

JNA NEWS

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2002 JNA General Convention

The Japanese Nursing Association held its General Convention in Tokyo on May 29 and 30, 2002. Over 5,500 members attended.

So far, there is no progress in sight regarding the agenda of "abolishment of the assistant nurse (LPN) training." In order to break the deadlock, the Executive Board suggested in the convention that the JNA would propose the introduction of a 2-year distant learning course, which is allowed under the present system but remains unimplemented, to the Ministry of Health, Labour and Welfare (MHLW). Its introduction will increase the education opportunities to become Registered Nurse for the LPNs. The specific measure of the proposal is that students be allowed to count the course units given at other educational organizations in lieu of "attending the lectures," and that LPNs with the minimum clinical experience of 10 years be given units for "clinical practice" by submitting the reports of case analysis for each of its specialization categories in acknowledgment of their clinical abilities. JNA members expressed strong support for an early introduction of such courses, approving the proposal with an overwhelming majority.

As for planned projects for FY2002, the following ten items were tabled as key projects: (1) Constructing a new JNA building, (2) Strengthening the organization, (3) Medical reform and proposing policies, (4) Resolving the issue of LPN training programs and introduction of the conversion courses,

(5) Expanding the visiting nursing services, (6) Promoting public health, (7) Promoting safety measures in medical/nursing services, (8) Expanding the Certified Nurse Specialist/Certified Expert Nurse system, (9) Developing the disaster preparedness and disaster nursing network, and (10) Promoting the system of international cooperation. Project (3), in particular, attracted numerous voices of concern over possible impact on nursing and nursing professionals, as the government proceeds with the medical reform.

The General Convention closed with all items on the agenda passed and approved. A special talk show was held after the assembly, celebrating the 55th anniversary of JNA.

Effects of the Resolutions

In July, when JNA submitted its request based on the convention resolution to the

MHLW, the Minister of Health, Labour and Welfare expressed the intention of initiating a flexible implementation of a 2-year distance learning course. In response, the Nursing Division of the MHLW began working out the detailed studies, paving the way for an early launch of such a course.

Meanwhile, the ordinary session of the Diet approved and enacted the related law of the Medical Reform, which was tabled to counter the serious fiscal difficulties facing the nation's health insurance system. The passage of the law will increase the out-of-pocket medical expenses for many patients. JNA has long insisted that increased financial burden on patients for social security should only be considered as the last resort. We will continue to lobby the government, submitting our requests and opinions on numerous issues surrounding this law.

Ethics Campaign for Nursing Professionals

Japan has seen a spate of medical accidents and other cases that cast doubt over the ethics of the nursing professionals involved. Recent examples include a case, in which a nurse was found to have committed perjury in the trial of a medical accident. In other cases, nurses tampered with surgery records and nursing records in conspiracy with physicians, while another nurses made repeated use of a disposable transfusion set. In the background of these cases lie the dominance and paternalism of the medical doctors at the top, strongly persisting in Japan's medical frontline. Given the balance of power between physicians and nurses, or between employers and employees, whistle-blowing nursing professionals could lose their jobs in the worst-case scenario.

JNA prepared the "JNA Code of Ethics" in 1988 and the "JNA Standard of Nursing Practice" in 1995 in an effort to set out and a number of guidelines for nursing professionals. In view of the regrettable cases in recent years, JNA launched a campaign "Nurses can

say NO" in July. With the objective of helping nurses act in an ethical and legal manner in any circumstance, the campaign will be conducted with the following approaches as key pillars:

1. As an individual, be brave and raise alarm on questionable circumstances. As a supervisor or colleague, develop a workplace environment that accommodates such voices and opinions, and support such courageous moves.

2. As an organization, develop rules and avenues (involving a third party) in which questions raised by individuals can be discussed.

3. Make it legally obligatory for nurses to report ethically, legally and professionally questionable situations, as in the case of the Pharmacists Law (which stipulates that pharmacists must report such cases).

4. Achieve the workplace environment, in which nursing professionals can conduct their services in compliance with the JNA Code of Ethics and the JNA Standard of Nursing Practice in all circumstances.



JNA Lecture at the ICM Congress

On April 14 to 18, the 26th International Confederation of Midwives (ICM) Triennial Congress was held in Vienna, Austria. A total of 2,500 participants included 160 from Japan.

