



Nursing for the People with lifestyle-related diseases in Japan

3. Japanese Nursing Association in Action

Japanese Nursing Association



1. Current state of lifestyle-related diseases/NCDs in Japan and actions taken
2. Nursing for the people with lifestyle-related diseases: health promotion, prevention and supporting the persons living with the lifestyle-related diseases
3. Japanese Nursing Association in Action

Glossary

- Lifestyle-related diseases :

It is a group of diseases that onset and progress of which are concerned with lifestyle and behavior factor(s) such as dietary habits, physical activities, rest, smoking , alcohol consumption, etc.

Examples: Diabetes, hypertension, heart diseases, cerebrovascular diseases, cancers, etc.

Source: Ministry of Health and Welfare, the Council on Public Health on December 8th, 1996

ACTIONS TO PREVENT LIFESTYLE-RELATED DISEASES: JNA GROUP SUPPORT MODEL

Public Health Nurse-led actions to prevent lifestyle-related diseases

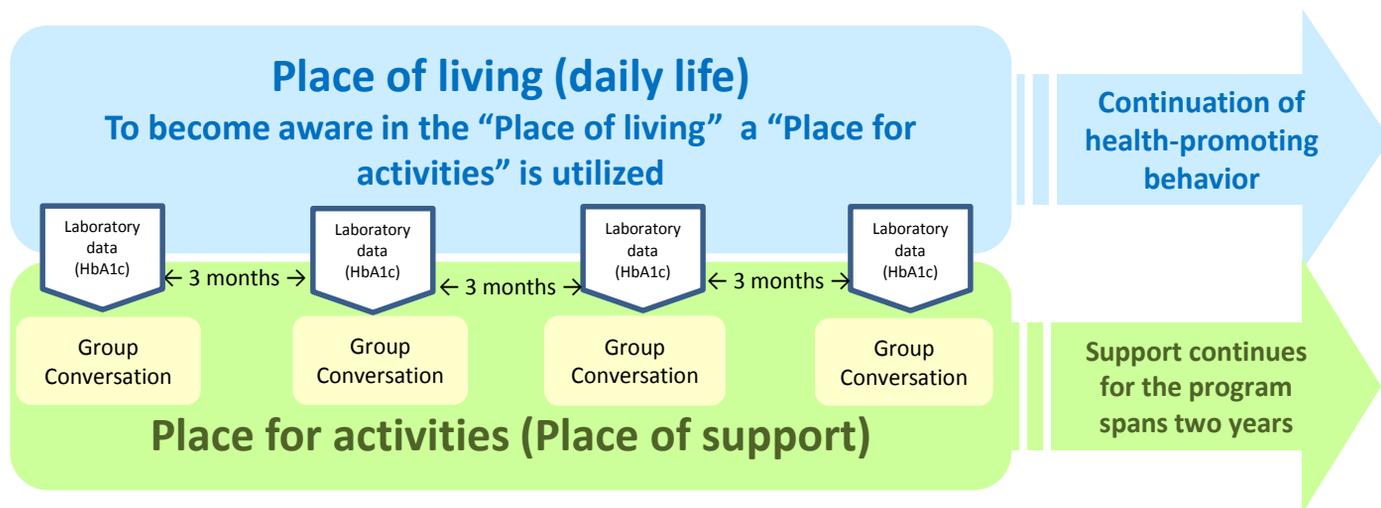
Specific Health Examination and Specific Health Guidance programs started in 2008. There are high expectations of public health nurses (PHNs) to provide health guidance. JNA developed a “JNA Group Support Model” in 2006 as a health guidance program to be implemented by PHNs. JNA also implemented a model project for 3-year, which started in 2007, utilizing a JNA Group Support Model for activities of lifestyle-related disease prevention; and positive results were achieved.

This model project involved participation by 272 professionals from 24 providers, including PHNs, nurses, registered dietitians and others. The target groups of this model project were insured persons and their family members aged between 40 and 74 years.

The first step of the model project was mass screening by providers to identify patients with Metabolic syndrome. This was followed by PHNs’ educating the risk groups, with a focus on their lifestyle including diet and daily life. A JNA staff support team helped the PHNs with their teaching sessions.

Prevention of lifestyle-related diseases

JNA group support program



Specific elements of the JNA Group Support Program are as follows;

1. Participants meet every 3 months to reflect on their life based on laboratory data and group conversation;
2. Participants self-check their own laboratory data and diet;
3. Support between the group conversations are provided via phone calls, e-mail messages and letters;
4. Aim is to graduate within 2 years.

