

## 1996 Survey : Nursing Management Issues During a Time of Change in Medical Services

Japanese Nursing Association  
Survey & Research Section

### Outline of the Survey

Bearing in mind changes in medical service systems, the present survey was conducted to generate basic data for grasping how nursing managers in hospitals perceive and cope with issues in nursing management toward the future, and to review the activities of the Japan Nursing Association.

Survey questionnaires were sent to the directors of nursing service departments of all hospitals at which members of the Japanese Nursing Association work. Responses were received from 2,977 hospitals (47.7%). The survey was conducted in November, 1996.

### Survey Findings

#### 1. Attributes of Hospitals

Regarding the founding organization, 37.3% of respondents' institutions were established by the national government, local government or another public organization, and 49.8% were private hospitals.

Regarding the number of beds, 23.4% of the institutions had less than 100 beds, 30.6% had 100 to 199 beds, 35.8% had 200 to 499 beds and 10.1% had 500 beds or more.

Regarding type of care, 8.0% were psychiatric hospitals, 0.7% were sanitariums for tuberculosis or leprosy, 11.0% were mainly for geriatric disorders, 1.2% were mainly for the handicapped or victims of incurable diseases, 6.1% were for specific patients and 72.6% were ordinary hospitals.

Regarding function, 27.2% were special hospitals centered on one department, 6.6% had the ability to provide advanced and special medical treatments, 29.7% were general hospitals, 4.1% were mainly providing home care, 2.6% were special hospitals for rehabilitation, 3.3% were university hospitals or hospitals with specific functions and 23.8% were other institutions belonging to none of these categories.

## 2. Directions at which Hospitals Aim and Problems of Nursing Service Departments

We suggested nine items as directions at which hospitals might aim and asked respondents to chose all items which applied. The most commonly selected item was shortening hospital stays (60.9%), followed by satisfying demand for home care (56.5%), satisfying demand for outpatient services (47.3%) and satisfying demand for advanced medical treatments (33.2%).

Next, we suggested 24 items as issues facing nursing service departments and asked respondents to chose all items which applied. The most commonly selected item was reviewing nursing service (69.6%), followed by developing nursing managers (67.2%), developing the abilities of nursing workers (60.1%), securing and retaining nursing workers (51.1%), reducing hospital stays (44.5%), enhancing cooperation with other departments (43.3%), implementing and expanding visiting nursing (42.2%), and drafting discharge plans and providing guidance to patients leaving hospital (41.6%).

The problem of securing nursing workers was an urgent one for hospitals which were calculating nursing charges based on more patients per nursing worker, whereas hospitals using ratios of few patients per nursing worker were more willing to improve nursing management and nursing service.

## 3. Changes in Needs and Nursing Services

### 1) Involving nursing workers in informed consent for treatment

At many respondent institutions, nursing workers were present when doctors presented information about medical treatment to patients. (Nursing workers were present as a general rule at 59.8%, and were present case by case at 36.3%). At no more than 10% were conferences held among doctors, nursing workers and members of other departments before doctors presented information to patients, or were nursing workers providing additional explanation after doctors presented information as a rule. Many respondents indicated that such activities were performed case by case. The understanding and consent of patients and their families were being confirmed as a rule by 39.3% of respondent institutions, while 54.4% were doing so case by case.

## 2) Formulating nursing plans and care plans

Nursing plans and care plans were being formulated by most respondent institutions. Nursing plans and care plans were formulated for all patients by 65.4% and for some patients by 30.1%.

Adopting the concept of informed consent in nursing service, as an important procedure enabling patients to recover more quickly and leave hospital more smoothly, has become more common. This includes giving patients information on nursing plans and inviting patients and their families to participate in drafting nursing plans as well as accepting their requests and opinions. However, at very few respondent institutions did patients and their families almost always participate in drafting nursing plans and view the plans. At 41.2% they sometimes participated in drafting nursing plans, and at 29.8% they sometimes viewed the plans.

## 3) Special measures for pain control

Regarding pain control, which is intended to ease remaining life for terminal patients, 16.3% of respondent institutions replied that special measures were being taken for terminal patients including providing home care for cancer patients, instructing hospital patients on pain control, and setting up committees to discuss pain control.

## 4) Life-extending therapy

We asked if respondents ever felt that, as the director of a nursing services department, excessive life-extending therapy was applied to elderly terminal patients, and 6.5% replied "very often" while 59.4% said "sometimes." As reasons for the situation, many respondents thought it was due to the intentions of doctors (76.2%) or requests from patients' families (70.7%). Few thought it was done due to patient requests or hospital policy.

