

COMPARISON BETWEEN THE UNITED STATES AND JAPAN IN SCHOOL NURSING: SOME FINDINGS FROM A SURVEY OF SCHOOL NURSES IN BOTH COUNTRIES

KAZUYA FUJITA

Introduction

Both the United States and Japan have systems of school nursing. Additionally, the histories of those systems appear to have nearly the same time span. According to Susan Wold and Nancy Dogg: *School Nursing: A Framework for Practice*, it is considered that Ms. Lina Rogers who was assigned in New York City in 1902 is the first school nurse in the United States. In Japan, the nurse assigned to a school dormitory in Fukuoka City in 1904 is the first; the first assignment at a school site was in 1908.

However, there are some differences in both current systems. In the United States, the school nurse has developed as a nurse who takes charge of a part of the nursing field; however, in Japan, the school nurse has been involved as part of the school staff as a kind of teacher in charge of school nursing since 1941 and has been developing a unique field of educational nursing in schools since then. Therefore, in the rest of this article I refer to the Japanese school nurse as a school nursing teacher (SNT) and to the American school nurse as a school nurse (SN). Currently, almost all new SNTs are trained at an institute (mainly, a 2-year or 4-year college) which has a program for SNT training, and they do not have nurse licenses, but an SNT license. Furthermore, SNs in the United States are responsible for several schools, but almost all SNTs in Japan are responsible for a single school.

Although there are such institutional differences between the SN and SNT, both of them have a fundamentally common aspect in their roles in which they help school children maintain health and development through performing health care and health education. It is interesting to see how these differences under the system and the commonalities in the fundamental role are producing differences between the SN and SNT in their actual task work.

Findings from the comparison may also reveal some good points of each system; occasionally, some points where improvement is needed are revealed, as well. In this article, based on the results of the survey conducted of SNs in the United States and SNTs in Japan with the above object, some aspects of their tasks and consciousness of their work will be compared and discussed.

Methods of the Survey

The survey of SNs and SNTs was conducted in the United States and in Japan from December 1990–April 1991. 239 SNs among 11 states in the United States and 338 SNTs among three prefectures (including Tokyo Metropolitan) in Japan participated in this survey. A prefecture is an administrative area which consists of several counties and dozens of cities under a local government. For the United States survey, questionnaires were distributed to SNs in two to several school districts in each state through supervisors of school health/nursing in those districts. The state consultants of school health/nursing whom I could contact made the choice, based on the criteria that they include urban and suburban areas. Those 11 states were as follows; California, Colorado, Connecticut, Hawaii, Iowa, Illinois, Maryland, Missouri, Texas, Washington, and West Virginia. For the survey of Japan, questionnaires were distributed to SNTs among 9 cities (including 2 special districts in Tokyo), which I selected from the three prefectures, Tokyo, Kanagawa and Nagano so that the selection included urban and suburban, and were distributed through several SNTs who understood an object of the survey in those prefectures.

Numbers of school districts/cities which participated in this survey, total numbers of SNs and SNTs who belong to those districts/cities, and numbers of questionnaires distributed and returned were as in Table 1.

The questionnaire, which was designed to find how similarities in fundamental role and differences in systems between the American SN and the Japanese SNT were producing similarities and differences in their practices and consciousness to their work, was composed of 25 questions concerning demographic information, working conditions, students' health problems, and opinions and perspectives on their work. Two types of questionnaires written in English and Japanese and having the same questions were prepared for surveys in both countries.

TABLE 1. STATES/PREFECTURES, NO. OF SCHOOL DISTRICTS/

Countries	UNITED				
States/Prefectures (Total No. of SNs/SNTs)	CA *(3,000)	CO (391)	CT (1,160)	HI (31)	IA (402)
No. of school districts/cities involved	4	2	3	—	3+ α
Total No. of SNs/SNTs in those school districts/cities	66	59	68	31	46+ α
No. of questionnaires distributed	66	30	20	25	61+ α
No. of SNs/SNTs participated in the survey	26	20	5	19	43

* Approximate number.