The main activity in the JNA Group Support Program is group conversation in a small group of 6 or 7 people, which allows the participant to highlight certain aspects of his/her own lifestyle that he/she is not normally aware of, by comparison with the others. The participant then experiments with what he/she realized during the activity in his/her own life, and aims to incorporate it as his/her own habit. In addition, the participant self-checks changes in the laboratory results so that he/she can understand how lifestyle is related to his/her physical status and can become able to interpret the laboratory data. Furthermore, the participants learn to monitor the actual state of their own lifestyle throughout the year; because the basic unit of real life is a year: people live through annual events and school and/or business year events. In addition, in consideration of possible relapse, the program has a mechanism whereby people can participate when they feel a need. This allows support to continue until the new lifestyle becomes the participant's own, and therefore the program spans two years.

Contents of JNA group support model

1. Looking at the process
2. Looking at the actual state of diet
3. Looking at the state of control
4. Looking at the actual state of developing habits

The prevention of lifestyle-related diseases requires a person to review his/her lifestyle and to obtain and continue with the new lifestyle. What specific actions to take during this process differs from person to person. The program is aimed to have the participant experience the four points above through group conversations, assess their own state, identify their own challenges and obtain the necessary aspects for their own actual daily life. During the 3-month period between group conversations sessions, the participant receives PHN's support while experimenting with the new knowledge they have discovered through group conversations about their own daily life, in the form of phone calls, e-mail messages and letters.

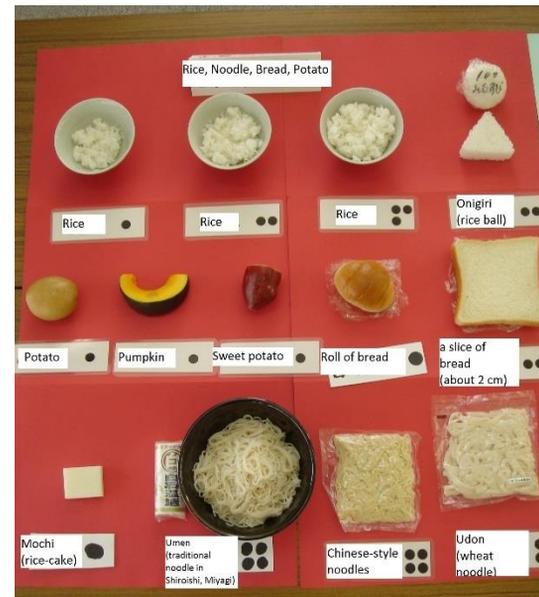
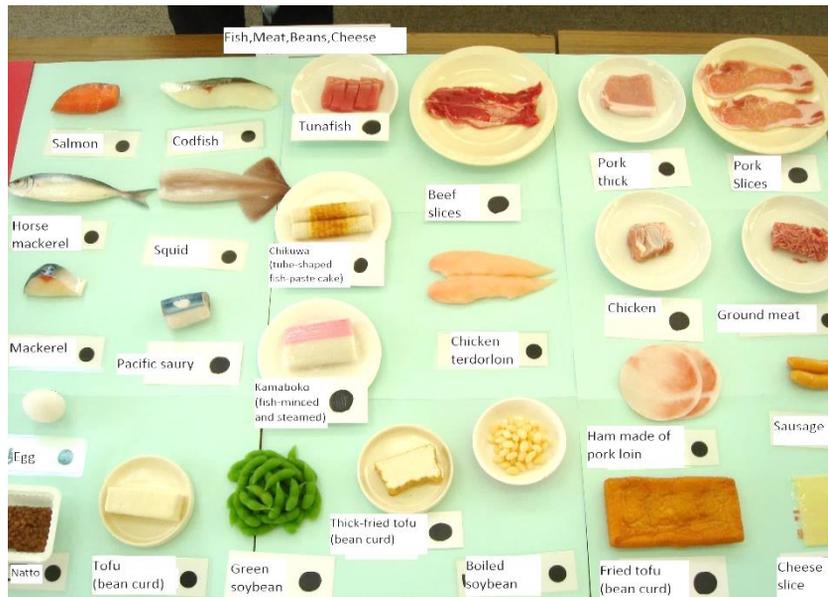
1. Looking at the process

- By observing the course of asymptomatic lifestyle-related diseases thorough the case with similar challenges that participants have, he/she will reflect on his/her own lifestyle.

