

# JNA NEWS

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## Nursing Professional Liability Insurance Program Approved at JNA General Convention

**The 2001 General Convention of the Japanese Nursing Association (JNA) took place over two days in May. At the convention, all seven proposed measures were approved, including the nursing professional liability insurance program and the business plans.**

The most hotly debated item on the agenda was the revision and promotion of the nursing program. Many participating members voiced their opinions favoring abolishment of assistant nurse (LPN) training and early implementation of conversion programs. The JNA Executives explained that although as high as 73% of LPNs wish to participate in conversion programs, only 15% of educational institutes have expressed interest in providing conversion programs. The Executives emphasized that abolishment of its training and implementation of conversion programs will require a system that respects the rights of those who continue as LPNs and also fully responds to the wishes of capable and motivated LPNs. In addition, due to the curriculum change to be implemented in fiscal 2002, the required credit hours will increase from 1,500 to 1,890, forcing some training schools to make difficult decisions. Some schools have already made the decision to close down or to suspend applications. The Executives responded that they could not support the idea of implementing conversion programs under such under-prepared conditions and ending the program after five years. Therefore, they explained that JNA would build a path to the conversion while closely watching the trends of LPN training, and continue to strongly advocate abolishment of training, in cooperation with Prefecture Nursing Associations.

A liability insurance program for the nursing professionals was approved in 1988 by the then Ministry of Finance in Japan. Implementation of the insurance program by JNA, however, has been postponed because of the opinion that the "employer liability" provisions of civil law should apply to hospital employees, including nurses (RNs), LPNs, and public health nurses (PHNs). This proposal for the establishment of an insurance program was based on increasing

requests from the JNA members for such an insurance, prompted by their sense of urgency regarding the increasing number of medical malpractice incidents. At the convention, some participants voiced concerns that this would "lead to stricter individual accountability." The Executives responded that the purpose of this insurance program was to eliminate daily concerns of the members. They explained that the benefits would cover job-related errors in which nursing professionals were involved. If administrative issues such as understaffing are involved in the error, employer liability will be at issue, and this insurance will not apply.

The nursing professional liability insurance program began accepting applications in September and will be established on November 1, 2001. The insurance is a voluntary program for JNA members, and coverage is limited to civil actions. The insured period is one year, annual insurance premium is 2,800 yen, and maximum major coverage per incident is 50 million yen for personal damage and 200,000 yen for property damage. As a separate measure to address medical malpractice issues, JNA established the Medical and Nursing Safety Office within the organization in April. The functions of the office include monitoring of the management of this insurance program and consultation for nursing professionals who are involved in medical malpractice cases.

At the General Convention, some of the board members were re-elected due to completion of terms and revision of by laws. Hiroko Minami, RN, MPH, DNSc, was reelected President. The number of Vice Presidents was increased to three this year. In addition to Noriko Chida, RN of Nishi Maruyama Hospital, Hiroko Moriyama, RN, RM of Tokyo Women's Medical University Hospital, and Sachie Shindo, RN, RM, PhD of Aomori University of Health and Welfare were elected to the positions.

Approximately 9,000 members attended the General Convention. The slogan for fiscal 2001 was adopted: "The 21st century: nursing professional networks to be life-supporters worthy of the public's trust." A video entitled "Message for the Future,"

looking back at nursing in the 20th century in Japan and looking to the future, was also shown at the convention.

The revision of the financing plan for rebuilding of the JNA Headquarters building (Harajuku, Tokyo) was approved. The rebuilding had been approved at the 1999 General Convention. Relocation of the office and demolition of the old building will begin by the end of this year. The new building is scheduled to be completed in 2003.



JNA Executives at the General Convention.

### ISSUE OF INTRODUCTION OF MALE MIDWIVES

On the third day following the General Convention, the 2001 Professional Meetings of nurses, midwives, and public health nurses were held. At the Professional Meeting of Midwives, most questions concerned the issue of opening the door to male midwives. Responding to cautious opinions, Hisako Watanabe, RN, R.M.N. Chairperson of the Midwifery Division, stated that a major prerequisite is that midwives put themselves in the shoes of pregnant women. However, she added, the current Public Health Nurse, Midwife and Nurse Law is problematic in that it goes against the ideal of the constitution by not even allowing male nursing students an opportunity to receive midwife education. Watanabe said, "It is taking a long time just to implement the rooming-in system. We are keenly aware of the need to improve the environment. Adding a non-female perspective to 'childbirth, which is a result of a male-female involvement' will lead to expansion of the midwife profession."

JNA will continue the efforts to gain the understanding of the members and the general public toward the introduction of male midwives.

