONG

**Dr. Agnes TIWARI**

*Acting Head, Department of Nursing Studies, The University of Hong Kong,  
HONG KONG*

Intimate partner violence (IPV) is a pervasive public health problem with significant morbidity, mortality and high economic costs. Despite the recognition that IPV during pregnancy could affect the health and safety of abused women and their infants, there is insufficient evidence to support the effectiveness of IPV interventions. Using a randomised trial, the efficacy of an empowerment intervention in reducing IPV and improving health outcomes was tested. One hundred and ten Chinese pregnant women with a history of IPV participated in the study. The women were randomised to the experimental or control group. Those in experimental group received training in empowerment intervention designed for Chinese abused pregnant women. Standard care in the form of a wallet-size card containing community resources for abused women was provided to those in the control group. Data were collected at entry to study and six weeks post-delivery to compare changes in the rate of violence and health-related quality of life. The women were also assessed for evidence of postnatal depression. Following the intervention, women in the experimental group reported significantly less psychological abuse and minor physical violence and had significantly lower postnatal depression scores. However, no significant improvement was noted in their reports of sexual abuse or severe physical violence. In terms of health-related quality of life, those who received the intervention had significantly higher physical functioning, and significantly improved role limitation due to physical problems and emotional problems. However, they reported more bodily pain after the intervention. In conclusion, we are satisfied that an empowerment intervention which was specially designed for Chinese abused pregnant women appeared to be effective in reducing intimate partner violence and improving health outcomes.



## FAMILY IN DIFFERENT STAGE OF LIFE – AGING

### **Sr. EDITH**

Principal, Holy Family Institute of Nursing Education,  
INDIA

**Introduction:** A healthy family is a healthy soil in which all the members are fully functional and their individual and collective needs of the members are taken care. Every nation recognizes the importance of the family as an institution. It is the smallest political unit in any given society. It is small, but the stability and survival of any society depend on it. Destroy it and you will destroy the whole society. Enrich it you enrich the whole society.

Christian doctrine regards the family as a divine institution. God so loved the family. His only begotten son Jesus was born in a family. God wants to save the family and not just the individual. The irony, however, is that the history of the human family is a history of one crisis after another. The first human being, Adam, blamed his wife, Eve for their fall. That started the culture of lovers' quarrel. Their first sibling Cain murdered his brother Abel. That started the sibling rivalries.

**Family with aging members:** Old age is the closing period of the life span. A period when people move "away" from previous, more desirable times of "usefulness". Age 60 is usually considered the dividing line between middle and old age. Because of better living conditions and better health care, most men and women today do not show the mental and physical signs of aging until the early seventies.

Old age is a period of decline, characterized by physical psychological, social and spiritual changes. The effect of these changes determines poor or good personal and social adjustments. Old does not mean ill.

**Healthy old age:** Illness and reduced abilities are not the same even though they are both departures from an ideal state of health. Loss in various capacities may begin fairly early in adult life, long before a person is supposed to be 'growing old', and without being caused by disease. This means that a low level of functional capacity in an elderly person is not necessarily the result of old age or of disease that is part and parcel of old age.

The human ***Need Theory of Abraham Maslow*** states that all persons have needs essential for maintaining life and health. As a person advances in age, the need and wants varies. The aging person moves from independency to partial dependency or total dependency. Whatever may be the degree of needs to be attained for maintenance of healthy aging the holistic view of humans is considered.

The paper will present tips to promote and maintain healthy environment in families with the aging through the application of Nursing Theory – Rogers's concept of the family - "An energy field in continuous process with environmental fields." The advocacy role of a nurse for a family with elderly will be discussed.



8 - 2

**QUALITY OF LIFE AND CULTURE OF DEATH*****Dr. Filomena L W CHOW****Associate Professor, Kiang Wu Nursing College of Macau,  
MACAU*

The late Pope John Paul II had warned us of an emerging “Culture of Death” when commenting on Terri Schiavo’s case. Upon reading recent international news, we have seen increasing discussions and debates on legalization of euthanasia, and the right to die and abortions. The argument in most of these cases is centered on “quality of life”.

