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Japanese Nursing Association

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Suga Sakamoto, JNA President, delivered a presentation titled "Japan Nursing Summit: Making a Fresh Start" at Japan Nursing Summit 2015.

The theme for the Japan Nursing Summit 2015 was "Nursing Policy in a Super-aged Society with Fewer Children: Examination and Proposal on Nursing Labor Policy." For 2025 when the baby-boom generation born after World War II will reach the age of 75 or over, it is estimated that a total of two million nurses will be required, which is approximately a half million increase from its total number in 2011. In order to secure this number of nurses and their quality as well for 2025, their working environment to serve as a nursing profession must be improved.

In the opening of this Summit, JNA President, Suga Sakamoto, delivered a speech titled "Japan Nursing Summit: Making a Fresh Start," and stated the following. "JNA intends the Japan Nursing Summit to serve as a platform where nurses will continuously discuss strategies, consider and take action autonomously by themselves in order to share and solve issues in nursing policy."

This Summit was comprised of three sections -

JNA Hosted the Japan Nursing Summit 2015

On September 1st, Japan Nursing Summit 2015 was held by JNA in Tokyo and was attended by approximately 1,800 participants, such as nurse managers.

Originally, the Japan Nursing Summit started in 1996 and had been hosted by respective prefectural governments and Prefectural Nursing Associations. After certain achievements were made through the Summit, which took place 18 times in succession until 2013, the Summit has completed its role at that time and ended once. This time, the Japan Nursing Summit 2015 was reborn as an event hosted by JNA first time.

a keynote dialogue, a series of lectures and a three-person panel discussion. In the keynote dialogue, initiatives that JNA had been taking were revisited and examined. It was pointed out that the securing of nurses had been facing competition with other industries as the working population had declined due to the super-aged society with fewer children. In order to attract many people to choose to pursue nursing as a career, emphasis was placed on the need to change current ways of thinking and acting by accepting diversity in sense of values and flexibility in working styles. In the series of lectures, 5 speakers reported from their respective standpoints on initiatives taken toward the improvement of working environment for nurses, their outcomes, current issues and future directions. The lectures were followed by the exchange of ideas with the audience. In the threeperson panel discussion, experts in policies on social security, labor and nursing, developed a discussion from their own perspectives on issues in nursing labor and their solutions. The discussion

confirmed that nurse managers at clinical settings and personnel in charge of promoting policies need to tackle initiatives collaboratively in order to facilitate the improvement of working environment for nursing, and that regular examinations of such initiatives will contribute to strengthen the nursing profession.

The Japan Nursing Summit has taken a new step toward the attainment of nursing policies into practice. JNA aims the Summit to achieve the attainment of policies to solve issues in clinical settings through holding discussions and more importantly making efforts continuously from actions to examinations. The future Summit will discuss strategies for solutions from the perspective of policies and share initiatives for the attainment, along with tackling the common issues beyond differences among facilities and their environment.

A Training System for Nurses to Perform Specific Medical Interventions was Commenced

On October 1st, implementation of the Training System for Nurses to Perform Specific Medical Interventions, which was established as a result of the revision to the Act on Public Health Nurses. Midwives and Nurses in 2014, was commenced. The purpose of this system is to systematically train nurses who will take a role to support and actually provide services required in the community, such as home-based care, towards 2025 when the babyboom generation born after World War II will reach the age of 75 or over. This will be accomplished by establishing this system and standardizing its specific content in cases when medical interventionsⁱ⁾ are performed according to procedure manuals. Under this system, nurses who perform specific medical interventions according to the procedure manuals are required to take training courses. These courses are provided at training institutions designated by the Ministry of Health,

Labour and Welfare, and are comprised of lectures, simulation seminars and practice. There are currently 38 specific medical interventions.

The Institute for Graduate Nurses, one of JNA branches, was designated as one of training institutions and commenced training courses for specific medical interventions in November in this fiscal year. Also, these courses intended for Certified Nurses, which are one of credentialing qualifications certified by JNA, will be commenced in the fiscal year 2016.

JNA will promote the practical use of this system, aiming for nurses to take and play desired roles further in the respective activity sites and to utilize the expertise of nurses fully. Also, through this system, JNA will actively respond to the needs of people in the super-aged society with fewer children.

i) Specific medical interventions are defined as medical assistance and as interventions that particularly require the practical ability of understanding, thinking and judging, as well as professional knowledge and techniques at the high level in cases when nurses perform according to procedure manuals.

