

Empowerment of Municipal Public Health Nurses Affected by the Great East Japan Earthquake : Examining the Support Provided through the Health Promotion Plan Development in Minamisanriku, Miyagi Prefecture

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東日本大震災の被災地保健師のエンパワメントに関する研究 — 南三陸町における健康増進計画策定の支援を通して —

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The purpose of this study was to describe the details of the support provided to municipal public health nurses in Minamisanriku, who were affected by the Great East Japan Earthquake, and the process of change which they tackled in the 2nd health promotion plan development, as a first step towards the collaboration with inhabitants from the time of the disaster until March 2015. This action research used the method suggested in the Capacity Development Model. Seven public health nurses working in Minamisanriku took part in this action research, which were analyzed using qualitative description. As a result, we suggested that reflection and pursuit of their specialty as public health nurses and collaboration with inhabitants were effective to empower municipal public health nurses.

Background

The Great East Japan Earthquake of March 2011

was one of the most catastrophic natural disasters ever recorded. The massive tsunami of more than 15 meters height caused crushing damage to Mina-

misanriku, Miyagi Prefecture¹⁾. Not only did municipal public health nurses (PHNs) support the stricken inhabitants during the disaster, but they were also affected by it, and were in a state of extreme stress. Many external supporters came to Minamisanriku, and offered a helping hand for the stricken inhabitants, but the municipal PHNs were unable to provide them the data on the local situation²⁾. The main reason for municipal PHNs' inability to understand the essence of community health problems was that they worked with a high-risk approach without collaborating with inhabitants before the disaster. They lost sight of their original specialty as a public health nurse. Through an action research³⁾, we supported them to regain their original specialty, from the time of the disaster until the present. As the first step towards the collaboration between municipal PHNs and inhabitants, PHNs decided to devise the 2nd health promotion plan with the inhabitants and implemented it.

Goal

The main focus of our support was to empower municipal PHNs affected by the Great East Japan Earthquake, such that they got back their specialty and identity of a public health nurse. The purpose of this study was to describe the details of the support provided to municipal PHNs in Minamisanriku, who were affected by the Great East Japan Earthquake, and the process of change which they tackled in the 2nd health promotion plan development, as a first step towards the collaboration with inhabitants from the time of the disaster until March 2015.

Methods

This action research used the method suggested in the Capacity Development Model (CD model)⁴⁾. The CD model consists of five strategies: "Exposure," "Empowerment," "Enhancement," "Exercise," and "Excitement." "Exposure" is a strategy that helps subjects judge and tackle the health prob-

lems in the community, "Empowerment" reinforces the individual's capacity as a PHN, "Enhancement" involves using fortified capacity in daily health activities, "Exercise" involves working on solving community health problems, and "Excitement" means improving their ability to solve more problems and motivate them to accept new challenges. The activity of the researchers was based on the CD model such that the municipal PHNs working in Minamisanriku could demonstrate their specialty. This study was conducted from the time of the disaster until March 2015. Seven PHNs working in Minamisanriku took part in this action research. The purpose and procedure of the study were explained to the participants and they were informed that they could withdraw from the study at any point. Ethical approval was provided by the institutional review board of the Tohoku University Graduate School of Medicine. The details of the activities of the researchers and participants were saved using field notes or an IC recorder. We analyzed these records using qualitative description⁵⁾.

Results [*Italics : PHNs' Behavior*]

The first strategy : "Exposure"

The researchers participated in healthcare activities in Minamisanriku to determine the cause of the difficulties faced by municipal PHNs since the disaster, and examined their related activities. We identified what public health nurses should be like, and how PHNs should solve community health problems. This was performed repeatedly for approximately two years.

Just after suffering, PHNs were not able to cope with the questions in search of community characteristics and problems of the supporters from other places. However, through their relation with us, they noticed that the healthcare activities before the disaster were confined to individual support and high risk approaches, that they must act in the district charge system, and collaborate with inhabitants to facilitate health promo-

tion in the community.

