

## Implementation of Home Health Care Nursing Education in Japan

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**In Japan, the focus on health care has been shifted from hospital-based to community-based care. In nursing fields, home health care nursing is expected to become well implemented. Although our society is facing the problem of care for the elderly population, the target patients of home health care nursing range from children to the elderly. In home health care nursing education, geriatric nursing focuses on various nursing care techniques in home care settings rather than management skills and leadership. In 1997, the new home health care nursing curriculum was mandated by a committee appointed by the Japanese Government. How have nursing junior colleges incorporated the new curriculum? We expected that the new curriculum might cause changes in nursing lectures and clinical practicum, which have been run so far on a 3-year associate degree program in Japanese national junior colleges of nursing. We analyzed the results of the survey, with a discussion of the current problems: among 17 junior colleges studied, 4 (23.5%) had incorporated the new curriculum, and the rest had made a plan of implementation. The methods of implementation varied among the colleges probably due to a lack of common definition. Among many problems recognized, the main ones were: i) shortage of faculty members who can be in charge, ii) problems related with clinical sites, iii) absence of common background among the faculty members, and iv) limitation of lecture hours. Training of faculty members in these fields was an immediate concern to the colleges.**

**Key words:** home health care; nursing education

Recently in Japan, the public has been interested in community-based rather than hospital-based health care. This is because of: i) improved knowledge and change in the health consciousness of the public due to the mass media, ii) increases in medical costs, iii) an increased prevalence of chronic illness due to prolonged longevity with improved medical care and living standards, iv) shortened hospital stays due to changes in medical insurance policies, and v) improved home health care. In 1994, the Japanese Government implemented a 10-year plan for new elderly health care and welfare, referred to as "the New Gold Plan". In this plan, home health care for the elderly was emphasized. A practi-

cal example is to build 5,000 visiting nursing stations by the end of 1999. In 1997, the number of the stations reached 2,048, approximately 40% of the goal. From 1996 to 1997, this increased to 49.1%. The Government appointed the Nursing Committee on Social Problems with Low Birth Rates and Long Longevity to study the situation further. The Committee submitted a report asking for enrichment of nursing programs to meet the needs of our society. In response, the "Study Group on Improvement of Curriculum to Train Nursing Staff Members" was formed. In 1997, the Group mandated the addition of home health nursing to the 3-year nursing program. The 1st nursing students

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under this program will graduate in March 2000.

The goal has been set. However, how have the 3-year-course nursing colleges handled the needs of society? Are they responding yet? Prior to this discussion, changing expectations for nurses and a brief explanation of the current 3-year nursing program are addressed.

***Change in the public view for nurses:*** In the past, the public expected nurses to comfort them when they were in pain or ill. However, with prolonged longevity and development of the mass media, the public now knows more about medical care than before and is interested in their health status. Furthermore, the public demands choices in decision making in medical care and treatment (Fukase, 1998). They also expect nurses to have scientifically sound and medically proper nursing knowledge and skills. In home health care, nurses are expected to be capable of utilizing all resources in health and welfare sectors and have case management skills.

To perform these functions, nurses must be highly skilled professionals who can: i) understand health problems of patients and types of care needed, ii) utilize various resources, and iii) make the best health care plan for a patient.

In Japan, more than 80% of nurses have graduated from nursing schools with a 2- or 3-year program. The basic nursing curriculum in the program includes general lectures on public health, excluding courses on community health nursing. Thus, there is no opportunity to systematically learn primary care, community care and home health care. After finishing the basic nursing curriculum, Japanese students must make the choice of going on or attending a separate 6- to 12-month course that offers requirements for taking the national board examination for public health nurses and/or nurse midwives.

The new curriculum proposed for the 3-year-course nursing schools requires an additional 6 months for the public health nurse or nurse midwife program. In the public health

nurse program, community nursing is emphasized. These extended programs require a total of 111 units for graduation. The extended programs are supposed to be attractive, since they offer various professional opportunities. In contrast, as determined by the 4-year program for the Bachelor of Science in Nursing or the Bachelor of Science, a systematic curriculum often includes community health nursing, primary health care and home health care nursing. Further, there are graduate programs on community health nursing, but there is no specialist course on home health care nursing.

In 1998, the Committee on Home Health Nursing Education\* organized by national nursing junior colleges in Japan conducted a survey. The purpose of the survey was to investigate how the national nursing junior colleges with 3-year Associate Degree programs were incorporating the new curriculum, namely home health care nursing lectures and clinical sessions (Miyabayashi et al., 1999).

In the present paper, the results of the survey are reviewed, and current problems and implication for future planning are discussed.

## Subjects and Methods

The 1st survey was conducted in March 1998 to investigate the current situation of the curriculum and clinical practicum related to home health nursing. Seventeen out of 19 national nursing junior colleges (89.5%) responded. The 2nd survey was also carried out in August 1998 to investigate what changes or improvement were made after the beginning of the new school year (school year in Japan, April to March the next year). Sixteen colleges responded that time. There was a discrepancy between these numbers, because two colleges from the 1st survey and three from the 2nd survey had already approved or completed running a 4-year nursing program. The survey forms were used and committee members in each college were responsible for completing the form. Questions on the survey focused on: i) incor-

\*Committee of Home Health Care Nursing Education, National Nursing Junior Colleges. [A report for home care nursing curriculum.] Unpublished observation. 1999 (in Japanese).

