

Topics: Recent topics in public health in Japan 2022

< Review >

Historical transition and contributions of the continuous training programs for public health nurses at the National Institute of Public Health

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Abstract

Objectives: This literature review aimed to explore the historical changes of basic education and continuous training after employment for public health nurses (PHNs) at the National Institute of Public Health (NIPH) to improve future human resource development.

Methods: We searched the published literatures using the search engine for the Web of the Japan Medical Abstracts Society, and manually for the Japanese journal for PHNs and the Journal of the NIPH. Additionally, we collected information regarding training programs which the NIPH provided through a memorial magazine, chronology, annual report of the NIPH, and achievements report of the Faculty of Public Health Nursing at the NIPH.

Results: The NIPH has provided two kinds of training programs for public health staff; one is the short-term training programs and the other is the long-term ones. Due to changes in social conditions, PHNs must constantly update their knowledge and skills to resolve community health needs accordingly. Since the enacting of the Public Health Nurse Regulations (*Hokenfu kisoku*), PHNs have consistently resolved the community health needs and developed healthcare systems and policies. Except for a period before World War II (WWII), the NIPH has consistently been responsible for providing a continuous educational program for PHNs to improve the practical level of PHNs with a national qualification. Additionally, the literature review showed that the NIPH had provided the training programs for the present and future leaders of PHNs.

Conclusion: The literature review showed that the NIPH provided continuous training courses for the human resource development of PHNs according to the change of era and health and life-related issues. In the future, we would forecast the community health needs and provide educational programs regarding their leadership development. Additionally, we would be needed to support the PHNs who have finished each educational course to conduct more effective human resource development at each local government.

keywords: public health nurses, public health nursing, history, continuous training, human resource development

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I. Introduction

In Japan, the history of public health nursing started in the Meiji era (from around 1886) when the modern nation began, and developed in the Taisho era (from around 1923). The Public Health Nursing Regulations (*Hokenfu kisoku*)

was legislated in 1941 [1]. The Japanese public health nurse is a public health specialist with a national qualification. The main place of employment is the administration of a municipality, prefecture, and public health center (*Hokenjo*), which is the frontline authority of public health established by the local government. The total number of public health nurs-

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es (PHNs) who have worked at public administration was 36,161 in 2021 [2].

PHNs have contributed to improve the mortality rate of infants, preventing infectious diseases including tuberculosis, suicide, and lifestyle-related diseases [3]. Recently, PHNs have been required to respond to health emergencies, including the frequent occurrence of large-scale disasters and the COVID-19 pandemic, making the role very diverse. Due to the changes in social conditions and public health issues, PHNs must constantly update their knowledge and skills to resolve community health needs accordingly. Therefore, several laws stipulate the need to receive continuous training after employment and basic education [4].

The former National Institute of Public Health (former NIPH) was established in 1938 with support from the Rockefeller Foundation [5] as one of the national research institutes of the Ministry of Health and Welfare and provided educational training programs (*yosei kunren*) for public health staff. The former NIPH integrated with the National Institute of Medical and Hospital Management and a part of the Department of Oral Science from the National Institute of Infectious Diseases in 2002. Until today, the NIPH continuously provided educational training programs except in 1944 and 1945 during WWII, as the former NIPH.

This literature review aimed to explore the historical changes of basic education and continuous training at the NIPH for PHNs employed at the administration to gain suggestions for future human resource development.

II. Methods

The literatures published from 1947 to 2021 were searched using the Web of the Japan Medical Abstracts Society (Ichu-shi) with the keywords “PHN (hokenshi/hokenfu),” “public health nursing,” “history,” “continuous training,” and “human resource development.” Due to the limited number of the literature, we also hand searched the Japanese journal for PHNs and the Journal of the NIPH. One hundred and seventy-four articles were identified. Additionally, we collected information regarding training programs, which the NIPH provided through a memorial magazine, chronology, annual reports of the NIPH, and achievement reports of the Faculty of Public Health Nursing at the NIPH.

III. The history of the public health nursing in Japan

1. Beginning of public health nursing activity in Japan

In Japan, public health nursing started in Kyoto nursing school that provided visiting services for community people

[6]. The Saiseikai group developed this practice in 1923[7]. The practice of PHNs aimed to support community people who faced economic difficulties and had infectious diseases, including trachoma and tuberculosis, and to prevent these diseases. In 1916, the Ministry of the Interior established the Public Health and Sanitation Investigation Committee to improve the mortality rate of infants, tuberculosis infection control, and other public health issues. This Committee contributed to the improved public health [7].

PHNs’ support includes not only individuals and families, but also the community. Through methodologies such as health education and organization of local residents, PHNs worked to help residents solve local problems by themselves and developed activities in the region.