JNA Professional Committee on Midwifery held the poster presentations and lecture at the Congress. The posters were prepared under the themes of "Cooperation among Nursing Professionals in Maternal Transportation to a Perinatal Care Center" and "Midwifery Education in Japan: The Present State and Challenges for the Future." The lecture was given on Day 3 of the Congress on the theme of "Male Midwives and Midwifery Practice." The lecture attracted over 120 people, three-quarters of which were from countries other than Japan.

The session was moderated by Nobuko Oseki of Aomori University of Health and Welfare, and featured JNA Professional Committee member on Midwifery, Fumiko Miyazaki and male midwifery practitioner Antonius Wennekers from the Netherlands as lecturers. The lecture opened as Chairperson of JNA Midwifery Division Hisako Watanabe explained the



Flock of questions and stories were raised from the participants.

purport of gathering overseas opinions on male midwives.

Ms. Miyazaki reported the history of male midwife issues over the past 20 years, opinions for and against male midwives in Japan, and results of various surveys. She went on to describe the lack of public consensus on the introduction of male midwives in Japan, with many saying such a system would infringe on women's basic rights. Yet, she concluded that the occupation should open its doors to men so as to eliminate gender-based discrimination, while efforts should be made to ensure the rights of pregnant women. Mr. Wennekers described the history of male midwives in the Netherlands, their current status and his personal experiences as a midwife. He has

practiced midwifery since 1975, and is currently in partnership with three female midwives to provide delivery assistance, pre-natal/delivery/post-natal care, and ultrasound examination to 600 women per annum. Men account for 56 of the total of 2,200 midwives in the country. Forty-seven of the male midwives are involved in home birth, according to Mr. Wennekers. In the discussion after the lectures, midwives from

various countries offered their opinions, explaining the difficulty of hospitals choosing between male and female midwives, or defining midwives as professional who ensure safe delivery, regardless of gender. Some midwives introduced situations in their respective countries.

JNA prepared the brochure "Midwifery in Japan" for the ICM congress. This brochure summarizes midwifery practice in Japan and provides the overview of maternal and child health in the nation. The document is available in English or Japanese. The English version can be downloaded as a PDF file from the JNA website (<http://www.nurse.or.jp/jna/english/nin-japan.html>).

JNA Visitors

In March this year, four representatives of the Nurses Association of Thailand visited JNA. The delegation, led by Second Vice President Udomrat Sngounsiritham also visited the facilities and nursing education institutes in Tokyo, and exchanged opinions with JNA directors on the medical/health policies of the two countries, as well as working conditions/education of nursing professionals.

JNA frequently receives visits by participants of training programs organized by healthcare related organizations in Japan.



JNA directors and the representatives from Nurses Association of Thailand.

Over the past 6 months, we welcomed trainees from Uzbekistan, Senegal, Thailand, Saudi Arabia, Bolivia, Paraguay and Mexico. Those from Bolivia, Paraguay and Mexico took part in the training conducted by Okinawa Prefecture Nursing Association, which has provided those trainings since 1994 as part of its international cooperation project.

To these visitors, JNA mainly introduced its activities, Japanese nursing/medical systems, and circumstances surrounding nursing services in Japan. Meanwhile, in July, JNA received the visit by the information management officer of Thailand's Payao provincial public health bureau, which underwent a four-day training program on network development.

Exchange with Mongolia

In August this year, JNA President Hiroko Minami and Executive Director Keiko Okaya visited the Mongolian Nurses Association (MNA). With suggestion from the International Council of Nurses, JNA has begun extending support for the development of MNA. The August visit was the first fact-finding tour to collect information for future support.

Following the collapse of socialism, Mongolia is now in transition to a market economy, and faces various difficulties in the areas of infrastructure and health/medical services. Doctors provide over 90% of nurs-



MNA President Surenkhorloo (second from the left in the front) and officers of JNA and MNA.

ing education, thus creating serious shortages in teaching staff. In the future, nurses must take the initiative in improving their working conditions and education. Given the situation, MNA plans to improve the quality in clinical nursing, with a focus on the develop-

ment of a better environment in nursing education. JNA is exploring the specifics of our support program, so as to deliver effective assistance in line with the needs of MNA.

