Transition and Challenges for Health Care Practice and Nursing Leadership in Japan

Junko Tashiro

Professor, Dept. of Nursing, St. Luke's College of Nursing, Japan

Transition and Challenges for Health Care Practice and Nursing Leadership in Japan Greetings (Slide 1)

Madam President, Dr, Kasil Oh, distinguish guests, colleagues of the Korean Society of Nursing Science, and colleagues Last year, JANS the 5th International Research Conference, in Fukushima during which ti Korean and am exchanging experiences and information regarding nursing practice in Japan.
I am also working for the nursing practice, by focusing on nursing practice in community health care.
Today approximately one million (1,146,181) Japanese nurses including practical nurses. All of these Japanese nurses, regardless woof work settings, are participating in the tasks to bring a healthier life for the Japanese people. Although all nurses are working for health promotion of the people, I would like to focus on the health care system and community nursing or public health nursing and nursing leadership in Japan.

Topics of the Presentation (Slide2)

First for your background information, I will briefly introduce health status, health care system and community nursing practice and education. Second, I would describe current issues of health care in Japan. Third, I would explain how Japanese nurses practiced in the community during the health transition in Japan. This information is derived from our study that conceptualized nursing practice models Japanese nurses have used for health promotion of the community.
Finally, I will present our current challenges for a healthier life and nursing leadership which was awarded as the 21st Century Center of Excellence, funded by the Ministry of Education and Art and Science, Sports in Japan.

Country Profile: Japan (Slide 3)

General background information about Japan is as follows;
Japan is located in the same area of Asia near the Eastern coast of the Asia continent, and consists of four main islands and many small islands. Japan has four well-defined seasons. Ethnically ninety-nine (99) % of the people are Japanese. For religion, people practice Shintoism and Buddhism. Approximately one hundred twenty-seven million six hundred eighty-seven thousand (127,687,000) people are living in Japan (ranked 9th in the world). Population density is 341 per 1sq.km and ranked 4th as the most densely populated country in the world.

(Slide 4)

Governments Japan consist of a national level, then, forty-seven (47) prefectural, and three thousand one hundred seventy (3,170) municipalities including 13 ordinance-designed cities. Japan's primary and mid-level education is organized a 6-3-3 system that is 6 years of elementary school, 3 years of lower secondary school, and 3 years of upper secondary school. Education is compulsory through the first 9 years. Approximately 97.3% of students graduate from compulsory education and proceeded to the upper secondary level. Approximately 44.6% of students the graduate from secondary level and go on to the higher educational institutions, Specialized Courses, Specialized Training Colleges, Junior Colleges, and Universities. Economic growth has declined since 1990. Our current economy is in a downslide. The Gross Domestic Product in 2004 was US$ 4,326,400 million. Gloss National Income per person was \ 3,972,000 (approximately US$ 35,800).

Current Health Status of the People in Japan (Slide 5)

The overall health status of the Japanese is evaluated as one of the best in the world. The World Health Organization (WHO) ranked Japan as the number one country in terms of the achievement and uniformity of health among one

hundred ninety-one (191) member countries (WHO, 2000). Thus, the Ministry of Health and Labor in Japan evaluated that the standard of the health of Japanese has reached the highest level in the world (Ministry of Health, Labour and Welfare, 2004). According the report in 2005 (Health and Welfare Statistics Association, 2005), life expectancy at birth of Japanese female is eighty-five point fifty-nine (85.59) years old, and male is seventy-eight point sixty-four (78.64) years old. In 2002, the ierebrovascular diseases, puicides. Some physiological indicators of However, the quality of life of the people is still people in there 20s, and 30s. Suicide increasing, because of the uncertainty of the future that number of thepeople, over sixty-five years old, is increasing . This trend is till continuing.

Current Health Issues in Japan (Slide 6)

Today, Japanese people live longer and life expectancy at birth of both female and male is the longest in the world. Consequently, Japan that demand have been changing and increasing is our current health issues in Japan.

Current Health Care System in Japan (Slide 7)

During the last decades, in addition to the medical care system and national medical care insurance, the government had prepared for an infrastructure for health promotion of the people and the implementation of long-term care and insurance. Health care has been delivered by both prefecture health centers and municipal health centers. Health centers are established by local governments (prefecture), and cabinet order-designated cities or special wards. In 1997, the Community Health Law was fully enforced to improve public health in their regions. Municipal health centers started to work more actively and independently based on the community health needs.

