

JNA News Release

Japanese Nursing Association

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

The 1st Japan, China and Korea Nursing Conference

On August 20th and 21st, 2009, the first joint nursing conference of Chinese Nursing Association (CNA), Korean Nurses Association (KNA) and Japanese Nursing Association (JNA) was held in Beijing, China. The theme was "Nursing Shortages and Solutions in Japan, China, and Korea." and approximately 1,900 participants (1,600 from China, 100 from Hong Kong/ Macau, 50 from Taiwan, 56 from Korea, and 126 from Japan) participated with 34 oral presentations and 123 poster presentations. Since Chinese Nursing Association was celebrating its 100th Anniversary in 2009, a commemorative ceremony

was held the day before the opening of the conference and special lectures were given by the representatives of ICN, WHO and the Presidents of the Nursing Associations of the three countries.

The next joint conference will be held in November 2010 in Japan.



Front row from left; KNA President Shin, CNA President Li, JNA President Hisatsune

Kaeru Project for Nurses (Positive Practice Environments in Japan)

In October 2008, claims for workmen's compensation for the death of two nurses were approved by the court, acknowledging "*karoshi*" (death from overwork) in one nurse (24 years old) and official casualty in the other (25 years old). In response, JNA conducted an "ad hoc survey on the actual situation of overtime work, night duty and shift work." Based on the result of this survey, JNA announced that approximately 20,000 nurses in Japan were likely to be working under similar conditions as those of the case

recognized by the court as official casualty. In other words, their working hours were reaching a dangerous level that could put them at risk of dying from *karoshi*. Working hours that reach a dangerous level does not only mean working in rotating shifts (two-shifts, irregular two-shifts, three-shifts, or irregular three-shifts), but also working more than 60 hours overtime. Such a workload level was pointed out by the court as harsh working conditions leading to *karoshi*.

To "prevent *karoshi* from ever happening again" and to "ensure the provision of safe and high quality nursing care," JNA proposes a *Kaeru* Project for Nurses. This project aims to improve the shift work system and to reduce overtime work through the organizational commitment of each health care institution. JNA is currently proceeding with the following initiatives with the cooperation of clinical professionals.



The symbol of the project is a frog. "*Kaeru*" also means "frog" in Japanese, but it has several other meanings too.

Example; To return, to exchange, to hatch, to change.

● Actions of health care institutions

Phase 1. As an urgent action, efforts are made to put an end to high-risk work style (50 to 60 hours overtime work in addition to a rotating shift).

Phase 2. The top management will demonstrate leadership and the director, manager and each staff member will collaborate to implement the activities committed by the whole hospital/ health care institution.

- (1) To assess the actual situation in the workplace and the needs of the employees.
- (2) To provide opportunities for discussions between the employer and the employees.
- (3) To set goals and to formulate, implement and evaluate improvement plans.

● Actions of JNA

- (1) Press the government to improve the systems and policies.
- (2) Provide support for the implementation of activities, including fruitful training programs for nursing managers.
- (3) Collect and share information on good practice.
- (4) Establish a partnership between the Ministry of Health, Labour and Welfare, hospital associations, and labor unions.

The term “*Kaeru*” in the name of the project not only signifies “returning home” without having to work overtime, but also includes the following meanings.

- (1) To “change” to the principle of providing a safe healthcare environment,
- (2) To “change” to the principle of providing high-quality nursing care,
- (3) To “change” to the principle of providing a workplace that protects the health and safety of the staff.

It also reflects the word “*Kaeru*” in the Work-Life Balance Campaign of the Cabinet Office, “*Kaeru* Japan.”

Flexible working styles (Positive Practice Environments in Japan)

According to the survey of JNA (Hospital nursing survey, 2007), 70% of the respondents thought that the “introduction of a flexible working style” was effective in securing nursing professionals, proving it to be the most effective measure among various other initiatives.

In Japan, to continue working as a regular staff member, a nursing professional is often required to work in rotating shifts, including night shifts. Consequently, if a nursing professional is unable to work on a full-time basis, he/she is often employed as a “part-time worker,” with less favorable working conditions, and this makes continuous career development difficult. It can be deduced that the nursing shortage is the result of employers’ lack of

consideration for female nursing professionals with the life events specific to women such as marriage, childbirth, and child rearing. It is obvious that when a good work-life balance is lost, it becomes difficult for a nurse to work full-time and meet the requirements of a regular staff member, forcing her to leave her job. The introduction of flexible working styles aims to allow nursing professionals to combine work with life and continue their career throughout the different life stages without having to resign, which in turn, will promote the recruitment and retention of human resources at health care facilities. Moreover, it is expected to allow improvement in expertise and to ensure greater quality of nursing practice. In terms of the working styles of nursing professionals, JNA is

calling for the introduction of a non-uniform style that takes the work-life balance of workers into consideration.

