2007 ICN Conference is coming soon.
JNA president welcomes all nursing professionals to Japan

JNA President Setsuko Hisatsune

The President’s Greetings for her Second Year

The first and one-half years as President of Japan Nursing Association (JNA) coincided politically with the beginning of significant changes in the social security system, which deeply involve nursing, such as the medical service system, and the care and welfare of the physically and mentally challenged. It was the beginning of the time of turbulence, in which we gained rewards and at the same time faced challenges. From the first day on, we have tackled two important challenges to improve the nurse staffing for in-patient services and basic nursing education.

In particular, we place the top priority on improving the staffing ratio. Therefore, we appeal to the public, Diet members, government (Ministry of Health, Labour and Welfare), medical societies, and labour organizations for sufficient nurse staffing, as an important element in ensuring the medical safety of patients. The Medical Service System Reform Outline (basic reform guidelines) presented by the government in December 2005, indicated a policy of raising the standard of nurse staffing in acute care settings. Public health insurance coverage of hospital bills raised the standard of nurse staffing ratio to 1:7 in April 2006 after 12 years to establish a new limit.

However, in order to improve medical and nursing services for people, it is essential to secure the quality as well as the quantity of nursing care. Studies conducted by JNA indicate that one in eleven novice nurses left their facilities within one year, primarily because of the gap between competencies after completing basic nursing education and those required on current medical sites. Therefore, to reform basic nursing education and to institutionalize clinical trainings for the graduate nurses are urgent tasks in order not to lose invaluable human resources. Thus, we could prevent nurses from leaving jobs early and to promote job retention, it is essential to secure the conditions where nurses could continue working proudly as professionals. A major goal of our activities in 2007 is to achieve a work-life balance of nurses. As this year will be the end of my two-year-term and the 60th anniversary of the Japan Nursing Association, we would like to do our best to succeed in our priority projects: promoting job retention among nursing professionals and two challenges of reforming basic nursing education and institutionalizing clinical training for the graduate nurses.

JNA tries to improve Japanese nursing through the priority projects

JNA proposed three major goals for 2006: 1) reforming the nursing education system, 2) addressing issues of working conditions and safety for nurses, and 3) strengthening nursing roles and functions in the health care and welfare reforms revised in December 2005 where nurses are expected to expand their roles.

An example of roles of nursing professionals is to support sick people in living comfortably at home or spending the end of their life in a familiar place. The super-aging society of Japan has caused medical costs to increase each year, significantly affecting the government’s finances. Controlling the increase in medical costs is a national issue, as stated in the Medical Service System Reform Outline along with other issues such as culture and cost normalization of medical functions, health education for the prevention of Life-style related Diseases and the importance of visiting nursing services and medical care at home. These efforts are feasible only by actively involving nurses. JNA will address these issues through the above-mentioned three priorities, including requesting improvement of nurse staffing ratio in hospitals and care facilities, proper assessment of the quality and cost of visiting nursing and close cooperation with municipal public health nurses.

JNA has prepared for hosting the 2007 CNR & ICN Conference

The 2007 CNR & ICN (International Council of Nurses) Conference will be held at Yokohama Pacifico from May 27 to June 1, 2007. JNA as the host association has prepared for the conference with ICN. ICN holds an ICN congress every four years and the CNR & ICN conference in mid-year during those four years. This conference will be held as the latter which is the second time in 30 years to have a conference in Japan since the ICN Quadrennial Congress held in 1977.

JNA launched the CNR & ICN Conference Working Committee in April 2006, as a core function to prepare for hosting the 2007 conference. This committee consists of JNA board members and staff, and leaders of each working groups: PR, Ceremony and Reception, Conference and Hall Operation, Exhibition, Professional Visit, and Volunteer. They meet regularly to ensure the success of the 2007 conference. Each working group also consists of board members of JNA and representatives of prefecture nursing associations, and nursing education organizations. They have planned and prepared events hosted by JNA and worked together with nursing professionals throughout Japan to put forth their best efforts to host the conference in May 2007.

The Tokyo conference brought nearly 12,000 nurses from all over the world and ended as a great success 30 years ago. Similarly, JNA looks forward to your visit and will work to achieve the success of the 2007 Yokohama conference, which will allow all participants to be satisfied, make new discoveries, take home happy memories and Japanese culture, and contribute to further nursing development.
JNA proposes nursing policies to the Japanese Government

Japanese Nursing Association (JNA) serves on investigative committees concerning national health care and welfare; JNA also compiles nursing policies each year into a request to submit to the government. Policy recommendations are one of the important JNA projects. The Department of Policy Planning and other departments seek future directions through research approaches, such as comprehension and examination of the actual status of nursing policies. They also identify specific strategies for projects concerning higher priority nursing policies. They currently prioritize policies for the medical insurance system and nursing education to develop research/examination projects and provide proposals responding to the trends of health care and welfare system.