## Two Nurse Leaders Receive Nightingale Medal

The 38th Award of the Florence Nightingale Medal was given to Shigeru Ishimoto, former Director-General of the Environmental Agency, and to Matsuno Teramoto, Professor at Seibo Junior College of Nursing. Ishimoto contributed to the enhancement of health service welfare for the public, by serving as the fifth President of JNA and by serving as a member of the House of Councilors for 21 years. Teramoto was instrumental in the expansion of terminal care, developing a nursing philosophy unique in Japanese medical practice at a time when the concept of terminal care had yet to be established. At the award ceremony in June, the two recipients were awarded the medals from Her Majesty the Empress, who is the Honorary President of the Japanese Red Cross Society.

## Student Representatives Attend ICN 22nd Congress

For the first time, JNA sent two student representatives to the Student Assembly at the International Council of Nurses 22nd Quadrennial Congress, held in Denmark in June.

In the past, student representatives from Japan were volunteers who paid their own way, because the JNA does not accept as members nursing students who do not have nursing licenses, and a nursing student's organization does not exist in Japan. JNA, however, decided to start sending representatives to the Congress this year, with the goal of fostering human resources that will lead the future of the nursing with an international point of view. When invitations were sent to about 1,200 nurses' training schools nationwide, 21 students applied (one applicant per school). Forty-three Japanese students attended the Student Assembly this year. The students have started a movement to form an organization

by nursing students for nursing students. We are following their progress.

The total number of participants from Japan at the ICN Congress reached 240, the second largest after the 19th Congress held in Korea. The number of presentations by Japanese presenters was a record 78.



Nursing Students got together in Copenhagen.

## Town Healthcare Room: Nursing Day

This is the 11th year since National Nursing Day (May 12) was established in Japan. The theme this year is, "21st century is the age of care: nursing profession is a supporter of your life." Each year around Nursing Day, JNA and the Ministry of Health, Labour and Welfare (MHLW) sponsors events, and Prefecture Nursing Associations and prefectures jointly hold related events. This year, as in the past, "Be-a-Nurse-for-a-Day" and "Nursing Day Forum" were held. At the "Be-a-Nurse-for-a-Day" events, citizens are given an opportunity to experience nursing at about 2,300 facilities nationwide. Nursing Day Forum is a central event. In addition, a new event, "One-day Town Healthcare Room" was introduced this year. The new event was organized by teams focusing on different stages of life, including pregnancy and birth, puberty, adulthood, middle age, and old age. Each team emphasized important information and messages, which they presented to participants through panel displays, mini lectures, and various opportunities for hands-on experience. The event was a great

success during the two-days in Tokyo, with approximately 3,500 participants.

The name, "Town Healthcare Room," represents a place where people of all ages from children to elderly persons in the community can feel free to visit and talk about problems specific to each age group. It is named after school nurses' office, which also act as counseling rooms in schools. With the purpose of researching and developing a new nursing system that promotes community health care, JNA selects a theme each year for model businesses, and invites

applicants for financial assistance. Specific results in the past include establishment of a child-rearing support network enabled through cooperation with governments and related agencies, and establishment of a policy to implement "local rehabilitation systems," as a part of mother and child health measure at health centers. This year's theme is the "Town Healthcare Room" concept. Under this theme, seven projects are underway to support disease prevention and health promotion activities, and are expected to bring results.

## Addressing the Problem of Violence in Japan

The Law for the Prevention of Spousal Violence and the Protection of Victims (the so-called DV Law) was enacted in April, and will go into effect in October. This is legislation by a group of non-partisan female Diet members led by Chieko Nohno, a member of the House of Councilors. This project team studied the realities of violence against women, and drafted the law. The DV Law clearly sets forth the responsibilities of and connections among the central and municipal governments, welfare agencies, police, and the court. In addition, the law defines the duties of medical personnel as follows: If they become aware of a suspected case of spousal violence, they must (1) provide the victim with infor-

mation on protective services, and (2) notify the Spousal Violence Counseling and Support Center (to be established in April 2002) or the police, while respecting the victim's wishes.

The issue of violence was the focus of the International Nurses' Day 2001, and is also of great societal concern in Japan. Recently, in particular, there has been a string of fatal child abuse cases, raising serious issues. According to a study by the MHLW, the number of child abuse cases at consultation centers reached 18,804 in fiscal 2000, a threefold increase from two years ago. In this study, the most frequent type of abuse was physical abuse (49.7%), followed by neglect (36.5%) and psychological abuse



3,500 people stepped in the Healthcare Room.

