

NURSING IN JAPAN



Japanese Nursing Association

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1. Japanese Society

Socioeconomic situation^{1) -3)}

Japan is an advanced developed country, as shown by its G8/G20 membership. However, since the financial crisis in September 2008, Japan's economy has drastically deteriorated under the global economic crisis. Japan's real GDP growth

rates have been negative since 2008. In addition, reflecting the severe employment situation since the financial crisis, the placement rates of university graduates in FY2009 was 60.8% showing the biggest point loss since the start of these surveys.

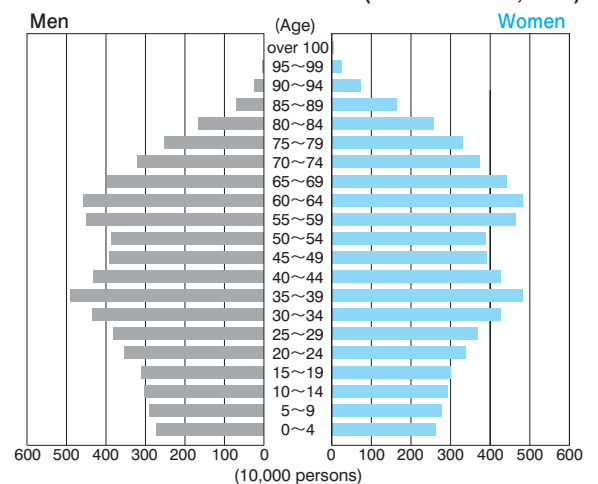
Transition of population⁴⁾

Japan's population is 127.51 million as of October 1, 2009, accounting for approximately 1.9% of the world's population.

After the birthrate declined around the end of World War II, Japan's population showed an increase, experiencing two baby booms in 1947-49 and 1971-74. However, the population increase/decrease rate has been showing a decrease since 2005.

Since around 1970, the elderly population has been increasing dramatically. The proportion of the population aged 65-year or older to the total population was 20.2% in 2005 and will reach 40.5% in 2055. In contrast, the proportion of the population under 15 will decline from 13.8% in 2005 to 8.4% in 2055. Japan will see further aging society with fewer children in the future.

Figure 1: Population pyramid⁵⁾ (as of October 1, 2009)



Health situation and trend⁶⁾

Japan's health situation has continuously improved in all health-related statistics, such as the average life expectancy of men is 79.59-year and that of women 86.44-year, while the infant mortality rate is 2.4 as of 2009.

Concerning the birth trend in Japan, the birthrate (per 1,000 population) hovered in the 30s from the Meiji period (1868) through the beginning of the Showa period (1920s). Immediately after the World

Figure 2: Vital statistics overview⁷⁾



Source: "Monthly Report of Vital Statistics: (Preliminary annual figures) 2008," Statistics and Information Department, Minister's Secretariat, MHLW

Figure 3: Transition of fertility and mortality rates⁸⁾

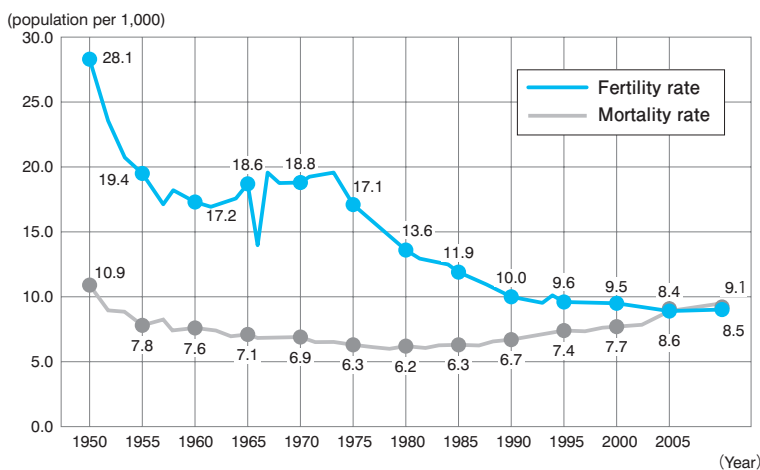
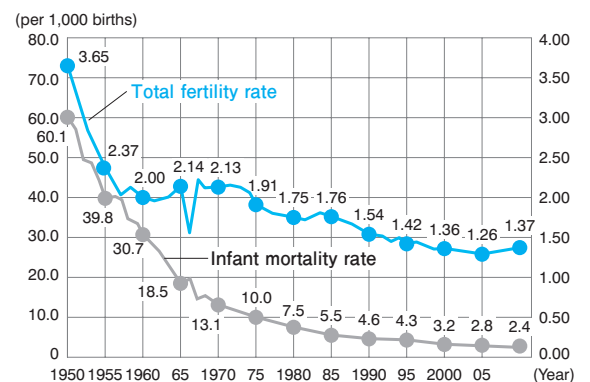


