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CLINICAL EXPERIENCES


Home health care in Japan: A call of the raised voice

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Abstract

Providing home care to older people remains challenging in Asia countries such as Japan. The different cultures lead nurses to assist in different ways of care. As a nurse from abroad, delivering nursing care in other country need specific skills and knowledge to optimize the care. In addition, innovation is also needed for its efficiency during elderly care. Hopefully, this experience will motivate nurses to work in-home care service with heart instead of relocating to a retirement or long-term care facility as they get older. "Ageing in place" refers to remaining in the familiar surroundings of your home for as long as is physically possible. If you only need minimal assistance with your day-to-day activities, have a tight network of family and friends in the area, and can utilize the appropriate home care services to cover your needs, staying in your home as you age may be a reasonable option. Investigate the various services at your disposal. You can determine whether or not remaining in your home as you age is the most advantageous way to keep your independence and make the most of your golden years.

Keywords: elderly care; nursing; community nurses; innovation in nursing; society care

Introduction

Home care services can be one of the health care solutions during challenging times, as health is a precious thing (Boland et al., 2017), especially when various health facilities, such as Puskesmas, hospitals and others, can be overwhelmed in handling patients. Not to mention some people are worried about going to the hospital because they don't want to get an infection or morbidities (Joling et al., 2018). At the same time, excellent and correct health care is needed when someone is sick. Even though there are family members at home who can care for them, with limited knowledge about nursing, the actions taken will not be optimal (Sherman, 2019). Home Care services are health care services that can be performed at home (Cao et al., 2021). Home Care services are carried out by trained nurses who are certified, have professional education, and have passed a strict selection according to existing standards. That way, the health care services provided to patients can be carried out optimally and follow excellent and correct procedures (Popejoy et al., 2015). With Homecare services, patients will get maximum health care while staying comfortable at home. Home Care services also make it easier for the patient's family to monitor the condition of their sick family member. They can monitor the health care services provided to the patient and let the nurse do the best medical care (Segui et al., 2020). The following is our experience when providing care at homecare in Japan:

When I first come to work, I get to know new people. Whenever I meet new people, I always say, "Hajime mashite watashino namae wa Nindhi desu", for the first week, always introductions. I was also invited to an orphanage in another branch for introductions (Figure 1).



Figure 1. Homecare team

In addition to introductions, the first work days are filled with orientation. All patients' names, even in kanji, had to be memorized within a week, even though eighty patients were where I worked. In addition to the orientation of the patient's names, I also have to learn other things, such as the layout of the work environment, Japanese habits, and how to work. My work environment is quite good. Every time we meet other employees, we are accustomed to saying "Otsukaresama desu," meaning "you have worked hard". Even though I felt like I couldn't do anything when I started working, every time I heard those words, I felt appreciated. Maybe one day, such a habit can be applied in Indonesia.

The service system here is very structured. Everything is on time and has been scheduled. For example, the morning report is at 09.30 JST, and changing diapers must be finished at 10.30 JST, followed by sharing drinks and snacks. At 11.00 JST, all patients must have been awakened and sat in the dining room, then morning exercise. After the morning exercise for meal preparation, distribute hand towels and epron. At 12.00 JST, we will have lunch to help feed the patients. After eating, brushing the teeth, taking the patient to the toilet, and putting the patient to sleep must be finished at 13.00 JST. We usually share the task of one helping to go to the toilet, the other sleeping, and one in the dining room cleaning up dirty dishes and helping brush teeth. My workplace has three shifts: the morning shift at 07.15 JST - 16.15 JST, the afternoon shift at 09.30 JST - 18.30 JST, and the night shift at 16.30 JST - 09.45 JST. The morning shift is usually alone, and the afternoon shift is usually two or three; the night shift is usually two to treat 40 patients. My working hours in one day are eight hours plus one hour of rest. Except for the sixteen-hour night watch plus two hours of rest because it is counted as two working days. So automatically, every night watching, the salary is doubled plus a bonus.

There are eight days off in a month. Two days we can ask ourselves to be taken at any time. Then there is a long holiday every six months there is a ten-day holiday. But usually, I take a day off every time I have an interest, or maybe I'm sick, so I can't come to work. I've never taken ten days off in a row. There is also a two-day spring break, three-day winter, three-day summer and two-day dry season. Usually, in one month, I get twelve days off. I initially chose to work in Japan because the salary was attractive compared to other countries. Japan is a safe country. I applied through the

Japanese G to G program. Apart from being free, we also get practical Japanese language training. We don't know what life is like abroad, but if we don't try, we'll never know, right?

