Message from JNA President, Dr. Suga Sakamoto

I am now in the sixth and last year of my term as President of JNA. In the fiscal year 2015, important nursing-related legal systems were implemented and such systems include “the Training System for Nurses to Perform Specific Medical Interventions”, “the Notification System for Nurses at the Time of Leaving Nursing Jobs etc” and “the Medical Accident Investigation System”. It is clear that the last year was a year of transition for nursing. In the midst of this transition, JNA took various actions, such as addressing and responding to these newly implemented legal systems, in preparation for 2025 when the baby-boom generation born after World War II will reach the age of 75 or over. Also, JNA developed and published “Future Vision of Nursing: Nurses’ Endeavour toward 2025 – Nursing Supports and Sustains Human Life, Living and Dignity”.

In this fiscal year of 2016, JNA will steadily move forward with our four priority policies, making them concrete with our main projects, and will examine and evaluate past actions and their outcomes. Furthermore, we aim to enhance our organizational strength, to put nursing policies into practice, and to create a better society. Hereafter, one field we should devote special attention to is home-based care. We will take more actions to promote the community based integrated care system, particularly placing emphasis on home-based nursing and visiting nursing, so that people can continue to live their lives comfortably in their familiar communities as long as possible.

i) For information on “the Medical Accident Investigation System”, please refer to our official English website (Nursing and Patient Safety in Japan – 1. Patient Safety in Japan).
http://www.nurse.or.jp/jna/english/


iii) For information on the community based integrated care system, please refer to JNA News Release Vol. 17.
Dr. Judith Shamian, President of International Council of Nurses, Visited JNA

Dr. Judith Shamian, President of International Council of Nurses (ICN), visited Japan twice in January. She participated in the following two events, a series of lecture sessions “the Significance of Home-care Nursing in Aged Society” hosted by Sasakawa Memorial Health Foundation (Chair: Dr. Etsuko Kita), and “the Global Appeal to End Stigma and Discrimination against People Affected by Leprosy” hosted by the Nippon Foundation (Chairman: Yohei Sasakawa).

During her stay in Japan, Dr. Shamian visited the JNA headquarters together with Dr. Masako Kanai-Pak, the First Vice-President of ICN, on January 15. They exchanged information and opinions with Dr. Suga Sakamoto, President of JNA, and other JNA executive members.

Dr. Shamian explained about the progress and updates of ICN projects, since her appointment as ICN President in 2013, from a wide range of perspectives. She indicated that ICN has been taking JNA’s recommendations and proposals seriously and incorporating them into ICN activities. Dr. Kanai-Pak added that JNA had exhibited a strong presence among other National Nurses’ Associations in various countries she had visited as the First Vice-President of ICN. Dr. Sakamoto stated that she welcomed efforts made by ICN Board of Directors led by Dr. Shamian and that JNA would like to continue to devote ourselves to maintaining a close collaboration with ICN.

Other than participating in the events and visiting JNA, Dr. Shamian and Dr. Kanai-Pak also proactively engaged in exchange, paying a courtesy call on 4 members of the Diet with a nursing background as well as on Health Policy Bureau, Ministry of Health, Labour and Welfare.
Japan’s National Strategy

In order to address an increasing number of people with dementia further in the near future, the Ministry of Health, Labour and Welfare established “a Comprehensive Strategy for the Promotion of Dementia Measures ~ Towards a Community Friendly to the Elderly with Dementia, etc. ~ (New Orange Plan)” in collaboration with relevant government ministries and agencies in January 2015. The New Orange Plan has been developed and promoted along with the following 7 pillars.

1) Promoting awareness and understanding of dementia
2) Providing timely and appropriate healthcare and long-term care
3) Strengthening strategies against young-onset dementia
4) Supporting caregivers
5) Creating communities friendly to the elderly
6) Promoting research development and its outcome dissemination
7) Valuing the perspective of people with dementia and their families

Two pillars of JNA’s strategies for people with dementia

1) Developing a framework for dementia friendly nursing

JNA has been designing and developing an educational and training framework with an aim to enhance the competence of all nurses to care for people with dementia. Specifically, JNA runs a credentialing system and trains nurses with knowledge and skills in dementia care, such as Certified Nurse Specialists (CNSs) and Certified Nurses (CNs). Also, JNA has been developing a practical guideline for dementia nursing in collaboration with relevant organizations and academic societies.

