

JNA News Release

Japanese Nursing Association

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

Greetings from the New JNA President



I am Suga Sakamoto, and am honored to have been elected at the General Convention in June to serve as the President of Japanese Nursing Association. I look forward to working more closely with nursing professionals in the workplace, making the most of my three years' experience as JNA Vice President and thirty-four years of clinical experience. In the dramatically changing healthcare situation, I believe it is the first priority for JNA to establish a supportive work environment where nurses are able to devote on nursing care, and mid-career nurses can feel that their work is very well worth doing. I will listen carefully to the voices from the clinical settings, and make efforts to legislate or institutionalize policies from the viewpoint of frontline nurses.

We are very grateful for the warm messages and thoughtful donations from national nurses associations and other colleagues around the world since the Great East Japan Earthquake, as well as steadfast support of the JNA relief activities. We have completed the direct dispatch of disaster relief nurses to the affected areas, and are now working in close cooperation with the affected prefectural nursing associations concerning mid- to long-term assistance, setting up The Office of the Reintegration Support, The Great East Japan Earthquake at the JNA Headquarters.

As the President of JNA, I, together with the new Board members, will make every effort to overcome this major disaster, and to carve out an outstanding new age of nursing.

JNA General Convention

Japanese Nursing Association held its first General Convention as a Public Interest Incorporated Association on June 6 and 7, 2011. Attended by 750 representatives, the Annual Report and the Project Proposal were approved as proposed, together with the FY 2011 JNA Resolution, "Provide

safe and secure health and nursing care, gathering nursing expertise and strength: contribute to the rehabilitation and reconstruction after the Great East Japan Earthquake." At the Board member election, a new President and other members were elected to establish the new regime.■

Report on the "2010 Survey on Demand and Supply of Hospital Nurses"

JNA conducted the "2010 Survey on Demand and Supply of Hospital Nurses" in October 2010. To understand the trend of demand and supply and the work situation of nursing personnel on a nationwide scale, this survey of

hospital nursing managers has been conducted annually since 1995. This year, in addition to the usual focus on the turnover rate and the average salary of nursing personnel, the survey included the actual conditions of night shifts and actions to address the heavy burden of night shifts. The following is a summary of the results.

<Turnover Rate of Nursing Personnel>

This year's survey indicated that the turnover rate of full-time nursing personnel in FY 2009 was 11.2%, showing a 0.7 point decrease from the previous year. The turnover rate of newly-graduated nursing personnel was 8.6%, which showed a 0.3 point decrease. This downward trend has been maintained. We consider that this trend is due to various retention measures by JNA, and workplaces as well as hospital associations.

<Working Hours in Night Shifts>

The results showed that 26.9% of nursing personnel in general wards worked 48.1 to 64 hours in night shifts a month, which was the largest proportion, 15.7% of the respondents worked more than 80 hours in night shift per month. This implies that some nursing personnel work a disproportionate amount of night shifts, and that urgent countermeasures are required. The average frequency of night shifts per month for nursing personnel working at general wards was 7.8 times in the three-shift system and 4.6 times in the

two-shift system. For nursing personnel working at certain ICUs, it was 8.9 times and 5.8 times, respectively. Those ICUs nursing personnel tend to have more night shifts than general wards nursing personnel. It is necessary to survey and examine the reality of the staffing level and work contents of night shifts at those ICUs.

<Efforts to Reduce the Burden of Night Shifts>

Only 20% to 30% of the responding hospitals had a clear provision on the frequency and working hours of night shifts, the spread-over and the interval between the shifts in a working regulation, and 70.2% had a guideline for the creation of work schedules. Among those hospitals that had provisions for shift rotations, shift intervals, legal break times or other procedures to reduce the burden of night shifts in their guideline, 80% to 90% reported the successful implementation of these procedures (at the time of creating a work schedule for September 2010). Therefore, we need to promote the application of such procedures in the employment regulations. ■

Proportions of Two- and Three-Shift Systems

According to a survey by the Ministry of Health, Labour and Welfare (MHLW), in 1984 almost half (52%) of the nursing personnel working in hospitals worked on a three-shift system and 17% on a two-shift system. In 2008, the same survey series showed that those working on a three-shift system decreased to 31% and those on a two-shift system increased to 66%.

Report on the “Baseline Survey on the Basis for Public Health Nurse Activities”

Public health nurses are involved in a wide variety of health issues such as the prevention of life-style related diseases, long-term care, abuse, depression and suicides as well as the promotion of health risk management, in communities or industry health settings.

JNA conducted a nationwide survey on the working environment, work contents, employment conditions and in-service training of PHNs, aiming to address the diversifying needs and to determine our direction in order to strengthen their expertise. The survey revealed the challenges to facilitate the expertise of PHNs. Here is the outline of our challenge.

