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## **An oral history of Japanese nursing: Voices of five senior nurses who have experienced nursing since the 1950s**

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### **ABSTRACT**

The history of nursing cannot be considered separately from the history of women. In this study the public history of nursing and women was re-explored via the lived voices of five senior nurses in Japan. An oral history method using in-depth interviewing for data collection was used. Contemporary Japanese women's social position was constantly influenced by government policies from a historically androcentric society. Nursing, as a predominately female occupation, has also struggled with its position in society and in the hospital system. Data were categorised into five themes through the nurses' stories and analysed using feminist liberal theory. Findings from the current study showed that various elements of unequal opportunity to participate in society were an outcome of this history. Nursing in Japan appears to have been socialised without a relationship to feminism. Experiences of the participants in this study indicate a demand for the liberation of nurses as women. These participants wished nurses in Japan to focus on professionalism with an attitude which is independent of past androcentric policies and historical social inequities. With such an autonomous attitude, directions for nursing in Japan become constructive.

### **INTRODUCTION**

This paper reports on an oral history of the experience of five senior Japanese nurses who have lived through enormous changes in Japanese society and in women's and nurses' lives in Japan from the 1930s to the present day. Contemporary Japanese nursing has undergone a long period of change. Nursing education is in transition from occupational education at nursing schools (certificate and diploma schools) to university education (four-year Bachelor course). Behind the development of nursing in Japan, the Japan Nursing Association (JNA) promoted the position of nursing to society through its involvement in policy making at the national level (JNA 1999). JNA was established after the Second World War in 1946 by reforming the former association, the Japan Imperial Nursing Association (JNA 1999). The primary objective of JNA is to improve the working conditions of public health nurses, midwives, general nurses (RNs) and enrolled nurses (ENs), to raise ethical standards in nursing and to promote nursing education and research in order to upgrade the standards of nursing care given to the public (JNA 1999). It seems that nursing as a profession has been established and is still developing by being recognised as a discipline at university.

Other countries have influenced the present status of nursing in Japan. For example, as the United States influenced political system changes after the Second World War, the nursing system was also influenced. The development of nursing reflected societal movement, in terms of demographic change, and the impact of science, technology and political changes. In other words, nursing and society influenced and enhanced each other. This continuous societal product may be expressed as nursing history. However, the position of the nurse also cannot be understood separately from the position of women in Japanese society. Women's position in Japanese society has been oppressed over time under a male-dominated political system. A rigid four-social-class system, established in the early 17th century, by governmental policy, the so-called *ryosai kenbo* (good mothers, wise mothers) (Iwahori 1995, p. 459). This policy encouraged Japanese women through the education system to be the religious and moral foundations of the home, educating their children and acting as the "better half" to their husbands (Sievers 1983, p. 22).

In this society, nursing has traditionally been seen as women's work, because the "ideals of caring and nurturing that are the essence of nursing are associated with the feminine

aspects of humanity" (Bunting & Campbell 1990, p.11). Because nursing has been seen as women's work, there has also been oppression from society; nurses have struggled with this for a long time (Hirao 1999). To understand the societal position of women, it is necessary to understand societal changes over time.

This study also drew together changes in nursing and the relationship between nursing and women's position in Japanese society. A search of the literature revealed few resources about historical research on nursing in Japan, although some descriptive materials such as historical tables and secondary materials based on primary resources were found. However, these histories did not describe the impact of events on the lives of individuals. Descriptive events only tell the surface aspect of history while oral history enables people to speak about their stories. Moreover, their stories have not traditionally been considered a part of Japanese history. Women's voices have been omitted from the descriptive historical research, because the events that related to political and societal matters occurred in a male-centred Japanese society. The oral history method enabled women's voices revealed in this study to be heard. Listening to these voices also revealed nurses' voices. In this current study, a liberal feminist perspective was used to help understand the women's experiences. There is little in the Japanese nursing literature that examines nursing from a feminist perspective. It is my intention that, through this research, nursing professionals in Japan will be empowered. The research also has the potential to help in better understanding the present and guiding the future of nursing in Japan.

This system continues until late 19th century when Japanese society was reformed through the Meiji Restoration from 1868 (Mason & Cager 1997). This reform was meant to liberate women in Japan; however, the societal position of women was again controlling to these voices also revealed nurses' voices.

## LITERATURE REVIEW

In this section the way in which women's situation and nursing has changed is discussed chronologically. As stated in introduction, Japan had a long history of a feudal system, this system created an androcentric society that deprived women of a position in society and made women invisible in society (Hirota 1995, p. 201, author's translation). A woman's socio-economic position and class was determined by her family's social standing and dependent on the family system (Bernstein 1991). Furthermore, Japanese society was influenced by the strong morality of Confucianism, which defends the patriarchal structure of the dominance of the male, parent-child relationships of filial piety, obedience, and inheritance patterns which favoured sons (Aoki 1997, p. 21). Hence, women deferred to their husbands or fathers in all matters except the purely domestic.

