

Current Status and Challenge in Primary Care of Japan

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Received: 19 July 2018; **Accepted:** 08 August 2018**Citation:** Suzuki Y, Harada M, Kibe M. Current Status and Challenge in Primary Care of Japan. J Med - Clin Res & Rev. 2018; 2(4): 1-4.**ABSTRACT**

Introduction: In Japan, "PC Advanced Specialized Nurses Training Program" was established in 2015, and "General Practitioner" program in 2017. However, shortage of care workers is exacerbating in the face of super-aging society in 2025.

Purpose and Method: We report on the practice of practicum on community health nursing at the clinic of "Family Doctor". In addition, we clarify the current conditions and problems in the primary care (hereafter PC), in particular, nursing education. As a method, three researchers teaching nursing science reviewed the practices and had some speculations based on literature researches and the learning experiences from an inspection trip to Sweden.

Practice Report: Nurses (hereinafter Ns) elicited students' thoughts and feelings by effective questioning and empowered them to comprehensively interact with subjects.

Results and Discussion: Based on our observations, we speculate that the interaction with PCNs elicited the motivations of students, leading to the understanding of PC. Verification of its effectiveness is a remaining subject. "This is not an Ns basic education system that can cope with super-aging low-birthrate society (Kumagai)." Practicum by PCNs is important.

Keywords

Primary care (hereinafter referred to as PC), Clinic, Community health nursing practicum.

Introduction

The shortage of human resources in the fields of health care and nursing care is called "Year 2025 problem" in Japan because its aging rate has reached 27.3% [1] and because it will become a super-aging society in 2025 where almost 1 out of 5 people are 75 or older [2]. The nursing care of Japan is in a harsh situation. Specifically, it is projected that Japan will need additional 380,000 nursing care experts [3], 80,000 doctors responsible for home medical care [4] and 130,000 nurses at a maximum (herein referred to as "Ns") [5] in 2025.

Given only seven years remain until 2025, the significance of PC has been gaining particular attentions.

Purpose of Study

The practice of a practicum on community health nursing at the

clinic of a "family doctor" is going to be reported. Accordingly, the current status of PC in Japan, the status and challenges in its nursing education in particular, will be revealed.

Method of Study

(i) The practice of a practicum on community health nursing at the clinic of a "family doctor" is reviewed. (iii) Three researchers teaching nursing science at respective universities hold discussions (ii) based on literature researches and the learning experiences from an inspection trip to Sweden.

Definition of PC

The National Academy of Sciences (NSA) defines PC as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." They say that 80 to 90% of health problems in the community can be handled within the range of PC [6].

The shortage and uneven distribution of doctors has been growing into a serious problem in Japan due to fuzzy functional differentiation among medical institutions, large-sized hospitals' strong preference for specialized physicians, and further the arrival of the aging society with a high death rate. In association with emerging negative effects of the fragmentation of advanced medical care as well as medical care and nursing care that have been developed through specialization, the necessity of integrated, comprehensive care and systemization have been emphasized [7] and a wide range of efforts including the community comprehensive care system made. After 30 years had passed since the start of discussions on "family doctors" responsible for PC with the launch of the "Panel on Family Doctor (1985)" by the former Health, Labour and Welfare Ministry of Japan, the "General Practitioner" program was established in 2017 as a field of the faculty of medicine [8].

In the field of nursing, in 2000, the Health, Labour and Welfare Ministry of Japan began to discuss the expansion of roles of Ns as a measure for alleviating problems including the shortage and even distribution of doctors as well as overworked doctors. Also, Japanese Nursing Association has been taking various measures with proposing the building of a nursing supply system in the context of community comprehensive care. For addressing Year 2025 problem, Japanese Nursing Association has, as an index of practical nursing skills common to all nurses at any working place, been designing and utilizing a "Nursing Clinical Ladder" program for having them acquire practical skills based on the four skills such as those to understanding needs, to care, to collaborate and to support decision-making. In addition, "Training System for Nurses Pertaining to Specified Medical Acts" has been put into practice since 2015 [9].