<Challenge 1: Need to Systematically Train Public Health Nurses Who Can Take a Leading Role>

Public health nurses who can take a leading role (hereinafter referred to as “chief PHNs”) are those who can take overall leadership providing technical advice while coordinating other health professionals with a view of clarifying problems in human resource development and community health. In this survey, 18.5% of the respondents reported that they were chief PHNs. The results showed that more than 60% of these chief PHNs took the responsibility of consulting staff members, liaison and coordination

between departments, giving technical instructions for public health activities, but could not get satisfactorily engaged in human resource development and personnel placement. As for in-service training, about 30% of the chief PHNs had not undergone mid-career training that could be useful for their role as a PHN, and about 50% had not received nursing administrator training. This indicates an essential need to develop a systematic human resource development and training scheme.

<Challenge 2: Urgent need to Establish an In-Service Training Scheme >

Only 30% of the respondents in this survey reported that they had some in-service training system. Thus, it is hard to say that there is systematic human resource development in place. We need planned human resource development and organized in-service training. As for training for newly-graduated nursing personnel, about 80% answered that they had received such training, leaving 20% without any postgraduate training at all. About 60% answered they have not had a chance to be supervised by a preceptor PHN during their training as new graduates. As for mid-career training and nursing administrator training, as many as 40% of the

respondents have not taken training. As the reasons of this lack of training, they pointed out “non-existence of such training programs” (40% to 50%), and few mentioned personal reasons. It is clear that the basis of in-service training of PHNs is quite weak.

JNA will incorporate the results of this survey into its future agenda and policy recommendations to strengthen the expertise of PHNs. While improving the basis for public health activities, we will focus on reinforcing the planned development of chief PHNs and industrial PHNs, and work for the reconstruction of the in-service training scheme. ■

[What is a “Public Health Nurse”?](#)

“Public Health Nurse” is a person who use this title based on a license from the Minister of Health, Labour and Welfare, and who engage in providing public health guidance (Article 2 Chapter 1, Act on Public Health Nurses, Midwives and Nurses). To obtain the public health nurse license, one has to complete a four-year course at a nursing university or graduate school (master’s degree), as well as a six-month (at least) program at a specialized school after obtaining the license.

News Topics in Japan

[Member Survey on the Victims of the Great East Japan Earthquake](#)

On June 7, JNA reported an update of disaster-affected members as of May 1 at the General Convention. According to the survey conducted by JNA on healthcare facilities to which JNA members belong in three affected prefectures, namely Fukushima, Miyagi and Iwate, 252 nursing personnel had resigned due to the earthquake, and 203 were on leave. Among those on leave, 22 were under medical treatment and 138 had been evacuated. We plan to continue this survey up to the end of July, and the final results will be published on the JNA website <http://www.nurse.or.jp/jna/english/earthquake.html>.

Nursing in Japan

Q What are the roles of public health nurses?

Public health nurses (PHNs) are engaged in a wide variety of health issues. Governmental PHNs, working for a prefectural or municipal government agency (e.g. public health center), provide various services to local citizens, including maternal and child health services such as medical checkups for infants and mothers' classes, vaccinations, cancer examinations and measures for preventing life-style related diseases and long-term care. Industrial PHNs, working for a company, are responsible for the health management of employees. PHNs also work for schools to keep students and teachers in good health or for hospitals and welfare facilities in Japan. Some PHNs work overseas to promote maternal and child healthcare services and health education. In recent years in particular, there have been high expectations of the active role of PHNs in association with the increase of urgent and difficult cases of life-style related diseases and measure to prevent suicide. Disaster relief activities are also part of the PHNs' role. As a part of the relief activities after the Great East Japan Earthquake, PHNs were dispatched from all over Japan to the affected area, and they worked to prevent secondary health damage and infectious diseases. According to the survey in 2009 by the Ministry of Health, Labour and Welfare, there are 53,212 practicing public health nurses.

What are "Specific Practice Nurses"?

The "Specific Practice Nurse" (tentative name) is a new framework for nursing with the aim of authorizing nurses with special clinical competency to provide, under the physician's orders ("comprehensive orders," as appropriate), a wide variety of medical actions that have generally been regarded as outside the scope of nurses.

News Topics in Japan

Project of Pilot Trial of Specific Practice Nurses(tentative name) Commenced at Three Facilities

On April 26, the Ministry of Health, Labour and Welfare designated three healthcare facilities as the sites for the Pilot Trial of Specific Practice Nurses (tentative name). The aim of this trial project is to collect demonstrative data required for further discussion on the introduction of "Specific Practice Nurses" (tentative name), and practice trials are conducted in actual healthcare settings with the cooperation of nurses who have completed the educational program of the "Pilot Trial of Training of Specific Practice Nurses" (tentative name). Information will be collected on how they are utilised in the workplace and what medical actions they actually perform.

Special Ministry Ordinance Enacted for Single-Person Practice for the Visiting Nursing Station

On April 22, the Ministry of Health, Labour and Welfare promulgated and enacted a special ministry ordinance concerning visiting nursing stations in areas affected by the Great East Japan Earthquake, which allows municipal governments to reimburse special home care service fees at their discretion to any station with at least one full-time member of staff. Under normal conditions, a visiting nursing station can only be established with at least 2.5 full-time equivalent nursing personnel. But under this special ordinance, so long as the local government (excluding Tokyo) to which the Disaster Relief Act applies authorizes it, a station may be functioning with only one nursing personnel until February 29, 2012 at the latest.