

# JNA News Release

Japanese Nursing Association

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

## Message from JNA President Suga Sakamoto



I am now in my third term as President of JNA. The environment surrounding health care and nursing in Japan has been undergoing major changes. As our super-aged society with fewer children is progressing rapidly, it is an urgent priority for nursing to provide a suitable environment for people, including the elderly, with chronic diseases, dementia and disabilities, in order for them to continue to live their lives comfortably in their familiar communities as long as possible. We have ten years left until 2025 when the baby-boom generation born after World War II will reach the age of 75 or over. This is the time for nurses practicing their profession in different areas to strengthen collaboration and coordination in the community and to harness the full potential of nursing.

With the JNA's three missions, namely "improvement of nursing quality," "creation of the environment in which nurses are able to continue working," and "development and expansion of nursing areas to meet people's needs" firmly in mind, I will take the helm and lead to the right direction in order to implement and deliver concrete activities.

## Annual General Convention and Nationwide Exchange Meetings by Each Professional Category in Nursing were Held

On June 9th and 10th, JNA held its annual general convention for the fiscal year 2015. The convention was attended by approximately 2,800 representatives and JNA members, and featured reports and active discussions regarding subjects such as priority policies and main projects for the current fiscal year and JNA's "Future Vision for Nursing – Nursing Challenges

### JNA Priority Policies

- Establishment and Promotion of the community based integrated care system
- Enhancement of positive practice environments for nurses
- Promotion of the role expansion of nurses
- Development of nursing human resources capable of meeting the needs of the super-aged society with fewer children

Given that reformation of systems for the provision of health and long-term care has been promoted by the government, JNA's top priority policy for this fiscal year is the "establishment and promotion of the community based integrated care system", in order for nurses to exert their expertise.

toward 2025 (tentative title in English)” (which is due to be translated into English).

Elections to the executive board saw Suga Sakamoto re-elected as President, Kiyoko Okubo and Hiromi Sanada as Vice President, and Rieko Kawamoto and Aiko Ko as Executive Officers. Hamako Katsumata meanwhile was newly elected as an Executive Officer. Members were then appointed to their respective posts to form the new Executive Board.

Also, on June 11th, JNA organized Nationwide Exchange Meetings by Each Professional Category in Nursing for the

fiscal year 2015. JNA President, Suga Sakamoto, delivered the key note address on JNA initiatives for the future of dementia nursing. This is the first time to announce that JNA would be pursuing various ways to approach and address dementia, revolving around two main pillars, namely the creation of more robust nursing structures for dementia and the developmental support for a dementia friendly community. With these initiatives, JNA aims to create a society in which people with dementia and their families can continue to live their lives comfortably in their familiar communities.

#### **Community based integrated care system is**

a system that provides housing, health care, long-term care, long-term care prevention and livelihood support in an integrated manner in community settings. This system aims to enable people, including the elderly, to continue to live their lives comfortably with dignity and independence. The establishment of this system is promoted by the government by 2025 when the baby-boom generation will reach the age of 75 years or over<sup>1)</sup>.

For more information on the community based integrated care system, please refer to the following website.

Nursing for the Older People in Japan - Nursing for the Older People: Current Situation and Challenges.

<http://www.nurse.or.jp/jna/english/pdf/info-02.pdf>

#### Reference:

<sup>1)</sup> Service Guide 2014. For people, for life, for the future. Ministry of Health, Labour and Welfare.

[http://www.mhlw.go.jp/english/org/pamphlet/dl/pamphlet-about\\_mhlw.pdf](http://www.mhlw.go.jp/english/org/pamphlet/dl/pamphlet-about_mhlw.pdf)

(accessed on July 6th, 2015)

## **A Survey on the Actual Situation of Visiting Nursing was Conducted**

JNA conducted its first survey on the actual situation of visiting nursing from June to July of 2014, surveying JNA members working at visiting nursing stations. The results revealed the following findings.

