両方の看護士や介護職員が同一の労働を担っています。日本での看護士・介護職員の教育政策の問題を明らかにするため、彼女らの労働の実態調査を通じて。

タイトル
両方の看護士や介護職員が同一の労働を担っています。日本での看護士・介護職員の教育政策の問題を明らかにするため、彼女らの労働の実態調査を通じて。

著者
TAKAKI, Kazumi

引用
岐阜大学地域科学部研究報告

公開年
2013

著作権
この資料の著作権は、各資料の著者・学協会・出版社等に帰属します。
Both nurses and long-term care workers for elderly people are engaged in the same labor — several problems inherent in professional education policies of nurses and care workers in Japan revealed through studies of essence of their labor —

Author: Takaki, Kazumi (i)
Translated by Takaki, Kazumi; Nakamura, Yuji (ii)

(Accepted for publication on August 15, 2013)

Summary: As a researcher, I have repeatedly published the results of factual investigations, which proved that nursing and "Kaigo(care work)" are identical labor. As a conclusion, it could be stated that nurses, practical nurses, certified care workers, and home helpers are all actually expected to provide care to people as social existence (persons who need direct care, their families and neighbors) based on scientific evidences in order to comprehensively protect lives, health and livelihood of people. In this case, "health" has significant relevance to handicapped people, old-age people suffering from aging and deterioration of physical functions, patients at their terminal stages or with chronic diseases, and people with weak health. In Japan, while the separation between nurses and care workers is maintained, upper qualifications of each profession are newly created and even utilization of foreign workers is considered. These policies should be altered. In 1998, I expressed a guideline for nursing policy review (shown below in Chart 2), which is presumably still relevant to solve real contradiction in this country.

Key Words: nurse, care worker, long-term care, nursing, identical labor,
ILO's Nursing Personnel Convention, Permanent substitute, medical procedures

1. Education systems separately training nurses and long-term care workers for elderly people

In Japan, national qualification system of nurses was established by Act on Public Health Nurses, Midwives and Nurses (Act No. 203 of 1948) enacted in 1948. ① In an amendment to the law in 2001, "Kango-fu", Japanese title of hospital nurse, was changed to "Kango-shi" in order to be able to use by both men and women. However, in the same amendment the legal definition, which had restricted nurse's
(Kango-fu's and Kango-shi's) work only to provide medical treatment or assist in clinical care for injured and ill persons or puerperal women, remained intact. Qualification of nurses who may "assist medical practice conducted by doctors" is one of occupational licensing. While in the past a standard course to obtain qualification of nurse was "to study for three years at vocational schools after graduating senior high schools and take state examination," nowadays most of nurses are educated in universities as a trend. 2)

In 1951, prefectural gubernatorial qualification system of practical nurse was established. This qualification is also occupational licensing and can be obtained after graduating junior high schools (in other words after completion of compulsory education) by studying for two years at vocational schools or for three years at senior high schools and taking prefectural examinations. (The qualification is occupational licence to assist medical treatment conducted by clinicians.) Practical nurses may be legally allowed to perform "the same procedures" as nurses under instructions from doctors. As critics have pointed out over the years, it is impossible to secure quality of nursing because between nurses and practical nurses, who are supposed to carry out "the same procedures," their professional standards acquired through education and training are significantly different. At the same time, it has been debated for a long time that the salary level of practical nurses is lower than that of nurses despite both are engaged in same labor regardless of their different educational background. In Japan, rate of increase of nurses' salary according to continuation of employment is placed below those of physiotherapists and clinical technologists and nurses' proficiency is often not properly appreciated. Typical courses to obtain qualification of nurses and practical nurses are shown in Chart 1.

In the meantime, national qualification of certified care workers was introduced in 1987 (see Chart 1). But this system also carries several problems as follows.

1) One who finished compulsory education can obtain eligibility to take the national exam by working for three years in the field and receiving certain (Duration of the training is set to be 450 hours. As to persons who have already finished 130-hours course, the duration is shortened to 320 hours.) In other words, one who did not continuously receive systematic education and/or training can obtain the qualification. As of March 2013, among certified care workers 60 percent of them acquired qualification through "on the job training" and 40 percent of them did through school education.

2) Curriculum at vocational schools for certified care worker is not enough to understand comprehensively and scientifically body and mind of human as a social existence. Accordingly, when certified care workers are often required to conduct the same procedures as nurses and practical nurses, these workers including graduates of vocational schools cannot correctly observe, figure or predict conditions of
patients and tend to respond by their limited knowledge and experience. It is often observed that many certified care workers lack systematic knowledge of anatomy, physiology and hygiene. This observation is supported by quite a few university lecturers who are in charge of education of certified care workers.

3) In spite of these deficiency, certified care workers have been allowed to conduct certain medical procedures since April 2012 under partial amendments of the Certified Social Worker and Certified Care Worker Law (CSWCCW Act). While there exist certain restrictions on medical procedures allowed to certified care workers (50 hours course of training, including lectures seminars and practices, is required for care workers who conduct medical procedures to unspecified large number of people), training for certified care workers who engage in those procedures has not contributed to development of their basic medical knowledge. In particular, certified care workers who acquired their qualification through on the job training have not received systematic and continuous education. Medical procedures without substance pose risks on both workers and patients. The amendments of the CSWCCW have alarmed them tremendously, and nurses who are in charge of training certified care workers are also feeling anxiety.

