

# JNA News Release

Japanese Nursing Association

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

## President's Message



I have now entered the last half of the third term of my presidency, and FY2010 will be my final year in office. During this round-up year, I'm fully committed to creating a working environment for the retention of nursing personnel, particularly by improving the wage standard and working hours. Since January, Japanese Nursing Association (JNA) is providing a "Consultation on Nurses' Working Hours" (consultation service concerning working hours of nurses.) Responding to the concerns of those who are working in the field and helping to resolve those concerns are the mission of the professional organization.

Last year's change in government was a significant event. Policy-making procedures have changed greatly, and although it was at first difficult even to submit a request, the situation has gradually improved. JNA exists for nursing personnel. We must maintain neutrality as a public-interest corporation and respond flexibly to achieve nursing policies. In spite of the on-going economic stagnation, nursing is a field where further growth is expected. We will do our best so that the members of JNA can continue to work with pride in their profession. ■

## Health guidance program for the prevention of lifestyle-related diseases

For the prevention of lifestyle-related diseases, both a high-risk approach targeting the high-risk group and a population approach targeting the whole community are necessary to raise the community's awareness of health-promotion. Public health nurses have been making an important contribution to community health and are expected to play a leading role in health guidance. As one of the initiatives to prevent lifestyle-related diseases, JNA has developed its own "JNA Group Support Program" to build effective health guidance programs and to train health guidance specialists. Since FY2006, this program has been utilized as a tool to implement a

### *Public Health Nurse*

*Nursing personnel in Japan include public health nurses, midwives, nurses, and assistant nurses. The Act on Public Health Nurses, Midwives and Nurses defines the public health nurse as one who engages in health guidance. The public health nurse must pass the National Examinations both for nursing and public health nursing, and obtain a license.*

model project for the support of lifestyle-related disease prevention. The success of this project led to the initiation of a “Specified Health Guidance Consultation Model Project” that also tapped into “JNA Group Support Program,” and was

implemented for a 3-year period starting in 2008. At the same time, JNA has been actively training health guidance personnel to improve their health guidance skills. ■

JNA Group Support Program is a program that supports the efforts of individuals with different needs. Every three months, group discussions are organized and participants are also encouraged to review their lifestyles based on the HbA1c test results. The participants check their own test results and eating habits to understand metabolic syndrome through experience, and discuss it with other participants who have similar health problems. To let participants feel comfortable, group discussions are held in small groups of 6 to 7 people and the discussion is led by a facilitator. Seventy-five percent of the participants continued with the program in FY2007.

## My Nurse

Following the revision of the long-term care reimbursement system in FY2009, “management guidance for home care” (“My Nurse”) was developed as a new service provided by nurses. This is a nursing counseling service for people with relatively low-level long-term care (support) needs. Due to the difficulties with making hospital visits, those receiving home care will benefit from the service if the physician decides that “management guidance for home care by a nursing professional” is necessary. This service is eligible when they have received certification that they need long-term care (support) for the first time, upon renewal of the certification, or when the classification of the nursing care (assistance) need has changed.

By allowing users and their families to freely consult with nursing professionals about their anxieties and the problems they face during home care, the service will help to prevent deterioration of their health, avoid

unnecessary emergency transport/ hospitalizations, and act as a “lifeline” for those receiving home care.

“My Nurse” is also recommended as a “trial” visiting care system, so that users and care managers who are hesitant about its introduction can get an opportunity to experience the system. Close attention can be paid to potential patients who need visiting care, hence an effective linkage to visiting care can be ensured. Moreover, the physician’s “instructions for visiting care,” which is usually required for visiting care, will not be necessary to receive the “My Nurse” service.

JNA implements visiting care and is making efforts to familiarize and promote “My Nurse” services, to support people to live healthy in a familiar community or home environment, to protect their dignity, and to help them lead a peaceful and satisfying life. ■

### *Long-term care insurance system*

#### Long-term care insurance system

This system allows users to receive comprehensive services by making their own choices from diverse medical and welfare service providers.

