

REPORTS

Study experience on Japanese geriatric nursing

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Abstract

Japan is one of the first countries to enter the aging society in Asia. According to the Aging Society White Paper issued by Japanese government in 2010, the proportion of Japanese people over the age of 65 has risen from 22.1% in 2008 to 22.7% in 2009. People over the age of 75 make up 10.8% of the total population. It is expected to have 1 elderly in every 2.5 men in 2055. The elderly rate will reach 40.5%. Based on this social background, the systems on pension insurance, elderly care and so on are relatively sound in Japan. In early 1987, "Social Welfare and Nursing Nurses Act" was born at the right moment in Japan. In 2000, Nursing Insurance System was implemented, providing legal support and technical support for the geriatric nursing.

Key Words: Japan, Nurse, Support

From May 17th to June 10th in 2010, under the strong recommendation of the hospital, I was supported by Mr. Takano Hiroshi, an Honorary Professor of Inner Mongolia Medical College, to achieve the opportunity to go to Toyama-ken, and get the first intimate contact with the concept, system and the way of work of Japanese geriatric nursing. In Toyama-ken, I visited the nursing section of Toyama University, Affiliated Hospital of Toyama University (see Figure 1), Toyama Welfare Association (welfare appliance experience, aged suspected experience), Toyama College of Welfare Science, Special Care Home for the Aged (White Light Garden), Health Club (regional elderly exchange, Day Food Meeting and so on), Xinengnan Hospital, Nursing Elderly Health Care Institution Miduoli Garden. I was deeply impressed by advanced facilities for elderly care in Japan, humanized nursing service and Japanese nursing workers devoted to the nursing services. Here I would like to introduce what I have seen in Japan about the situation and feeling of elderly care, hoping to be helpful to the nurses in clinical care.



Figure 1: Affiliated Hospital of Toyama University

1 Japanese elderly care

Japanese hospitals are divided into general hospitals and convalescent hospitals. There are 700,000 general sickbeds and 210,000 sanatory beds. Because of the intensifying ag-

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ing of society, the medical resources are becoming tenuous. The elderly are usually hospitalized only during the acute phase of the disease or during the operation. After the remission of the disease, they would be transferred to the nursing systems or returned to the family for continuous care. From this we can see that the elderly care work is basically done outside the hospital in Japan. Outside hospitals, Japanese geriatric care usually comes in several ways.

1.1 Home-visit nursing

It is mainly suitable for old people who want to live at home but need nursing assistance. I didn't achieve the chance to see this nursing style in person, just got the detail introduction from the staff when I visited Toyama Welfare Association.

Elderly people who live at home can receive home-visit nursing regularly when family care does not meet their demands. First, the elderly need to apply to Community Family Style Center. Professional personnel will make comprehensive assessment on the health condition, quality of life and family environment of the elder in accordance with questionnaire for determination of degree of care. The nursing staff at the visit center will work out the plan in accordance with the identified assessment results.

Service personnel regularly visit and help to clean, bath, and make family physical therapy; Medical personnel regularly come to the service for physical examination, medication guidance, bed sore care, infusion, oxygen inhalation, nutrition management and joint training, etc.; Even in order to ensure the safety of the elderly, they would also reform the family environment of the elderly, such as the hallway easy for wheelchair access, bathroom transformation and so on.

1.2 Go and back nursing

When family members are out during the day and unable to care the elderly who are unable to take care of themselves, such care can be taken. The mode is that the nursing institutions pick up the elderly with special vehicles and take care of them during the day (see Figure 2), and drive them back home at night. This kind of care can make the elderly and the family enjoy the happiness of a family union on one hand, and save cost comparing to the all day long elderly nursing institutions on the other hand. The services include bathing, diet, dirigation and so on. The Special Care Home for the Aged (White Light Garden) and Nursing Elderly Health Care Institution Miduoli Garden I visited both provide this service. Nursing Elderly Health Care Institution Miduoli Garden provides such services for 48 elderly patients every day. The 48 elderly daily cleaning bath work is heavy for nurses and paramedics (see Figure 3).



Figure 2: Personnel of Nursing Elderly Health Care Institution Miduoli Garden picked the elderly from home in the morning



Figure 3: Bathing facilities for the elderly

1.3 Check-in elderly institutions

There are kinds of institutions for the elderly in Japan, and the classification is complex. I have come into contact with three kinds of elderly institutions, namely special care homes, nursing elderly health care institutions, and nursing convalescent type medical institutions.

(1) There are 24 special care homes in Toyama, built for old people over the age of 65 who have difficulty in living at home and have high demand for nursing. Here, the elderly can enjoy the services on bath, diet, excretion and other routine care, functional training and health management etc. The White Light Garden I visited is in this category. White Light Garden (see Figure 4) was set up by personal property and government aid. As a result of welfare, there are problems of poor turnover of funds and low staff salaries. However, the quality of services is still of high quality. The average age of the 80 elderly under care is 80 years, while 24 hours diapers using rate is only 8.75%.



Figure 4: White Light Garden

(2) There are 17 nursing elderly health care institutions (geriatric rehabilitation hospital) in Toyama. The institutions are applicable for people who are more than 65 years old, disease in the stabilization and recovery as the main purpose, and require necessary medical and nursing service.

(3) There are 59 convalescent medical institutions in Toyama, receiving people more than 65 years old in a stable condition, but still need medical service, and need to accept long time rehabilitation.