Under feudalism, Japan was a relatively closed country having few official relationships with other nations, although some Western influences were seen from the beginning of the 19th century (Mason & Caiger 1997). In 1868, the Japanese government opened up relationships with foreign countries. Under the influence of developing relationships with Western countries and a desire to industrialise, the Japanese government started to reform their policies by following and imitating the policies of Western countries.

Nursing in Japan also developed under the influence of nursing information and knowledge from Western countries after the Meiji Restoration in 1868. The origin of nursing was also inspired by nursing in Western countries. However, under the *ryosai kenbo* (good wives, wise mothers) policy, it was not acceptable for women to have a job at this time. Although it is confirmed that there were carers and people such as nurses in this era, they were not educated as nurses or carers, but worked only with their experience. In other words, nursing was not considered as an occupation until 1900, when the regulation of nursing was issued

in Tokyo. Japanese nursing as an occupation started in clinics. Some doctors in clinics and private hospitals started to educate nursing staff to maintain a workforce for their private practices (Hirao 1999, p. 27).

The spread of infectious disease from the late 1890s to the early 1900s influenced society to recognise the need for and existence of nurses. From this beginning, nursing gradually started to be recognised in society. However, nurses were still considered as 'hand-maids' for doctors and were trained at hospitals. A women's position was still on the inside of houses under the policy.

Towards the Second World War, women's situation changed, because of the lack of a male workforce. They were substituted in male positions. After the Second World War, nursing in Japan changed dramatically because of societal demands such as increase of the infant and child population, increase of the aged population and higher levels of education. Nursing became specialised and education was provided at more high-level institutes than before. Comparing the beginning of nursing in the 1900s with the present time, nursing has improved in various ways, including improved education, societal recognition and expansion of nursing specialities.

This improvement could not have been achieved without the improvement of women's position in society, because nursing was still female-dominated work. When the second women's movement was activated in the late 1960s, women demanded their societal position be liberalised such as the reduction of the wage gap between men and women and equal participation in the workforce. In other words, this movement unveiled the inequality of men and women in society and questioned it. Although JNA did not state its position from a feminist perspective, JNA tried implicitly to banish the hierarchical system in hospitals by appealing to the inappropriate educational system for enrolled nurses and the need for rationalising nursing education at university. Nurses had little control over their profession until the 1970s. The main factors relating to change are: the political involvement of JNA and the Japan Nursing League (JNL); nursing education system changes; and the existence of specialist nurses.

## **METHODOLOGY**

The participants' voices were a productive form of the societal influence of the individuals. Behind the participants' voices, there were elements that influenced their life choices. In this section, the nature of oral history and why this method was suitable for this project, methods for sampling, interviewing, data analysis, ethical considerations and rigour and limitations associate with the study are discussed.

### **Oral history**

Oral history method was used to collect data for this project. According to the Oral History Association of Australia (1985, p. 2), "oral history is a picture of the past in people's own words". It is collected by tape-recorded interviews with persons who have experienced and have seen historical incidents and events and also it tells how the events influenced their everyday lives. The oral history research method in nursing is set out in guidelines produced by the Royal College of Nursing, Australia (1992). According to the guideline (1992), "It [oral history] involves listening to and questioning people as they tell about their perceptions and ideas of the past as they have lived it." This method enables peoples' voices to speak out and to be heard as they are.

Through the participants' experiences in nursing, such as why they decided to be a nurse, and their reaction and experience at nursing school, I tried to understand the participants' lives and also the societal influence at the individual level. Hence, the societal influence on

nursing and individuals as women was the main focus, rather than individuals' life stories. Traditional history, otherwise called official history, was also considered.

### **Theoretical framework**

In this project a feminist perspective to research process and analysis was taken. The inequality of opportunities for education and work for women was demonstrated in this study through an examination of the history of women and nursing in Japan. Nursing as a female-dominated professional group has been seen as oppressed, because of its lack of power and control, except by its own group (Kirby 1997). Because the dominance of the medical model and the importance society places on it, "nurses still felt that they were devalued and viewed as 'handmaidens' as a result of managerial and medical domination" (MacCall 1996, p.28). This study was also concerned with gender-rolled society. Therefore, a liberal feminist perspective to the study seemed appropriate.