Figure 4: Transition of infant mortality rates and total fertility rates⁸⁾



War II, an increase in marriages triggered the first baby boom with high birthrates. However, after its peak in 1950, the birthrate declined rapidly. Those who were born during the first baby boom reached their childrearing age, showing a temporary increase in the birthrate during the second baby boom in 1971-74. Since then, however, the birthrate has remained at a low level with some fluctuations.^{9), 10)}

The total fertility rate was 3.65 in the 1950s, but has declined to 1.37 in 2009. This has many possible causes. In addition to lower neonatal and infant mortality rates due to advancement in health care, the decline in the 80s can be attributed to the trend toward delayed marriage and increase in unmarried people and in the 90s can be attributed to a change in the number of children per couple. The average age of mothers giving birth to their first child was 25.7-year in 1965 and 1975, and risen to 29.7-year in 2009.¹¹⁾

Although the mortality rate (crude deaths per 1,000 population) in Japan had hovered at the 20s around the Meiji period (1868-1912), it declined to 16 in 1941. After the War, the rate showed a continuous downward trend, reaching the lowest point of 6.0 in 1982. However, this rate has been showing an upward trend with the aging population and was 9.1 in 2009.¹²⁾

The major cause of death was pneumonia until the Meiji period, then it changed to tuberculosis (TB). From the latter 1950s deaths from TB greatly decreased and the causes of death in Japan shifted significantly from communicable diseases to non-communicable diseases. Since 1958, malignant neoplasms, heart disease and cerebral vascular disease have formed the three major causes of death, and currently account for approximately 60% of all deaths. Under these circumstances, measures to prevent non-communicable disease are being stressed.

Although the number of deaths due to communicable diseases has been reduced, there are still some issues like HIV/AIDS, TB and hepatitis.

Though prevalence rate of TB (per 100,000 population) reached below the 20s level in 2007 for the first time to show a continuous downward trend, Japan is a country with a medium tuberculosis epidemic in the world. Among the patients with persistent viral hepatitis, 1.1-1.4 million are estimated to have type B and 2.0-2.4 million type C. It has become an issue since the time of infection can hardly be identified and the infection is often asymptomatic, patients who have not received treatment at an appropriate time can easily develop cirrhosis or liver cancer. In addition, the number of people with mental problems has also been increasing due to the stress of a severe work environment, including overwork, in modern Japanese society.

Among the in- and outpatient rates by age group (per 100,000 population), the rate of people aged 75 or older is the highest by far. The patient survey estimates in 2008 showed that persons aged 65 or older accounted for over 60% of inpatients and 40% of outpatients.

Figure 5: Transition of mortality rates by the major cause of death^{8), 13)}

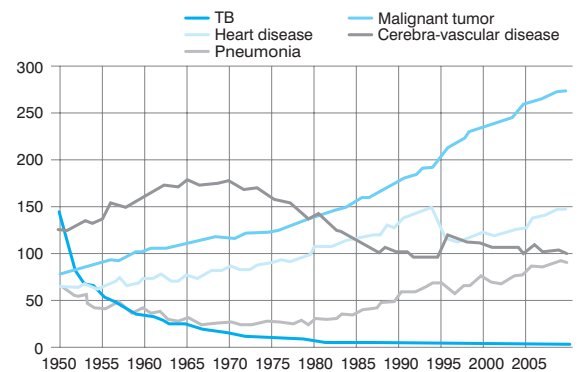
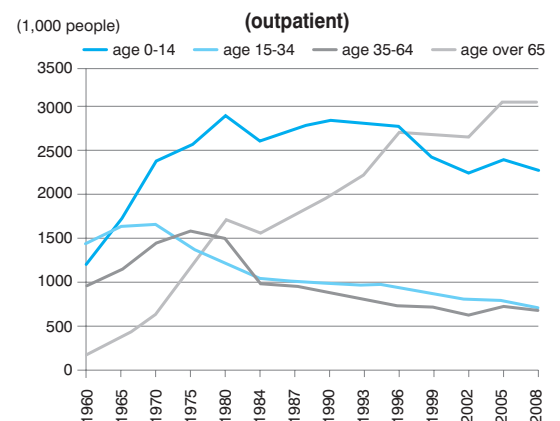
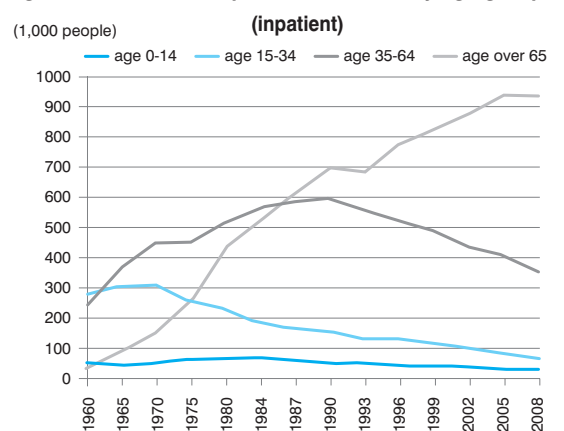


