CLINICAL EXPERIENCES

Home health care in Japan: A call of the raised voice
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Abstract
Providing home care to the elderly 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 skill and knowledge to optimize the care. In addition, innovation is also needed for its efficiency during elderly care. It is hoped that this experience will motivate nurses to work in-home care service with heart.

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 very valuable thing (Boland et al., 2017). Especially during the times, where 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). Whereas good and correct health care is needed when someone is sick. Even though there are family members at home who can take care of them, but 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 following good 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 (Lópes Segui et al., 2020). The following is our experience when providing care in homecare in Japan:

When I first come to work, I get to know new people. Every time 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).
In addition to introductions, the first days of work are filled with orientation. All patients’ names, even in kanji, had to be memorized within a week, even though where I work there are eighty patients. 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” which means “you have worked hard”. Even though when I first started working I felt like I couldn’t do anything, but 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, changing diapers must be finished at 10.30 JST, followed by sharing drinks and morning 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 apron. At 12.00 JST we will have lunch to help feed the patients. After eating, brushing teeth, taking the patient to the toilet, 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, one in the dining room cleaning up dirty dishes and helping brush teeth. At my workplace, there are three shifts, the morning shift at 07.15 JST - 16.15 JST, the afternoon shift at 09.30 JST - 18.30 JST, the night shift at 16.30 JST - 09.45 JST. The morning shift is usually alone, then 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 chose to work in Japan initially 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 Japanese language training which is useful. We don't know what life is like abroad, but if we don't try we'll never know, right?

Discussion
During the years, the work of home care nurses has been influenced by some changes such as the increase of the aging 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 the 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 who are not provided with information must use multimedia platforms for accessing the appropriate care and assessment. Our experience recommended that developing media for home care services is important to optimize homecare in a particular country.

References: