

## Home Nursing Practice in Japan during the COVID-19 Pandemic

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### Abstract

### Review Article

Home healthcare in Japan has changed with the times. Currently, Japan's population is about 130 million, and the aging rate of those over 65 is about to reach 30%. According to a survey, about 60% of the Japanese population would rather die at home than in a hospital. In Japan, there is a long-term care insurance system that allows people to live at home even if they are ill, and there is a support system that allows people to live in the community by utilizing various social resources. The system is designed to support people to live in their own way in the community. The role of a visiting nurse is to support people so that they can live their lives in the community in their own way. Practical training is provided to learn the role of the home nursing. We examined the extent to which nursing students were affected by the coronavirus for two years, in 2020 and 2021. The method of investigation was a comparison of the content of the practicum and the characteristics of the patients the students received during the practicum. Half of the time, the coronavirus replaced the practice on campus. In addition, the number of pediatric patients accepted was reduced. The nursing students' home nursing practice has been conducted without loss of learning opportunities while taking thorough infection control measures.

**Keywords:** Home nursing, Japan, Nursing practices, Covid-19.

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## 1. BACKGROUND OF HOME HEALTHCARE IN JAPAN

As of 2022, Japan's total population is about 130 million, and the population over 65 years old is about 37 million, with the aging rate about to reach 30%. In this hyper-aged society, Japan is entering a society of multiple deaths, and the number of people who aspire to the position in a given year is at an all-time high. According to estimates, the number of deaths will peak in 2040, after which Japan's population decline will accelerate. In this multi-death society, many Japanese are beginning to consider the question of where and how they will die, and according to a 2021 Nippon Foundation survey, approximately 60% of Japanese would like to die at home as the place where they would like to spend the last days of their lives. The reasons given for wanting to die at home included "I can be myself" and "I am used to living there. This was followed by medical facilities at approximately 30%. In reality, however, about 80% of the respondents died in hospitals. As Japan faces an aging and death society, nursing education in Japan is also aiming for seamless nursing care from hospital to home care.

In response to the changes in Japanese society, nursing school curricula have begun to place more emphasis on home health care nursing, including an increase in the number of credits for home health care nursing. During this period of transition, the coronavirus epidemic spread, and various changes appeared in the form of practical training at nursing schools. Many hospital-based training programs were shortened due to the spread of coronavirus infection, and on-campus training was offered as an alternative to hospital-based training. In the area of home health care nursing, practical training was planned to focus on training at home health care nursing stations so that students would have the opportunity to consider medical issues in Japanese society. The goal was for the nursing students to visit the homes of convalescent patients with the nursing staff at the home nursing station to learn about the role of nurses, but they were not allowed to visit without the consent of the convalescent patients. Many were concerned about the spread of coronavirus to the convalescents due to the spread of the coronavirus to the convalescents. After repeated discussions with the staff of the home nursing station, we explored the extent to which practical training could be conducted while taking infection

prevention measures and ensuring that students had the opportunity to learn. As a result, we report on the differences in the methods and forms of practical training before and after the spread of coronavirus infection.

## 2. Our university's home nursing practice

1. Target 4th graders
2. Time of year May-August
3. Credit/Hour 2 credits/90 hours (2 weeks)
4. Objective To understand nursing care and multidisciplinary cooperation for health and life issues of home care patients and their families, and to learn the role of nurses in the establishment of a comprehensive community care system.
5. Practical training method: Two weeks of practical training at a home health care nursing station.

The trainee will accompany the home care nurse from 8:30 a.m. to 4:00 p.m. An average of three to five visits per day will be made to the homes of the patients.

Week 1: Obtain information on the disease, age, caregiver, family background, and social resources used by the caregiver visited with the patient, and summarize this information in the practical training record. Select one case study of a patient visited with the patient, identify nursing problems, and formulate a nursing plan.

Week 2: Implement and evaluate the nursing plan. On the last day of the practical training, make a presentation on the nursing care of each patient.

## 3. Home nursing practice changes due to the COVID-19 pandemic

The spread of the coronavirus infection has resulted in changes to the form and method of home health nursing training during the May-August 2020 practicum period. There were initially 13 home nursing stations registered by the university as training facilities. One month before the start of the practical training in May, nine of the 13 home health care nursing stations informed the university that they could not accept students for the home health care nursing practice. The nurses at the home health care nursing stations that were accepting students for practical training called us directly and told us that they could not accept our students for practical training. The refusal to accept students for practical training included the following: "We cannot accept students for practical training because the patient refuses to accept students," "We cannot accept students for practical training because we want to prevent infection from spreading to the patient," "The office of the home nursing station is too small and there is a risk of spreading infection when students are crowded together during practical training,"

and "We cannot accept students for practical training because the office is too small. The nurses at the home nursing station wanted to protect the caregivers from the spread of coronavirus infection, which was the main reason for the decision. The nurses at the home health care nursing stations wanted to protect the patients from the spread of the coronavirus. As a result, more than 70 students were not able to be reassigned. As a result, we decided to change the practice method in order to have more than 70 students practice equally at the home health care nursing stations.

