

Review

Research on Nursing Reform in Postwar Japan: Towards a New Nursing Education System during the Occupation GHQ

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Abstract: The current system of nursing education in Japan was the result of reform during the Occupation. This study analyzes the deliberative process by which a new professional nursing education system was implemented in postwar Japan. Colonel Crawford F. Sams (Sams) of the Public Health and Welfare Section of General Headquarters established the Nursing Education Council in 1946 to deliberate a new nursing education system. The council held discussions on curriculum, and the position and role of nursing in Japan. The deliberations resulted in a system in which the three types of nurses, clinical, public health and midwives, were unified under one general education system, with high school graduation a prerequisite for entrance. A 3-year basic course of nursing for all nurses, following specific guidelines set by the council, was designed. Specialists in midwifery or public health required post-graduate education. Nursing was formally recognized as a profession. This study clarifies the deliberative process by which a new nursing education system, unique to Japan, was established in a national nursing policy initiative during the Occupation.

Key words: Occupied Japan, GHQ/Public Health and Welfare Section, Nursing policy, Nursing Education Council

INTRODUCTION

Progress in Japanese nursing education has been proceeding rapidly toward making university education the standard since the 1990s. Many programs for master's and doctoral degrees are being formed, with the aim of increasing professionalism in nursing. Progress in nursing research continues, based on its own unique academic system. Professionalism in nursing is increasingly in demand as the structure of diseases becomes more complicated and as nursing deals with integrated medicine. A system of certification for nurses specializing in cancer care, emergency care, hospice care and other fields (Certified Nursing Specialist) has

been put into place, and progress in training nursing specialists with advanced knowledge and technical skills has been made. Until recently, nursing in Japan has been seeking a standardized knowledge base of practical nursing and has been attempting to raise the qualitative level of nursing services. However, even now, nursing is not an independent medical profession, which is an issue that must be addressed.

Why has nursing, a key player in the medical community in Japan, not been able to establish itself as a profession?

We can look back on the history of the professionalization of nursing in Japan and find its roots in the reforms made during the Occupation of Japan after World War II (WWII) by General Headquarters, under the Supreme

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Commander for the Allied Powers (GHQ/SCAP). The Occupation Reforms, carried out in politics, economics, labor, education, and medicine, had a huge impact on Japanese society as a whole. Nursing underwent major changes under the Occupation reformation, resulting in great reforms. The current nursing education system and laws on public health nurses, midwives and nurses were established under the guidance of GHQ.

We have undertaken an inquiry into the developmental process of the establishment of the nursing education system after the war, believing that it will help us uncover problematic issues that remain to this day. We believe it is important to evaluate the situation today, in preparation for laying an appropriate path for nursing in the 21st century by looking at the nursing reforms of GHQ under Occupational Rule, which were the starting point for Japanese nursing after the war.

There are few research studies on the medical reforms and nursing reforms after WWII. The process and reality of carrying out the reforms have still not been clearly and fully verified. There have been partial investigations into the content and process of medical and nursing reforms under GHQ, but they were not full-scale investigations into the details of the decision-making processes involved.

Col. Sams, Chief of the Public Health and Welfare Section (PHW) of the Allied Forces Administration which was responsible for promoting reform in nursing and medicine, introduced specific policies on medicine and welfare policy for the PHW, in keeping with its duty under the Occupation, and evaluated the activities of the Occupation Forces^{1,2)}. Akiko Sugiyama describes the entire process of medical reform policy and what it accomplished from a Japanese perspective, comparing the medical

reforms to the situation in pre-war Japan, in her "Medical Reform during the Occupation"³⁾. The life of Nursing Chief Grace E. Alt (Alt), leader of nursing reform in PHW, has been studied in detail and her activities and ideas have been discussed⁴⁾. Reiko Ryder-Shimazaki has written on nursing education and the process by which the nursing education system spread from the central government throughout Japan in "Nursing Reorganization in Occupied Japan, 1945-1951"⁵⁾.

The authors have tried here to reconstruct the process of reform, mainly using written documentation from original GHQ/SCAP records of the Occupation. We have undertaken the task of studying the seminal reforms made during the Occupation and investigating nursing reform in Japan after the war.

We searched GHQ/SCAP records pertaining to nursing reform stored on microfiche at the Archives of Constitutional Government at the National Diet Library, using the keywords of nursing, nursing policy, and nursing education. We compared the documents we obtained from GHQ records with materials from the Japanese side to look into what happened from a more total perspective. We also studied and analyzed documents on nursing policy mentioned and written by the people actually involved in nursing reform.

