

## Topics: Recent topics in public health in Japan 2022

### < Practice Report >

## The roles and education system of public health nurses in Japan: With introduction of social workers as their collaborator

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#### Abstract

The outbreak of coronavirus disease 2019 (hereafter, COVID-19) has caused complex health problems. Public health nurses (hereafter, PHNs) in Japan have provided not only patients but whole community with care and comfort under this harsh period collaborating with wide range of relevant professions like social workers (hereafter, SWs). The purpose of this paper is to describe the roles and education system of PHNs and introduce SWs as their collaborator.

As generalist, PHNs take charge of specific areas and provide all residents with health programs to promote their health condition and well-being. There are four education ways to be a PHN. As human resource development, Ministry of Health, Labor, and Welfare launched the framework to develop PHNs' competency as "the Standard Career Ladder". Also, there is a special training for infectious disease called Infectious disease Health Emergency Assistance Team (hereafter, IHEAT) which was established in 2021.

As one of PHNs' collaborators, SWs support diverse people to address life challenges and enhance well-being. Their core mandate is to promote social inclusion and social cohesion as similar as PHNs'. There are 12 ways to take national examination for SWs. The curriculum for SWs was amended to cover wide range of discipline in 2020 because of SWs' role expansion.

This paper introduced Japanese two public health workers but each country has its own values based on its history. Each country should enhance its own strength to attain the own goal –the common goal might be "no one left behind".

**keywords:** public health nurse, education system, social worker, Japan

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### I. Introducing public health nurses and their collaborator in Japan

Social Security System is placed and implemented by government or local government to support people who need help based on the constitution in Japan. Fundamental constitution is article 25: "All people shall have the right to maintain the minimum standards of wholesome and cultured living. In all spheres of life, the state shall use its

endeavors for the promotion and extension of social welfare and security, and of public health". There are 4 aspects of Social Security System according to the constitution. First, we have social insurance system such as medical insurance. Second, Social Welfare System provides supports for people with disabilities, older people, children etc. Third, Public Assistance are provided for poverty or low-income earners. Lastly, Health care and public health services are guaranteed for all Japanese citizens.

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The outbreak of coronavirus disease 2019 (hereafter, COVID-19) has caused complex health problems like psychological or physical health problems due to social distance or lockdown around the world [1,2]. Public health nurses (hereafter, PHNs) have provided not only patients but whole community with care and comfort under this harsh period as a nurse [3,4]. Also, PHNs need to concern people with financial needs due to COVID-19 pandemic because economic factors are one of social determinants of health [5]. PHNs have been struggling to support and encourage community dwelling people collaborating with wide range of relevant professions like social workers (hereafter, SWs). Since before COVID-19 pandemic, PHNs historically have acted dual roles, as nurse and social worker, to deal with health problems due to economic issues. Therefore, sharing their roles with international readers must be good clues to promote community well-being during/after the COVID-19 pandemic. Additionally, the education system of PHNs and SWs would provide countries that have considered developing such professions with suggestions regarding human resource development.

The purpose of this paper is to describe the roles and education system of PHNs and introduce SWs as their collaborator.

## II. The roles and education system of public health nurse

### 1. Roles of PHNs

There are three types of nursing licenses in Japan: Registered Nurse, Midwife, and PHN. PHNs work in the community as public health nursing specialists (Table1) [6]. 39117 PHNs in total 52955 work at local government (health center 8100, prefecture 1351, municipality 3307) as of 2019 [7]. Considering Japanese rough total population 126,167,000 (2019) [8], the above number indicates one PHN working at local government deals with approximately 3100 people.

