

NEWS FROM JANS

National Long-term Care Insurance System in Japan

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The average life expectancy in Japan is 77 years old for men and 84 years old for women. The ratio of those who are aged 65 or older is 17% of the total population. Japan is the country which enjoys the highest longevity in the world. We can be happy about this, but we cannot ignore various problems accompanying this trend. There has been increasing awareness among the Japanese on the issues of population aging. Of particularly serious concern is the increase of medical cost for the elderly and how to provide care for them.

Japan has been discussing various policies of health, medicine, and social welfare for the elderly population. April in 2000, the national long-term care insurance system was started which had been a focus of Japanese people's attention. The bill for this system passed the National Diet on December 9th in 1997, and was issued on the December 17th of the same year. It began April 1st, 2000.

The purposes of this care insurance are: To enable society to support the caregiving load, to eliminate hospitalization of the elderly who need a place to stay rather than medical care by separating them from a medical insurance category, to provide diverse services, and to collect money from citizens through social insurance approach.

Specific policies include (1) creating a publicly supported system for taking care of the elderly, (2) enabling the elderly to make choices of their own, (3) emphasizing in-home care, (4) emphasizing prevention and rehabilitation, (5) providing comprehensive and efficient services, (6) participation by citizens and active utilization of private sectors, (7) mutual support through social insurance approach, (8) safe and efficient management and emphasis on regionally-based operations.

In the national long-term care insurance system, the insurers are local governments such as cities, wards, villages. The insured is either Type 1 recipient who is from 40 to 64 years old or Type 2 recipient who is aged 65 years or older. The premium depends on the income, the amount of pension, or the type of medical insurance, but is collected individually or deducted from pension from the elderly aged 65 years or older. In case of those aged 40-64, it is collected as a part of nationalized medical insurance. When the insured receives services, he/she pays ten percent of service cost as a co-payment.

The amount of premium varies in different cities and villages. But they have estimated the average amount of services needed for those aged 65 or over, and set the standard premium for them as 2,500 yen a month.

In order to receive care insurance services, one has to apply to his/her local government. After one is applying to the city, ward, or village, the investigation is conducted by the committee to evaluate the application. Then whether to provide a service or not, with what level, and the amount of service cost are determined.

The national long-term care insurance system provides services to those who are currently needing care or who may need it very soon. The level of care ranges from "Level 1: care needed," where only partial assistance is needed for daily life, to "Level 5: care needed," where the most intense care is required. For those who can eat and go to the toilet by themselves but still may be in the state of needing care very soon, the category is "Support needed."

The services can be chosen and received based on the determined level and within the limit of the national long-term care insurance system. For example, "Level 1: care needed"

starts from 170,000 yen a month, and can increase to a maximum of "Level 5: care needed," 368,000 yen a month. "Support needed" provides services at 64,000 yen a month. The insurance pays ten percent of this amount. The types of services include sending home-helpers, day service, rehabilitation service, nurse visit, and institutionalization.

Since the national long-term care insurance system has made caregiving for the elderly the society's responsibility by partially relieving the family of the burden, it is a step forward. But there are still many unresolved problems, for example, some elderly people are not able to pay the premium. The evaluation procedure of determining the level of care is not considered fair. The contents of services are also considered to lack uniformity across regions and providers. It is important that no matter where one lives, the elderly can receive quality services, which help them to have an independent life according to their abilities. All of us in the nursing profession have a responsibility and an important role to make it happen.

It will take a number of years for a newly introduced system to work effectively. Based on the reality, constant efforts are being made to improve the situation.



The Fourth International Nursing Research Conference in Mie



The 4th International Nursing Research Conference of JANS was held in Mie Center for the Arts on August 29, 30 and 31, 2001. The theme was "A Holistic Approach: A Better Quality of Life for All In Search of Core Principles for Nursing in the 21st Century." The importance of this theme was described by Dr. Sumiko Maehara, chairperson of the



conference, in her opening remarks: "As we stand on the threshold of the 21st century, we felt the necessity to stop and take stock of the idea role of nursing science that would contribute to the health and welfare of people.

This is why we came to hold this academic conference, with holistic approach as its lead phase. What is the holistic approach that brings a better quality of life for all in terms of individuals, families, regions and ultimately the globe? We hope to hold discussions on this theme, re-examining with you all what the core principles of nursing are."

