

# JNA News Release

Japanese Nursing Association

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

## President Hisatsune Delivered a Strong Message to the Heads of Associations Nationwide



At the meeting of corporate members on July 27, JNA President Setsuko Hisatsune communicated a strong message to the Heads of 47 prefectural nursing associations.

Since assuming office, she has been devoted herself to the attainment of JNA's three goals, as established by herself: (1) improving the quality of nursing education; (2) creating a working environment for nurses to be able to continue working; and, (3) developing the scope of nursing practice. Although this is the last year of her presidency, she announced that she will continue working to create a working environment to be able to continuing working for nursing personnel, especially for strengthening

labor regulations on the frequency of night shifts, overtime, and wages. She will also make efforts to build effective relationships with relevant groups and organizations. ■

## Fact-finding Survey on Nursing Practice Begins

A fact-finding survey, entitled "Study on the scope of medical acts performed by nurses" will begin, with doctors and nurses in practice as subjects. On and after July 20, questions regarding 168 medical actions during both acute and chronic phases will be asked on the Web, concerning: (1) whether or not nurses are currently allowed to perform the action; (2) whether general nurses will possibly be allowed to perform the action; or (3) whether specific practice nurses (tentative name) will possibly be allowed to perform the action. The results will be reported by the end of August, to provide a basis for a discussion of the scopes of the practice of nurses and specific practice nurses (tentative name). This survey will also examine those parts of the current practice of nurses that can be provided appropriately by other healthcare personnel.

### *What are 'Specific Practice Nurses?'*

*Specific Practice Nurse (tentative name) is a new framework for nursing with the aim of authorizing nurses with special clinical competency to provide, under doctor's orders ( 'comprehensive orders,' as appropriate), a wide variety of medical actions that have generally been regarded as not practicable by nurses.*

## ■ Background and Prospect of the Introduction of 'Specific Practice Nurse (tentative name)'

The Review Meeting for the Promotion of Team Healthcare was formed last year by the Ministry of Health, Labour and Welfare to study the manner in which collaboration and cooperation among medical, nursing and other healthcare personnel should proceed, given the reality of healthcare delivery in Japan. The Review Meeting proposed the introduction of 'Specific Practice Nurses (tentative name),' as a new framework of nurse, in relation to the expansion of nursing roles. This proposal is to be tried and examined in the current fiscal year.

For training specific practice nurses (tentative name), the MHLW designated master's courses of four graduate schools which had signed up for the '2010

Project for the Pilot Trial of Specific Practice Nurses (tentative name) by Governmental Request' in July. The project expects feedback from these courses on the curriculum and clinical training.

JNA supports the introduction of 'specific practice nurses (tentative name),' because they will contribute to the reduction of the workload of doctors working in hospitals. At the same time, JNA calls for early institutionalization and legislation regarding specific practice nurses for the safety of healthcare and the security of patients, as these nurses are expected to perform medical actions with relatively high invasiveness. ■

## Arab Delegates Visited Japan (the 25th Japan-Arab Women's Exchange Program)

From July 10 to 17, nursing educators from Jordan, Egypt, and Palestine were invited to the 25th Japan-Arab Women's Exchange Program. JNA handled this program, in the same manner as the visit of Japanese delegates in November of last year. The theme was "Health Care and Women's Roles" and the program was held in Tokyo and Oita, highlighting the importance of the unification between education and practice.

Public forums were also arranged at both venues, in which the four countries including Japan gave reports about nursing education and practice.

Vice President Kusama, representing the JNA, reported the current situation in Japan, and called for an enrichment of nursing education to provide a higher quality level of nursing service. Professor Inaam Khalaf, Dean, Faculty of Nursing, University of Jordan, pointed out that nursing profession has gradually been recognized as an independent job, partly due to the proposal of the King, but that they still have various problems, including a shortage of female nurses, excessive workloads, and friction with other healthcare personnel. Professor El Karmalawy, Vice Dean, Faculty of Nursing, Cairo University, introduced the status of the shortage of nurses in Egypt, and explained the basic nursing education system, which consists of a university education (with a four-year basic education and one-year of clinical training) and vocational school education. They are doing a reform of requirement for entrance into vocational schools. Ms. Nasser, Advisor of an NGO in Palestine, reported that midwives in the Palestine autonomous region sometimes go to help pregnant women who are forced to deliver a baby at the check point where they are



Public Forum in Tokyo ;

From left; Dr. Kusama, Dr.Khalaf, Prof.El Karmalawy and Ms. Nasser

stranded, that nurses have only four options for continuous education, and that lack of clinical practice instructors and nurses with a doctoral degree has an adverse effect on education.