Figure 6: Transition of patient estimates by age group¹⁴⁾



2. Japanese Healthcare System

Health insurance system and medical fee

Japan's social security system are roughly divided into four component pillars: social insurance, social welfare, public assistance and public health. The core social insurance is a compulsory system that ensures the livelihood of citizens by providing a given amount of cash or in-kind benefits in case of "events insured against," namely, disease, injury, childbirth, death, old age, disability, loss of job, etc. Within this framework, a universal healthcare insurance system extending to all citizens has been set up in accordance with the National Health Insurance Act so that anyone can obtain appropriate healthcare anywhere at any time. Japanese citizens have to be covered by any of the following medical insurances:

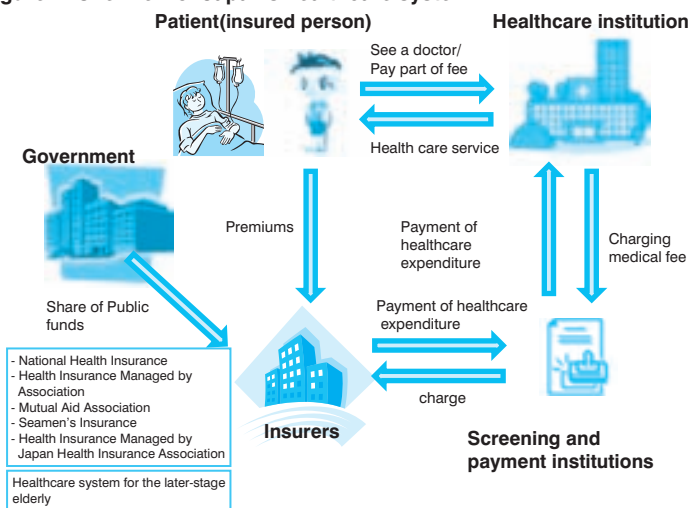
1) employee's health insurance for employed individuals, 2) national health insurance for self-employed individuals and those out of employment, and 3) the healthcare system for later-stage elderly for the people aged 75 years or older.

In the medical insurance system, the insured pays a given amount of money every month to the insurers, and in case of a consultation pays part of the costs of the received healthcare services to the healthcare institutions. Healthcare institutions claim medical fee to the screening and payment institutions and receive the payment from insurers. Healthcare expenditures are paid on a fee-for-service basis. Medical fees for which healthcare institutions claim are figured out by counting the points of the individual medical practices.

In 2008, the national health expenditure reached 34,808.4 billion yen, and more than half of them are the healthcare costs of elderly people aged 65 or older. The ratio of national health expenditure to national income was 9.9% and that to GDP was 8.1%, and ranked 22nd in the ranking of major OECD countries. In these years, the national health expenditure have been increasing at a higher pace than the growth of the national income.¹⁶⁾

*Although the healthcare system for later-stage elderly people was introduced in FY2008, there has been dissatisfaction with the application to persons aged 75 or older, the high premiums etc. At present, it is under consideration to abolish this system and to establish a new sustainable system that covers all citizens.

Figure 7: Overview of Japan's healthcare system¹⁵⁾



Healthcare services/Healthcare provision system

With the sophistication and advancement of healthcare as well as the emergence of an aging society with fewer children, it has been essential to respond to the changes of healthcare structure, the changes in disease structure, the diversified citizens' needs, and the steep rise in healthcare expenditure, etc. Under these circumstances, efforts are made to improve the expertise of each healthcare profession and promote team medicine for enhanced coordination to provide quality healthcare services.



Kitasato University Hospital

Table 1: Healthcare facilities¹⁷⁾

Healthcare facilities		number
Hospital	National	275
	Public	1,296
	Others	7,168
Clinic		99,635
Dental clinic		68,097

Table 2: Human resources for health¹⁷⁾

Healthhuman resources	Full-time equivalent (people)
Physicians	191,125.3
Dentists	9,993.1
Pharmacists	43,113.6
Public health nurses	4,459.9
Midwives	18,881.5
Nurses	660,142.9
Assistant nurses	166,546.0
Physical therapist	42,813.0
Radiology technicians	38,079.4
Clinical laboratory technicians	48,055.4

3. Overview of Japanese Nursing System

History and system

Although nursing has a long history in Japan, modern nursing rapidly developed with the switchover from traditional Chinese medicine to Western medicine after the Meiji Restoration. The beginning of nursing education system in Japan provided midwifery education, licensing and training in accordance with the Medical Regulation enacted in 1874. Modern nursing education started in 1885. Modernized nursing professional qualifications were established by Midwives Rules of 1899, Nurses Rules of 1915, and Public Health Nurses Rules of 1941, respectively. The National Healthcare Act enacted in 1942 regulated public health nurses, midwives and nurses as healthcare professionals along with medical doctors and dentists.

