

JNA NEWS

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Greetings to Nursing Colleagues from JNA President

As we usher in the year 2002, let me extend my greetings to fellow nursing professionals around the world.

In its 55th anniversary, JNA has renewed its resolve to consolidate its unity, so as to improve the quality of nursing services in and outside Japan, provide support to nursing professionals, and contribute further to promoting the health of people.

Amidst the harsh economic environment in and outside Japan, we experienced a number of heart-wrenching incidents.

Yet, the Japanese nursing community was able to conclude the year with the bright news of achieving a partial revision to the Public Health Nurse, Midwife and Nurse Law (See Page 2), the fruits of our protracted efforts over many years.

The plan for rebuilding the JNA Headquarters building (Harajuku, Tokyo), home to JNA administration over the last 54 years, has also begun to take shape. JNA functions have been transferred to a temporary office late last year, with our executives and staff members already conducting their duties in a new environment, with fresh resolve. We are awaiting the completion of the new building, now under construction with assets from our predecessors and donations from our members. We look forward to showing you our new office in the near future.

The nursing community and JNA have made a fresh step forward into the future. At the same time, however, deteriorating

socio-economic situations are forcing many countries around the world to face numerous issues and implement reforms in areas including healthcare. Amidst the trend, we are expected to take the initiative proactively in setting new directions and creating new trends, rather than responding to situations as they arise. It is imperative for us nursing professionals to have a discerning eye on how nursing services can contribute to developing a society where we enjoy living, while standing beside people in local communities and maintaining a down-to-earth sense as regular citizens.

To this end, we are committed to promoting further exchange and coordination with nursing professionals of countries around the world.

Nursing Support for Earthquake Disaster in India

In December 2001, the Trained Nurses' Association of India (TNAI) held the Workshop on Disaster Management in Delhi, to which JNA dispatched its member with much practical experience in the area, as lecturer. The workshop was one of TNAI's continuing education programs, and conducted under the theme "Role of Nurses in Disaster Preparedness and Management."

Western Indian province of Gujarat was struck with a major earthquake in late January, 2001. Upon receiving the news, JNA began confirming the extent of earthquake damage, consulting TNAI on any assistance needed, and collecting donations from its members. These activities subsequently led to a TNAI request for a lecturer for the Workshop. The Workshop covered a comprehensive range of areas relevant to India, including serious damage from earthquakes, droughts, cyclones, etc. and issues surrounding nuclear power reactors. It attracted 51

nurses, mainly those working at hospitals, from 14 Indian provinces and the neighboring nation of Bhutan.

Joining local specialists of relevant fields in lecturing the Workshop, was Mariko Ohara, Associate Professor, the Japanese Red Cross Musashino Junior College of Nursing, dispatched from JNA as lecturer and advisor. Her session centered on disaster nursing education, offered in her college as part of the basic nursing education. In Japan, the 1995 Great Hanshin-Awaji Earthquake prompted the formation of the Japan Society of Disaster Nursing, working toward establishing the science of disaster nursing. Ohara's lecture presented a specific method of disaster nursing education on Japan's past experience and progress, so as to motivate participants on this education area, and provide them with specific reference for their future development in disaster nursing education. Many participants praised the lecture, saying that it made them aware of

the importance of education in conducting appropriate nursing practices at the time of an emergency.

The Workshop was a big success throughout the period, reflecting the keen needs for such opportunities. It is hoped that participants will apply what they have learned to their workplaces, and that TNAI takes the initiative in establishing the area of disaster nursing in India.



Indian nurses keenly listening to the lecture by Ms. Ohara.

Gathering of Japanese and Chinese Nursing Professionals

JNA and the Chinese Nursing Association (CNA) co-hosted the 7th China-Japan Nursing Research Conference in Zhuhai city, China from September 12 to 14, 2001. The Conference has been held approximately every other year in China since 1991. The latest Conference, heralding the 21st century, was participated by 174 people from both Japan and China.

Opening the Conference, CNA President Wang Chunsheng, RN and JNA President Hiroko Minami, RN, MPH, DNSc addressed the participants with speeches titled "Current Status of China's Medical and Nursing Services in Times of Transition" and "Outlook of Nursing Services in Times of Transition" respectively. President Wang introduced the structure of hospital nursing administration and traditional nursing practices in China. Based on the inseparability of nursing and medical services, she said that it was their task to further develop nursing for the overall health of patients, rather than addressing health problems by organ, through integrating Chinese and Western medicine. Dr. Minami pointed to the need of cosmic scale perspectives beyond globalization in the 21st century. She said nursing professionals need to identify the shift in relationships "between humans and environment, among humans, and between humans and society," and exercise healthy principles and sensitivity as citizen in actively voicing their opinions in policy-making processes, addressing disaster preparedness, and seeking the provision of safe and high-quality nursing services.

