

# JNA News Release

Japanese Nursing Association

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## The 11th ICM Asia Pacific Regional Conference was Held

JNA co-hosted the 11th ICM Asia Pacific Regional Conference (ICM-APRC) in Yokohama, Japan, from July 20th to 22nd of 2015, with the Japanese Midwives Association and the Japan Academy of Midwifery. The conference theme was “Midwifery Care for Every Mother and Their Newborn.” This ICM-APRC was attended by approximately 3,200 midwives and midwifery students from 37 countries and regions mainly in Asia and the Pacific and was featured with 212 oral and 440 poster presentations.



Flag ceremony at the 11<sup>th</sup> ICM Asia Pacific Regional Conference

JNA President, Suga Sakamoto, who acted as Conference President for this 11th ICM-APRC, gave a Conference President’s Lecture and stated the following points. “The current situations and issues in maternal and child health around the world and in Japan signify the need for midwives to fully exert their expertise and to actively take roles they are supposed to play. In Japan, we are facing the quantity and quality issues caused by circumstantial changes surrounding perinatal care, such as the uneven distribution of working midwives among healthcare facilities and the limited opportunities for midwives to acquire and accumulate experiences in various types of midwifery practice. To address these issues, JNA has been cooperating with other domestic midwifery organizations and undertaking various initiatives. Through this ICM-APRC, I wish all the participants to vigorously discuss and share your issues and initiatives in order to unitedly dedicate yourselves to our midwifery mission, ‘Midwifery Care for Every Mother and Their Newborn.’”

In regards to international meetings relating to ICM, the 31<sup>st</sup> ICM Triennial Congress will be held in Toronto, Canada from June 18th to 22nd of 2017.

## Baseline Survey on the Fundamentals of Public Health Nurse Activities was conducted

JNA conducted the Baseline Survey on the Fundamentals of Public Health Nurse (PHN) Activities from August to October 2014. The aim of the survey is to reveal problems surrounding PHNs<sup>1)</sup>, who address the ever-changing health issues, and to reflect its findings in policy recommendations. Such problems include ones in PHNs’ operational structure, the current situation of their in-service

education and training structure, and their activity environment. JNA has been conducting the survey on PHNs since 2009, with this survey in 2014 (Number of responses = 23,502) being the third one. The findings from this survey are as follows.

### 【In-service training structure】

Approximately 70% of respondents had taken training for newly appointed PHNs. Approximately

30% of respondents, who are already in a position that necessitates taking middle-career or management-stage training, had not taken their respective training courses. The most common reason for not taking the middle-career or management-stage training was “such training is not available.” Also, among the skills recognized by respondents as necessary for their current duties, items ranked highest were “project planning” (42.9%), “individual and family support” (42.0%), and “cooperation, coordination and social resource development” (38.0%). These results revealed that the current training structure for human resource development at different career stages is not satisfactory.

#### 【PHNs for Interdepartmental Coordination】

PHNs for Interdepartmental Coordination (PHNs-IC)<sup>i)</sup> are to be defined as PHNs taking integrative roles and coordinating and facilitating public health activities of PHNs cross-sectionally.

Considering the above role and function to be the definition of PHNs-IC in this survey, only respondents working in local governments, such as prefectural and municipal offices and public health centers, were asked whether they were a PHN-IC. 6.1% answered yes and, among those answered yes, 29.5% had a job description about a PHN-IC stated in the scope of duties for their local government. There was a tendency for the respondents, who answered they were a PHN-IC and had the job description, to practically take more integrative roles cross-sectionally, comparing to those who did not have the job description. Also, common roles performed by PHNs-IC were coordination and cooperation cross-sectionally within their local government as a representative of

PHNs (75.5%), and coordination and cooperation outside their local government (66.3%). It has been more than one year since the “Notification of Public Health Activities by PHNs<sup>ii,iii)</sup> in 2013 stated that it was desirable to assign “PHNs taking integrative roles.” These results revealed the current situation of PHNs-IC. It could be assumed that the job description about a PHN-IC stated in the scope of duties led to a greater awareness of its roles in each local government and consequently contributed to PHNs-IC performing more integrative roles cross-sectionally.

