JNA News Release

Japanese Nursing Association

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The 5th China Japan Korea Nursing Conference

The 5th China Japan Korea Nursing Conference was held from September 16 to 18, 2018 in Tokyo by the Japanese Nursing Association (JNA), the Chinese Nursing Association (CNA), and the Korean Nursing Association (KNA), with 327 participants (including 165 from Japan; 98 from China; and 64 from South Korea). This conference has been held since 2009 to promote academic exchanges between nurses belonging to these three associations.

This 5th Conference, which was held under the theme of "Creating New Values in Nursing," was kicked off by an opening ceremony, at which Dr. Yoshitake Yokokura, President of the World Medical Association, and Ms. Annette Kennedy, President of International Council of Nurses, the Director of the Nursing Division



Center: President Toshiko Fukui of the JNA; Right: President Kyung-Rim Shin of the KNA; Left: President Xinjuan Wu of the CNA

of Health Policy Bureau of the Ministry of Health, Labour and Welfare of Japan, and the Director of the Medical Education Division of Higher Education Bureau of the Ministry of Education, Culture, Sports, Science and Technology of Japan gave speeches as guests of honor. (Ms. Kennedy gave a video message.)

Address by the JNA President and Lectures of the Presidents of the Three Associations

"In order to explore a way of care matching the society that changes so rapidly, we need to look resolutely a basic value on which the care is built," said President Toshiko Fukui of the JNA, chair of this conference, "and such a value should not be the existing one, but a completely new one." She also gave a lecture entitled "Creating New Values in Nursing," speaking about the challenges facing Japan as its population is getting older and older, initiatives taken by the JNA, and its efforts to establish nursing services systems in the Community-based Integrated Care System. Secondary, after Dr. Fukui's lecture, President Kyung-Rim Shin of the KNA gave a lecture entitled "Paradigm Shift in the Korean Nursing System through Legislative Amendment." Revision of the Higher Education Act in 2011, she explained, made a four-year basic education compulsory for nurses, while revision of the Medical Service Act in 2015 clarified the scope of practice for nurses, both contributing to the large progress of the country's nursing system. Finally, President Xinjuan Wu of the CNA gave a lecture entitled "Nursing Innovation Leading the Future." As new problems such

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as aging of the society and non-communicable diseases becoming the main cause of death are emerging in China, she said, the association is promoting the establishment of a theoretical system that will serve the country's specific needs and the consideration of elderly care services so that nurses can surely promote innovation in various areas.

Keynote Lecture and Special Session

The keynote lecture entitled "Significance of Case Study Research for Nursing Discipline," was given by Prof. Noriko Yamamoto-Mitani of the Graduate School of Medicine, University of Tokyo. After that, for the first time in the conference's history, a Special Session was held on the following four topics: Support for Nursing Practice; Nursing Education; Elderly care; and Nursing Administration/Leadership. The session started with presentations by experts representing the three Association introducing case examples they observed and initiatives taken by their Associations and countries. These presentations indicated that all of the Associations are finding it more and more difficult to secure a sufficient number of nurses in the context of their populations get older. It is therefore imperative that nurses are trained to use the latest technology and that they are thus enabled to bring about innovative approaches to nursing. The role of nursing administrators who can properly manage nurses and help them reach their potential is also becoming more important.

The latter half of the session was devoted to a discussion about the initiatives and healthcare systems of the three Associations, and turned into a lively exchange involving all participants in the room, thus fulfilling one of the key objectives of the Conference, namely academic exchanges.

Abstract Session (Oral Session and Poster) and Site Visit

During abstract sessions, 157 presentations (oral: 38; poster: 119) were made, followed by active Q&A sessions, reflecting participants' high interest in the subjects of the presentations. Participants also made site visits in the afternoon on the last day.

The 6th Conference, scheduled to be hosted by KNA, will take place in November 2020.



President Fukui of the JNA delivering an address at the opening ceremony



Picture of participants with the presidents of the three associations taken after the opening ceremony on Day 1.