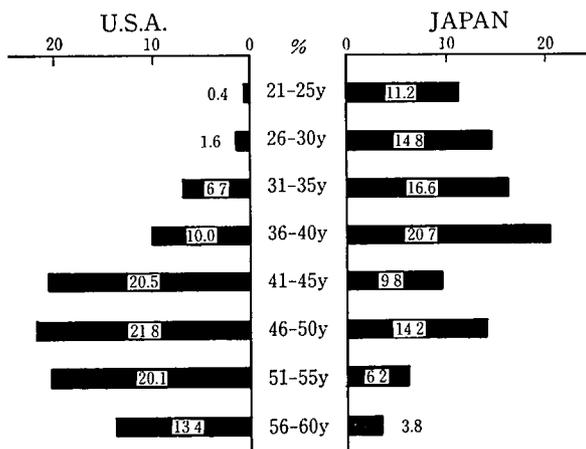
Results and Discussion

Age and years of experience

American SNs appear to be generally older than Japanese SNTs, and of the SNs/SNTs who have had many years of experience, there seem to be more in the United States than in Japan. In the survey, the greater part of the SNs' age is concentrated in their forties and fifties, while the SNTs are distributed from the twenties to the fifties (Fig. 1). In the United States, SNs of 41 years and over are about 80%. In Japan, the rate of SNTs of 40 years and under is 63%.

This age-range difference between SNs and SNTs seems to be caused by a difference of careers which they usually go through before becoming SNs/SNTs. It is general in the United States that a nurse who has had experience as a hospital nurse or public health nurse becomes a school nurse. But, recently, SNTs in Japan commonly take the job immediately

FIG. 1. AGE DISTRIBUTION OF THE SNs/SNTs



CITIES AND SNs/SNTs PARTICIPATED IN THE SURVEY

STATES (SN)							JAPAN (SNT)			
IL (956)	MD *(1,000)	MO (750)	TX *(2,400)	WA (292)	WV (164)	Total *(10,546)	Nagano (742)	Kanagawa (1,692)	Tokyo (2,443)	Total (4,877)
3	3	2	1	4	2	27+α	3	3	3+α	9+α
408	137	44	3	55	29	946+α	143	969	304+α	1,273+α
40	?	25	20	50	?	337+α	143	132	278+α	410+α
21	24	19	3	44	12	239	49	81	218	338

after graduation from a college which has a program of SNT training.

This custom among SNs in the United States appears to depend on the idea that the more an SN has had experiences as a hospital nurse or public health nurse, the more she/he, who has to work alone at one or more school sites, becomes desirable as an SN. On the other hand, the age distribution of SNTs suggests that the SNT training area has almost exclusively established the supply system of SNTs, and the rotation of new employment and retirement among SNTs is constantly going on.

In the comparison of years of experience as an SN/SNT, almost 60% of the SNs have more than 20 years of experience as an SN, while only a little over 30% of the SNTs have that (Fig. 2). The fact that 60% of the SNs more than 20 years of experience makes us speculate that nearly two-thirds of current SNs in the United States had already been placed 20 years ago, and that SNs have not been hired very much since then. In fact, the ratio of SNs who have less than 10 years of experience is only 7.5%, and that new employment of SNs has been very low in this decade is easily seen. On the other side, the SNTs in Japan are almost equally distributed in each of the three categories of years of experience; less than 10 years, 10-20 years, and more than 20 years. It can be thus seen that young SNTs are being supplied at a nearly fixed rate.

Academic Background

The number of SNs possessing baccalaureate and master's degree are much more than that of SNTs. In the United States, about 70% of the SNs are graduates from 4-year colleges (including 9.6% with master's degree). In Japan the great majority (91%) of the SNTs are graduates from a 2-year college which has an SNT training program or SNTs who graduated from the vocational school of nursing and a one-year special course for the SNT training (Fig. 3).

FIG. 2. YEARS OF EXPERIENCE AS A SN/SNT

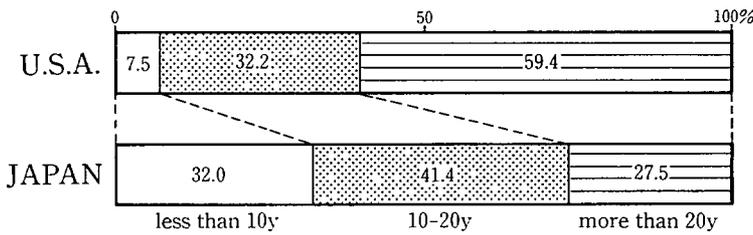
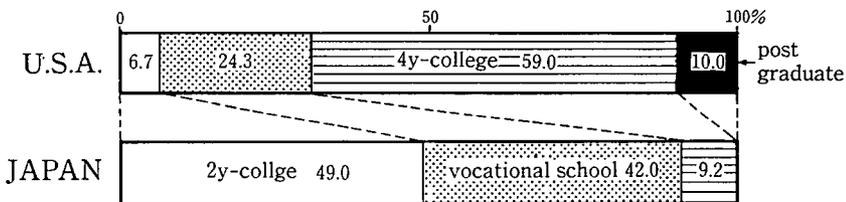