2. Public health nursing activity in wartime

In 1937, the Act on Public Health Center had clearly defined the name of PHN for the first time and positioned it as a job title working at local governments [7]. The national conference on social PHNs, held in 1940 and 1941, discussed qualification levels and professional organization of PHNs (Figure 1)[8,9]. To qualify PHNs, the public health nurse rule, which was legislated in 1941, defined the contents of daily practices and specified the qualification requirements of PHN. The daily practices included health guidance for preventing infectious diseases and improving maternal and child health, supporting medical treatment for the person with injured and sick, and others.

Additionally, the national government notified “on establishing of PHNs” in 1942. PHNs were stationed at public health centers, health counseling centers, local government offices, and police stations and were required to make rounds in their assigned districts to provide health guidance for pregnant women and infants and tuberculosis patients [10].



Figure 1 Inauguration ceremony of the national conference on social PHNs (November 29, 1945) at: National Institute of Public Health

3. Postwar public health nursing activity

After WWII, the General Headquarters (GHQ) promoted policies on public health and its systems based on the GHQ memorandum in 1945 [11]. In 1946, the “Constitution of Japan” was promulgated, and Article 25 stipulated the right to live. The national government’s duty has strived to improve and promote social welfare, social security, and public health [11]. At that time, the primary health issues were poverty, hunger, and tuberculosis. PHNs tried to promote community-based activities to improve these problems.

Health problems have changed along with changes in social conditions. The leading health issue in Japan was the guidance for maternal and child health in the 1950s; supporting the disabled in the 1960s; and the health of older people in the 1970s (Figure 2) [3]. These issues that PHNs deal with have not been fully resolved, and new health issues have been piling up. PHNs have contributed to protecting residents’ right to live and improving community health by developing various health care systems to solve these issues. In 1948, the Act on PHNs, Midwives, and Nurses was enacted. The PHN was defined as those who engage in health guidance as a career with national qualifications [7].

IV. Basic education and continuous training programs for PHNs

1. The history of basic education for PHNs

Basic education for PHNs was provided by the Japanese Red Cross Society from 1928 to 1937 to train excellent registered nurses to work in public health nursing. The St. Luke’s College for women also began the same training in 1930 [7]. Training schools for PHNs nationwide and social work associations were established based on the Public Health Centers Act in 1937 [12].

After WWII, based on the Act on PHNs, Midwives, and Nurses, the requirements for educating PHNs were stipulated to be at least one year of education, in addition to three years of nursing education. Additionally, the curriculum was revised, and education for PHNs was mainly provided in one-year vocational schools and junior colleges. In Japan, the education of PHNs at universities began in 1952 [13]. As of the fiscal year 2020, the number of schools for training public health nurses is 294, and more than 90% of them are universities [14].