The quality of life movement is not new. Constructs of quality of life had been first mentioned in the 1960’s. The social indicators and social trends measures then used in the United States and in the UK set the backdrop to subsequent researches in quality of life measures. UNESCO in 1983 published a statement, “Quality of Life: Problems of Assessment and Measurement”, which highlighted the difficulties in using Quality of Life Measures as a social indicator to policy-making. However, although it has been twenty years since its first publication, we still have not seen a clearer definition of “quality of life”; rather, we are seeing more and more abuses of this measurement as an excuse to termination of life, with or without the consent of the parties concerned. The controversy arose from Terry Schiavo’s case urgently calls for a need to re-examine the issue of quality of life and the need to be vigilant against abuses of this as an excuse to promote a culture of death.

Workers in the health care settings may participate in end-of-life care in many different roles, and they must understand the ethical issues involved in working with end-of-life care protocols and with quality of life measures. Health care workers are guided by both legal and institutional guidelines in the conduct of such care. However, they must also have a thorough understanding of the church’s teaching on the matter in order to guide their ethical conduct in end-of-life care. We serve as advocates to help patients and their significant others to understand information and make health care related decisions. It is therefore of vital importance that when providing a Christian-based health care service, we are aware of the danger of abusing quality of life as an excuse to instill a culture of death within the health care system. Through revisiting the concept of sanctity of life within the church, it is hoped that an individualized approach to the provision of end-of-life care within the Christian parameters can help health care workers respect the rights of patients, and confront the culture of death which is so prevalent across the globe.



## NURSES' CARING BEHAVIORS WITH DYING PATIENTS AND THEIR FAMILIES

***Sr. S M DAODEE; K CRABTREE***

*Vice President, St. Louis College,  
THAILAND*

**Purpose:** The study examined nurses' caring behaviors with dying patients and their families using Jean Watson's Theory of Human Caring. The results can guide intervention for nurses to improve care of dying patients and their families.

**Method:** A convenience sample of 203 Thai nurses working in public hospitals from six provinces completed the Nurses' Caring Behaviors for Dying Patients Scale. Subjects ranged in age from 22 to 57 (M = 34) years. The nurses reported 1-34 (M = 12) years of nursing experience. Eligibility criteria included experience with at least five dying patients. Nurses rated their behavior on 50 items using a four point scale ranging from 0 = never performed to 3 = regularly performed. The reliability of the scale was high, Cronbach's alpha = .95,  $p = .05$ . The scale was adapted from Cronin and Harrison's (1988) Caring Behavior Assessment tool containing 63 items.

**Results and Conclusions:** Nurses reported providing spiritual care least often. The nurses encouraged families to participate in care regularly (94.5%) and regular family visits (83.3%). They allowed families to express their fear and concern for the patient (83.2%) and they gave family members a report on the patient's condition regularly (82.8%). However, they reported less often working with families to allow patients to spend their last days together at home (64.1%). Self-reported data from Thai nurses experienced in the care of dying patients representing public hospitals in six provinces revealed a need for greater preparation in family care and spiritual care. Additional research with dying patients and their families is needed to determine how best for nurses to provide spiritual care.



8 - 4

**ROLE OF HOPE*****Ms Josepha Wai-ming TAI****Nurse Specialist ICN, Queen Mary Hospital  
HONG KONG*

The positive role of hope in human life is widely recognized and is significant in nursing. Research evidence from various disciplines suggests that hope and despair are closely interwoven with health and illness as one function of hope is to defend against despair. Expectation, a key attribute of hope, can direct toward relief from a difficult situation, provided that people have a basic sense of control over their environment and a belief that there is a “way out” from the present difficulties. In entrapment, illness and life-threatening situations, one can lose or inability to hope so will not act or work toward freedom from these adverse situations. As hope is important to individuals, nurses do have a part to play in inspiring hope. However, nurses are also among those whose behaviour can ruin a patient’s hopes. In fact nurses cannot inspire hope in others if they found the patients not hopeful or they themselves do not have it. Therefore the hopes of both patients and health care providers must be considered. Additionally to maintain the quality of care provided and be enablers of hope, nurses in particular must know more the phenomenon of hope, be themselves healthy and with hope.