Basically, PHNs take charge of specific areas and provide health programs all residents regardless of age to promote

their health condition and well-being all over Japan [9,10]. In other words, PHNs referred to as generalist [11]. They provide health programs all ages, from infants to pregnant women [12], adults [13], and the elderly [14] including handicapped people [15,16]. Also, PHNs' tasks aim at not only individual, but family, specific group and whole community. PHNs identify common health needs among individuals or families through their activities, and they provide health programs for specific group with common health needs to meet them. The health programs are based on acts and regulations, like home visit, health education, and health check for children, adults and the elderly. PHNs, however, develop health programs as bottom-up style when existing ones cannot meet community health needs.

PHNs' nursing process is following PDCA on the annual bases: Planning interventions based on the assessment of health needs, Doing their interventions according to the plan, Checking the effects of the interventions, and Acting the improvement following the results of Check (figure 1). In Plan phase, PHNs conduct community diagnosis through observation of the community, analysis of Health program, and analysis of Health statistics. The objective is set according to the community diagnosis and the concrete methods are planned to attain the objective: target population, number of subjects, schedule, cite of the health program. Also, they examine how to coordinate various health programs to attain the goal. PHNs Do their nursing activities coordinate various health programs like home visit, health education, and health check. They collaborate with not only health care workers but wide range of partners like client parties, health volunteers, social workers, even police. To Check the effects of the interventions, PHNs examine the gap between the objective that was set in Plan phase and the results of their nursing activities. They evaluate not only the number of health program participants but the change of quality of life or health statistics in the community over years including the reason. Finally, PHNs reflect the results of Check in Act phase.

PHNs also aim to develop networks and enhance social

**Table 1** Definition of public health nursing [6]

<p>Public health nursing targets <u>the individuals and families</u> at all levels of health and all stages of life, including the communities in which <u>these individuals live and work</u>, such as groups, organizations, and communities.</p> <p>The purpose of public health nursing is to contribute to the well-being of society and to extend further the life expectancy of individuals by promoting and maintaining health as well as the prevention of and recovery from health problems.</p> <p>This purpose is achieved by supporting targets that improve their ability to maintain and develop their own health and quality of life and by improving the surrounding environment. To address these purposes, public health nursing uses the norms of social justice based on the standards of the activity. In addition, public health nursing supports the lives of the targeted individuals, families, and communities by linking together the health problems of said individuals, families, and communities. The health problems are elucidated or predicted through <u>the systematic gathering of information and analysis</u>. Moreover, public health nursing <u>builds systems to support the health of individuals, families, and communities through cooperation that targets the related organizations by creating and organizing social resources</u>.</p>
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(highlighted by authors)

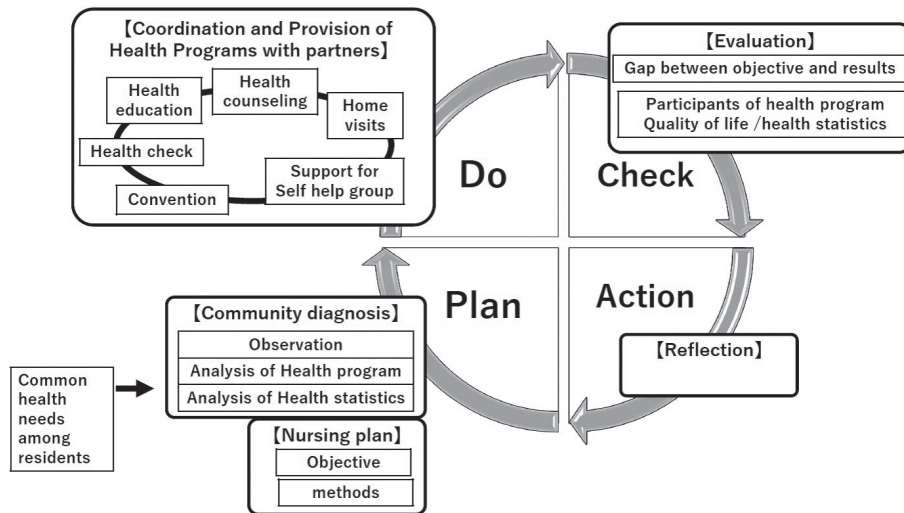


Figure 1 PDCA cycle of public health nursing

capital through those activities [17,18]and ultimately enrich community well-being. While meeting the gap between community health needs and existing health programs, PHNs try to develop public health policies to make the bottom-up programs solid. Thanks to these activities, people are provided comfort as outcome of nursing in not only normal period but also aftermath [19].

