

JNA NEWS

No. 34

April
20035-8-2 Jingumae, Shibuya-ku, Tokyo 150-0001, Japan Tel: +81-3-3400-8343 Fax: +81-3-3400-8767 <http://www.nurse.or.jp/jna/english>

Greetings from JNA President Hiroko Minami



JNA President Hiroko Minami, RN, MPH, DNSc

Sincere greetings to all nursing colleagues around the world.

Last year, we received several new announcements from the Ministry of Health, Labour and Welfare. The Ministry announced that intravenous injections would become within the scope of the assistive

duties by nurses. Another announcement was in regard to deliberations on a 2-year distant learning course for RN qualifications, which would open a new path for Assistant Nurses (LPN) with more than 10 years experience. If the process goes smoothly, the course will be introduced in April 2004. That was great news for JNA, which adopted a resolution demanding the change in the 2002 JNA General Convention. Yet, at the same time, the increase in the number of Visiting Nurse Stations (VNS) has stalled recently. As the nation strives to develop a system of home healthcare to the last breath, it is essential to make nursing professionals available for such services. However, VNS, currently numbering 5,000, are less than sufficient to provide nursing services to all corners of communities. Further slowdown in VNS growth would prevent nursing professionals from fulfilling their responsibilities in home healthcare. I hope many entrepreneur-mind-

ed nurses will consider setting up VNS facilities. Domestic and overseas systems for home healthcare/visiting nurses are often started with brave campaigns by individual nursing professionals. Launching such services requires courage. Yet, unless we show the courage now, the nursing community may not be able to fully exert its potential in society in the future. In conjunction with Japan Visiting Nursing Foundation, JNA will draw up support measures for the establishment of new VNS.

We seek to be professionals that progress with and alongside people. JNA is committed to achieving this goal. The construction of the new JNA Headquarters building will commence in the spring of next year in Harajuku, Tokyo.

I hope JNA will continue to form strong bonds with people around the world for a fruitful exchange. I wish for the health and happiness of all of you for this year.

7th Japan Nursing Summit Conference

The 7th Japan Nursing Summit Conference was held in Ginowan City, Okinawa, on October 30 and 31 in 2002 under the theme of "Let Nursing be a Social Force – Healing, Respect for Life and Symbiosis." The event is part of Okinawa's celebrations marking the 30th anniversary of its reversion to Japan, with JNA acting as one of the sponsors. On the second day, JNA President Minami engaged in discussions with Japan Medical Association (JMA) President Eitaka Tsuboi, M.D. and others on the theme of "supporting a happy death," offering views from the perspectives of nurses, doctors and families. Dr. Minami presented various data, indicating a rapid increase in senior age population, and a growing trend of deaths at hospitals rather than at home (76.8% in 1955→13.9% in 2000), while explaining how many people still wish to die in the comfort of their own homes. She emphasized the need for developing an environment, where-

by nursing professionals can provide sufficient care to those dying at home or other non-hospital locations such as nursing homes. More specifically, she called for (1) enhancing the system of hospice/palliative care, (2) reinforcement of human resources in visiting nursing, (3) nurturing/employing specialists in the areas of visiting nursing and pediatric/geriatric/psychiatric care, and (4) expanding the discretionary power of nurses in home healthcare. She also pointed to the perception gap between visiting nurses and hospital nurses, who tend to hold negative views on the continuity of home healthcare, citing the lack of a sufficient environment and lack of family members willing to provide care. There is a need to establish more VNS so as to alter their attitude toward actively getting involved in home healthcare. Among other issues noted were various impractical situations emerging in home healthcare, e.g., nurses being unable to conduct medical activ-

ities, such as grooming a deceased patient's body, without a formal judgment and announcement of death from a physician.

In response, Dr. Tsuboi, JMA President, who has many years of experience in terminal care treating cancer patients, called for deaths at home, stressing the importance of individual processes in making death a "worthwhile experience" rather than an unfortunate one. He added that it is a matter of natural course for visiting nurses, who are in constant contact with patients and families, to conduct the duty of notifying patients' condition. He also offered his personal view that visiting nurses should be given greater discretionary powers, but only in the area of home hospice care.

Approximately 3,000 people, including nurses, doctors and other healthcare workers, as well as citizens, took part in the conference, which ended in great success. The next Conference is scheduled to be held on October 30 and 31, 2003, in Kumamoto Prefecture.

