

Excellence and Issues for Clinical Practice Based on Community in Island Nursing

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Good afternoon everyone. I would like to express my appreciation for providing me with an opportunity to present here today. The previous 3 presentations in today's symposium dealt with a big scale, Pacific islands matters, and it was beyond my imagination. I would abridge my talk since it is just about Japan, but I am going to talk what I had prepared. Please let me begin my presentation.

My presentation is titled "Clinical Practice Based on Community in Island Nursing." In a word, I would like to talk about what sort of healthcare is practiced in islands, and what can be found from the analysis of the island healthcare.

I added a few slides that explain the healthcare system in Japan since we have guests from abroad today. Most of you here may know about the system, but let me explain it briefly. In Japan, we have Public Health Centers, and all regions are administered by the centers. In 1947, Japanese

government fully amended the Public Health Center Act, and the 1947 Act has continued to be valid with minor revisions. The Public Health Centers dealt with incidents of public hygiene (acute contagious diseases, parasites and tuberculosis, etc...), environmental monitoring (water quality tests, etc...), and maternal and child health. A health survey, consultation, and maternal and child health have become tasks of public health nurses. As time has progressed and society has changed in Japan, the role of public health nurses has changed. A management task has shrunk, and main tasks are prevention of diseases and promotion of health for the whole communities, as well as support for individuals and families. "Island Nursing Based on Community" indicates a nursing activity in remote islands within a larger field of public health activities that have a hitherto mentioned history.

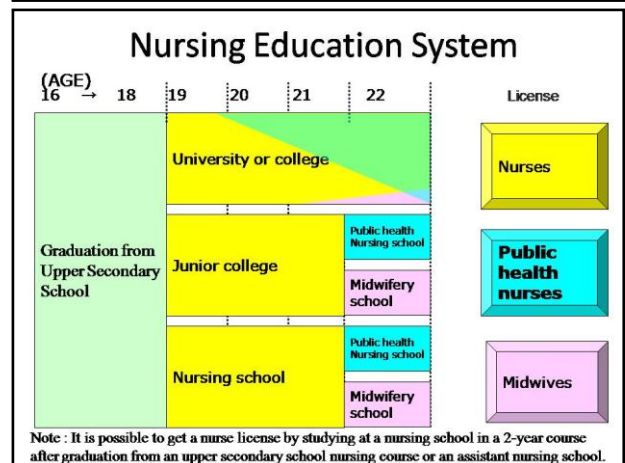
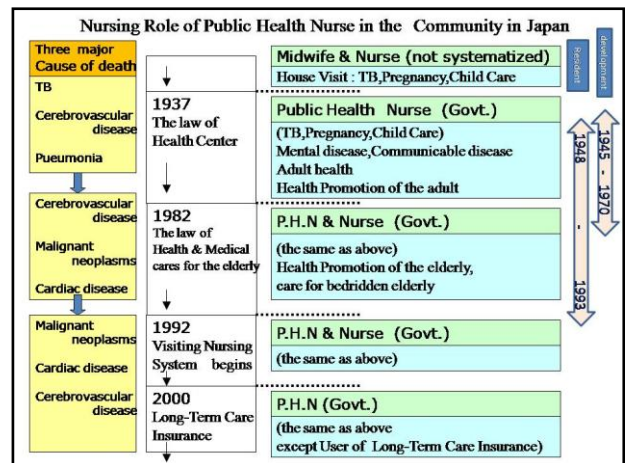
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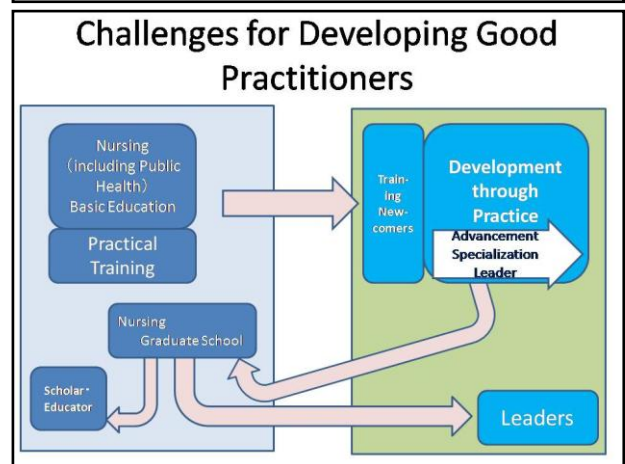
What is Island Nursing based on Community?