In the “Looking at the process” , the participant examines a case with similar challenges as his/her own, so that the participant can see that lifestyle-related diseases are the issue close to him/her and becomes aware of it. “Top-student” cases will not be used for case study, neither a case who later suffered a stroke (because the participant may feel threatened that “You will be next.” The participant will become aware of his/her progress in the disease course by looking at other cases. Furthermore, the participant will also become aware of his/her own situations through group conversations that help highlight his/her situations in comparison to other cases and participants. Through these activities, the participant will become aware of the lifestyle-related diseases that is the issue close to him/her.

2. Looking at the actual state of diet

- Participants will review the quantity of meal to see how much and what the participant is eating.

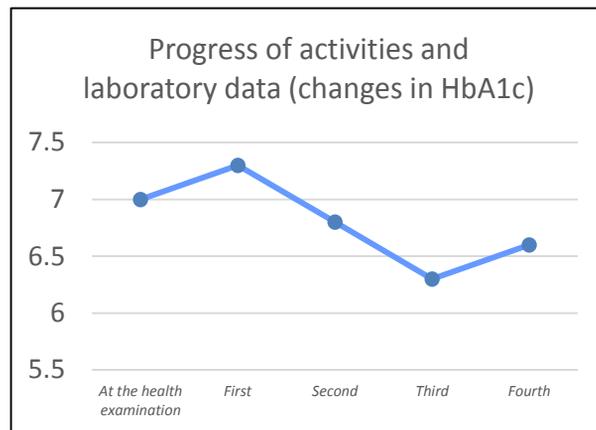


In “Looking at the actual state of diet” , the participant learns hands-on how to know the amount of the meal he/she eats just by looking at them, without having to rely on a professional like a dietitian.

Photographs or actual materials of common everyday food are displayed, and the energy content is indicated with a number of ● (● equals 80 kcal). The participant lists the food he/she eats, and by using the photos and actual food shown, can count the number of ● in his/her own meal to grasp how much energy he/she is taking. By checking the actual quantity of food in a day’s meals, the participant’s vague sense of “watching what I eat” connects with awareness of where the problem lies. Doing this activity while discussing it in the group helps the participants become aware the food issue in their own daily life.

3. Looking at the state of control

- The participant will look at changes in laboratory data and his/her own daily life; and will understand why test results change by looking at the process.



(Image)

In “Looking at the state of control”, the participant will understand that laboratory data are not the data used to diagnose a disease, but data used to look at the daily life. By graphing laboratory data for a year, the participant will learn that the laboratory data reflect the state of the daily life. By sharing causes of laboratory data changes in group conversations, the participants can become aware of an aspect of their daily life that they have not realized before.

4. Looking at the process involved in developing habits

- It takes time to review what has already become a habit, and to improve on it and develop a new habit. There may also be relapses; therefore, the participant must find the conditions that will help him/her to continue.

“Looking at the process of developing habits” does not involve to check whether the efforts to improve can be continued. This part rather means to value the shared awareness that more likely than not, such endeavors do not continue. In many cases, laboratory data will improved once, but then deteriorate again if the new habit cannot be kept. By confirming the difficulty to continue and develop habits in group conversation activities, the participants will become aware of the necessary conditions to continue.

Outcomes

- In most laboratory tests, such as weight, abdominal circumference and HbA1c, approx. 60% of the participants “improved or remained constant” (2007)
- Reduction in number of at-risk persons between 2007 and 2008 health examination (2008)

Analysis of the results of the three-year-long JNA Group Support Model project of actions to prevent lifestyle-related diseases confirmed a certain level of its effectiveness.

Motivation is said to be the key factor in prevention of lifestyle-related diseases. The JNA Group Support Model utilizes group interactions. Participants are supported by other members of the group along their journey of progress and relapse, and can become aware of their needs as they are mirrored by their comrades. The length of activities is also determined with the purpose of becoming aware of the difficulty to continue and to recognize the necessary conditions for continuation.

The JNA Group Support Model is promoted for dissemination and use through publicity on the JNA website and the creation of a pamphlet and the facilitator’s manual. In addition, the following book was published to promote this program.

