Chairperson's Lecture

Past Success and Future challenges concerning "Caring and Practice "

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Fifty-six years ago (1961) there were only 2 nursing colleges in Japan.

Among 24 classmates who graduated from the School of Health Care and Nursing, University of Tokyo, in 1961, there was no one other than I who selected working in a hospital as a clinical nurse. The reason why I became a clinical nurse was very simple. I just wanted to be able to give intramuscular injections smoothly and without pain for patients, especially for surgical patients, because I felt uncertain about my technical skills in nursing. So, I selected a surgical ward in a hospital.

At that time, the graduates from the School of Health Care and Nursing, University of Tokyo, were expected to become leaders or scholars in the area of public health. So naturally, thinking about that purpose of the school, I expected that my working place should be replaced from a surgical unit in a hospital to a health related area such as one connected to the WHO, for example.

Ⅰ. In a hospital

There were 52 patients in the surgical ward I worked at as my first place after graduation. The number of the nursing staff was 13, including a nurse manager and a head nurse. The night duty was 7 days, and after that the evening duty followed for 7days. Accordingly, about half a month was occupied by night shifts.

This miserable schedule gave me few hours as a nurse to understand patients more in detail from both aspects of medical conditions and patients' care needs. I was spending extremely busy days dealing with medical treatments, admission of patients, discharge from the hospital, and a lot of care for operative patients.

After 2 years I was exhausted and suffered from tuberculosis that led me to the decision to end my carrier as a hospital nurse. I stayed several months in a sanatorium under the treatment of INH, PAS and SM, and fortunately recovered smoothly.

Ⅱ. In a place of nursing education

As a member of the teaching staff in the School of Health Care and Nursing that I

graduated from, my skill and experience acquired in the surgical ward gave me a chance to display my abilities in full play. But even while teaching I was involved in suffering from mental agony because nurses in the hospital were so miserable and worn out. During such a time I discovered unexpectedly an article titled "Towards the Development of Nursing Practice Theory" written by Florence S. Wald and Leonard C. Robert, in "Nursing Research" Vol.13(4), 1964. This article impacted me greatly as to how to explain and develop nursing practice on the basis of theoretical thinking. Florence S. Wald was the Dean of the School of Nursing, Yale University. She proposed such a concept as "Nurses have to study systematically how to achieve change".

It was the age when it started to discuss the essential theme for nurses; "What is Nursing", "What is the Principle of Nursing" in the United States (herein-after the US).

Around 1960 in the US there were many famous nurses and nurse theorists such as Hildegard Peplau, Fay G. Abdellah, Virginia Henderson, Earnestine Wiedenback, etc. That was the era of beginning expectations of creating theories of nursing in the US.

I decided to return to patient's places to pursue and realize Wald's idea in the clinical area of nursing.

Ⅱ．-1）Complete coverage of health insurance and shortage of nurses

In 1961 the National Health Insurance System completed coverage for people all over Japan. According to the economic growth in the society, the number of hospitals increased rapidly, and the shortage of nurses became one of the biggest problems. The highest level of arrangement ratio between nurse and patient was 1:4 in a hospital ward. But among all hospitals in Japan, only 20%of them could maintain this ratio and for the other 80% of them it was impossible to have enough nurses. The government was urged to increase nurses and nursing schools of 3 years course, diploma level, and there was no idea of collegiate education for nurses.

Ⅱ．-2）Occurrence of SMON patients

When I was in a teaching position, one of the intractable diseases named SMON, Subacute Myelo Optico Neuropathy, broke out in several cities. This kind of disease had 3 characteristics; unknown cause, incurable and mal-prognosis.

When the government funded a survey to find the epidemiological aspects of this disease, I joined the survey team and conducted interviews with patients in Okayama. After that a report was published and the study was continued to find the cause.

Ⅲ．Next practice, for the second time in hospital

From this experience, my next practice was to come to work for the establishment of a neurological hospital under a strategy for intractable diseases conducted by the Tokyo Metropolitan Governor, Ryokichi Minobe.

The nursing system in the neurological hospital was composed 24 nurses per ward of 35 beds. A set of two nights shifts and 2 evening shifts with 3 nurses each for continuing for 4 days was the basic pattern.

The first plan I introduced in the wards was the new medical recording system, POS, Problem-Oriented System, developed in the US and recommended to be utilized in the hospital by Dr. Shigeaki Hinohara in Japan.

The second objective was to recognize the number of patients in different dependent levels of ADL. It was very important for nurses to estimate patient's needs and necessary care in the ward on each day.

The third one was to make a continuing nursing system from hospital to home for patients and families. Nurses wrote discharge summaries and handed them to a home-doctor or a public health nurse in the community health center. There was no community care system nor visiting nursing services at that time. The only service existing in the community was to care for bed-ridden elders. There was no idea in the community of accepting discharged patients from hospital to home.