- Japanese government established public health centers, and every region in Japan fell under the jurisdiction of one of the centers. Full Amendment of the Public Health Center Act in 1947
- The public health centers deal with incidents of public hygiene and health (acute contagious diseases, parasites, tuberculosis, etc...), environmental monitoring (water-quality tests and management), and maternal and child health. Roles of public health nurses are: a health survey, a reception for residents, maternal and child health.
- The roles of public health nurses change with times and social changes. Regulation and control are reduced; the central themes and activities are prevention of diseases of a whole population in a region and support for an individual resident and a family.
- **Island nursing based on community is nursing activities by public health nurses who carry the above mentioned history and purposes in islands.**

This slide serves as another review about the “Role of Health Nurse in the Community in Japan.” Since the establishment of the Law of Health Center in 1937, with additional laws and regulations, the role of public health nurse has changed. The 1937 Law had changed gradually, and in 1992, the home-visit nursing system began, and in 2000, the long-term care insurance began. Along with such changes, the role of public health nurse has changed. At remote islands and regions, there were resident public health nurses. The resident system was to secure public health nurses at remote areas where usual public health service was not available. The resident system was abolished in 1993. Another system is that development public health nurses settle down remote places such as mountain areas. Japan has a history of public health activities in which the resident public health nurses stayed in the remote areas for a limited time period, while development public health nurses live there almost permanently.



I would like to talk about a bit different topic, that is, our nursing education system in Japan. In the last 20 years, the number of universities has increased dramatically. Before the increase, education of nursing, public health nursing and midwifery was provided at institutions other than the university.



I would like to move onto the main topic. The slide indicates the relationship between nursing education and the nursing job field as well as their relationship with graduate school education. In Japan, one path in a nursing career is that nurses begin to work in the field with basic license. As they thrive in the field, they began to specialize and/or advance in certain areas, then will be leaders. A similar trend is found in nursing practices of other countries as they are reflected in today’s presentations by other speakers. Meanwhile, along with the number of nursing universities, the number of graduate programs in nursing has increased. Consequently, another path in a nursing career is that some nurses become specialists, advanced practitioners and leaders through graduate school education. In the graduate programs of nursing, nursing students are trained to be specialized nurses currently in 10 fields in Japan.

As the slide indicates, a recent trend in nursing in Japan is advancement and specialization. As a background of my research, I would like to raise two questions. The first is “What are advancement and specialization in nursing activities in communities?” The second is “What are different and common between specializations of nursing and other science?” As a distinctive feature of community nursing in Japan, (as previously mentioned) the government has made efforts to provide healthcare service by public health nurses even in remote areas, or especially in remote areas. Therefore, I assume that there is advancement which is different from specialization. In the following discussion, I would like to reflect a history of community nursing practices by public health nurses in islands and show that there is a type of advancement oriented towards a slightly different direction than the one for which modern science has sought. Moreover, it is the type of advancement which we cannot overlook in nursing science. That is to say, in nursing, we have a new type of advancement in which we seek for “totality.” My hypothesis is that “In remote islands where changes of communities and lifestyles are gradual, there is nursing which seeks for totality.” As follows, I would like to present my research findings which correspond to the hypothesis.

Background

- Recent Trends of Nursing in Japan: Advancement & Specialization
- Question: What are advancement and specialization in nursing activities in communities?
- Question: What are difference and commonality in specializations between recent science and nursing?
- Hypothesis: In nursing (which supports people), we have “new” advancement which seeks for totality. **Ability to seek for totality is more advanced than specialized knowledge and technical ability.**
- Hypothesis: In remote islands where changes of communities and life-styles are slow, there is nursing which seeks for totality

Objectives

- ① Clarify what kind of practical knowledge is available / involved in Japanese island nursing.
- ② Examine whether the search for the totality is recognized in the development of island nursing. If so, clarify the content.
- ③ Examine whether “advanced practice” is recognized in the development of island nursing. If so, examine the content.