## THE EFFECTS OF FOOT REFLEXOLOGY PROGRAM ON FUNCTIONAL CONSTIPATION AND STRESS IN NURSING STUDENTS

***Ms Euy-soon CHOI<sup>1</sup>; Yeong-hie KIM<sup>2</sup>***

*<sup>1</sup>College of Nursing, Catholic University, <sup>2</sup>College of Nursing, Chin-ju Health College, REPUBLIC OF KOREA*

The present study purposed to investigate the effects of self foot reflexology on nursing students' functional constipation, bowel function and stress. The subjects of this study were 61 nursing students who had functional constipation and stress. They were randomly assigned to an experimental group (n=31) and a control group (n=30). The purpose of this intervention is to determine if foot reflexology eases functional constipation, improves bowel function and reduces stress.

In the intervention, foot reflexology was applied to the experimental group for six weeks, twice a week and 120 minutes at each time. The contents of intervention were 30 minutes' theoretical education and 90 minutes' practical education. The practical education was composed of relaxing method (15 minutes), self foot reflexology (60 minutes) and circulatory massage (15 minutes).

The effects of the intervention were measured using Constipation Assessment Scale, Bowel Elimination Checklist and Stress Response Inventory before the experiment and six and seven weeks after the experiment, and resulting scores were analyzed.

The score of constipation state and the score of bowel function decreased significantly in the experimental group compared to the control group ( $p=.001$ ), and within the experimental group they decreased significantly in six and seven weeks after the experiment compared to them before the experiment ( $p=.001$ ). The score of stress decreased significantly in the experimental group compared to the control group ( $p=.005$ ), and within the experimental group it decreased significantly in six and seven weeks after the experiment compared to that before the experiment ( $p=.003$ ). The results of this study suggest that foot reflexology is an effective intervention in easing functional constipation and stress.

**Keywords:** Foot reflexology, functional constipation, stress, massage



## 2 COMPARISON OF THE EFFECTS OF INTERNET DIABETIC EDUCATION BY GENDER IN TYPE 2 DIABETIC PATIENTS

**Prof. Hee-seung KIM**

*Professor, College of Nursing, The Catholic University of Korea,  
REPUBLIC OF KOREA*

**Purpose:** The purpose of this study was to evaluate whether the effect of Internet diabetic education varied gender.

**Method:** An experimental group being assessed pre- and post intervention was used to assess the effectiveness of nurse education. Forty patients were completed this study. The patients were separated into two groups by gender. The goal of the intervention was to keep blood glucose concentrations close to the normal range. The intervention was applied weekly for 3 months. Participants were requested to input the blood glucose level, diet, and exercise diary everyday in <http://www.biodang.com> by cellular phone or wire Internet. The researcher sends optimal recommendations to each patient using short message service of cellular phone and wire Internet. All medication adjustments were communicated to the subjects' diabetes doctors. The plasma glucose levels, serum lipids, and care satisfaction were measured before and after the intervention.

**Results:** Glycosylated hemoglobin (HbA1c) decreased 1.6% and 0.8% in male and female patients respectively after 3 months nurse education. Total cholesterol decreased 37.2mg/dl in male patients but increased 80.5mg/dl in female patients.

**Conclusion:** These findings indicated that a Internet diabetic education would improve HbA1c and total cholesterol in male patients.



