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NEWS FROM JACHN

Topics of Japanese Community Health Nursing

1. COVID-19 and Community Health Nursing in Japan

1) Overview of COVID-19 in Community Health Nursing Practice in Japanese Ministry of Health, Labor and Welfare

Kyoko Yoshioka-Maeda

Chief senior researcher, Department of Health Promotion, National Institute of Public Health, Saitama, Japan

With the outbreak of COVID-19 in China, the World Health Organization (WHO) declared a public health emergency of international concern in January 2020[1]. Maintaining the healthcare system in each community is a crucial issue. After facing several waves of the epidemic in 2020 (1), the Japan Ministry of Health, Labor and Welfare (MHLW) has asked each health center to estimate the number of personnel and hospital beds needed to respond to the maximum demand for COVID-19 patients in June 2020[2]. For balancing infection prevention and socioeconomic activities, the MHLW annovnced future initiatives on 28 August 2020[3]. To further reduce the burden on public health centers (PHC) and hospitals, COVID-19 patients with minor or asymptomatic conditions are treated at their homes[3]. Additionally, expanding the polymerase chain reaction test (PCR) and securing the health and medical care delivery system is a crucial measure for early detection and keeping sustainable service provision to community people[3].

Securing staff is an urgent issue for each local government. The World Health Organization (WHO) highlighted the necessity of considering task sharing, securing staff, and task shifting[4]. With regard to securing staff, the MHLW and the Ministry of Internal Affairs and Communications developed a scheme to supporting the dispatch of public health nurses (PHNs) and other professionals among local governments and from related academic societies and organizations to enable emergency response across prefectures[5]. In cases of particular urgency the WHLW would coordinate the dispatch of the PHNs without waiting for notification from the prefectural government. Additionally, each prefectural government would prepare to establish a human resource bank to register potential PHNs in 2021. With regard to task sharing and shifting, the MHLW emphasized reducing the workload of PHCs and reexamining the tasks that can be reduced or postponed, and outsourcing work. The MHLW showed good practice regarding developing sustainable health service systems and resource allocation[5]. Furthermore, due to the increasing number of people entering Japan with the easing of entry restrictions from some countries and consulting with foreign residents in Japan, the MHLW started telephone interpretation services to

public health centers in December 2020. This service covered six languages, including English, Chinese (Mandarin), Korean, Spanish, Portuguese[6].

Managing limited human resources and providing specialized care for COVID-19 patients in each community, and developing sustainable health and medical care systems is crucial (Yoshioka-Maeda et al., 2020; WHO, 2020b). The MHLW has provided technical support for local government for combating COVID-19 and saving community-dwelling people's lives.

【References】

1) World Health Organization: Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV). https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov) (4 January 2020).
2) Japan Ministry of Health, Labor and Welfare: Kongo wo misueta hokenshi no soku ou taisei no seibi ni tsuite. https://www.mhlw.go.jp/content/000641920.pdf (4 January 2020).
3) Japan Ministry of Health, Labor and Welfare: Shingata corona virus kansenshou ni kansuru kongo no torikumi. https://www.mhlw.go.jp/content/10900000/000664804.pdf. (4 January 2020)
4) World Health Organization: Operational considerations for case management of COVID-19 in health facility and community. Interim guidance 19 March 2020. Retrieved:https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf?sequence=1&isAllowed=y.
5) Japan Ministry of Health: Labor and Welfare and Ministry of Internal Affairs and Communications. Hokensho ni kakaru 'shingata corona virus kansenshou ni kansuru kongo no torikumi' ni tsuite. https://www.mhlw.go.jp/content/000680239.pdf (4 January 2020).
6) Japan Ministry of Health: Labor and Welfare. Hokensho ni okeru shingata corona irus kansenshou ni shisuru denwa tuuyaku service nit suite. https://www.mhlw.go.jp/content/000710395.pdf (4 January 2020).
7) Yoshioka-Maeda K , Iwasaki-Motegi R, Honda C: Preventing the dysfunction of public health centers responding to COVID-19 by focusing on public health nurses in Japan. Journal of Advanced Nursing, May 4: 1–2, 2020, doi: 10.1111/jan.14409.

2) Voluntary Consultation in COVID-19 from Japan Academy of Community Health Nursing

Sanae Haruyama

Chair of Committee for Improvement of Disaster Relief

The Japan Academy of Community Health Nursing (JACHN) began its COVID-19-related support activities in March 2020 by supporting a Hokkaido COVID-19 countermeasures team in response to a request from the Ministry of Health, Labour and Welfare (MHLW). I set out to Hokkaido with another member of the JACHN to sort out issues in public health activities and advise lead public health nurses. In addition, roughly 20 JACHN members with experience in public health center activities and home care support gathered and organized information on severely ill patients to support the MHLW surveillance team.

