

## **HOSPITAL NURSING AND MEDICAL EXAMINATION AND TREATMENT FEES**

Report on a Survey Concerning the Effect of the 1992 Revision of  
Medical Examination and Treatment Fees for Nursing Services

Japanese Nursing Association  
Survey & Research Section  
Development & Promotion Department

### **Purpose and Method of Survey**

#### **Purpose of Survey**

As a result of a revision of the medical examination and treatment fee system conducted in April 1992, a major increase in fees for nursing services was implemented with a view to improving the working conditions of nursing personnel. In order to obtain the information necessary to evaluate future demands for revisions in medical examination and treatment fees, this survey examined the effect that this revision has had on nursing service fees and on the working conditions of nursing personnel.

#### **Method of Survey**

Questionnaires were sent to the head nurses of 8611 private hospitals nationwide. The head nurses completed the questionnaires, and returned them to the Japan Nursing Association. In all, 2556 hospitals, or 29.7% of those surveyed, returned valid questionnaires.

### **Results of Survey**

#### **I. Characteristics of the Hospitals**

- (1) Types of special nursing facilities and percentage of hospitals equipped with such facilities
  - Health care facilities for the aged : 8.8%
  - Special nursing homes : 4.3%
  - Visiting nurse stations : 3.1%

• Home care support centers : 2.6%

(Some hospitals maintained more than one of these facilities.)

(2) Idle Facilities

Of the hospitals responding to this survey, 21.4% had beds that were not in use. The reasons given for this situation were as follows :

- 1) Cannot hire nursing personnel (10.9%)
- 2) Cannot hire physicians (2.3%)
- 3) Too few patients (2.9%)
- 4) Other (6.9%)

(Some hospitals gave more than one of the above reasons)

## II. Medical Examination and Treatment Fees for Nursing Services

### 1. Standard Nursing System and Inpatient Treatment Fee System

Of the hospitals responding to this survey, 64.9% employed the “standard nursing system” (nursing provided by hospital nursing staff without the aid of attending nurses hired by the patients; hospitals employing a large number of nursing personnel in relation to the number of patients add a nursing charge to examination and treatment fees, which increases hospital income). Three percent of the hospitals reported using exclusively the “inpatient treatment fee system” (nursing provided by hospital nursing personnel without the aid of attending nurses hired by patients; these services are covered by a fixed charge that includes fees for nursing, laboratory tests, injections and medication, applied per patient per day). The percentage of hospitals responding that they used neither system was 31.2% (at these hospitals, inpatients were required to hire attending nurses when necessary).

### 2. Nighttime Nursing Services Surcharge

The surcharge for nighttime nursing services is paid to hospitals when the following conditions are satisfied: the average frequency of night-shift work per nursing personnel is 8.4 days per month or less (9.4 days per month when three nurses work the night-shift), or the prescribed number of working hours per week for nursing personnel is generally within 40 hours, but not more than 42 hours. These hospitals receive as income 25 insurance reimbursement points (¥250) per patient per day. The percentage of hospitals that are paid the nighttime nursing services surcharge is 15.3%.

### **III. Working Conditions of Nursing Personnel**

#### **1. Working Hours**

The hospitals which responded to this survey used various systems of working hours for nursing personnel: 52.9% employed a three-shift system (day, evening, and night shifts), 9.7% used an irregular three-shift system (day, evening and night shifts of unequal durations), 31.8% used a two-shift system (two shifts, equivalent to the day and night shifts), and 20.9% used a duty system. (Some hospitals used more than one system.)

#### **2. Frequency of Night-Shift Work**

Of the hospitals using the 3-shift system (including the irregular 3-shift system), 40.6% required their nurses, on average, to work at night only 8.4 days per month. comparison with the situation at general hospitals one year ago, the number of hospitals that require their nurses to work at night only 8.4 days a month has increased. Of the hospitals using the 2-shift system, 72.9% require nurses, on average, to work at night only 6.4 days per month.

#### **3. Weekly Holidays**

The percentage of hospitals that allow nurses two holidays per week was 17.3%, a two-fold increase over the previous year (1991).

#### **4. Day Care Facilities on Hospital Premises**

Of the hospitals responding to this survey, 37.5% reported that they maintained day care facilities, and these tended to be large hospitals.

#### **5. Effect Revision on Working Conditions of Nursing Personnel**

The hospitals surveyed were asked to state how the revision of the system of medical fees had served to improve the working conditions for nurses during the year preceding the period of the survey (October 1992). They responded as follows: 45.3%, the largest percentage, reported that they had acquired the ability to increase staffing levels; 26.3% reported higher income due to increased nursing services fees; 25.3% reported higher salaries for nursing personnel at national hospitals, 16.4% reported higher spring wage hikes in the general labor force, and 11.5% reported improved hospital administration due to the overall revision of the medical fee system.

(Some head nurses reported more than one of these improvements.)

These results lead to the conclusion that, rather than providing hospital administrators with a direct motivation to improve the conditions of nursing personnel, the increase in nursing charges seems to have functioned as a financial resource from which improvement could be realized.

#### **IV. Years of Service by Nursing Personnel and the Views of Head Nurses Regarding Length of Service**

##### **1. Years of Service**

The average length of service most frequently reported by head nurses (31.8%) was 15 or more years. For nurses, the average length of service most frequently reported (45.6% of all hospitals) was 3 to 6 years. For assistant nurses, 34.9% of the hospitals reported an average length of service of 3 to 6 years. Length of service was higher among assistant nurses than among nurses.

##### **2. Views of Head Nurses Regarding Years of Service**

Most (58.5%) of the head nurses of hospitals where the average years of service of nurses was less than 3 years thought that this period was too short; on the other hand, 24.4% responded that this was just the right number of years. Among hospitals where the average years of service most frequently reported was 3 to 6 years, a higher percentage of head nurses (40.2%) reported that this period was just right. Therefore, the views of head nurses regarding length of service seem to be based on administrative concerns; that is, they do not think it is desirable for nurses to remain at their hospitals on a permanent basis since this would require payment of higher salaries.