[Research Partners]

Okinawa Prefectural College of Nursing:
President Miwako Noguchi & Professor Akemi Ohwan
Chiba Prefectural University of Health and Sciences:
Associate Professor Naoko Katakura & Instructor Noriko Hosoya

Method

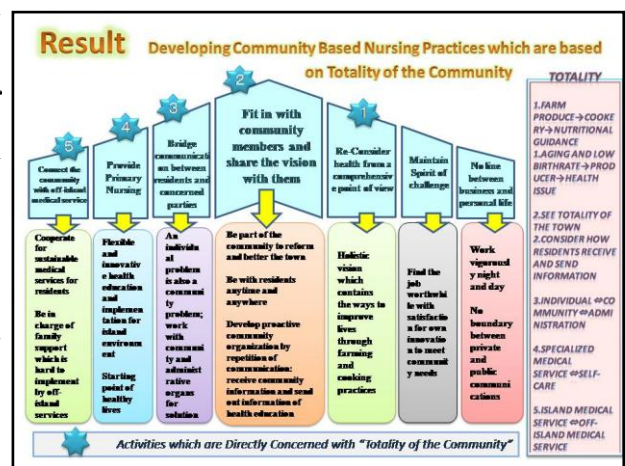
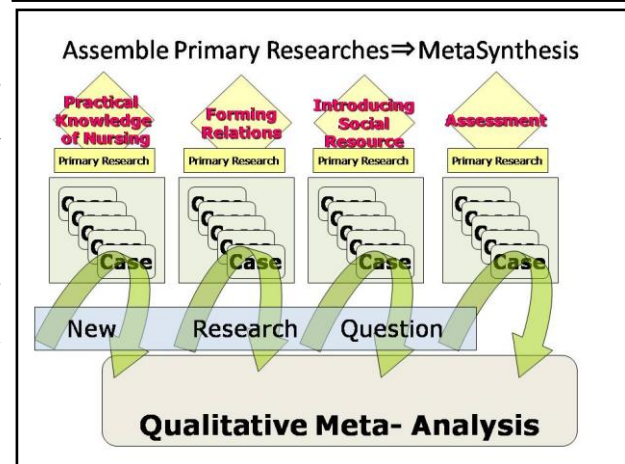
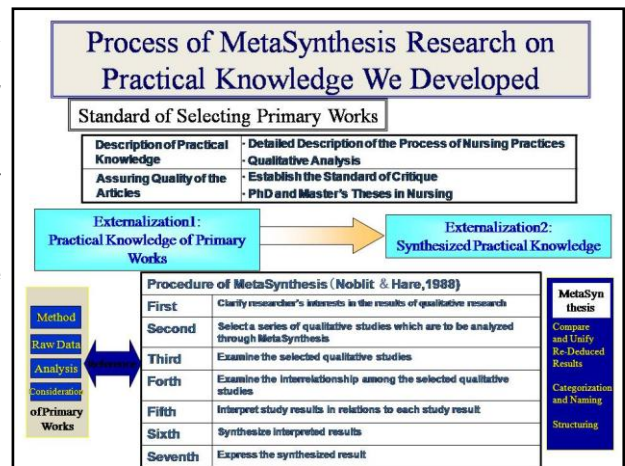
- **Research Method Design**
 - Analyze secondary sources (published articles)
 - Employ **MetaSynthesis** Method which leads the research to new knowledge, by analyzing cases/data through new research questions, regardless of themes/objectives of already published articles
- **Method of Collecting Articles**
 - Databases: Japana Centra Revuo Medicina; Medical Online (Japanese)
 - Published after the 1980's
 - Keywords: island, remote, community nursing practice, etc...
- **Selection of Articles and Research Question**
 - Selects 58 sources which deem to contain data related to nursing development at islands / remote areas, by referring to titles and abstracts
 - Analyze the data through the given research question: “How do we develop nursing?”

I would like to introduce my research objectives. The first objective is to clarify what kind of practical knowledge is available and involved in Japanese island nursing. The second objective is to examine whether the search for the totality is recognized in the development of island nursing; and if so, to clarify the content. The third objective is to examine whether what we can define as “advanced practice” can be recognized in the development of island nursing; and if so, to clarify the content. As the slide indicates, this research is a result of collaborative research with president Miwako Noguchi and professor Akemi Ohwan in Okinawa Prefectural College of Nursing as well as two colleagues in my university. I would like to mention that today’s presentation contains some points of overlap with what I presented at the conference held by the Japan Society of Rural and Remote Area Nursing.

In terms of research method, I wanted to show a general view of nursing at remote islands – and not at one particular island – and my aim was to show the highest common factors of many island nursing practices in Japan as much as possible. Therefore, I implemented research on research papers. The method I employed was Metasynthesis which guides a researcher to new knowledge.