FIG. 3. ACADEMIC BACKGROUND OF THE SNs/SNTs



It is natural that differences exist between the systems of the SN and SNT training because there are some differences between SN and SNT systems in both countries. However, in the author's opinion, he is compelled to say that the system of SNT training in Japan (particularly a 2-year college for the SNT training) is rather insufficient compared with the American system for the following two reasons: the training term of a 2-year college is a little brief for graduates who have to work alone in the school site immediately after graduation. Another reason is that wage disparities exist between SNTs with bachelor's degrees and associate degrees.

Working Conditions

It can be said that characteristics of their working conditions in both countries are as follows: the Japanese SNT has longer working hours and the American SN is responsible for more students. Over one-third of the SNTs (American SNs=7%) answered that their working hours were more than 9 hours per day on average. Conversely, 44% of the SNs in the United States (Japanese SNTs=4%) answered "less than 8 hours" (Fig. 4). Additionally, the school days in the United States are 5 days per week and those in Japan are 6 days per week. Thus the difference between the United States' SNs and Japan's SNTs in working hours per week is quite large.

On the other hand, the number of students for which SNs/SNTs are responsible are much more in the United States than in Japan. The great majority (about 80%) of the SNTs in Japan are responsible for less than 1,000 students, while about three-fifths (58%) of the SNs in the United States are responsible for 1,000 or more students (Fig. 5). This difference depends on a difference in systems, so that almost all Japanese SNTs work full-time at a single school, but the American SNs are usually responsible for two to several school sites.

Based on these differences in their working hours and the number of students for which they are responsible, it can be conjectured that the Japanese SNT has a higher frequency of contact with students and more time working with students than the American SN. Furthermore, these differences in the frequency and time contacting the students may reflect

Fig. 4. SN's/SNT's WORKING HOURS A DAY

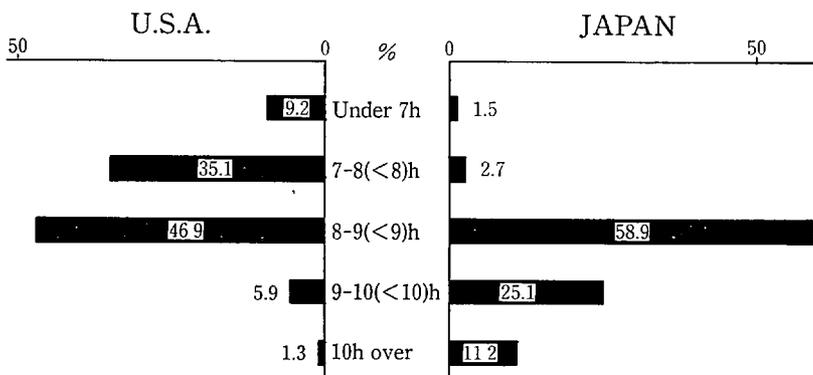
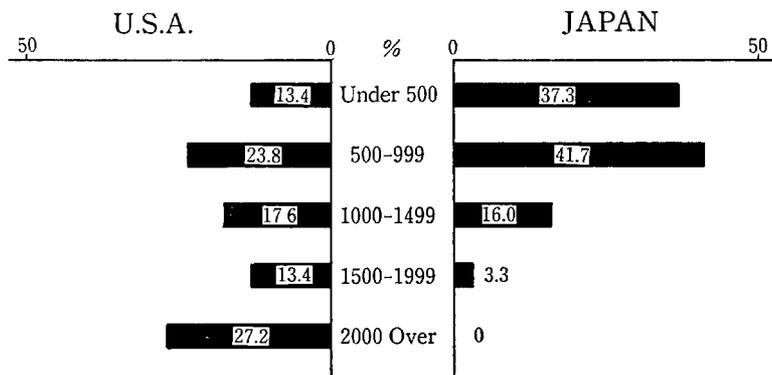


FIG. 5. STUDENT POPULATION FOR WHICH SNs/SNTs ARE RESPONSIBLE



the depth and the extent which an SN/SNT has in understanding the students and grasping the students' problems.