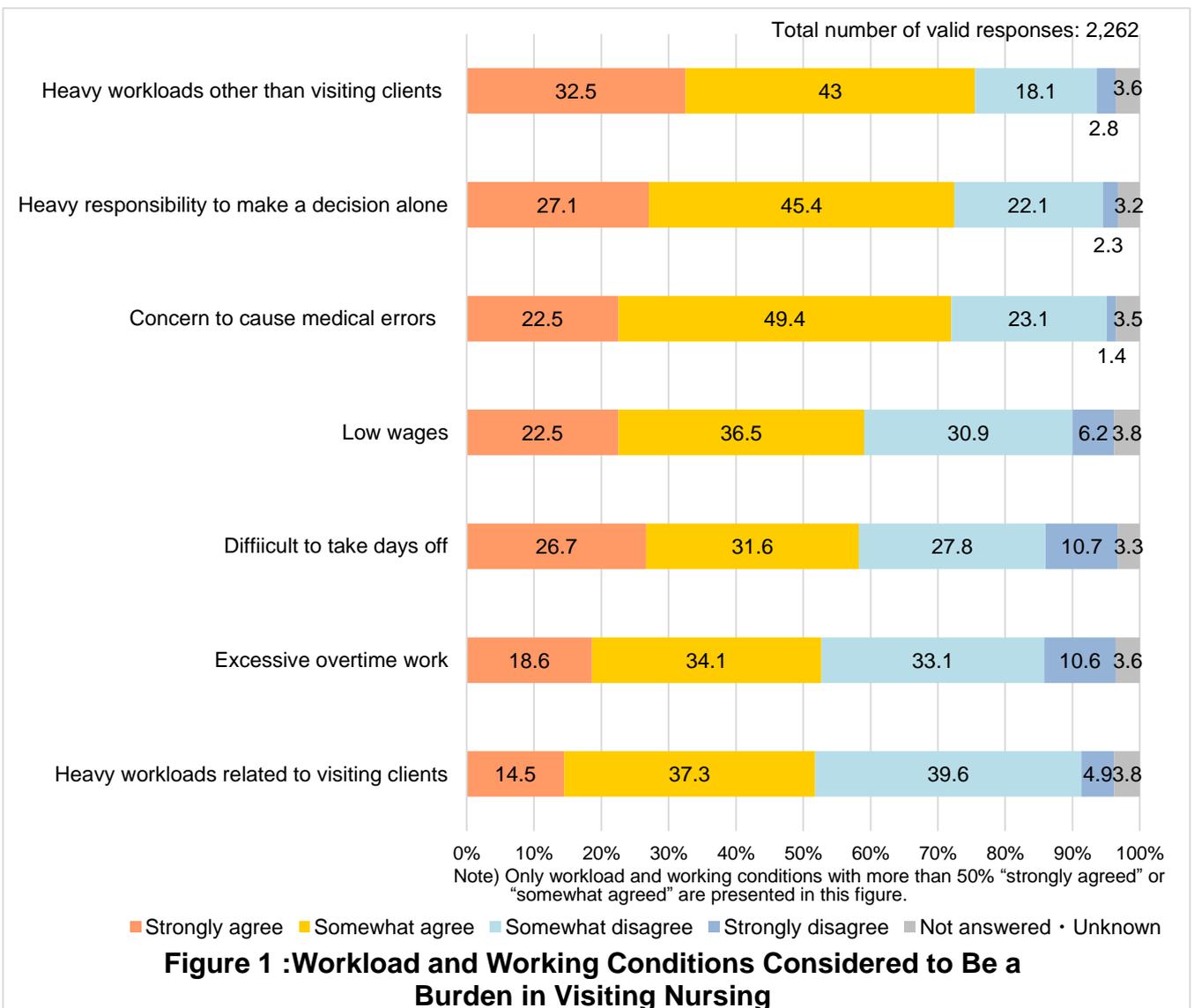
Among respondents, an average length of experience in visiting nursing was 9.1 years,

whereas an average length of experience in nursing was 22.3 years. Most respondents had entered visiting nursing mid-career from other nursing areas, with just 0.6% of respondents started visiting nursing as new graduates. When asked about workload and working conditions considered to be a

burden in visiting nursing (refer to Figure 1), items with higher percentages of respondents rated “strongly agree” or “somewhat agree” were “heavy workloads other than visiting clients, such as keeping records and answering phone calls,” “heavy responsibility to make a decision alone” and “concern to cause medical errors.”

In order to reduce the burden from peripheral workloads other than nursing, it

will be necessary to increase efficiency through steps such as making better use of information and communication technology (ICT) and transferring clerical duties to staff other than nurses. Also, educational training systems and healthcare safety measures will need to be prepared and implemented in order to address and correspond to the severity and complexity of clients’ conditions and the diversity of care needs.



### Demand for Visiting Nursing and Nurses Engaged in this Area

The number of demand for visiting nursing in 2012 was 310,000<sup>1)</sup> people per day. The government estimates that the number of demand will increase to 510,000<sup>1)</sup> people per day by 2025. These figures mainly refer to the number of users of visiting nursing services aged 65 or over with long-term care needs.

In 2012, there were approximately 30,000<sup>2)</sup> nurses engaged in visiting nursing (approximately 2%<sup>2)</sup> of all nurses employed and practicing nationwide). According to simple calculations based on the demand estimates for visiting nursing by the government, at least 50,000 nurses would need to be engaged in this area by 2025. Combined with users of visiting nursing services other than the above-mentioned population aged 65 or over with long-term care needs, the number of demand and required nurses in this area will be even much higher.

Therefore, securing human resources for visiting nursing is an urgent issue to be addressed for 2025 when the baby-boom generation will reach the age of 75 or over. JNA is committed to establishing backup systems that will remove any obstacle preventing nurses, including ones currently not engaging in nursing practice and new graduates, from entering visiting nursing.

#### Reference:

1) Future Vision Aimed by Comprehensive Reform of the Social Security and Tax System. Ministry of Health, Labour and Welfare.

[http://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/shakaihoshou/dl/shourazou\\_120702.pdf](http://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/shakaihoshou/dl/shourazou_120702.pdf)

(accessed on July 6th, 2015)

2) Statistical Data on Nursing Service in Japan 2014, Japanese Nursing Association Publishing Company

For general information on the visiting nursing stations, please refer to Nursing in Japan on Page 7. For further detailed information, please refer to following websites.

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[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 for the Older People in Japan - Nursing for the Older People: Current Situation and Challenges

<http://www.nurse.or.jp/jna/english/pdf/info-02.pdf>

## **A Nationwide Survey on the Demand and Supply of Hospital Nurses was Conducted**

In October of 2014, JNA conducted a nationwide survey on the demand and supply of hospital nurses. In this year, the survey collected data on roles and activities of hospitals in the community, in addition to data usually collected, such as turnover rates and average salary. The survey has

been conducted on nurse managers at hospitals nationwide annually since 1995 in order to ascertain trends in the demand and supply of hospital nurses and their working conditions. The results revealed the following findings.



### 【Turnover Rates of Nurses】

The turnover rate of full-time nurses in the fiscal year 2013 was 11.0% (the same as the previous year). The turnover rate of newly graduated nurses came to 7.5% (0.4 point decrease from the previous year). As with previous years, there was a trend towards lower turnover rates in hospitals with more beds among both full-time nurses and newly graduated nurses. Also, turnover rates of full-time nurses by prefecture continue to show higher particularly in prefectures with large cities.



### 【Monthly Salary】

The expected starting salary for newly graduated nurses due to be employed in the fiscal year 2015 was ¥262,565 before tax for graduates completing three-year courses (¥491 increase from the previous year) and ¥270,806 for graduates completing four-year university courses (¥606 increase) on average. The average salary for non-managerial “mid-career” nurses supposedly with 10 years of service and aged 31 to 32 was ¥318,117 before tax (the same as the previous year).