4) Since the professional education system of certified care workers is completely separated from the system of nurses, care workers cannot obtain qualification of nurse through their career enhancement.

5) On the whole, salary of most of certified care workers is lower than that of practical nurses who work at hospitals and intensive care homes for the elderly (“Tokuyo”). 3) In general in Japan nowadays, while a procedure, such as assisting excretion, is referred to as "nursing" when conducted by nurses or practical nurses, the same procedure is called as "Kaigo" if done by long-term care workers for elderly people regardless of their qualifications. In a medical facility, the procedure conducted by nurses is regarded as nursing by professional staff, but the same one done by certified care workers is categorized as “kaigo.” Any person who needs some kind of care (that is provided in a social security system) wants their "personality to be respected" and "comprehensive and scientific care of high quality conceivably possible at the time in the country." In this article, I spell out status quo and challenges of professional education policies of nurses, practical nurses and certified care workers in Japan from the viewpoint of people who need nursing and care.

2. Two laws stipulate professions of nurse and certified care workers

(1) The term described in Japanese laws called "Kaigo" does not represent the essence of labor

1) The category of occupational description called as "kaigo (care work)" was not
derived from comprehensive and scientific analysis of labor that was needed by people who cannot live without other people’s assists. A legal term "kaigo" was adopted in the Act on Social Welfare Service for Elderly enacted in 1963 in order to describe works providing daily life assistance to aged persons who had multiple chronic diseases and whose bodies suffered gradual decline on the responsibility and financial burden of central and local governments. 4) The White Paper On Health And Welfare (the 1962 edition) stated that nursing homes for elderly were needed instead of "kaigo" homes, based on statistics 5) which indicated increase of the number of aged persons who had multiple chronic diseases and/or disorders and whose physical ability were declining (Takaki 2011c). In spite of this official opinion facilities called as intensive care homes for the elderly (“Tokuyo”) were institutionalized, and long term care for elderly provided there was entrusted to non-qualified worked called as housemothers (“Ryobo”). On 23 March 1963, the Health Care System Review Board (“Iryoseidc Shinsakai”) submitted "Recommendation on Basic Measures to Improve Health Care System in General" to then minister of welfare. The board’s document said, “since persons who assist nursing need certain level of knowledge and skill, it would be necessary to advance their ability in some way. At the same time, it is also vital to secure nursing workforce in accordance with increasing demand for nursing assistant.” In the same papers implied, “it is not appropriate to grant any titles unrecognizable with “kango-fu (nurse)” or “jun-kango-fu (practical nurse)” to such nursing assistants.” Along with amendment of the Act on Public Health Nurses, Midwives, and Nurses in 2006, a new provision was added to the act. The article 42 (3) (iii) provided that “No person other than a Nurse may use the title of Nurse or any other misleadingly similar title.” The provision is not necessarily inadequate. In 1994, the Japanese public health insurance system, including a system to maintain health care to elderly, was radically altered. As a result of the alteration, every medical facility funded by social insurance was required to provide comprehensive nursing care and not to depend care attendants hired by patients. Along with the systematic change, medical facilities gradually began to employ non-qualified nursing assistants because those employment was evaluated as positive factor in calculation of social insurance medical fee. As a further systematic alteration in 1997, long-term care beds for elderly funded by public health insurance would be turned into beds funded by long term care insurance (This change was enforced in the year 2000, and much more nursing assistants rather than nurses or practical nurses were allotted to those beds.)

2) There are three probable reasons why an independent training and qualification system for certified care workers, separated from the system for nurses, was established. A) Not only to utilize inexpensive labor of care workers as permanent substitute of nurses and practical nurses, and but also to supplement doctors works with relatively cheap labor of nursing personnel in a constant base. B) In pursuing the policy of marketization and commercialization of the elderly care
sector, the Japanese government wanted to establish quality assurance system for services with less financial burden of training and labor costs to the government and corporations. 6) C) Based on the policy facilitating more employment of foreign workers into the professional and technical fields in a limited way, to define "certified care work" as one of "professional and technical fields" in the Japanese standard classification of occupations (Takaki 1998, 2007).

3) The Long-Term Care Insurance Act (Act No. 123 of December 17, 1997), which was enacted in 1997 and came into force in April 2000, transferred both "elderly long term care stipulated in the Act on Social Welfare Service for Elderly and mainly financed by tax" and "elderly long term care mainly financed by social insurance fund and tax" into the nursing insurance system of overall poor substance. Under the law Japanese people are now obliged to pay a new social insurance premium in order to receive necessary care, and this amounts to a virtual tax increase.

Until the (mostly nominal) elimination of the system in which patients used to hire private hospital carers with the activation of the Long-Term Care Insurance Act in 1990s, in many hospitals daily life assistance of patients had been left to their family or hired carers (most of them had no qualification). As to elderly patients getting out of acute phase and required more nursing than medical treatments (their conditions could turn worse anytime), those people were transferred to facilities such as convalescent wards, "roken" (long-term care health facilities), intensive care homes for the elderly, rent houses (including expensive elderly homes), apartments or their own houses in accordance with the government's policy. In general, the number of nurses and practical nurses placed in convalescent wards and "roken" is usually fewer than that of personnel without professional qualification.

