

A Challenge for Inter—professional Undergraduate Education in Japan

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Abstract

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Having spent the greater part of the 20th Century concentrating its energies on economic policies rather than on the development of social welfare programs, today's Japan faces the problem of how to deal with an aging population in a society that lacks proper health, medical and welfare programs.

The rapid increase of an aged population coupled with the simultaneous sharp decline in the national birthrate has created an unprecedented social phenomena. One, which unfortunately, our national health care system and those working in the system have not been prepared for. Up until now, care workers such as nurses, health visitors, and midwives have worked independent of one another. In short, there has been no collaboration on the job. Hence, Japan lacks an integrative inter-professional health-care system.

Today, 95% of Japan's nurses work in hospitals. This leaves a mere 5% of trained nurses for at home care. These are disconcerting numbers. Japan lacks community and home nurses at a time when that is what the aging society so desperately needs. To fill the void of insufficient numbers of nurses (Instead of nurses), social workers are presently responsible for the administration of welfare, including home care. Unfortunately, social workers are not trained to be care givers, and thus many (most) are unable to provide the kind of personal care patients require. And deserve. Most often, social workers provide only indirect and impersonal care. This impersonality of the care giving system reflects (symbolizes) the current social situation (condition) in Japan.

As a means of addressing this, my colleagues and I felt it was necessary to develop an inter-professional program which incorporates a more human approach to care giving. In order to achieve this goal, we decided to adopt a more holistic approach to the study of the human being. Humans are more than merely physical and biological beings. Though unfortunately, our medical and health care approaches in Japan today often ignore this, humans are also social and cultural beings whose health is maintained through interpersonal interactions. What is needed, is an interpersonal care environment wherein care provides for not only

the physical and biological needs, but the social and cultural needs of humans as well.

Both my (former) colleagues and I believe (d) it is vital for students of nursing and social services to take this more complete and holistic approach to nursing and health care. To create a more broad-based (holistic and comprehensive) curriculum, we felt it best to combine the nursing and social welfare curriculum. With this as our founding philosophy, we thus established the School of Nursing and Social Services at the Hokkaido Health Science University.

The following is a diagram of the basic conceptual framework which forms the foundation of the program we created. As shown in the diagram, we designed a basic conceptual framework consisting of man, society, health, and care.

CONCEPTUAL FRAMEWORK

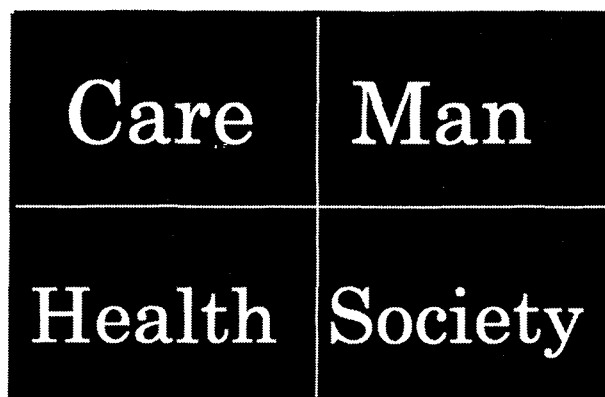


Diagram 1

BASIC CONCEPTUAL FRAMEWORK DIAGRAM

The next diagram outlines the general education curriculum at our School of Nursing and social services.

**Framework of Curriculum
1: General Education**

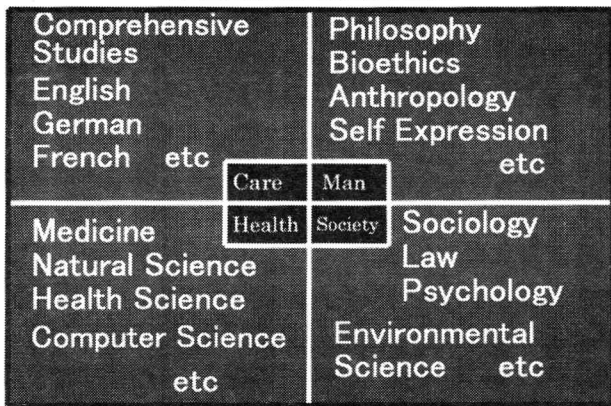


Diagram 2

GENERAL EDUCATION CURRICULUM DIAGRAM

Both nursing and welfare students are required to take 35 number of credits from this curriculum in order to graduate. As I noted earlier, we designed the entire curriculum around the basic conceptual framework which consists of man, society, health, and care. In fact, each course of the general education curriculum is based on one of these four concepts. By doing so, we hope to encourage students to analyze human problems from various angles. (Our ultimate aspiration as educators is to educate students to be more than cold machines of scientific analysis. We want our students to be philanthropic in their analysis' as well.)