Feminist research has a variety of interpretations that are shared among many feminist models and differentiates types of feminist thoughts (Grbich 1999). Patzman (2000) described this merit as 'flexibility' and continued, "feminist methodology is arguably more concerned with principles than 'a cook book approach to research' and there is no clear set of rules to follow". Furthermore, DeMarco et al. (1993, p. 29) described the collaboration between nursing and feminist critique as follows:

"...feminist critique can only serve nursing well, because it seeks knowledge about overlooked meanings by examining unacknowledged assumptions and biases and by developing new ways to present inquiries that address the social contradictions found in lived experiences."

Feminist research recognises that what women experience and feel is reality. The words that women say are accepted for what they are. What women experience is real and this point is justification of the use of oral history. As explained earlier, oral history is an account of the lives of the participants in their own words. Hence, this method is able to enhance the hearing of women's voices.

### **Methods**

The understanding of history through the eyes of ordinary people by talking and listening to them is assisted by in-depth interviewing with semi-structured questions that provide focus with flexibility (Minichiello et al. 1995). It helped the participants and myself to have a common understanding of the goal of the study. In addition, this style of interview interacted well with the feminist perspective of this study. Reinharz (1992, p. 131) stated: "Most feminist oral historians share the goal of allowing/ encouraging/ enabling women to speak for themselves." The semi-structured interview also enabled the senior female nurses to speak freely about the development of their lives, as an individual, as a representative of a specific group, or as an eyewitness to specific historic events or periods (Reinharz 1992, p. 131). Therefore, the questions used as triggers for discussion were designed to encourage participants to recall their experiences in nursing from their original motivation to become nurses, with the aim of gaining a better understanding of the impact on their lives as nurses of the socio-historical period during which they nursed and their subsequent careers in nursing.

After gaining ethical approval, the five participants were recruited through personal contact and purposive sampling. To enhance gaining insight into the richness of the participants' experiences and their thoughts, the following selection criteria were considered:

- (a) those identified as nurse elders who were academics and were therefore likely to have views on the development of nursing and nursing education; and
- (b) those who had contributed to the advancement of nursing in Japan for more than 25 years.

I had in the first instance contacted a professor of nursing at my graduate school in Japan. A brief summary of the project was faxed through to her and permission gained to interview. The professor also introduced the other potential participants who fulfilled the selection criteria. After I gained the consent of each participant to be interviewed for the study, the time and the setting for the interviews were negotiated and carried out in the space where confidentiality kept secured. The interviews were tape-recorded with the participants' permission.

Participants were asked whether they wish to listen to the tape and make comments on them or not. Following this process, interviews were transcribed in Japanese by myself as the first step and read to emerge themes. Then, translated them into English. While I was reading carefully, I commented on the sentences by asking myself what the participant's words were implying. These comments were coded and created potential themes. The data were organised into themes guided essentially by key questions in the semi-structured interview such as motivation to be a nurse, role of women, education and women, nursing education, work and women, work as a nurse and future implications.

## **FINDINGS AND DISCUSSION**

The findings of this study are summarised below.

### **1. The senior nurses' experience**

The senior nurses who participated in this study were all born from the 1930s to 1940s. When they received nursing education, society was based on equality between men and women, as stated in the Constitution of 1947. However, nursing as a woman's occupation had unequal opportunities, in terms of maternity leave, inadequate night shifts and human resources. One of the participants, who became the first nurse to have maternity leave at her hospital said:

"I was the chairman of the women's department of the union, when I started to work at the same time. My husband was also involved in this and had an influential position. The most problematic thing is that nobody could afford not to have the maternity leave. They (the authority) didn't give you. If nurses wanted to have children, they had to retire their work. Then, I was suggested that I will give a birth at the first time as the chairman of the women's department of the union to show the case. And then, I got pregnant and gave a birth. However, I could not have the pre-maternity leave, I gave a birth at seven months, because of this I could not have this leave. After fifteen days later of giving a birth, the director of nursing said to me that you are all right and come back to work. When I came back to work after giving a birth, nurses who got married in thirties and waited to have their babies got pregnant. It was the big reform for nurses. It happened in 1956."

Women were unable to continue working through their unique life cycle and were regarded as short-term and cheap labour until their marriage. This restriction of commitment to life work as a nurse also delayed professionalisation in Japan. However, the participants in this study were all committed to nursing through their life. It can be assumed that the motivation to be knowledgeable about nursing, having continuing education, and liking nursing has made them what they are at present, although the participants did not state that what made them committed for a long time.