#### 【Maternity leave and childcare leave】

The average number of times to take maternity or childcare leaves for respondents who already had these leaves was 1.1 times, with the total average length of 2.0 years. Also, among items as support after returning to work, those with a larger gap between “received”/“think needed” were “allocation of persons to consult” (25.1%/86.2%), “provision of information on new systems, legal amendments, training etc.” (36.3% / 90.0%), and “support in taking training, lectures etc” (34.0%/83.3%). These results revealed that all items as support after returning to work were “think needed” more than actually “received,” even though several other items not mentioned above were also included in this survey.

It is extremely important to build a support system and environment that allow PHNs to retain their professionalism and pursue career development while maintaining their work-life balance. This survey disclosed and identified needs of PHNs, including stating the job description about a PHN-IC clearly in the scope of duties. JNA will take these needs into consideration and continues to make policy recommendations related to PHNs.

i) For information on PHNs in Japan, please refer to PHNs' Activities and Their Activity Areas on Page 3.

ii), iii) For more information on PHNs-IC and “Notification of Public Health Activities by PHNs,” please refer to Learn More about Related Topics in Nursing on Page 5.

PHNs' Activities and Their Activity Areas:

A "Public Health Nurse (PHN)" is a person under licensure from the Minister of Health, Labour and Welfare to use the title of Public Health Nurse and provide health guidance as a profession (Article 2 Chapter 1, the Act on Public Health Nurses, Midwives, and Nurses). After the enactment of the regulation for PHNs<sup>1)</sup> in 1941, PHNs became legal qualifications.

PHNs' activities have addressed health issues (see Table 1), being consistently and directly related to transitional changes in society's needs and government policies. The scope of their activities has been increasingly expanding as additional health issues emerging along with transitions in the times. Based on this fact, it could be said that PHNs' activities in Japan have developed and advanced from the need to tackle and solve national health issues.

Activity site of PHNs (see Table 2) includes such as local government, welfare, industry, medical care, and education. Main duties of PHNs depend on which activity site each PHN belongs to.

Table 1 : Overview Transitional Changes in Health Issues Addressed by PHNs <sup>1)</sup>

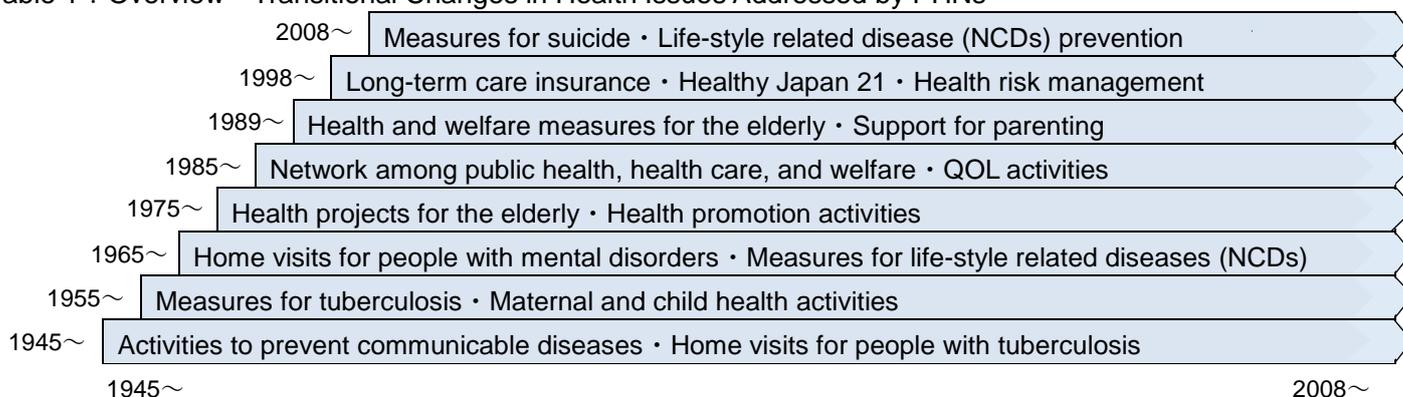


Table 2 : Baseline Survey on the Fundamentals for PHN Activities

Statistics by Activity Site Percentage of PHNs in Each Area and their Main Duties <sup>2)</sup>