2017 Survey on the Actual Situation of Nurses

The JNA conducted a Survey on the Actual Situation of Nurses in 2017 (hereinafter, the survey). The survey is conducted once every four years targeting nurses belonging to the JNA and working at various workplaces such as hospitals, home-based nursing, care facilities, administrative agencies, educational institutions and others, and is aimed to determine how they are working and how they feel about their work. In the latest survey, we asked nurses about their working conditions, workplaces where they want to work in the future, the necessary conditions that would enable them to work night shifts, and their experience with harassment and/or violence. Information on the survey overview is provided in [Table 1] and the

1. The number of regular staff is showing a slight decrease while that of temporary/part-time staff is showing a slight increase

survey's five major findings are as follows.

The ratio of those who responded that they are currently working as a regular member of staff (both full- and short-time) was slightly lower than in the 2009 and 2013 surveys (2009: 91.9%; 2013: 87.7%; 2017: 87.2%). Meanwhile, the ratio of those who responded that they were currently a temporary or part-time member of staff was a bit higher (2009: 4.6%; 2013: 6.9%; 2017: 7.4%). The trend reflects the fact that the numbers of nurses who are rearing children as well as those who are 60 years and older are increasing.

2. Key enabler for working night shifts: understanding and cooperation of the family (spouse) [Figure 1]

We asked nurses who were not working night shifts what conditions would allow them to work night shifts. The most frequent response was "understanding and cooperation of the family (spouse)" at 40.1%, followed by "lower frequency of night shifts" at 32.6% and then "higher allowance payment for night shifts" at 28.9%.

Employers should continue the effort to provide nurses with a more flexible work environment that responds to their various private needs and requests.

3. The most popular area where nurses want to work: home-based nursing such as home-visiting nursing [Figure 2]

The most popular area where nurses want to work in the future is "home-based nursing" at 60.0%, and the tendency of wanting to work at the home-based nursing was found to be higher in younger nurses and male nurses. In Japan, the needs for home-based medicine and nursing will continue to grow as the society ages more; more effort should be made to support nurses with an interest in working in the visiting nursing area and to prompt hospitals to expand their visiting nursing services.

4. Ratio of nurses who want to continue working as a nurse: 57.5%

While the ratio of nurses who "want to continue working as a nurse" is the highest at 57.7%, the ratio of those who "want to work in interested occupations regardless of nurse" is also high at 33.4%. Among the latter respondents, the ratio of those who "want to experience another job than nursing" was the highest at 50.1%, followed by those who "want to work in an environment that meets their needs more flexibly" at 40.5%, and then by those who "are finding the nursing job too busy" at 30.6%. The results indicate the necessity of creating a more flexible work environment for nurses and to thus respond to their various needs and requests.

5. Ratio of nurses who experienced violence and/or harassment in the past year: 52.8% [Figure 3]

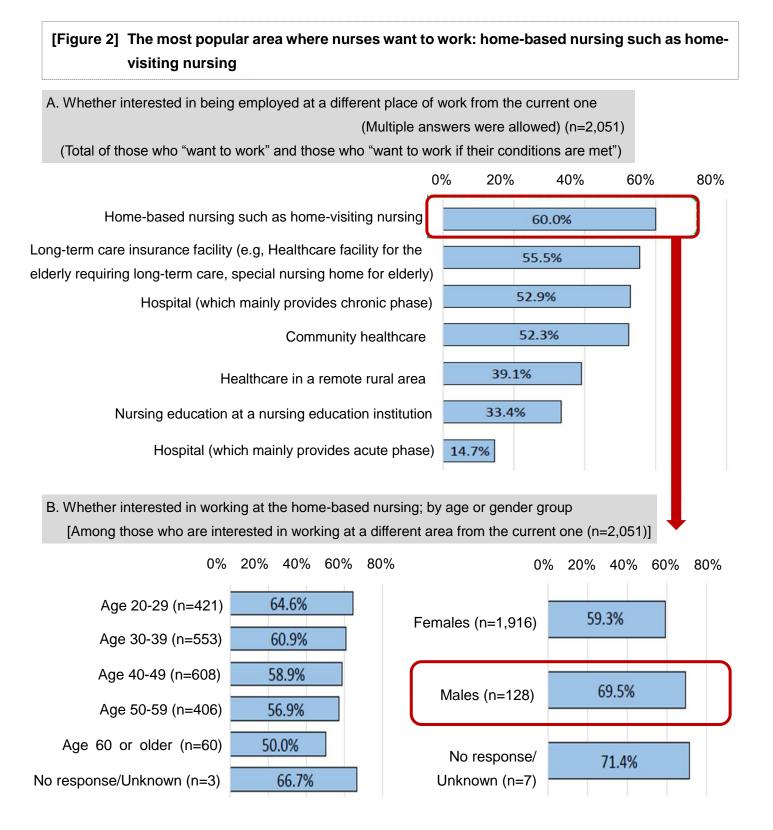
Among the nurses who experienced violence and/or harassment in their workplace or at the home of a client