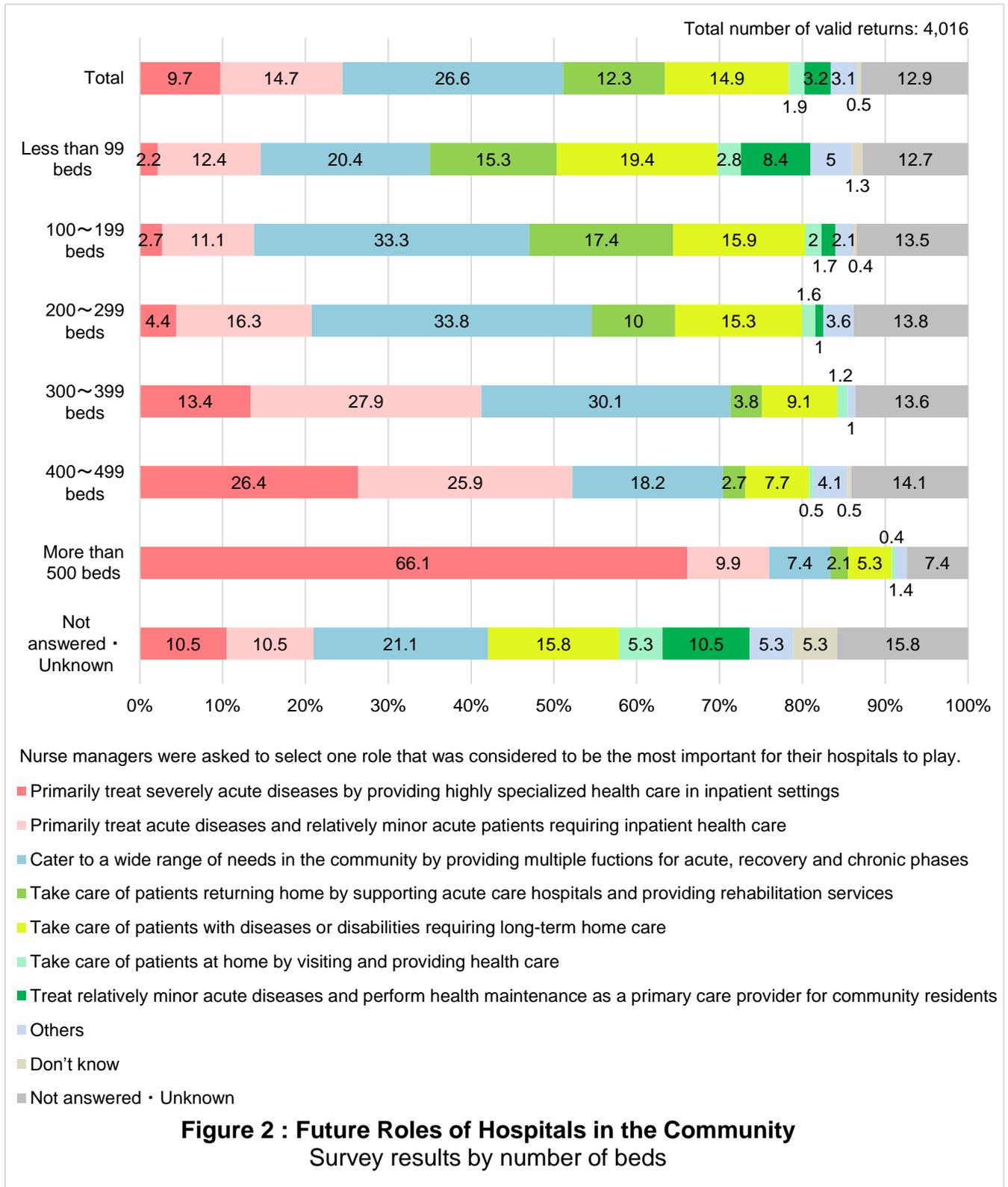


### 【Roles and Activities of Hospitals in the Community】

Top selected activities undertaken by nurses outside hospitals that are related to community collaboration and contribution

were “assigning nurses as members of committees or meetings for relevant outside organizations or professions” (44.8%), and “assigning nurses as instructors to seminars, workshops and health classes for community residents” (37.5%). Compared to the previous survey in 2012, some collaborations in the community were increased, such as conducting or participating in “meetings to strengthen collaboration in visiting nursing, home care and long-term care” (40.6%, 9.3 point increase from the fiscal year 2012), and “meetings to strengthen nurse-to-nurse collaboration among healthcare facilities” (31.3%, 4.1 point increase). The most selected future role of hospitals in the community (refer to Figure 2 on Page 6) was “to perform multiple functions and cater to a wide range of needs in the community” (26.6%).

