



Public Health Nurses Fostering Self-Help Health Promotion Groups for Older People

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博 士 論 文

Public Health Nurses Fostering Self-Help Health Promotion Groups for Older People

(保健師が行う高齢者の健康づくりグループの自主化に向けた支援)

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Abstract

Objective: Public health nurses foster self-help groups that are intended to solve health problems and improve the health of older people. This study aims to clarify how public health nurses foster such self-help groups.

Design: This is a qualitative study that utilizes one-to-one semi-structured interviews.

Sample: The participants comprised 11 full-time public health nurses who had experience in fostering self-help groups and had at least 5 years of experience as public health nurses.

Measurements: Interview transcripts were created, and a qualitative analysis was performed inductively.

Results: In total, 33 themes, 14 theme clusters, and 4 categories were extracted. The categories were as follows: coordinating with relevant occupations and residents to collect community information and solve health problems, organizing classes from health promotion to member-centered group activities, ensuring group development support and establishing a support system, and supporting leaders behind the scenes.

Conclusions: Public health nurses begin by gathering information about a given community and sharing local health problems with public health authorities and residents. The nurses build trusting partnerships with members and assign appropriate roles to them to better address their problems. Additionally, the nurses provide indirect group support by encouraging leaders as needed.

Keywords: aged, health promotion, public health nursing, qualitative study, self-help groups

Background

The aging of the world has rapidly progressed in the last half century, and Japan has the highest percentage of older people in the world. Lifestyle-related diseases account for most deaths in the population of older people, and such diseases increase the need for long-term care (Cabinet Office, 2018). The Government of Japan is promoting a “Healthy Japan 21” campaign for extending healthy life expectancy and improving quality of life (Ministry of Health, Labor, and Welfare, 2013). In 2006, based on the revised Long-Term Care Insurance Act, long-term care prevention projects for those aged ≥ 65 years were initiated in Japan as community-support projects (Ministry of Internal Affairs and Communication, 2007). Moreover, efforts are currently being made in the Japanese community to prevent the progression of frailty, which can include worsening lifestyle-related diseases, malnutrition, and decreased physical and cognitive function (Seto et al., 2016). Particularly, developing physical activity in each region from the viewpoint of health promotion, such as maintaining the athletic ability and promoting social participation in older people, is a task for public health nurses.

Health promotion is an element of primary prevention and focuses on helping people change their lifestyles toward a state of optimal health. The aging population is creating opportunities for public health nurses to provide innovative, evidence-based health promotion strategies. Furthermore, such strategies will emphasize quality-of-life issues as a greater proportion of the older population is expected to experience a high level of functioning well into their 80s and 90s (Anderson & McFarlane, 2019). Active participation in older people’s health promotion activities constitutes one method to improve their health. According to the Ministry of Health, Labor and Welfare (2018), there are 76,492 gathering places in Japan where older people, mainly local residents, can participate in various activities. In older Japanese people,

participation in group exercise is significantly related to excellent self-rated health, low depressive symptoms, and a high frequency of laughter compared with exercising alone (Tsuji et al., 2020). Community-based health promotion activities improve the health behavior, access to health services, health literacy, and health status of older people (Nickel & von dem Knesebeck, 2020); furthermore, the effects of self-help group activities significantly improve self-care abilities and quality of life (Suardana et al., 2018).

One major feature of the tasks of public health nurses is their fostering of support activities for groups and the entire community. Moreover, many public health nurses provide group support with the goal of eventually forming self-help groups because self-help groups can improve the participants' coping ability, satisfaction, and self-esteem; reduce their symptoms of mental illnesses; and promote their acceptance of illness (Kurtz, 1997). In relation to the development of such groups, Kurtz (1997) stated that the group has a developmental stage, the final stage of the group, which is a step toward the transition to a self-help group. Moreover, Chutis (1983) noted that regarding support for establishing a self-help group, the consent to establish a self-help group within an organization is first obtained. Subsequently, a core group that plays a central role is created, after which professionals focus on training group leaders while actively taking leadership as co-leaders. Finally, even after the group has become independent, it is necessary to evaluate its needs for professional support.

