

STUDY ON ACTUAL STATUS AND PERCEPTION OF HEALTH VISITORS OF LOCAL HEALTH AUTHORITIES

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It is five years and a half since the Law Concerning the Health Service for the Elderly was enacted. The provision of health visiting service is a part of the aim of the Law, and this was started by most local governments, not necessarily with due preparation and planning because of the urgency of the need for such service. It would be appropriate now to make overall evaluation of the home visiting service provided by the local governments and to identify issues or problems, if any, in order to recommend a better system of health visiting service.

In order to provide the base for the evaluation of the service provided so far, Japanese Nursing Association conducted "Study on Actual Status and Perception of Health Visitors" in July 1987. The following is a report on the actual status and the problems as revealed based on the analysis of the findings of the above study and those of the previous relevant studies conducted by JNA.

SCOPE OF STUDY

The study consisted of two parts. As Part I, questionnaires were sent to the public health nurses working with the local governments that provide health visiting service at a certain frequency, employing part-time nursing personnel. As Part II, questionnaires were sent to all those part-time health visitors employed by the local governments. The questionnaires were returned from 342 public health nurses (82.7% of the total) for Part I, and 814 health visitors (78.4% of the total) for Part II.

Approximately 30% of the total number of local governments employ part-time workers for health visiting service and the ratio of part-time vs. full-time workers is high in the densely populated urban area. More part-time workers will be employed in future for this area of service, as the most of the local health authorities cannot afford to increase the number of full-time public health nurses.

STUDY FINDINGS

1. It was evident that the health visiting service provided by local health authorities was far from being adequate to meet the needs of the elderly in the community. During the month when this study was done, only 43.5% of those on the visiting lists were visited, and 74.4% of them were visited only once during this period. 65% of the local governments limit the frequency of health visiting for one person once a month or less than that.
2. Hospital-based visiting nurses generally provide skilled nursing care. Local health authorities provide health visiting service to those who need help with their daily activities because of their illness or disabilities. Thus, hospital visiting nurses give direct skilled nursing care or teach family members to do these, while community health visitors teach family members to help with patients daily activities, or give them advice to cope with problems. More specifically, health visitors promote good family relationship, give information on available social resources, give direction for prevention or treatment of bed sores or suggest how to take care of dementia. These are the important part of their work.
3. More recently, however, it has been revealed that there are increasing number of patients who have one or more of the following conditions which require skilled nursing care, and are visited by health visitors from the local health authorities.

Wounds or bed sores which need dressing change	7.8% of all the patients visited during July'87.
Diseases in progress or conditions unstable	6.5%
Tubes of other instruments attached	3.7%
Nebulizer, suction, oxygen inhalation required	1.5%
Terminal with one month life	1.2%

Most local health authorities have not yet made clear the range of such skilled nursing care that nursing personnel provide, and the decision in this regard tends to vary among the local governments, Health visitors also are not in agreement among themselves in this concern. Guidelines for emergency treatments and protective measures in case of accidents or malpractice will have to be developed.

4. Part-time health visitors work under disadvantageous conditions as follows.

They are poorly paid by some local governments.

Because of limited health budgets and of other reasons, they are not assigned enough jobs and their income is not stable and adequate, 64.1% of them are assigned less than 20 visits per month, and 36.5% of them are assigned less than 10 visits per month.

Most of the part-time workers are not covered by health insurance and, unemployment insurance, to which all the full-time workers are entitled. Only 10% or less of the local governments made these available to part-time health visitors. Further, only 20% or less of the local governments provide protective measures to health visitors in case of traffic accidents or malpractice during work hours.

70% of the part-time health visitors work for a limited number of days so that their income will not

exceed the amount set by the income tax law to be eligible as dependent family members of their husbands.

5. Not being permanent regular employees of local governments, part-time health visitors are not able to assume full responsibility for their work in their relation to their patients or employers. Their work schedule including the decision of work days and patients, and coordination among personnel and agencies involved are done by full-time public health nurses in most of the local health authorities. They are also in the position to be consulted by or to give advice to part-time health visitors. It often happens, however, that full time nurses are too busy or not so much experienced to give proper advice or direction to part-time health visitors, The consequence is that the part-time visitors are sometimes obliged to work under inappropriate direction by public health nurses, or to assume too great responsibility because of the lack of involvement of public health nurses.
6. The part-time health visitors are generally not well prepared to work in the community setting and to provide care at patients homes, They feel insecure working without direction of physicians, and they find it difficult to assist with problems. They also feel uneasy about the effect of their service because most of the patients do not show visible improvements.