OCCUPATION POLICY OF GHQ/PHW

It is a well-known fact that the various reforms carried out during the Occupation were the starting point for post-war Japan. The Supreme Commander of the Allied Powers, General Douglas MacArthur, who was in charge of the administration of GHQ, in order to promote democratization of fiscal institutions, from the very beginning of the Occupation, ordered

numerous policies based on five main reform orders: liberation of women, union labor rights, liberalization of education, liberation from autocratic rule, and the democratization of the economy. Occupational reforms by GHQ were started over a wide range of fields, such as politics, economics, society, education and medicine.

GHQ/SCAP was set up in Tokyo as the practical arm of Occupation Reform on October 2, 1945⁶⁾. It was made up of 9 Special Staff Sections, each section being responsible for carrying out democratic policies, the basis of all Occupation policy. Public Health and Welfare was the special section in charge of the education and training of health professionals in medicine and it carried out radical reforms in medicine and nursing⁷⁾ (Fig. 1.).

The General Order, which made explicit the duties of PHW, states that the purpose of the Occupation in the early stages was to “protect the health of the people in the Occupied territory, provide the necessary supplies from the Occupied Army, and carry out a policy to thoroughly deal with widespread epidemics⁸⁾. The duties of PHW, as laid out in the General Order

of the Occupation, were to carry out policies on disease and take action for disease prevention, rebuild hospitals, replenish medical and sanitary supplies, provide food and water, provide sewage disposal, and improve sanitary conditions for the Japanese public⁹⁾. In order for GHQ to make concrete proposals to carry out its duties, it ordered information gathering and a thorough report to understand what the current condition of Japanese medicine was at the time.

Let us look at how Col. Sams, Chief of the PHW Section, and Major Alt, Chief Nurse, perceived medicine and nursing in Japan right after the war ended and the Occupation began, and how they decided upon the basic direction nursing reform should take, from the perspective of sanitary control in the Occupied Territories. Based on GHQ documents, we have newly clarified the process by which nursing policy was established. This policy became the starting point of the professionalization of nursing. We describe the principles by which Sams and Alt aimed to restructure nursing education and discuss the actual process.

THE DEVELOPMENT AND ESTABLISHMENT OF NURSING REFORM IN JAPAN DURING THE OCCUPATION

How GHQ/PHW viewed Japanese nursing

Until WWII reached an end on August 15, 1945, Japanese medicine and nursing were geared toward wartime. The demand for nurses to aid in the war effort increased as the war expanded. The training period for the cultivation of nurses and the level of entrance requirements were reduced in order to meet the needs of the country in wartime. This resulted in an increase in the number of nurses who had received only a short period of nursing education, leading to a decrease in the quality of

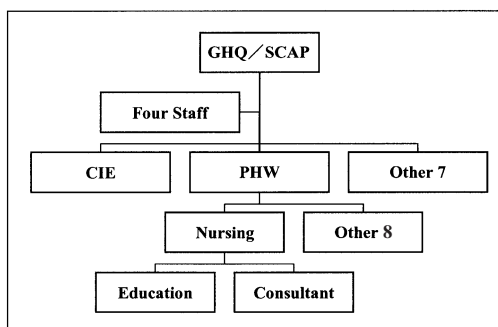


Fig. 1. Schema of GHQ/SCAP.
 GHQ/SCAP: General Headquarters, Supreme Commander for the Allied Powers.
 PHW: Public Health and Welfare Section.
 CIE: Civil Information and Education Section.

nursing. The control and interference of the Japanese military government led to extreme nutritional deficits and exhaustion. The life of the people became increasingly impoverished, such that chronic problems of an unsanitary environment (including a breakdown of the sewage and water supplies) led to widespread epidemics throughout the country. The hospitals had ceased to function, having run out of medical and sanitation supplies. There were shortages of hospital supplies, equipment, doctors and nurses, since they all had been turned over to military use. Japan was on the verge of death.

GHQ put out an advisory on September 22, 1945 on "Public Health Procedures"¹⁰⁾ and called for information on the state of medical facilities across the country. Sams and Alt of PHW went to hospitals, clinics and nurse training facilities in the Tokyo area, bringing along interpreters, to directly make their own inspections. In particular, Maj. Alt, Chief Nurse, made efforts to learn about the current state of nursing in Japan by studying the number of hospital beds, doctors and nurses, nursing students and nursing salaries, etc. in existing hospitals.

The report put out after their inspection of medical facilities identified the lack of sanitary supplies, the lack of medical equipment, the unsanitary condition of the beds, floors, and blankets and the uncleanness of the food, reporting that it was almost impossible to examine patients at such facilities¹¹⁾. There was a shortage of nurses at the time due to the war, so a system of attendants was in effect, where attendants who had no qualifications carried out nursing in hospitals. The hospitals were unable to provide food for inpatients, so the patients' families would bring pots and pans from home, staying overnight to care for the patients. Alt believed the situation was the same in all hospi-

tals in Japan¹²⁾.

Sams also suggested that there were problems with Japanese nursing, including the relation between doctors and nurses and the role of nurses¹³⁾.