Reforms to medical reimbursement fees in the fiscal year 2014 and long-term care reimbursement fees in the fiscal year 2015 are leaning heavily towards the establishment of the community based integrated care system. It is expected for hospitals to provide services looking into needs after discharge and to coordinate and collaborate with the community. Also, it is desired to actively explore ways of opening up hospitals to the community and to make more effective use of nurses.



## Nursing in Japan

### Q What are function enhanced visiting nursing providers?

Function enhanced visiting nursing providers are facilities that provide 24-hour services and arrange flexible visits, corresponding to the severity and complexity of clients' conditions and the diversity of care needs, such as terminal care. Also, they are expected to provide support for smaller-scale visiting nursing stations in the community and to function as a base for training as part of human resource development and for the provision of information and consultation to community residents.

#### 【Background to the establishment of function enhanced visiting nursing providers】

Visiting nursing stations<sup>\*)</sup> are the base for the provision of visiting nursing services and there are approximately 8,200<sup>1)</sup> visiting nursing stations nationwide. However, the majority of visiting nursing stations are small-scale, staffed by less than five nurses. These small-scale visiting nursing stations have been struggling to provide 24-hour services, arrange flexible visits and develop human resources. With an increasing demand for visiting nursing, it has been challenging to maintain the quality and quantity of services, corresponding to the severity and complexity of clients' conditions and the diversity of care needs.

With this in mind, JNA set out a policy for visiting nursing stations to be larger-scale and multifunctional and advocated for the government accordingly. As a result, function enhanced visiting nursing providers were introduced in 2014 as a new system. For 2025 when the baby-boom generation will reach the age of 75 or over, capacity and competence of nurses serving in the community have been challenged and tested. As a place for nurses to demonstrate and exert their capacity and competence, function enhanced visiting nursing providers will play a crucial role.

<sup>\*)</sup> Visiting nursing stations are facilities designated by governors of respective prefectures and specialized in the provision of visiting nursing services. Nurses are authorized to open and run visiting nursing stations.

Reference:

<sup>1)</sup> Survey on the Number of Visiting Nursing Stations in 2015. The National Association for Home-visit Nursing Care.

## News Topics in Japan

### Development of a “Comprehensive Strategy for the Promotion of Dementia Measures (New Orange Plan)”

On January 27th, the Ministry of Health, Labour and Welfare announced a “Comprehensive Strategy for the Promotion of Dementia Measures ~ Towards a Community Friendly to the Elderly with Dementia, etc.~(New Orange Plan).” This is a revised version of the “five-year Plan for Promotion of Measures against Dementia (Orange Plan)” originally formulated in 2012 and this revision was developed with collaboration of relevant government ministries and agencies. The aim is to create a society that respects the decision of people with dementia and that enables them to continue to live their lives comfortably in their familiar communities as long as possible. In order to accomplish this aim, it is necessary for various actors, such as private sectors and community residents, to take and play their roles in this process, as well as for relevant government ministries and agencies to collaborate with each other. The New Orange Plan is due to run until 2025 when the baby-boom generation will reach the age of 75 or over.

### Reforms to Long-term Care Reimbursement Fees in the Fiscal Year 2015

On February 6th, the Subcommittee for Long-term Care Benefits, the Social Security Council, unanimously approved a proposal to reform long-term care reimbursement fees in the current fiscal year. Overall, long-term care reimbursement fees have been revised down by a rate of 2.27%. This reform has been implemented in line with three basic directions, with an aim to establish the community based integrated care system by 2025 when the baby-boom generation will reach the age of 75 or over. These directions involve further strengthening services for people with moderately severe conditions requiring long-term care and the elderly with dementia, promoting measures to secure human resources in the long-term care sector, and ensuring appropriate service assessments and establishing effective systems to provide services. Also, combined services, which integrates visiting nursing with multifunctional long-term care in small group homes, will now be known as “nurse-led comprehensive community care,” to better reflect the specific nature of the services in an effort for more people to use the services.

For more information on the combined service, please refer to JNA News Release Vol 8.  
[http://www.nurse.or.jp/jna/english/news/pdf/2012nr\\_8.pdf](http://www.nurse.or.jp/jna/english/news/pdf/2012nr_8.pdf)