In the ensuing main sessions, representatives from Japan and China made presentations under the themes of "nursing ethics," "nursing education," "visiting nursing" and "common issues of interest for Japan and China." Concurrent sessions on Day 2 and Day 3 included 33 general presentations each from Japan and China. In Japan, a record 67 submissions were made for the presentation opportunity. They included presentations by Chinese nurses engaging in studies/education in Japan, and those by Japanese nurses working in China as part of international cooperation projects. The trend reflects growing bilateral exchange, and growing interest in the Conference year by year. Chinese participants expressed strong interest in the credentialing systems for Certified Expert Nurse, Certified Nurse Specialist and Certified Nurse Manager.

In regard to the latest Conference, Minami issued a comment, saying, "I was astonished to see the rapid progress China's nursing has made since the last Conference two years ago. Particularly impressive was their attitude of integrating overseas theories, technologies and information into China's traditional nursing and medical services, rather than adopting them blindly *bouche ouverte*."

I hope nurses in Japan and China will further strengthen mutual coordination, develop nursing models and technological systems based on factors shared between Japanese and Chinese cultures, and disseminate them to the rest of the world."

The 8th Conference is scheduled to be held in Beijing, China, in November 2002. The two countries are also holding the China-Japan Medical Conference 2002, jointly organized by the Chinese Medical Association, the Japanese Association of Medical Sciences and the Japanese Association for Dental Science, with the objectives of enhancing bilateral operations in the medical field, and contributing to future development of medical science/services in



Two Presidents, Wang (right) and Minami.

the two countries. The Medical Conference, followed by the last one in 1992, coincides with the 30th anniversary of the normalization of diplomatic ties between Japan and China. CNA and JNA will also take part as support organizers, with presentations of nursing issues planned as one of special interest groups.

Re-amendment to the Nurse Law: Changes to Japanese Terms for Nursing Professionals

Following the 2001 amendment, the Public Health Nurse, Midwife and Nurse Law was revised once again and went into effect on March 1, 2002. The latest amendment includes changes to Japanese terms for Public Health Nurse, Midwife, Nurse (RN) and Assistant Nurse (LPN).

The Law defines nursing professional qualifications in Japan, originally enacted in 1948. Until now, the system maintained the practice of using gender-specific terms, which were widely accepted in society in general.

In a bid to achieve a gender-equal society, JNA has campaigned for "using non gender-specific terms" for nursing professionals since 1991. In November 2001, House of Councilors member Kayoko Shimizu, representing JNA, tabled the proposal to the Japanese Diet to initiate parliamentary deliberations, with the amendment bill being passed in early

December. The reason cited for the revision was the need to rectify the current use of gender specific terms for professional qualifications. In response, all relevant terms in related laws and regulations will be changed.

The amendment also includes the following resolutions: (1) The service environment related to the childbirth should be improved through providing more information, etc. so that the preferences of care receivers in parturient services be respected, and that such services are provided according to the needs of each person; (2) Midwifery education should include and enhance on-site training in delivery assistance, as stipulated in regulations for designating training facilities; and (3) Measures should be taken to improve the education environment of, and increase the staff level of, nursing professionals, so as to enhance

and strengthen their professional functions in view of the significance of their work duties and social mission.

Of terms altered in the law revision, the

qualification of Midwife is the only one barred for men. Although the amendment proposal did not include the introduction of male midwives this time, it has been

agreed that continued debate is needed in the broader community including specialists and the public in general.

JNA Survey on Smoking among Nursing Professionals

Since launching the campaign against tobacco smoking among nursing professionals in 2001, JNA has been seeking ways of controlling the problem in a bid to promote health for nursing professionals by nursing professionals. One of the associated moves was the August 2001 survey on the reality of tobacco use among Japanese nurses. The survey found that female nurses smoke tobacco at a higher proportion compared to other women in general, with the gap being greater among older age groups.

In the survey, questionnaires were distributed to 7,287 nursing workers at 88 facilities across the nation. 6,807 of them gave valid responses (at the response rate of 93.4%). The survey consisted of the individual survey on nursing staff, and the institutional survey on directors of the nursing at subject facilities.