On November 11, 2006, the Subcommittee of Basic Medical Fee Problems in the Central Social Insurance Medical Council established the new “7:1” standard for evaluation of nurse staffing in acute settings through sorting out past discussions (proposals) concerning the medical fees revised in 2006. This standard increased the number of nurses per inpatient. This may indicate the necessity for sufficient nurse staffing which JNA has advocated in relation to more sophisticated medical services and shorter hospital stays is identified.

JNA submitted 10 requests for nursing education and medical safety to each government agency from April to December 2006. JNA submitted four requests to the Minister of Health, Labour and Welfare (MHLW), Minister of Education, and the Liberal Democratic Party regarding the JNA prioritized projects such as extending the length of basic nursing education, improving midwifery education and training, and securing personnel. In addition, JNA submitted requests to political parties and related organizations for budget and tax for 2006 with consideration for nursing education, securing nursing personnel, and promoting the use of nurses.

Furthermore, JNA not only pressured the Japanese government for Japanese nursing but also submitted petitions in response to requests from the ICN. For example, we submitted to a petition for improvement of the critical conditions in Lebanon caused by the civil war, as well as petitions and requests to the Japanese government and international organizations for cooperation in the trial of Bulgarian nurses to human rights violations in Libya.

Cooperating with the Japan Nursing Federation (JNF) to improve the Japanese Nursing

JNF was established in 1959 for the purpose of conducting political and election campaign activities to achieve the policy proposals from JNA. JNA shares duties and cooperates with the JNF in conducting activities for proposing policies to the Japanese government. The JNF has sent representatives to the decision-making bodies of the Japanese government and local assemblies to achieve nursing policies proposed by JNA. The JNF has also supported the representatives to resolve nursing issues at the decision-making meetings. In addition, the JNF holds workshops dealing with political issues responsive to social needs and provides an opportunity for direct communication with representatives and local assembly members through visits to Diet sessions.

Nurse / Midwife Diet Members has contributed to improving Japanese Nursing

Five nurses have been Diet members since the JNF was established in 1959. Ms. Shio Hayashi became the first nurse politician of Upper House Member elected to the Diet in 1962. Ms. Shigeru Ishimoto, elected Upper House member in 1965, continued to be elected three times and was appointed Minister of State, Director-General of the Environment Agency in 1984 during the 25 years of service as a Diet member. She contributed to establishing the night shift at less than 8 days per month. As of March 2007, three Diet members are nurses or midwives: one in the Lower House and two in the Upper House. All of them have conducted their political activities and develop unique policies reflecting their nursing knowledge and experiences.

Upper House Member, Kayoko Shimizu has been an active member of the Upper House for three terms since the first election in 1989. She served as Labour Vice Minister in 1992, and as Minister of State, Director-General of the Environment Agency in 1999 and 2000. Upper House Member, Chieko Nohno has been an active member of the Upper House for three terms since her first election in 1992. She served as Labour Vice Minister in 1995, Deputy Secretary-General of LDP for the Upper House in 1999, and Vice Minister of Health, Labour and Welfare in 2001.

Both Diet members have been involved in many activities leading to the development of nursing and enacting bills for nursing. They contributed to unifying the title for nursing professionals upon establishing the partially revised Public Health Nurse/Midwife/Nurse Law in 2001 for nurses to have a befitting title to their professional qualifications, and to attain their better duties. Also, their many years of approaches resulted in adding nurse representatives to expert committees to reflect the opinions of nursing professionals, who play a part in providing medical services, in the deliberations of the Central Social Insurance Medical Council. As the former Lower House member, Kazuko Nose left the office, Lower House member, Toshiko Abe started activities as a Diet member in September 2005.

Six Diet members visited the hospital last November, initiated by the three nursing politicians, to observe how nursing staffs work on the night shift. The purpose was to understand working conditions of nursing professionals while bringing up children as well as to examine working conditions such as standards of nurse staffing and nursing night shift allowances, and supporting systems for extended hour childcare and night childcare. Those Diet members who actually visited the site demonstrated that the standard for nurse staffing was low and the staffing should be considered not to debase the quality of nursing.
CNR • ICN Conference in YOKOHAMA, JAPAN

Dates: Sunday, May 27 to Friday, June 1, 2007
Location: PACIFICO YOKOHAMA

Conference Information
The Council of National Representatives (CNR) of the International Council of Nurses (ICN) member associations, ICN Conference and Regulation Conference will be held at Pacifico Yokohama, from May 27 (Sunday) to June 3 (Sunday), 2007. It has been 30 years since the 16th ICN conference held in Tokyo, Japan, in 1977, where 12,000 nurses came together from all over the world.