(10.1%). The largest number of abusers was birthmother, while half of the abused children were of preschool age. Geographically, the incidents are more prominent in large urban areas. The increased number of consultations is considered

to reflect heightened awareness of child abuse and the gradually spreading understanding of the problem among health and medical agencies and the public, due to the enforcement of the Laws Regarding Prevention of Child Abuse in November

2000. JNA reminds its members of the importance of team care with other related professionals, and encourages them to find out what they can do on their jobs for the prevention and early detection of violence.

## Increases in Nursing Education at University Level Accelerating

As medical care advances, nurses are required to have more advanced knowledge. In Japan, nursing education at the university level has dramatically increased, and the trend shows no sign of slowing down. The number of schools with a four-year university curriculum (bachelor's course) was 11 in 1990. As of July 2001, the number has increased almost ninefold. In the past few years, many three-year junior colleges have shifted to four-year systems. This year, the first four-year nursing university under the jurisdiction of the MHLW opened in Tokyo.

On the other hand, according to the study of basic nursing educational institutions conducted by JNA last year (response rate 60.8%), educational institutions excluding universities are seeing a trend of decreasing applicants. The study also showed that as many as 68.5% of the institutions were concerned about the increase of students who lack basic academic skills. Due to the dwindling population of 18-year-olds and the lower basic academic skills of the students, it is believed that future efforts to recruit students need to target not only new high-school graduates but also adult

students. In the same study, 57.0% of the surveyed institutions responded that clinical training in some areas is difficult to find. In particular, they are having a difficult time securing training facilities in pediatric nursing and maternity nursing. Over half of the schools reported that their training for collection of blood

samples, intramuscular injection, and setting of intravenous drip infusion consisted only of observation. It is clear from these results that the schools and the students themselves are uneasy about the students working in a clinical environment immediately after passing the national examination.

## Activities of Nurse Councilors

Under the new cabinet formed in April, Chieko Nohno, a nursing professional and member of the House of Councilors, was appointed Deputy Minister of Health, Labour and Welfare. The deputy-minister system was introduced in January. Nohno's position is the first-ranked of the two Vice-Ministers of Health, Labour and Welfare. She will reply to parliamentary interpellations as needed, in a capacity similar to the Minister. Nohno has been active in the planning of policies related to health and welfare issues, including those of assistant nurses and male midwives, which are currently being addressed by JNA. Recently, she was involved in the enactment of the Law for the

Prevention of Spousal Violence and the Protection of Victims. As a Vice-Minister, "I believe that all decisions on nursing-related issues should be made in the presence of nursing professionals. I always inquire if a council includes members who are nursing professionals," she said.

In July, Kayoko Shimizu, a member of the House of Councilors, was reelected for a third term. In addition to the past activities in the area of nursing, health, and medical care policies, she is expected to expand her activities into new areas, drawing on her experience as the Director-General of the Environmental Agency in the previous cabinet.

## JNA Anti-Smoking Declaration for Nursing Professionals

In July 2001, JNA announced the "Anti-Smoking Declaration for Nursing Professionals," which focuses on the nursing professionals' contribution to maintenance and enhancement of public health through proposal of smoking-related health services and promotion of smoking separation in health service and welfare facilities. The declaration addresses: (1) active involvement in measures against smoking as professionals who protect public health, (2) supporting smoking cessation of nursing professionals; (3) promoting smoking separation in health service and welfare facilities; and (4) active involvement in education of nursing students in smoking cessation and prevention. This year, JNA has established the "Committee

on Measures Against Smoking of Nursing Professionals." In the future, they will study the current conditions in terms of the four focal areas, and will develop and promote a "smoking cessation support program" for nursing professionals who want to quit smoking.

### **PREGNANT WOMEN CANNOT QUIT SMOKING**

According to a study on smoking among pregnant women in Japan, conducted by a research group at the MHLW, close to 40% of women who had smoked before pregnancy continued to smoke after becoming pregnant. In addition, two out of three pregnant women are exposed to passive smoking. The study also revealed

that over 90% of pregnant women are aware of the negative effects of smoking on the unborn child. Of the 1,473 respondents, 317 smoked before pregnancy. Of those smokers, 123 continued to smoke after becoming pregnant. The tendency was that the higher the education levels of the women, the lower the rate of smoking before and during pregnancy. Three out of four women who smoked during pregnancy responded that they smoked fewer cigarettes than before the pregnancy. The study was conducted in large obstetric medical institutions in certain areas in Japan. The survey response rate was 99.2%. Based on the results, a nationwide study is scheduled for this fall.

## Review of Nursing Staff Demand and Supply

Since 1974, the MHLW has on occasion developed a five- to six-year plan or outlook of nursing staff demand and supply, in order to promote policies for securing the supply of nurses. Late last year, the Ministry announced the new outlook for 2001-2005, the fifth of such reports. According to the outlook, the supply and demand of nursing staff will reach a balance in five years at 1.3 million.