Setsuko Hisatsune, Kumiko Ii. *Group support to prevent life-style related diseases*. Tokyo, Japanese Nursing Publishing Company, 2009. (in Japanese)

SMOKE CESSATION FOR NURSES



Overview of JNA actions for tobacco use

- 1999 Declaring actions for nurses' tobacco use
- 2001 Statement of actions for tobacco use
Nurses and tobacco use, actual situation survey
- 2002 Smoking cessation policy adopted for venues where JNA-hosted events are held and the surrounding area
- 2003 Nurses and tobacco (pamphlet)
- 2004 Nurses' action plan for tobacco use
Smoking cessation support guide for nurses
- 2005 Smoking cessation support pamphlet for individual nurses
- 2006 Survey of actual situation of tobacco use among nurses
- 2013 Survey of actual situation of tobacco use among nurses



The statement of actions for tobacco use

1. JNA will proactively engage in actions for tobacco use as a profession who protect public health
2. JNA will support nurses undergoing smoke cessation
3. JNA will promote a smoke-free environment at health and/or welfare facilities to prevent passive smoking
4. JNA will proactively engage in education about smoking cessation and protecting from passive smoking for nursing students

* 2001 statement stated “3. JNA will promote a smoke-free or smoker separation environment at health, medical and/or welfare facilities to prevent passive smoking.” However, the Japan Council for Quality Health Care 2004 Accreditation Standards for Hospital Function Evaluation (Version 5.0) indicated an “Entire building smoke-free” policy. Accordingly, since “Smoker separation” does no longer conform to the demands of the time, the statement was revised in 2004 to “promote a smoke-free environment.”

Japanese Nursing Association declared its commitment to implement actions for tobacco use of nurses in 1999, and followed it up by identifying the current state and issues concerning tobacco use among nurses and formulated the basic approach to future actions and an action plan. JNA then started its actions to reduce the smoking rate among nurses in 2001, in collaboration with the prefectural nursing associations, and also declared the “Actions for tobacco use statement.” JNA has implemented various proactive actions in accordance with the statement.

Nurses' action plan for tobacco use (2004 – 2006)

Targets: 1) Nurses and nursing students; 2) Nursing management divisions at health and/or welfare facilities and teaching staff at nursing educational institutions; 3) Prefectural nursing associations; and 4) Japanese Nursing Association

Planned period: 2004 – 2006 (3 years)

Goal: To halve nurses' smoking rate from the 25.7% in 2001 by 2006

In 2004, JNA published, "Nurses' action plan for smoking cessation 2004," which included the "Nurses' action plan for tobacco use" and the "Smoking cessation support guide for nurses."

The "Nurses' action plan for tobacco use" presented clear goal and an action plan for the three-year period from 2004 to 2006. The four-item of the "Action for tobacco use statement" published in 2001 provided the fundamental policy, each of which had a set achievement objective. In addition, per objectives, JNA indicated action plans for each four target groups. The goal was to halve the smoking rate among nurses (in 2001 it was 25.7%) by 2006 to be the same as the rate among adult females in the general population, and to eliminate nurses' smoking at work.

Result of the actions: though the 2006 survey noted that the objective to halve nurses smoking rate was not attained, the smoking rate had declined.

Smoking cessation support guide for nurses

Chapter 1: Understanding the characteristics of nurses who smoke and examine how to support behavior changes to stop smoking

Chapter 2: Examine methodologies to support nurses who smoke to change their behavior to stop smoking

Chapter 3: Examine to develop a working environment that supports nurses' smoking cessation

Chapter 4: JNA role in promoting smoking cessation among nurses

In the “Nurses’ action plan for smoking cessation 2004,” not only “Nurses action plan for tobacco use,” but also “Smoking cessation support guide for nurses” were published.

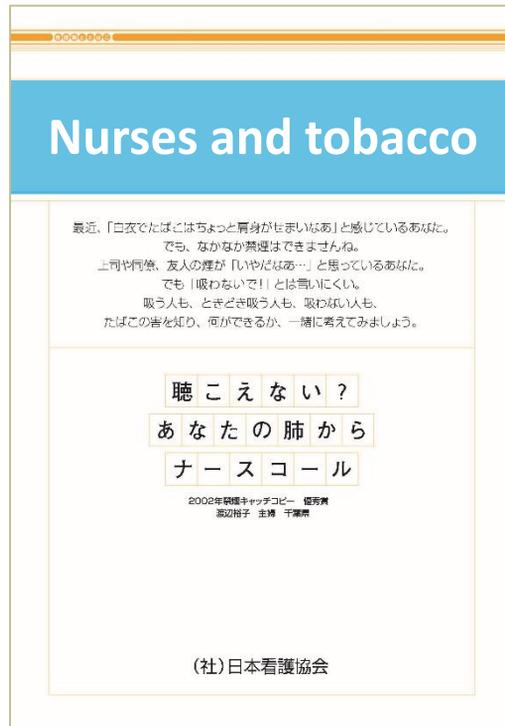
This guide discussed the behavior of nurses who smoke and their psychological characteristics, and presented a review summary of how to support their smoking cessation.