The conference theme is "Nurses at the forefront: dealing with the unexpected". As natural disasters, terrorism, and infectious diseases plague the current worldwide issues, under this theme today, 3,000 nurses from more than 129 countries will gather to clarify the reality of nursing practice and share their nursing expertise. This conference is held biennially, between every four-year ICN Congress, offering a variety of programs such as the CNR, scientific programmes (keynote presentations, main sessions, concurrent sessions, symposia, poster presentations, exhibitions, work shops, and network meetings based on specialties and interests) and international achievement awards (presenting to international nursing contributors) at FNIF Luncheon.

Program Schedule

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>CNR</td>
</tr>
<tr>
<td>27 Sun.</td>
<td>Opening Ceremony (7 P.M.)</td>
</tr>
<tr>
<td>28 Mon.</td>
<td>- Student Network</td>
</tr>
<tr>
<td>29 Tue.</td>
<td>- MHLW-JNA Joint Session</td>
</tr>
<tr>
<td>30 Wed.</td>
<td>- FNIF Luncheon</td>
</tr>
<tr>
<td>31 Thu.</td>
<td>- JNA Session (From Hospital to Communities)</td>
</tr>
<tr>
<td>June</td>
<td>- JNA Reception (7 P.M.)</td>
</tr>
<tr>
<td>1 Fri.</td>
<td>- Tsunami Session</td>
</tr>
<tr>
<td>2 Sat.</td>
<td>- Closing Ceremony</td>
</tr>
<tr>
<td>3 Sun.</td>
<td>Professional Visit (only for the participants from overseas)</td>
</tr>
</tbody>
</table>

Opening Ceremony
The opening ceremony will be held in the National Convention Hall on Tuesday, May 29. JNA is preparing traditional art performances to introduce Japanese culture. Don’t miss the event of great value!!

JNA Reception
JNA will host a gathering for conference participants after sessions on May 31 at Annex Hall. In order to provide a perfect opportunity for participants to interact with each other, JNA is preparing attractions in cooperation with 47 prefecture nursing associations. We welcome all of you to join this party.

JNA-MHLW Joint Session & JNA Session
JNA will present "Healthcare policies and issues in Japan" jointly with Japanese government; Ministry of Health, Labour and Welfare (MHLW). Japan is an aging society with fewer children. In 2005, the total fertility rate was 1.25 and people over 65 years of age accounted for 20.04% of the total population. Recently the social structure has been changed significantly, such as changes in disease structure due to demographic changes and increase in medical cost resulting from advanced medical technology. MHLW and JNA will address current health issues with which Japan is facing and the measures how to overcome these changes.

There is the JNA Session, "From Hospital to Communities:оАобразно
Nursing Activities in Community by Visiting Nurses Stations that Possess Rights for Self-Employment” on May 31. It will present how nurses manage their stations to provide effective services through the discussion among managers and the MHLW.

On June 1, the session “Tsunami Symposium” (Refer to Page 6) will examine the mid and long-term recovery assistance plans that JNA has developed for Thailand, Indonesia and Sri Lanka, which were devastated by the Sumatra Island Offshore Earthquake/Indian Ocean tsunami in December 2004, and implemented in collaboration with nursing associations in those three countries.

 Exhibition
The exhibition venue is a good opportunity to know about activities of members of National Nurses Associations and companies in nursing-related business. Under the conference theme with its original sub-theme "Challenges" which demonstrates the current nursing stance, JNA cooperating with prefecture nursing associations will introduce Japanese nursing at seven areas: Disaster-relief Nursing, Town Healthcare Room, Visiting Nursing, Health Promotion, Nursing Day, International Exchange, and the History of Japanese Nursing. Regarding Disaster-relief Nursing JNA will display how to deal with and overcome natural disasters as the volcanic country, in the course of recovering from natural disasters frequently occurred in recent years, as well as how to prepare for those disasters. The exhibitions of Town Healthcare Room, Visiting Nursing, and Health Promotion will show how the nursing system has been changed according to the social and national needs, a progressively aging society with the world’s longest life expectancy (at 78.5 years for men and 85.5 years for women) and fewer children, and how municipalities are addressing health promotion. The demonstration of exercise which aims health promotion is also planned. The panels of Nursing Day will introduce activities for Nursing Day, May 12, established in 1990 by the former Ministry of Health and Welfare to instill the spirit of nursing care and promote the mid and long-term recovery assistance plans.