After the World War II, under the GHQ (General Headquarters of the Supreme Commander for the Allied Powers), placed during the allied powers' occupation, the existing three rules for nursing professionals were unified into the Act on Public Health Nurses, Midwives and Nurses in 1948, based on the philosophy of integrated nursing. The purpose of this law was defined as "to enhance the quality of public health nurses, midwives and nurses, and thus to promote and improve healthcare and public health."

Today, nursing personnel in Japan can be divided into public health nurses, midwives, nurses and assistant nurses. The Act above specifies their qualification and practice in Article 2-6.

Japanese nursing system was reorganized under the command of GHQ so that a nursing division was installed in the then Ministry of Health and Welfare in 1948 to start nursing administration by nursing personnel. However, with the subsequent changes in the healthcare provision system and the increase in hospitals, the shortage of nurses became serious, and issues about nurses' work conditions including workloads and working hours surfaced. To address them, the Ministry took measures to improve the nursing system, establish a higher nursing education, and enhance the nursing education.

In these years, enhancement of nursing services has been required to meet the advanced and diversified healthcare, the aging society with fewer children, and the diversified citizens' needs. In 2009, amendment bills for the Act on Public Health Nurses, Midwives and Nurses and other laws by lawmaker-initiated legislation gained approval for the first time in 60 years. The main amendments are specifying graduation from a 4-year college in the opening of the provision on the eligibility to take the nurse's examination, revising the course terms of public health nurse and midwife education, and making the endeavor to provide newly-graduated nursing personnel training obligatory. In order to further improve quality and services of nursing, efforts are in progress to enhance the education, expand the nursing fields and introduce new frameworks.

To become a public health nurse, midwife or nurse in Japan, it is essential to complete a required

curriculum at an educational institution set forth by law, pass a national examination that can be taken once a year, and obtain a license granted by the Minister of Health, Labour and Welfare. To become a nurse, basic academic background for twelve years and three years' basic nursing education are required. To become a public health nurse or midwife, training for nurses plus one or more years of education are required. Foreign nursing personnel who wish to work in Japan are required to take Japan's national nursing examination to obtain a Japanese license because nursing licenses obtained overseas are not accepted.

Licenses for assistant nurses are not issued by the Minister but by prefectural governors. However, licensed assistant nurses need not only work within the prefecture but anywhere in Japan. The term of training for assistant nurses is two years. Nursing services by them require the orders of a physician, dentist or nurse.

Japanese nursing qualification doesn't have any renewal system, and lasts for the rest of their lives. However, dispositions including the rescission of a license may be rendered as grounds for disqualification set forth by the law or in case of acts that compromise dignity.

Chronology

- 1868 Meiji Restoration
- 1874 Medical regulation is established.
- 1885 The first nurse-training institute was established.
- 1899 Enactment of the Midwives Ordinance
- 1900 The first nurse regulation was established (Tokyo only, subsequently expanded nationwide)
- 1915 Enactment of the Nurses Ordinance
- 1929 The Association of Nurses was established.
- 1933 The 7th ICN Congress approves membership of Japan's Imperial Nurses Association.
- 1937 Promulgation of Public Health Center Act (The term of Public Health Nurse is used for the first time in law)
- 1941 Enactment of the Public Health Nurse Ordinance
- 1942 Enactment of the National Health Act
- 1945 The WWII ends. Japan was placed under GHQ control.
- 1946 A new nurse education system was launched under GHQ guidance.
The Japanese Association of Midwives, Nurses and Public Health Nurses is established (today's JNA).
- 1948 Enactment of the Act on Public Health Nurse, Midwife and Nurse
The law changes the status of these nursing professions into formal licensed qualifications granted upon passing examinations.
- 1949 Enactment of the ordinance for designating training schools for public health nurses, midwives and nurses
- 1951 Introduction of the assistant nurse system
- 1952 Introduction of the first four-year university course on nursing
- 1955 JNA joins ICM.