The questionnaire survey was conducted with the aim of understanding the characteristics of nurses who smoke, and found the following: 1) compared to females in the general population, female nurses smoked twice as much, and their smoking rate did not decline with age; 2) the smoking rate varied widely depending on their general education history, specialized education history, professions and workplaces; 3) nicotine dependency of female nurses was not particularly higher than that in the general female population; 4) overall level of knowledge about tobacco was low; and 5) despite being in a profession of which it is expected not to smoke, their workplace environment accommodated smoking. In addition, an interview survey found that nurses adapted to the smoke-free hospital environment by binge-smoking before and after work and during breaks. These findings clearly showed that it is not only important to educate individuals about tobacco, but also to take action to make the entire workplace smoke-free.

This guide does not only review how to support individuals, but also multi-angled approaches to the workplace environment and the role of JNA.

Enlightenment activities

Nurses and tobacco



A pamphlet and poster were created as a part of enlightenment activities of the action for tobacco use.

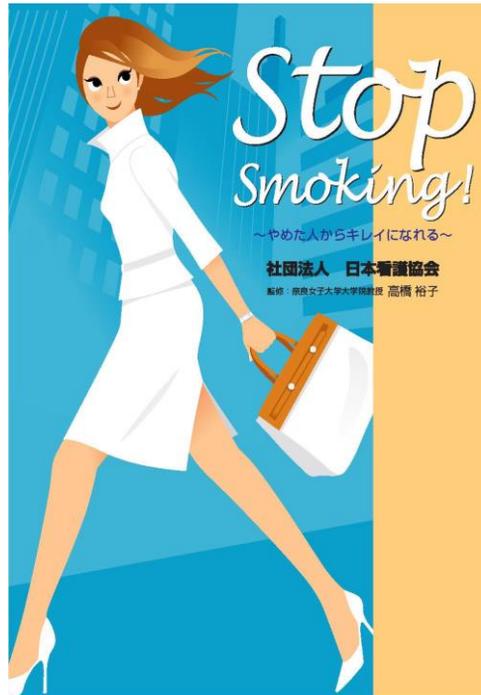
The pamphlet “Nurses and tobacco” was created in 2003 for an anti-smoke campaign aiming to educate nurses and spread the message.

Based on the findings of the 2001 “Nurses and tobacco use, actual situation survey”, the campaign provided basic knowledge about tobacco and smoking cessation. The pamphlet also introduced the winners of the “Smoking cessation catch copy competition” that was held in 2002 as part of the enlightenment activity to show nurses what expectation public have of them.

This pamphlet was distributed at facilities where JNA members work, educational institutions, prefectural nursing associations and other places, as well as utilized during nurses’ orientation when they start a new career and nursing students’ orientation when they start their course.