Nishikido et al. (2005) indicated that public health nurses work on these practices not only from perspectives related to the group perspectives but also from those concerning community empowerment. Furthermore, there are two types of self-help groups that public health nurses are involved in initiating the following: (1) a group that is established by a public health nurse at the request of local residents in relation to district activities and (2) a group that is

established by a public health nurse and targets a specific group based on certain health problems in a community. In the second type, the awareness of public health nurses regarding health problems influences the purpose and method of group activities. Uemura et al. (2010) studied the formation of self-help groups; the focus was on the mutual relationship between public health nurses and local residents. As a result of examining the support provided by public health nurses, the study evinces that a place to discuss needs through group work is first established; subsequently, a self-help group is created with the support of a public health nurse. It also describes holding a meeting to discuss changing the group leader.

However, in the aforementioned study, the self-help group was supported by studies in different fields (e.g., social work), and the basic idea differed from that of public health nurses. Moreover, the previous study provided a theoretical basis for the practice of public health nursing, but the practice was not considered a theme in the series of activities that are conducted by public health nurses. It is necessary to determine the successful elements of self-help groups and consider the measures for success, particularly in relation to successful group support. It is important to understand the most beneficial methods of support public health nurses can offer to local residents. More specifically, this study aims to investigate the most useful measures public health nurses can adopt to foster the development of self-help groups that improve the health of older people. In doing so, it is hoped that this study may contribute to the formulation of guidelines for public health nurses on supporting self-help groups. Thus, this study aims to clarify how public health nurses may best foster self-help groups for promoting the health of older people.

Methods

Design

This qualitative study was conducted using one-to-one semi-structured interviews. Qualitative studies provide detailed insights into a given phenomenon (Denzin & Lincoln, 2017). In a semi-structured interview, only the content of a rough question is decided; depending on the answers of the interviewees, the researcher can follow up with more in-depth questions to ascertain their opinions (Polit & Beck, 2016). Thus, this method can help gauge the participants' experiences in fostering a self-help group.

Definition of Terms

Self-help groups are small, voluntarily formed groups that aim to provide mutual support and work toward the achievement of specific goals (Katz & Bender, 1976; Levy, 1976). Here, a self-help group is defined as a group intentionally and voluntarily formed by local residents who act independently to solve their own health problems, and group support is defined as imparting professional skills to both members and groups while playing the roles of facilitators and consultants through group-based activities to solve their own health problems.

Participants

The study employed convenience sampling. Inclusion criteria were municipal health nurses with a track record of fostering self-help health promotion groups and at least 5 years of public health nursing experience. Exclusion criteria were part-time public health nurses, public health nurses not currently working in municipal health, and public health nurses unable to attend a face-to-face interview.

To obtain a sample of participants who met our criteria, we first performed a search of Japanese journals and academic societies on the theme of self-help group support to identify public health nurses who had published in a journal or presented at an academic conference on this subject. We identified the health centers, wherein these public health nurses worked and contacted the chief public health nurse at each health center. We informed the chief public health nurses about the purpose and method of our study and requested an introduction from the public health nurses who suited our study objectives. The public health nurses were contacted, and we explained our study objectives. To those who were interested and able to participate, we sent a document with detailed information about the purpose, method, content, and ethical considerations of our study as well as a consent form.

Of the 10 health centers contacted, 9 were amenable to our request. Each center recommended either one or two public health nurses. Of these, 11 public health nurses met our criteria and consented to participate. There were no refusals or omissions from the referred public health nurses. In qualitative studies, when pursuing general and universal knowledge, we do not believe in avoiding individual bias by increasing the number of subjects (Polit & Beck, 2016; Otani, 2017). Rather, more general and universal knowledge can be obtained by pursuing concrete information in depth. The interviews were concluded when it was considered that the content was fully collected.

Procedure and Data Collection

One month before the interviews, we conducted a pilot test to confirm that the topic guide for semi-structured interviews covered points related to the study theme. Data from this test were not used in the results herein. The data were collected through interviews that were individually

conducted between January and August 2019. All participants were interviewed at their workplace; each interview lasted 50–100 min and was conducted in a private room to ensure confidentiality.

Considering previous findings, the topic guide was uniquely semi-structured and considered specific involvement in self-help groups, successful support, experience, and involvement with members and leaders (Table 1). The interviews were conducted according to the guide.

Ethical Considerations

Informed consent was obtained from all participants. The interviews were conducted at a place and time chosen by the participants in consideration of their privacy. The participants were informed that they could stop participating at any time and that the interview would be audio recorded; subsequently, their written consent was obtained. To maintain the confidentiality and anonymity of the participants, all identifying information was removed from the transcripts, which were analyzed using identification codes (Participants A–K). Ethical approval was granted by the Ethics Committee of the Graduate School of Health Sciences, Kobe University (No. 666).