#### Principle

The principle is to provide support that extends beyond personal care, to enable elderly people to live independently.

#### Content

- Adopts the social insurance system, which has a clear allowance and cost relationship.
- Insured person: (1) 65 years or older (primary insured person), (2) age group 40-64 (secondary insured person)
- Service provision: After receiving the application of the insured person, the insurer (municipality, special wards) will classify the insured by their condition, and the relevant services will be provided according to the classification. For secondary insured persons, services will be provided if long-term care becomes necessary as a result of terminal cancer, rheumatoid arthritis or other specific diseases associated with aging.

## Japan-Arab Women's Exchange Program

As the host organization of the 24th Japan-Arab Women's Exchange Program, the Vice President of JNA, Tomoko Kusama, and the Executive Director, Kyoko Nagaike, visited Jordan, Palestine, and Egypt, from November 6th to 13th, 2009. The main theme of the forum was "Health Care and Women's Role," and seminars were held and field visits to medical institutions were made under this theme. At the seminars given in each country, the current situation of nursing education in Japan and its improvement processes were introduced. Also presentations were made to describe the importance of nursing personnel as professionals who contribute to people's health and creating a working environment that encourages women to continue working, efforts to improve the working environment for nurses were



Seminar at General Federation of Jordanian Women

introduced, recommendations were made, and opinions were exchanged with the local women's

organizations and health care professionals.

In July 2010, JNA will be implementing an Invitation Program under the same theme, inviting one person from each of these three countries. JNA is preparing a program that will highlight the importance of unification between education and clinical practice. ■

## Nursing in Japan

### Q What is the standard payment for nursing personnel?

According to the Hospital Nurse Survey (2007) conducted by JNA, the average starting monthly wage of a newly graduated nurse (high school education plus a 3-year training course) was 193,907 yen in FY2008. The total wage, including night shift allowance and commuting allowance, was 252,488 yen. For a nurse (average age of 35.6 years), the official monthly wage was 279,600 yen and the annual bonus was 800,400 yen, according to the Basic Statistical Survey on Wage Structure (2007). There may be large differences between regions and according to the hospital size.

### Q What is the turnover rate of nursing personnel?

According to the Survey on Demand and Supply of Hospital Nurses (2009) conducted by JNA, the turnover rate was 11.9% for full-time nurses and 8.9% for novice nurses, showing a downward trend compared to the previous year. Turnover rates tend to be particularly high in major cities, such as government-decreed cities and the 23 wards in Tokyo, and in small-scale hospitals (under 300 beds) in the major cities. Turnover rates of novice nurses are lower in hospitals with higher ratios of nurse-to-patients staffing.

## News Topics in Japan

### Expanding the role of nurses

On March 19, the report was issued regarding the expansion of the roles of nurses discussed at the Review Meeting for the Promotion of Team Care of the Ministry of Health, Labour and Welfare (MHLW). The report included the decision made about the model activity and validation of a “Specified Nurse (tentative),” a new framework for nursing. Under the direction of physicians, Specified Nurses shall perform “specific medical interventions” that will include relatively invasive interventions. The MHLW has announced its policy to establish a succeeding meeting at an early stage in FY2010, and to study the requirements for Specified Nurses as well as the medical interventions they will be permitted to perform. In this report, recommendations were also made to clarify general nurses’ possible scope of work.

### Medical acts performed by personnel providing long-term care

On March 26, in response to the results of the model project, the Review Meeting of the MHLW announced its policy to permit personnel providing long-term care at special nursing homes for the elderly to perform some of the medical interventions, if certain conditions are met. These medical interventions include oropharyngeal suctioning of sputum, and some procedures concerning gastrostomy tube feeding. It was considered appropriate for nursing professionals to carry out such procedures as confirming that there are no problems with the gastrostoma, connecting the feeding tube and the