Individual Survey

The 1998 survey by the Ministry of Health, Labour and Welfare put the smoking rate of Japan's general female population at 13.4%. Yet, the JNA survey found that as much as 24.5% of female nurses smoke tobacco. When broken down by age group, the

smoking rate among the general female population is 23.2% for those in their 20s, 19.8% for those in their 30s, 15.5% for those in their 40s, 10.1% for those in their 50s and 7.2% for those in their 60s, declining among more senior generations. However, the rate among nurses show only small fluctuations from generation to generation, registering 27.8% for those in their 20s, 21.9% for those in their 30s, 23.3% for those in their 40s, 19.8% for those in their 50s and 20.0% for those in their 60s.

As for smoking frequency, 20.3% said they "smoke every day," whereas 5.4% does so "occasionally."

Asked when they feel like smoking, 60.5% cited "when feeling frustrated," followed by "when drinking alcohol" at 57.1%, "to change mood" at 47.9%, "when relaxing" at 42.2%, and "when trying to ease tension" at 27.7%.

In regard to the question of quitting smoking, 12.6% said they "want to quit as soon as possible." However, 59.3% said they "are interested in quitting but do not plan to do so straight away," with 21.2% of others saying they are "not interested." Around half the respondents wanting to kick

the habit, want to obtain information about effective programs or support means to help them achieve the goal.

Many smokers and non-smokers described tobacco as "undesirable in terms of health," but just as many said "whether to smoke or not is up to individuals, as long as they do so at appropriate times and places."

Institutional Survey

Of 88 facilities surveyed, 82 have some forms of non-smoking/smoke segregation rules within their establishments, with 51.1% and 38.6% saying the rules are "adequately observed" or "generally observed" respectively.

15.9% of facilities offer non-smoking education to nursing staff, whereas 71.4% of nursing educational institutions teach the benefits of non-smoking to their students.

The results of the Individual Survey, points to the tendency among smokers of not giving up the habit despite their knowledge of adverse health effects. JNA plans to introduce the curriculum for fostering 100 non-smoking supporters/instructors at an early stage, and devise a support program for helping nursing professionals quit smoking.

5th Year for JNA CEN & CNS Systems

Five years have passed since JNA started extending nursing certifications, namely Certified Expert Nurse (CEN) and Certified Nurse Specialist (CNS). CNS represents a person recognized to have outstanding nursing abilities in designated specialist categories, and serves the roles of nursing practice, education, consultation, coordination and research. CEN, on the other hand, represents a person recognized to have sophisticated nursing skills and knowledge in designated categories, and serves the roles of nursing practice, instruction and consultation. Both certifications are subject to renewal every five years, with the year 2001 marking the renewal year for the first group of CNSs. Six CNSs successfully renewed their certification, after being acknowledged for their high performance in nursing practice, research and training over the past five years. The first group of CENs will become subject

to certification renewal this year.

The designated nursing categories for these certifications are as follows as of December 2001. The figures in brackets represent the number of persons certified under the respective categories.

CNS(26): Mental Health Nursing (9), Cancer Nursing (15), Community Health Nursing (2), Geriatric Nursing (0), and Pediatric Nursing(0)

CEN(546): Emergency Care (82), Wound/Ostomy/Continence (WOC) Care (228), Critical Care (103), Hospice Care (44), Pain Management for Cancer Patients (61), Infection Control (18), Nursing of Cancer Patients undergoing Chemotherapy (10), Diabetic Nursing (0), Infertility Care (0), Home-Visit Nursing (0), and Pediatric Intensive Care (0)

Meanwhile, JNA is also conducting

education and certification procedures for the Certified Nurse Manager qualification in conjunction with the Prefecture Nursing Associations. So far, approx. 25,000 people have completed Level 1 training, approx. 1,600 people have finished Level 2 training, and 54 others have completed Level 3. The system has nurtured 25 Certified Nurse Managers. JNA reviewed the system in 2001 in view of the fact that the roles and abilities expected of nurse managers at the medical frontline have changed over the past 8 years since the launch of the certification program. As a result, persons already acting as nurse managers or those who have completed postgraduate study in nurse management, are now allowed to start from Level 2 or Level 3 training, or apply for certification screening directly, rather than the original system of having to go through Level 1 → Level 2 → Level 3 training before screening.

Medical Safety Promotion Week

In 2001, the Japanese government designated the week including November 25 as the "Medical Safety Promotion Week." The designation is aimed at increasing the level of awareness and caution among people providing medical services, and restoring public confidence in the industry. The Week will feature events such as a medical safety symposium inviting the public to attend, workshops for medical service workers, and presentations planned and implemented by medical institutions on how they are addressing the issue of medical safety. In April last year, the Ministry of Health, Labour and Welfare established the Office for Promoting Medical Safety to take a systematic approach in preventing medical accidents. It convened a conference in May to start developing the grand design for Japan's medical safety measures in the future.