## 2. Education system

Figure 2 indicates four education ways to be a PHN [20]. First way is to enter one-year-special training school to be a PHN, after obtaining a nurse’s license. Second way is to enter a special course to be a PHN belonging to the junior college, after obtaining a nurse’s license. Third way is a

mandate or an optional course to be PHN (hereafter, PHN course) in 4-year-universities or colleges. Fourth way is two-year-master course to be a PHN instead of undergraduate PHN course, after obtaining a nurse’s license. As of November 2021, there are 22 one-year-special training school to be a PHN, 4 special courses to be a PHN belonging to the junior college, 250 nursing universities or colleges, and 15 two-year-master courses to be a PHN [21].

## 3. Human resource development of PHNs in Japan

PHNs are required to develop a wide range of competency due to their role providing care for individual, group, and community. Several studies clarified their competency or confidence to be developed [22-24] and investigated train-

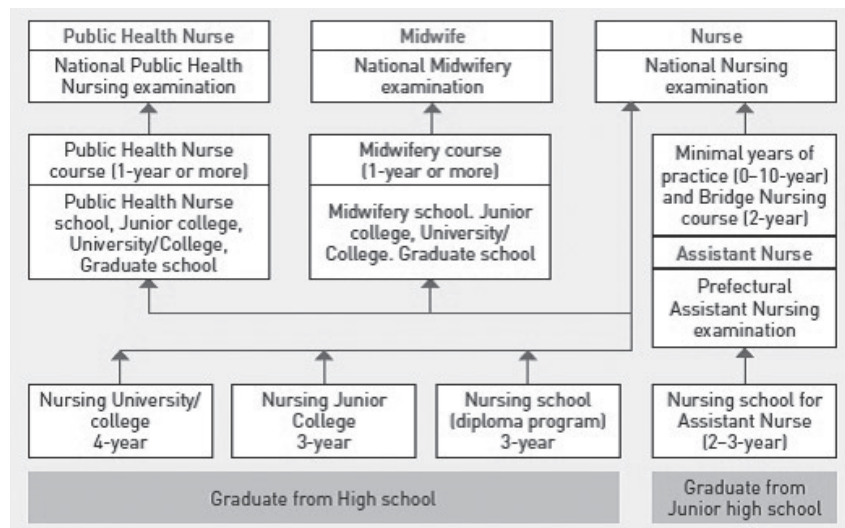


Figure 2 The education system of PHNs [20]

Note: Nurse’s license is required to take national PHN’s examination. Also, Nurse’s license is required to enter one-year special training school be a PHN/special course to be a PHN belonging to the junior college/two-year master course.

**Table 2-1 The typical framework of career ladder as health care provider.**

competency	A1	A2	A3	A4	A5
Individual/group	Step for Novice Mainly individual care under instruction	Step for Middle-career Developing project/ Instruction for novice		Step for Manager Advocating to policy/ management	
Community					
Program/project					
Health crisis					
Management					
Research					

ing programs [25]. Ministry of Health, Labor, and Welfare launched the framework to develop PHNs' competency as "the Standard Career Ladder" (Table2-1, 2-2)[26]. It is the basic ladder for PHNs' career development. Each prefecture or municipality is recommended to design its own career ladder for PHNs.