Analytic Strategy

Qualitative analysis was performed inductively (Barton, 1957; Miles & Huberman, 2014). All interviews were recorded with a digital voice recorder and transcribed. We analyzed the transcripts line by line to extract data, focusing on how the public health nurses fostered self-help groups to improve the health of older people. The data were then transferred to Microsoft Excel as segments, and codes were assigned to each segment. We used generative coding,

wherein codes are attached in an exploratory manner (Polit & Beck, 2016; Otani, 2017). To confirm the validity of the analysis, we reviewed the coding, themes, theme clusters, and categories with reference to the original transcripts. The data were encoded by two researchers; throughout the analytical process, we consulted other researchers with extensive experience in qualitative studies on the meaning and accuracy of the explanations thereof. Further, we asked all the participants to perform member checking and received a confirmation of the transcripts, code, themes, theme clusters, and categories from four participants.

Results

The mean number of years of experience as a public health nurse for the 11 participants herein was 23.3 (range: 7–36, SD: 9.5); all the participants were female. The mean number of self-help groups that the participants were fostering was 17.3 (range: 2–50, SD: 20.2). The members of these groups were residents aged ≥ 65 years; each group had 10–30 members, most of which were women. All groups were established to promote lifestyle-related disease prevention and health promotion for older people while enjoying activities in the local community. Group activities included physical activities, such as weekly stretching, gymnastics, strength training, and walking. The participants herein had heard from the self-help group members that their health had improved and that they were feeling better. These physical activities had been effective in improving the members' functional status, reducing their blood pressure and cholesterol levels, preventing obesity, and reducing their falls (Table 2). Following the interview analysis, 33 themes, 14 theme clusters, and 4 categories were extracted; the categories and theme clusters are given below (Table 3). Then, each category and the theme clusters and themes that compose it are described. The italics are quotes from interviews that

represent the Theme Cluster.

Category 1: Coordinating to Collect Community Information and Resolve Health Problems

Theme Cluster 1: Collecting Community Information and Extracting Health Problems

Theme Cluster 1 extracted two themes: “collecting local information and determining the health problems to be solved” and “conducting a questionnaire survey on health and quickly summarizing the results.”

At a meeting with local residents, we asked about the situation of the older people who are lacking in exercise and who are withdrawn. I surveyed the desires for physical exercise in the area with a questionnaire of residents and tried to think about plans that can be implemented in the area. (Participant B)

Theme Cluster 2: Sharing Goals for Solving Health Problems with Related Professions

Theme Cluster 2 comprised two themes: “examining the activity goals of public health nurses to solve community problems” after “coordinating community activities with related organizations.”

Public health nurses and clerical staff from the Comprehensive Support Center, Health Center, and Council of Social Welfare formed a team to share the information collected by each and hold regular discussions to consider new places and methods of activities. (Participant K)

Theme Cluster 3: Building Relationships with Local Residents and Stakeholders

Theme Cluster 3 comprised three themes: “meeting local residents directly to understand the role of local staff,” “telling local residents the story of public health nurses’ health promotion

activities,” and “building relationships with local residents.” The first step in building a relationship with the community was to create an opportunity to get to know the public health nurse and to carefully explain who the public health nurse is and what they can do.

To convey the sincere feelings of the local residents to improve their health, I visited the house of the president of the residents' association and met the regional board of directors to introduce myself and the work of the public health nurse many times. (Participant I)

Theme Cluster 4: Proposing Health Promotion Activities to Local Stakeholders

Theme Cluster 4 comprised four themes: “explaining district problems in meetings with local stakeholders,” “proposing health promotion activities at meetings with local stakeholders,” “obtaining consent to perform activities at meetings with local stakeholders,” and “considering specific activities with local key persons.” There were discussions on community health problems and direct discussions with local stakeholders.

Together with local residents, I expanded the map of the area and suggested what kind of activity can be done in this area. I talked about what kind of community we want to aim for, what we can do, and what we will do. (Participant J)

Category 2: Establishing Member-Centered Group Activities for Health Promotion

Theme Cluster 5: Planning and Implementing Group Activities for Health Promotion

Theme Cluster 5 comprised two themes: the “planning and publicity of health promotion group activities” and “holding group activities centered on health education and exercise.” The participants conducted activities with local residents.