 Volunteers
Volunteers play significant roles at this conference. They will support participants throughout the conference in many ways, such as providing guidance around the venue, supporting presenters and interpreting during professional visits. Volunteers in color uniforms showing the working languages (English-blue, Spanish-red, French-green) will be ready to serve you throughout the venue, so please feel free to ask your questions.

 Introduction of Yokoyama, Japan
Yokohama, the venue of the 2007 CNR • ICN Conference, is to the second largest city with population of 3,600,000 next to the capital city, Tokyo. Since opening a port to the world in 1850 when Japan emerged from isolation, Yokohama has developed as the port city freely accessible to foreign vessels. The townscape has many exotic buildings and is characterized by reminders of its history. Minato Mirai, where the conference venue is located, is also redeveloped recently, with museums and shopping malls. In addition, there is the neighboring city of Kamakura, which prospered as an ancient capital in the 13th century with the national treasure "the Great Statue of Buddha", and temples to visit. In Tokyo, there are many historical tourist spots such as Asakusa, where you can enjoy the old townscape from the Edo Period. You will certainly enjoy various features of Japan at the Yokohama conference under the clear skies and new green of spring.
The Challenges of Nursing Working Conditions

Increasing Number of Nurses who left their Jobs and Approaches to Prevent Their Leaving Jobs and Promote Job Retention

The Medical Service System Reform Outline, revised in December 2005, includes many issues which expect nurses to further improve nursing professions. Now is the time when nurses are required how they could maximize their professional abilities. Nursing professionals have tackled an array of issues relating to their working conditions in order to provide better nursing services. Some challenges faced by Japanese nurses may be improvements in nurse staffing and job retention.

Nurse staffing is an important factor influencing the various patient outcomes. The study on the validity of nurse staffing states that staffing is related to the average days of hospitalization, the incidents of falls, medication errors, pressure sores, and hospital mortality. On the other hand, the turnover or job retention of nurses are important issues. The 2005 Research of Nursing Staff Demand-Supply by JNA indicates that the ratio of novice nurses leaving jobs was 9.3% and analyzed that leaving jobs was attributable to the gap between nursing competencies after completing basic education and those that is required on the clinical nursing site. The research also indicated that 12.1% of nursing staffs left jobs (+0.5% from the previous year) and a higher tendency for nurses to leave their jobs at facilities with shorter hospital stay of patients.

The government currently launched a variety of projects and budget for 2006 to improve the quality of nursing professionals, as it considers the importance of proper nurse staffing and the reasons why nurses have left their jobs. For example, the government spent 101,000,000 yen (approximately US$867,500 at the exchange rate for March 6 2007) on a model project to secure nursing staffs for regions and medical organizations which find it difficult to attain nursing professionals, while the government aimed to improve clinical skills and reemployment for approximately 550,000 potential nursing professionals. The government promoted the project throughout the country, allowing potential nurses to have trainings at hospitals (Initial Evaluation of Projects[1.n. 20] by the Ministry of Health, Labour and Welfare). It has also included a budget of 123,000,000 yen (approximately US$1,056,500 at the exchange rate for March 6 2007) to spend on a model project to promote medical safety for novice midwives. This intends to provide clinical training for graduates from midwifery education institutions and improve the quality of midwifery care (the Review Committee Concerning Approaches to Nursing Professionals toward Securing Medical Safety).

JNA believes the key points for securing nursing staffs are "the prevention of novice/ mid-level nurses from leaving jobs", "the development of workplaces for middle aged expert nurses", and "the measures to promote and secure reemployment of potential nurses on a targeted basis". JNA cooperates with all prefecture nursing associations in such activities as preventing novice nurses from leaving jobs (the improvement of basic education and the institutionalization of postgraduate clinical training etc.), preventing mid-level nurses from leaving jobs (child rearing support, career development, etc.), further career development for veteran nursing professionals and reemployment of potential nursing professionals (intensification of nurse center projects).

Each medical facility also implements a variety of measures to secure nursing professionals or prevent nurses from leaving their jobs. Increases in nurse staffing (proper allocation) accounts for 49% and the most frequently implemented of the current measures, followed by improvements of measures related to child rearing (night shift exemptions, etc.) and workload (frequencies of night shift and overtime etc.), and promotion of vacation use. Nursing professionals working on clinical sites recognize that the key to job retention is to develop an appropriate system for providing nursing services through increasing the number of nursing staffs and improving working conditions such as better child rearing support measures, lower frequency of night shift and higher use of holiday.