I would like to push my talk a bit forward and briefly explain about Metasynthesis; this slide serves for that purpose. The term “Metasynthesis” or “Metastudy” is not well diffused internationally and is not diffused at all in Japan. What it does is that one implements research by employing a method of Metaanalysis (as you may usually hear about this method in quantitative research) in qualitative research. Internationally, some scholars such as Dr. Barbara L Paterson (RN) have publications with the Metaanalysis approach; and the work of Dr. George W. Noblit and Dr. R. Dwight Hare (co-authored) indicates clear steps of Metasynthesis approach. The 7 steps are shown on this slide.

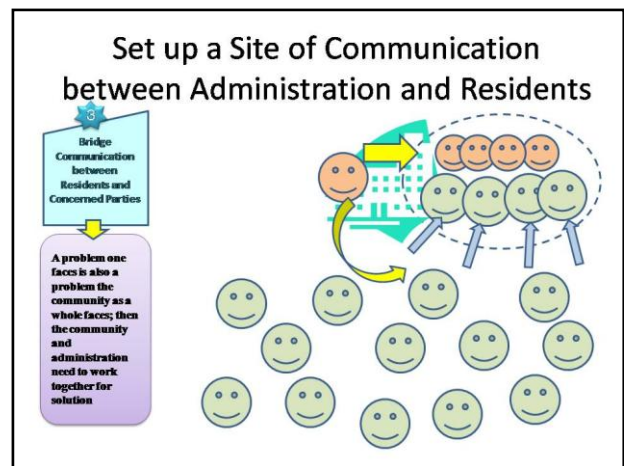
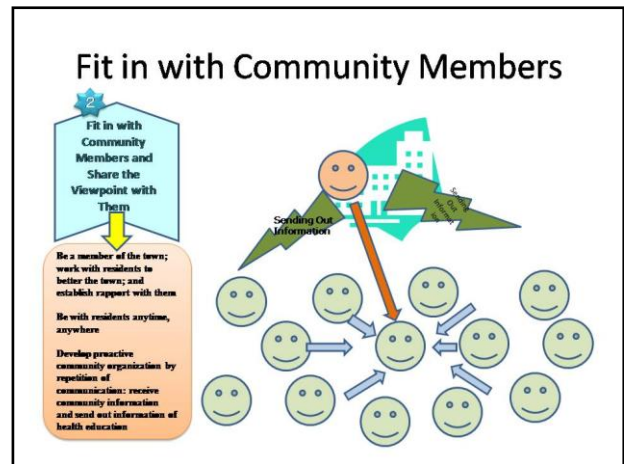
Metasynthesis is to research under a new research question by following the steps and by collecting primary studies. The chart indicates how a researcher derives a new research finding under a new research question.



I would like to introduce my research findings. Previously, I presented 3 research objectives, but I will omit the first objective in order to comply with the time table and show the findings related to the second and third objectives. One of the research findings regarding development of community based nursing practices is to “live with local residents and share vision with them.” Another finding is to “bridge communication between residents and concerned parties.” I will come back with these two findings in more details. Other findings are that there are activities (distinctive in islands) which “reconsider health from a comprehensive point of view; maintain spirit of challenge; draw no line between business and personal life (which may be a bit Japanese like practice); provide primary nursing; and connect a (remote) community with off-island medical service.” I think that these

findings allow us to conclude that there is development of nursing which is based on totality and tries to deal with the entirety rather than a particular portion of nursing. The numbers from 1 to 5 marked in blue cherry blossoms indicate the contents which we regard as “activities which are directly concerned with totality of the community.”

I would like to explain the hitherto mentioned number 2 “fit in with community members and share the viewpoint with them” in detail. This sample is a public health nurse as well as a resident of a given community he/she is serving for as a public health nurse. Therefore, as a public health nurse, he/she has particular colors (indicated in red), but he/she also has colors as a resident (indicated in blue) and is completely assimilated in the community. With latter colors, a public health nurse can “be part of the community to better the town”