Some Aspects of Their Work

§ Duties on which SNs/SNTs spend the most time

Some duties requiring the most time to be spent are common to SNs and SNTs. The greatest number of the SNs (41%) and the SNTs (45%) commonly give "Dealing with injuries and illnesses" as a duty on which they spend the most time (Table 2). The following three are in common among the most four items which both the SNs and SNTs chose as the top 3: "Dealing with injuries and illnesses," "Keeping records" and "Health counseling" (Table 3). Besides the above common items, other items which a good number of them chose are "Following up" and "Contacting other school personnel, parents, and persons in the community" in the United States and "Screening and physical examination" and "Health education" in Japan.

From the standpoint of their fundamental role expected by the surrounding people—students, parents and teachers—it is probable that both SNs and SNTs spend the most time in "Dealing with injuries and illnesses." The fact that "Keeping records" places in the upper ranks is also in agreement with my findings which I have gained through interviews and discussions in both countries.

That "Screening and health examinations" ranks higher in Japan than in the United States seems to depend on the differences between both countries in the form of health screenings and examinations. In Japan, they are carried out for all students every year by the SNT, other teachers, and the school doctors and dentist. They include: measuring height, weight and chest; vision and hearing screening; dental check-up of teeth by the school dentist; medical check-up of eyes, ears, nose, throat, chest, and back by the school doctors; urine tests for sugar and protein. Additionally, the fact that the number of people who give "Health education" as the most time-consuming duty is higher among SNTs than among SNs appears to suggest that Japanese SNTs participate in the health education for a longer time than American SNs.

TABLE 2. DUTIES WITH WHICH SNS/SNTs SPEND THE MOST TIME
(Duties ranked first)

	(%)				
U.S.A. n=239	Dealing with injuries & illnesses	Follow up	Health counseling	Supervising handicapped	Screening
	99 (41.0)	34 (13.8)	25 (9.6)	21 (8.8)	17 (7.1)
JAPAN n=338	Dealing with injuries & illnesses	Health counseling	Keeping records	Screening	Health education
	151 (44.7)	41 (12.1)	36 (10.7)	35 (10.4)	18 (5.3)

TABLE 3. DUTIES WITH WHICH SNS/SNTs SPEND THE MOST TIME
(Duties chosen as the top 3)

	(%)				
U.S.A. n=239	Dealing with injuries & illnesses	Follow up	Keeping records	Health counseling	Contacting parents & teachers
	138 (57.7)	107 (44.8)	91 (38.1)	84 (35.1)	84 (35.1)
JAPAN n=338	Dealing with injuries & illnesses	Keeping records	Screening	Health counseling	Health education
	280 (82.8)	224 (66.3)	188 (55.6)	140 (41.4)	85 (25.1)

TABLE 4. DUTIES FOR WHICH SNS/SNTs ARE MOST FREQUENTLY REQUESTED

	(%)				
U.S.A. n=239	Health counseling & guidance	Care for common illnesses	Treatment for common injuries	Screening	Care for handicapped
	162 (67.8)	141 (59.0)	132 (55.2)	78 (32.6)	54 (22.6)
JAPAN n=338	Treatment for common injuries	Giving advice	Care for common illnesses	Emergency care	Health counseling & guidance
	234 (69.2)	205 (60.7)	198 (58.6)	148 (43.8)	136 (40.2)

(The 5 items ranked most frequently within the top 3).

§ Duties for which SNS/SNTs are most frequently requested

There seems to be a nuance of difference between SNSs and SNTs in the meaning of their service for the students. This may be because there are some differences in duties which SNSs and SNTs are most frequently requested to perform. In the United States, SNSs who give "Health counseling" as the most frequent duty are the highest number; secondly is "Care for common illness." In Japan, SNTs give "Treatment for common illness" as the most frequent duty, and the second is "Giving advice on problems other than health problems."