Ⅳ. In the MHW

In 1984, after 13 years of clinical nursing services, I held the position of the director of nursing in the nursing division of the Ministry of Health and Welfare. I worked having in mind Wald's idea of nursing practice and tried to do something for patients such caring for them in the neurological hospital.

In the Ministry at the beginning of my work, I was surprised that there were no words for Kan Kan Kango(=nursing). My decision at that time was that I could hit the bell with Kan Kan Kango(=nursing) to soon ring in this Ministry, and also in the country too.

After 2 years (1987) in the Ministry, I wrote a discussion paper on the nursing system that was soon established in Japan. The statement of this paper became my political guidelines for nursing service and education in Japan.

The first aim of this paper was to start a visiting nursing system coordinated between hospital and home.

Immediately after this, in the same year 1987, I got money from the Ministry of Finance to realize the visiting nursing system. About 40 nursing stations that had been

conducting visiting services for patients on their own in the community joined our experimental project for 2 years.

As a result of this study, the law was amended and the visiting nursing service was put into operation in 1992.

Now we have about 9508 (June 2016) nursing stations all over Japan. This system is now evaluated as one of the important functions to support people in the community in the aging era with the collaboration of the institutions there.

Ⅴ. Nursing Education－Past and Present－

The trained-nurse education in Japan started first in Tokyo in 1885, with the cooperation of missionaries from the US. The famous American nurse, Linda Richard who came to Kyoto Nurses School, was invited by Joh Niijima, the founder of Doshisha Hospital, a missionary and an educationalist.

Now 132 years have passed since the establishment of nursing schools in the Meiji era. Until now Japan experienced many wars against foreign countries. Finally, in 1945 World War Ⅱ came to an end. Then Japan was under occupation and ruled by the General Headquarters of the Allied Forces. There were wonderful and clever nurse-leaders from the US, Grace E. Alt, the first director of nursing division; and Virginia M. Ohlson, the second director of nursing, in the Bureau of Health and Welfare in the GHQ. That was the beginning of the new nursing education under democracy and standing on the new constitution containing the concept for peace and equality of the sexes, and other aspects.

In 1987 when we reported on the discussion paper, there were 11 nursing colleges starting in the year 1952 1, in Kochi, and the next in 1953, in Tokyo.

In 1990, facing the aging society in the 21st century, I suggested to the Ministry of Self-Government (called now M. of General Affairs) to have nursing colleges in each prefecture. Following the increasing trend of higher education in prefectures (47), the national universities which had had 40 junior nursing colleges with 3 years courses, converted to BS degree courses and 13 BS degree courses were also added to the new national medical colleges built after 1971.

The private colleges of higher education, too, gradually changed their 3 years courses to BS degree courses, and the number of colleges and universities with BS degree in nursing education programs rapidly reaches to 260 in April, 2017.

Ⅵ. After resigning from MHW, again to teaching

After resigning from the MHW, the number of the collegiate nursing schools has continued to increase. In the basic nursing education, students learn many theories, such as the theories, definition and principle created by Florence Nightingale, Virginia Henderson, Fay Glenn Abdellah, Dorothea Orem, Sr. Callista Roy, Jean Watson and so on. I introduced and explained many theories in my class at the University of Tokyo, Shizuoka Prefecture University, and Aino University. While in class I always added to explain Florence S. Wald's concept "to study systematically how to achieve change". Speaking honestly, the theory of "Human Caring" was a little difficult for students to learn and understand. So, I described the relationship and the conceptual model between "Human Caring" and "Achieve", "Change" and "Practice".

I believe "to study systematically how to achieve change" consists of the basis of "Human Caring."

Ⅶ. Preparation for the future

When I was one of the government officials in the MHW, I often said that the next 21st century would be a care-minded society. Regarding all of the people we care for, we understand them as whole human beings, supporting his/her existence in the society, his/her life to live, and everything where we can achieve change; then our practice will become an essential agent consisting of the basis of "Human Caring". This is truly the real meaning of practice in nursing.

Japan is now approaching the super-aging society in 2025 when the baby boomers after WW Ⅱ will attain the 75 years of age. Strategic measures in the coming years should be taken to support the essential existence of human being from the viewpoint of "Human Caring". Giving an example, the construction of comprehensive care systems in the community is one of the proceeding projects how to cooperate between health and welfare and between hospital and home.

The theme of the 3rd International Caring and Peace Conference in Kurume is "Caring and Practice".

I give you 4 question to make them clear while staying in Kurume.

1. How do you understand "Nursing is Science of Human Caring"?
2. What do you understand about "Practice" in "Science of Human Caring"?
3. What kind of action do you bring to patients you care for as a result of " Practice" in " Human Caring" ?
4. Could you understand "Practice in Human Caring" ?

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