To realize the purpose of health promotion, we continuously conducted health education,

with six sessions as one course. In health education, older people explained that if they tend to withdraw, their physical strength will gradually weaken and that they may become bedridden in their late 80s. (Participant G)

Theme Cluster 6: Discussing the Creation of Self-Help Groups

Theme Cluster 6 comprised two themes, namely, “explaining that a group hosted by active members will be established” and “public health nurses will eventually withdraw,” and clearly conveyed that the public health nurses would make the groups independent.

I decided that the training period would be one year, and I explained that I would like you to find a place for activities and become independent one year later. (Participant G)

Theme Cluster 7: Deepening the Relationships of All Persons Involved in the Activities

Theme Cluster 7 comprised two themes: “facilitating relationships between members” and “building a relationship of trust between public health nurses and members”; in other words, the public health nurses encouraged group members to build relationships.

If the group members can feel what they are doing, ideas will come up one after another. During that time, I always told the members, “Please ask me anytime.” The reason is that I was always ready to support them and build a relationship of trust by letting members know that there was a public health nurse. (Participant I)

Theme Cluster 8: Sharing the Desire to Continue the Activities

Theme Cluster 8 comprised three themes: “providing opportunities for members to share community health problems,” “introducing fun and simple exercises,” and “providing

opportunities for members to share motivations to continue their activities.”

We created an opportunity for members to discuss local health problems in their own words and reaffirm the health problems. We introduced simple exercises, such as walking, that lead to the resolution of health problems. (Participant A)

Theme Cluster 9: Determining Whether it is Possible to Establish a Self-Help Group

Theme Cluster 9 comprised one theme: “determining whether it is possible to establish a self-help group.”

I took what the members wanted to do and what type of support they wanted to receive. I also pondered whether they could independently continue their activities if they used their power. (Participant H)

Category 3: Establishing a Support System for the Self-Help Group

Theme Cluster 10: Observing Group Dynamics and Role Structure of Members

In Theme Cluster 10, two themes, “providing an opportunity to embody the image of a group leader” and “observing member relationships and role structures,” were noted.

We asked participants to write the specific content to clarify the role and work of the leader. (Participant E)

Theme Cluster 11: Selecting a Leader and Obtaining Member Approval

In Theme Cluster 11, two themes were extracted; after the “selecting a group leader,” “obtaining the consent of the person who will be the group leader and the approval of the members” was performed.

I found people with special skills, potential leaders, and people who said they could do simple exercises in front of the members and asked them to demonstrate. (Participant B)

Theme Cluster 12: Establishing Systems to Receive Direct Support from Existing Self-Help Groups

Theme Cluster 12 comprised two themes: “setting up an opportunity to experience activities at existing self-help groups” and “providing an opportunity to receive advice from existing self-help groups.”

Visiting other self-help groups is good for maintaining and revitalizing the self-help group; thus, we encouraged groups to visit each other. Additionally, by providing an opportunity to present the activities of the self-help group, they can connect and share information with each other. (Participant C)

Theme Cluster 13: Supporting Group Management Plans and Activity Location

Theme Cluster 13 comprised two themes: “noting the details of activities and the promotion of members’ role performance” and “adjusting the location of activity bases.”

To actually perform group activities, we asked the participants in the activity to make detailed plans, such as where to go, where to meet, and when to do it. (Participant A)

Category 4: Supporting Leaders while Watching over Group Activities

Theme Cluster 14: Supporting Leaders while Watching over Group Activities

Theme Cluster 14 comprised two themes: “going to the activity site and actively conveying the goodness of the activity” and “supporting the leader while watching the activity of

the leader.”

At first, we visited every week; however, we will gradually reduce it, such as to once a month. That way, I can clearly see what has improved in the self-help group's activities and tell the leaders and members what has improved since the last activity. Then, it will lead to the self-confidence of the leaders and members, and the individuality of the group will come out.

(Participant H)

Discussion

This study aimed to clarify how public health nurses foster self-help groups for promoting the health of older people. The participants herein had numerous years of experience as public health nurses and had practiced fostering self-help groups many times. Here, we consider how their support for self-help groups led to the success of these groups.