2) Supporting communities where people with dementia can live comfortably

JNA has been working to develop a structure to support people with dementia together with communities. Specifically, JNA holds dementia forums suited for people in the community, promotes community awareness and understanding of dementia, and provides information on support services for people with dementia and their families.

i) For information on the credentialing system, CNSs and CNs, please refer to Learn More about Related Topics in Nursing on Page 5.

Reference:
Development of Clinical Ladder for Nurses (JNA version)

As a part of “Future Vision of Nursing: Nurses’ Endeavour toward 2025 – Nursing Supports and Sustains Human Life, Living and Dignity”, JNA is developing Clinical Ladder for Nurses, which will be published in this year of 2016. This will be the first clinical ladder standardized nationwide in Japan, which can be adapted and utilized across different settings or fields within nursing.

Currently, there are some healthcare institutions where their own clinical ladder has been already implemented into practice. On the other hand, there are other institutions, such as small/middle-scale facilities and long-term care facilities, where their own clinical ladder is not yet developed and introduced. Also, there has been an ongoing transition from healthcare facilities to homes as a place to provide healthcare and long-term care services toward 2025, when the baby-boom generation born after World War II reach the age of 75 or over. This transition has been creating a demand for nurses to be capable of serving in various settings.

With the development and nationwide standardization of Clinical Ladder for Nurses by JNA, it will be possible to assess nursing practical competence commonly required for all nurses, regardless of their practicing settings or fields. Also, the clinical ladder can act as an indicator for self-assessment and self-study for nurses, and as an indicator for human resource utilization and employment conditions in nursing management.

Background of the Development of “Future Vision of Nursing: Nurses’ Endeavour toward 2025 – Nursing Supports and Sustains Human Life, Living and Dignity”:

The environment surrounding nursing has been undergoing major changes toward 2025 when the baby-boom generation born after World War II reach the age of 75 or over. We are witnessing a shift from healthcare facilities to homes as a place to provide healthcare and long-term care services. Also, healthcare and long-term care provision systems have changed and practicing settings and fields for nurses have diversified further. Associated with these transitions, nurses are expected to possess perspectives of both “living” and “health/healthcare” and to fully play nursing roles at various settings.

To fulfill our responsibility as a professional organization, JNA developed “Future Vision of Nursing: Nurses’ Endeavour toward 2025 – Nursing Supports and Sustains Human Life, Living and Dignity” (Future Vision of Nursing) in the fiscal year of 2015. The Future Vision of Nursing lays out the future roles of nursing and our strategic directions as a professional organization. As the subtitle of the future vision indicates, nurses play an important role in supporting people’s living in the community and healthcare through their life course.

Hereafter, JNA will disseminate the Future Vision of Nursing widely not only to nursing and healthcare communities, but also to the society and public as well. The English version is available on our official English website.

JNA official English website:

http://www.nurse.or.jp/jna/english/activities/index.html
Learn More about Related Topics in Nursing

Q Who are Certified Nurse Specialists and Certified Nurses expertized in dementia care by JNA’s credentialing system?

【JNA’s Credentialing System】
In Japan, licensure for a Public Health Nurse, Midwife, Nurse and Assistant Nurse is defined by the law. However, those for nurses who possess expert knowledge and skills in any particular field within nursing are not specified by the law.

Therefore, JNA runs a credentialing system as our own independent system with an aim to provide quality nursing and health care services to the public. Under the credentialing system, certification as the following 3 titles has been granted; Certified Nurse Specialist (CNS), Certified Nurse (CN) and Certified Nurse Administrator. Here, we introduce about CNSs and CNs.

Certified Nurse Specialist (CNS):
CNS is a nurse who is certified through the credentialing system as one who possesses in-depth nursing practical competence in one of the CNS speciality fields. The number of CNSs is 1,678 as of January 2016.