Long-term Care Insurance Law (Slide 8)

Long-term Care Insurance System started in 2000. It took more than ten years to implement the law. Prime insured are people aged sixty-five years old or over, secondary insured are people aged from 40 to 64 who are participants of medical care insurance.
Aims of the system are 1)to increase awareness of all the people about the support of long-term care; 2) to obtain the understanding of the people; 3) to enable the user have comprehensive health, medical, and welfare services; 4) to provide the social security structure reform. After five years, reform of the system has started.

Health Promotion Movement (Slide 9)

The Ministry of Health and Labor and Welfare has been promoting the National Health Promotion Movement so called "Healthy Japan 21" since 2000, as the third health promotion measure for the community. Basic directions of Healthy Japan 21 are: 1) focusing on the primary prevention; 2) developing the environment to support health promotion; 3) setting objects and evaluating performance; 4) propelling effective movements with diversified but coordinated implementers. The health promotion law was enforced on May 2003.

Health Promotion Law (Slide 10)

In 2003, the Health Promotion Law came into force to prepare a legal basis for the active promotion of health enhancement and disease prevention efforts by the people along with the "Healthy Japan 21". The law provides guidelines for both the national government and the local public organizations. The national government formulate the basic policy for presenting the national objectives and basic directions for health enhancement. Local public organizations formulate health promotion plans to propel health enhancement to meet the local requirements, and common guidelines for health checks (Ministry of Health and Labour and Welfare, 2005).

Brief History of Modern Nursing and Education in Japan (Slide 11)

Under these health care situations in Japan, the nursing care needs of the people are increasing, and expectations for nurses are expanded in last decade. The history of modern nursing or trained nurses is more than 100 years old. The first training was started for midwifery in 1876. Three year nursing education for female graduates from secondary education started in 1920 at St. Luke's College of Nursing, Tokyo. Public health Nursing started at St. Luke's Hospital and one year advanced courses for public health nursing training started at St. Luke's College of Nursing.
After World War Two, Kochi Women's University started the first baccalaureate program in 1952. At that time, the Allied Forces occupied St. Luke's Hospital and College. After returning the campus, St. Luke's College of Nursing restarted as a three-year junior college in 1954. In 1964, St. Luke's College started a baccalaureate program. Sixteen (16) years later, in 1980, the first master in nursing, and eight years later, in 1988, the first doctoral program was started

by St. Luke's College of Nursing.

Brief History of Public Health and Nursing in Japan (Slide 10)
The Japanese government founded a department of medicine under the Ministry of Education in 1872. After two years, laws were enacted to include health policy organization, medical, pharmacy, public health and medical education. Since the health department of the government in Japan was started, the Japanese government has taken the leadership in for the health and medical care system. Basically, the health care system and medical care system are formed separately because the people must be healthy to develop Japan as a nation. In the area of community health, the community health care centers in all of Japan had played important role until 1997.
The government established the Children Health Care Centers in 1923, and the School Health Centers in 1925. Nurses trained at St. Luke's College of Nursing worked for the hospital and worked to establish of basis of public health nursing. St. Luke's Hospital started Public Health Nursing activities in 1927.
The government initiated the first urban public health center next to St. Luke's Hospital. From this model health center, Dr. Teusler enable public health nurses from St. Luke's Hospital to begin public health nursing practice in a community health center. Those nurses established the bases of public health nursing in Japan. Their public health nursing practices were: health education and counseling, home visits for infection control such as tuberculosis, sexual transmitted diseases, and trachoma, physical examination of infants, immunizations, and child and maternal health.

After the Allied Force defeated Japan, the health status of the Japanese people was very low. Thus, to recover, community health care centers all over Japan played very important role to reconstruct and improve the health status of the Japanese people.

Development of a Nursing Practice Model Using Primary Health Care Concepts in Japan (Slide 12)

When we faced the 21st century, and needed to prospect for new approaches toward contributing to a healthier life in our society, we started a study called "Development of a Nursing Practice Model Using Primary Health Care Concepts in Japan". Study questions were: how have Japanese nurses been working, and how we Japanese nurses should be working to further contribution the nursing perspective.

(Slide 13)

Purpose of this study was to identify nursing practice models that are used by Japanese nurses, and the to develop an appropriate nursing practice model for an ageing society, which the nursing profession facing today. The method used was historical study approach. We collected documents such as the annual report of the health center in Chuo-ku, Tokyo, because this health center is the oldest one. When this health center was established, the nurses participated in the establishment of nursing practice were graduates of graduated from St. Luke's College of Nursing. The conceptual framework we used was "Health Transition" proposed by Brayant (1991) and Hirai (1997). We developed a review tool and collected the relevant data from documents and textbooks.