There were four keynote speeches:

Chairperson's Address: A Holistic Approach to Nursing

Dr. Sumiko Maehara, President, Mie Prefectural College of Nursing, Japan, spoke about holistic approach in nursing and nursing education in Japan, basing her discussion on science, culture and nursing care systems for the 21st century.

Keynote Address I : Holistic Nursing and Caring

Dr. Jean Watson, Distinguished Professor, University of Colorado Health Sciences Center, U.S.A., provided an overview of Holistic Nursing, and Caring and Healing, as an expanded model for nursing and health sciences for a new era.

Keynote Address II : A Holistic Approach: A Better Quality of life for All (The Meaning of the Group or Region)

Dr. Barbara Bowers, Professor, University of Wisconsin-Madison, U.S.A., addressed the meaning of social con-

text, described strategies that could be used to create a more sociological understanding of our patients and our work, and suggested consequences of being more sociological.

Keynote Address III : A Holistic Approach: A Better Quality of Life for All, on a Global Scale

Dr. Darunee Rujkorakarn, Professor, Mie Prefectural College of Nursing, Japan, focused on three aspects, global health problems in the 21st century, models of holistic approach, and core principles and challenges in holistic approach on a global scale.

521 participants attended to Ekiden Symposiums, panel discussions, oral presentations, poster presentations, workshops and information exchanges. JANS describes an "ekiden" symposium as a discussion held over time, in Japanese "ekiden" means from station to station and conveys the idea of a relay race in which the baton is past from one runner to the next. Two issues were discussed by eight presenters in the Ekiden Symposiums: "Human and Human Relationship: Partnership with Dignity" and "Nurses' Collaboration for Health Promotion in Cities and Rural Communities."

The program also featured an open seminar for the general public. The speaker, Mr. Hiroshi Ikushima, was the author of "What has happened to my grandma?" He spoke about 21 century home care service for the elderly in Japan based on his own experience.

The JANS International Nursing Research Conference is held every three years. The next conference will be held in 2004.



Conference Highlight

A HOLISTIC APPROACH TO NURSING

Sumiko Maehara R.N., C.N.M., Ph.D
Mie Prefectural College of Nursing, Japan

Based on what was learned during the 20th century, which saw wars and technological innovations, people expect to achieve a better quality of life in the 21st century.

In the field of medical care, the 21st century is being referred to as the "age of nursing," or "age of care," and as such will demand major changes in the basic concept of what nursing should entail.

In such an era, we should seek a new concept of ideal nursing to reaf-



firm the "core principle of nursing." Adopting a "holistic approach" as that core principle, I hope to examine what is actually meant by "holistic," the keyword of this conference, in terms of nursing practice, education, research, and administration.

Practice : Under the relationship of mutual trust between nurses and clients, nurses have taken, or made efforts to take, a holistic approach to care to ease their clients' pain and suffering. At the foundation of nursing, there should be sincere affection for the patient. This can enable nurses to judge what is best for their clients' particular needs. For such affection to be complete, practical nursing techniques are necessary.

These techniques should be supported by a holistic approach unique in the field of nursing. The approach will be different from those of other professions.

Education : Through education, I hope to develop students' sensitivity toward the suffering of others. To this end, teachers should also take a holistic approach to education.

Research : It is required to develop as swiftly as possible the various holistic techniques available, to alleviate people's physical and mental pain and to help patients become independent. It is expected that further researches will realize these techniques in the future.

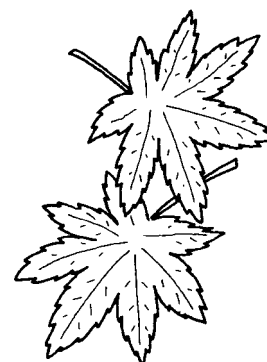
Management : The scope of nursing services will expand throughout the world. We have to consider the kind of services that should be included in the scope of nursing. As well, we will need a political support to ensure such services will be appreciated at their proper economic value. This is because ensuring proper economic value is an important requirement to realize a "holistic approach" to nursing.

The Anniversary Conference of the Japan Academy of Nursing Science

The 20th Anniversary Conference of JANS was held in Tokyo on December 15 and 16, 2000. Located in the heart of the city, the Tokyo International Forum was the perfect place for this academic conference and over 2500 people attended. The theme was "Nursing Research: Challenges for Health Care Reform and People's Quality of Life." The chairperson of this conference, Dr. Sawako Kawamura, Dean of the School of Nursing at Tokyo Metropolitan University of Health Sciences, presented the keynote address "Changes in Society and Nursing Research." The conference featured 12 facilitated information exchange sessions and two symposia:

"Constructing Nursing Policy to Anticipate Society's needs" and "Developing Systems for Nursing Practice in Times of Change: From Acute Care to Home Care Nursing." In addition, over 300 research projects were presented.