Maj. Alt put out a Memorandum entitled "Nursing in Japan" on October 31st, two months after the Occupation, describing the results of her observations¹⁴⁾. Alt's evaluation of the reality of nursing in Japan, of nursing, and of nursing as a profession is summarized in this report based on her observations. She writes that women were not recognized for their work as nurses, since women were not allowed to lead independent lives in Japan before the war. The report goes into great detail on how most nursing in Japan was carried out under the orders of the doctor, how nursing was not pursued as a profession, and how gender discrimination before the war put women at a disadvantage with regard to wages, working conditions and nature of their work. Women were liberated under the democratic policies of the Occupation and finally gained suffrage and established the right to be treated as people.

Col. Sam and Maj. Alt, in order to carry out the objectives of the Occupation in PHW, were well aware of the need to reform the prewar system of nursing education and to bring about changes in awareness of both doctors and nurses in regard to their professions. They moved on to the actual establishment of nursing policy, establishing nursing in Japan as a profession for women. They believed raising the educational level of nurses was of utmost importance in order to make nursing independent and professional.

Toward the reconstruction of nursing education

In order to construct a nursing policy aimed at raising the level of nursing education, Col.

Sams suggested the establishment of an organization that would be responsible for promoting nursing reform¹⁵). Sams said “Nurses are not well-respected by the people of Japan. In order to raise the professional level of nurses, it is necessary to raise the standard of education.” He demanded that doctors and nurses cooperate in the development of a plan for nursing education and nursing policy. The Nursing Education Council was established on March 25, 1946 as a deliberative body for nursing reform (Fig. 2).

Sams instructed the committee to discuss the type of nursing curriculum that would cultivate nurses of satisfactory quality and to revise the prewar licensing system of nursing accreditation. Alt stated that, as nursing is a profession

providing nursing services, it was necessary to raise entrance requirements so nurses could practice professionally and to restructure the process of education so that it was professional.

Specifically, it was mentioned that clinical nurses, public health nurses and midwives should not be trained in different programs, but that a new nursing education system should be considered where all nurses would undergo the same basic educational training, choosing a specialty after graduation¹⁶).

On public health nurses trained by general nursing education

Alt’s comments on nursing education questioned what people thought about the role of nursing in Japan and what people wanted from nursing as a medical profession. The Nursing Education Council met from April 11 to May 16, 1946, with representatives of GHQ and the Japanese side gathering to keenly discuss these issues¹⁷).

The Council was eager to give birth to a system that produced high quality nurses, but some members feared that, considering the historical background and legal aspects, it was not appropriate for midwives to receive the same education as public health nurses and clinical nurses and that raising the entrance requirements for nursing school would result in a decrease in applicants and promote a shortage of nurses.

Alt wanted nursing to aim at a system similar to the education process for doctors, where basic education was carried out at a high level, and after a certain period of receiving basic nursing education, national certification would be obtained. This type of “general nursing education” would be basic to all nurses. Training in clinical nursing or public sanitation, etc. could be obtained after certification.

NURSING EDUCATION COUNCIL

Report of first general meeting March 25, 1946

Meeting was opened with a talk by Col. Sams, expressing the need for improving the present health organization in Japan, especially in the field of communicable disease, and for training people to work in the improved organization. In Japan the medical and nursing professions are not highly esteemed to raise the professional level, the standards of education must be raised. In nursing, the first step in the program is to form this Educational Council, as an advisory council, to prepare higher standards for licensure of professional nurses to insure that only qualified nurses will be eligible for examination and licensure, to prepare curricula in nursing education which will produce well-qualified nurses, to raise the entrance qualifications to schools of nursing. To be considered as professional people, nurses must be more than technicians—must be truly professionally trained, with a broad educational background. The results of such a program will be of great benefit to Japan and her people, as well-qualified nurses will give good care to the sick, and will also be qualified to work in the field of public health and educate the general public in how to keep well.

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Fig. 2. The original text and the copy.
GHQ/SCAP Records, CHS (B) Sheet No. 01100, “Nursing Education Council, Report of first general meeting March 25, 1946”
CHS: Civil Historical Section.

After deliberation, it was decided not to separate the three areas of nursing (clinical nursing, public nursing and midwifery) into different professions, but to consider them as specialties of nursing services. Students would receive 3 years of a basic course, and those who chose to specialize in midwifery or public nursing would continue their training with post graduate work. There would be only one type of nursing school, a consolidated three year College of Nursing, for which a high school diploma was needed for entrance¹⁸⁾. The Nursing Education Council suggested that the name "Public Health Worker" be used for graduates of Colleges of Nursing, giving them a legal and specialist position different from previous graduates. The framework for what was to become the "Public Health Worker Bill" was proposed by the Council to regulate the new nursing system in post-war Japan. The "Revision of the College Curriculum", based on new ideas for cultivating public health workers, was presented to the Nursing Education Council. Maj. Alt and Japanese nurses were full of hope and conviction for the birth of the new public health worker system.