Chinese and Japanese Medical Professionals Gather in Beijing



Opening Ceremony of the China-Japan Medical Conference 2002

After World War II, Japan and China normalized diplomatic ties in 1972. The year 2002 marks the 30th anniversary of this historic event. The two nations organized numerous events in various areas across the two countries, marking the 30th anniversary. As part of the celebrations, the China-Japan Medical Conference 2002 was held in Beijing from November 3 to 6, gathering medical professionals from China and Japan under one roof. JNA and the Chinese Nursing Association (CNA) participated in the conference, organized by the Japanese Association of Medical Sciences, Japanese Association for Dental Sciences and the Chinese Medical Association. Of the 2,000 participants, 900 came from Japan. The conference included an opening ceremony, keynote speech, poster presentation, as well as oral presentations in 32 healthcare areas. The 8th China-Japan Nursing Research Conference was also held as one of these sessions, co-hosted by JNA and CNA. Under the theme of "New Initiatives and Research for Lifelong Education and Practical Implementation in Nursing," the session attracted 58 nursing professionals from China and a record high of 100 professionals from Japan.

In a special seminar for the conference, CNA President Wang Chunsheng, RN, and Dr. Minami made presentations on the "Present Condition and Outlook of Chinese Nursing Education" and "Future of Nursing Profession as the Supporter of the Life: JNA's New Challenge" respectively. Ms. Wang explained that there are only 1.266 million nurses against the national population of 1.3 billion, with 70% of the nurses being concentrated in urban areas, and that the ratio of people aged 60 and above has hit 10.6% (as of 2000), making it necessary for China to address the aging of the population and the lack of nursing services in regional communities. She added that China offers

121 3-year junior college courses, 55 4-year university courses and 10 postgraduate courses in nursing education as of 2000, with nursing courses specifically for Chinese medicine (Chinese medicine/herbal medicine) offered at 24 universities.

Meanwhile, Dr. Minami presented the vision of "Town Healthcare Room," a JNA initiative for developing a system to offer community-based nursing services. She described what, in this aging society,

is expected of nursing professionals in their care to dying patients and their families beyond just nursing and long-term care, and explained the task of developing a system for providing "terminal nursing care."

In the plenary sessions of the Conference, lectures were given on themes of "nursing education," "nursing management" and "visiting nursing." The Japanese presentation introduced the current status and future issues in Japan in each of these areas, while the Chinese presentation contained research reports on individual tasks.

Concurrent sessions covered such subjects as education, adult care, maternity, management, geriatric care, pediatric care, with 34 Japanese presentations and 21

Chinese presentations. Many of them were reports of practical implementations and research projects for seeking to resolve specific issues faced at the educational and clinical frontlines, initiating active exchange of opinions and Q&A with floor participation. Visits to hospitals in Beijing were held on November 7, with participants divided into 2 groups, one visiting the China-Japan Friendship Hospital and the other inspecting the General Hospital of the People's Liberation Army.

In the autumn of 2003, a delegation of CNA is due to visit Japan to discuss details of the 9th China-Japan Nursing Research Conference, scheduled for 2004. Expectations are high for further nursing advancement and exchange of nursing professionals between the two countries.



The 8th China-Japan Nursing Research Conference

Initiative toward Improving Home Healthcare

With the trend of aging population and shorter periods hospitalization, there is a growing need for enhancing home healthcare. A commission on nursing practices, launched last year by the Minister of Health, Labour and Welfare (MHLW), is now reviewing the current nursing system to expand the roles and functions of nurses in home healthcare in response to the expansion of nursing knowledge and skills. After receiving an interim report from the commission in September last year, MHLW redefined intravenous injections as an assistive act in medical treatment, bringing it within the scope of nursing practices. In the ensuing sessions from October to December, the commission discussed the handling of narcotics in home healthcare, duties to be performed by a visiting nurse upon the death of a home care patient, and supply system of sanitary goods for use in home healthcare. In the existing circum-

stances nurses, who do not have expertise in narcotics management, cannot make a swift response when a patient develops sudden pains. Some supported the idea of allowing competent nurses to handle narcotics. As a way of ensuring that nurses safely perform general instructions from the physicians, the group proposed the use of written protocols, clearly defining the scope of duties and responsibilities between visiting nurses and physicians. Members agreed to give a certain level of discretionary power to nurses with close partnership with physicians, who must consider possible scenarios and give specific instructions to address those scenarios in advance. Upon the death of a home care patient, nurses currently cannot initiate postmortem procedures without a death certificate from a physician. MHLW suggested that visiting nurses might be allowed to conduct such procedures even before the issuance of a death certificate as

long as certain conditions are met. As for sanitary goods needed for home healthcare, the study group found that such supplies are insufficient and often provided at the expense of Visiting Nurse Stations or patient themselves, when medical institutions are supposed to keep stocks as part of

their health insurance/medical treatment fees. Since medical institutions often supply only the minimum required quantities, they tend to run out at the time of emergency or when there are faulty ones, leading to delays in proper responses. The commission also approved the establishment of a

subgroup on sputum suction for home care ALS patients. It has finished deliberating on issues identified in the interim report, and plans to summarize past discussions in the next session in preparation for the compilation of a final report at the end of this fiscal year.