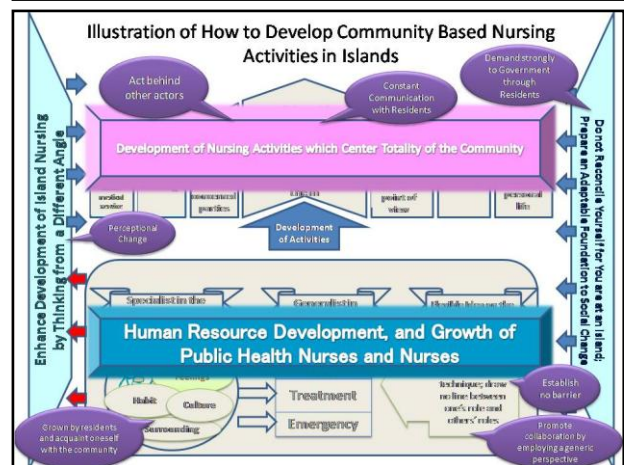
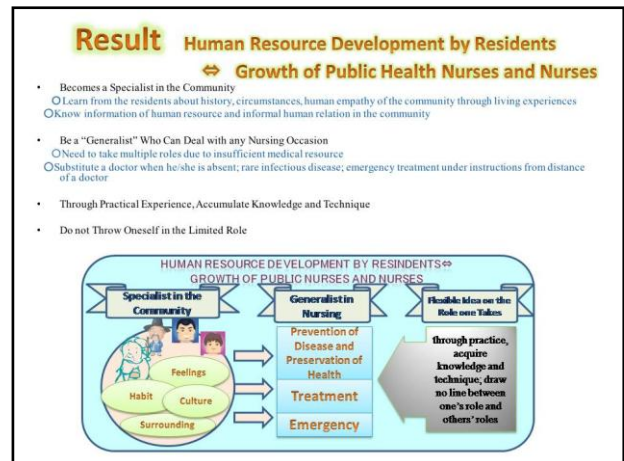


and “be with residents anytime and anywhere.” The public health nurse also repeats communication of receiving community information and sending out information of health education. Then by the repetition, the public health nurse helps other residents develop proactive community organizations. The repetition enables the public health nurse being a part of community to grasp how the information he/she sends out is received by the residents. The public health nurse does not provide one-sided service, but is able to work collaboratively with the residents by sending out information as a part of community.

I would like to discuss about another aspect of totality in island nursing: “set up a site of communication between administration and residents.” Since a public health nurse lives in a situation in which most people do not recognize the public health nurse among other residents, he/she is able to identify a key person in the community from a common viewpoint of the community members. When a collaborative effort is necessary between public administration and residents, the public health nurse is able to set up a meeting in which the most appropriate key person is present. We can see that the public health nurse acts in the way that he/she is able to treat “a problem one faces ...[as]... a problem the community as a whole faces; then the community and administration ... work together for solution.”

This slide indicates how the public health nurse is able to work that way and what elements exist behind his/her practice. One of the elements we found was that he/she “becomes a specialist in the

community.” He/she becomes a specialist of the particular island community when he/she is able to understand residents’ feeling, culture and habit as well as environment including climate. In terms of nursing, he/she becomes a “generalist” who can deal with any duty, such as prevention of disease, and ordinal and emergency treatments, at a certain level. A (public health) nurse is able to become a generalist when he/she acquires knowledge and technique through practice and plays any role. The important point is that a public health nurse is not able to experience various scenes of nursing (even of emergency) in urban setting. However, (in island setting) that can be part of everyday life. In the latter setting, a public health nurse is able to see what can be overlooked in ordinal medical practices, such as problems of a louse and other parasites, or hemangioma of which we previously saw a picture in the case of Tinian (presented by Ms. Long). A public health nurse in an island is able to be a generalist by repeatedly dealing with such incidents and efficiently learning from that experience. I think that development of nursing with totality becomes possible if one is able to be a specialist of the community, be a nursing generalist, and learn from his/her experience by drawing no line between the roles of his/her own and others.



As shown on this schema, “development of nursing activities which center totality” is supported by “human resource development and growth of public health nurses and nurses.” At the same time, another support is to “enhance development of island nursing by thinking from a different angle.” As presented by President Noguchi at her keynote speech, there are both positive and negative sides in island nursing. There are many aspects in islands not only regarding nursing but also day-to-day (island) life. If one is able to think from different angle, that is, not to cling to disadvantages but to expand advantages (of an island setting), we are able to bridge from here to here (indicating on the slide). As indicated in purple balloons, other factors (that contribute to the “development of nursing activities which center totality”) are to “act behind other actors” for some occasions, keep “constant communication with residents,” “demand strongly to government through residents” in order to move the government, “establish no barrier,” and “promote collaboration by employing a generic perspective.” In terms of becoming a specialist of the community, I think that a significant point is to be “grown by residents and acquaint oneself with the community.”

