

# JNA News Release

Japanese Nursing Association

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

## ICN Asia Workforce Forum and Alliance of Asia Nurses Association (AANA) Meeting Held in Tokyo

The 15th ICN Asia Workforce Forum (AWFF) and the 11th Alliance of Asia Nurses Association (AANA) Meeting were held in Tokyo from November 17th to 19th, 2014. In the ICN AWFF, National Nurses' Associations (NNAs) from eleven countries and regions in Asia reported and exchanged views on labour issues among nurses in these countries. Also, JNA board members and experts from Japan presented on "Occupational health and safety: the science of labour in nursing" and "Post-quake health hazard and long-term support activities in Fukushima after the Great East Japan Earthquake." In the AANA meeting, NNAs from ten countries and regions in Asia presented and shared information on "Aging and nursing: the role of nurses in the elderly care, issues and preparedness for the future" and "NNAs efforts and issues in building and strengthening the competency of nurses on general practice."

The 16th ICN AWFF and the 12th AANA Meeting will be held in Singapore in November 2015.



Delegates participated in ICN AWFF • AANA Meeting  
(Suga Sakamoto, JNA President, is the 2<sup>nd</sup> person from the right in the front row.)

## A Nationwide Hospital Survey on "Guidelines on Night Shift and Shift Work for Nurses" Conducted

JNA developed and released a "Guidelines on Night Shift and Shift Work for Nurses" (hereinafter, the guidelines) in 2013. A nationwide hospital survey on the guidelines was conducted in January and February of 2014. The survey was to collect data on the recognition rate of the guidelines and the

implementation status of 11 items in the Standards for Organizing Shift Schedules (hereinafter, the standards) of the guidelines. The collected data on the 11 items in the standards were aggregated by shift system, 2-shift and 3-shift systems. This survey revealed the following characteristic findings.

Standards for Organizing Shift Schedules of the “Guidelines on Night Shift and Shift Work for Nurses”	
Standard	
①Time between shifts	Provide 11 hours or longer time between shifts.
②Total hours spent at work	Total hours spent at work are up to 13 hours.
③Number of night shifts	Night shifts should basically be within 8 times a month in a system of 3 shifts per day. If using another shift systems, the number should adjust to the work hours.
④Number of consecutive night shifts	Up to 2 consecutive night shifts.
⑤Number of consecutive working days	Up to 5 days.
⑥Time allocated for breaks	Provide 1 hour or more in the middle of a night shift, and a period according to the length and load of the shift during a day shift.
⑦Naps during night shifts	Provide an uninterrupted nap time in the middle of the night shift.
⑧Rest following a night shift (including days off)	Provide a rest period of 48 hours or more after 2 consecutive night shifts. A rest period of 24 hours or more is desirable after 1 night shift.
⑨Consecutive days off on weekends	Consecutive days off over Saturday and Sunday without preceding following night shift should be ensured at least once a month.
⑩Direction of rotation	The roster to be forward rotating.
⑪Start of the morning shift	Avoid starting the morning shift before 7 AM.

**Item⑩ Direction of Rotation:**

A forward shift rotation, recommended in Item ⑩ Direction of rotation, means to schedule shifts in a clockwise direction and to provide enough time between each shift.

Example)  
Day shift → Evening shift →(Off duty)→ Midnight shift

Irregular sleep patterns, caused by working night shifts, is considered to have an impact on 3 aspects, health, safety and life of individuals. The forward rotation of shifts in a 3-shift system helps the individuals to physically adapt to the new shift schedule.

The recognition rate of the guidelines was 95.8% and the rate increased up to 100% in hospitals with more than 500 beds. Among the 11 items in the standards, items with relatively higher percentages of hospitals which either have implemented after the release of the guidelines or are currently considering with a plan to work on were the following: in hospitals with a 3-shift system, Item① Time between shifts (24.5%), Item⑨ Consecutive days off on weekends (19.4%), Item⑧ Rest period of 48 hours or more after 2 consecutive night shifts (19.2%), and Item⑩ Direction of rotation (19.2%); in hospitals with a 2-shift system, Item ⑨ Consecutive days off on weekends (17.8%), Item⑧ Rest period of 48 hours or more after 2 consecutive night shifts (14.0%), and Item② Total hours spent at work (12.7%).