Enlightenment activities

Pamphlet

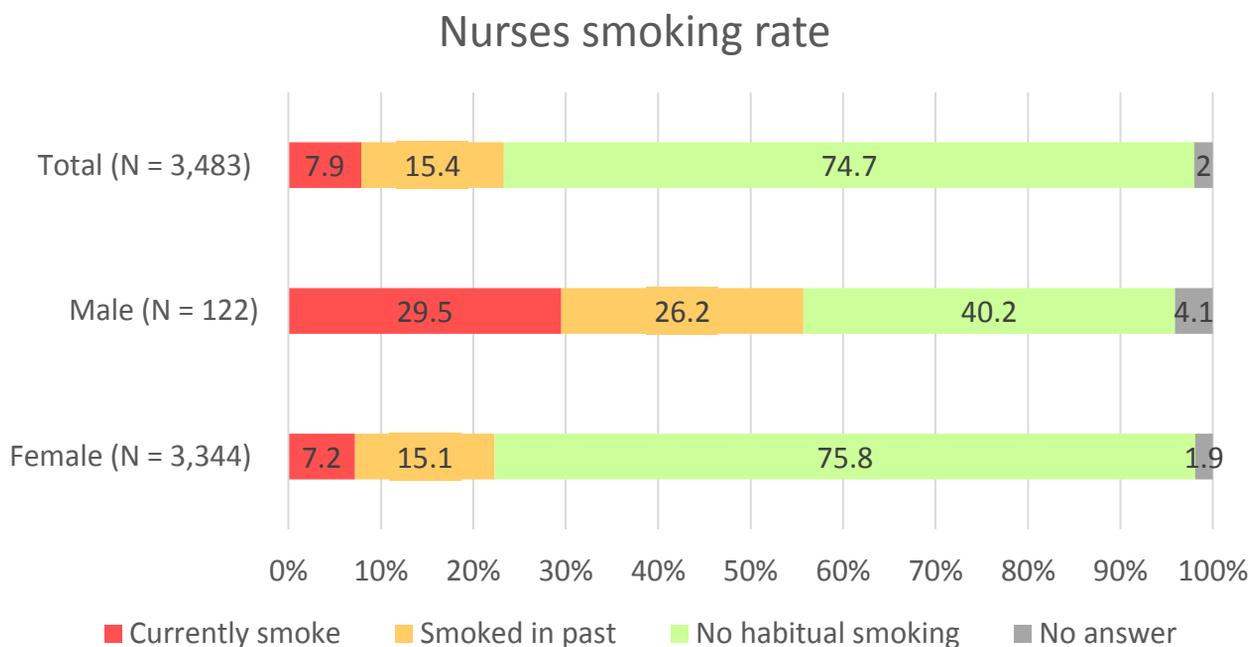


A smoke cessation support pamphlet was created in 2005 to coincide with the WHO Framework Convention on Tobacco Control that come into force. This pamphlet was aimed to support individual nurses' efforts to stop smoking (especially female nurses in their 20s and 30s.)

The pamphlet not only reiterates the impact of smoking on female-specific diseases and beauty aspects, but also addresses the stress management perspective, often mentioned by nurses as the reason why they smoke.

The pamphlet also has checklist and chart to understand one's own smoking pattern and smoker type, designed to raise smoke cessation awareness by letting the nurses fill it out themselves.