That "Health counseling and guidance" is the most frequent task for SNs in the United States and "Treatment for common injuries" is the most frequent task for SNTs in Japan appears to be caused by the difference in their working forms. In the United States, there are many cases where secretaries or health aides deal with common injuries, and there is a trend that the health counseling and care for common illnesses are more frequently requested of the SNs. In Japan, SNTs, who work at a single school, are usually in the health rooms during school days and deal with almost all cases of common injuries.

In Japan, it is a current new tendency that SNTs very often deal with giving advice on general problems other than health problems. The tendency seems to be caused by the fact that Japanese students' lives are getting more stressful because of the competition to succeed in entrance examinations to qualify for higher education and the increased number of students with various kinds of family problems (parents too busy with work, divorce and single parent family, low income, etc.). In addition to this, SNTs have been trying to enhance their capacities in order to accept as many students with various problems as possible. Finally, the necessary advice-giving is also related to the fact that there is not a school counselor system in Japan as in the United States. In Japan, homeroom teachers or SNTs usually deal with their students with such problems; however, those students currently tend to visit the SNT. So the health room (i.e., nurse office) is coming to be called a refuge temple.

§ Students' health problems

The students' health problems which both the SNs and SNTs consider the most serious are mental and emotional health problems. It can be seen that there is a similarity between both countries in the mental environments surrounding students and their mental and emotional situations. In the United States, the item which the greater number of the SNs give as the most serious problems is "Emotional disturbance" (62%); the next most frequent item is "Neurotic & psychosomatic trouble" (34%). In Japan, the item which the greatest number of the SNTs give as the most serious problem is "Neurotic & psychosomatic trouble" (52%), and second is "Emotional disturbance" (51%).

However, there seems to be a nuance of difference in this similarity. According to my interviews, more than 30 school nurses in several states, most of them, especially almost all school nurses who are responsible for junior high and high school students, pointed

TABLE 5. HEALTH PROBLEMS WHICH SNs/SNTs CONSIDER THE MOST SERIOUS
(The 5 most items)

	(%)				
U.S.A. n=239	Emotional disturbance	Neurotic & psychosomatic trouble	Alcohol use	Illicit substance abuse	Sex-related problems
	148 (61.9)	80 (33.5)	61 (25.5)	61 (25.5)	61 (25.5)
JAPAN n=338	Neurotic & psychosomatic trouble	Emotional disturbance	Sex-related problems	Common illnesses	Tooth decay
	175 (51.8)	173 (51.2)	87 (25.7)	63 (18.6)	62 (18.3)

out that they dealt with many students with mental and emotional health problems, and those problems were mainly caused by the socioeconomic problems of their families. On the other side, causing these problems in Japan are the socioeconomic issues as well as their stressful school living due to the preparation for entrance examinations to go on to higher education.

Additionally, it can be seen that students in the United States have more behavioral problems, such as alcohol use and illicit substance abuse, than students in Japan. These two items are included within the top 5 in the United States, but are not included in Japan.

This tendency conforms with the fact that the SNs whom I interviewed very often pointed to those problems as serious health problems among their students. In Japan, these problems are not so serious as in the United States. That "Common illnesses" and "Tooth decay" are included within the top 5 in Japan seems to be due to the fact that 50% of those who participated in the survey are responsible for only elementary school (1-6 grade) students.

§ People with whom SNs/SNTs have the most contact and cooperation

There seems to be a difference between the American SN and Japanese SNT in a certain practice style at the school. In the United States, 66% of them give "Teachers" and 39% of them give "Parents" as people with whom they have the most contact other than students, while almost all SNTs in Japan (98%) indicate "Teachers." Additionally, as regards people with whom they need most to cooperate, 60% of SNs in the United States give "Parents" and 53% of them give "Teachers," whereas, nearly 90% of SNTs in Japan give "Teachers" and only 11% of them give "Parents." These differences show that the American SNs have a practice style which has more contact with parents than the Japanese SNT does. At the same time, these differences suggest that the Japanese SNT, who works full-time at one school, has a practice style which they perform having more close contact and cooperation with teachers than the American SN does.

This can be deduced from the degree of satisfaction with the cooperation. 40% of the SNTs in Japan answered with "Not satisfactory," while only 6% of SNs in the United States answered the same. It can be seen that the dissatisfaction of Japanese SNTs is caused by their common practice style which needs to involve other teachers into the school health activities. Cooperation and collaboration with other teachers is a primary need for the Japanese SNTs.