Certified Nurse (CN):
CN is a nurse who is certified through the credentialing system as one who possesses high level of nursing skills and knowledge in one of the CN speciality fields. The number of CNs is 15,817 as of January 2016.

In order to obtain the certification as a CNS or CN, candidates are required to pass credentialing assessment by JNA after fulfilling requirements to take the assessment, such as successful completion of practical experience and educational course (Table 1).

Table 1 : Requirements to Obtain Certification as a CNS or CN

<table>
<thead>
<tr>
<th>Certification</th>
<th>Practical experience</th>
<th>Educational course</th>
<th>Credentialing assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS (11 fields)</td>
<td>5 years with at least 3 years in one of CNS speciality fields</td>
<td>educational courses for CNSs at graduate schools (2 years)</td>
<td>-document screening -written examination</td>
</tr>
<tr>
<td>CN (21 fields)</td>
<td>5 years with at least 3 years in one of CN speciality fields</td>
<td>educational courses for CNs (6 months)</td>
<td>written examination</td>
</tr>
</tbody>
</table>

Note: For CNSs, completion of practical experience is not mandatory prior to entering an educational course.
For CNs, completion of practical experience is required before entering an educational course.

With further advancement and specialization in healthcare, there have been more settings and places for CNSs and CNs to utilize their expert knowledge and skills and also their number has been increasing year by year. JNA will continue to make an effort to improve nursing quality based on expertise from education and training.

【Credentialing System for Dementia Care】
Under the credentialing system mentioned above, JNA trains and certifies nurses expertized in dementia care. Certification of the following 2 titles are the ones particularly expertized in dementia care; CNS in Gerontological Nursing and CN in Dementia Nursing. The number of these CNSs and CNs has been on the rise. However, distribution of their working places is not even among prefectures across the country and there are still some prefectures where none of them is working (Table 2).
Table 2: Number of CNSs and CNs in Dementia Care by Working Place

<table>
<thead>
<tr>
<th></th>
<th>Hospitals</th>
<th>Visiting nursing stations</th>
<th>Long-term care facilities</th>
<th>Educational institutions</th>
<th>Others(^i)</th>
<th>Currently not working</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNSs in Gerontological Nursing</td>
<td>77</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>93</td>
</tr>
<tr>
<td>CNs in Dementia Nursing</td>
<td>551</td>
<td>13</td>
<td>45</td>
<td>11</td>
<td>10</td>
<td>21</td>
<td>651</td>
</tr>
</tbody>
</table>

Note: Data was obtained in January 2016.
\(^i\) Others include clinics, nursing associations and other working places.

【Educational Course for Certified Nurses in Dementia Nursing】

In 2004, JNA approved dementia nursing as one of CN fields in order to train nurses who can practice quality dementia nursing. In the following year of 2005, JNA established a course for dementia nursing within Institute for Graduate Nurses, which is one of JNA facilities, and commenced the education and training. Currently, 10 educational institutions across the country offer the course.

The course for dementia nursing is characterized by the following unique educational objectives and subjects:

- The educational objectives for the course are to acquire knowledge and skills relating to dementia nursing and support for people with dementia and their families and to develop the following 3 competences:
  - To provide high-standard nursing practice for people with dementia and their families
  - To offer guidance and advice for nurses
  - To collaborate with nurses and other workers and to provide care that respects the quality of life and dignity of people with dementia in various settings

- The educational subjects for the course are common subjects, fundamental subjects, advanced subjects, simulation seminars and clinical practice. The simulation seminars include simulations and case studies, and the clinical practice includes training to acquire professional practical competence.

<table>
<thead>
<tr>
<th>Common subjects</th>
<th>Subjects to acquire competence commonly required as CNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals</td>
<td>Principles of dementia nursing, Pathophysiology of dementia, Healthcare and welfare systems relevant to dementia</td>
</tr>
<tr>
<td>Advanced</td>
<td>Ethics in dementia nursing, Communication with people with dementia, Support methodology in dementia nursing (assessment and care, creation of an environment for living and recuperating, care management), Support for the family of people with dementia / coordination of family relationships</td>
</tr>
</tbody>
</table>

For more information on JNA credentialing system, please refer to our official English website on Nursing Education in Japan – Credentialing System.