

# “Health Education”

## —Reform of Nursing Education—

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**ABSTRACT:** “Health” means being mentally and socially well in addition to being physically well, but the mental and social aspects of “health” are not recognized by many people. If this is also the case among those engaged in health care and medical professions, educational institutions must correct such negligence. One problem of the present educational system is the superficiality and formality of the manner in which maintenance and promotion of mental and social aspects of health are taught. In this report, how the curriculum of health education should be planned and executed and how its effects should be evaluated are discussed in relation to the concepts and materials of our present attempt to reform health education at our school of nursing.

**Key words:** Health Education, Mental & Social Health, Community Health

### INTRODUCTION

The concept of health is becoming increasingly diverse due to the addition of individual values of life to its strictly physical implications.<sup>1)</sup> The recognition of individual values is growing in keeping with the urge of the times for the quest of happiness and more affluent welfare society<sup>2,3,4,5,6)</sup>. Major transformation is required for health care and medical service in the face of these changes. In this general trend, the functions of the local health centers are questioned radically as manifested typically by the establishment of the Committee for Review of Regional Health Services under the initiative of the Ministry of Health and Welfare<sup>7)</sup>. College education is no exception.

Particularly, in the education of nurses, the program for health education is considered to need prompt and through-going reevaluation including the current system of community health care practice. In this context, we attempted to extensively revise the present community nursing practice with a methodological objective of how to improve the understanding of health by students as citizens.

### METHODS

Since the community nursing practice is placed in the middle of in-hospital training at various departments, greater emphasis tends to be placed on physical aspects of health under the influence of the students' predominant exposure to bed-ridden patients. To correct this bias nurtured by the present training system, the following three points were set as the goals of the new training program : (1) To

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**Table 1:** Material for Selection of Themes for Community Nursing Practice

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GENERAL THEME

"How can Health Society (Town) of Us Citizens be made for Creative Life with Goals Worth Living for?"  
Suggestion: Explore Needs for Health Care and Design Future Health Care Activities.

Dubos R<sup>8)</sup>, a public hygienist, once upheld the desire for health and happiness as an inherent right of the human being, and warned against the undue emphasis on the physiological and biological aspects of man in the medicine and health care of his time. Concerning public hygiene and nursing, Loane M<sup>9)</sup>, also stated that what is important in patient care is to give the patient a ray of hope and encouragement as a friend an exercise the best spiritual and ethical considerations at daily encounters and visits rather than the specialist knowledge of the prognosis of the disease, the treatment that the patient is receiving, or the outlook of his recovery. There appeals fit perfectly to the contemporary situation.

We would now like to review what these remarks mean to us. It is of great significance to support and cooperate with the movements of the society for health, which are now being developed and have come to take root in our life as citizens. These budding movements are considered to have spread to and are promoted in all aspects of life.

Let us look attentively at these movements. Besides turning our eyes and ears to them, we must also be at the scene as a participant and physically experience these movements. Let us then bring our observations and experiences together, examine the health-related activities in the present society in reference to today's health care and medical systems, and design our own blueprints of health care and medical programs for the near future, which will truly benefit the members for our society.

This attempt will bring home to us that health care and medicine must progress side by side with the advancement of the general society.

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give each student the awareness that she is a citizen outside the hospital, (2) to allow them to closely observe health-related phenomena in everyday life from the perspective of a citizen and to experience the actual service provided by the present health care, medical, and welfare systems through practice in the community, and (3) to encourage them to make practical and professional proposals for improvements in the community health care on the basis of this experience rather than merely criticizing the society.

The community health care practice was conducted with the themes shown in Table 1 in the school year 1987. The general schedule of the training was: First the students were thoroughly explained about the fundamental aims of the training through 2 orientation sessions. They were then asked to select the theme of their training and formulate a timetable of their activities of community health care service. After a period (summer vacation), they had opportunities for exchange of

their experiences in the community service and individual guidance. At the next step, each student participated in actual public health service activities related to her theme at a local health center, a key institution of community health service. On the basis of this experience, the students prepared a paper on the themes of their choice and submitted it as well as organized a paper presentation session by themselves under the instructors' supervision.

The community health care practice, over a period of 11 weeks (including 6 weeks of the summer vacation), was provided to a group of 23 students among a total of 74.

## RESULTS

The themes that the students selected for their study of community health care activities are listed in Table 2. All themes were found in the scenes of everyday life and were pursued with confidence by the students. They approached these themes from unique perspectives and presented their own opinions for

**Table 2:** List of Titles Selected by Students for Their Papers on "Health"

1. **Health Care for Elderly People:**  
Aging society and community health promotion.  
Home care of the elderly.  
The present status of welfare services for the aged.  
Medical and welfare support for families with the bed-ridden elderly.
2. **Health Care for Handicapped People:**  
Remodeling of the town for well-being of the handicapped.  
Cultural activities of the handicapped.  
Let's support handicapped children in the community.
3. **Family Health Care:**  
Environment of children and roles of the family in child care.  
Life education seen in the mother-child relationship.
4. **Cultural Aspects of Health and Health in Urban Life:**  
Cultures of snacks between meals.  
Playing space for city-children.  
Healthy upbringing of children and community activities.  
Health-related activities and the use of public facilities.  
Public facilities fulfilling the needs of the community.  
Food additives and the surveillance system.  
Physical education and sports administration.  
Sports culture today.  
Thriving bicycle cultures.  
Comfort of life with a bicycle.  
Diet of native towns and villages.  
Life with health and religion.  
Conditions for more humanity-oriented life.  
Green environment for us.

\* The titles were grouped into 4 categories according to the contents

improvements of the situation. The themes can be categorized into health care of elderly people (4), health care of handicapped people (3), family health care (2), and cultural aspects of health and health in urban life (14). The wide interest in the cultural aspects of health and health in urban life was noted.

## DISCUSSION

The themes related to cultural aspects of

health and health in urban life<sup>10,11)</sup> selected by the students for their community health care training program are an evidence of their broadening understanding of health and are in agreement with the comment by Bevis<sup>12)</sup> concerning health education that attention to social factors is important in formulating a curriculum of health education. Understanding of health should be based on facts of daily life also for prospective medical and health care workers<sup>13)</sup>. In addition, health is a matter of interest among people of the next generation. In any case, the concept of health can only be reformed by voluntary participation of citizens in the movement toward realization of "social well-being" as suggested by WHO. In reality, however, this new training program is very often hampered by difficulties in building up a consensus in the educational institution, in obtaining cooperation from the local public health centers, and in attaining endorsement from the General Local Nursing Committee of Kyoto Prefecture.

## CONCLUSION

Health is defined today on the basis of the International Covenants of Human Rights in accordance with the suggestion by WHO after the World War II. In Japan, however, concept of health based on realization of human rights had not evolved until the 1960's, when environmental pollution and drug poisoning became an acute reality. More recently, the National Health Conference<sup>14)</sup> suggested that a well-cared ailment is better than unattended health and the "right to be informed" was asserted in the Declaration of the Rights of Patients<sup>15)</sup>. The problems of the definition of brain death and pros and cons over organ transplantation have stirred up controversy among a wide range of people. In these

circumstances, institutions of health care and medical education must also depart from the conventional physiology-pathology oriented attitude of "looking at the disease rather than the patient" and respond to the urges of the society by updating their educational programs with greater emphasis on human rights.

Our attempt at the new community health care training is an example of such a reshuffle of health care education. However, our new program may appear to be a deviation from the framework of the current Japanese health care and medical education. We would like to firmly establish our health care educational program as a model in a 5-year project beginning this year.

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