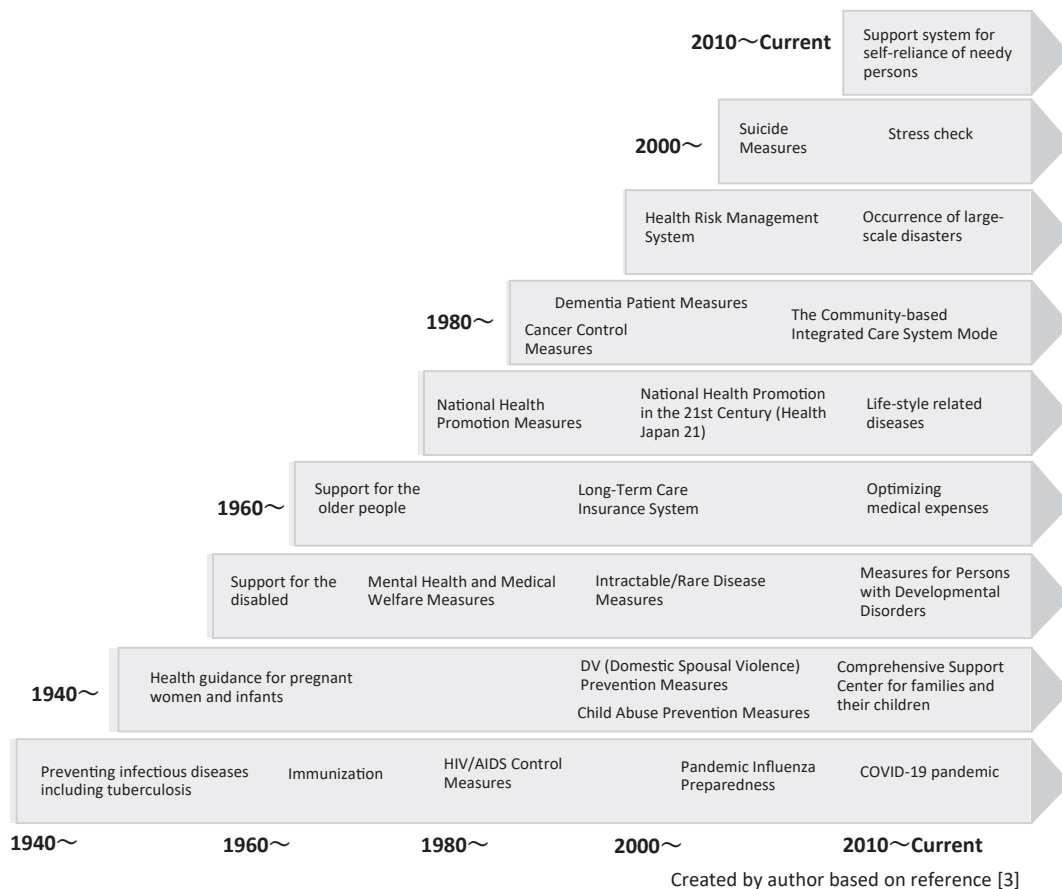


Figure 2 Historical transition of health issues addressed by public health nurses in Japan.

2. The continuous training programs for PHNs at the NIPH

The NIPH has provided two kinds of training programs for public health staff: one is the short-term training programs and the other is the long-term ones [5,15-19].

1) The short-term training programs

The total number of PHNs who completed the short-term training programs from 1940 to 2020 was 4991[18].

(1) Before WWII

Before WWII, the training programs for PHNs in the NIPH began in 1939 to make up for the nursing education and to acquire new knowledge and skills of public health nursing. Additionally, since 1940, the public health guidance course was started. However, this course was suspended for two years due to WWII. This training course was the first step of providing basic education for PHNs by the NIPH.

(2) After WWII

① Re-education course for the chief PHNs

After WWII, from 1946 to 1947, there was a five-month re-education course for the head PHNs and other senior PHNs officials. This course was offered only once and was renewed in the following year. From 1947 to 1949, Ms. Kaser was dispatched from the Nursing Division of the Public



Figure 3 Practice scenery of the public health nursing: Bathing of neonates



Figure 4 Practice scenery of the public health nursing: Home visit of the medical treatment person

Health and Welfare Bureau of the GHQ, and educational programs were conducted under her supervision. The educational program was changed to a four-month course and focused on making up for the education in the past and on basic nursing education. The course was open to both head PHNs and their staff PHNs. The issues of this educational program were the wide range of qualifications and the difficulty in fulfilling the needs of all participants [20].

(Figures 3 and 4)

② The training programs for managerial positioned PHNs

In 1958, the training program was revised to a three-month course for the managerial positioned PHNs focused on learning the importance of public health nursing management tasks. To improve the issues of training programs of NIPH, the target of the training program was a PHN with approximately ten years of experience and who would soon promote a chief PHN in 1963. The survey conducted in 1965 revealed that 26.8% of the head PHNs had not taken the course, and thus educational needs for them arose from the prefectural head nurses [20]. A curriculum for the head PHNs was implemented only for three years, starting in 1966. This course was provided with the same content until 1974 for other PHNs.

In 1975, considering the actual situation of PHNs' activities and the effectiveness of the training, the years of experience as PHN necessary to participate in the course were changed to seven years or more focused on the mid-level PHNs. The training period was shortened to one month. From 1977, the educational programs provided specific topics following the changes in public health works and the specialization of knowledge and skills. The target audience was expanded to mid-level PHNs with at least seven years of experience.

In 1980, the new educational course focused on public health nursing management was started for the general PHNs and the head PHNs until 2008. This program included group works in addition to lectures. The survey for the participants who completed the course showed that many of them are working as leaders in their local government and as instructors to their staff. Additionally, they continued to interact and work with NIPH even after completing the program [21]. Since the fiscal year 2009 to 2014, the NIPH provided two kinds of educational programs for PHNs: one was focused on the practical management of public health nursing and the other was for the human resource management. Additionally, since 2015, the two courses have been combined, and the NIPH has provided it as one program [22].

③ The training programs for mid-level PHNs

In 1991, a new one-month course was established for

PHNs with five to fifteen years of work experience to improve their practical skills due to the lack of training courses for practical leaders of PHNs. There were two aims of this program. First was learning the methodology to develop efficient public health nursing activities. The second was developing the essential skills for future leadership as a manager [17]. This program was renewed in 2007 and 2015 to focus more on gaining a comprehensive understanding of the expected roles in public health nursing and the leadership needed to promote higher quality public health nursing activities [22].

④Start of a new training program for director PHNs

In 2013, the National Guidelines for Public Health Nursing practice showed the necessity of assigning a director PHNs [23]. The NIPH started a new educational program for them in 2016 [24]. The program aimed to acquire the ability to conduct a supervisory role in each local government, to promote cross-organizational coordination, and to conduct health activities comprehensively. Additionally, the total number of PHNs has increased and they have been assigned to various departments [25]. Therefore, supervising PHNs is needed to comprehensively solve local health issues with cross-organizational coordination.