- 1957 Introduction of a two-year nursing education course (for assistant nurses preparing for the government examination for nurse qualification)
- 1959 The Japan Nursing Federation was established as a political lobbying organization.
- 1965 National Personnel Authority ruling on the regulation regarding night shifts of nurses (up to 8 days a month, ban on single-person night shift)
- 1967 Establishment of the Japan Nursing Society
- 1977 The 16th ICN Congress was held in Tokyo.
- 1987 Ministry of Health and Welfare reports the need to establish training institutes for nursing education, organize forums / training sessions, step up the standard of nursing education and create more undergraduate / postgraduate courses on nursing.
- 1990 May 12, the birthday of Florence Nightingale, was officially declared the Nursing Day.
- 1992 A prefecture nursing association opens the first visiting nurse station.
Enactment of the Act on Assurance of Work Force of Nurses and Other Medical Experts
- 1994 The first male public health nurse receives an official license.
- 1995 Great Hanshin & Awaji Earthquakes Initiatives for disaster nursing gather momentum.
- 1996 The first group of Certified Nurse Specialists receive certification.
- 1997 The first group of Certified Experts Nurses receive certification.
- 2007 ICN Conference was held in Yokohama.
- 2010 Enforcement of partial revision of the Act on Public Health Nurses, Midwives and Nurses
Introduction of novice nurses' clinical training project

Public health nurses

A public health nurse is a person who engages in health guidance using the title of public health nurse under the license of the Minister of Health, Labour and Welfare (Article 2 of the Act on Public Health Nurses, Midwives and Nurses).

The workplace of public health nurses are public health centers, public administration including those of municipalities, cities or villages, as well as in industry or a hospital. Among these, those working for municipalities, cities or villages have been increasing year after year. The ratios of workplaces in 2007 showed that health centers and municipalities, cities and villages accounted for 64.2%, hospitals and clinics for 22.2% and other establishments for 5.5%.

Public health nurses, being the leaders of public health nursing operations, are professionals who have conducted such operations as community activities or methods of getting into communities. Through the activities, the professionals find common health problems within a community and seek solutions valuing partnership and collaboration with residents. To solve diversified and complicated health problems, there are great expectations of public health nurses. Particularly in these years, their roles in urgent and troublesome issues including measures against lifestyle-related diseases and suicide are critical.



Classes to prevent life-style related diseases instructed by Public health nurse

Midwives

A midwife is a woman who engages in midwifery or health education to pregnant and postpartum women or newborn under the license of the Minister of Health, Labour and Welfare (Article 3 of the Act on Public Health Nurses, Midwives and Nurses). This license can only be obtained by women. Midwives are granted the right to establish a midwifery home, but have to notify the prefectural governor that has jurisdiction over the home's location within ten days of the establishment. (Article 8 of the Medical Service Law).

The location of birth in Japan has switched from home births to births at facilities (hospitals or clinics) during the past 50 years. Accordingly, midwives working in hospitals or clinics account for approximately 87%, forming the majority, while those who work at midwifery homes account for approximately 5% as of 2007. The recent healthcare provision system is intended to be more intensive due to a decrease in facilities for birth, as well as obstetrics and gynecology specialist doctors. The Ministry of Health, Labour and Welfare grants subsidies to promote coordination and role sharing between medical doctors and midwives. Facilities providing "in-hospital midwifery clinics" or "in-hospital midwifery care" where midwives offer independent care in a hospital or clinic have also been increasing.

Nurses

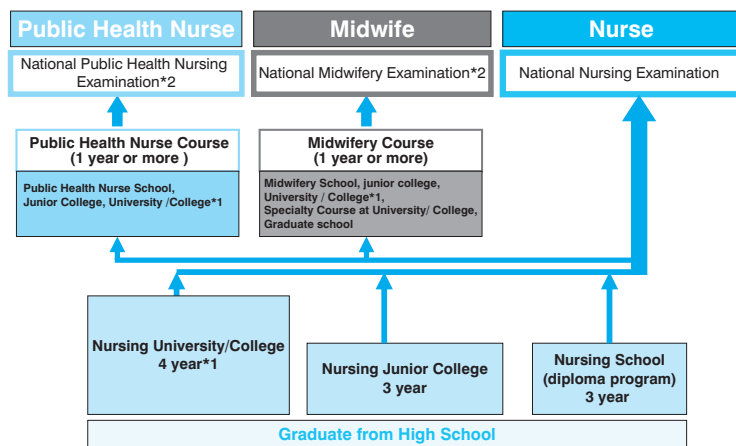
A nurse is a person who engages in providing care to person with injuries and/ or illnesses or postpartum women, or to assist medical treatment under the license of the Minister of Health, Labour and Welfare (Article 5 of the Act on Public Health Nurses, Midwives and Nurses).

Sophistication and advancement of healthcare as well as the emergence of an aging society with fewer children have triggered changes in the healthcare provision system and disease structure. Consequently, citizens' needs are diversified so that it is required to meet such needs. Currently, there have been moves to expand nurses' roles. Under these circumstances, the government has held review meeting to establish "specific practice nurses" (tentative name) to provide more invasive medical practice, as a new framework.