First, the public health nurses gathered community information and made adjustments to solve health problems. The public health nurses extracted health problems by participating in the meetings of local residents and by gathering information on older people in the given community. Obtaining such information can be used to initiate activities that address community-specific health problems (Clark et al., 2003). Additionally, questionnaire surveys and evaluations that use existing materials as data can be considered activities that utilize the community as a partner for extracting health problems from data aggregation and analysis (McFarlane & Gilroy, 2019). Subsequently, to share their goals for solving health problems with related professions and in the process of setting activity goals, the public health nurses shared the determined health problems with healthcare professionals and civil servants. Effective communication with multiple occupations and effective leadership by public health nurses are

key factors in building interprofessional collaboration (Asakawa et al., 2017). Upon building relationships with local residents and stakeholders and sharing community health problems with them, the public health nurses proposed health promotion activities that were necessary for local residents. To propose the creation of new self-help groups in the community, building such relationships and encouraging health promotion activities for older people is crucial. This is an activity based on the philosophy of health promotion (World Health Organization, 1987; Uosukainen, 2001) to reform the community and improve the environment—the foundations of life. Sharing information with local residents is important for motivating them about their health and raising awareness (Seutloali et al., 2018). Public health nurses shared local health problems even before the start of the activity; thus, it seems that the residents could participate in the activity at an early stage and, thus, acted as some of the main organizers of the self-help group.

Second, the public health nurses established an agenda and created a self-help group. After planning and implementing activities to improve the health of older people, the public health nurses set up opportunities to involve members and discuss the creation of self-help groups. Previous studies have shown that the involvement of older people in group activities leads to better results in terms of promoting their health and social activities (Greaves & Farbus, 2006; Chen et al., 2020). The activities conducted by the public health nurses before the establishment of the self-help group likely led to the realization of improvement in the health problems of the older members of the self-help group. Although appropriate supporter skills are essential to promote physical activity for older people (Sims-Gould et al., 2020), the public health nurses strategically worked to deepen the relationships of all individuals and encourage the desire of the members to continue their activities with each other.

Third, the public health nurses helped determine the roles of the group members, and

existing self-help groups acted as peers to improve the new self-help group's capabilities. During this period, the public health nurses statically observed member relationships and roles. The discussions of the members made the roles of leaders more realistic and further clarified the roles of leaders and members. When member roles and activity norms start being established in a group, it indicates the "norming" stage of group development, wherein leadership is shared (Tuckman, 1965; Frances, 2008). The self-help groups reached the "norming" stage and were considered to be growing steadily. Subsequently, the public health nurses sought to improve the capabilities of these new groups by providing them with opportunities to learn from existing groups.

Finally, after the development of self-help groups was almost complete, the public health nurses encouraged the group leaders. Leadership development suggests that mentorship improves the level and performance of leaders, and trust in mentors is important for leaders (Lester et al., 2011). This study shows that leader support contributes to the fostering of self-help groups by public health nurses. The public health nurses also provide indirect support to voluntary groups and contribute to the continuity of such groups.

Limitations

This study can facilitate an understanding of the characteristics of self-help groups that are established by public health nurses in Japan. However, the study has some limitations. First, the participants might not have fully represented the group support provided by public health nurses. The activities and characteristics of such groups differ depending on the region and culture; hence, the findings cannot be generalized across diverse groups. Second, data transfer potential may be a concern given that the interview data might be specific to a particular setting

or experience. Nevertheless, this study can still be considered a reference for future investigations.

References

- Anderson, E. T., & McFarlane, J. (2019). *Community as partner: Theory and practice in nursing* (8th ed.). Wolters Kluwer.
- Asakawa, T., Kawabata, H., Kisa, K., Terashita, T., Murakami, M., & Otaki, J. (2017). Establishing community-based integrated care for elderly patients through interprofessional teamwork: A qualitative analysis. *Journal of Multidisciplinary Healthcare, 10*, 399–407. <https://doi.org/10.2147/JMDH.S144526>
- Barton, A. (1957). The concept of property space in social research. In P. F. Lazarsfeld & M. Rosenberg (Eds.), *The language of social research*. Free Press.
- Cabinet Office. (2018). *Annual report on the ageing society: 2018*.
<https://www8.cao.go.jp/kourei/english/annualreport/2018/pdf/c1-2-1.pdf>
- Chen, L.-K., Hwang, A.-C., Lee, W.-J., Peng, L.-N., Lin, M.-S., Neil, D. L., Shih, S.-F., Loh, C.-H., & Chiou, S.-R. (2020). Efficacy of multidomain interventions to improve physical frailty, depression and cognition: Data from cluster-randomized controlled trials. *Journal of Cachexia, Sarcopenia and Muscle, 11*(3), 650–662. <https://doi.org/10.1002/jcsm.12534>
- Chutis, L. (1983). Special roles of mental health professionals in self-help group development. *Prevention in Human Services, 2*(3), 65–73. https://doi.org/10.1300/J293v02n03_05
- Clark, M. J., Cary, S., Diemert, G., Ceballos, R., Sifuentes, M., Atteberry, I., Vue, F., & Trieu, S. (2003). Involving communities in community assessment. *Public Health Nursing, 20*(6), 456–463. <https://doi.org/10.1046/j.1525-1446.2003.20606.x>
- Denzin, N. & Lincoln, Y. S. (Eds.). (2017). *The SAGE handbook of qualitative research* (5th ed.). SAGE Publications.
- Frances, M. (2008). Stages of group development. *Personal Construct Theory & Practice, 5*, 10–