⑤The short-term training programs focusing on resolving the health issues

The NIPH also has provided short-term training programs for PHNs and other health and welfare staff of local governments. In 1980, we provided educational programs regarding health issues of older adults, adolescents, and young adults. In the 1990s, the NIPH started a health information processing technology training course with the support of the national government. Since 2000, training courses on preventing acquired immunodeficiency syndrome (AIDS), child abuse, and lifestyle-related diseases and supporting people with intractable diseases have been offered [26]. In 2021, 38 training courses are provided in the four fields of “community health,” “medical care and welfare,” “living hygiene,” and “information and statistics” [27].

2)The long-term training course

The total number of PHNs who completed the long-term training course from 1950 to 2020 was 1471 [18-19]. This course aimed to train full-time faculty members of PHNs’ training schools and provide long-term systematic education. Since 1956, dietitians and health educators could also join this course. Additionally, PHNs, midwives, and registered nurses joined this course in 1964 [5].

Additionally, since 1961, the joint field training program has been conducted to train the team approach to community health planning [28]. The curriculum was to conduct practical activities for trainees of various health professions

[29]. The emphasis is laid on both the scientific analysis of data obtained through surveys conducted by trainees themselves and the teamwork in planning community health programs (Figures 5 and 6) [28]. This program, with the cooperation of local governments’ staff such as PHNs, conducted community diagnosis in the field of local governments near Tokyo (Kanto district). Then, the results of the community diagnosis were reflected for planning health programs of each local government. Therefore, it was highly appreciated by the trainees and their workplaces and significantly promoted public health nursing activities [30].

In 1980, the educational system was reorganized, and a new graduate-level educational system was started for university graduates. The new curriculum was designed to allow participants to independently choose credits according to their primary and future specialty. Specifically, the curriculum consisted of compulsory courses on public health, elective courses in the major field, joint field practical training courses, and research on specific topics related to public health nursing [17].

According to a survey on the educational effects [31], the



Figure 5 A farmer's home studied by one of the student groups in the training for community health planning in team approach.



Figure 6 A student (left) is interviewing a young wife (right) and her mother in law. A view of the training for community health planning in team approach.

(GIO) and specific behavioral objectives (SBOs). Additionally, the program has been designed to obtain the pre- and post-training evaluations by participants. Therefore, this interactive evaluation system is one characteristic of our training programs.

IV. Conclusions

The literature review showed that the NIPH provided continuous training courses for the human resource development of PHNs according to the change of era and health and life-related issues. The health and life-related issues have become more severe and increased their complexities than before. PHNs should improve their knowledge and skills accordingly. The NIPH should provide more concentrated training courses to support the development smoothly from mid-level to expert PHNs considering career-ladder. In the future, we would forecast the community health needs and provide educational programs regarding their leadership development. Additionally, we would be needed to support the PHNs who have finished each educational course to conduct more effective human resource development at each local government.

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<総説>

国立保健医療科学院における保健師の現任教育の歴史の変遷と貢献

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抄録

目的: 本稿の目的は、公衆衛生看護の歴史に基づき、保健師の基礎教育と国立保健医療科学院における現任教育の変遷を整理し、今後の人材育成について示唆を得ることである。

方法: 文献検索は、医学中央雑誌Web, 保健婦雑誌/保健師ジャーナル, 保健医療科学を用いて、保健師の養成や教育および保健活動等に関する文献を抽出した。さらに本院の養成訓練に関する事柄については、記念誌, 年表, 業務要覧, 業績集等を参照した。

結果: 保健医療科学院は、公衆衛生従事者向けに短期研修と長期研修の2種類の研修プログラムを提供している。保健師が社会情勢の変化に即応しながら活動するためには、その知識と技術を常に更新していく必要がある。保健婦規則制定以来、保健師は一貫して地域の健康課題を解決し、制度や行政施策を展開してきた。国立公衆衛生院・国立保健医療科学院は、第2次世界大戦の期間を除き、保健師の継続的な教育プログラムを提供し、国家資格を保持する保健師の質の維持・向上のための責任を担ってきた。さらに、保健師の現任教育および将来のリーダー養成のための教育プログラムを提供したことが示された。

結論: 国立保健医療科学院は、時代の変化と健康課題の変遷に合わせてながら、リーダーとなる保健婦の人材育成のための継続的な養成コースを提供してきたことが示された。今後は、地域の健康課題を推測し、住民にとって何が必要なかを考え、リーダーシップを発揮できる保健師の人材育成をより一層推進していく必要がある。また、研修を修了した保健師が各自治体でより効果的な人材育成を推進できるように、さらなる現任教育の充実を図っていくことが課題である。

キーワード: 保健婦/保健師, 公衆衛生看護, 歴史, 現任教育, 人材育成