2 The concept of geriatric nursing in Japan

2.1 Support the service concept of the elderly independence

In more than 20 days of visit and study in Japan, I felt Japanese geriatric nursing offers not only a care, but an important service concept of helping and supporting the elderly to be independent. The facilities in a variety of elderly service institutions are all with the design concept of self-care encouraging and survival skills training, such as the adjustable height operation in kitchen (see Figure 5), the toilets for people with limb disorders of different extremities, the tablewares for people with different lateral physical condition and different level of physical handicaps (see Figure 6), etc. The purpose is to train the elderly recover self-care ability at the greatest extent, improve the quality of life and spiritual needs satisfaction at the same time. It seems simple, actually the practice is not so easy as we think.

Our habit of nursing is to care, and our traditional nursing is to take care of patients. We think that giving care as much as possible is a care of high quality, but today it seems too narrow, at least without considering the feeling of patients. Are we providing the patients what they need? How can we guide the patients what they need since we are not them? It was in a “suspected senile experience” in Japan (see Figure 7), I thought about this question truly. The so-called “suspected senile experience” was to apply a set of equipment

to pretend us as deafness, humpback, unilateral limb disorder, and simulate the visual experience of the elderly. Then the experiencers performed daily activities such as climbing stairs, going to the toilet, eating and drinking water and so forth. You would found that the simple things at ordinary times became so hard. You could see why the old people in the family are out of touch with you. Then you saw what you need most at the moment. When took off the equipment, we experiencers could truly understand the design of facilities for the aged was so careful and well-intentioned.



Figure 5: Adjustable height operation in kitchen



Figure 6: The tablewares for people with different limb disorders



Figure 7: Suspected senile experience

2.2 Respect the nursing object, pay attention to detail nursing concept

We all know the Japanese politeness when they meet. When I arrived in Japan, the nurses' respect for the nursing objects is not the same as I expected. Every time the nurses enter the ward, they send their respect to the patient with their own initiative, and explain before any operation. There is no exception even for people with consciousness disorders. For example, when nurses prepare a bath for a person who has consciousness disorders, or make protective seal in puncture sites, it should be explained to the patient when it is operated. So once I thought the patient was sober. In the rehabilitation room, you can often see that physical therapists explain and communicate with Alzheimer's patients over and over again. After twenty minutes, the patient may not even have any action.

In detail nursing, Japanese nurses I have contacted give full consideration for every link, such as the patients' feelings on diet, cleanliness, and comfort. Taking eating as an example, it is an important problem that the aspiration of elderly patients during food taking leads to pulmonary complications. In Japan, I saw a patient with Alzheimer's disease. In order to solve her diet problem, dietitian, nurse and physical therapist formed a team. The dietitian was responsible for determining the patient's diet type, collocation and character. The physiotherapist trained the patient with correct method of swallowing. A nurse assisted feeding and assessed intake. Although it took a long time for the elderly to eat every time, as long as she could eat some food properly, the nurse and the physiotherapist would promptly encourage the patient. This let us feel that details determine the quality of care.

3 Obligations of nurses in Japanese geriatric care institutions

In Japanese geriatric care institutions, there are professional teams responsible for the elderly care. The team consists of different professionals such as doctors, nurses, nursing workers, physiotherapists, nutritionists, and welfare professionals who work together to achieve the goal of returning the elderly to the society, and provide care services of high quality. Nursing means taking care of. The work is similar to nursing workers as we have said all along. Due to the development of the aging society and the growth of frail and handicapped elderly people in Japan, medical treatment alone will not solve health problems. Caregivers are required to provide care not only on medical care but also on daily life, thus nursing profession providing supports in daily life emerged. Nurses in elderly institutions are less than nursing workers but playing important roles. Their main responsibilities include the health management of the elderly in the institution, the contact with the doctors, family members when abnormal occurs and daily care including vital signs and status monitoring, diet management, excretion management, psychological counseling and so on. Frankly, during my visit, I didn't differentiate between nurses and nursing workers. They are a team working together for a common goal. The head nurse will also help the patient bathe in the bathroom, and a nurse or a nursing worker will be a driver in the morning or afternoon to shuttle patients. As long as required by the people taken care of, someone will try his or her best to serve them.

4 Nursing Insurance System in Japan

In fact, there is an important insurance system supporting the perfection of Japanese geriatric care, which is called "Nursing Insurance System". The insurance system was established and formally used in 2000, and people over the age of 40 must attend, and deduct or pay a certain percentage of the insured amount from the income each month. People over 65 years of age are No. 1 insured, and people over 40 years of age without reaching 65 years old (limited to 16 specific diseases) are No. 2 insured. Usage of the insurance is subject to a sequence of procedures: application-survey (interview survey, doctor's opinion)-investigation-determination (verify the degree of care, release of notice)-nursing service plan forming-utilization. On the utilization of insurance cost, the government directly transfers the cost of nursing insurance to the nursing home, which is managed by the nursing home itself. According to the classification of the degree of care, there is a corresponding upper limit. Exceeding of the upper limit, all the expenses shall be borne by themselves. It can be said that the nursing insurance is that the society undertake the worry and burden of the elderly nursing which should be taken by themselves and family.

At the same time, it reduces the cost of medicare in geriatric care.

In short, during my study in Japan, what impressed me most was the hard working attitude and professional ethics of Japanese nursing workers. Regardless of their position and the size of the work done, they always strive for excellence, and do their best to do everything. There are many aspects

of nursing in Japan that worth learning, but we also have our own advantages. As long as we pay attention to draw the advantages of foreign countries, and improve our work, I believe that in the near future, we can make our nursing work catch up with the advanced level of foreign countries.

Conflicts of Interest Disclosure

The authors have no conflict of interest related to this article.