## FAMILIES IN ASIAN COUNTRIES ARE BEING CHALLENGED BY GLOBALIZATION

**Sir Richard LAI**

*Former President, CICIAMS,  
MALAYSIA*

**Globalization** is here to stay whether we like it or not. Its spirit is mainly materialist, secular and neo-liberal. The phenomenon of globalization represents the primary overall challenge to the families in Asia. It brings into Asian families both good and bad.

Acknowledging that many technological scientific technologies can improve the quality of life for the Asians on many levels, there are at the same time negative effects. Poor countries that cannot keep up with the more developed and more powerful countries are affected adversely. With increasing poverty, the number of Asian migrant workers grows and along with them new emergent diseases, prostitutions, child labor and crime. These create internal problems of disunity and inadequate education for the families and children they leave behind

A crisis of values is also setting in Asia as more mass media comes the inexorable flow of secular materialist values from the West. These are foreign to the religious and spiritual values of Asian families. It affects family traditions, customs and ways of life and close family ties.

Emerging values concerning sex, sexuality, human relationships, marriage, procreation, children, life and death are directly affecting Asian families. Bioethics, contraception, abortion, premarital relationships, common law marriage, same sex unions, divorce and abuse of drugs and violence are issues of concern. In Asia we need to be discerning about our cherished traditional family values. We also need to add the dimension of our religious pluralism in Asia, the home of great ancient religions,

Interfaith marriages and families are becoming more rampant in most of the Asian countries. For a family ministry in Asia to be relevant and adequate, CICIAMS members need to understand Asian life in its integrity: social economic, political religious and cultural dimensions. We have to look at how globalization is affecting our lives literally in all aspects of human life from birth to natural death. We need to design holistic pastoral programs for the families. We need to respond to pastoral challenges that are basically Asian in its original form.



#### 4 EFFECTS OF MASSAGE ON STRESS, IMMUNE FUNCTION, AND SELF-CONFIDENCE LEVEL IN MOTHER

**Prof. Ho-ran PARK**

*Professor, College of Nursing, The Catholic University of Korea,  
REPUBLIC OF KOREA*

**Purpose :** To investigate the stress, immune function and self-confidence level in mothers after conducting massage to the infant.

**Method:** A study was conducted on 65 women who have delivered their babies at a convalescence institute in Incheon between 20 Sep 2003 to 10 Feb 2004. Massage was given twice a day to the infants after two days of delivery for a 10-day period. The data were processed with T-test, repeated measures ANOVA using SAS program.

**Results:** No significant differences were seen when the stress level of the mothers were measured using a tool before and after the experiment ( $p=0.69$ ). However there was a difference in cortisol concentration between time points ( $p=0.01$ ). By conducting massage to the baby the mother of the experiment group showed lower level of cortisol concentration. WBC level decreased in both groups but did not have any significance ( $p=0.88$ ). Lymphocyte level also did not show any significance ( $p=0.92$ ). For the confidence level, the control group showed an increase ( $p=0.00$ ) while the experiment group did not show any change.

**Conclusions:** Massage conducted on the new born baby decreased blood cortisol level of mothers. Self-confidence level of the mothers in control group increased while no significant change was seen in the experiment group.



## RELATIONSHIP BETWEEN THE PATIENTS' ACTIVITIES OF DAILY LIVING AND FAMILY BURDEN, SOCIAL SUPPORT UNDER HOME HEALTH NURSING CARE

***Prof. Kyeong-yaе SOHNG***

*Professor, College of Nursing, The Catholic University of Korea,  
REPUBLIC OF KOREA*

**Purpose:** To clarify the correlation between the degree of patients' activities of daily living(ADL)and that of a sense and social support of families.

**Method:** A study was conducted 252 families under home health care at 6 university hospitals in Korea. Data were gathered by using structured questionnaires to examine ADL, family burden and social support. The date were processed with t-test, ANOVA, Scheffe test and Pearson correlation coefficients using SAS program.