(Slide 14)

This community was the one that had the urban-type of the community health care center in Japan, and therefore, the health changes started earlier than in any other community in Japan. This community is located in the Western coast of Tokyo. Now, this area has active business, shopping, and industry at that time.

Findings: Transition of Health of the people in Japan (Slide 15)

We identified the characteristics of changes in the areas: indicators of health status among the community, health policies, health care services, and community nursing practices. The table shows time periods and main health issues, infant mortality, life expectancy as an indicator and the phases of health transitions. We categorized the years into six time periods based on trends thus; a specific year is one of the indicators. Those six time periods were categorized into three phases of health transition.

The first phase in Japan was before the World War Two (1935 to 1945) and the following ten years after the War (1946 to 1954) when Japan rehabilitated from the impacts of the War as a society with the assistance of the Allied Force in the reestablishment of the health care system in Japan. The main health problems were infectious diseases related to poverty. In the second phase of health transition from the mid of 50s to the first half of 70s, economic development proceeded rapidly, and chronic diseases and cancer became the main health issues. In addition, Japan experienced growing industrial pollutions that raised many health problems for the citizens. Infant mortality improved, and life expectancy at birth and other indicators like the proportion of aged people were increasing. These indicators showed that the aging

tendency of the society was developing.
In the third phase of health transition – mid 70's to the present day, the Japanese government began its prepare for those policies and to the infrastructure coping with health issues of an aging society especially since 1989 when economic development stopped. The main health problems are now chronic disease related to lifestyle and mental health.

Changes of Nursing Practice Model in Chuo-ku, Tokyo (Slide 16)

We analyzed how community nurses had worked. We conceptualized these five practice models based on relationships with clients. The five nursing models are as follows: 1) "service providing", 2) "health counseling", 3) participating, 4) coordinating, and 5) networking and collaborating. In addition a 6th model emerged - 6) participating policy making with the community people. The participating policy making with community people is a new model, and this advanced practice model is conceptualized not only as relationship among the members of the community, but also in the wider perspective within which the policy maker is included.
We conceptualized that currently, Japanese community nurses are using the first five practice models although these practice models are not always established as competencies of community nurses. The practice model of "networking and collaboration with partners and policy makers" require new competencies for which nurses need to be trained.

Current Care System for the Elderly in Japan (Slide 17)

One of the current issues of care system for the elderly is complexity. First, the elderly family must registered as a user of this the long-term care insurance by providing the family doctor's recommendation. After two types of assessment, the care level for the client is categorized into one of the six levels of care. When the elderly is evaluated, the elderly can plan their own care. The elderly often have diseases and need to using the medical care insurance for their medical care, and the long-term care insurance for their nursing care as well as living care. If these public services are not enough, the elderly needs to ask for help from community volunteers. Thus, it is essential for the elderly to coordinate and manage the care they receive. One of the key player in this effort is a care manager working with clients and family members.

Qualifications of care managers are nurses, pharmacists, social workers, or physicians who have experiences in the area of long-term care, and who have passed the care manager examination. Care manager have to assess the quality of life of the elderly and family members and provide assistance based on a care plan and then coordinate the care. Sixty percent (60%) of care managers are nurses. Therefore, the,educational program for nurse care managers to elevate and expand their role under developing although number of training program is provided.

Comprehensive Care System for the Elderly (Slide 18)

After a thorough discussed based on the findings of this study, we identified four challenges nurses have to face. Theoretically, nurses are the best persons to coordinate cares provided from various care agencies or institutions because nurses are working at a variety of institutions. However, new professions are emerging in the health care system in Japan. These four challenges for nursing based on the concept of "Primary Health Care" in Japan are as follows; 1) nurses can work with community people as good partners; 2) nurses can invite and share information with community people to participate in activities for healthier life of the people, by improving health issues and creating a team; 3) new steam can create activities based on culturally accepted practices for promoting health and using available social resources; 4) new teams can make these activities for healthier life of the people accessible. We concluded that nurses should develop a nursing practice model based on creating, coordination and collaboration among team members.