There are two types of Standard Career Ladder for PHNs: the career ladder as health care provider, the career ladder as administrative post. Tble2-1 shows the career ladder as health care provider. Horizontal row indicates career level and vertical line indicates category of competency regarding to care for individual, community, or specific program etc. For example, novice is required to gain competency for individual/group, community, program/project, Health crisis, management, research. As describing in A1 Cullum, generally a novice is supported by middle-career colleagues. Middle-careers indicated as A2 or A3 independently take charge in the programs and develop them. A4 and A5 mean managements and they are required to

**Table 2-2 The typical framework the standard career ladder specific for management**

	B1	B2	B3	B4
Policy making / evaluation	Pre-sub-section chief Propose and assist chief	Sub-section chief Developing programs/ Assisting manager	Manager Proposing vision/ Instructing chief	Director Realizing policy/ Cross-organizational management
Health crisis management				
Personnel management				

have competency for policy making as well as management.

Japanese government also provides the standard career ladder specific for management (Table2-2). B1 is pre-chief and B4 is Director level. There are three types of competencies for policy making, health crisis, and personnel management.

Each prefecture or municipality have been trying to make its own career ladder, based on its health needs or human resource development needs, referring the standard career ladder.

Nursing specialists in several countries, whose roles are similar to the roles of PHNs in Japan, are introduced on Table3 for reference [27,28]. Each country has its own nursing specialists who have been developed according to its own health needs due to cultural, political, and other background.

**4. Special training for infectious disease: IHEAT**

PHNs have been struggling with COVID-19 and new

**Table 3 Nursing specialists in several countries who like PHNs in Japan**

	name	Education	Organizational model	Remit and focus of care
Ireland	PHN	1-year level 9 university postgraduate program	Employed by the health services executive and geographically based	All age groups (cradle to grave) regulated by the department of health policy. Preventative and curative Generalist and geographically based home visiting
Korea	APN, Health Educator, CHP	all nurses became bachelor level since 2016. PHNs are called as APN: Advanced Practice Nurse) . Health educators (mainly prevention of non-communicable -disease). Community Health Practitioner (for depopulated and doctorless village) certified by agriculture law after 6 month training with more than 3 years' experience.	public health center	health promoting activities, prevention of communicable diseases, maternity health, aged-people health, medication at doctorless area
Norway	PHN	1-year level 9 university postgraduate program or 2-year Master program	Decentralized to municipal level	Children, young people, and families. Prevention and promotion Egalitarian provision of and access to services Geographically based
Thai	community health nurse	after graduate for nursing college or university enter Master of Nursing Science Program and take Community Nurse Practitioner program	belong to the nursing department of the community hospitals	reproductive health, ① sex education and prevention of sexually transmitted disease at school ② training health volunteers (health volunteers take charge in 10-15 households and advise about sexually transmitted disease) ③ home visit to youth with sexually transmitted disease to support treatment
UN	Health Visitor	after obtaining certification of nurse, taking 1-year-course for Specialist Community Public Health Nursing (SCPHN) in university/college	public health center	0-5-year-child and parents maternity class, home visiting, health check (midwives visit new born baby until 10 days after birth) SCPHNs prescribe certain medicines

registration system called Infectious disease Health Emergency Assistance Team (hereafter, IHEAT) was established in 2021 [29]. The member is healthcare specialist recruited from academic committees or professional associations. They are registered in the list to support “active epidemiological survey” at local health centers. “Active epidemiological survey” is an investigation conducted mainly by local health centers in charge of the areas where epidemic have occurred.

IHEAT consist of following people:

1)The member of academic committees or professional as-

sociations related to public health.

2)The member of central professional associations consists of PHNs or nutritionists.

3)collaborators of prefectures from local professional associations or universities.

【main professions】 physician, dentist, pharmacist, PHNs, midwife, nurse, registered nutritionists, etc.