4. Nursing Education in Japan

Basic nursing education

Figure 8: Main basic nursing education courses



*1 Nursing University/ College provided Public Health Nursing Course and/ or Midwifery Course in 4 year education, those graduates could get qualification to sit for national examination for Public Health Nurse and /or Midwife in addition to Nurse.
 *2 To obtain Public Health Nursing /Midwifery License, it is required to hold Nursing License.
 *Assistant nurse courses are omitted

There are several courses of basic nursing education in Japan. In the main courses, basic nursing education is provided at 4-year colleges/universities, 3-year junior colleges or 3-year training schools after graduation from high school to take a national examination to obtain the national license. The educational institutions offering these three courses are under different regulating authority; colleges/universities and junior colleges are under the jurisdiction of Ministry of Education, Culture, Sports, Science and Technology (MEXT) while most training schools are under the jurisdiction of Ministry of Health, Labour and Welfare (MHLW).

Education for public health nurses and midwives is provided at colleges/universities, one-year colleges or training schools, and master's programs at graduate school. If a 4-year college/universities education includes a training program for public health nurses and/or midwives, graduates can qualify to take the national examination, not only for nurses, but also for public health nurses and/or midwives.

Curriculum of education

The education contents required to be eligible to take the national examination are prescribed jointly by the MHLW and MEXT. Although there are several courses of basic nursing education in Japan as mentioned above, standard of education are equally

appropriated to irrespective of the type of educational institution, or whether it is a 4-year college/university, a 3-year junior college or a 3-year training school. For other educational institutions than those offering the main courses, there are different standards.

Figure 9: Education curriculum of nursing schools¹⁸⁾

Content		Credits	
Foundation studies	Basics of scientific thinking	13	
	Understanding of humans, living and society		
Specialized Basic studies	Human body structure and functions	15	
	Diseases mechanism and recovery promotion		
	Health support and social security system		
Specializations I	Basic nursing	10	
	Clinical training	3	
	Basic nursing	3	
Specializations II	Adult health nursing	6	
	Gerontological nursing	4	
	Child health nursing	4	
	Maternal nursing	4	
	Mental health and psychiatric nursing	4	
	Clinical training	16	
	Adult health nursing	6	
	Gerontological nursing	4	
	Child health nursing	2	
	Maternal nursing	2	
	Mental health and psychiatric nursing	2	
	Integration	Home care nursing	4
		Nursing integration and practice	4
Clinical training		4	
Home care nursing theory		2	
Nursing integration and practice		2	
Total		97	

(Appendix 3 of Designated rule for Public Health Nursing, Midwifery and Nursing School and Training school)

Development of university nursing education

The first nursing university was inaugurated in 1952. There used to be just eleven nursing colleges/universities, but they sharply increased since 1992 with flexible curriculum organization in accordance with the university establishment standards outlined in 1991, and basic principles concerning nursing college/university establishment prescribed in Act on Assurance of Work Forces of Nurses and Other Medical Experts, enacted in 1992. In addition, lower birthrates and increasing rates of students advancing to college or university encourage schools to launch

the training for nursing personnel in high social demand from the perspective of ensuring students. As a result, nursing colleges/universities numbered 193 as of 2010 while master's programs are provided at 121 graduate schools and doctoral programs at 61 graduate schools.

While such incorporation into colleges/universities has contributed to higher social evaluation of nursing personnel, the steep increase in colleges/universities has resulted in disparity between schools and questionable quality of faculties.

Figure 10: Transition of colleges/universities, master's programs and doctoral programs^{19), 20)}

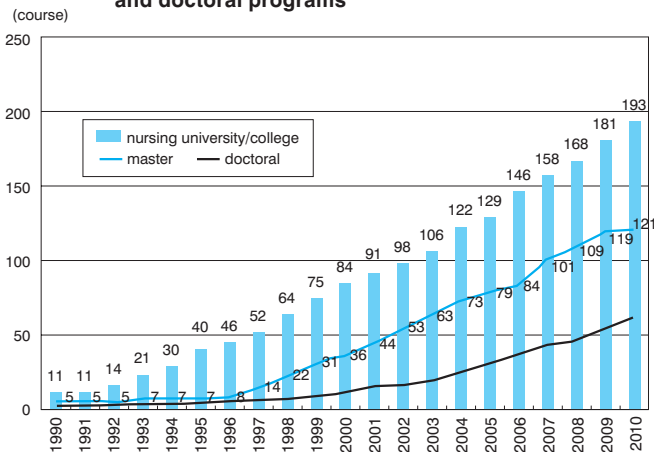
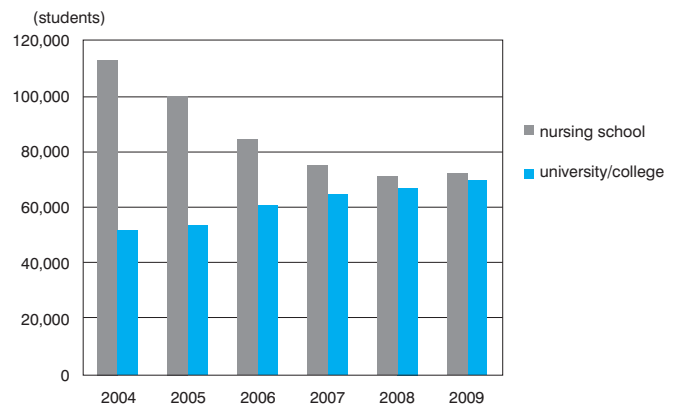