In the second wave of COVID-19, which occurred from June to August, about 10 JACHN members supported public health centers in Tokyo and other regions where infections were prevalent. This support included consultations by phone, observing the health of patients recuperating at home and people who had close contact with COVID-19 patients, proactive epidemiological surveys, and preparing checklists to prevent infections at facilities such as elderly care facilities.

These JACHN members also advised lead public health nurses on matters such as securing support staff and constructing a system for accepting support.

In Japan, the spread of COVID-19 has forced public health centers to take on more duties. As a result, the maintenance and enhancement of public health centers' functions have become major issues. The MHLW has created a personnel bank to support public health centers in dealing with COVID-19 and has asked the JACHN for its cooperation. The third wave, in which COVID-19 spread widely from December to February, required networks of all government offices in infected regions throughout the country and securing personnel from outside municipalities dealing with infections and elsewhere to support public health centers. These requirements in turn called for a reexamination of organizational structures and management for accepting large numbers of personnel. Constructing a system for accepting support is not easy when dealing with ever-growing numbers of COVID-19 patients. The JACHN, which has registered with the MHLW's personnel bank, has not only supported the implementation of epidemiological surveys and health observation but has also used its previous support experience to support the management of incoming personnel; this management involves the placement and duties of personnel, orientation in those duties, and the provision of materials. Even as we speak, JACHN members are providing support to local public health centers and other facilities as the spread of infection demands.

Our experience in the ongoing pandemic has brought the roles of the JACHN into focus. These roles include operational support, support for lead public health nurses in regard to COVID-19 countermeasures and management for accepting support, and learning and transmitting public health nursing findings related to COVID-19 countermeasures.

3) Collaboration among Public Health Nurses Belonging to Municipalities or Public Health Centers Toward Countermeasures Against the Novel Coronavirus

Hatsumi Yamazaki
Director of Public Health Planning, Kobe City Health Bureau

Kobe is a designated city with a population of around 1.52 million people. There are 224 public health nurses working in 39 departments across 32 divisions at city government and 9 ward offices.

Under normal circumstances, a total of 5 managers and staff members (public health nurses and administrative staff) led by the public health director (a physician) are responsible for policy planning and coordination related to communicable disease. In addition, area-based public health nurses, who are responsible for maternal and child health, adult and elderly health, and comprehensive community care support, handle matters related to infectious diseases in the community.

The outbreak of COVID-19 is recognized as a public health crisis, and all of Kobe's public health nurses are involved in the fight against the virus while continuing to carry out their regular duties. A system allowing flexible support to be provided was implemented jointly by the administrative staff of the human resources division and the heads of each department.

Since the first case of COVID-19 was reported in Japan, public health nurses at city government and each ward office worked together to share information and ensure the smooth handling of matters at each phase of the project.

A consultation center was set up in city

government early on, and relevant information was shared with the public to raise awareness and prevent panic in the community. In addition, staff worked to improve the system by participating in the establishment and operation of treatment facilities.

With respect to the care of COVID-19 patients, ward-based public health nurses assessed patients at home or at medical facilities and advised them regarding whether they should stay home from work or be hospitalized. To determine the source of infection and prevent the spread of further infection, patient interviews were conducted to collect information about symptoms, behavior history, and workplace contacts and patients were instructed on proper disinfection techniques. The role of public health nurses is to obtain accurate information, prevent patients from becoming seriously ill, and minimize cluster outbreaks by collaborating with medical institutions and social welfare facilities. Public health nurses also raise awareness about environments and behaviors associated with high risk of infection.

The individual responsibilities of public health nurses vary widely in terms of quantity and quality. Accordingly, they may be actively involved in planning and manualization, with the goal of preventing the spread of infection through cooperation with administrative staff, support from university faculty, outsourcing, and other multidisciplinary efforts.

Lastly, public health nurses have never experienced a situation similar to the current COVID-19 pandemic and it can be difficult to obtain information useful for public health guidance. We sincerely hope that this experience will lead to the establishment of a network that enabling public health nurses to share such information on a global level.

2. Best Research Awards of Japanese Community Health Nursing

1) Mothers' Process of Avoiding Radiation Exposure by Fukushima Daiichi Nuclear Power Stations Accident

Hitomi Matsunaga
Atomic Bomb Disease Institute Nagasaki University, Department of Global Health, Medicine and Welfare

Background: On 11 March 2011, the Great East Japan Earthquake caused extensive damage to Tokyo Electric Power Company's Fukushima Daiichi Nuclear Power Station (FDNPS), which resulted in the release of various radionuclides into the atmosphere. Due to the accident, many guardians of children evacuated to their hometowns because of anxiety about exposure to radiation and health effects for their children, even if their area was not under an evacuation order. However, the psychological and behavioral processes of these guardians have not been clarified.