Number of valid responses: 23,502

Activity Site	Percentage (number of persons) • Main duties
Local Government	75.9% (17,836 persons) At local governments, such as prefectural and municipal offices and public health centers, engage mainly in duties related to maternal and child health, life-style related disease prevention, mental health, public health and long-term care prevention for the elderly etc.
Welfare	8.2% (1,938 persons) At welfare facilities, engage mainly in duties such as long-term care prevention, lifestyle counseling, development of care plan etc.
Industry	6.4% (1,501 persons) At companies and offices, engage mainly in duties such as health checkup, measures for mental health, health counseling etc.
Medical care	4.9% (1,145 persons) At medical facilities with preventive services, engage mainly in duties such as health checkup, health counseling, lifestyle counseling etc.
Education	2.0% (475 persons) At educational and research institutions, engage mainly in duties such as education and research, project planning and coordination, management etc.
Others	2.6% (607 persons)
Total	100% (23,502 persons)

<sup>1)</sup> At first, only women were legally eligible to qualify as a PHN and the former title of PHNs was a feminine form. In 1993, the law revision allowed men to be qualified as a PHN and male PHNs were referred differently. In 2002, both female and male PHNs began to be referred to as *hokenshi*, the standardized Japanese term for PHNs <sup>3)</sup>.

For more information on PHNs in Japan, please refer to JNA News Release Vol 6.

[http://www.nurse.or.jp/jna/english/news/pdf/2011nr\\_6.pdf](http://www.nurse.or.jp/jna/english/news/pdf/2011nr_6.pdf)

## Reference:

- 1) A Practical Handbook for Public Health Nurses third edition, Japanese Nursing Association Publishing Company; 2013. [in Japanese]
- 2) Data obtained from Baseline Survey Report on the Fundamentals for Public Health Nurse Activities, Japanese Nursing Association; 2015. [in Japanese]
- 3) A Guide : All about Public Health Nurses, Japan Association of Public Health Nurse Educational Institutions; 2012. [in Japanese]

## JNA President Delivered a Presentation at the 2015 ICN Conference

During the ICN Conference, which was held in South Korea from June 19th to 23rd of 2015, JNA President, Suga Sakamoto, delivered a presentation titled “Keeping Healthcare Workers Healthy – Outcomes of JNA’s Efforts to Improve the Working Conditions of Nursing Professionals” at a Socio-Economic Welfare Network Meeting.

JNA, she explained the challenges related to the working conditions of nursing professionals in Japan, JNA’s efforts against these challenges, the outcomes of these efforts, and future plans. The audience praised the fact that JNA-initiated efforts, which initially focused on nursing professionals, subsequently led to a nationwide movement for the overall improvement of working conditions for the entire healthcare profession.

Drawing upon the results of surveys conducted by

### The Presentation Contents : Outcomes of JNA’s Efforts to Improve the Working Conditions of Nursing Professionals

#### 1) Challenges related to the working conditions of nursing professionals :

- Prolonged night shift of more than 15 hours (most of nursing professionals working in 2-shift systems)
  - Short interval between working shifts
  - Overtime work
- ↓
- High turnover rates of nursing professionals, including newly graduated ones
  - Increased number of nursing professionals not engaged in nursing practice

#### 2) JNA’s efforts against the above challenges :

- Development and dissemination of “Guidelines on Night Shift and Shift Work for Nurses”
  - Promotion of Work-Life Balance for nursing professionals
  - Achievement of effort obligation for “Clinical Training for Newly-graduated Nursing Personnel”
- ↓

#### 3) Outcomes of the above efforts :

- Effectively disseminated the guideline by JNA
- Lowered the turnover rates of nursing professionals
- Subsequently led to a nationwide movement for the entire healthcare profession

