

JNA News Release

Japanese Nursing Association

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I. 2017 Survey on the Actual Situation of Hospital Nursing

The Japanese Nursing Association (the JNA) conducted the 2017 Survey on the Actual Situation of Hospital (the Survey). The Survey is conducted once a year on hospitals across Japan, aiming to identify the supply/demand and recruiting statuses of nurses at hospitals as materials for the JNA projects and policy proposals. The Survey conducted in 2017, shows the turnover rate of nurses and other data in FY 2016. This article shares the three key results of the Survey.

1. Roles of hospitals in local communities

In 2025, the so-called "baby boomers" born between 1946 and 1964 enter the latter stage of elderly (75 years or older) in Japan. Based on the expected rapid increase in demand for healthcare and long-term care, reform in healthcare system is being promoted. In this reform, measures are being taken for the differentiation of bed functions, collaboration of healthcare institutions, and home health care in individual local communities.

Hospitals that have focused on acute-phase care are also required to incorporate their roles in the local communities into their management. In the Survey, questions were asked to hospitals concerning the roles that they are playing at present in the local communities, and those that they plan to play in the future (2025). The results showed that the shares were the highest both at present and in the future at nearly 30% for "Have multiple functions including acute-phase care, recovery-phase care, chronic-phase care, etc., and satisfy local needs in a broad range." The share of "Provide home-visit medical and home-visit nursing, thereby taking care of patients at home" increased from 0.5% at present to 4.7% in the future (Figure 1). The Survey suggested that individual hospitals were seeking to play their roles by collaborating with local communities.

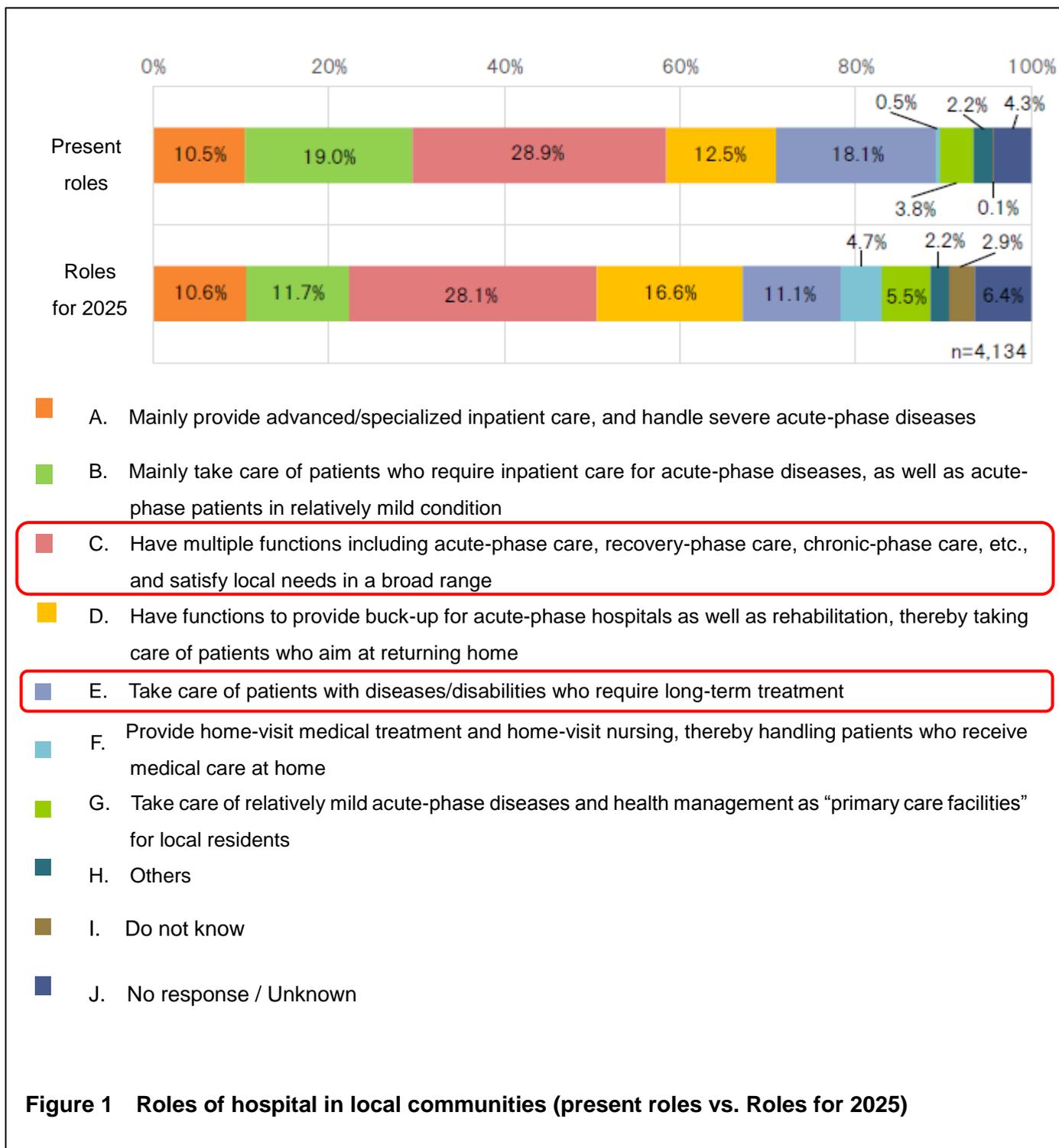
2. Utilization of nursing human resources in local communities