JNA Former President Fumiko Ohmori Passed Away



Late Ms. Ohmori while in life

Fumiko Ohmori, who served as JNA President from 1975 to 87, passed away from heart failure on November 29 at the age of 90. During World War II, she was

sent to the east part of Papua New Guinea as the head nurse of the Navy Nurse Corps. When the war ended, she worked at the forefront of Japan's nursing reform under the motto of "patient-oriented nursing," achieving an independent status of the nursing department from hospitals, bringing Asia's first ICN Conference in Tokyo to a successful end, and establishing the system of visiting nurses. She also provided assistance to nursing associations across Asia, and promoted friendly ties with China through inviting Chinese nursing professionals to Japan and dispatching fact-finding missions to China, thus contributing to the establishment of the China-

Japan Medical Association and the China-Japan Nursing Research Conference. Her extended contributions to the nursing community were acknowledged in the 1988 commendation of the Order of the Sacred Treasure, Gold Rays with Neck Ribbon, and the 1991 awarding of the 33rd Florence Nightingale Medal. Dr. Minami said, "The sudden news of her death caused me great shock and a sense of lasting sorrow. For many years, she worked as the top leader of the nursing community, and gave me invaluable guidance as I conducted my duties as JNA President. I wish to offer my sincerest gratitude and condolences."

Asian Summit Conference on Disaster Nursing

January 17 this year marks the 8th anniversary of the Great Hanshin and Awaji Earthquake. Since the disaster, people of Hyogo Prefecture are actively conducting initiatives concerning disasters.

The Asian Summit Conference on Disaster Nursing was held in the prefecture's Awaji Island on August 29 and 30, 2002 under the theme of "Disaster Nursing Support Network in Asia - Focusing on Disaster Nursing Education -." The event was organized by a study group on the development of a disaster nursing support network, headed by JNA President and President of the College of

Nursing Art and Science, Hyogo, Dr. Minami. The conference, designed to explore the current status of disasters in Asia, future tasks in nursing, future direction of disaster nursing education and the formation of a nursing network, attracted approximately 100 nursing professionals from Japan and six Asian countries/regions. Nursing educators and researchers from South Korea, Taiwan, Thailand, Indonesia, Mongolia and China made presentations on disasters, associated issues, and the state of disaster nursing education in their respective countries. Also, ICN Chief Executive Officer Judith A. Oulton

described the international reality in disaster nursing and ICN initiatives underway. The Conference concluded with the adoption of a declaration on disaster nursing, in which "disaster nursing" was defined as an area that needs to be addressed in all areas of nursing, integrating specialized nursing knowledge. The declaration then demanded that "disaster nursing" be positioned as part of the basic nursing curriculum, and stressed the importance of continuing education. Participants pledged to collaborate together as a network for developing disaster nursing education in Asia.

JNA Risk Management Guidelines

JNA has published the "Risk Management Guidelines for Nurse Administrators-Responses at the time of Medical Accidents," and distributed approximately 50,000 copies to member facilities. The guidelines were drawn up by frontline nursing professionals who have experienced serious medical accidents and worked toward rebuilding their organizational structures.

The 48-page booklet summarizes issues including emergency procedures upon accidents, explanation to patients/families, reporting/liaison within the hospital, preservation of evidence, accident records, response to

patients/families, support to parties involved and investigation into accidents. It also contains a chapter detailing nursing professionals' criminal, civil and administrative liabilities/responsibilities.

The publication is aimed at (1) setting out guidelines for organized actions at the time of

serious medical accidents, (2) helping nurse administrators reconfirm their roles in such accidents, (3) providing effective support for parties and sections involved in such accidents, and (4) highlighting the need to review staff education in regard to initial responses so as to prevent recurrence.

New Course for CEN in Infertility Care

On October 1, 2002, JNA Kobe Continuing Education Center celebrated the launch of a course for Certified Expert Nurse (CEN) in

infertility care. Fourteen students, selected in the entrance exam in July, are of different ages and from diverse backgrounds, includ-

ing some already working at infertility clinics and university hospitals opening infertility departments, or others considering specialization in infertility nursing in the future.