**Results:** The average score of patients' ADL was 2.36 and showed moderate level. Ninety-seven percent of patients turned out to be dependent on their family. The average score family burden was 2.25 which can be interpreted as moderate. Among the 6 burden dimensions, time was the first burden-yielding factor. Average social support score was 2.49 and it represents moderate level. The higher scores of social support were shown in cases where the caregiver was male spouse, total care giving duration was exceeded 25 months and low ADL in malignant patients. There was direct correlation between ADL and burden of time-consuming, self-improving and physical impairment. There was negative correlation between social support and the formation of intimacy and self-confidence.

**Conclusions:** Most patients under home health nursing care turned out to be dependent on their family. Family burden was correlated with patients' ADL and negatively correlated with social support. Further research is therefore recommended by developing program enhancing patients' ADL and supporting social support system for relieving family burden.



## 6 DEVELOPMENT OF NURSING INTERVENTION STANDARDS OF HOME HEALTH CARE FOR HOSPICE PATIENTS

**Prof. Jinsun YONG**

*Asst. Professor, College of Nursing, The Catholic University of Korea,  
REPUBLIC OF KOREA*

**Purpose:** The purpose of this study was to develop a set of standardized nursing interventions and their associated nursing activities according to the NIC (Nursing Intervention Classification) system to guide home care nurses to perform nursing intervention activities for hospice patients at home.

**Method:** This study is a descriptive survey that first identified nursing diagnosis and nursing interventions based on the NANDA and NIC systems and next developed a set of standardized nursing interventions. One hundred medical and nursing records of hospice patients who were referred to home hospice from K hospital in Seoul during the period of Feb., 2002 to May of 2003 were used to identify nursing diagnosis and interventions. Also, thirty-nine hospice specialized nurses were participated twice using the Delphi technique to test the content validity of the intervention standards.

**Results:** There were 27 kinds of nursing diagnoses and 298 kinds of nursing interventions used for 100 patients. Among the nursing interventions, 19 important nursing interventions were selected according to their high frequency and appropriateness for hospice patients as agreed on among experts in hospice nursing. 456 nursing activities were identified in association with the 19 nursing interventions. After two rounds of analyses with 19 interventions and 456 nursing activities, the mean content validity of the nursing activities in accordance with the nursing interventions was 0.78 and 0.82 respectively. The 36 nursing activities of less than 0.6 were deleted. The final 19 nursing interventions and 418 associated nursing activities modified with nurse experts' opinion were developed as a proposal for nursing intervention standards for home hospice patients.

**Conclusion:** Further research is needed to evaluate clinical application of the proposal for the nursing intervention standards.



## PASTORAL CARE WORKERS HELPING THE TERMINALLY ILL AND THEIR FAMILIES IN PALLIATIVE CARE: A TESTED MODEL TO DEVELOP PROFESSIONALISM AND CASE ILLUSTRATION

***Ms Maria Kam-yuk YUEN; M W D TSE***

*Pastoral Care Coordinator, Diocesan Commission for Hospital Pastoral Care, HONG KONG*

Palliative care is delivered by a multidisciplinary team approach. Pastoral Care Worker is regarded mainly as a spiritual care provider of the team. In the Palliative Care Unit of Caritas Medical Centre, a tested model of enhancing the role of Pastoral Care Worker is applied. The objective is to develop the professionalism of the Pastoral Care Worker as an integral member of the Palliative Care Team. The six elements of the tested model include: (1) Team work – with emphasis on regular active participation, facing role delineation and overlapping, building positively on team conflicts (2) Knowledge and skills – with emphasis on structured training, clinical practice and supervision. Learning together with other team members facilitates growth as a team and use of common language. (3) Compassion and not just sympathy and empathy (4) Companionship and acceptance of the patient and family here and now (5) Self awareness and acceptance of own limitations here and now (6) Staff vulnerability, self care and team support.