Nursing for People-centered Initiatives in Health Care and Health Promotion: People-centered Care (Slide 19)

(Slide 20)

Purpose of this project is to develop a new practice model in which people are involved and participate positively in health decision-making and activities, use health resources effectively, and gain power to promote the health of the individual as well as society.
This project consisted of eleven research projects, which seek for the development of nursing practices. Development of nursing practices is based on a survey of nursing or health care needs or demands of the community people. In addition, the research team designs the practice, and the community and, partners are invited to participate. Research projects are assisted financially and technically. Outcomes and progress are reported in symposium or meetings with the general public as the audiences.

Organization (Slide 21)

This COE is required to have an organization to enable support, monitor, and evaluate it periodically by national as well as international evaluators. COE research projects are categorized into two major areas 1) Nursing service development and evaluation of effectiveness; 2) nursing service provisioning strategy development and evaluation.

Tentative findings (Slide 22)

After three years of research from activities the COE, we are able to synthesize our ten research outcomes into the concept, "People-centered Care Initiative". Research projects are categorized into four areas; A) advanced medicine and nursing such as Japanese genetic nursing; B) coping with illness and nursing such as Japanese cancer nursing, and Japanese geriatric nursing; C) social problems and nursing; such as women centered care, community-based palliative care; and D) strategy development for "people-centered nursing service" such as program development of health education for healthy family, nursing practice development for international collaboration, development of nursing skills for supporting the daily life of patients, and application and evaluation of nursing service.

Overview of People-centered Care Development (Slide 23)

We identified common elements of working partners including, 1) trust from people centered care system, 2) sharing from support groups or network, 3) decision making supported by a decision making guide, 4) collaboration with educational programs for volunteers or collaborators, and 5) power balance from exchanges with professionals and community people.

Conceptual Framework of People-centered Care Initiatives (Slide 24)

We are discussing relationships or organize among those elements consisting of "People-centered Care Initiative". We believe that nurses working with clients and family members, and colleagues or other professional of the community based on a partnership mentality and system can effectively take the initiatives and enable the system for "people-centered care system". Consequently, the society working for the "people-centered care initiative" can create a more healthy society based on a sense of security and demonstrated good health status.

Examples of Project of COE (Slide 25)

One of our research projects is project No.5, titled Community-based Palliative Care: Building a community to provide a better care of the dying. The primary investigator is Professor Kawagoe. She presented a portion of this project at the 2004 International Palliative Conference held in Korea. This project is providing "community-based participatory palliative care" and demonstrated nursing practice at a community health station. They invites not only clients and family but health volunteers and other professions working in various medical and health institutions including hospitals or hospices, clinic, visiting service providers, visiting care centers, dispensing pharmacy. In addition, this project started lobbying and making this new project covered by medical or long-term care insurance.

(Slide 26)

Another example of our project is information sharing among both the general community people and the nursing professions using a web-site named "Nursing –net". Outcomes from research projects are made understandable for anyone who can access this web-sit and the site is to the general public opened.

Conclusion (Slide 27)

We have not reached the conclusion yet that this approach is effective for improving all health issues and promoting health for all. In addition, we also recognize the limitations of these projects because of a number of differences of conditions. However, I am very glad to share with you our current way of nursing practice and nursing leadership based on our 21st century of Center of Excellence. We are beliving that this participatory and collaborative practice and system leads to a healthier life of the people and development of nursing profession.

Reference

1. Health and Welfare Statistics Association. (2005). Kokumineisei no doukou [The trend of national health] . Journal of health and welfare statistics 2005 Vols.52(9).

2. Kidou Sugita (1998). Keitou kangogaku kouza kangoshi Vols.9,[Nursing course series, History of nursing]. Tokyo.

IGAKU-SHOIN.
3. Statistics and Information Department Minister's Secretariat Ministry of Health, Labour and Welfare Japanese Government.(2004).Statistical Abstracts on Health and Welfare in Japan 2004, Ministry of Health, and Welfare.
4. Statistical Research and Training Institute.(2004). Statistical handbook of Japan 2004, The Japan Statistical Association.
5. The Foreign Press Center Japan.(2004). A pocket Guide (2004 ed), The foreign press center,Japan.
6. Ministry of Health, Labour and Welfare. (2004). Annual Report on Health, Labour and Welfare 2003-2004, Tokyo: GYOSEI CORPORATION.
7. World Health Organization. (2000). Shaping the Future , The World Health Report 2000, World Health Organization.
8. Workshop of Nursing History (1989). Kangogakuseinotamno nihon kangoshi,[Japanese nursing history for nursing students]. Tokyo. IGAKU-SHOIN.