In a courtesy call and field visits, the delegates showed extensive interest in on-the-job training for nurses and training opportunities for students at hospitals, and had a lively exchange of views. They also visited JNA headquarters, where we obtained feedback which indicated that they learned the importance of reflecting the views of the nursing profession in policy-making. ■



## Certified Nurses Reached 7,363 in 19 specialized areas

Since the establishment of the credentialing system for certified specialist nurse in 1994, JNA has been certifying educational institutions and nursing personnel who have completed specialist education. As a result of the 18th Certification Review for Certified Nurses, the total number of certified nurses reached 7,363. The specialized areas of 'stroke

rehabilitation nursing' and 'radiation therapy nursing' were first included in the qualification review, and the qualification now covers 19 specialized areas. In addition, as a result of the 14th Certification Review for Certified Nurse Administrators, a total of 951 nurses have been certified to date. ■

### Credentialing System in Nursing

- ◆ **Certified Nurse Specialist**  
Certified nurse specialists possess in-depth knowledge and skills in a specific area of specialization for efficiently providing a high level of nursing care to individuals, families, and groups that face complex and difficult nursing issues, and at the same time, contribute to the development of healthcare and welfare and the advancement of nursing science.
- ◆ **Certified Nurse**  
Certified nurses use matured nursing skills and knowledge to provide a high level of nursing practice, and at the same time, contribute to the expansion and quality improvement of nursing care in various nursing settings.
- ◆ **Certified Nurse Administrator**  
Certified nurse administrators aim to provide a high level of coordinated nursing service to individuals, families, and communities with various healthcare needs, and at the same time provide service to healthcare and welfare by contributing to the maintenance and improvement of the quality of nurse administrators and the standard of nursing.

For information regarding the requirements for certification and the educational system, refer to the JNA website: <http://www.nurse.or.jp/jna/english/nursing/development.html>

## Terms Used in the National Examination for Nurses

To obtain a nursing qualification in Japan, one must pass the national examination for nurses, which is given only in the Japanese language.

Since the landing of nurse candidates from overseas under the economic partnership agreements, they have had two chances to take the examination. Unfortunately, only three of these candidates succeeded. Some observers say that the peculiarity of medical terms, in addition to the difficulty of the Japanese language prevents these candidates from passing the examination. In response, MHLW set up a panel to review medical and nursing terms to assist foreign nurse candidates to take the national examination for nurses. JNA has expressed its stance as follows:

1. Understanding of the Japanese language and Chinese characters are minimum requirements for safe healthcare.

To make up a team with Japanese healthcare workers and to provide nursing care to Japanese patients, one must understand the Japanese language, at the very least. Some important Chinese characters indicate the site are similar in shape (e.g., ‘右’ for ‘right’ and ‘左’ for ‘left’), or

similar in sound (e.g. ‘大野’ for ‘Oono’ (a common family name) and ‘小野’ for ‘Ono’ (another common family name)). Without sufficient understanding of Chinese characters, one can mix up affected areas or patients, and this will undoubtedly lead to serious medical errors.

2. Nurses are required to handle technical terms which are used as common language among healthcare personnel

Many technical terms used in medical and nursing science are part of a common language for the whole healthcare field. In a medical setting, where each professional must make judgments and apply procedures that can affect the life of patients, these terms are indispensable to convey promptly and accurately what kind of treatment is to be given to which part of the body. It is quite appropriate to attempt to replace abstruse technical terms with easy-to-understand words for the public. However, this should not be discussed only in the framework of the national nurse examination, but should be treated as a common issue for all health care professionals. ■

On August 24<sup>th</sup>, the panel had concluded and made suggestions for the national examination. The key suggestions are to put down the diseases in both Japanese and English and give the reading of difficult Chinese characters by attaching ‘kana’ letters which shows pronunciation of Chinese characters. However, medical and nursing technical terms are not subjected to writing neither languages nor attaching kana letters. The result will be reflected to next national examination. ■

### News Topics in Japan

#### Review of the length of working years for foreign nurses

The Ministry of Justice has commenced studies towards the elimination of the period of working for foreign nurses who have obtained a license in Japan. At present, foreign nurses can work for only seven years at most in Japan except those who obtained the license in the framework of EPA. Regarding foreign doctors, such a limitation was eliminated in 2006 aiming at replenishing the supply of doctors.

## Nursing in Japan

### Q: What are the standards for qualifying to take the national nurse examination in Japan for those who graduated from a nursing school abroad or obtained a nursing license abroad?

Those who fulfill all of the following criteria are entitled to take the national examination for nurse:

(1) Course term at a nursing school

The concerned nursing school should:

- a. require a high school diploma for admission (more than 12 years of education) or equivalent qualification;
- b. have a course term of more than three years; and
- c. provide the student with a total of more than 15 years or equivalent of education by the completion of the nursing school course.

(2) Hours of educational subjects

The total hours of the curriculum should exceed 97 units (3,000 hours), while the number of units and hours required for 'Foundation Studies,' 'Specialized Basic Studies,' 'Specialized Studies I,' 'Specialized Studies II,' and 'Comprehensive Studies' provided by the Ordinance on Accreditation of Vocational Schools for Public Health Nurses, Midwives and Nurses (Ministerial Ordinance of Ministry of Education and Ministry of Health and Welfare, No. 1, in 1951) should be largely fulfilled.

Note that for those who apply on and before August 31, 2010, the minimum total number of units and hours required is 93 units (2895 hours).

(3) Environment of Education

The environment of the nursing school should be at least equivalent to the educational environment of nursing schools in Japan.

(4) Accreditation by the government of the country concerned

The nursing school should be accredited formally by the national or state government of the concerned country.

(5) One should have a license or qualification for nursing, as a rule, in the country concerned, after graduation from the nursing school.

(6) National examination or equivalent qualification system should be in place in the licensing process.

(7) Japanese language ability

Those who do not graduate from a junior high school and high school in Japan must have Level One certification in the Japanese-Language Proficiency Test.

Resource by Ministry of Health, Labour and Welfare

<http://www.mhlw.go.jp/general/sikaku/5a.html>