Each prefecture asks the IHEAT member for support when epidemic occurs which is overwhelmed the capacity of the area staff to deal with epidemic on their own (Figure3-1). The training system and contents are shown in the

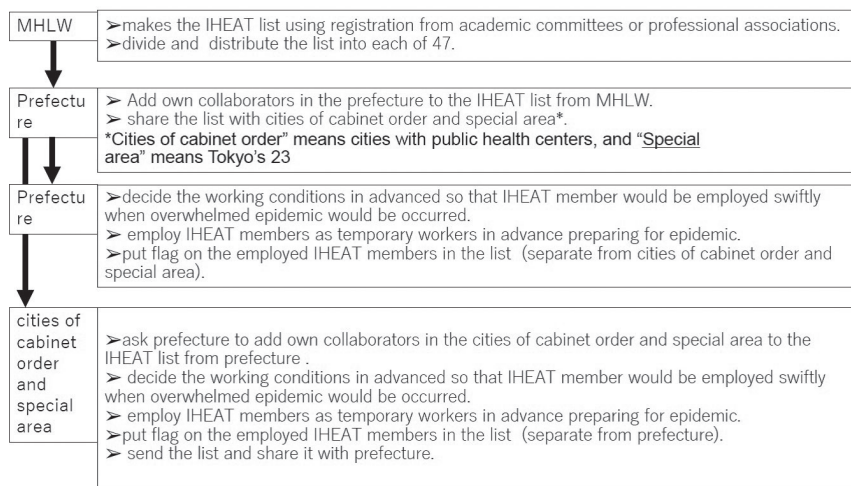


Figure 3-1 The flow of IHEAT register system [29]

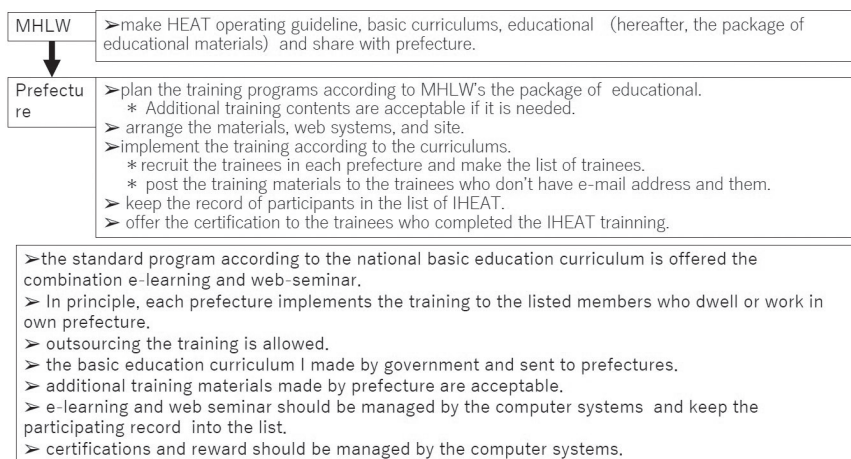


Figure 3-2 The outline of IHEAT training [29]

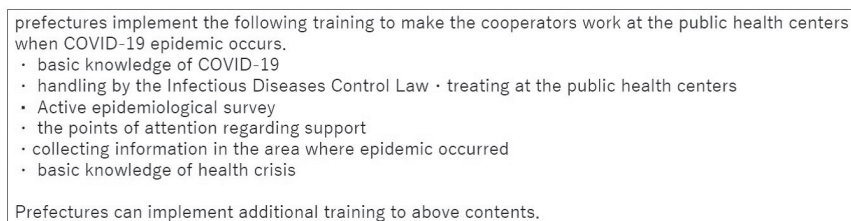


Figure 3-3 Contents of IHEAT training [29]



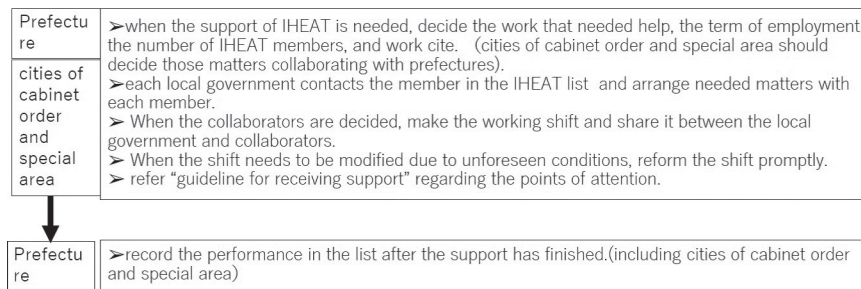


Figure 3-4 The requirement and provision of support [29]

Figure3-2 and 3-3. The support procedure is indicated in the Figure3-4.