(2) There is no definition of "Kaigo" in the Certified Social Welfare Worker (Shakaifukushishi) and Certified Careworker (Kaigofukushishi) Act (Act No. 30 of 1987)

The Certified Social Welfare Worker (Shakaifukushishi) and Certified Care worker (Kaigofukushishi) Act (Act No. 30 of 1987) defines "certified care worker" as follows:

"A person who professionally works, using the title of certified care worker with expertise and skill, to provide appropriate care, including necessary procedures (restricted by directives issued from the Ministry of Health, Labor and Welfare) such as suction of sputum under the direction of medical doctors, to persons who have difficulty leading their daily lives due to serious physical or mental disabilities
according to their conditions and who professionally works to provide guidance regarding care to aforementioned persons and their carers."

It is apparent that the persons who were assumed to "have difficulty leading their daily lives due to serious physical or mental disabilities" are ones who suffered from multiple diseases and had disabilities through not only the government's surveys but also my own researches over the 30 years (See table 1). They need permanent medical care management and personal daily assistance based on their medical history and current conditions. It should be noted that the definition of the certified care workers articulated in the law evades to draw true pictures of persons who need care and avoids to comprehend essential cares what is required.

(3) Definition of nurses' professional work in the Act on Public Health Nurses, Midwives, and Nurses(Act on PHNMN) is not definition of nursing

There are various definitions of nursing; International Council of Nurses defines (ICN) defines it as Material 1; and American Nurses Association (ANA) defines it as Material 2. Both ICN and ANA don't restrict subjects of nursing as "the sick and wounded or puerperant."

Material 1  DEFINITION OF NURSING (ICN)

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (Last Updated on Monday, 12 April 2010 21:38 )

Source : http://www.nurse.or.jp/nursing/international/icn/definition/,2013.7.25

Material 2  DEFINITION OF NURSING (ANA)

Definitions of nursing have evolved to acknowledge six essential features of professional nursing:

- provision of a caring relationship that facilitates health and healing,
- attention to the range of human experiences and responses to health and illness within the physical and social environments,
- integration of objective data with knowledge gained from an appreciation of the patient or group's subjective experience,
- application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking,
• advancement of professional nursing knowledge through scholarly inquiry, and
• influence on social and public policy to promote social justice.

In her Notes on Nursing: What It Is and What It Is Not, published in 1859, Florence Nightingale defined nursing as having “charge of the personal health of somebody...and what nursing has to do...is to put the patient in the best condition for nature to act upon him.” *1

A century later, Virginia Henderson defined the purpose of nursing as "to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible." *2

In the 1980 Nursing: A Social Policy Statement, nursing was defined as “the diagnosis and treatment of human responses to actual or potential health problems.” *3

A broader definition is consistent with professional nursing’s commitment to meeting societal needs, and permits the profession and its practitioners to adapt to the ongoing changes in healthcare environments, practice expectations, and the profession itself. The evolution of nursing practice leads to the following definition of professional nursing:

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.11

Moreover, nursing addresses the organizational, social, economic, legal, and political factors within the healthcare system and society. These and other factors affect the cost, access to, and quality of health care and the vitality of the nursing profession. This is accomplished through a variety of means.


Source: “Nursing’s Social Policy Statement Scond Edition” 2003pp.5-6, American Nurses Association
It would be important to note about movement in Germany in the first decade of the 21st century. (Takaki 2005)

On 24th October 2002, the Second Senate of the Federal Constitutional Court of Germany confirmed the Act on Elderly Care Nurse (Gesetz uber die Berufe in der Altenpflege) as a federal law. It means the court confirmed notion that occupation of “elderly care workers who obtained national qualification (holders of qualifications set by the federal law)” is an inseparable part of nursing. The same conclusion could be reasonably applied to Japanese care workers, who employed in intensive care homes for the elderly and by home help service providers. In Germany, before the enforcement of the federal law, training and qualification of elderly care nurses (AltenpflegerIn) was regulated by each states’ law, and wage levels of elderly care workers were ranked below ot nurses in general. Main arguments in the court could be summarised as follows: 1) Social personal care, mental care, and physical care cannot be separated, and it cannot be asserted which care is central to nursing profession. What needed to elderly care nurses is “holistic human care” and the same think could be said on nurses in general. 2) Professional workers, engaged in nursing of sick or aged persons who need care, are required to understand holistic human conditions of the subjects. 3) Meaning of treatment is not restricted to narrowly defined “treatment of sickness,” rather includes supported care of people who have health problems. It does not matter if these health problems could be curable or not, if the treatment and cure could have nursing nature or not, and, procedures to patients only amount to palliative measures or not. 4) Since medical procedures are categorized into “treatment” and elderly care nurse cannot avoid them, it is necessary to upgrade training level and contents of those nurses and to ensure their professional quality in order to “preclude risks of bodily harms inflicted by inappropriate personnel who cannot maintain certain standard.”

In Germany, efforts to integrate qualifications of elderly care nurse; general nurse and paediatric nurse are now underway. At the same time, it is made easy for people who completed training course of nursing assistant to advance to take higher educational course of nurse.