MNA President, Mrs. Altanbagana Surenkhorloo, visited Japan in September,

calling into JNA, participated in our study sessions, and offered a speech at the Asian Summit Conference on Disaster Nursing in Hyogo. This forum also featured a speech by ICN Chief Executive Officer Judith A. Oulton.

Change of Administrative View in the Nursing Practices in Japan

This year, MHLW has launched a commission on new nursing practices. The commission is aimed at promoting efficient and high-quality medical services through exploring new approaches in nursing services to adapt to the dwindling birthrate and an aging population, progress in medical technologies, changes in public attitudes, growth of home medical services, and enhanced standards in nursing education. Haruko Kunii, Executive Officer is representing JNA in the commission.

The Public Health Nurse, Midwife and Nurse Law stipulates that Japanese nurses assist medical activities under comprehensive orders from medical doctors. According to the conventional government interpretation, the act of giving an intravenous injection has a significant effect on the patient's health, and should therefore be performed by medical doctors rather than nurses. Yet, according to the interpretation in the medical circle, such an act by a nurse is not illegal as long as it is performed under the supervision of a medical doctor. This discrepancy has long been one of the more contentious issues. In 1960, JNA took the stand of supporting the administrative directive. However, nurses were obliged to broaden their scope of practices to follow the introduction of advanced medical equipment and the development of medical services since 1970s, forcing JNA to switch its stance in the late 1990s and approve nurse administration of intravenous injections under physicians' supervision. Against this backdrop, the law has become subject to ambiguous interpretation. In recent years, doctors and/or nurses themselves decide whether or not they'd let nurses administer the intravenous injections in their own settings. Sometimes, it's decided according to the workplace conventionalism. Yet, a survey conducted by MHLW's research team in the spring of 2002 revealed the reality, in which nurses routinely give such injections. According to the survey, 94% of doctors order RN and LPN to give intravenous injections. 90% of them perform this procedure routinely. Also, 90% of hospitals and

60% of visiting nursing stations let nurses give intravenous injections. The commission released an interim report in September, after acknowledging the difference between the administrative interpretation and reality, and confirming the heightened public needs, improvement of nurses' skills in intravenous injections, and enhanced safety in medical equipment. In response, MHLW issued administrative notifications to prefectural governors on September 30, announcing changes to the administrative interpretation on the issue for the first time in 51 years. The notification stated that the administration of intravenous injections by nurses, under the instruction from medical doctors, falls within the scope of nurses' auxiliary duties. At the same time, the document urged medical institutions to provide adequate training to nurses, prepare/review the procedures for administering intravenous injections, and

review/enhance nursing education on the knowledge and skills regarding pharmacological effects and intravenous injections.

However, there are considerable variations in the handling and interpretation of this issue among hospitals and clinics across the nation. Some voice concerns that the notification may cause confusion or danger. It says nurses "may" rather than "must" give intravenous injections. To ensure patient safety, it is important to take an all-organizational approach in allocating the responsibility to the appropriate professionals, and establishing appropriate rules. Amidst this trend, JNA will launch a project to examine various issues concerning intravenous injections, and compile a set of guidelines. The MHLW commission continue to examine issues such as appropriate use of narcotics in terminal care at home, and the domiciliary oxygen therapy, and is scheduled to compile the final report by March next year.

Day of Nursing and Midwives

In 2002, Japan co-hosted the World Cup Soccer with South Korea, sending the entire nation into sports frenzy. This year's Nursing

Day took the theme from the World Cup, and appealed the importance of nursing to people from all walks of life, under the slo-



National Nursing Day



International Day of Midwives

gan of "We Assist Your Vitality." During the Nursing Week in May, prefecture nursing associations organized various events across the nation.

As for the International Day of Midwives, JNA jointly produced posters with the Japan Midwives Association and Japan Academy of Midwifery, and distributed them nationwide. This year's theme in Japan was "My Heart Is Whole, Thanks to Midwives," which means that being able to talk to midwives on issues other than pregnancy, helps expectant mothers to regain peace of mind.

JNA Research Conference Opens to the Mental Health

The JNA Nursing Research Conference has decided to add the area of psychiatry and mental health nursing from 2004 to its list of specialized areas, which previously included general nursing, maternity, education, adult nursing (acute and chronic conditions), geriatric nursing, pediatric nursing, community nursing and management. JNA Nursing Research Conference is a society that exclu-

sively accepts JNA members, holding annual conferences on these areas across the nation. In 2002 Conference, it received 1801 submissions, 1157 of which were adopted. The number of submissions to the Conference is on the rise each year. The areas that have attracted most submissions and participants in recent years are nursing management and adult nursing (chronic conditions).