## 4. The Involvement of Nursing Workers in Discharging Patients

### 1) Average hospital stays and long-term hospitalization

Since the gradual decrease in medical fees for long-term hospitalization had intensified, it was inevitable that hospitals were trying to reduce average hospital stays for business reasons. As mentioned above, 60.9% of hospitals aimed to shorten the period of hospitalization.

Regarding average hospital stays at general wards, 15.3% of respondents reported less than 15 days, 13.3% reported 15.1 to 20 days, 19.0% reported 20.1 to 25 days, 16.1% reported 25.1 to 30 days, 7.3% reported 30.1 to 35 days, 4.5% reported 35.1 to 40 days and 17.9% reported more than 40.1 days. 90.7% of respondent institutions had hosted patients in general wards for

more than three months. Long-term hospitalization at many respondent institutions was due to the peculiarities or seriousness of certain illnesses and patients' families being not well prepared to take them home or because there was no one in the home to attend the patient. Other respondents mentioned that patients were waiting for admission to other institutions, that there were no other hospitals or institutions to take the patients, that patients depended on the current institution, and that it was difficult for the patients to attend as outpatients.

## 2) Nursing workers' participation in discharge decisions and sharing the goal of leaving hospital with patients and their families

In order to prevent long-term hospitalization and to smoothly discharge patients, it is important to clarify the goal that patients leave hospital and to share this goal among doctors, nursing workers, patients and patients' families.

To our question on how nursing workers participate in discharge decisions, 84.3% of respondents said that the decisions were made by doctors after having consulted patient information provided by nursing workers, 19.8% that the decisions were made in conferences in which nursing workers participated, 18.3% that the decisions were made by doctors and that nursing workers scarcely participated, and 1.4% that most decisions were virtually made by nursing workers. (Responses overlapped as situations might differ among patients.)

Hospitals trying very much to share the goal of leaving hospital with patients and their families amounted to 25.3%, while those trying to some extent were 62.7% and those scarcely trying were 8.7%.

## 5. Ordinary Working Hours and Night Shifts

### 1) Ordinary working hours

At 33.1% of respondent institutions, the weekly working hours of regular nursing workers provided by the work rule was less than 40. At 48.9%, they were 40 hours. Together these exceed 80% of all respondents.

### 2) Present conditions of night shift work on wards

Regarding night shifts on wards, respondents were asked to choose as many responses as applied. For nursing workers, 60.3% of respondent institutions were using a three-shift system, 35.3% were using a two-shift system, 8.7% were using a variation of the three-shift system and 4.3% were using the night duty system. In hospitals using a variation of the three-shift system, portal-to-portal night shift hours averaged 11.2 hours, with breaks averaging 1.6 hours

and actual working hours averaging 9.6 hours. In hospitals using a two-shift system, portal-to-portal night shift hours averaged 16.1 hours, with breaks averaging 2.4 hours and actual working hours averaging 13.8 hours.

### 3) Evaluations of long night shifts

We asked the directors of nursing service departments at institutions which had introduced long night shifts, such as variations of the three-shift system or a two-shift system, how they evaluated these long night shift systems.

Respondents evaluated the two systems differently. Regarding the three-shift system, the only response selected by over 40% was that the danger of night-time commuting could be reduced. Regarding the two-shift system, more than 40% of respondents chose that response as well as the responses that off hours had increased, less time was spent handing over when changing shifts, the numbers of successive days off had increased, and the system provided more relief to patients. On the whole, many respondents evaluated both systems favorably and few chose responses which reflected our apprehensions about long night shifts, such as that the quality of judgment deteriorated at dawn or that the number of chronically fatigued workers had increased.

## 6. Attributes of Nursing Service Department Directors and Their Participation in Management

### 1) Attributes of nursing department directors

Regarding the ages of the respondent nursing service department directors, 3.1% were under 39, 20.8% were 40 to 49, 51.5% were 50 to 59, and 17.1% were over 60. The average age was 53.7.

The average length of experience as nursing service department director, including at other institutions, was as long as 6.3 years, and the average for the current institution was as long as 4.7 years.

### 2) Nursing service department directors' participation in management

Responses showed that 67.6% of nursing service department directors were participating as formal members in meetings to discuss and determine the institution's overall management policies, while 6.1% were participating as observers. Among the former group, 7.7% of nursing service department directors had been appointed to the post of hospital sub-director or trustee. With the severe circumstances surrounding hospitals and the increasing incomes and expenses due to providing nursing services, nursing service departments have come to hold an important

position in hospital management. Reflecting this, directors of nursing service departments were participating in overall hospital management in one way or another at growing numbers of institutions.