Meanwhile, the JNA Nursing Professional Liability Insurance Program, launched in November last year, has attracted approx. 126,000 subscription applications as of mid

January 2002, reflecting the high needs for such insurance systems. JNA has also offered "Risk Manager Training" at its training facility since 1999. Those who have completed the course are now taking the initiative in training new risk managers and devising measures for preventing medical accidents. Also under consideration for enhanced information accessibility, are plans to compile a database of medical accidents involving nursing workers, and to develop a system of offering consultations and support in the event of accidents reported from JNA members and participating facilities.

Although nursing professionals at the medical frontline have a generally high evaluation on risk managers or nursing departments incorporating medical safety measures, the medical service community as a whole does not have an aggressive approach in addressing the issue. Expectations will continue to rise in Japan for the role and contribution of nursing professionals in ensuring medical safety.

JNA's Education Plan

JNA's continuing education program offers a wide range of courses in line with social trends, government policy directions, etc. From 2001 onwards, the framework of the courses is adjusted to be based on the perspective of career development, making it easy for participants to draw up their training plans.

The basic policies of this year's education program are: (1) To provide courses that support knowledge/skills necessary for delivering optimum care as nursing professionals; (2) To provide courses for fostering people with leadership capable of promoting the role of the nursing workers in the framework of health care; (3) To provide courses for conveying and proliferating up-to-date information on government measures, required in implementing nursing services; (4) To provide courses associated with JNA's significant projects; and (5) To maintain and improve the standard of the overall education programs in partnership with Prefecture Nursing Associations.

Based on these policies, several new courses are scheduled for launch this year. Among these courses designed for new graduates are "Nursing Care and Infection Prevention" and "Basic Knowledge on Medicines for Nursing Services," developed out of debate on how we can further enhance the practical abilities of people new to the profession. New courses for generalist nurses include "Understanding Patients with Mental Illnesses and Their Care," "Infection Control at Nursing Care Facilities," "Training for Coordinators of Hospital Discharge" and "Environment Free of Physical Restraint and Safety Management." As for education of nurse managers, "Nurse Management at Health Care Facilities" and "Training for Non-Smoking Supporters/Leaders" will be offered.

The FY2002 education program offers a total of 74 courses at 2 JNA training facilities, with the combined course capacity of over 7,500 people. Some courses accept non-members and people from outside the nursing professions.

2002 National Budget concerning Nursing Services

The draft national budget for 2002 has been compiled. The austere budget of 81.23 trillion yen in general account (1.7% decrease compared to the previous fiscal year) allowed for 3.2% year-on-year increase of the Health, Labour and Welfare Ministry budget to 18,668.4 billion yen. "Measures for securing nursing personnel" claims the largest portion of the ministry's national budget allocation earmarked for nursing related areas, followed by "measures on community-based public health staff" and "measures for the health care of mothers and children."

For FY 2002, 98,993 million yen is allocated to measures for securing nursing personnel (down 1.7% from the previous year). The biggest drop in budget allocation is experienced by administration costs of nurse training facilities (down 10% from the previous year), due to a decline in the number of such institutions and students. In contrast, 22% increase is granted for measures to improve the quality of nursing professionals. Among new projects to be financed are, to develop a correspondence study system via the Internet, etc., to conduct research on improving clinical skills, to provide nurse instructors with training for teaching courses

on medical accident prevention, and to consider a study into the working conditions of nursing personnel. The overall budget for projects on community health care workers has been cut, whereas the budget for measures on the health of mothers and children is given an increase amidst the government move to enhance support for women's health and the sound mental development of children in a bid to counter the nation's dwindling childbearing rate.

As for the budget for the Ministry of Education, Culture, Sports, Science and Technology, 9.881 billion yen has been allocated to improving and enhancing nursing systems at hospitals affiliated with national universities (up 22%). The fund will be assigned to recruiting around 400 part-time nursing personnel so as to bring the patient-to-nurse ratio to 2 to 1. An additional 52 employees will also be assigned to nursing duties, a move that will allocate risk managers to all national university hospitals. Nursing education continues to be incorporated into tertiary education, with the realignment of junior colleges leading to the increase of 4-year degree courses in health care studies.

Relocation of the JNA Office

Due to the rebuilding of the Harajuku Kaikan hall, the JNA office in Tokyo moved to temporary premises at the end of 2001. The temporary arrangement is scheduled to continue for approx. 2 years.

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