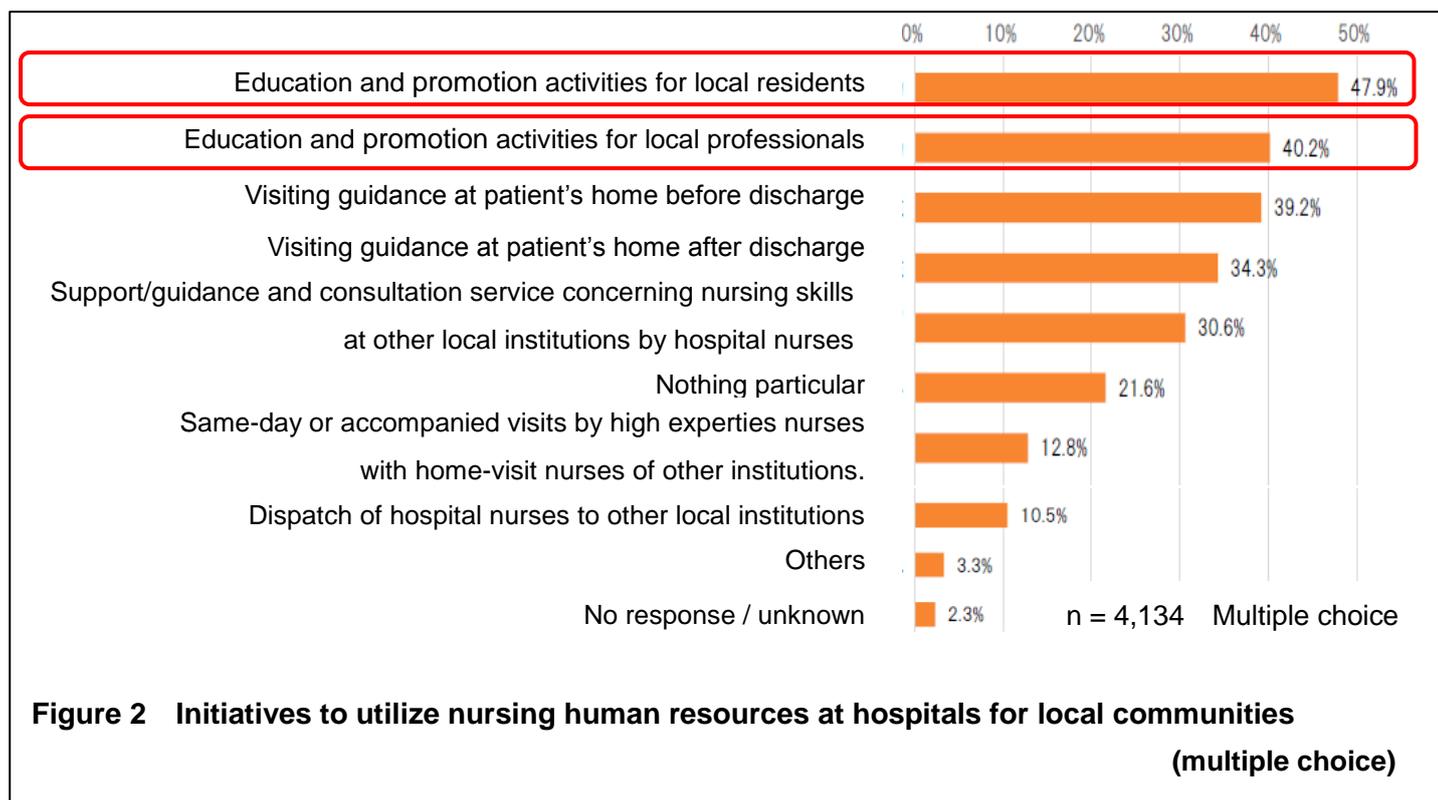
Recently, the idea has been highlighted in Japan to utilize hospital nurses as human resources in local communities. This includes, dispatching nurses working at hospitals as lecturers to seminars/lectures targeted at local healthcare and long term care workers and residents, as well as the accompaniment to home-visit nursing by hospital nurses with high expertise (e.g. Certified Nurse Specialists, Certified Nurses).