It is the future tasks how to do nurse staffing and secure the necessary number of nursing professionals in order to ensure the safety and quality of medical care and environment for nurses to work without overworking (5/2006)

JNA proposes four conditions regarding the EPA

Japan and the Republic of the Philippines entered into the Economic Partnership Agreement (JPEPA) on September 9, 2006. This agreement includes the transfer of human resources in designated areas such as nurses. JNA considers migration of Filipino nurses not as a matter of solving the shortage of nurses in Japan but as a matter of solving the trade imbalance between two nations by adding professionals as the subject of export and import. JNA proposes the following four conditions for Filipino nurses to work in Japan:

(1) To pass Registered Nurse National Board Examination to qualify Japanese nursing licensure; (2) To obtain Japanese language proficiency to provide safe nursing care; (3) To be employed in Japan under conditions equal to or better than those for Japanese nurses; and (4) To apply no mutual recognition to nursing licenses.
JNA’s International Disaster Support

JNA has changed the support system.


JNA has provided physical and financial support to large disasters abroad since the Great Hanshin-Awaji Earthquake (1995). Based on these achievements, JNA developed the following International Support Guideline: 1) Recovery supports to nurses associations in disaster-affected countries; 2) Initial investigation supports; and 3) Dispatch of nursing experts to workshops to provide mid and long-term support to nurses associations in disaster-affected countries abroad according to the guideline above. Examples are described below.

Mid- and Long-term Support to the Major Earthquake off the Coast of Sumatra and Tsunami in the Indian Ocean

In response to the Major Earthquake off the Coast of Sumatra and Tsunami in the Indian Ocean of December 26, 2004, JNA visited affected areas in Thailand, Indonesia, and Sri Lanka to develop a support programs in cooperation with nurses associations in these three countries. The program included financial support based on funds raised by JNA members throughout Japan as well as physical support, such as invitations to workshops in Japan and the dispatch of nursing experts to workshops hosted by nurses associations in disaster-affected countries.

As a part of these activities, JNA sponsored workshops in Japan for four days from September 6-9, 2005, inviting four disaster nursing experts from Indonesia, including the president of Indonesian Nurses Association. The workshops were aimed at increasing their knowledge of disaster nursing care and learning about mental health care in disasters, which provided lectures on disaster nursing, opportunities to share disaster experiences and visits to facilities such as Hyogo Institute for Traumatic Stress (HITS). Similar workshops were held from December 12-16 in the same year, inviting six disaster nursing experts from Thailand and Sri Lanka, including the presidents of the nurses associations in both countries. The workshops were highly appreciated, with such comments from workshop participants, as “we would like to share all the lectures with nurses in our country,” “visits to facilities such as HITS were very useful, because we do not have such facilities,” and “we gained practical knowledge and experiences in disaster nursing. This mid- and long-term support will be discussed at the Tsunami Symposium of the 2007 CNR & ICN Conference to review and evaluate these activities.

Supports to the Earthquake Disaster in Southeastern Iran

In response to the Earthquake Disaster in Southeastern Iran on December 26, 2003, JNA visited the affected areas and held workshops on mental health care there. A workshop was also implemented in Japan from December 12-22, 2005, with six people, including the Director of Department of Nursing of the Ministry of Health of Iran (and an interpreter). These activities were supported by funds raised by JNA members. The workshop in Japan was aimed at learning about nursing activities in Japan concerning disaster nursing/disaster management; lectures by the Ministry of Health, Labour and Welfare; visits to facilities; and disaster nursing workshops. The workshops provided opportunities to not only look back on the Earthquake Disaster in Southeastern Iran, but also share experiences with others through the introduction of disaster nursing activities by prefecture nursing associations and reports by public health nurses and nurses who played active roles in the Mid Niigata Prefecture Earthquake in 2004.

JNA Disaster Support System (2005-Present)

Considering advancing approaches by the government and NGOs for disasters, JNA has reviewed International Support Guideline to focus on financial support.

JNA sent a relief fund to Pakistan Nurses Federation and Society of Midwives of India in response to the earthquake near the Indian border in the northeastern Cashmere area, Pakistan, on October 8, 2005. In response to the earthquake disaster in central Java, Indonesia, on May 27, 2006, and floods in Hunan Province, China, in mid July, JNA sent relief funds to Indonesian Nurses Association and the Chinese Nursing Association. In addition, in response to floods in areas of India in August, JNA sent a relief fund and disaster nursing manuals to Trained Nurses’ Association of India. In response to future disasters abroad, JNA plans to provide support to nursing professionals and residents of affected areas through supports to nurses associations in such countries.