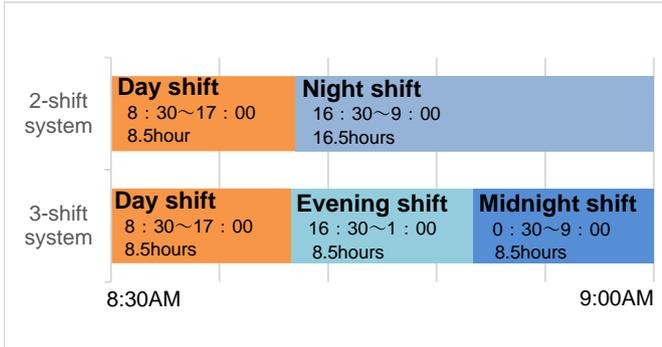
This survey was conducted in a short period of time after the release of the guidelines. However, the results revealed that on-site efforts to comply with the guidelines have already been initiated and undertaken. In the hospitals making these efforts, significant effects, such as an improvement in the retention of employed nurses and an increase in nurses seeking to be employed, have been observed. For nurses to continue to work and practice their profession, it is absolutely essential to improve their working environment, particularly in night shifts. JNA will continue to actively provide and strengthen support for nurses.

Please refer to JNA News Release Vol. 11 for more information on the “Guidelines on Night Shift and Shift Work for Nurses.”

[http://www.nurse.or.jp/jna/english/news/pdf/2013nr\\_11.pdf](http://www.nurse.or.jp/jna/english/news/pdf/2013nr_11.pdf)

Comparison of 2-shift and 3-shift Systems:

Shift Hours for Nurses Generally Adopted in Japan: 2-shift and 3-shift systems



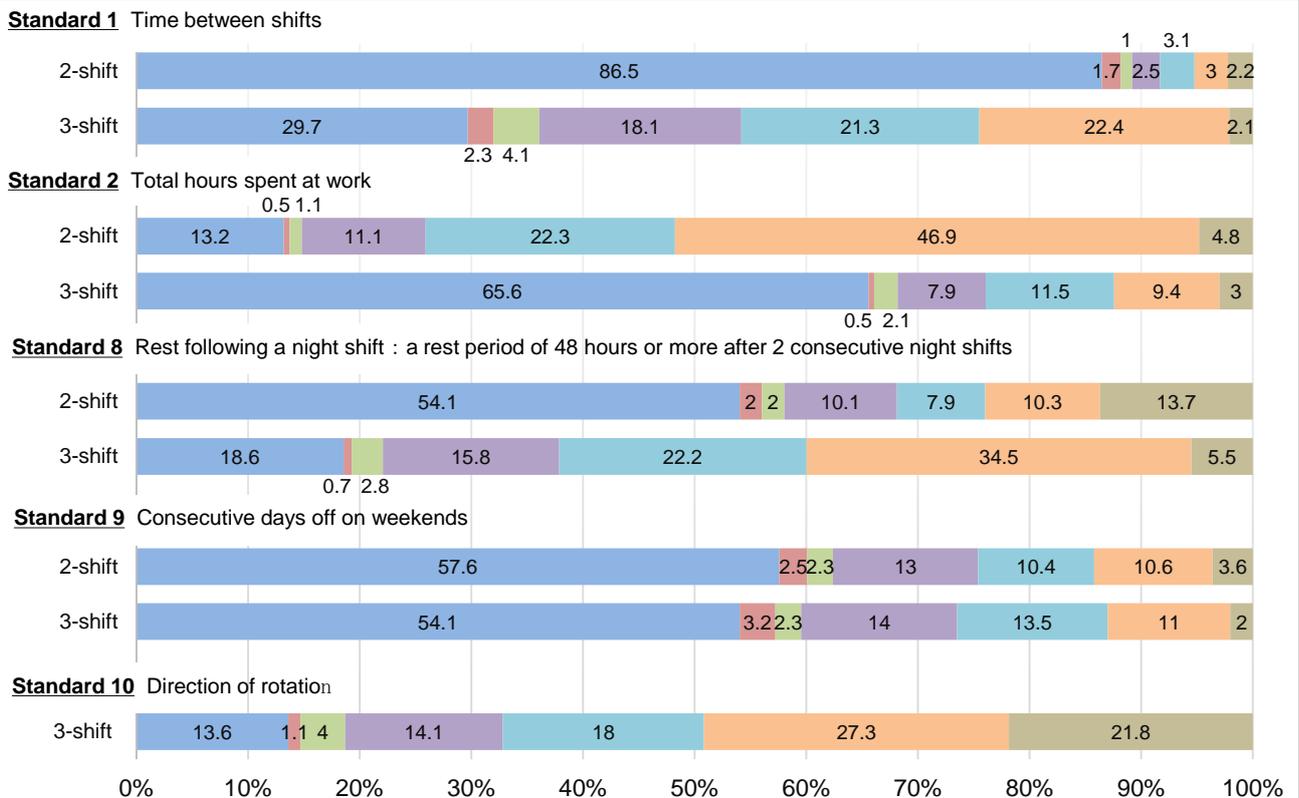
Note) Slight differences in shift hours among hospitals exist.

According to the results of the survey, approximately 60% of hospital wards adopt a 2-shift system and approximately 30% adopt a 3-shift system. The 2-shift system is more commonly used in hospitals with fewer beds.