#### 4) JNA future plans :

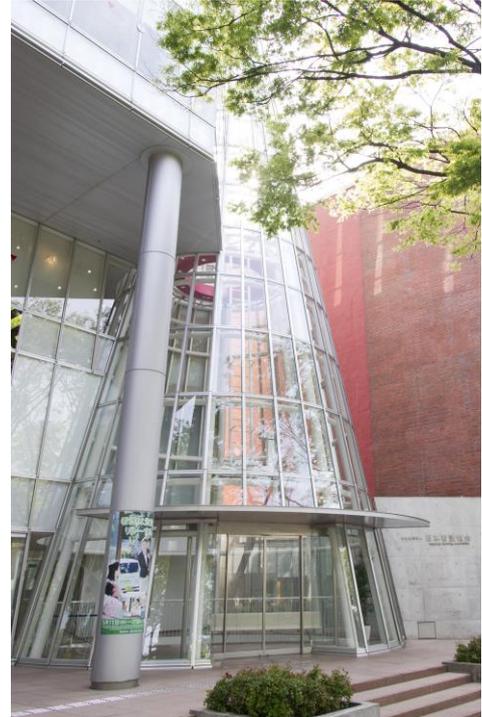
- Develop common indicators to evaluate nursing quality and labor



## Lectures and Building Tour Organized by JNA

At the request of other organizations or groups, JNA provides lectures on the challenges of nursing in Japan and JNA's efforts to visitors, such as officers from overseas health ministries, nursing instructors, nurses and nursing students. Lecture topics include working conditions of nurses, aging trends, and nurses not engaged in nursing practice. These visitors come to the JNA buildings with a well-advanced appointment during their trip to Japan for training at other institutions or facilities.

Most lectures are accompanied by a tour of the JNA headquarters building. The headquarters building, impressive with the glass cone as shown in the right picture, is located in Omotesando, Tokyo, one of the country's centers of commerce and fashion culture. Construction of the building itself was completed in 2004. The JNA Plaza is located on the third floor of the building and serves as a space for providing information and displaying exhibits about nursing. The JNA Plaza is accessible to general visitors as well.



The main entrance of JNA headquarters building

## Learn More about Related Topics in Nursing

### Q What is a PHN taking integrative roles (PHNs for Interdepartmental Coordination)?

PHNs for Interdepartmental Coordination (PHNs-IC) are to be defined as PHNs taking integrative roles and cross-sectionally coordinating and facilitating public health activities of PHNs, who are assigned to various departments in each local government, such as prefectural and municipal offices and public health centers. Such integrative roles include guidance and coordination in terms of the human resource development and the expertise of a PHN.

#### 【Background of the need for PHNs-IC】

As shown in Table 1 describing the transitional changes in health issues addressed by PHNs on Page 3, the health issues of community residents range widely and these issues have become increasingly more diverse and complex. Generally, PHNs in local governments are assigned to various departments and scattered in each local government. Public health activities of the PHNs divide individuals, families/households and communities into factors, such as system, age and disease, and their activities have been further differentiated and specialized. With such a narrow framework, it is difficult and challenging to solve many of the health issues currently facing. Therefore, it has become desirable to have PHNs-IC who can approach these issues cross-sectionally.

(Continue to the next page)

**【Nature of PHNs-IC】**

Up until now, the roles and functions of PHNs-IC have not been clearly defined and remained vague. Also, the ways PHNs-IC took roles and functioned in each local government were varied. For this reason, there have been repeated discussions on the nature of PHNs-IC. Meanwhile, in the Notification of Public Health Activities by PHNs, issued by the Director-General of Health Service Bureau, the Ministry of Health, Labour and Welfare in 2013, it was stated that it was desirable to assign “PHNs taking integrative roles” who coordinate cross-sectionally with the expertise of a PHN, particularly in local governments. The notification remained to use the expression of “PHNs taking integrative roles,” not PHNs-IC. However, this represents a major step forward and set forth the nature of PHNs-IC. It is important to acknowledge and accept the significance of being mentioned in the notification and to systematically develop human resources.

**【JNA's efforts】**

JNA has been undertaking the “Human Resource Development Program for PHNs-IC,” in addition to clarifying the definition, roles and functions of a PHN-IC. The aim of this program is to train PHNs-IC who are capable of appropriately taking their roles and fulfilling their functions within each local government. In the fiscal year 2014, the program, lasting approximately 7 months and including prior self-learning and group sessions, was tentatively introduced to PHNs-IC in municipalities as the first time and was completed by 47 of these PHNs. The latest 2015 version of the program has been implemented and the program itself will be further refined before the final version. In addition to human resource development, JNA will continue to work toward the promotion of the placement of PHNs-IC as well.