To give you an example of how we devised the courses, in the case of comprehensive studies, each semester is based on a particular theme. For example, the theme for one semester may be 'Life and Environment'. The content of courses during that semester will directly relate to this theme. The following semester focuses on a different theme. For example, the theme may be 'Collaboration of Nursing and Social Welfare in Home Visiting Care'.

Through what we believe to be a unique curriculum and approach in Japan, we are aiming to cultivate and strengthen the inter-professional skills among our nursing and welfare students. (Skills which are absolutely necessary to meet the health care needs of our society. Both now, and even more so in the immediate future.)

NURSING DEPARTMENT'S CURRICULUM DIAGRAM

**Conceptual Framework of Curriculum
2: Course of Nursing**

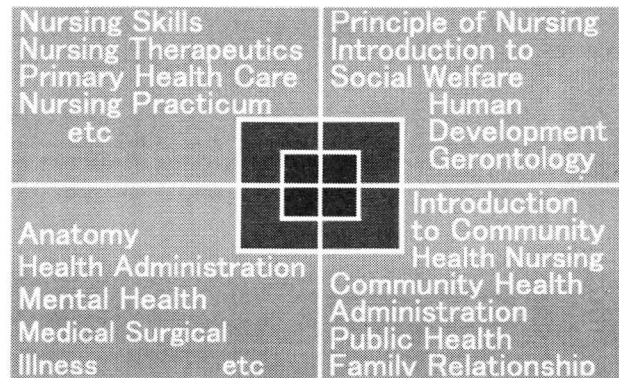


Diagram 3

The above illustrates the Nursing Department's curriculum. The basic conceptual framework I mentioned earlier consisting of man, society, health and care is applied here as well. As in the general curriculum, each course offered by the nursing department corresponds to one of the basic concepts. Foreexample, when 'man' is the basic concept of a semester, we offer courses such as 'Principles of Nursing', 'Introduction to Social Welfare', 'Human Development', 'Gerontology', to name a few.

The following diagram is the curriculum for the Department of Social Welfare.

**Conceptual Framework of Curriculum
3: Course of Social Welfare**

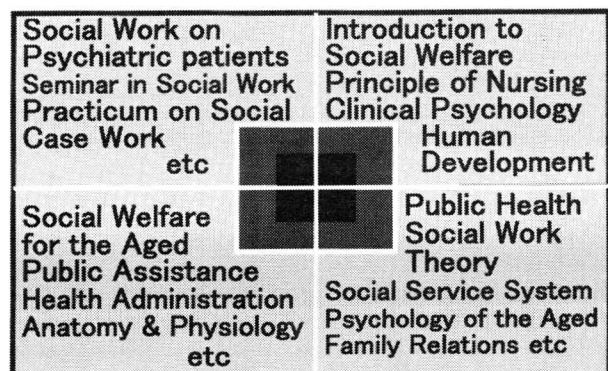


Diagram 4

DEPARTMENT OF SOCIAL WELFARE CURRICULUM

In viewing these programs I would like to again emphasize the importance of integrating nursing and

social welfare studies. The fundamental concern of both nursing and social welfare students are one in the same. That being, the care of human beings. We sometimes forget this. Professionals tend to analyze human problems through their narrow lense of specific expertise. (Many lack a broad perspective in their analysis. And this, unfortunately, adversely affects the quality of care.)

I have since changed universities, and am presently the Dean of the School of Nursing at Miyagi University in north-eastern Japan. Though my position has changed, my philosophies have not. In addition, my new colleagues (all) share in this holistic and inter-professional approach. We have tried our best to devise a curriculum that reflects this. We feel that students should first be taught to understand the basic (yet complex) foundation of human problems. Once they have this understanding, then they should ask in what way can they utilize their professional skills to ameliorate the situation at hand. (In short, we hope our students to first be humanitarians, then skilled professionals.)

Now I would like to return to my discussion of the program at my former university. Since founding the program in 1993, we have experienced some difficulties. Difficulties which must be addressed.

In particular, the failure of the Nursing and Social Welfare Departments to reach a mutual agreement on what the holistic view of human beings is. Because of this, we have not been able to create an effectively integrated curriculum.

The following are what I believe to be the reasons behind our failure as yet to create an effectively integrated curriculum. Reasons which may or may not be Japan-specific.

- a) A mutual definition between the two departments on what a human being actually is cannot be reached.
- b) Sectionalism among professors prevented the creation of a new type of educational collaboration.
- c) There is little mutual exchange on practical training between students of nursing and students of welfare services.
- d) There has not been sufficient discussion about the varying levels of the curriculum.

The challenge and the ensuing experiment of inter-professional educational has just begun in Japan. Problems are bound to arise as we attempt to implement this innovative curriculum. Nevertheless, I strongly believe we must be persistent in our attempt to create an inter-professional program for the sake of the care of humankind.