In 2015, the "PC Advanced Specialized Nurses Training Program" was newly established in a graduate school [6]. Likewise, Japan Primary Care Association has already set up a system to grant a certification to PC doctors and PC pharmacists. Meanwhile, however, the launch of a PC Ns certification system has been facing troubles. In 2018, with regard to the Nurse Practitioner System in which Ns are, while performing their own duties as a nurse, authorized to provide a certain level of diagnosis and medical treatment without receiving any instruction from doctors, efforts have been made in Japan toward the building of the "Nurse Practitioner (tentative)" system considering the current situation where Ns in other countries enjoy their increasing discretionary power [9]. Although people are reluctant to use the words of PC in Japan, the purposes and contents to build a community comprehensive care system have been designed in various forms and in the same direction as PC is heading.

We have had the privilege of practicing a practicum on community health care and doing a collaborative study on effective learning methods with Ns practicing PC nursing at one of the few clinics of a "family doctor".

Practice of community health nursing practicum at the clinic

of "Family doctor"

There are only a few doctors and Ns working with an awareness of their own activity as PC in Japan. In addition, patients who receive PC often do not understand what the word means.

At one of our facilities for community health nursing practicum, 9 family doctors, 8 part-time family doctors, and 14 residents of family doctor (total 31 doctors) were coincidentally working there. In other words, it can be said that the facility would be "Magnet hospital for family doctors" which also serves as an educational institution of family doctor. The subjects of medical treatment are family medicine, internal medicine, pediatrics, obstetrics and gynecology, dermatology, and rehabilitation as covering all ages from infant to the elderly. The facility also has a dental treatment center and provides visiting health examination, visiting care, and sick child daycare. In addition, it also actively carries out a local preventive activity such as sex education at junior high school. 18 Ns were working at the clinic. When I interviewed the head Ns how and why she started PC nursing, she answered that she could learn and was stimulated from a family doctor as a co-worker. Ns at the clinic learned PC nursing and conducted research activity as a member of Japan Primary Care Association. She also gradually implemented uncommon preventive visiting care at the clinic.

Then, we found a high communication skill of PCNs at the clinic. Since we have previously learned behavioral science, we noticed their superior skills in terms of approval and effective question on the basis of behavioral science by seeing a relation with patient's family/students and patient's response or observing a way of involvement and patient's reaction. While asking an effective question "What would you like to do?" to a student after accurately explaining the condition with checking a level of comprehension, PCNs provided comprehensive care to patient's family by eliciting a student's thought and desire. It seemed that a student observes situations where motivation and a zest for living can be elicited or empowered mainly by a relation with a patient, then it eventually leads to a comprehension of PC by discussion with Ns. We also understood the effectiveness and significance of PCNs practice through observation and student's comment/response.

The community health nursing curriculum in the university positioned PC as an important term. Thus, we discussed with students for PC relatively frequently even in the class of community health nursing. Furthermore, Ns at a practicum facility (principally the head Ns and us as faculty members) organized the concepts in relation to PC definitions and primary health care by bring the texts of "PC nursing [6]" at the time of the meeting for community health nursing practicum. Then, we were engaged in the activity by cooperating with practicum instructions for students through discussing our recognitions and PC in Japan.

Results and Discussion

According to the results for exchange of views between the clinic Ns and the patients as well as the contents of student's practicum record, it was assumed that a relation or involvement by the clinic Ns may possibly lead empowerment to motivate students and a

deepening of comprehension for PC. Ns mentioned a learning and stimulation from family doctors and also conducted research activity together with them as a member of Japan Primary Care Association. It was also assumed that there would be a mutual empowerment between doctors and Ns and a positive influence over team cooperation and patients from a viewpoint of importance on the dignity of PC. Moreover, it was considered that such activity would lead not only to a good service quality with a synergistic effect from a favorable relation but also to an effect on student advising. However, it could not lead to achieve for a review on the effectiveness of practicum. It will be future issues to conduct the empirical research such as positive influence of practicum advising by PC nursing practitioners and desire/learning process of students.

Later, for practicing valuable community health nursing practicum under the guidance of these PC practitioners, we successfully accomplished to summarize the actual practices in cooperation with the clinic Ns and reported it to Japan Primary Care Association in 2017. The paper contents are described in reference to the practice report [10] presented at the time.

Then, we discuss a review of community health nursing practicum at the clinic from our experiences as an instructor actually involved in the practicum for a long time. The practicum facility for community health nursing has been noted for specialized public health institution mainly with a purpose of prevention such as a public health institute and health center. Clinic was also considered as a candidate when it was difficult to secure a practicum facility. The contents of community health nursing practicum at ordinary clinics simply provided an observation tour or visit for health guidance to patients mainly at the department of physical examination. There used to be little chance of learning from clinic Ns regarding PC function/clinical approach by clinic, methodology, and comprehensive care including family and community. For learning significance and method for a perspective of entire community and comprehensive care to patient's family, it highly requires an effect and necessity to comprehend PC and also learn PCNs in a practical manner.