Items in the standards of the guidelines were compared between 2-shift and 3-shift systems. Percentages of hospitals which implemented each item before the release of the guidelines were examined. Items with major differences between these shifts were the following: Item① Time between shifts (86.5% in hospitals with the 2-shift system and 29.7% in hospitals with the 3-shift system), Item② Total hours spent at work (13.2% and 65.6% respectively), and Item⑧ Rest period of 48 hours or more after 2 consecutive night shifts (54.1% and 18.6% respectively).

Survey Results by Shift System:

Implementation status in percentage of each Standard for Organizing Shift Schedules in the "Guideline on Night Shift and Shift Work for Nurses"



Note) For Standard 10, only hospitals with the 3-shift system are subject to the data collection. Only the survey results relevant to this article are presented in this graph.

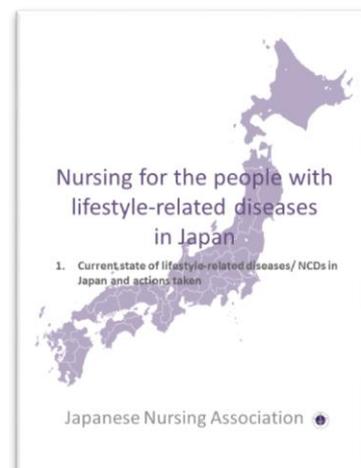
- Implemented before release of the guidelines
- Implemented in all wards after release of the guidelines
- Implemented in some wards after release of the guidelines
- Planning to work on and currently considering
- Planning to work on but haven't started to consider
- Currently not planning
- Not answered

## Information on Nursing for the People with Lifestyle-related Diseases in Japan Posted on JNA website

Prevention and control of Non-communicable diseases (NCDs) are the issues to be addressed globally. In Japan, NCDs relating to lifestyles and behaviors are called “lifestyle-related diseases.” JNA has started posting detailed information of nursing for the people with lifestyle-related diseases in Japan on our official English website.

The posted information provided with facts and figures introduces the current situations, risk factors as well as nursing and JNA's efforts, being divided into the following 3 topic areas: 1. Current State of Lifestyle-related Diseases/NCDs in Japan and Actions Taken; 2. Nursing for the People with Lifestyle-related Diseases: Health Promotion, Prevention and Living with the Diseases; 3. JNA in Action.

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



## A Level III Certification in “Clinical Ladder of Competencies for Midwifery Practice” will be Commenced

In August 2015, an application for a Level III certification in the “Clinical Ladder of Competencies for Midwifery Practice” (hereinafter, the clinical ladder) will be commenced. This certification system was developed and established collaboratively by five organizations in total, including JNA and other midwifery organizations. This is designed to certify midwives with practical competencies equivalent to a Level III of the clinical ladder. An authorized organization to issue this certification is the Japan Institute of Midwifery Evaluation.

Once the Level III certification is granted through this system by applying the clinical ladder that JNA developed and released nationwide in 2012, midwives will be deemed to be capable of practicing midwifery care responsibly and independently during normal pregnancy, delivery, postpartum and neonatal periods. As requirements to achieve the Level III of the clinical ladder, learning contents and numbers of performed cases, such as physical checkups during pregnancy and delivery assistance, will be specified and also practical skills will be assessed and evaluated on a regular basis.

This will make it possible to improve practical competency levels of midwives and to assure the quality of midwifery care. This will also help midwives to build confidence, and

Background of the Development of the “Clinical Ladder of Competencies for Midwifery Practice”:

Midwives in Japan have been surrounded by and confronted with numerous issues, such as closure of labour and delivery facilities and integration of maternity wards into other hospital wards due to declining birth rates and a shortage of obstetricians, an uneven distribution of healthcare facilities where midwives work, and the inadequacy of systematic and structured educational programs for working midwives. These issues have made it difficult and challenging to fully utilize the expertise of midwives and to develop and strengthen their practical competencies.

As a tool that is available and can be utilized nationwide, JNA developed and released the “clinical ladder” in 2012, along with “Career Pathways for Midwives” and “Training Guidelines for Newly Graduated Midwives.” An application of the clinical ladder will make it possible to evaluate and assure practical competencies of midwives and to facilitate and further advance their careers.

moreover this will encourage other healthcare professionals to acknowledge practical competencies of midwives, consequently leading to role sharing.

Please refer to Midwifery in Japan and JNA News Release Vol. 8 for more information on the “Clinical Ladder of Competencies for Midwifery Practice” and the “Training Guidelines for Newly Graduated Midwives.”