### 1) Modified Practice Methods

Week 1: Accompany the nurse at the home nursing station to the home of the convalescent patient.

Week 2: Summarize the nursing care of the recipients in the university classroom. In addition, we will survey the community where the recipients live and summarize the social resources in the community.

### 2) Reasons for the change in practice

- Refusal from the facility where you practice
- Because the facility where they practice is unable to take infection control measures
- Unable to supervise students
- No recuperator to visit
- To prevent infection in the caregivers
- Practice is not possible in case nurses become infected.

## 4. Comparison of patient characteristics in home nursing practice before and after the COVID-19 pandemic

**Table 1:**

Age group % of respondents	2019	2021
0-9 years old	4%	0%
Teens	2%	1%
20's	1%	0%
30's	1%	0%
40's	2%	1%
50's	2%	0%
60's	10%	3%
70s	29%	35%
80s	34%	34%
90s	13%	26%
100 years old and over	2%	0%

This table shows nursing practice before and after the COVID-19 pandemic. First, the patients are compared by age. Blue is 2019 and red is 2021. In 2021, visits to pediatric patients have decreased dramatically. The majority of patients visited are over 70 years old.

**Table 2**

Gender % of patients	2019	2021
Male	45%	44%
Female	55%	56%

This table is to compare the gender of patients. With regard to the gender of the patients, there was no

significant change before and after the COVID-19 pandemic.

**Table 3**

Disease % of patients	2019	2021
Neurological disease	17%	25%
Circulatory disease	22%	8%
Digestive system disease	5%	5%
Terminal cancer	10%	30%
Pediatric disease	7%	1%
Musculoskeletal and connective tissue disease	7%	9%
Respiratory disease	8%	11%
Effect of injury, poisoning and other external causes	2%	0%
Diseases of the renal and urogenital systems	2%	1%
Endocrine, nutritional, and metabolic disorders	5%	5%
Mental and behavioral disorders	10%	5%

This table compares 2019 and 2021 by patient disease. In 2021, pediatric diseases patients and circulatory diseases patients decreased. And terminal

cancer patients and neurological disease patients increased.

**Table 4**

Primary caregiver	2019	2021
Spouse	38%	34%
Parents	10%	1%
Children	27%	44%
Office	5%	7%
Separated family/relatives	2%	0%
Daughter-in-law	4%	3%
Brothers and sisters	3%	8%
Living alone (nobody)	11%	3%

This table compares caregiver. Some patients lived alone without a caregiver. There was no significant change between 2019 and 2021. There were

many cases of children caring for a sick parent, husbands caring for their wives and wives caring for their husbands.

**Table 5**

Level of care required	2019	2021
Support 1	3%	10%
Support 2	5%	3%
Care required 1	12%	12%
Care required 2	18%	27%
Care required 3	11%	7%
Care required 4	14%	12%
Care required 5	23%	27%
Application pending, not approved, unknown	14%	2%

Comparison of 2019 and 2021 by level of patient care. In Japan, the basic minimum age to apply for long-term care is 65 years old. Levels of care required 1 to 5 and support 1 and 2 are approved. There are many patients with care required 2 and 5. Level of care required showed little change between 2019 and 2021.

### 5. Impact of the COVID-19 pandemic on practice

The 2weeks of practice scheduled at the home visiting nursing station was reduced to 1week.

Terminal cancer patients increased due to the COVID-19 pandemic. Pediatric patients decreased due to the COVID-19 pandemic. There was no change in the gender or level of care of the patients.

### 6. Current status of home nursing practice in 2022

Nursing students are divided into groups for 2weeks to participate in home nursing practice. Nursing students participate in 2 weeks of practice at home visiting nursing stations. Nursing students take infection prevention to participate in home nursing practice.

During the 2week practice at the home visiting nursing station, A Nursing student develop and implement a nursing plan for one patient.

## 7. CONSIDERATION

I believe that the terminal cancer patients accepted the nursing students for practice. Furthermore,

It is believed that home visiting nurses asked terminally cancer patients to accept the nursing students to practice.

Many pediatric patients were on ventilators, and the parents of the children tended to refuse the nursing students due to the COVID-19. Home nursing practice slightly changed due to the COVID-19.

## 8. Summary

Home nursing practice methods are now the same as before the COVID-19 pandemic. The best way to learn is to see home nursing in action rather than classroom learning.

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