Figure 11: Change in the number of applicants²⁰⁾



Source: Statistical Data on Nursing Service in Japan 2004-2009

Clinical training for newly-graduated nursing personnel

The amendments of Act on Public Health Nurses, Midwives and Nurses and Act on Assurance of Work Forces of Nurses and Other Medical Experts made it obligatory to endeavor to give postgraduate clinical training to newly-graduated nursing personnel from April 2010. The government formulated guidelines

aiming to provide the training at all healthcare institutions and launched partial subsidization of training costs.

It is expected to improve the quality of nursing, secure medical safety and prevent early turnover of newly-graduated nursing personnel.

Continuing education

The qualification of nursing personnel in Japan lacks any renewal system so that continuing education after obtaining a license is not compulsory. However, it is essential for nursing personnel to continue to improve their expertise to meet advanced healthcare and diversified citizens' needs. Therefore,

opportunities for continuing learning are offered, including on the job training at the workplace, training and workshops provided by Japanese Nursing Association (JNA) or prefectural nursing associations, and various scientific meetings.

Credentialing system

In Japan, the qualification of public health nurses, midwives, nurses and assistant nurses is stipulated by law, while the certification of specialized nurses is not specified by law. Although many organizations and societies certify such personnel, credentialing system by JNA is socially recognized and appreciated.

This credentialing system by JNA, intended to offer quality healthcare to citizens, certifies the following three; certified nurse specialists, certified nurses and certified nurse administrators.

Certified nurse specialists

Certified nurse specialist (CNS) system is designed to contribute to the development of healthcare and welfare as well as to improve nursing science by forwarding CNSs with specific advanced nursing knowledge and skills into society to provide high-level nursing care efficiently for individuals, families and groups having complex and intractable nursing problems.

The roles of CNSs are excellent nursing practice, consultation with care providers including nurses, coordination among the concerned parties, ethical coordination to protect the rights of individuals, etc., education of nursing personnel, and research activities at clinical settings. A nurse is certified as a CNS by completing a master's program at a graduate school after obtaining a national license for nurses, and then passing the credentialing examination given by JNA after accumulating a certain amount of experience. It is required to renew the certification every five years.

Certified nurses

Certified nurse (CN) system is designed to diffuse quality nursing care at nursing sites by forwarding CNs who can provide high-level nursing practice, using skilled nursing expertise in specific nursing fields, into society.

The roles of CNs are nursing practice at high level, instruction of nurses, and consultation with nurses.

A nurse is certified as a CN by accumulating a certain amount of experience after obtaining a national license for nurses, and then passing the credentialing examination given by JNA after completing the required education program for certification. It is required to renew the certification every five years.

Certified nurse administrators

Certified nurse administrator (CNA) system is designed to provide quality organizational nursing services to individuals, families and local residents with diversified healthcare needs, establish frameworks for training of CNAs meeting certain standards, help to maintain and improve the quality

of CNAs and the standard of nursing, and thereby contribute to the development of healthcare and welfare.

A nurse is certified as a CNA by accumulating a certain amount of experience after obtaining a national qualification for nurses, and then passing the credentialing examination given by JNA after completing a master's program at a graduate school or an education program for certification. It is also required to renew the certification every five years.

Table 3: Number of certified nurse specialists by field (as of Jan, 2011)

Field	Registered number
Cancer Nursing	250
Psychiatric Mental Health Nursing	93
Community Health Nursing	20
Gerontological Nursing	31
Child Health Nursing	56
Women's Health Nursing	35
Chronic Care Nursing	48
Critical Care Nursing	62
Infection Control Nursing	9
Family Health Nursing	8
Total	612

Table 4: Number of certified nurses by field (as of Dec, 2010)

Field	Registered number
Emergency Nursing	507
Wound, Ostomy and Continence Nursing	1,391
Intensive Care	537
Palliative Care	919
Cancer Chemotherapy Nursing	627
Cancer Pain Management Nursing	460
Visiting Nursing	198
Infection Control	1,180
Diabetes Nursing	248
Infertility Nursing	100
Neonatal Intensive Care	193
Dialysis Nursing	115
Perioperative Nursing	179
Breast Cancer Nursing	135
Dysphagia Nursing	233
Pediatric Emergency Nursing	111
Dementia Nursing	122
Stroke Rehabilitation Nursing	79
Radiation Therapy Nursing	30
Total	7,364