Second strategy : “Empowerment”

We thought that PHNs needed the opportunity to repeat their questions on public health activities were when they left their workplace. Therefore we advised two PHN leaders to attend community nursing management training. The purposes of this training were : (1) the participants can realize their own role as a PHN manager, (2) the participants can understand the management process as a PHN manager, and (3) the participants can acquire the ability to collaborate with others. This training program was held once a month for six months. Action learning, whereby participants worked on the solution to a problem as a manager, was used as the training method. Group work involving talking with participants and planning committee members about each participant’s problems was performed in two groups in all the training sessions.

Two leaders of the PHNs attended this training to learn management and methods of solving community health problems. By talking with other municipal PHNs who participated in the training or the training committee members, they reviewed the role of public health nurses and the consequences of the healthcare activities in the district charge system.

Third strategy : “Enhancement”

Two leaders of PHNs decided to develop the 2nd Health Promotion Plan in Minmisanriku as a first step towards collaboration with the community inhabitants. Then municipal PHNs realized that the partner who they wanted to practice district health activities with, were district health leaders [within the inhabitants]. They asked for our advice on the 2nd plan development and collaboration with inhabitants.

We agreed to support the municipal PHNs in the plan development process. The 2nd plan development was a golden opportunity for the PHNs to collaborate with inhabitants and practice district health activities. Therefore, we suggested that a district round-table conference be conducted with the mem-

ber health leaders, and supported them to complete the arrangements and in conference management.

The district round-table conference received good attendance. PHNs exchanged opinions with health leaders about the actual condition of the district and health problems/promotion activities. They were encouraged by their responses.

The researchers repeated the learning and dialogue to make the PHNs aware of the consequences of the health care activities in the district charge system and the collaboration with inhabitants.

Municipal PHNs reconsidered the district charge system, local accountability, collaboration, and ideal attributes of a PHN.

Fourth strategy : “Exercise”

For plan development by the inhabitants’ collaboration, we reinforced the role of the researcher so that the PHNs could do it autonomously. As supporters of municipal PHNs in Minamisanriku, we advised them to explain suggestions for health promotion and summarized the proceedings of the meeting.

In the meeting of health leaders, PHNs arrived at an agreement about district health activities and plan development to facilitate inhabitants’ collaboration.

We examined the purpose, contents, and methods of the plan development with municipal PHNs and reconfirmed that the developed plan was a tool to facilitate district health collaboration activities, and that it led to health promotion in the inhabitants via the plan that was developed by the PHNs and inhabitants together. With the municipal PHNs, we examined the contents, methods, and sample size of the investigation based on the plan development process.

Municipal PHNs were active during plan development, while confirming the meaning and importance of collaboration several times. The health conscious investigation of the inhabitants was conducted in collaboration with district health leaders and municipal PHNs. Further, a hearing was conducted with the in-

habitants/people involved, who became the PHNs' partners when they proposed the 2nd health promotion plan.

The fifth strategy : “Excitement”

We are currently supporting this strategy. A series of activities for plan development are still continuing.

Municipal PHNs continue activities, simultaneously confirming the results. They have started experiencing the joy involved in conducting healthcare activities in collaboration with the inhabitants.

Conclusion

The purpose of our various support activities was to elicit independence/autonomy in the inhabitants who continued to live in the stricken area, and the municipal PHNs who supported them continuously, thus empowering them. With substantial efforts and our support based on the CD model, the municipal PHNs reconsidered the meaning of their own healthcare activities that they experienced after the earthquake disaster. They noticed the need to switch to health activities using the district charge system, and reviewed the consequences of health activities conducted in collaboration with the inhabitants. Their determination to change was evident from their demand for support/advice from the researchers. While working with us, the municipal PHNs thought about what they should have valued

as public health nurses. They were continually asked how public health specialists should be. As a result, they regained independence/autonomy as PHNs, and were empowered through the plan development in collaboration with the inhabitants. Thus, we suggested that reflection and pursuit of their specialty as PHNs and collaboration with inhabitants were effective methods to empower municipal PHNs.

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