in the past year, the ratio of those who experienced "psychological abuse" was the highest at 31.5%, followed by "physical abuse" at 22.9% and then by those who experienced "social isolation (ostracism)" at

17.9%. The ratio of nurses who experienced any form of violence and/or harassment was as high as 52.8%, indicating a need to introduce preventive measures.

	Age 20- 29 (n=41)	Age 30- 39 (n=136)	Age 40- 49 (n=156)	Age 50- 59 (n=111)	Age 60 or older (n=37)	No response/ Unknown (n=3)	All (n=484)
Lower frequency of night shifts	34.1	40.4	32.1	30.6	10.8	33.3	32.6
Shorter night shifts	17.1	16.9	17.3	23.4	16.2	66.7	18.8
Higher allowance payment for night shifts	43.9	25.0	32.7	28.8	10.8	33.3	28.9
Night-shift hours that can be chosen by nurses	2.4	17.6	10.3	18.0	8.1	33.3	13.4
Allowance payment to help nurses hire a babysitter	12.2	9.6	1.3	0.9	0.0	0.0	4.3
Night shifts with a sleep break	19.5	13.2	19.2	21.6	10.8	33.3	17.6
Offer of childcare service during night time	24.4	32.4	7.7	1.8	2.7	33.3	14.5
Allowed to take compassionate leave during a night shift	46.3	42.6	25.0	13.5	5.4	100.0	28.1
Understanding and cooperation of the family (spouse)	46.3	59.6	43.6	19.8	8.1	33.3	40.1
Understanding and cooperation of the family (other than spouse)	29.3	40.4	26.9	9.9	2.7	33.3	25.2
Others	31.7	23.5	32.1	42.3	67.6	0.0	34.5
No responses/Unknown	2.4	2.2	0.6	6.3	5.4	0.0	2.9

[Figure 1] Conditions enabling night shifts by age group (Multiple answers were allowed)



[Figure 3] Ratio of nurses who experienced violence and/or harassment in the past year: 52.8% A. Having experienced violence and/or harassment (n= 2,617) Yes No No response/Unknown 0% 20% 40% 60% 80% 100% 16.0% 83.0% 1.0% Sexual harassment Physical abuse 1.0% 22.9% 76.1% 67.5% Psychological abuse 31.5% 1.0% 17.9% 81.2% 0.9% Social isolation (ostracism) 13.1% 86.0% 1.0% Excessively high demands Excessively low demands 92.7% 1.1% 6.1% Infringement of individuality 1.1% 7.6% 91.3%

B. BY whom they experienced violence and/or harassment (Multiple answers were allowed) (%)

	Client	Client's family, etc.	Staff working at the same workplace	Others	No responses/ Unknown
Unwelcome sexual advances (n=420)	79.3	6.2	28.8	1.2	0.0
Physical abuse (n=600)	94.5	2.5	5.5	0.8	0.0
Psychological abuse (n=825)	40.7	18.9	64.8	3.8	1.2
Social isolation (ostracism) (n=468)	3.4	1.9	93.8	2.8	2.6
Excessively high demands (n=342)	11.4	7.6	85.7	4.7	4.4
Excessively low demands (n= 160)	9.4	5.0	86.9	3.1	4.4
Infringement of individuality (n=199)	5.5	1.0	94.5	2.0	3.5
Total (of all who experienced any of the above) (n=1,383)	59.5	14.5	65.4	4.2	1.2

[Table 1] Information about the Survey Overview

Survey subjects	6,734 members of JNA
Survey period	Oct. 1 – Nov. 9, 2017
Survey method	Self-completed questionnaire sent and collected by
	mail
Responses	Valid responses: 2,617 (Valid collection rate: 38.9%)