According to an academic consensus achieved through nursing studies of many long years, nursing is to provide persons, regardless of their age, disabilities or diseases (which might require treatment by clinicians), comprehensive and day-to-day care in order to refine and maintain lives, health and living of people, which are impartible in nature, as social existence with scientific knowledge and technology. 7) The Act on PHNMN defines a nurse as "a person who professionally work to medically take care of the sick and wounded or puerperant and to assist medical treatment to them" but does not define the essence of nursing. The Act on PHNMN is said to have been biased contents subordinate to medical procedures done by doctors. The law was influenced by the fact that professional education system of nurses and practical nurses had been defined by overall social security policies. In accordance with political initiatives, relatively large number of workers without professional qualification is placed at the facilities and schools for children,
Both nurses and long-term care workers for elderly people are engaged in the same labor - several problems inherent in professional education policies of nurses and care workers in Japan revealed through studies of essence of their labor -

old people and handicapped people while many nurses are employed at medical institutions. (The former is mainly financed by tax and nursing insurance and the latter by health insurance.) Nurses’ works are primarily organized according to the social insurance’s tariff chart of medical procedures that determines prices of procedures done by doctors. Doctors’ medical treatment is placed as a major premise of the definition of nurses’ work in the Act on PHN MN and the aforementioned tariff chart. Contents of professional education of nurses and practical nurses usually reflect the substance of medical security as a part of social security policy.

By the way, a project team of the Japanese Nursing Association (JNA), led by Ibe Toshiko from September 2006 through March 2007, tried to define job titles concerning nursing. In 2007, the team published a document called “A glossary concerning nursing: conceptional definition, historical changes and social context” (JNA, 2007). It defined nursing as follows:

“Nursing could be widely defined as daily care and assistance for other people such as infants, the sick and wounded, elderly or infirm persons in households and communities. It could be narrowly defined as practices conducted by licenced nurses in compliance with the Act on Public Health Nurses, Midwives, and Nurses at various health and social care settings.” (p.10)

The document explained functions of nursing as follows: “Physical, mental and social support would be achieved through functions such as supports to daily life, assistance in medical care, consultation, guidance and coordination. Supports to daily life are direct actions done by nurses to ease pain of subject persons, to protect and to support them in order to fulfil their needs, and these supports are amount to “to provide medical treatment” prescribed in the Article 5 of the Act on Public Health Nurses, Midwives and Nurses. Assistance (PHN MN Act) in medical care means that nurses with medical knowledge provide treatment to subject persons under instructions from doctors to ensure safe and effective diagnosis/treatment to patients, and it is also prescribed in the PHN MN Act. 8) Consultation is various supports to subject persons provided by nurses mainly through verbal communication, and its objective is to enable them to face their own health problems, to contemplate the problems’ nature, to find coping or improving measures, and to make choice on their own initiative over medical diagnosis and treatment. Guidance is activities led by nurses for the subject persons to enable them be self-reliance through facilitating them to tackle their problems and to learn and utilise necessary measures. Coordination means nurses’ efforts in collaboration with other professionals to create an environment for subject persons in order to enable them to recuperate and live healthier. Consultation, guidance and coordination are closely tied with both ‘to provide medical treatment’ and ‘to assist in medical care.’” (p.10)

The JNA document said of “onceptional definition of nurse” as “an individual (a person) under licence of either public health care nurse, midwife, nurse or practical nurse, or under multiple licence aforementioned, and perform nursing duties.” (p.22)

As to nursing assistant, the document defined it as “a person who conduct supplementary nursing duties, which does not require professional judgement, under instruction of public
health care nurses, midwives, nurses, and practical nurses,” and “an individual (a person) who conducts direct patient care such as bathing assistance or who does indirect patient care such as cleaning.” (p.24) In the meantime, the same document mentioned relationship between care workers /drugists and nurse. It said, “it is necessary to clarify duties and roles of nurses in order to differentiate them from other professions” and “it is vital to demonstrate clearly that nurses are specialist of their own in the medical field.” (p.23)

3. Nursing and “Kaigo(care work)” are identical labor

(1) Facts revealed through several investigations

As a researcher, I have repeatedly published the results of factual investigations, which proved that nursing and “Kaigo (care work)” are identical labor (Takaki 1998,2007,2011a,2011b,20011c,2012). As a conclusion, I can state that nurses, practical nurses, certified care workers and home helpers are actually expected to provide care to people as social existence (persons who need direct care, their families and neighbors) based on scientific evidences in order to comprehensively protect lives, health and livelihood of people. In this case, “health ” has significant relevance to handicapped people, old-age people suffering from aging and deterioration of physical functions, patients at their terminal stages or with chronic diseases, and people with weak health.

Health is a state in which people can carry out their valuable and important “human activities” in their lives of their own choice, based on animal health in general, following individual values (Hino 1989:124). A state which enables human activities is “a physical, mental and social state under which one can engage in labor, social activities, learning, development, and enjoyment of one’s lives.” (Hino 1989:122)

Each person’s health status, which develops biotically, physically and mentally, is determined from the onset of each one’s life in the womb by social systems created by mankind, and it influenced by the process of developing and remaking the systems. (Mankind has historically been remaking realities by working collectively on the natural and social environment in order to live human life.

In the modern society we live in, it is essential to protect, promote, and recover persons’ health comprehensively and to oversee their death collectively. Such “socialization” or securing the right to live and to live healthy, demanded by retired workers, ex-self-employed people, and their families, should be realized mainly on basic fund contributed by the state (tax collected based on principle of ability to pay) and social insurance premium paid by employers (wage paid indirectly) ⁹. The “socialized care” should be provided by employing and organizing “professional staff who can develop mutual trust with population and who can execute concrete and
comprehensive programs conceived with scientific evidences” in administrative bodies and non profit organizations, and by place the staff correctly in each residential area.

