Current topics related to the professional behavior of public health nurses in Japan Running head: JAPANESE PHN CONFLICT

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ACKNOWLEDGEMENTS

This report was supported by the Grant-in Aid for Scientific Research (KAKENHI) No.17K17548.

Conflict of interest statement
None

Funding statement
This report was supported by the Grant-in Aid for Scientific Research (KAKENHI) No.17K17548.

This article has been accepted for publication and undergone full peer review (not applicable for Editorials) but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/JAN.14324

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Introduction

Dealing with conflict in nursing is a relatively uncommon practice, especially in the public health nursing literature. Public health nursing is defined as protecting and promoting population health using nursing, social, and public health sciences knowledge (APHN, 1996). The public health nurse (PHN) is a major health provider in Japan. This article explores two conflicts in Japanese public health nursing practice: multiple professional identities and ethical challenges.

Public health nurses in Japan

There are three national nursing licenses in Japan: Registered Nurse, Midwife, and PHN (Public Health Nurses, Midwives, and Nurses Act, 1948). A total of 52,955 PHNs were employed in various fields in 2018; more than 70% of PHNs work for municipalities or prefectures. Municipalities (cities, towns and villages) employ 30,007 PHNs, while prefectures (after government these are the next level of government in Japan) employ 5,081 (MHLW, 2018).

The Japanese Ministry of Health, Labor and Welfare (MHLW, 2010) defined four major practical competencies for PHNs: 1) the ability to clarify and plan for community
health issues; 2) enhancing community health by providing continuous support and collaboration, organizational activities, and evaluation of individuals, families, groups, and organizations; 3) managing community health crises; and 4) developing social resources while creating and systematizing policies that enhance the community’s overall health.

Generally, one PHN working in a municipality manages an area of approximately 10,000 residents. The PHN is expected to develop community service systems and programs based on the four competencies; their primary focus is on health promotion in maternal, elderly, and working populations. PHN activities include providing guidance to pregnant women and mothers with newborn babies, maternal and infant health checkups, premature baby visits, and health education and counseling for older adults.

Compared with municipal PHNs, those who work in prefectures are expected to act more professionally, have greater technical skills, and have a broader-based perspective (MHLW, 2003). They provide disaster support and perform screening and follow-up for severe mental disorders and infectious diseases (especially tuberculosis). PHNs in both municipalities and prefectures are expected to monitor many residents and provide services from health promotion to emergency services.

Conflicts between Professional Identities

Everyone employed in municipalities and prefectures is considered a civil servant, which means that PHNs are expected to fulfill two different roles: both nurse and administrator. Our qualitative study explored the self-perceived professional identity of Japanese PHNs in municipalities (Iwasaki, Kageyama, & Nagata, 2018). Based on these studies, three different identity types were extracted. Two identities, “providing support to the consulter directly” and “working as a member of the administrative organization,” revealed a conflict in PHN practice between the expected functions of their two roles. Because identity-based conflict impedes mental health (Woolfolk, 1995), we recommend future research to investigate a strategy for conflict between identities.

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Ethical issues

PHNs in municipalities and prefectures reported experiencing ethical difficulties because of differences among stakeholders. Ethical conflicts occurred between clients and families and among multidisciplinary service team members (Asahara et al., 2012). A significant conflict between PHNs and administrative staff is the “concern about how services should be distributed among individuals or populations.” For example, PHNs provide home visits to postpartum women, including longitudinal follow-up if necessary. Some families require deep PHN involvement and many resources. Although interventions and treatments are appropriate for high-risk mothers, PHNs sometimes feel unsure about resource allocation; for instance, when one of our authors worked as a PHN, a concern was: “Taxes from all residents pay my salary, but I spend a lot of my working resources on just one family. How can I justify my time when I am not serving the whole community?”

To improve PHN practices and increase PHNs confidence, educational programs and supervisory support regarding ethics should be standard. Asahara, 2012). Because the resource allocation conflict for individuals versus the general public is specific to PHNs, we must understand how they experience ethical problems and find ways to alleviate them.

Conclusion

Japanese PHNs in municipalities and prefectures experience two types of conflict. First, they experience internal conflict related to having multiple job identities. Second, external conflicts involving ethical issues among different stakeholders cause concerns. Because PHN practice is part of the public health system, some of the conflict may be a direct result of their background, but there has been little research into PHN dealing with conflict. Our study helps to fill that gap by examining conflict for public health nursing as a profession that fulfills two different roles.
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This editorial has not been subjected to a peer review process and is published at the discretion of the Editor-in-Chief.

References


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