- Examples of flexible working styles of the nursing professionals

1. One can choose the working hours.
2. One can choose the time zone.
3. One can choose whether to work in rotational shifts or not.
4. One can easily make changes in the chosen working style: between regular and part-time basis, or between administrative leave and reinstatement.
5. There are long-term/ short-term leave systems.
6. Equal treatment is ensured for part-time/ temporary workers.

- Tokyo Metropolitan Government's grant project, "short-time regular staff system"

In FY 2009, Tokyo Metropolitan Government became the first local government to start a grant project, "short-time regular staff system." For this project, the Tokyo Metropolitan Government subsidizes some of the expenses of hospitals with fewer than 300 beds to

In-Hospital Midwife-Led Care System

With the decreasing number of obstetricians and the declining birth rate, the number of facilities providing obstetric care has decreased from 3,991 facilities in 1996 to 2,933 facilities in 2005. Under these circumstances, the national government is rapidly proceeding with intensification and networking of obstetric care, to provide safe and reliable places for childbirth. Since 2008, the Ministry of Health, Labour and Welfare has initiated various initiatives to establish in-hospital maternity centers and midwifery outpatient services.

Meanwhile, JNA has been making its own efforts to promote midwifery system in hospitals since 2004, by examining midwife-led care system that allows

A society that has achieved a good work-life balance is:

A society that allows each citizen to work with motivation and satisfaction, fulfill work responsibilities, and make diverse lifestyle choices at each stages of life within the family and community, such as during the child-rearing period and in later periods of life.

In particular, it is a society that (a) ensures financial independence through employment, (b) ensures each person to have time to lead a healthy and fulfilling life, and (c) provides diverse options of work styles/ life styles.

(Source : The Cabinet Office

<http://www8.cao.go.jp/wlb/towa/definition.html>)

introduce the short-time regular staff system. This suggests that the Tokyo Metropolitan Government considers that the short-time regular staff system will be effective in preventing the high turnover of nurses.

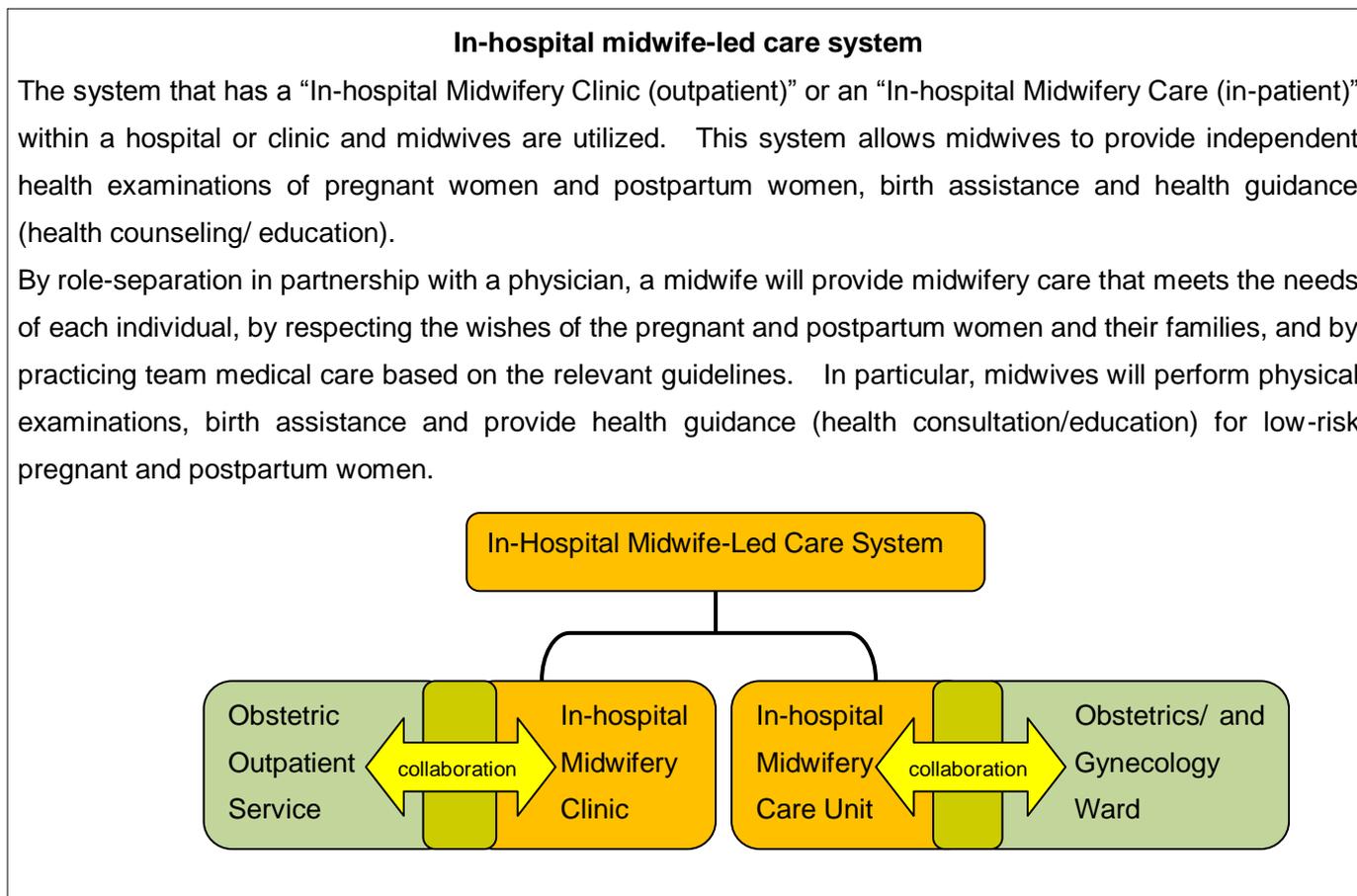
midwives to provide both physical examinations and health guidance with professional autonomy and by promoting in-hospital midwifery clinics (outpatient) as well as in-hospital midwifery care (inpatient).