To summarize the hitherto mentioned points, our findings include “practices which integrate

double identities as a professional and a resident,” to “not only perceive social phenomena but also feel backgrounds of the phenomena from the viewpoint that is conversant with history, culture and people’s feeling of the community,” and to “liberate oneself from a cultural barrier ...[and]... respect cultural diversity (adopt local viewpoint and other professionals’ viewpoints).” The cultural barrier and diversity are concerned with not only residents’ viewpoints but also other professionals’ viewpoints since there are cultural boundaries among different professional fields. A (public health nurse in an island) needs to liberate oneself from the cultural barrier and familiarize oneself with other people. What we defined as “advanced practices” includes a practice that a (public health nurse) is “well acquainted with a key person in the community ...[and]... change a situation through residents.” This part is just an everyday practice for those nurses who work at remote islands. However, we identified it as an advanced practice because it cannot be done by just any nurse.

This slide is modeling (of our findings). To grasp real issues and needs (on an island), one needs to be grown by residents to be a specialist of the community, be a nursing generalist, and grasp individual issues and needs without any barrier with others. Having this accomplished, one can grasp life related issues and needs of the whole community and then reflect such issues and needs to administration policies. Therefore, we think this point is very important. Other symposium presenters from abroad also told us that they are dealing with this point. One of expected roles of a public health nurse is to bridge needs and administration policies; and it (to reflect residents’ needs to administration) can be possible through this route (indicated in the model).

This is a case from my own study. The case contains individual issues such that the resident is “deluded by rumors about doctor’s specialization” and is “afraid or not afraid of diseases than” they should be. The residents tend not to be afraid of a common disease, but afraid of a rare disease more than they need to be. Another issue is that there are many patients of obesity, hypertension and

Result Advanced Practices which are Just Ordinary at Community Based Nursing Activities in Islands

Practices which Integrate Double Identities as a Professional and a Resident

- Act behind other actors in the community
- Constant and frequent knowledge / information exchange with residents

Not Only Perceive Social Phenomena but Also Feel Backgrounds of the Phenomena from the Viewpoint that is Conversant with History, Culture and People’s feeling of the Community

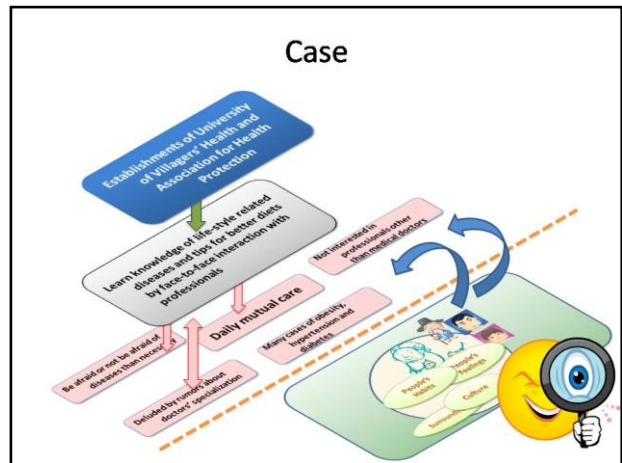
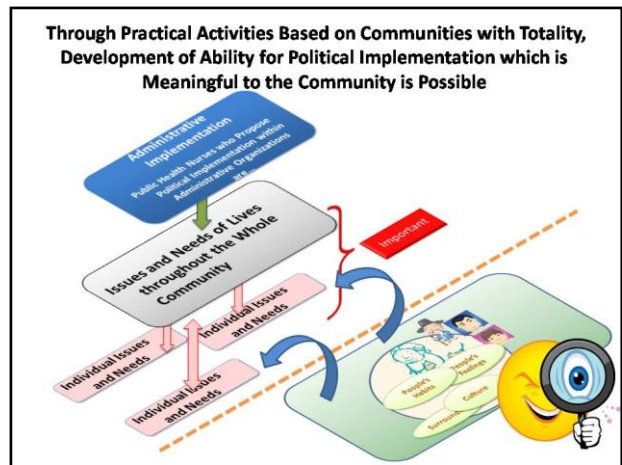
- Grown by residents and acquaint oneself with the community

Liberate Oneself from a Cultural Barrier; Respect Cultural Diversity (Adopt Local Viewpoint and Other Professionals’ Viewpoints)