<http://www.nurse.or.jp/jna/english/midwifery/pdf/mij2014.pdf>

[http://www.nurse.or.jp/jna/english/news/pdf/2012nr\\_8.pdf](http://www.nurse.or.jp/jna/english/news/pdf/2012nr_8.pdf)

## Nursing in Japan

### Q Where do midwives in Japan work?

In Japan, the number of working midwives in 2012 was 35 thousand<sup>1)</sup>. The percentages of working midwives in 2012, as shown in the table 1, were as follows; 62.4% at hospitals, 25.1% at clinics, and 5.0% at midwifery homes. More than half of working midwives have been employed at hospitals, and many newly graduated midwives have been employed at hospitals as well.

In Japan, midwives are licensed to manage normal pregnancies and deliveries independently with their own responsibility and judgment, while cooperating with physicians as needed. Also, midwives can open and run midwifery homes, which are defined as one of healthcare institutions by the Medical Care Act. However, the number of midwives who run midwifery homes or who are employed at midwifery homes is certainly small.

Working midwives are unevenly distributed among facilities in such a way that many of them have been employed at hospitals, as described above. However, estimated proportions of deliveries <sup>Note1)</sup> at hospitals and at clinics are almost the same. As indicated on the table 1, the percentages of live births in 2012 were as follows; 52.7% at hospitals, 46.3% at clinics, and 0.8% at midwifery homes. Despite the fact of slightly less than half of live births taking place at clinics, the proportion of working midwives employed at clinics is less than one third. In other words, the number of working midwives employed at clinics is not proportional to the estimated number of deliveries at clinics. This uneven distribution of working midwives is caused by a fact that appropriate placement of midwives at each facility is not specified by the existing Medical Care Act and the discretion is left to each facility. Furthermore, such uneven distribution is evident not only between hospitals and clinics but also among hospitals. Many working midwives have been employed at perinatal maternal and child medical centers, which provide advanced perinatal care and interventions.

At facilities with fewer working midwives, it has been challenging to provide sufficient continuing education for midwives and to accept midwifery students for clinical experiences within their facilities. Also, at the perinatal maternal and child medical centers, where many working midwives are employed and where many high-risk pregnancies and deliveries are handled, midwives have limited opportunities to be involved in various types of midwifery care, particularly low-risk cases, during pregnancy, delivery, postpartum and neonatal periods.

JNA has been working toward the creation and provision of safe and secure environment for childbirth with high-quality midwifery care provided by midwives, including to address the issues presented above, namely the uneven distribution of working midwives among facilities.

Table 1 : Number and Percentage of Working Midwives and Live Births <sup>1)</sup>  
Statistics by Facility Type in 2012

	Working midwives	Live births
Hospitals	21,957 (62.4%)	546,793 (52.7%)
Clinics	8,840 (25.1%)	480,262 (46.3%)
Midwifery homes	1,742 (5.0%)	8,282 (0.8%)
Others <sup>Note2)</sup>	2,646 (7.5%)	1,894 (0.2%)

Note1) It is to be assumed that proportions of deliveries by facility type are relatively similar to the proportions of live births by facility type in table 1. Statistical data on numbers of deliveries by facility type is not available.

Note2) Facilities corresponding to "others for working midwives" and "others for live births" do not necessarily match.

Reference:

<sup>1)</sup> Data obtained from Statistical Data on Nursing Service in Japan 2013, Japanese Nursing Association Publishing Company

## News Topics in Japan

### Healthy Life Expectancy for 2013

On October 1, 2014, the Ministry of Health, Labour and Welfare announced the healthy life expectancy for 2013. The data for 2013, in comparison with that accounted last time in 2010, is 71.19 years for men with a 0.78 year increase and 74.21 years for women with a 0.59 year increase. The gap between the life expectancy at birth and healthy life expectancy in 2013, comparing with the data in 2010, is 9.02 years for men with a 0.20 year reduction and 12.4 years for women with a 0.37 year reduction.

### Training System for Nurses to Perform Specific Medical Interventions

On December 24, 2014: The Amendatory Law to the Related Acts for Securing Comprehensive Medical and Long-Term Care in the Community was enacted in June 2014 and the Training System for Nurses to Perform Specific Medical Interventions was consequently legislated. Under the training system, medical interventions involving highly skilled decisions and practice will be defined and the contents of training required for nurses to perform such medical interventions will be standardized.

In preparation for an introduction of the training system in October 2015, the Ministry of Health, Labour and Welfare established a council for the training system. Detailed contents of specific interventions and training were discussed in the council and, eventually expressed suggestions and views were compiled and summarized on December 24th. Based on this, the Ordinance of the Ministry of Health, Labour and Welfare and other related enforcement notices will be issued.

### Estimated Number of People with Dementia in 2025

On January 7, 2015, the Ministry of Health, Labour and Welfare announced a revised estimate of people with dementia. By 2025, when the baby-boomers will reach 75 years old or older, the number of people with dementia is estimated to be approximately 7 million, which will represent one in every five persons aged 65 or older.