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**Survey of Public Health Nurses Working
with Municipalities:
Their Roles in Home Health Service
for the Sick/Disabled Elderly**

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Survey & Research Section
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Background

Japan is rapidly becoming an aging society. The population over 65 years of age accounted for 12% of the total population in 1990, and it is estimated to increase to 25% by the year 2025.

Which would be a better place for caring for sick or disabled elderly, their own homes or health institutions? There is an increasing concern about this choice among the people entering their old age and among those who are caring for their elderly parents. The health policies of the governments at all levels, including that of the Ministry of Health and Welfare, are placing more emphasis on the development of a home health service system for the elderly. Hospitalization of sick or disabled elderly people tends to be lengthy, and home health care is considered a better alternative in many respects.

Since the enactment of the Health Service for the Aged Law in 1982, the municipal governments are held responsible for the provision of health education, health counseling, health screening, rehabilitation service, and home health service for the elderly. Further, by the recent amendments to the laws related to social welfare for the aged (effective from 1993), the responsibilities of provision of welfare service for the aged, including screening of residents for the special homes for the aged needing care, have been delegated to the municipalities from

the prefectural governments. The Ministries of Health and Welfare is urging the municipalities to formulate their health and welfare plans for the aged by March 1994 including such details as the number of home visits per week to be made by visiting nurses and home makers.

In view of this trend to expand home health service for the elderly nationwide, the Japanese Nursing Association stresses that public health nurses are expected to play more important roles in the community, and that it is vital to increase the number of public health nurses working with the municipal governments. A survey was therefore conducted in order to obtain information to support the points made by JNA. The findings of the survey will serve as the basis to request the local governments to increase the staffing level of public health nurses.

Purpose of Survey

The purposes of the survey were to identify the trend of public health nurse employment by municipalities and to verify that they are currently performing an important function in home health services for the elderly.

Subject of Survey

Questionnaires were sent to all 3,261 municipalities in Japan.

Method of Survey

Questionnaires were sent to all the municipalities throughout the country by the Survey and Research Section of the Japanese Nursing Association with the cooperation of JNA prefectural chapters. Chief public health nurses of each municipality were asked to fill in the questionnaires. The response rate was 92% (2,986).

Major Findings of Survey

1. Trend of Public Health Nurse Employment by Municipalities

The number of public health nurses working with municipalities in the whole country was increased by 3,798 over the period from 1982 to 1991, making the total number of PHN employed 14,188.

Sixty-one percent (61%) of the municipalities increased their PHN employment during this period as part of their administrative reform efforts. This is in spite of the recent tendency to reduce the number of regular staff local levels. This implies that the municipal administrators have recognized the need to increase the service of public health nurses. It should be noted,

however, that 31% of the municipalities who responded said that public health nurses had to spend more time than ever on clerical work because of the decrease in the number of clerical staff.

The Japanese Nursing Association takes the position that every municipality should employ more than two public health nurses, and that the population per public health nurse should not exceed 3000. The survey revealed that 28 municipalities (1% of the total) had no public health nurses working with them, and 478 municipalities (16%) had only one public health nurse on their staff. The average population per public health nurse was 9,465. The municipalities in which population per public health nurse did not exceed 3,000 accounted for only 21% of the total respondents. The average population per PHN in urban areas was 12,614.

On the whole the number of public health nurses working with the municipalities was found to be far from sufficient. 40% of the municipalities replied that they had plans to employ more PHNs in the near future.

2. Role of Public Health Nurse in Home Health Service for the Elderly

Twelve percent of the population above 65 years of age were found to live alone. The average number of home visits made by public health nurses or nurses of municipalities for those above 65 years of age was 61.4 a year per 1000 persons of this age group. This figure tended to increase as the number of public health nurses per 10,000 people increased. The average number of home visits per year was 90.3 for the municipalities employing 3.0 to 3.4 public health nurses per 10,000 people, 128.9 visits for those employing more than 5 public health nurses, while it was 45.9 visits for those employing less than 0.9 public health nurses per 10,000 people.

The survey revealed the same tendency for the provision of rehabilitation service and of health guidance after health checkups. More health services were made available to community people where the number of public health nurses per 10,000 people was larger.

The types of home health care provided by public health nurses to the sick or disabled elderly at home are shown on the table below. The list shows that the public health nurses perform a wide range of services which includes helping the elderly and their family members to prevent deterioration of their health condition or abilities, and promoting independence in activities of daily life. The activities of public health nurses also include participation in formulating health policy in order to reflect the needs of the sick or disabled elderly, as well as coordination of services of health, social welfare and medicine.

The result of the survey shows that the average number of home visits by nursing personnel

made for the elderly above 65 years of age and on the list of regular home visits was only 4.8 a year. Although the number is on the increase, it is not sufficient to support home care for the elderly. More human resources for home health services are needed to ensure that elderly people are properly cared for at their own homes.

Home Health Services Provided by Public Health Nurses

(Multiple reply)

	No. of Municipalities Responding	Percentage
1. Health education and health counseling to prevent age-related health problems.	2825	94.6
2. Counseling and advice on health of family members.	2811	94.1
3. Home visit to give advice on general health problems and the living environment.	2736	91.6
4. Provision of access to social resources such as home maker's services and devices or tools to help activities of daily life.	2642	88.5
5. Assessing the need for medical attention, informing the patient or his/her family members of the need or contacting a physician.	2554	85.5
6. Provision of counseling and advice to home makers, welfare personnel and visiting nurses.	2458	82.3
7. Rehabilitation services and advice on prevention of bed sores and bone fractures.	2356	78.9
8. Provision of access to rehabilitation and other health services.	2340	78.4
9. Coordination of services of health, medicine and social welfare.	2316	77.6
10. Working as a resource person for families with a member who suffers health problems.	2297	76.9

11. Teaching how to detect symptoms of health deterioration at an early stage.	2293	76.8
12. Early identification of the people in need of health, social or medical services.	2219	74.3
13. Giving information on the availability of home health services.	2092	70.1
14. Assessment of the community health problems and participation in formulation of health policy to reflect the needs of the community.	2069	69.3
15. Provision of direct nursing care when necessary.	2033	68.1
16. Advice on improvement of the home environment to meet the needs of disabled persons.	1702	57.0
17. Fostering community groups which enable people to take care of their own health problems.	1676	56.1
18. Exchanging information through participation in community committees such as a district welfare commission.	1501	50.3
19. Organizing liaison conferences with other related institutions.	937	31.4
20. Fostering volunteers by conducting workshops for community people.	886	29.7
21. Encouraging and assisting organization of community groups sharing common health problems, such as patients' groups and family support groups.	693	23.2
22. Others	35	1.2
23. No replies	47	1.6
Total Number of Municipalities Responded	2986	100.0