

JNA News Release

Japanese Nursing Association

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<http://www.nurse.or.jp/jna/english/index.html>

President's Message



I have entered the third term of my presidency. Over the past four years in office, I have continuously advocated and made every effort toward a reform in the basic nursing education, which was finally addressed by policymakers and resulted in the enactment in July of a bill for the partial revision of the Act on Public Health Nurses, Midwives and Nurses, and the Act on Assurance of Work Forces of Nurses and Other Medical Experts. Nursing is capable of exercising its power and meeting people's expectations in all health care-related sectors, including medicine, public health, welfare and nursing care. JNA will continue to pursue its mission of providing safe and secure health care services to people in the era of uncertainty that dominates society in the midst of global economic crisis.

Vigorous international activities are slated for 2009. Following the ICN 24th Quadrennial Congress in June, the 1st Japan, China and Korea Nursing Conference had held in August, jointly by the nursing associations of these three countries. Japan and China have held joint nursing conferences since 1991 and, after having the 10th Conference in 2006, started reviewing on introducing nurses from other Asian countries and reached the three-party joint conference of this year. We hope that this will become a great opportunity for us to have a view of today's desirable nursing in Japan, taking account of the global nursing trends.

President Setsuko Hisatsune

Reform of Basic Nursing Education for the first time in 60 years

In July 2009, a bill for the partial revision of the Act on Public Health Nurses, Midwives and Nurses was enacted. The term of education for public health nurses and midwives was extended from six months to at least one year, while graduation from a four-year college was listed in the first place of qualification for taking the National Examination for Nurses. The revised act takes effect in April 2010.

JNA has made efforts toward ensuring basic nursing education at four-year colleges and extending the term of education for public health nurses and midwives from six months to two years. Although the contents of basic education for nurses has expanded, the basic nursing education system has been left

unchanged for sixty years. Also, a more suitable educational system is required in proportion to the responsibilities of nurses in a multidisciplinary team care and collaboration between public health, health care and welfare because the present basic education is not balanced with educational systems for other related job areas. At the same time, in the social context of declining birthrate and increasing youth population opting colleges, nursing schools have received fewer students than their admission capacities since 1997. If this trend continues, nurse trainees would fall short of requirement. The recent revision made it clear that education at four-year colleges would become the basis of nurse education.

Now that a legal framework has been established for basic nursing education reform, specific actions are to be taken. Relevant ministries and agencies are

holding review meetings to discuss desirable nursing education. It is strongly requested that this movement effectively leads to the system reform.

Clinical Training System

In July 2009, a bill for the partial revision of the Act on Assurance of Work Forces of Nurses and Other Medical Experts was enacted, together with the bill for revising the Act on Public Health Nurses, Midwives and Nurses, which modified the terms of basic nursing education. The revised act requires that efforts must be taken to ensure post-graduation clinical training and other activities by employers.

According to a survey conducted by JNA in 2006, most nursing students were recognized that they could practice only 18 out of the 80 basic clinical nursing skills and techniques by themselves at the time of graduation. According to another survey conducted by JNA in 2007, the annual turnover rate of nurses stood at 12.4%, and that of novice nurses at 9.2%. JNA has advocated the establishment of a clinical training system toward filling the gap between clinical services needs and their knowledge and skills obtained from the school training, and the retention of novice nurses. These efforts have led to the recent revision of the act.

The Ministry of Health, Labour and Welfare (MHLW) undertook a model project of clinical trainings for novice nurses at 39 hospitals across Japan in FY2008. They also provided a training program to instructors of novice nurses at 22 hospitals in the same year. The

interim summary report of the Ministry's review meeting suggested the review of basic nursing education, and also pointing out the necessity for training to novice nursing staff in March 2009. At present, the MHLW is working on the formulation of guidelines for novice nurses' clinical training at the review meeting.

Nurse Politician in Japan

In the recent enactment of the bill for the partial revision of the Act on Public Health Nurses, Midwives and Nurses, and the Act on Assurance of Work Forces of Nurses and Other Medical Experts, the Diet members who are nurses played an essential role. In order to provide high quality nursing services, JNA has advocated basic nursing education reform. Two Diet members, who served as representatives of Japanese nurses, led extensive promotion to other lawmakers in collaboration with prefectural nursing associations and Japan Nursing Federation. Sixteen Diet members established a council on nursing issues in support of our goal, and launched a project team toward lawmaker-initiated legislation. These movements contributed substantially to the realization of this revision.

Dr. Masako Kanai-Pak join ICN Board of Directors

At the Council of National Representatives of the International Council of Nurses (ICN), held in Durban, South Africa, Dr. Masako Kanai-Pak, recommended by Japanese Nursing Association, was elected as a member of the Board of Directors. Her term of office is up until 2013.

Dr. Kanai is a specialist in nursing labor, particularly in the study and research of how to improve the



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working environments for nurses including labor conditions in Japan and the world. As shortage of nurses is apprehended around the world, Dr. Kanai's contribution grounded on her expertise is expected.

Dr. Kanai's manifesto is as follows:

1. Making one voice of nurses; I will be a bridge between ICN and NNAs with Biannual newsletters and Interview
2. Strengthen the nurse workforce globally

Nursing in Japan

FAQ by Japanese Nurses ;

Does any document specify health care practices that nurses are entitled to do?

Only the Act on Public Health Nurses, Midwives and Nurses has provisions concerning the activities of nurses, which are stipulated as "to take care of people who is under medical treatment" and "to assist medical treatment" (Articles 5 and 6 of the Act). No document lists specific procedures and actions that nurses are entitled to take.

Article 17 of the Medical Practitioners Act states that only physicians may do medical practices. Medical activities comprise 1) highly risky activities that physicians or dentists must always do by themselves ("absolute medical activities"), and 2) activities that nurses etc. may do under the order, direction and supervision of physicians and dentists ("relative medical activities"). "To assist medical treatment" that nurses are entitled to provide is limited to the range of medical activities indicated in 2). Also, attention must be paid to ensure that nurses have competency in knowledge and skills, are ready to take emergency actions, and sufficient informed consent to the patient. Furthermore, careful consideration is required in terms of ethical perspectives, as well as competency of nurses, status of health care facilities and so on .

In case of incident or accident, nurses are held responsible for the adverse events, physicians for the orders that they gave, and health care facilities for the relevant administration. It is desirable that each medical institution discuss and document the range and responsibilities of medical activities to be ordered from physicians to nurses.

News Topics in Japan

Philippine Nurses

On May 10, Philippine nurse candidates arrived in Japan based on the Japan-Philippines Economic Partnership Agreement. They will take Japanese language training for six months before working at hospitals and studying toward the obtainment of Japanese qualification as a nurse. Candidates must return home unless they pass Japan's National Examination for Nurses within three years of coming to Japan.

Nursing Role

On May 19, Prime Minister Taro Aso mentioned the expansion of nurses' roles at the Council on Economic and Fiscal Policy, and instructed a specific review on pros and cons and conditions of nurses to conduct some medical procedures in line with the current situation in Japan. At this point, the introduction of Nurse Practitioner system and extended use of Certified Nurse Specialists and Certified Nurses are being examined toward the expansion of nurses' roles.

Education to become Public Health Nurses

On June 25, a review meeting of the Ministry of Education, Culture, Sports, Science and Technology presented a draft report that suggests excluding the education to become public health nurse, which is the requirement to graduate from nursing colleges now, and making the relevant education optional. In the near future, each college will select either to compose its undergraduate curriculum with nursing education only or to include a public health nurse course into its nursing curriculum.