Literature Review

We searched foreign literature with "PC", "nursing", and "education" as the keywords as well as Japan's CINI literature. We subsequently compared both results in terms of the times of writing and the number of articles. The searching of articles by Pub Med retrieved 369,146 references to "primary care" in 1879 and after, 37,238 references to "primary care nursing" in 1946 and after, 12,516 references to "primary care nursing education" in 1965 and after, and 149 references to "primary care nursing education in Japan" in 1980 and after.

The searching of domestic literature discovered 7,989 mentions of "PC" in 1972 and after, 193 mentions of "PC + nursing" in 1978 and after, two mentions of "PC nursing" in 2007, and 32 mentions of "PC + nursing + education" in 1977 and after. It was also found that the first domestic article was published 93 years after the

first foreign article. By the way, domestic research papers on PC nursing education have been as few as two in number up until now.

The trend of community health nursing related to PC nursing

In Japan's nursing education, "public health nursing" was compiled into "community health care nursing" in 1997 due to a rising necessity of including the teaching of continued nursing aimed at home care patients. In 2008, "continued nursing" was considered to be taught enough in "home care nursing theory". Following this view, "continued nursing" was renamed "public health nursing" in 2014 [11]. An integrated curriculum was carried out up to 2013 under a lofty philosophy to give the same education to all nurses and public health nurses. Since it was not easy to produce good results, however, the educational policy was changed to provide public health nurse education in a selective course after the completion of fundamental nursing education and in a graduate school course.

"Home care nursing theory" has since been expected to play a substantial role in raising professionals who will take up responsibility for a comprehensive community care system [12]. As a result, the elements of "the community health nursing theory" that vanished as an educational subject is now incorporated into "the home care nursing theory". The content of "the community health nursing theory" is evolving, drawing closer to the intent and methodology of PC.

Experts have recently raised their concern that fundamental nurse education fails to respond to the super-aging society with a low birth rate, as pointed out in the document for the sixth meeting to examine the vision of the working styles of doctors and nurses based on the new medical principles. As a countermeasure, they propose boosting the PC ability [13].

Tour to Sweden

In search of the best direction of the home care nursing theory covering the community, the author participated in a training opportunity provided by the 2017 Swedish comprehensive community care system tour. During the tour, we visited urban elderly people services and nursing homes, taking explanations from persons in charge in respective municipalities. We also visited a municipal hospital after listening to the briefing by a home care Ns on terminal care.

The aging rate in Sweden reached 18 percent in the early 1990s. It is now 20 percent on a slower rising curb than in Japan. The Ns explained how they would play increasingly important roles in the future in order to strengthen the home care and treatment system. The nursing home we visited was staffed with under-nurses in a greater number than the inmates. The Ns repeatedly emphasized the importance of dignity-focused care on the basis of the philosophy of person-centered care ("PCC"). In terminal care, they talk with the family of the patient when the time of his death is anticipated and the doctor writes a death certificate as the death is imminent. At the final moment, Ns comes to his bedside, confirms his death, records the time, and files the certificate.

Summary

Efforts are underway in many parts of Japan toward the construction of a comprehensive community care system. Model projects are also in place. In spite of large disparities between communities, these efforts are supported by ardent activities of doctors, nurses, and care workers [14]. In tandem, PCNs service training has gradually started [15]. The philosophy and methodology of PCC have taken root deep in society together with a nursing care-focused system. Also noteworthy is the move to reinforce Ns functions furthermore based on continuous evaluations. In contrast, Japan needs to expedite the improvement of a high-quality comprehensive nursing care system.

This time, the author looked back on her crucial experience of practicing the community health nursing theory at the clinic of "family doctors". Indicated, as a result, were the meaning and efficacy of learning from a community clinic and PCNs working there as a way to understand the perspective of the community as a whole and the significance and method of providing inclusive care for the patient and his family.

In nursing education, concerns are raised that fundamental Ns education fails to respond to super-aging society with a low birth rate [16]. Under such circumstances, the author desires to construct the methodology of learning PC nursing and develop community health nursing learning facilities.

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