5. Working conditions in Japan

Employment status of nursing personnel

As of the end of 2009, there are 1,433,772 nursing personnel in workforce, consisting of 53,212 public health nurses, 31,312 midwives, 954,818 nurses and 394,430 assistant nurses.²¹⁾ The number of nursing personnel increased 1.3 times over the past decade since 1998, and about 5.8 times compared to 1960. The government adopted policies for securing the nursing workforce, for example, introducing scholarship systems for nursing students in 1962 and increased the budget allocation for nursing educational institutions in 1963. These efforts resulted in a steady increase in nursing personnel. In order to address the shortage of nurses triggered by the rapid aging and changes in circumstances surrounding public health, the Act on Assurance of Work Forces of Nurses and Other Medical Experts enacted in 1992, specifies the responsibility of the government and local governments to train nurses and other personnel, to improve the

work environment, and to enhance their quality.

However, due to advanced health care, and increasingly severely ill and aging patients, the demand for nursing personnel is exceeding the supply. Japan has been suffering from a chronic shortage of nurses in terms of both quality and quantity.

Approximately 60% of nursing personnel work at hospitals. However, the ratio has decreased year after year, which shows the diversification of nurses' workplaces.

In accordance with the Long-Term Care Insurance Law enacted in 2000, Facilities for treatment and rehabilitation of chronically ill patients are extended from hospitals to long-term care facilities and home medical care and visiting nursing. The number of nursing personnel required in various workplaces, will continue to increase in the future.

Figure 12: Transition in the number of nursing workers^{20), 21)}

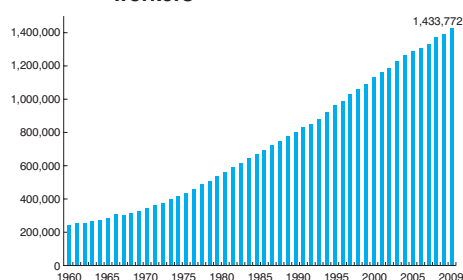
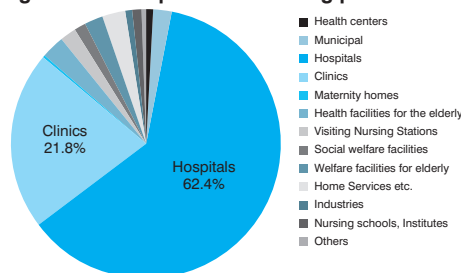


Figure 13: Workplaces of nursing personnel²¹⁾



St. Luke's International Hospital

Working environment

Today there are many issues about the nursing work environment in Japan, including long working hours, night shift and shift work and low wages.

According to the survey by JNA in 2009, the turnover rate became lower than previous, while improvement in the work conditions and the workplace systems for balancing work and life were not adequate. The JNA survey in 2008 showed that one out of 23 persons work at a level considered to lead to death due to overwork (in shifts with overtime of more than 60 hours per month).

Meanwhile, in hospitals equipped with education and training frameworks, turnover rates of newly graduated nursing personnel were lower. In addition, the introduction of a short-time regular staff system,

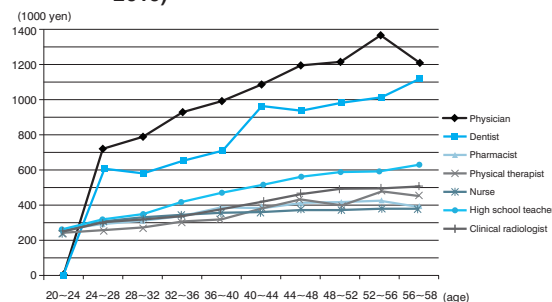
working shorter hours than normal full-time staff though the status is not part-timers but regular staff members, seems to have an effect to prevent the turnover.

The government has conducted the following measures and expected these to be penetrated into nursing work environment; a work-life balance campaign, accelerated adoption of the short-hour regular staff system, revision of the Guidelines for Review of Working Hours concerning measures to improve the utilization of paid holidays, and amendment of the Child Care and Family Care Leave Law requiring workplaces to allow workers rearing a child under three to work short hours or to excuse them from overtime work at their request.

Table 5²²⁾

	Item	Survey in 2009	Previous survey
Turnover rate	Full-time nursing personnel	11.9%	12.6% (2008)
	Newly-graduated personnel	8.9%	9.2% (2008)
Work conditions	Days of taken paid holidays	8.4 days	8.0 days (2005)
	Average utilization of paid holidays	46.0%	41.1% (2005)
	Night shifts of nursing personnel with preschoolers	59.5%	Unknown

Figure 14: Routinely paid salary by profession (April 2010)²³⁾



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