### III. The roles, working places and education system of SWs

As one of collaborators who has similar support ways with PHNs, we introduce SWs in Japan. SWs are qualified by national examination. They are active in care for child rearing support, older people, support for handy capped people, and support for people in need etc. [30]. to address life challenges and enhance wellbeing of diverse people. Their core mandate is to promote social inclusion and social cohesion as similar as PHNs' [31]. They also principle social justice, human rights, collective responsibility, and respect for diversities are central to social work based on the global definition of social work [31].

As of December 2020, 77576 SWs work in welfare, long-term-care, and health care area. The number of each work cite is long-term-care institution 30510, hospital 13678, facilities for handicapped people 11727, welfare center 6339,

child-maternal welfare 6539, and others 8783 respectively [32].

Their tasks are follows:

- 1)individual: management of welfare service as well as enhancement of clients' living skills
- 2)group: enhancement of members' living skills using group dynamics
- 3)community: enhancement of communities' formal/informal support system regarding welfare

The education system is shown on the Figure4. There are 12 ways to take national examination for SWs. The pass rate of national examination is approximately 30% [33].

The curriculum for SWs is described on Table 4 [34]. It was amended in 2020 because of SWs' role expansion. Traditionally their works were mainly social security like social welfare system for people with disabilities, the elderly, children etc. The areas of SWs have been expanding to school or judiciary because the complicated problems have been increasing due to aging society or recession. Also, Japan aims to realize inclusion society where all people including children, the elderly, and handy capped people can

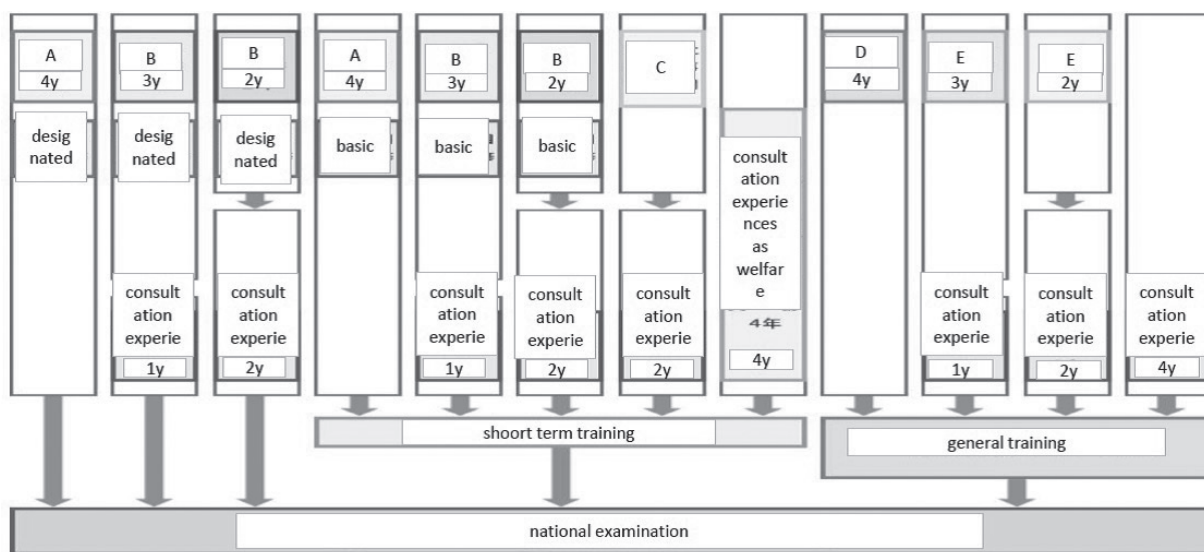


Figure 4 education system for SWs [33]