18. <http://www.pcp-net.org/journal/pctp08/frances08.pdf>

Greaves, C. J., & Farbus, L. (2006). Effects of creative and social activity on the health and well-being of socially isolated older people: Outcomes from a multi-method observational study. *Journal of the Royal Society for the Promotion of Health*, 126(3), 134–142.

<https://doi.org/10.1177/1466424006064303>

Katz, A. H., & Bender, E. I. (1976). Introduction: Why self-help? In A. H. Katz & E. I. Bender (Eds.), *The strength in us: Self-help groups in the modern world*. New Viewpoints.

Kurtz, L. F. (1997). *Self-help and support groups: A handbook for practitioners*. SAGE.

Lester, P. B., Hannah, S. T., Harms, P. D., Vogelgesang, G. R., & Avolio, B. J. (2011).

Mentoring impact on leader efficacy development: A field experiment. *Academy of Management Learning and Education*, 10(3), 409–429.

<https://doi.org/10.5465/amle.2010.0047>

Levy, L. H. (1976). Self-help groups: Types and psychological processes. *Journal of Applied Behavioral Science*, 12(3), 310–322. <https://doi.org/10.1177/002188637601200305>

McFarlane, J., & Gilroy, H. (2019). Epidemiology, demography, and community health. In E. Anderson (Ed.), *Community as partner: Theory and practice in nursing* (8th ed.) (pp. 36–58). Wolters Kluwer.

Ministry of Health, Labor, and Welfare. (2013). *Healthy Japan 21*.

<http://www.mhlw.go.jp/bunya/kenkou/kenkounippon21.html>

Ministry of Health, Labor, and Welfare. (2018). *Report of a meeting of experts on the integrated implementation of health services for the elderly and long-term care prevention* [in Japanese]. <https://www.mhlw.go.jp/content/12401000/000495224.pdf>

Ministry of Internal Affairs and Communication. (2007). *Chapter VI: Community Support*

Projects, etc. Long-Term Care Insurance Act.

<http://www.japaneselawtranslation.go.jp/law/detail/?vm=04&re=01&id=94>

Miles, M. B., & Huberman, A. M. (2014). *Qualitative data analysis: An expanded sourcebook* (3rd ed.). SAGE Publications.

Nickel, S., & von dem Knesebeck, O. (2020). Effectiveness of community-based health promotion interventions in urban areas: A systematic review. *Journal of Community Health, 45*(2), 419–434. <https://doi.org/10.1007/s10900-019-00733-7>

Nishikido, N., Takeuchi, N., Murashima, S., Taguchi, A., Asahara, K., Anzai, Y., Kageyama, M., Tsuzuki, C., Nagata, S., Arimoto, A., & Matsuzaka, Y. (2005). Features and directions of group support practices by public health nurses: A synthesis of qualitative studies for providing a conceptual framework. *Journal of Japan Academy of Community Health Nursing, 8*(1), 46–52 [in Japanese with English abstract].
https://doi.org/10.20746/jachn.8.1_46

Otani, T. (2017). What is qualitative research? *Yakugaku Zasshi. Pharmaceutical Society of Japan, 137*(6), 653–658 [in Japanese with English abstract].
<https://doi.org/10.1248/yakushi.16-00224-1>

Polit, D. F., & Beck, C. T. (2016). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Wolters Kluwer.