Objective: The purpose of the study is to clarify the voluntary evacuation process of mothers of children under 6 years of age for the purpose of avoiding radiation exposure at the time of the FDNPS accident.

Method: A semi-structured interview was conducted with the 21 mothers and the data were analyzed following the trajectory equifinality approach (TEA).

Results: Immediately after the accident, mothers became aware of the serious damage caused by the accident via TV and radio, and then they began to collect more detailed information on social networking services (SNS) including Twitter, LINE and Facebook. There, mothers saw negative information about the accident. Moreover, they

encountered information from SNS stating that if they were to continue to live in their residential area, their children would begin to suffer various health consequences due to the accident from the radionuclides. At that same time, the Government of Japan said there were no immediate health effects from the accident. However, mothers did not trust the information from the government because they perceived general health symptoms such as cough, fever, and nosebleeds in their children as potential negative health effects from the accident based on information from SNS. From their experience, they began to distrust the information from the Japanese Government which said there would be no harmful health effects from the radiation caused by the accident. The mothers thought that if they continued to live in their residential area instead of evacuating, their children may experience more and more health issues that were attributable to their radiation exposure. Because of this, the mothers began to consider taking their children and evacuating the disaster area. In addition to considering whether to evacuate the disaster area with their children, the mothers also had to think deeply about how this choice would affect their family members, especially their husbands. However, while negotiating whether to evacuate the disaster area with their husbands, the mothers decided to give priority to their role as mother. As a result, they decided to evacuate the disaster area to provide a good life for their children.

Discussion: There is scientifically evidence that health effects on children living in affected area of the FDNPS accident did not occur[1]. However, the mothers recognized the possibility of future health effects children due to the FDNPS accident. When working as a regional nurse and providing support to the mothers, it is important to understand that they had to endure suffering and conflict prior to their evacuation. Even if mothers have incorrect knowledge about the accident and radiation health effects, we should understand their desire to protect their children from the accident.

【Reference】

1) Nuclear Emergency Response Headquarters of Japanese Government. Report of Japanese government to the IAEA ministerial conference on nuclear safety. The Accident at TEPCO's Fukushima nuclear power stations. Available at http://www.iaea.org/newscenter/focus/fukushima/japan-report/. Accessed 2020 January 21.

2) Psychological Process of Starting and Continuing to Quit Smoking among Outpatients in a Stop-smoking Clinic

Akiko Yoda
Saku University, School of Nursing

Purpose: The purpose of this study is to identify the psychological process of stopping smoking and continuing to be smoke free by outpatients of a Stop-Smoking Clinic.

Method: Six outpatients of a stop-smoking clinic were interviewed after visiting the clinic for three months, (from the initial visit until the last visit). Results were analyzed using a modified grounded theory approach.

Results: Various stages were observed within the process :from "developing the desire to quit smoking" and "preparing to organize one's feelings" at the initial visit, "seeing the light at the end of the tunnel, and relaxing a little" after starting to stop smoking by "consciously working to change one's mind to quit," and "definitely deciding to stop" by the end of the visits. Self-anxiety which decided smoking cessation at the initial visit changed to

feelings of confidence through the above-described process. It was observed that “self-anxieties decreased but could not be completely eliminated” even to the end, and these two processes mutually existed. However, psychological support by family and clinic staff encouraged the stopping of smoking.

Discussion: While anxiety regarding being able to continue to stop smoking were concurrently present, a psychological process where feelings of achievement in overcoming difficulties and gaining a feeling of self-efficacy were found to connect to the continuation of efforts to stop smoking.

3) Public Health Nurses’ Support Based on the Perspective of the Viability among Residents with Schizophrenia Who Are Untreated or with Interrupted Treatment

Keiko Matsumoto
Osaka City Health Center

In mental health, medical, and welfare measures, a “comprehensive community care system for people with mental disorders” has been established, and legal development is underway with the aim of “enhancement of early support for those who have been untreated or with interrupted treatment”. Under such circumstances, further enhancement of the support system for people with schizophrenia is required.

The ultimate goal of treating schizophrenia is to reduce patients’ mental symptoms, help them regain viability and hope for life, which are often lost due to various dysfunctions caused by schizophrenia, and enable them to live their own lives. Therefore, the viability of schizophrenic patients needs to be correctly grasped because it is not only important for treatment, but is also an important index related to a stable life in the future.

The purpose of this study is to clarify public health nurses’ (PHNs’) support in terms of the viability of residents with schizophrenia in the local community who were untreated or had interrupted treatment. In this study, semi-structured interviews were conducted with 10 PHNs experienced in mental health and welfare counseling at municipal public health centers. Transcripts of the interviews were analyzed qualitatively.

Their average years of experience were 23.2 years as a PHN and 3.4 years as a mental health and welfare counselor. There were four untreated cases and nine cases of interrupted treatment. Nine categories and 42 subcategories were extracted as PHNs’ support in terms of viability. For many of the cases they dealt with, it was difficult to provide continuous support.