Survey of actual situation of tobacco use among nurses



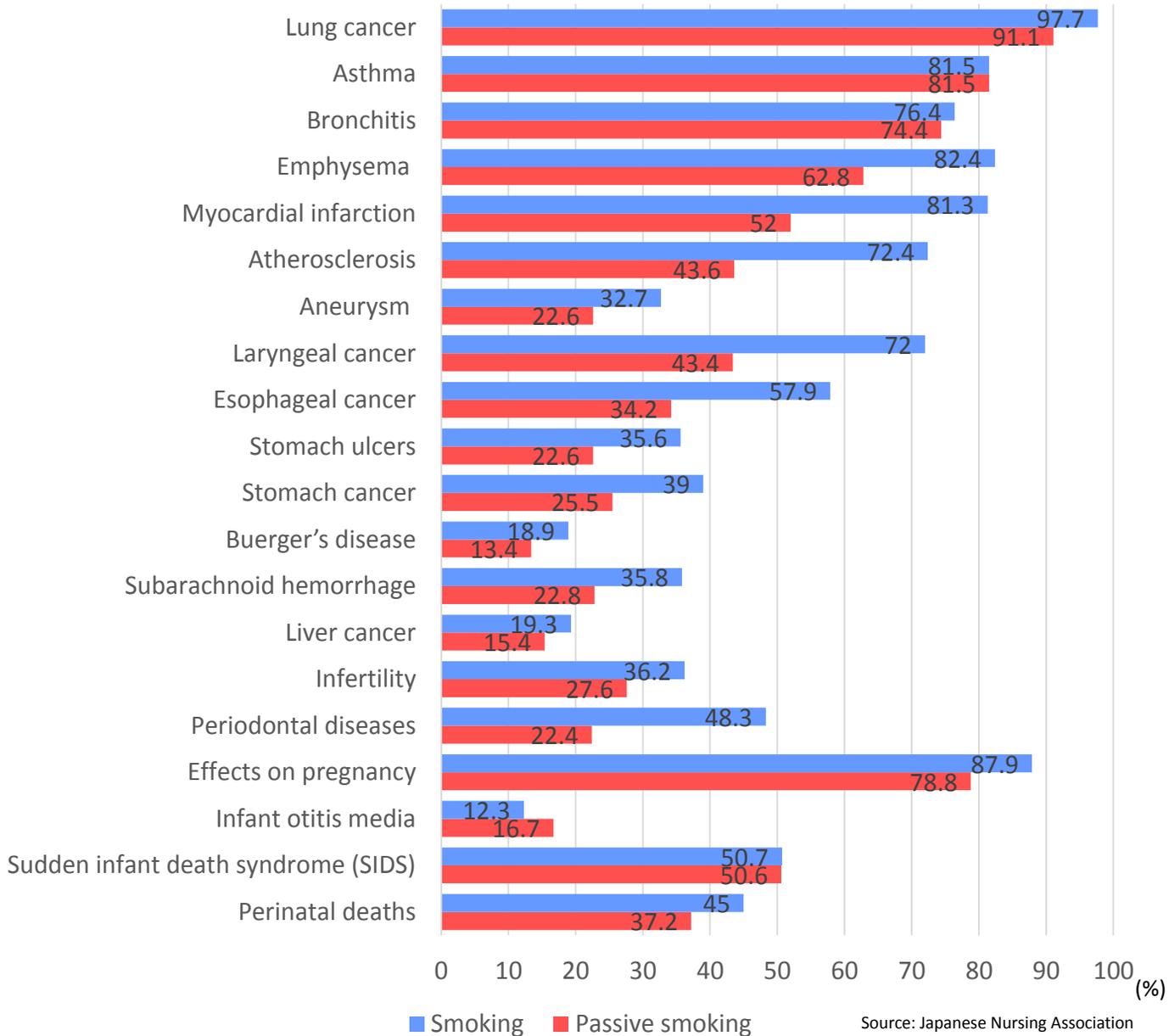
Source: Japanese Nursing Association
2013 Survey of actual situation of tobacco use among nurses

In addition to enlightenment activity of action for tobacco use, JNA conducted, a survey of actual situation of tobacco use among nurses in 2001, 2006 and 2013. The 2013 survey found that nurses' smoking rate for males and females was lower than the national smoking rate (male: 34.1% and female: 9.0% ¹⁾)

1) MHLW, 2012 National Health and Nutrition Survey

Survey of actual situation of tobacco use among nurses

Awareness of health impact of smoking (multiple answers) (N = 3,483)



Concerning the risks of smoking, 70–90% of respondents were aware of the risks of lung cancer, asthma, bronchitis, and such respiratory diseases, laryngeal cancer and the impact on pregnancy. However, fewer were aware of the risks for aneurysm, stomach ulcers and stomach cancer.

Concerning the risks of passive smoking, 60–90% were aware of the risks of lung cancer, asthma, bronchitis and such respiratory diseases, while fewer than half knew about laryngeal cancer, atherosclerosis, stomach ulcer and periodontal diseases.

Future actions

1. By ensuring that all nurses have the accurate knowledge about health effects of tobacco, also to protect non-smokers from passive smoking, JNA aims to achieve zero smoking among nurses.
2. JNA will provide enlightenment and promote the need for smoking cessation support and promote appropriate smoking cessation treatment for nicotine-dependent persons.
3. JNA will further promote the education for nursing students not to start smoking and to stop smoking.
4. JNA will realize adherence to smoke-free measures at hospitals, clinics and other public spaces.
5. JNA will disseminate the necessary information to all nurses for a smoke-free society.

Following up the findings of the 2013 Survey of actual situation of tobacco use among nurses, JNA will strive to lower nurses' smoking rate and continue its actions as a professional organization of nurses who support health of public to ensure that nurses learn the accurate knowledge about smoking and to realize a smoke-free society.

In Conclusion

As the Government of Japan proceeds with its community based integrated care system, emphasis has been placed on the community as a living place. JNA's focus is on building a system that supports people in the community to live long healthy lives through such measures as the prevention of lifestyle-related diseases.

With regard to the prevention of lifestyle-related diseases, JNA will make a contribution by enhancing the foundation of PHN activities, which are intended as health promotion activities for community.

Meanwhile, JNA aspires to achieve a society free of tobacco, one of the most serious risk factors for lifestyle-related diseases, by promoting accurate knowledge about tobacco among nurses.