However, opposition to the plan for public health workers arose, with opponents saying a high level of education was not necessary for nursing, that the level of education being suggested was too high for the education of women, etc. Thus the public health worker bill was not submitted as there were aspects that were not applicable to the situation at the time.

In actuality, the most pressing needs were for the treatment and health education of patients with infectious diseases and sexually transmitted diseases, and for the sanitation and nursing of a malnourished population. Solution of the acute health problems facing the Japanese people was given the highest priority. While raising the

quality of nursing was hoped for, it was essential to immediately secure the number of nurses required to fill the demand.

Caught between idealism and practicality, a difference of opinion arose between Sams and Alt within PHW. Discord between the Japanese Ministries of Welfare and Education arose, and although they were able to agree on a bill for public health workers, it was never passed¹⁹⁾. Although approval of the concept of unifying the three types of nursing, clinical, public sanitation and midwifery, into one was possible, it is likely that the idea of unifying the Japanese nursing system into one was ahead of its time. Instead of the public health worker bill, the "Law on Public Health Nurses, Midwives and Nurses" was promulgated on July 30, 1948. This new nursing system placed emphasis on raising the quality of nursing and can be recognized for making the basic level of nursing education start after graduation from high school and making the entrance requirements the same as for entering university. One of the results of the implementation process of nursing policy was that it acknowledged to society that nurses, public health nurses and midwives all provide professional medical nursing services. This represented a big difference from the nursing system before the war, establishing nursing as a profession in the areas of medicine and public sanitation, and taking the first step towards professionalizing Japanese nursing.

DISCUSSION

The purpose of this paper is to clarify and evaluate the process by which nursing policy was carried out after the war by concentrating on the development and establishment of a nursing education system during the Occupation, when nursing in Japan before WWII, for a long

period, was focused on assisting physicians. Nursing education addressed the demand for helping with infectious diseases, war and disaster. But after losing the war in 1945, innovative nursing reform was carried out under the auspices of the Occupation GHQ. A new nursing system was built, covering nursing administration, nursing management and nursing education as a whole. The attempt to implement this nursing reform in Occupied Japan was a realization of goals for nursing as seen in the United States. In other words, it was an American model of nursing.

The establishment of a high level of basic nursing education by combining the previously separate nursing divisions of public health nursing, midwifery and clinical nursing, especially, was one of the nursing reforms that can be considered positively.

After the war, spurred by nursing reform by the GHQ, Japanese nursing was able to question itself as a profession; What is nursing?, What is nursing as a profession?, What is the role of specialized nurses?

Abraham Flexner considers a profession to be not just the intellectual operations essential to carry out individual responsibilities, the continuous absorption of new knowledge, and an academic and theoretical entity, but also includes actual practice²⁰). When applying the word "profession" to nursing, the Council was referring to nurses who obtained specialized nursing education, with the condition that they have high practical ability. When Japan was under GHQ rule, it was noted that nursing in the United States was progressing toward professionalization, or at least heading in that direction²¹). In the United States in 1945, 23 % of those with nursing qualifications also had university degrees and 4 % of nurses had even higher degrees, supporting the claim. Nursing in the

United States was already looking towards its future role of nursing as a profession.

Recently, the evaluation of Occupation Reforms has been brought up in other areas (politics, finances, education, etc.), giving rise to much discussion. Much of the evaluation of nursing reform has been affirmative. This is because it is thought that the Japanese side did not just follow whatever GHQ suggested for carrying out their policy, but supported nursing reform by establishing and developing its own nursing policy. Using the opportunity provided by GHQ to carry out nursing reform, Japan was able to examine what nursing should be and make progress toward professionalizing nursing. However, there is also a feeling that Japan followed the US model and that Japan must now develop its own unique system based on Japanese history and background, and on Japanese values.

Half a century has passed since the Occupation by GHQ, and Japanese nursing has made steady progress in studying the essential nature of the nursing reforms made during the Occupation. While Japan is still behind, compared to the United States, 12.7 % of all nurses in Japan have received their basic nursing education at universities, and the move toward implementing the entire nursing education process occur at university level is making clear progress.

In order to more deeply discuss the developmental process and evaluation of nursing policy during the Occupation, to inquire into nursing problems that existed before the war and continue to this day, and to analyze the deliberative process of nursing policy, it is necessary to study more historical materials and continue study in this area.

In conclusion, tracing the steps of nursing reform under the Occupation, which became the basis of nursing in Japan, clarifies the road

towards nursing as a profession and provides us with suggestions as to what Japanese nursing should be. From today's perspective, there is meaning in looking back and studying the developmental process of nursing in Japan.

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