Seto, K., Tada, E., & Arimoto, A. (2016). Factors related to frailty in the community-dwelling elderly. *Journal of Japan Academy of Community Health Nursing, 19*(3), 15–23 [in Japanese with English abstract]. https://doi.org/10.20746/jachn.19.3_15

Seutloali, T., Napoles, L., & Bam, N. (2018). Community health workers in Lesotho: Experiences of health promotion activities. *African Journal of Primary Health Care and*

- Family Medicine*, 10(1), e1–e8. <https://doi.org/10.4102/phcfm.v10i1.1558>
- Sims-Gould, J., Franke, T., Lusina-Furst, S., & McKay, H. A. (2020). Community health promotion programs for older adults: What helps and hinders implementation. *Health Science Reports*, 3(1), e144. <https://doi.org/10.1002/hsr2.144>
- Suardana, I. W., Yusuf, A., & Purnomo, W. (2018). Self-help group therapy: The enhancement of self-care ability and quality of life among the elderly in Bali, Indonesia. *Indian Journal of Public Health Research and Development*, 9(11), 76–80. <https://doi.org/10.5958/0976-5506.2018.01698.4>
- Tsuji, T., Kanamori, S., Saito, M., Watanabe, R., Miyaguni, Y., & Kondo, K. (2020). Specific types of sports and exercise group participation and socio-psychological health in older people. *Journal of Sports Sciences*, 38(4), 422–429.
<https://doi.org/10.1080/02640414.2019.1705541>
- Tuckman, B. W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6), 384–399. <https://doi.org/10.1037/h0022100>
- Uemura, N., Hatashita, H., & Kinjyo, Y. (2010). The support by public health nurses during the process of independent group formation and continuation stemming from strength training classes: An analysis of the mutual relationship between residents and public health nurses by using the trajectory equifinality model (TEM). *Journal of Japan Academy of Community Health Nursing*, 13(1), 76–82 [in Japanese with English abstract]. https://doi.org/10.20746/jachn.13.1_76
- Uosukainen, L. M. (2001). Promotion of the good life by public health nurses. *Public Health Nursing*, 18(6), 375–384. <https://doi.org/10.1046/j.1525-1446.2001.00375.x>
- World Health Organization. (1987). *Ottawa charter for health promotion*.

<https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion>

Table 1

Questionnaire (interview)

Questions
How have you been involved in encouraging self-help group activities?
What were the successful forms of support?
What was the most memorable form of support?
How did you encourage members to participate in the group?
What type of support did you provide to promote interaction between members?
How did you select a group leader?
How did you assist the group leader?
What have you done specifically to help the members maintain the group?

Table 2*Characteristics of study participants*

Variable	n (%)
Sex	
Female	11 (100)
Age (years)	
20–29	1 (9.1)
40–49	2 (18.2)
50–59	8 (72.7)
Experience as a public health nurse (years)	
<10	2 (18.2)
11–20	2 (18.2)
21–30	4 (36.3)
>31	3 (28.3)
Location of the health centers corresponding to the participants (prefecture name vs. the number of participants)	
Aichi Prefecture	1 (9.1)
Gifu Prefecture	2 (18.2)
Osaka Prefecture	2 (18.2)
Hyogo Prefecture	2 (18.2)
Hiroshima Prefecture	1 (9.1)
Okayama Prefecture	1 (9.1)
Kochi Prefecture	2 (18.2)

Variable	n (%)
Number of self-help groups involved (number of study participants)	
2–10	8 (72.7)
>11	3 (28.3)
Contents of group activities (number of study participants)	
Stretching, gymnastics	7 (63.6)
Strength training	3 (28.3)
Walking	1 (9.1)

Table 3*Categories and theme clusters*

Category	Theme Cluster
Coordinating to Collect Community Information and Resolve Health Problems	Collecting Community Information and Extracting Health Problems Sharing Goals for Solving Health Problems with Related Professions Building Relationships with Local Residents and Stakeholders Proposing Health Promotion Activities to Local Stakeholders
Establishing Member-Centered Group Activities for Health Promotion	Planning and Implementing Group Activities for Health Promotion Discussing the Creation of Self-Help Groups Deepening the Relationships of All Persons Involved in the Activities Sharing the Desire to Continue the Activities Determining Whether it is Possible to Establish a Self-Help Group
Establishing a Support System for the Self-Help Group	Observing the Group Dynamics and Role Structure of Members Selecting a Leader and Obtaining Member Approval Establishing Systems to Receive Direct Support from Existing Self-Help Groups Supporting Group Management Plans and Activity Location
Supporting Leaders While Watching over Group Activities	Supporting Leaders while Watching over Group Activities