Discussion

Over the years, the work of home care nurses has been influenced by changes such as the increase in the ageing population, the decentralization in the system of care, nursing crises and the lack of public facilities (Melby, Obstfelder & Hellesø, 2018). Due to this phenomenon, innovation in the healthcare system is urgently needed to optimize care in-home setting. Like in Japan, the delivery of nursing care is systematically and well managed. In addition, home care nurses should receive complete information like primary diagnosis and other relevant information. However, nurses not provided with information must use multimedia platforms to access the appropriate care and assessment. Our experience recommended that developing media for home care services is essential to optimize home care in a particular country (Kim, 2015; Ahmed et al., 2021). In light of Japan's rapidly ageing population and the government's extraordinary health strategy to strengthen home care medicine and increase the number of home care physicians, it is crucial to anticipate the country's future geriatric home care requirements. Japan now has the world's most significant population of people aged 65 and up. It's predicted that our increasingly elderly population will keep expanding. While the total population has been declining since 2008, projections for 2035 forecast 37.820.000 persons aged 65 and more, representing 33% of the population, with that number rising to 39.9% in 2060. The medical industry, particularly geriatrics and end-of-life care, struggles with Japan's ageing population. The pressing concern is how and where older adults live out their final years. Medicine practiced in the home is in its infancy yet rapidly expanding. On the surface, the idea of home care medicine may seem antiquated and ineffective (Iwata et al., 2020).

Home health care is gaining prominence in many nations, even though its definitions and methods and the responsibilities and contributions of physicians vary. In both Germany and Belgium, house calls are an integral part of what it means to be a family doctor. Furthermore, Japan and industrialized countries are not alone in facing the challenges of an ageing society; the old population is growing faster in developing regions than in developed regions. Several studies have been conducted on the medical workforce, but to our knowledge, there have been no published reports estimating home care physicians. Therefore, a comparable workforce study of physicians providing home care in different nations is necessary. Our research used easy-to-implement strategies that may be widely used. Our analysis demonstrates that the physician-to-patient technique, which requires simply a count of home deaths and home care physicians, is straightforward and yields reasonable estimation, in contrast to our mortality method, which necessitates mortality data for a country. The potential advantages of investing more in-home care could be felt far beyond Japan (Wilson, Heinsch, Betts, Booth & Kay-Lambkin, 2021). In most cases, nurses working at home nursing stations are the ones who give patients home care nursing services. Every home nursing station has to be approved by the prefecture that it is a part of to receive certification, and all of the services offered have to be covered by national insurance. Accessibility and the strategic positioning of home nursing stations within their respective geographic areas are primary challenges. In recent years, geographic information systems (GIS) have been utilized in research about the accessibility of medical care and the distribution of socio-medical resources. GIS stands for geographic information system that allows users to visualize data and do analysis based on spatial information for a place or region. In Japan, where home care nursing is becoming increasingly essential and efficient use of limited medical resources is required, GIS should be integrated in the home nursing care. Although research on home care nursing is broad, the number of studies generally remained modest. This is even though home care nursing research appeared to fit with GIS research. The subject matter of the studies that are now available can be broken down into two categories: "placement of specialists and home nursing stations" and "placement of home nursing stations and target patients."

It has been noted how the aged population in Japan has several social and healthcare challenges, with a particular emphasis on long-term care challenges and the system. The Japanese have always maintained a strong sense of family, and as a result, they have thought that family members have a responsibility to look out for one another. It had gotten to the point where caregiving was so overwhelming for many families that it was called "caregiving hell." When faced with such circumstances, the system appears to be accomplishing its goal of relieving families of the insurmountable pressure of caring for their loved ones. Nevertheless, the system is fraught with great complexity and difficulty. Because of the clearly defined linkages between the supply of services and the insured

persons' share of the services expenses, the system decided to use the social insurance system as its payment method for those services (Sands, Albert & Sutor, 2017).

Following the philosophy underlying the system, the rights of the insured persons are to be protected, and the system is to undergo continuous improvement so that the insured persons can select the essential and optimal services for meeting their requirements (Yamada & Arai, 2020). The population of Japan is getting older at a rate that has never been seen before in human history, and no other country in the world has experienced anything like it (Nakatani, 2019). The rest of the world is closely monitoring Japan to see how it handles the severe problems of an ageing population (Akiyama, Shiroiwa, Fukuda, Murashima & Hayashida, 2018). Even when funds are available, it is not appropriate to implement the required systems and offer the required services. Instead, the finance should be organised so that it allows for the provision of essential systems and services. Some nations are rumored to have the intention of researching the benefits of Japan's robust sense of family ties and of utilizing the power of family bonds to improve their care for elderly citizens. Considering such a notion, it is hoped that the health care and social welfare services for older people in Japan would continue to develop in the future due to combined efforts from a number of different parties.

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