§ Barriers which SNs/SNTs are facing in carrying out their work

SNs in the United States appear to be faced with more problems of working conditions, and SNTs in Japan appears to be confronted with more barriers due to the school regime and staff. About 60% of the SNs in the United States point to problems concerning working conditions, such as lack of time, too many students, and too much paper work (above all, "lack of time") as barriers which they are facing in carrying out their work. About three-fifths of the SNTs in Japan (58% of those who gave some barriers) point to inadequate management of the school and lack of understanding and cooperation by the school staff.

This difference between both countries in problems which SNs and SNTs consider to be barriers seems to be caused by differences of their working situations and conditions. As discussed above, it is undersatndable enough that SNs in the United States, who are

generally responsible for several school sites and more than 1,500 students, consider these working conditions to be barriers. On the other hand, that SNTs in Japan consider problems of the school regime and staff to be barriers seems to come from their working situation—one SNT at one school. Cooperation and collaboration with the school staff are essential to those who work full-time at one school site, and the success or failure of their efforts largely depends on appropriateness of the school's regime and levels of the staff's cooperation.

This speculation is also supported by their following answers to other questions in this survey: Almost all SNTs in Japan answer that they have the most contact with teachers besides students (Japan=98%, USA=67%), and they need most to cooperate and collaborate with teachers (Japan=89%, USA=53%). Nearly 40% of SNTs in Japan express dissatisfaction with other teachers' cooperation and collaboration (USA=6%).

Additionally, it is also interesting that among the SNs/SNTs who point out some barrier, there are many more in the United States (94%) than in Japan (54%). This difference makes us suppose a difference of difficulties in their work. However, this may not necessarily mean that SNs in the United States have more problems in their work than SNTs in Japan. Because, it must be considered that there might be differences between SNs in the United States and SNTs in Japan in how they feel and react to the barriers. Furthermore, there also seems to be a difference of attitude to a questionnaire survey. In this survey, SNs in the United States generally filled in their responses to the open-end questions, using many more words and sentences than did the SNTs in Japan.

Their consciousness of the work

Around two-thirds of both the SNs and SNTs responded to the following question with "yes": "Has your role as a school nurse/school nursing teacher changed since you started school nursing?" The greatest number of them (USA=40%, Japan=50%) give changes of students' health problems (increase of mental-emotional problems and their families' problems) as causes that have changed their roles. It can be said that these are extremely reasonable results, because it is an essential characteristic of the SN/SNT that their roles vary with changes of children's health problems and needs. Among other reasons, "Expanding the role" in the United States and "Changes in their awareness of the work" in Japan are outstanding.

The duty on which the SNs/SNTs put the most emphasis is the same in both countries. Both the greatest number of SNs (62%) and SNTs (58%) give "Identification of student's health problem and the treatment needed" as that duty. However, there is a little difference in duties which they want to put emphasis on for the future. In the United States, the greatest number of the SNs (73%) give "Health education" and the next most of them (67%) give "Health counseling." In Japan, the greatest number of the SNTs (52%) give "Identification of student's health problem and the treatment needed" and the next most of them (48%) give "Health education." It is an interesting contrast that most SNs, who are certified and regarded as a nurse, want to emphasize health education, while the greatest part of SNTs, who are certified and treated as a teacher, want to emphasize the identification and treatment of health problems. These might be expressions of their wishes to perform duties for which they now feel inadequate. It also seems that each of these ex-

pressions suggests a duty which the SN in the United States and the SNT in Japan should enhance more.

There is also a difference between them in additional knowledge and skills which they want to gain. The greatest number of the SNs in the United States (45%) responded to the question that they wanted to improve their medical or nursing knowledge and skills, and the greatest number of the SNTs in Japan (54%) responded with psychological or counseling knowledge and skills. This difference appears to depend on the difference in duties which both of them are most frequently to do by the students (ref. Table 4). The next greatest number of answers to the question were those concerning counseling (24%) and teaching (18%) in the United States and those concerning medical/nursing (27%) and teaching (20%) in Japan.

Satisfaction with and prospects for their work

The SNs in the United States express a much higher level of satisfaction with their present role than the SNTs in Japan (USA=90%, Japan=56%). This difference might not directly mean a difference between both of them in the level of satisfaction of their role, because, it seems to include some other different factors from an indication of satisfaction.