The Pastoral Care Worker joins the weekly case conference of the Palliative Care Unit, to report information retrieved and care provided, and to take up new care plan. Structured training is provided by regular in-house education seminars and training program provided by other organizations; and are in pace with other team members.

The dying of a lady with advanced breast cancer illustrated how a Pastoral Care Worker worked with the team to provide care to her and her husband. Contribution to the team work included: exploration of spirituality and meaning of life of patient and husband; resolution of conflicts between the couple; guided imagery to alleviate symptom of severe dyspnoea and death anxiety; religious rituals to foster faith; companionship during the dying moment and support to husband during grief.



8 **EFFECT OF PSYCHOTHERAPY ON IMMUNE FUNCTION AND QUALITY OF LIFE IN PATIENTS WITH COLONIC CANCER PATIENTS: EMPLOYING THE “WRITING” METHOD**

***Dr. Yukiko ORII***

*Professor, Tokyo Metropolitan University,  
JAPAN*

Nonpharmacological treatments with little patient cost or risk are useful supplements to pharmacotherapy in the treatment of patients with Colonic cancer. Research has demonstrated that writing about emotionally traumatic experiences has a surprisingly beneficial effect on symptom reports, well-being, and health care use in healthy individuals.

**Objective:** To determine if writing about stressful life experiences affects disease status in patients colonic cancer using standardized quantitative outcome measures.

**DESIGN:** Randomized controlled trial conducted between October 1999 and April 2003.

**Patients:** Volunteer sample of 14 patients with colonic cancer received the intervention.

**Intervention:** Patients were assigned to write either about the most stressful event of their lives and about emotionally neutral topics (n = 8 intervention), or life style topics (n=7 the control intervention).

**Main outcome measures:** To investigate sociopsychological factors, 1) questionnaire on life style, 2) 33 Items of Japanese Brief Version of the Short Interpersonal Reactions Inventory 4) Japanese version of State-Trait Anxiety Inventory (STAI), and 5) MOS Short-Form 36 Item Health Survey (SF-36) were used. Natural Killer Cell (NK) activities were selected as biological factors of stress marker. Assessments were conducted at baseline and at 2 weeks and 4 months and 1 year after writing.

**Results and Conclusions:** Invaluable patients 4 months after treatment, colonic cancer patients in the experimental group showed improvements in NK activity. Control group patients showed no change or worse. Patients with Colonic Cancer who wrote about stressful life experiences had clinically relevant changes in health status at 4 months compared with those in the control group.



## EMPOWERING WOMEN'S SELF CONTROL IN CHILDBIRTH : A STUDY ON CHINESE FIRST-TIME PREGNANT WOMEN

***Ms Wing CHEUNG<sup>1</sup>; W Y IP<sup>2</sup>***

*<sup>1</sup>Registered Nurse, Prince of Wales Hospital, HONG KONG*

*<sup>2</sup>Asst. Professor, The Nethersole School of Nursing, The Chinese University of Hong Kong,  
HONG KONG*

**Purpose:** to explore and examine maternal feelings of control during labour among Hong Kong first-time pregnant women.

**Method:** An exploratory descriptive correlational design was used. A convenience sample of 90 Chinese first-time mothers were recruited in an obstetric unit of a public teaching hospital in Hong Kong. Data were collected on three occasions, 1) during latent phase of labour, 2) during active phase of labour, 3) within 24-48 hours after delivery. The Labor Agency Scale (LAS) is a self-report scale designed to measure feelings of control during childbirth. Women's self-reported level of labor pain during labor was measured with a 10cm Visual Analogue Scale for pain (VAS-P).

**Results:** Pearson product-moment correlation coefficient test indicated no statistical relationships were detected between subjects' attendance to antenatal class, perceived pain and feelings of control during labour.

**Conclusions:** Midwives should work with women to enhance personal control during labor and attain satisfactory childbirth. The insignificant relationship between attendance of antenatal class and feelings of control indicates the need to evaluate the philosophy, curriculum and implementation of the traditional childbirth education.



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