- Adopt Perceptual Flexibility; Establish no Barrier
- Cooperate with Other Fields of Business with a Generic Perspective

Be Well Acquainted with a Key Person in the Community; Change a Situation through the Residents

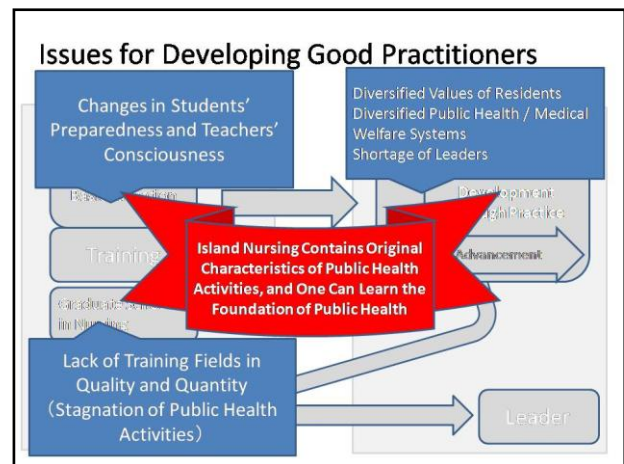
- Demand Strongly to Government through Residents



diabetes; this issue is same as the case of Tinian hitherto presented. The residents have sense of “daily mutual care” each other. As this was also presented by Dr. Tsuda, residents care each other. Another issue from the case was that the residents do not know much about “professionals other than medical doctors.” With these issues in the case, we provided the residents with occasions where they can “learn knowledge of life-style related diseases and tips for better diets by face-to-face interaction with professionals.” Furthermore, it resulted in the “establishments of University of Villagers’ Health and Association for Health Protection” that is an autonomous organization of the residents.” This is a concrete case of the model which was presented at the previous slide.

This is the research result which I would like to present. Currently, nursing education in Japan is entering into a tumultuous age, and it is an age

when various arguments are presented. For instance, there are some questions; how the fundamental education of nursing should be and what needs to be done with the enlargement of nurse’s discretion and roles. This point is what you may already know. Current challenges in nursing field are concerned with practical needs that they want schools to train nursing students to be able to deal with “diversified values (of residents) ...[and]... public health / medical / welfare systems.” It is challenging due to insufficient “students’ preparedness.” There are many issues such that current students have studied for a university entrance examination and significantly lack sense of life. Meanwhile, instructors are not able to teach thoroughly. Many instructors say that they are not given enough time for teaching. We need to resolve these problems. Speaking from my own experience as a former island nurse, I think that a key to resolve the problems of nursing activities in communities can be found in island nursing. Community nursing contains many problems such as insufficient occasions of practical training. Moreover, in community nursing, it is also uncertain what kind of public health instruction is needed and what nursing students need to learn as foundations. In terms of my prior discussion on the issue of specialization and advancement, I think that we are able to look at another direction of advancement rather than regarding specialization as the only way of advancement. There can be a direction of nursing that focuses on foundations of nursing as a source of advancement. Although this point is not my objective in this presentation, I think that a key to resolve these problems can be found in island nursing.



Summary

- (1) Many cases which search for totality of nursing are recognized in Japanese island nursing.
- (2) Island nursing practitioners have disposition of a generalist who is a community specialist, breaks through a cultural barrier, and carries a posture of sympathy and acceptance on everything.
- (3) (1)&(2) are norms in island nursing. However, they are thought to be very advanced nursing practices at other community nursing occasions in modern Japan.

As a summary which complies with my research objectives, there are three points. First, “many

cases which search for totality of nursing are recognized in Japanese island nursing.” Second, an “island nursing practitioner is a generalist who is a community specialist, breaks through a cultural barrier, and has sympathy and acceptance on everything.” Third, the above two “are norms in island nursing, but they are thought to be very advanced nursing practices at other community nursing occasions in modern Japan.”

At the first lecture of this symposium, Dr. Tsuda talked about “Characteristics of a Nurse Leader.” The chart on that topic made me think that it was very similar to what I found through my research. Moreover, from all presentations including the two by Dr. Ellis and Ms. Long, I felt that what this GP program in Okinawa has taken seriously and tried to clarify can be well related to practices in other countries. I also thought that objectives, roles and skills, which are valued in remote / island nursing, contain many elements that should be applied to all nursing practices. The above mentioned points are what inspired me as the last presenter of this symposium.

That is all for today. Thank you very much.