One factor is a nuance of difference between the words which were in both of the questionnaires, written in English and Japanese. In the questionnaire for American SNs, the word "role" was used in this question, and in the questionnaire for Japanese SNTs, the word of which the meaning is very close to "work" was used as an equivalent for "role." So the SNs in the United States might estimate their positions or status, and the SNTs in Japan might estimate their accomplishments in the work to answer this question, because two-thirds of SNTs in Japan who responded with "Dissatisfied" or "Very dissatisfied" expressed the dissatisfaction with their accomplishments or ability to do the work.

Another factor is a difference between people in both countries in how to express satisfaction with their roles and accomplishments (i.e., a difference of national characteristics). In general, people in the United States are encouraged to develop and express a sense of positive self-esteem, but in Japan, people tend to estimate and express their accomplishments and ability somewhat modestly.

There is also a big difference between both countries in the opinions about future prospects for school nursing. 70% of SNs in the United States answered with "Excellent" (26%) or "Good" (43%), while only 30% of SNTs in Japan answered with "Excellent" (4%) or "Good" (26%).

FIG. 6. SNs/SNTs SATISFACTION WITH THEIR PRESENT ROLE

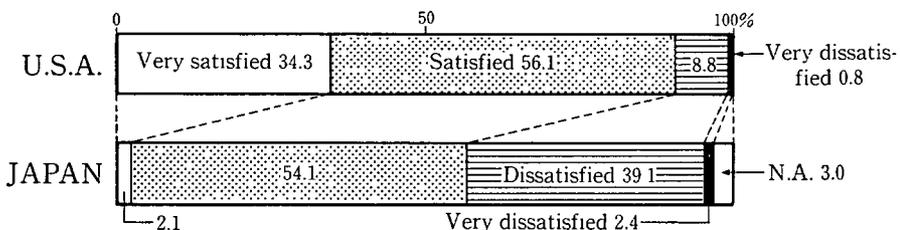
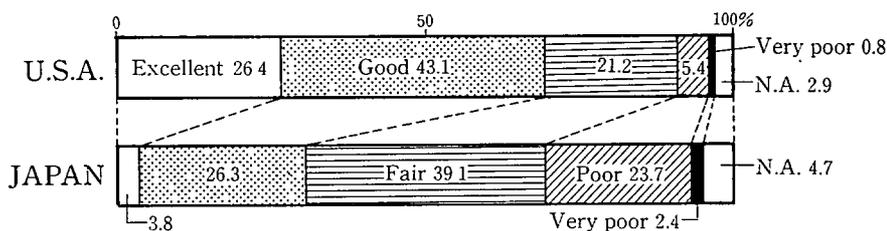


FIG. 7. SNs/SNTs FUTURE PROSPECTS FOR SCHOOL NURSING



The author does not have a clear opinion on what the difference means. In my understanding, there do not seem to be such special problems in the future of Japanese school nursing as to produce the big difference from American SNs' future prospects, except for some possible worries about the Japanese government's policies which concern the reforms of community health-medical programs and the teacher's license system.

Although these worries among Japanese SNTs might somewhat be reflected in their responses to the question, it cannot be thought that his reflection produced such a big difference regarding their future prospects. On the other side, SNs in the United States also have a severe threat that they may be laid off because of budget cuts, and actually, there are not just a few school districts which recently decreased the number of SNs.

Taking these points into account, we also need to consider differences between both countries in national characteristics concerning self-esteem and future prospects: positive self-esteem and a tendency to optimistic future prospects among people in the United States, and on the other hand, negative self-esteem and a tendency to pessimistic future prospects among people in Japan.

Conclusion

SNs'/SNTs' Role and Practices

Some similarities and differences between American SNs and Japanese SNTs in their work and consciousness of the work have been cleared through the survey conducted in the United States and in Japan. There are similarities between the SNs and SNTs in their fundamental role and the health services delivered by them, while there are differences in priorities of their duties and the composition of their nursing practices. It can be said that the similarities are founded on the common point that both of them have the most basic responsibility to protect and help the students' health and development. On the other side, it is possible to see that the differences are based on differences between both countries in the systems concerned with the SN and SNT: their statuses, working situations, school personnel system, and their training systems.