“Care/nursing” as social servises, which cannot be resolved into narrowly-defined medicine, has different descriptions such as “hoiku (child care),” “kaigo (elderly care),” “yogo (care for handicapped people),” “ryogo (custodial care),” and “kango (care in the medical set-ups) according to systematic and political convenience, based on difference in age, disability, or disease/injury criteria (certain hospital admissions because of those diseases are financially covered by public health insurance) of the subjects. Actual scenes, where nursing as synthesized function is carried out, are not limited in medical set-ups in which doctors perform key procedures, but they are expanding to various sectors directly related to livelihood and health of people.

For persons who undertake nursing, it is vital to carry out totally such tasks as “securing lives and preserving comforts,” “prevention of fatigue, injury and disease,” “maintenance and promotion of health,” “assisting medical care (such as treatment, operation and administration of drugs),” “dietary cure,” “rehabilitation (including recovery of daily life activities on food, clothing and housing, and preservation of human relations which could lead to keep purpose in life), and “recreation (to enjoy spare time and to aim to recover, maintain and promote one’s physical and mental functions)”, maintaining dialogue and cooperation with patients, their families, associated workers and local residents. Each professional is supposed to work on priority tasks in one’s post; however, needless to say, too much subdivision of daily care work is harmful to provision of comprehensive care based on total understanding of human existence.

(2) The reason why so many certified care workers and non qualified personnel are placed at intensive care homes for the elderly

Why long-term care service of the elderly persons was systematically separated from both health care service, which is financially provided with Japanese Health Insurance and National Health Insurance funds, and public health service, which is provided with taxation, and was incorporated into social welfare service, which poorly substitutes health care and public health services? Following reasons are at least conceivable (For meaning of employed workers’ wage, social insurance system, social security system and social welfare system, see: (Kurokawa 1970; Nomura 1972; Kouhashi 1986; Mitsuka 1974; Kudo 2003))(For long-term elderly care policy, policies on nursing and elderly care workers and their current working condition in Japan, see: (Takaki 1990, 1993, 1998, 2000, 2011a, 2011b, 2011c, 2012)). Social welfare service could be defined here as a service, which insufficiently
supplements defectiveness and deficiency of both public health service and health care service. Public services such as National Health Insurance (NHI), nursing insurance and public assistance are could be categorized as social welfare service. Japanese NHI, in which employers are not required to contribute premium and to which state subsidy is invested, almost relies financially on principle of mutual aid. Nursing insurance, which partially refund services, is mixture of two types of social insurance with and without employers' contribution (Kouhashi 1986; Mitsuka 1988; Takaki 1990).

1) The ratios of both employed workers and female workers among working population have increased (increase of the number of two-income households) and wages in real term have decreased. Since these trends have proceeded without reduction of working hours, domestic working hours of family members have decreased. Under the Japanese labor policy, temporary workers and unemployed persons have increased significantly, and accordingly wages of regular workers have been restrained and size of households has shrank. Since these trends developed further, the number of elderly-only households increased.

2) The number of aged persons living alone, who suffered from multiple diseases and were almost bedridden, gradually increased.

3) In living facilities for aged low-income persons and aged recipients of public assistance the number of resident who needed careful nursing increased. Although in these elderly people's living facilities special beds for residents who needed 24-hour careful nursing became available, it was not always possible to provide appropriate nursing care with limited human resources and equipment as before.

4) Since financial resources such as pensions and wages of aged persons and their families were depleted and provision of free domestic labor for care of elder people (living together or separately) by family members grew more difficult, the government was forced to provide social elderly care while it maintained policies of utilizing free domestic labor as far as possible.

Having faced urgent needs to provide social care, policy makers adopted a means to procure the care as cheap as possible: they separated long-term elderly care from public health insurance benefits. It was decided that to provide facility services and in-home services under the Elderly Welfare Law and that those services could be provided by workers without qualifications.

The separation of long-term elderly care from health insurance benefits meant curbing costs on the care by employing workers without qualifications, state contribution to the National Health Insurance (the NIH was established in 1958), and medical and nursing benefits to elderly persons who were dependant to the insured persons provided through health insurance to which employers were obliged to contribute.
5) Under the Act on PHNMN the profession of nurses and practical nurses was defined narrowly. Even though these nurses’ work could not separate from medical treatment itself, they were supposed to be subordinate to medical doctors, and supply-demand situation of nurses has been determined by the degree of sufficiency in medical institutions. Although “assisting medical practice” could not be assumed as distinctive work of nurses (and essence of these practice done by doctors itself should be reviewed in the context of holistic presence of subject persons), the Japanese Nursing Association (JNA) and trade unions of nurses and practical nurses insisted that “assisting medical practice” as occupational licensing was specialty of nurses and practical nurses, and they failed to campaign to amend the definition of nurses articulated in Act on PHNMN. Both the JNA and nurses trade unions sometimes pointed out inconsistency appeared on existence of practical nurses, but they often did not object utilization of nursing assistants, and efforts to integrate nurse and care worker into one category of profession which engages in identical work is completely absent so far.

6) Among nursing and “Kaigo(care working)” personnel, only few were conscious of the systematic problem that they were separately educated and differentially utilized. Most of researchers studying nursing and "Kaigo(care working)" have made arguments, taking the separation produced by arbitrary policies as granted. In Japan, there has been only limited number of historic analysis of labor policy, social security system and policies on training of personnel who bear responsibility to provide social services; moreover, there are few scholars who have analyzed the essence of nursing and care works. In the meantime, in the fields of health and elderly care, some nurses are additionally qualified as administrators or mini-doctors and some certified care workers are given the title of mini-leaders or mini-nurses.