**Table 1. Problems in home health care nursing courses**

	Yes	No	Not clear
Presence of specific faculty members in charge of lectures	10/16 (62.5)	5/16 (31.2)	1/16 (7.0)
Presence of specific faculty members in charge of clinical practicum	9/16 (56.3)	7/16 (43.7)	
Presence of faculty members experienced in home health care nursing	9/16 (56.3)	7/16 (43.7)	
Problems in home health care nursing lectures			
a. There is no common background among faculty members			
b. Shortage of faculty members			
c. Limited number of lecture hours			
d. Limited or shortage of demonstration facilities			
Problems in home health care nursing clinical practicum			
a. Shortage of clinical sites			
b. Difficulty in selecting clinical sites			
c. Economical burden and distance between colleges and facilities			
d. Accidents related to clinical practicum			
e. Difficulty in supervision			

( ), percentage.

poration of a home health care nursing course (new curriculum) after the 1997 curriculum change, ii) objectives, contents, class level, hours and units in the home health care lecture course, and iii) objectives, clinical practicum sites, class level, hours and units in clinical practicum. In the 2nd survey, additional comments or changes and current problems were asked.

## Results

Four out of the 17 junior colleges (23.5%) had incorporated the new curriculum, while the rest had made some plan of implementation.

There were 3 types of curriculum implementation: i) home health care nursing as an independent subject, ii) courses within community nursing courses and iii) course materials in other core courses. The goals were differentiated by type: i) mastering or learning the definition of home health care nursing, its purposes, understanding its characteristics, and knowledge and skills in delivering care, and ii) understanding activity structures that support community health care, mastering basic skills in delivering home health care. The contents of each type were: i) separated into courses as principles and practical or applied methodology, and ii) principles of community nursing and applied community nursing.

Lecture and clinical practicum hours or units varied by type. However, the colleges that had home health care nursing as an independent subject and the colleges that included the course within community nursing courses had between 60 h (3 units) and 90 h (4 units) of lecture and 90 h (2 units) of clinical practicum. Class levels also varied.

In the 2nd survey, all 16 colleges answered that the goal was to extend nursing care from health care facilities to homes, deepen the understanding of home health care by patients and their family, and discuss the delivery of home health care nursing. Some current problems (Table 1) recognized were a shortage of faculty members who have academically and clinically gained experience in this field, shortage of clinical sites, difficulty in selecting clinical sites, economical burden and distance between colleges and facilities, accidents related to clinical practicum, and difficulty in supervision.

## Discussion

Bradley (1996) stated the difference between community health nursing and home health care nursing: community care nursing is continuous and focuses on primary prevention and health promotion of populations; while home health care nursing is episodic and focuses on individ-

uals and families who have illness and disability. Long (1995) suggested that home health care curriculum should be an independent subject, because targets are different. Providing community nursing and gerontological nursing is essential as a prerequisite. Although the goals of the home health care nursing course were similar among the national nursing junior colleges, there were no clear statements about the subjects to be focused on. This may cause several problems such as when and how much needs to be taught, and whether the subject needs to be independent. Although the demand for home care services is increasing rapidly with the aging of the population, the target patients of home health care nursing range from children to the elderly (Harrington, 1991). The subject of home health care nursing is also taught as an extension of principles of hospital nursing care to continued home health care nursing that requires management skills and leadership; promoting the proper understanding and application of home health care nursing is essential (Pender et al., 1992; Milone-Nuzzo, 1997). According to the present analysis, the level, hours and units were dependent on the type which each college chose. In order to understand the principle properly, the subject should not be taught at the entry level of nursing. Variations or differences in course titles, contents and teaching methodology are probably due to different definitions of home health care nursing subjects among the colleges. Shortage of faculty members deteriorates this situation. Thus, it is imperative to have open communication with faculty members in other disciplines. When communication is weak, the teaching objectives of home health care nursing are blurred. The present results indicated that the majority of colleges have planned to implement the curriculum but have not yet implemented it. Neighbors and Monahan (1997) reported that basic skills were required in home health care nursing in junior college nursing students, suggesting that those skills could be supplemented by having various related courses, demonstrations and clinical practicum (externship). However, there are additional technical procedures common to the home care setting

because patients' acuity level becomes higher in home care (Neal, 1997): nursing curriculum should be adjusted, and associate degree programs should be adopted for changing the health care system and patients' needs.

In Japan, more than 80% of nurses are graduates of nursing schools or junior colleges. The majority of nurses in home health care nursing will most likely be from these schools. However, limitations in teaching hours and a shortage of faculty members make it impossible to teach case management skills, patient education and guidance, application of techniques and skills, and research methodology to prospective nursing students who may make home health care nursing their career choice. Keating and Kelman (1988) suggested that home health care nursing should be divided into 2 areas: general home health care nursing managed by college graduates; and specialty home health care nursing by graduates of graduate or specialty programs. According to the American Nurses Association (1986), general home health care nurses should have assessment skills to diagnose complex biopsychosocial problems in the family, guidance skills in health, and skills in counseling and referrals.

The social needs for home health care nursing is high, but it is not a satisfactory solution to simply add a home health care nursing course and clinical practicum in the nursing curriculum. The majority of answers to this survey have demonstrated that home health care nursing should be taught systematically under community nursing. However, current conditions in national nursing junior colleges do not allow this, and conversion of junior colleges to 4-year-course nursing colleges is desired. Further, training of faculty members in this discipline is needed immediately. Otherwise, it is difficult to teach the subject to nursing students. Therefore, it is imperative to make a plan or policy for training of faculty members.

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