The main similarities which can be regarded as being based on the common point defined above are as follows:

- ① Both the American SNs and Japanese SNTs spend the most time dealing with injuries and illnesses. Among the top 4 which they give as duties on which they spend the most time, the following three duties are in common between the SNs and SNTs: dealing with injuries and illnesses, keeping records, and health counseling.
- ② The duty on which most of the SNs and SNTs put the most emphasis is identification of students' health problems and the treatment needed.

The main differences which can be considered to be based on differences in the systems are as follows:

- ① The top two duties which American SNs are most frequently requested to perform are health counseling and guidance, and care for common illnesses, while in Japan, the duties are treatment for common injuries and giving advice on problems other than health problems. This difference between the SNs and SNTs appears to be caused by the difference between both countries in their working situations and the school personnel system related to their work. The American SN, who is usually responsible for several schools, tends to be more frequently requested for health counseling and care for common illnesses than the treatment for common injuries which the secretary or health aide deals with in many cases. The Japanese SNT works full-time at a single school and deals with almost all cases of common injuries. Also, the reason why Japanese SNTs take charge of giving advice on general problems as well seems to be due to the absence of the school counselor system and that the school psychologist system is not widespread in Japan.
- ② There seems to be a difference between the American SN and the Japanese SNT in basic compositions of their school nursing practices. In the American SN's practice, that she/he gives special advice and aid to the students and parents as well as to the teachers can be clearly seen. On the other hand, in the Japanese SNT's practice, it can also be clearly seen that she/he helps the students solve health problems and grow through overcoming those problems, cooperating with other teachers and the parents. This difference in the compositions appears to be caused by differences in their statuses and positions at the schools. While the SN in the United States is a nurse and responsible for delivering health services to the students, parents and teachers, the SNT in Japan is a kind of teacher and takes charge of education and health care with other teachers.

Students' Health Problems and the Duties of the SN and SNT

Similarities and differences between the American SN and the Japanese SNT in their work and consciousness of the work are produced by students' health problems, too. Both of them are faced with the same serious health problems of students and are coming to be more involved in these problems. The top two of those problems which the SNs and SNTs give in common as the most serious health problems among students are emotional disturbance and neurotic and psychosomatic trouble. Furthermore, both of them point out that these problems have been increasing and continue to do so. This common tendency is also able to be confirmed through the reasons which they answered as to why the role as a school nurse/school nursing teacher has changed—one-third of the SNs and three-fifths of the SNTs answered that their role changed, and about a half of those who answered with

“changed” give an increase of mental and emotional problems (including family problems) as the reason for that change. These facts show us two common points which are at different levels between the SN and SNT. One is that both of them are coming to deal with more students with mental and emotional problems. Another is that they have a common natural characteristic that their role and an emphasis of their duties are influenced by the actual condition of the students’ health and lives.

The school health professionals also have some health problems of the students that are different from each other. The SNs in the United States give alcohol use, illicit substance abuse, and sex-related problems as other serious health problems, while the SNTs in Japan give sex-related problems, common illnesses, and tooth decay, alcohol use, substance abuse and sex-related problems are not so serious in Japan as in the United States. The latter two are obviously more serious in both quality and quantity in the United States than in Japan.

SNs’/SNTs’ future Prospects and Satisfaction with the Role

The SNs in the United States and the SNTs in Japan show a slight difference in the duty on which they want to put an emphasis for the future. The greatest number of the SNs want to emphasize health education, while the greatest number of the SNTs want to put the emphasis on identification of students’ health problems and the treatment needed. Additionally, American SNs mainly want to gain further knowledge and skills concerning medicine and nursing, and Japanese SNTs mainly want, in contrast, to learn concerning psychological aspects and counseling. These seem to suggest the roles which should be expanded and where the emphasis should be put in training and in-service education.

There are big differences between SNs in the United States and SNTs in Japan in the opinion about future prospects and satisfaction with their present role. Many more SNs in the United States have a positive attitude and good future prospects than do the SNTs in Japan, and many more SNs in the United States feel satisfaction with their present role than do the SNTs in Japan. Although these differences force us to speculate that SNTs in Japan have more worries for the future and more complaints about their present role and accomplishments, we have to consider differences of national characteristics concerning future prospects and self estimation toward the role.