According to a web-based survey targeting the users of these in-hospital midwife-led care system, the average duration of consultation time was double that provided by obstetricians alone. (Source: http://www.digitalboutique.jp/pub/pdf/PR080201_Sankafusoku.pdf) Pregnant women felt "comfortable" and considered it "easy to ask questions" during health examinations by midwives, and the outpatient services provided by midwives were highly appreciated by pregnant women and mothers. Most

comments were supportive of the services. In addition, when asked, “How do you feel about in-hospital midwifery clinics and in-hospital midwifery care?” less than 1% of those who had experienced childbirth replied, “I feel anxious without the presence of an obstetrician.” This suggests that women would accept midwife-led care, if they knew that an

obstetrician would be present if necessary.

It has also been reported that postnatal questionnaires targeting the users of health care institutions that had adopted an in-hospital midwife-led care system revealed a tendency for a high satisfaction rate.



Nursing in Japan

FAQ by Japanese Nurses;

What are the health care activities that can be provided by nurse aids (who do not have nursing license)?

In Japan, Act on Public Health Nurses, Midwives and Nurses define nursing as to take care of people under medical treatment and to assist medical treatment. The role of nurse aids are to provide peripheral services related to nursing work that do not require specialized nursing knowledge. These are simple procedures such as moving objects and materials, but the details of the tasks will be decided at each facility. Since nurse aids basically work under the supervision of nurses, the nurses have to take responsibility for their activities.

News Topics in Japan

Revision of the Child Care and Family Care Leave Act

On July 1, the revised Act on the Welfare of Workers Who Take Care of Children or Other Family Members Including Child Care and Family Care Leave (referred to as the Child Care and Family Care Leave Act) was promulgated. Based on the revision, all businesses with 101 or more workers are obliged to allow workers with children under 3 years of age to adopt short working hours (6 hours per day) if they request it, and to exempt them from working overtime (business entities with 100 or fewer workers are granted a 3-year grace period).

Furthermore, despite the availability of paternity leave (child care leave) system, only 1.56% had benefited from the system in FY 2007. In response, in case both parents wish to take child care leave, the revised Act will allow each parent to take leave for a period shorter than 1 year, before the child reaches the age of 14 months (12 months under the current system). Until now, it was only possible to obtain child care leave once, regardless of the duration of leave. However, the current revision makes it possible for a father to take another child care leave later if he had taken the first leave within 8 weeks after the birth. The revision will be effective by June 30, 2010.

Increase in the number of nursing professionals

On July 17, the Ministry of Health, Labour and Welfare published, "The Report on Public Health Administration and Services, 2008." As of the end of 2008, the numbers of public health nurses, midwives, and nurses in employment had increased by 8.1%, 7.8% and 8.0% respectively, compared to the previous report (2006). However, the number of assistant nurses had decreased by 1.9%. The number of employed nurses in the age group of 30 to 49 shows a particular increase.

Health care professionals start to receive vaccination against H1N1 influenza

On October 19, vaccination against H1N1 influenza started for health care professionals (including emergency personnel) who are directly involved in the medical care of H1N1 influenza patients. It is planned to vaccinate others consecutively, starting from pregnant women and those with primary illnesses, children aged one to nine (equivalent to children in third grade of primary school), and the guardians of children under 12 months. In September, JNA had submitted a request to the Ministry of Health, Labour and Welfare, to give priority to visiting nurses and public health nurses who have a risk of acting as a vector in the transmission of H1N1 influenza to home-based patients and community residents.