For the first time, this year's report included "assignment of nursing staff who perform specialized tasks" in supply and demand. It also listed "establishment of a training system for high-quality nursing staff" and "enhancement of continuing

education including internship at the time of hiring" as supply issues, taking a step forward in ensuring nursing quality. Estimated demand was calculated for each employment location, based on a 40-hour work week, maternity leave taken by all qualified persons, staff required to cover annual paid vacations and family leave, as well as multiple night shifts and a maximum of eight night shifts per person. In order to provide safe, high-quality nursing, an enhanced nursing

system is being considered, including expanded night shift staff and assignment of staff to specialized tasks such as palliative care. The supply estimate takes into consideration the decrease in the hiring of new graduates due to fewer LPN schools and the increase of reemployment resulting from the expansion of reemployment agencies.

JNA has been urging the study committee that submitted this report, to consider the need to assign nurse specialists, such

as Certified Expert Nurses and Clinical Nurse Specialists, and the need for enhanced nursing staff assignments, such as a 1.5:1 patient/staff ratio in acute wards. The Association considers the demand for 1.3 million workers in five years insufficient. As stated in the report, it is necessary to review this outlook periodically as needed. On the other hand, we applaud the report for addressing the issue of securing high-quality nursing staff, and plan to link it to future JNA activities.

### NURSING STAFF SUPPLY AND DEMAND OUTLOOK

Year	2001	2002	2003	2004	2005
Demand	1,216,700	1,240,700	1,263,100	1,284,900	1,305,700
Supply	1,181,300	1,212,000	1,242,000	1,271,400	1,300,500

(Data: Ministry of Health, Labour and Welfare)

## Number of PHNs to Increase by 1,355 in Four Years

The local fiscal plan for fiscal 2001 shows an increase of the number of public health nurses (PHNs) by 1,355 in four years (2001-2004). The net increase of 1,355 PHNs is an extraordinary decision, considering the ongoing severe reduction of local government

staff due to the tight financial situation of Japanese governments.

The decision was prompted by the growing workload of PHNs due to the urgent need to address public health promotion issues, such as care and prevention, mental health wel-

fare, prevention of child abuse, and geriatric health.

This budget plan is in line with JNA's wishes. JNA will continue to cooperate with each Prefecture Nursing Association to secure further staff increases at prefectural and municipal levels.

## Revision of the Nurse Law

A confidentiality provision for public health nurses, nurses, and assistant nurses (LPN) was introduced. Such a provision had not existed in the past. The new provision prohibits divulging of confidential information obtained through the conduct of business, unless there is a justifiable reason. The prohibition applies even after the individual leaves the nursing profession. Penalty is up to six months of imprisonment or a fine of up to 100,000 yen. Confidentiality provisions including penalties already exist for midwives, as well as doctors, in the criminal law.

Meanwhile, a bill was approved that repeals the disqualification clause withholding licenses for physicians, pharmacists, nurses, and others from individuals because of disabilities. The law took effect on July 16, 2001, opening the opportunity for disabled persons to obtain such licenses. Whether the disabled persons can perform clinical exercises through their own ability with equipment to support their motor skills will be one of the qualifying criteria.

## Bits of Data in Japan

### Enrollment in Nurses' Training Schools

University: .....6,331 (18.4%)  
 Junior college (three-year): .....4,889 (14.2%)  
 Professional school: .....23,132 (67.3%)  
 <As of 2000>

### Number of Nurses' Training Schools

Graduate school: .....44  
 (doctoral course: 15/master's course:29)  
 University (bachelor's course): .....91  
 Junior college(three-year): .....64  
 Three-year nurses' training school: .....508  
 Two-year nurses' training school: .....398  
 Assistant nurses' training school: .....487  
 Public health nurses' school and  
 midwives' school: .....Total of 135  
 (excluding universities)  
 <As of July 2001>

### Number of Successful Applicants of National Exams and Success Rates

*The national licensing examinations for nurses, midwives, and public health nurses in Japan are held annually in February.*

Nurses: .....40,625 / 84.1%  
 (-12.3% compared to previous year)  
 Public health nurses: .....5,465 / 93% (+2.3%)  
 Midwives: .....1,545 / 93.4% (-2.9%)  
 <As of March 2001>

### Number of Employed Nursing Professionals

Total : .....1,133,857  
 (+40,952 compared to previous year)  
 Nurses : .....655,094 (+42,984)  
 Public health nurses : .....40,113(+1,506)  
 Midwives : .....24,654(+477)  
 Assistant nurses (LPN) : .....413,996  
 (-4,045; decrease for the first time)  
 <As of 1999>