The PHNs found the viability of patients from the context of relationships by continuously engaging with residents, and from their living environment, and they led patients to treatment. Viability is partially reduced when the patients’ conditions worsen due to lack of treatment or treatment that is interrupted. However, patients were able to live at home even if their viability declined, and the PHNs found that they had the ability to supplement patients’ viability. Therefore, the PHNs regarded patients’ power as viability, focused on it as giving the ability to continue living in the community, and PHNs provided support.

In this study, while PHNs were carefully involved in the lives of people with schizophrenia, the process of grasping the ingenuity and adaptability acquired by patients and the support skills of PHNs according to patients’ viability were clarified.

We believe that this information can be widely used in various types of difficult cases in the field of mental health in the future.

We aim to convey the support skills revealed in this study to PHNs and improve the quality of assistance for people with schizophrenia and their families from now on.

Finally, we would like to express our sincere gratitude to everyone who cooperated with this research.

3. "Community & Home Health Nursing" of the renew curriculum in nursing education in 2020

Ayumi Kono

Osaka City University, Department of Home Health Nursing

Japan is facing a declining birth rate and progressively aging population, and a well-designed health care system should be established in accordance with the Community-based Integrated Care System and Regional Health Care Plan, which were promoted by the government. Information and communication technology (ICT), including artificial intelligence (AI) or Internet of Things (IoT), is rapidly introduced to the field of clinical or long-term care and in many other industries. Workplaces of nurses who provide direct care to patients are extending to a wide variety of homes or facilities, not limited to traditional clinical settings including hospitals, outpatient clinics, or nursing homes. Nurses who bear health care of the next generation are expected to acquire competency in interdisciplinary collaboration and creativity to provide care to patients or clients with diverse and complex care needs.

Following these kinds of changes in the situation of our society, the fifth amendment of the Designation Rule for Certifying School of Nursing, which was previously in 2008, was conducted in 2020 according to the Health Policy Bureau, Ministry of Health, Labour and Welfare. Particularly, basic competency could be enhanced to provide nursing care for individuals living in various public health/clinical/welfare care settings with multidiscipline collaboration in the present revision.

One of the major revisions in our expertise of community health nursing is that the subject "Home Health Nursing" is revised to "Community and Home Health Nursing." Furthermore, academic credits for nursing lectures are going to increase from four to six credits to enhance nursing provided in community care settings. On achievement of the revised subject, nursing students could understand the characteristics and care needs of community-dwelling individuals and their families and acquire fundamental knowledge and skills and appropriate attitudes for providing nursing care in various community health and welfare care settings.

To date, "Home Health Nursing" was considered a subject in integrated nursing subject group, which generally should be provided to senior grade nursing students after nursing clinical curriculum focused on nursing in hospital. However, in the present revision, "Community and Home Health Nursing" was regarded as a major nursing subject, which should be provided to junior grade nursing students immediately after they learned basic nursing theories or methods. This revision intends for nursing students to study community and home health nursing throughout the course in the school of nursing, as all patients or clients come from their communities and go back to their communities, even though they have diseases or receive medical treatment in hospitals.

The amended rule will be applied in the nursing curriculum, including vocational nursing schools or nursing colleges nationwide from April 2022. Therefore, there is a challenge to clarify and introduce novel or significant aspects of community and home health nursing in nursing education programs.

The 24th Annual Research Conference of JACHN

Theme : New Challenges for Community Health Nursing in Inclusive society

Date : August 27- September 12, 2021 (On-demand streaming) , September 11-12, 2021 (Live streaming)

Chair : Emiko Kishi (Graduate School of Nursing, Toho University)

Program :

◆Chairperson's speech : Emiko Kishi

Community Health Nursing Toward Inclusive Society

◆Educational lecture ◆Symposium ◆Appointed workshop ◆Poster session ◆Workshop ◆Open lecture

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Date : January 7-9, 2022

Venue : Grand Cube Osaka (Osaka City)

Chair : Reiko Okamoto, PhD (NS), (Professor, Graduate School of Medicine, Osaka University)

Vice Chair : Tamami Matsumoto, (Executive Director of Public Health Nursing, Osaka City Government)

Website : https://www.gnphn.com/gnphn-6th-international-conference-japan-2022/

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Ayumi Kono (Osaka City University), Kaoru Konishi (Osaka University), Reiko Okamoto (Osaka University), Miho Hamayoshi (Bukkyo University), Kyoko Yoshioka (National Institute of Public Health)

Secretariat of JACHN:
162-0825 2F Ozawa-building, 4-1-1, Kagurazaka, Shinjuku-ku, Tokyo
TEL: +81-(0)3-5206-7431 FAX: +81-(0)3-5206-7757
MAIL: office@jachn.net