CEN in infertility care will be expected to have advanced knowledge, skills and coordination capability in providing counseling to infertile patients, planning/implementing guidance sessions, assisting in ovulation-

inducing procedures, aiding in ovum collection and embryo transfer, and coordinating among staff involved in infertility care. The curriculum of this course is designed with the fulfillment of all these roles in mind. It is aimed at pioneering the underdeveloped area of infertility nursing, and fostering self-motivating human resources in the area. The course therefore features not only lectures on

specialized medical knowledge, but also workshops on nurse-patient relationships, communication and guidance skills, so as to nurture the nurses who can think and initiate action by themselves.

Future programs may also include training on potential activities of infertility care that extends beyond the hospital environment.

Survey on the Acquisition of Basic Skills among Novice Nurses

In view of a recent wave of medical accidents, JNA has explored the possibility of setting up a system for providing clinical training to novice nurses, and published a bulletin version of a report on its current survey concerning the basic nursing skills of novice nurses. While the majority of nurses with 3-month work experience said they can manage bed bath and drug administration "without assistance," only around 30% responded that they were confident about wound management and basic life

support.

The survey covering those who have worked as nurses after graduation, found that basic nursing skills surveyed were divided into those which over 90% of respondents could manage "without assistance" and those which only around 30% said they could handle competently. They were confident about (1) providing a clean environment in hospital accommodation, (2) bed bath, (3) oral administration of medicine, (4) measurement of vital signs. Yet, 2

in every 3 respondents were not confident about "use of antibiotics and assessment of their side effects (31.9%)," "preparation, assistance and management in intravenous hyperalimentation (36.3%)" and "confirmation/handling of blood transfusion types, blood types and patient names (34.2%)," pointing to the need for on-the-job clinical training. The survey is aimed at grasping the skill levels of novice nurses. 2,110 nurses from 133 facilities responded. Results will be put to further analysis.

Joint Statement by the Four Healthcare Associations

The Japanese government is currently conducting structural/regulatory reforms to build a medical care system that meets the requirements of a full-scale aging society with a decreasing birthrate.

In response, the Japan Medical Association, Japan Dental Association, Japan Pharmaceutical Association, and JNA set up an integrated strategy headquarters in Tokyo on December 11, 2002, and issued a joint statement declaring the launch of a national campaign to seek a freeze in the government

plan to increase the out-of-pocket expenses of national health insurance members in April, and to demand that the out-of-pocket burden for senior citizens be reduced. This was the first ever statement jointly issued by these four organizations. The statement also stressed our collective determination to block the entry of commercial enterprises into the medical service sector, repeatedly demanded by the government Council for Regulatory Reform, and reiterated our opposition to the practice of mixing treatments covered and

uncovered by the government health insurance schedule. On December 24, around 100 people from the four bodies, including their Presidents, Vice Presidents, Directors and other senior officials, staged a street rally, distributing leaflets detailing our demands. The show of force was intended to raise public awareness and understanding on these issues. We plan to organize similar campaigns in the future, highlighting problems in government moves, so as to achieve a better medical service system available to all.

Dr. Underwood Received a Decoration

Upon recommendation from JNA, Dr. Patricia Underwood received the Order of the Sacred Treasure, Gold Rays with Neck Ribbon on November 3, 2002 for her 20-year contribution to Japan's nursing community. A celebration party was organized, inviting many of her Japanese students and hospital staff that received her supervision.

Dr. Underwood was born in Texas, U.S.A. After acquiring a bachelor's degree in nursing at Colorado University, and engaging in clinical work, she studied psychiatric nursing at New York University and taught at the University of California at San Francisco. She then was the professor of College of

Nursing Art and Science, Hyogo from 1994 to 2001 and contributed to the promotion of the system of Certified Expert Nurse.

The "Orem-Underwood theory," which Dr. Underwood developed based on the Orem theory, has dealt a significant impact on Japan's nursing community. She focused on the practical adaptation of the self-care theory in the area of psychiatry. At the time of the 1995 Hanshin and Awaji Great Earthquakes, she assisted in providing care for PTSD sufferers as part of JNA's volunteer nursing activities, and suggested the importance of mental health among nursing workers at disaster-stricken areas. When Taiwan experi-

enced a major earthquake, she was the central member of JNA's nursing mission to Taiwan, extending assistance to local nursing professionals.

At the celebration party, Dr. Underwood shared the joy of receiving the Order with attendants, saying that she received it on behalf of all the Japanese nursing professionals, attributing the honor to achievements of JNA and nursing workers in Japan.

TEMPORARY JNA ADDRESS

Koubun-Kousan Building, 2-4-3 Hitotsubashi,
Chiyoda-ku, Tokyo, 101-0003 Japan
Tel: +81 3 5275 5896 Fax: +81 3 5275 5906