For related articles, please refer to JNA News Release Vol 15. http://www.nurse.or.jp/jna/english/news/pdf/2014nr 15.pdf

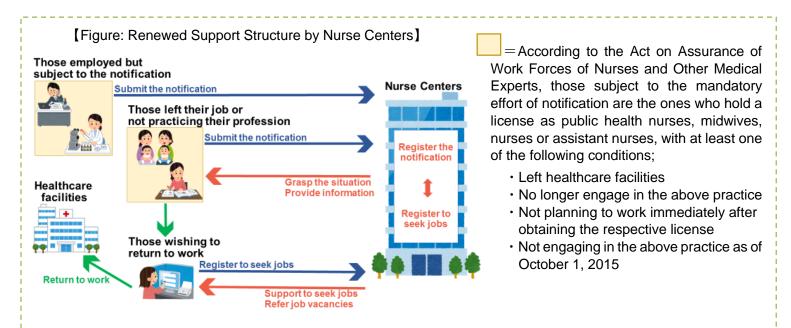
A Notification System for Nurses was Commenced

From October 1st, in compliance with the revision of the Act on Assurance of Work Forces of Nurses and Other Medical Experts, it became mandatory for nurses to make an effort to notify Nurse Centers in cases such as when leaving nursing jobs at healthcare facilities.

In the past, once nurses no longer engage in nursing practice, such as after leaving nursing jobs, it had been difficult to trace and grasp the actual situation of these nurses, such as their employment status. Additionally, these nurses had opportunities to return to work and to continue to practice. With engage in nursing the commencement of the notification system, it is expected that Nurse Centers will be utilized by more nurses than before, particularly including those who already left their jobs, and that Nurse Centers will attract these nurses to return to nursing practice by providing individually-suited information and support.

Also, with the implementation of the notification system, the Central Nurse Center, which JNA is designated by the Minister of Health, Labour and Welfare to operate, launched a separate website that integrates information registered through the notification. Based on the registered information, counselors from the Nurse Centers provide support, which is relevant to the actual situation and needs, such as training referrals and consultations on a variety of issues.

From January 2016, on the JNA official website, a dedicated page for nurses who submitted the notification is scheduled to launch and to distribute information related to personal lifestyle such as child-rearing, long-term care and health.



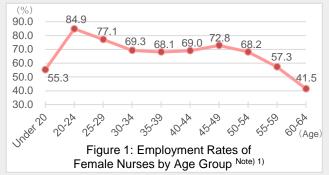
For related articles, including information on Nurse Centers, please refer to JNA News Release Vol 15. http://www.nurse.or.jp/jna/english/news/pdf/2014nr 15.pdf

Learn More about Related Topics in Nursing

Q What are the circumstances of nurses shown by data in terms of employment status?

[Employment rates of female nurses by age group]

Employment rates of female nurses decrease significantly in the age of late 20s and 30s and represent an M-shaped curve (Fig - 1). Once nurses leave their jobs, only a few of them return to nursing practice.



Note:

· Employment rates are calculated from rates of those not engaging in nursing practice in the end of 2010.

[Turnover rates of nurses at hospitals]

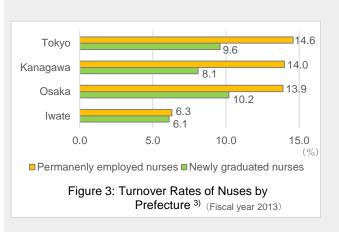
For the last 5 years since 2009, turnover rates of nurses at hospitals remain at approximately 11% for all permanently employed nurses (Fig - 2). For newly graduated nurses, the rates declined from 8.6% in 2009 to 7.5% in 2011 and have remained around 7% level. In large cities, such as Tokyo and Osaka, turnover rates of permanent nurses tend to be high (Fig - 3). Also, in small-scale hospitals, turnover rates of permanent nurses and newly graduated nurses tend to be higher (Fig - 4).