4. Necessity of integrating professional education system of nursing and care-working personnel—the Japanese government should ratify the ILO’s Nursing Personnel Convention

ILO’s Nursing Personnel Convention (Convention concerning Employment and Conditions of Work and Life of Nursing Personnel, No.149) adopted in 1977 defined “nursing personnel” as “all categories of persons providing nursing care and nursing services.” “All categories” meant that all personnel “(regardless of standards of) education and training” and “wherever they work”. It is apparent, according to the ILO convention which Japan has not yet ratified, that daily “Kaigo (care works)” for residents in Japanese intensive care homes for the elderly are considered nursing.

After the Second World War, the World Health Organization (WHO), the
International Council of Nurses (ICN) and the International Labor Organization (ILO) moved to establish a framework regulating nursing worldwide, and this movement ended up in adoption of the Nursing Personnel Convention. The report of 5th Nursing Specialists Committee published in 1966 explained that “quality nursing care” is “related to assisting object persons on their daily life style or various activities done by these persons without assistance (such as breathing, eating, drinking, excreting, resting, sleeping, exercising, cleaning and warming bodies, and appropriate clothing). The report also stated that “nursing also help human activities such as social interchange, entertainments and productive works to uplift human life above biotic process.”

The report concluded that, in order to ensure quality nursing care, it was necessary to improve “conditions of work” and “education system” and to establish staff system compatible with education system. The Nursing Personnel Recommendation, 1977 (No.157) gave simplified guideline to categorize authorities on executing nursing duties in accordance with levels of their education and training in order to eliminate negative effects of subdividing positions and titles. The guideline was created on the notion that nursing personnel's duties should be categorized according to standards of judgment required, authorities to decide, complex relation with other professions, required level of skill, and responsibility on nursing service.

In Japan, following measure should be taken based on the national government's responsibility. 1) Establishing training system of nursing assistants. 2) Establishing and expanding conditions under which working adults can learn in senior high schools. 3) Creating conditions for nursing assistants and liberal senior high school graduates to enter training course of certified social workers. 4) Preparing systems for certified social workers to proceed to university education. The Japanese title of “Social and Health Service Assistant (Syakai-hoken-shi)” was created with reference to Denmark's nursing personnel training system initiated in 1991 (Denmark Ministry of Education and Research 1991a, 1991b). Denmark is one of countries which ratified earlier the ILO's Nursing Personnel Convention, and reforms in accordance with the convention was carried out in the 1990s. In Denmark, all nurses including nursing assistants were educated and trained as nursing personnel defined in the ILO's convention.

Attraction of nursing profession will increase if nursing personnel can gradually acquire higher qualification and their “professional classification and ability” accompany appropriate level of wage and social status. The ILO has hoped that opportunity to receive professional nursing education, without financial worry, should be gradually guaranteed to every one who aspires and have ability to become nurses. This implies ideals that quality of life of all people should be protected and
uplifted. In Japan, while separation between nurses and care workers are maintained, upper qualifications of each professions are newly created and even utilization of foreign workers are considered. These policies should be altered. In 1998, I expressed a guideline for nursing policy review (shown below in Chart 3), which is presumably still relevant to solve real contradiction in this country.

I think that substance and level of medical security (health security) should be expanded and that placement of nursing should be reviewed within the framework of the security. At the same time, I think, even if such objectives could not be achieved in the foreseeable future, it should be acknowledged that nursing and “kaigo (care work)” are identical labor and training of these workers should be integrated. Accordingly, I believe it is necessary to review and remake fundamentally both the PHNMA act and the Act on Certified Social Workers and Certified Care Workers.
Chart 1  Main courses to obtain qualifications of nurse, practical nurse and certified care worker (compiled by Takaki Kazumi)

<table>
<thead>
<tr>
<th>Compulsory Education</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation from junior high school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior High School (All curriculums including ① and ②)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University/College (Nurse)</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior College/Faculty of Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses' School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University/College (Certified Care Worker)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior College (Certified Care Worker)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Care Workers' School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(② train Practical Nurse)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior College (Nurse)</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior High School's Advanced Course for Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(① train Certified Care Worker)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practical Nurses' School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three-year Field Experience plus 450 hours training</td>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three-year Professional Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses' school, Junior College</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* "a" indicate points when they become eligible to take the national exam of certified care worker.  
Show courses to obtain the qualification of certified care worker.

* "b" indicate points when they become eligible to take the national exam of nurse.

* Qualification of practical nurse can be obtain by passing prefectural examinations. Under the Community Nurse, Midwife and Hospital Nurse Law, practical nurses are allowed to engage in the same works as nurses under direction of doctors. Along with partial amendments of the Certified Social Worker and Care Worker Law (CSCW Law), since 2012 certified care workers and other personnel without qualification are allowed to a portion of medical practice such as exsuction of sputum and tube feeding.