### **2. The nurses and feminism**

The participants in the current study did not see themselves as feminists, although some of them have experience of strikes for adequate night shifts and the movement for maternity leave in nursing. When I asked about the recognition of nursing in Japanese society, one of the participants told me:

"I think that people's nurses' consciousness was very low, very low. It is not saying the status in society is low. The realisation was too low ... we had eight days of night shifts and we never doubt about it. We thought that it was natural. Then, more and more nurses were getting married and got pregnant...we were told that we had to think about the order of the pregnancies and we cannot be home more than 20 days. Then we had the strikes. I think that we cannot escape the severe fact. This history is natural to happen. So I think that the consciousness of people was low rather than saying the social status is low. The reason of low consciousness is lack of education. Because everything was given ... we couldn't say and claim anything to the hospital and school. Less autonomy. That is why people regard the social status of nurses as low."

Another participant told me, when I asked about the relationship between nursing and feminism:

"But I don't have consciousness about feminism. I have more strong feeling as a human. U-n, I think that the organisation of nursing association, is the biggest organisation in nursing, so if we bring the individual power together, it will be huge power so we will be able to appeal more."

They emphasised nursing as a professional occupation rather than as a gendered occupation by having consciousness and empowerment within the nursing profession.

Moreover, at the organisational level, Japan Nursing Association (JNA) did not state their position, in terms of the relationship between women's feminist position and nursing, even while struggling for better conditions and education for their almost exclusively female constitutions.

### **3. The socialisation of nursing**

Since the 1970s, the improvement of women's position and nursing's position in society has taken place together. When I asked about the image and recognition of nurses in Japanese society, one of the participants said:

"It is totally different now. I think that the direction is moving toward that I thought. The direction is that nurses will be independent. They will have their autonomy and can work as the member in the health care system and contribute to society. And they can say that I am a nurse. They don't have to look down themselves. I wanted to teach these things in my education for a long time. Finally, now I believe that we can say that we are nurses without hesitation. Nurses have got the international recognition."

Behind this nursing socialisation, JNA emphasised nursing empowerment as professional by participating in decision-making processes and appealing to society for attitude change. As a result, this socialisation of nursing promoted the status of nurses and also can lead to future changes such as abolition of the enrolled nurse licence system, increased nursing education in universities, and expansion of nursing into the community.

### **4. Need for autonomy in nursing**

Autonomy is an important element for the professionalisation process. The expansion of professional nursing requires autonomous thinking and activities. The process of nursing expansion to the community implies a nursing independence as a profession from hospitals where nurses used only to work. Hudak (2000) describes professional requirements such as a body of specialised knowledge, use of scientific method, education within institutions of higher institution, lifetime commitment, and service to the public and a code of ethics. When applying these requirements to nursing in Japan, it can be said that Japanese nurses are fulfilling the requirements. However, there will need to be more consideration of a code of

ethics and life- time commitment in the practical field. Nursing then improves as one of the independent disciplines with autonomous thinking and activities. One of the participants said:

"...we need autonomy as nurses. I hope that nurses can say that we will look after you. I want to educate nurses who can say this. Also I want students to grow this way. I think that this is important thing and same for everyone. It is clear that prior education didn't provide education of this [being autonomous]. There was no concept of this. Prior education was only about hospital where doctors are working and nurses are working under them." Another participant told about nursing and continuous education:

"We need continuous education as professionals. See. As long as we are professionals, we need to absorb new knowledge continuously. So I don't want nurses to stop learning, because they feel that it is enough study and I am old enough. Not like this. I think that the situation is changing all the time so we shouldn't forget keep our attitude to learn through our life. If we forget to learn, we stop growing as a person, also if we don't have time, we cannot provide good care and will be difficult to think about the others. I believe this very much."

The participants in the current study stressed the importance of autonomy and continuing education as necessary for the development professionalism in nursing.

## **CONCLUSION**

Nursing in Japan is facing a new era of educational change and licence change that has the potential to bring it to new heights of achievement. This study focused on broad areas in nursing including issues in the licence system and nursing education.

Contemporary nurses in Japan will have more opportunities to seek their career as a professional. It becomes possible for young nurses to develop their nursing career. Their lives are not constrained by societal expectation as before. They are able to choose more freely what they want to do. This attitude may have the impact of attracting nurses who have a life commitment to the profession.

On the other hand, the former era that nurses have been struggling with in terms of their position in society has faded. The contributions from senior nurses who dedicated their lives to the administrative section, education and improvement of working conditions should not be forgotten, however. Their efforts have brought us to the present state and provide a springboard for ongoing development.

The primary aim of this study was to understand changes over time of the social status of nursing and women in Japan through the participants' experiences. Relating these experiences to official history, societal influence on the individuals was revealed. Because nursing mirrors societal changes such as the reconstruction of the political system and demographic changes, nursing also needs to have flexibility to accept and manage its own changes. Autonomy in contemporary nursing is required for nursing to take its rightful place among other disciplines.

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