JNA 2001 Survey of Nursing Personnel Status

JNA has compiled the results of the survey on the status of nursing personnel, conducted every 4 years covering its members. The latest survey was conducted in October 2001. 12,068 members were randomly selected, and 4,934 of them responded (40.9%). Main results are as follows, with figures in brackets indicating fluctuations against the 1997 figures:

[Respondent Attributes]

- Average age: 38.9 (+1.7)
- Sex: Female/97.5% (-0.7%), Male/2.3% (+0.6%)
- Workplace type: Hospital/73.4%, Visiting nursing stations and home care support centers/5.3%, Clinics/2.9%
- Average years in service as nursing pro-

fessional: 16.3 (+5.4)

- Average years in service at the present workplace: 10 (-1.1)

[Working Conditions and Environment]

- Average weekly work hours for fulltime nurses: 39 hr 27 min (-57 min)
- Average monthly overtime hours: 15 hr 1 min (+2 hr 40 min)
- Average monthly wage (pre-tax, fulltime nurses at hospitals): ¥364,572 (+4,821)
- Shift work (fulltime nurses at hospitals): 3 shift system/54.1%, 2 shift or irregular 2 shift system/18.0%, day shift only/8.2%
- Night duty (for those on 3 shift or irregular 3 shift systems): 8.3 times/month
- Ratio of those who have taken family care leave: 0.2%

As for the increasingly important social issue of child abuse, JNA is considering to compile a brochure setting out guidelines for early detection and support. On this survey the response of workplaces toward suspected child abuse cases was also asked. 14.5% of nurses responded that they have dealt with abuse victims, while 82.0% said they have not. Of those with the experience of handling such cases, 55.3% have contacted police or child consultation centers. Their workplace breakdown was public health centers at 83.3%, municipal institutions at 37.0% and hospitals at 15.1%. Only 14.7% said their workplaces have a procedure defined for handling child abuse cases, with hospitals being the least prepared.

JNA Survey on Systems for Overnight Hospital Security

With social activities taking place around the clock, there have been a string of cases that cast doubt over overnight hospital security. Many hospitals face the urgent task of addressing and improving ill-prepared systems (facilities, equipment, staff distribution), the excessive workload of nurses at night, and security for patients/staff. In October 2001, JNA conducted a survey on nurse managers at 6,446 hospitals nationwide to grasp the current state and future tasks concerning night shifts and security arrangements at hospitals. 3,119 people responded (48.4%).

Asked about cases of violence and other problems that have occurred in the past year, 49.5% and 32.0% reported thefts during daytime and at night respectively. Other responses included violence by patients to hospital staff at 29.7% (day) and 28.2% (night), and damage to hospital facil-

ities/equipment by patients at 17.3% (day) and 17.8% (night).

Regarding night shifts and overnight duties by nurse managers, 49.4% said there is no particular system in place, with the absence of managerial night duties more evident among institutions with fewer beds. The "pharmaceutical services" was cited as the non-nursing area most typically assigned to nurses at night, despite being outside the scope of nursing practice during the day. This is related to the finding in the section of the survey concerning the night-shift status of non-nurses, that 48.6% of surveyed institutions do not make pharmacists take on night shifts. Asked about nursing activities that put a strain on night-shift work, respondents cited "dealing with patients' families (reception, explanation, etc.)," "handling of telephone inquiries on medical services" and "administrative work

on medical service."

About the security of newborn rooms, approx. 70% "have locks to all access doors" and "check all persons entering the ward." However, only 10% have "security cameras installed for video monitoring."

Asked to rate their night-time security, only 3.1% said it is "sufficient," while approx. 60% others felt it "insufficient," citing the need for "visitor/third-party management (61.9%)," "security cameras and other security facilities (59.5%)," "preparation/implementation/review of the instruction and the staff training on security (52.0%)" and "measures to prevent unauthorized access by a third-party to hospital wards and staff-only areas (51.8%)." Yet, at the same time, only 10.0% said they were taking specific steps to improve the present system.

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