* In Japan 98.3% of persons who finish compulsory education proceed to the next stage of education such as senior high school, according to the latest survey of Ministry of Education, Culture, Sports, Science and Technology. 
http://www.mext.go.jp/component/b_menu/houdou/_icsFiles/afieldfile/2012/08/30/1324976_02.pdf

* As to Japanese current curriculum of nursing education and/or textbooks for certified care worker's education, most of them lack social scientific analysis of relations between labor/living problems and health of human being (mainly consisted from employed workers and their families) as a social existence. In the curriculum of certified care worker education, students cannot learn basic knowledge on anatomy, physiology, pathological observation and infection, therefore, their professional competence would presumably not reache enough standard to give assistance or to conduct medical procedures based on wholly understanding of human body.
<table>
<thead>
<tr>
<th>Table 1</th>
<th>A table of Disease, Level of needing care, independence degree of daily living for the disabled elderly and independence degree of daily living for the demented elderly according to the residents of a facility</th>
<th>As of June 1, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(compiled by Takaki, Kazumi)</td>
<td></td>
</tr>
<tr>
<td>Level of needing care</td>
<td>Disease</td>
<td>Independence degree of daily living</td>
</tr>
<tr>
<td></td>
<td>age</td>
<td>sex</td>
</tr>
<tr>
<td>2</td>
<td>B1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>A2</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>A2</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>A2</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>C1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>C1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>J2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>B1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>A1</td>
<td>2b</td>
</tr>
<tr>
<td>3</td>
<td>A2</td>
<td>2a</td>
</tr>
<tr>
<td>4</td>
<td>A1</td>
<td>3b</td>
</tr>
<tr>
<td>4</td>
<td>A1</td>
<td>1a</td>
</tr>
<tr>
<td>4</td>
<td>B2</td>
<td>2a</td>
</tr>
<tr>
<td>4</td>
<td>A2</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>A1</td>
<td>3b</td>
</tr>
<tr>
<td>4</td>
<td>A2</td>
<td>3a</td>
</tr>
<tr>
<td>4</td>
<td>B2</td>
<td>2a</td>
</tr>
<tr>
<td>4</td>
<td>B2</td>
<td>3b</td>
</tr>
<tr>
<td>4</td>
<td>A2</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>B2</td>
<td>3a</td>
</tr>
<tr>
<td>4</td>
<td>B2</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>A1</td>
<td>3b</td>
</tr>
<tr>
<td>4</td>
<td>R7</td>
<td>96</td>
</tr>
<tr>
<td>4</td>
<td>97</td>
<td>F</td>
</tr>
<tr>
<td>4</td>
<td>C2</td>
<td>98</td>
</tr>
<tr>
<td>4</td>
<td>B2</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>A2</td>
<td>2b</td>
</tr>
<tr>
<td>5</td>
<td>C2</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>C1</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>C2</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>B2</td>
<td>2b</td>
</tr>
<tr>
<td>5</td>
<td>86</td>
<td>F</td>
</tr>
<tr>
<td>5</td>
<td>C1</td>
<td>3a</td>
</tr>
<tr>
<td>5</td>
<td>B2</td>
<td>3b</td>
</tr>
<tr>
<td>5</td>
<td>B2</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>C2</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>C1</td>
<td>3b</td>
</tr>
</tbody>
</table>

Sources: Takaki, Kazumi (2012) Quality of basic care to residents of intensive care old people's homes part2, Gekkan Kokumin'iyuu No. 291, 31
Chart 2  A proposal to refine nursing personnel's structure

* Each roman figure represents different levels of education and training. Improve proficiency of workers by administering “special trainings” to persons who “acquired basic qualification in level II and above.” Create conditions for continuing education. When certified social workers enroll are enrolled in universities of nursing, their credits obtained in their junior colleges could be approved for their advantage.

* The pillar titled as “daily care promoting health” was set up to emphasize that, for all nursing personnel of every level, fundamental object of their duties is pertinent care promoting healthy life of people (individuals as social existence, families and local groups) on physical, mental and social aspects. It should be noted that pertinent daily care cannot be provided by any one, and special characteristic of the care cannot be reduced to doctors’ expertise or narrowly-defined medical treatment.

* “Covering sphere” indicates “scope of licensed work” which is allowed to each professions with different qualifications (different levels of education and training). Staff with high qualification should be efficiently placed to posts where nursing are required, and division of duties is vital to utilize their expertise effectively. Equal opportunity should be guaranteed every one who have aspiration and ability to obtain upper qualification. Procedures only allowed to upper qualification-holders should not be permanently assigned to lower qualification-holders who receive insufficient training, and it is necessary to restrict this practice. In addition, higher qualifications should accompany higher wages.

Source: Takaki Kazumi, “New Viewpoint to Nursing and Care,” p.263, chart 6-2 (Kango-no-Kagaku-sha, 1998). The chart above is partially modified for this article.
Both nurses and long-term care workers for elderly people are engaged in the same labor

== Foot notes ==

1) In 1947, based on the National Healthcare Law under the guidance of the GHQ, the Community Nurse, Midwife and Hospital Nurse Directive was issued. After repeal of the law, the Community Nurse, Midwife and Hospital Nurse Law was enacted.

2) According to “Survey on enrollment to nurses’ schools and employment conditions of their graduates” (the 2012 edition) published by The Ministry of Health, Labor and Welfare (MHLW), the number of “three-year vocational school” graduates was 24,092, “university/college” graduates was 14,204, and “three-year junior college” graduates was 2,260.