A: welfare university/college. B: welfare junior college, C:social welfare secretary training course, D:university E:junior college,

**Table 4 Curriculum for SW [34]**

1. Introduction to Medicine
2. Psychology and psychological support
3. Sociology and social system
4. Principle and policy of social welfare
5. Basic of social welfare survey
6. Ground and profession of social work
7. Ground and specialty of social work
8. Theory and profession of social work
9. Theory and specialty of social work
10. Community welfare and integrated support system
11. organization and management of welfare service
12. Social security
13. Welfare for elderly
14. Welfare for handclapped people
15. Welfare for child and family
16. Support for poverty
17. health care and welfare
18. Law and system for advocacy
19. Criminal justice system and welfare
20. Social work drill
21. Social work drill (special area)
22. Instruction of social work practice
23. Social work practice

live meaningfully. To accomplish the inclusion society, SWs are required to fulfil their role to deal with accumulating challenges by cross-cutting countermeasures and resource developments. owing to above responsibility, education for SWs had to be amended and enriched.

#### IV. Toward realization of the inclusive society

As health conditions are affected by economic and social conditions [5], collaboration between PHNs and other essential public health workers like SWs is indispensable to supports for every single person regardless age, health conditions, economic or social status not only during COVID-19 pandemic phase but normal phase. They collaborate in various sections to support vulnerable people. Also, the other formal entities or organizations like police departments, hospitals, electric power company, and private sectors like taxi companies work together. In addition to formal supports, informal supports like volunteer organizations or neighborhood associations collaborate with essential public health workers like PHNs or SWs toward realization of the inclusion society.

This paper introduced two of Japanese public health professions. Each country has its own values based on its' history where you have been putting your effort into education, health care, welfare, etc. For instance, northern European countries are famous for high tax and high welfare supports. There are some countries which have free access to medical care and higher education. Each country should enhance its own strength to attain the own goal –the common goal might be “no one left behind”.

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<報告>

日本における保健師の役割と教育  
—協働者としての社会福祉士の紹介と共に—

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抄録

新型コロナウイルス感染症パンデミックは、複合的な健康問題を引き起こした。日本において保健師は、この厳しい状況下で、社会福祉士など多岐に渡る協働者と共に、患者のみならず地域全体をケアし安寧を提供してきた。本稿では、日本における保健師の役割と教育について、協働者としての社会福祉士共に紹介する。

保健師は基本的に特定の地域を担当し、ジェネラリストとして全ての住民の健康とwell-beingを高めるために保健師策を提供する。また、保健事業を通じ、ネットワークを発展させソーシャルキャピタルを強め、最終的に地域のwell-beingを豊かにすることを目指す。保健師の基礎教育は大きく4つに分かれる。現行教育は、能力開発に向けて「標準的なキャリアラダー」を厚生労働省が示している。さらに、2021年には感染症のための人材育成としてIHEAT (Infectious disease Health Emergency Assistance Team)が創設された。

保健師の協働者としての社会福祉士は、様々な人々の生活上の課題に対応し、wellbeingを高めるために支援している。社会福祉士の主たる任務は社会的包摂と社会の結合を促進する事であり、保健師と似ている。社会福祉士の国家試験受験資格を得るためには12の方法がある。役割の拡大に伴い、社会福祉士のカリキュラムは2020に幅広い学問に渡る内容に改定された。

本稿は日本の保健師と社会福祉士という公衆衛生の2職種を紹介したが、各国は独自の歴史に基づく価値を有する。各国は個々のゴールに向けて各々の強みを活かしていくべきである—共通するゴールは「誰一人取り残さない」であろう。

キーワード：保健師, 教育制度, 社会福祉士, 日本