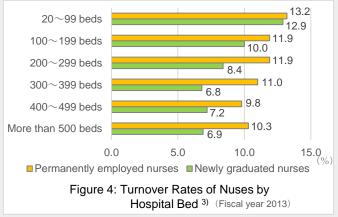


of Nurses at Hospitals 2)

Note:

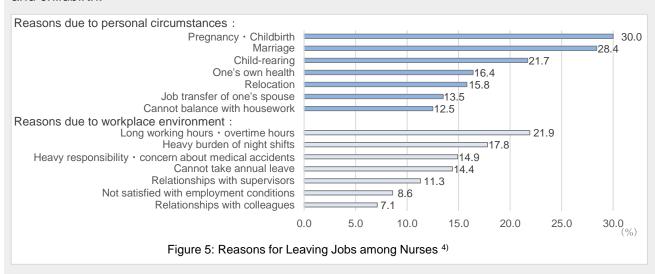
- · Turnover rates for permanently employed nurses =Total number of those resigned each year / Average number of those employed each year X 100
- Turnover rates for newly graduated nurses
 - =Total number of those resigned each year / Number of those became employed each year X 100
- · Permanently employed nurses
- =Nurses employed permanently on full-time or short-time working schedules





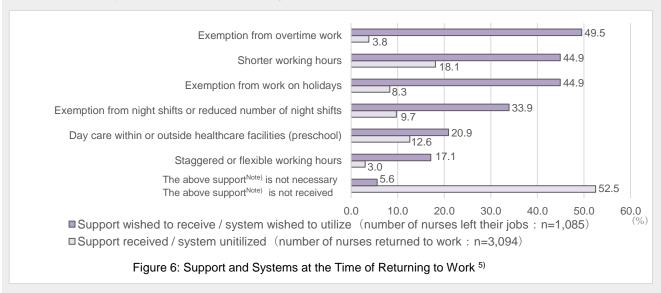
[Reasons for leaving jobs among nurses]

Among nurses not engaging in nursing practice, reasons for having left jobs are mainly marriage, childbirth and child-rearing in terms of personal circumstances, and long working hours and the burden of night shifts in terms of workplace environment (Fig - 5). The former 3 reasons relating to personal circumstances particularly reflects tough working conditions, such as the heavy burden from work. Also, the tough working conditions are one of factors that discourage nurses to return to work after marriage and childbirth.



[Support and systems for nurses at the time of returning to work]

There are a significant number of nurses who had returned to work without receiving any support (Fig - 6). On the other hand, items ranked highest as support or systems nurses who left jobs wished to receive or unitize at the time of returning to work were exemption from overtime work, shorter working hours and exemption from work on holidays.



Note:

As the items for support and systems at the time of returning to work, 6 items are listed in the figure 6. However, other items that are not listed in the figure are also included in the actual survey.

JNA has been moving forward with initiatives to improve working environment for nurses, so that nurses can choose from diverse ways of working and continue their career as a profession at their respective life stages. Such initiatives include the promotion of work-life balance and support for the dissemination and application of "Guidelines on Night Shift and Shift Work for Nurses" formulated by JNA in 2013. Also, prefectural Nurse Centers provide training and information to support nurses to return to work on a request basis.



Let us introduce our mascots!

- Pink dinosaur wearing WLB T-shirt is a Kango-saurus (Nursing-saurus in English), who cheers and supports the promotion of Work-Life Balance.
- Green frogs are the mascot for a Kaeru project to transform healthcare environment and clinical settings by several measures through organizational commitment of healthcare facilities, such as by improving shift wok systems and by reducing overtime work. The frogs (Kaeru in Japanese) are chosen for the mascot because Kaeru has several meanings such as frog and to transform in English.

Reference:

- ¹⁾ Data obtained from Miyazaki, Satoru. Recent Employment Rates of Japanese Nursing Staff: Using the Updated Estimation Method. Institute for Technology, Enterprise and Competitiveness Working Paper Series. Doshisha University; 2012. [in Japanese]
- ²⁾ Survey on the Demand and Supply of Hospital Nurses, Japanese Nursing Association. [in Japanese]
- ³⁾ Survey on the Demand and Supply of Hospital Nurses, Japanese Nursing Association; 2014. [in Japanese]
- ⁴⁾ Survey Report on the Intention of Working among Nurses Retired or Not Engaging in Nursing Practice, Japanese Nursing Association; 2007. [in Japanese]
- ⁵⁾ Data obtained from Survey on the Actual Situation of Employment Status among Nurses, Ministry of Health, Labour and Welfare: 2011.