3) According to a calculation based on the MHLW’s “the year 2011 basic survey on wage structure”, hourly average wage of nurse (female) was 2,012 yen, practical nurse (female) was 1,753 yen, nurse assistant (female) was 12,28 yen, and welfare facility’s worker (female) was 1,273 yen. In the salary scale for national public servants, initial salaries of certified care workers and care workers without qualification, who have the same educational backgrounds, are identical.

4) Family members' domestic labor, wages and aged persons' own pension do not include costs required for health care and daily life assistance of aged persons.

5) The Statistics Bureau of the Prime Minister’s Office, “Census” (1960); the Ministry of Health and Welfare, “Survey on elderly” (1960); the Inquiry Department of the Prime Minister’s Office, “Opinion survey on elderly welfare” (1960); the Ministry of Health and Welfare, “Basic survey on chronic diseases” (1961); etc.

6) See the dialogue of Tuji Tetsuo (then director of the Health and Welfare Minister's Secretariat), and Kibawa Fumiko (then executive director of the Japanese Nursing Association), published in the JNA's “Kango (Nursing)” in 1987. The same article was published in JNA's “Report of study committee on nursing and elderly care” (June 1995) as an appendix.


Kango-no-Kagaku-sha, and the ruling and its reasons issued on 24th October 2002 by the second court the Federal Constitutional Court of Germany, which confirmed the constitutionality of Gesetz uber die Berufe in der Altenpflege (the Law on Profession of Elderly-care Nurse) enacted in the Federal Republic of Germany.

http://www.bverfg.de/entscheidungen.html. 2013.3.29

8) “So far, the provision of the Act on Public Health Nurses, Midwives and Nurses, ‘to provide medical treatment or assist in clinical care’ has been mostly assumed as ‘to assist medical doctors’ procedures,’ however, it could have been reinterpreted as ‘to assist persons who receive treatments’—a new drastic interpretation of nursing and
nursing care. In this sense, authors believe that readers could grasp through this book not only transformation of people and situations surrounding nursing but also developing process of nursing. (The Japanese Nursing Association 2007, 40)

9) In Japan, social insurances such as pension insurance and health insurance are only partially financed by national tax as a part of social security. This measure is vital to guarantee conditions to live humanly for people living in this country regardless of their economic situations. While employers’ contribution of social insurance premiums is a part of their labor costs, employees’ contribution is deducted from their wages and their net income decreased by paying premiums. It is not necessary to split the contribution of premiums equally between employers and employees. Direct wages, which are paid to workers, cannot afford all the cost for maintenance of their lifelong humanly living and health. Even if the direct wages are paid “with consideration for living expenses of single persons’ or households, varying from a minimum level of their survival to a up-to-date level along with social progress” (Kurokawa Toshio (1970) Social Policy and Labor Movement, Aoki-Shoten, 190), workers can only earn wages when they can sell their own “Albeitskraft (labor power)” and means of living are deprived from them when they cannot sell their labor power. Direct wages do not include costs for health care, nursing care for sickness, day care for children and living expenses required for aged persons. It should be noted that workers pay tax and social insurance premiums out of their own wages.

10) The Act on Assurance of Work Forces of Nurses and Other Medical Experts (1992 Act No.86) stipulates that “the state must try to take fiscal, financial and other measures required to train more nurses and other medical experts, to improve their competence through induction courses, to promote their employment, to improve their labor conditions in hospitals and other medical facilities, and to secure nursing workforce.” On the other hand, the Act amends the Act on Social Welfare Service and the Act on Mutual Aid Association for Retirement Allowance of Personnel of Social Welfare Facilities and Other Personnel (1992 Act No.81) provides that “the state must try to take fiscal, financial and other measures required to secure social welfare workers and to promote participation of people to activities related to social welfare.” (Article 70-5). While under these two acts the state is only obliged to make efforts, state’s responsibility for training of long-term elderly care workers is more ambiguous than that for training of nursing personnel.
== Reference List ==

- Denmark Ministry of Education and Reseach (1991a) The Basic Social and Health Training Programmes
- Denmark Ministry of Education and Reseach (1991b) Order on the Education of Nurses
- Takaki, Kazumi, (1993) Controversial Points of the Latest Revision of Medical Fees from the viewpoints of patients and residents, Nihon-no Tsukikushikushi Vol. 6, 137-163
- Takaki, Kazumi (1998) New viewpoint to Nursing and Care, Kango-no-Kagaku-sha
- Takaki, Kazumi (2005) The judgement about elderly-people nurse's occupation domain in Germany, and its reason, Bulletin of Social Medicine No. 23, 63-74
- Takaki, Kazumi (2007) Social welfare Workers Policy, Kiri-Shobo
- Takaki, Kazumi (2011a) Questioning present state of professional training of nursing and care personnel, Gekkan Kokumin-iryou No. 284, 9-32
- Takaki, Kazumi (2011b) Questioning present state of professional training of nursing and care personnel, Gekkan Kokumin-iryou No. 285, 16-31
- Takaki, Kazumi (2011c) Quality of basic care to residents of intensive-cre old people's homes part 1, Gekkan Kokumin-iryou No. 290, 53-64
- Takaki, Kazumi (2012) Quality of basic care to residents of intensive-cre old people's
homes part2,Gekkan Kokumin-iryou No.291, 4-41

• The Japanese Nursing Association (2007) A glossary concerning nursing: conceptional definition,historical changes and social context

(i) Prpf. Dr. Faculty of Regional Studies,Gifu University
(ii) Health-care Political-critic

*This Work was supported by JSPS Asia Core Program.