The 21st Anniversary Conference of JANS will be held in Kobe on December 1 and 2, 2001. The theme is "Examining Ethical Perspective on Nursing in the 21st Century." Dr. Noriko Katada, Professor of College of Nursing Art and Science, Hyogo, is chairperson of this year's conference. We look forward to seeing all our colleagues in Kobe.



Education for Nursing Ethics in Baccalaureate Program

Steering Committee for Nursing Ethics

Since 1990, the committee has presented ethical issues which nurses face in clinical settings, ethics in relation to nursing research and the system of ethical inquiry. To train nurses who are able to judge and act based upon an ethical viewpoint, it is necessary to improve programs on nursing ethics. However, educational programs on ethics have not been surveyed. The purpose of this study was to investigate the education of nursing ethics carried out by the faculties of 67 colleges established before 1998.

Fifty-two colleges(77.6%) responded.

Twenty-two colleges(32.8%) offer the subjects of Bioethics and/or Nursing Ethics, and 24 colleges(35.8%) do not offer Nursing Ethics as an independent subject but the content of it is included in their educational programs. Most colleges introduce and utilize the Japanese Nursing Association Code of Ethics for Nurses and the ICN Code of Ethics for Nurses, and relatively many colleges utilize patients' rights, ethical principles, the concept of the ethics of care. In terms of the clinical practice of student nurses, ethical perspectives are given careful consideration in the actual process of the practice. However, a

clear statement of purpose and the goal relevant to ethics was not indicated.

Educational issues related to nursing ethics are the following: 1) through daily care of the patients, the knowledge is related to practice; and 2) the collaborative relationship between educational settings and clinical settings has to be established.

The committee has proposed statements regarding the ethics of human genome/gene encoding research, the technology of cloning human beings and organ transplantation.

Editor's Note

The advent of technology and other advances in modern science have supported a cure orientation rather than a health promotion and disease prevention. Western and biomedical treatments which derived from a mechanistic view of the body may alleviate signs and symptoms of disease but often fail to heal the whole person. During the last three decades, there has been an increased interest in a more holistic and humanistic approach for controlling various health problems. Sometimes, this change referred to a paradigm shift. This paradigm shift offers opportunities for increasing the use of holistic types of care in practice to the benefit of both patient and caregiver. Contributions on this change are emphasis on self-control through various techniques, enhancement of the individual's role in maintaining personal health, the search for natural health, and a greater anti-medical climate.

More than a century ago, Florence Nightingale defined nursing as seeking to put the body in the best possible state for nature to take its course. Nightingale's philosophy of nursing is

consistent with that of current holistic health and healing therapies. Nightingale described about the whole person and the environment. The discipline of nursing has been incorporating many of the concepts of a holistic paradigm into nursing as a means of integrating the profession's conceptual frameworks for theory, research, and practice.

Traditionally, Eastern philosophy views the human being as a unity or a whole. Therefore, mind-body connection is considered as an important part of health services. In addition to Western and biomedical therapies, many Japanese people have been using a variety of holistic type of therapies. These therapies not only help to relieve symptoms of disease and improve mental status or feeling, but also enhance a patient's sense of control over his or her own life.

These therapies are called folk, Eastern, alternative, complementary, and integrative healing modalities. Examples of such therapies include meditation, progressive relaxation, guided imagery, hypnosis, therapeutic touch,

acupuncture, massage, music, humor, art, nutritional therapies and so on. A holistic perspective of health has traditionally been incorporated in nursing curricula of nursing schools. The Japanese national health insurance has covered some therapies such as herbal medicine, acupuncture, and massage.

However, these alternative and complementary therapies are not accepted or utilized by all Japanese nurses as useful treatment modalities. Some of alternative and complementary therapies may prove to be effective and others may be shown to be ineffective or harmful. Nurses sometimes feel difficulties in dealing with various questions of alternative and complementary therapies asked by patients and their families. Recently, nursing literature about alternative and complementary therapies has increased in Japan. Nurses have responsibilities for their patients and families and for their professions to validate the safety and effectiveness of their practice. (Shoko Arakawa)

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