Approx. 80% of the responding hospitals reported that they were implementing certain initiatives to utilize their nurses in the local communities. The share of such initiatives was the highest for "Education and promotion activities for local residents" at 47.9%, followed by "Education and promotion activities for local professionals" at 40.2% (Figure 2). This suggested elevated awareness for utilizing nurses working at hospitals to make further contribution in local communities.

3. Turnover rate of nurses

The average turnover rate of hospital nurses in Japan stood at 10.9% for permanently employed nurses, including 7.6% for newly graduated nurses. The turnover rate has remained at the same level over the past few years. Among the 47 prefectures in Japan, the turnover rate of regular employed hospital nurses was the highest in Kanagawa, Tokyo and Osaka, indicating higher turnovers in large cities, just as in usual years.





The Survey overview	
Targets	8,396 hospitals in Japan
Survey period	October 1-16, 2017
Survey method	Sent and returned self-reporting survey sheets by post
Response status	Effective responses: 4,134 (effective response rate: 49.2%)

II. Publication and dissemination of the "Occupational Health and Safety Guidelines for Nurses towards Healthy Workplace(healthy and safe workplace)"

As the work styles and workplaces of nurses become increasingly diversified, it is urgently required to establish sustainable workplace environment that enables nurses to continue working in a healthy and safe manner. Under the basic recognition that "the health and safety of nurses protect the health of patients," the Japanese Nursing Association (the JNA) published the "Occupational Health and Safety Guidelines for Nurses towards Healthy Workplace (healthy and safe workplace)" (the Guidelines).

The existing "Occupational Safety and Health Guidelines" (published by the JNA in 2004) mainly consisted of the identification of various occupational safety and health risks to which nurses are exposed on their job, and the relevant organizational preventive measures. For nurses to continue working in a healthy manner throughout their lives, the Guidelines indicate that it is important for nurses to combine two perspectives: (1) the understanding and handling of work-related risks, and (2) the promotion of own health to practice nursing in a mentally and physically healthy status. The Guidelines also suggest initiatives based on these two perspectives.

Contents of the Guidelines

Chapter	Description
1	Persons who create healthy and safe workplaces and actual initiatives (the five steps)
2	Work-related risks and how to handle them 1. Biological factors; 2. Physical factors; 3. Chemical factors; 4. Ergonomic factors; 5. Traffic traveling factors; 6. Work shift/hour factors; 7. Mental/social factors, 1) Violence by patients/users, colleagues and/or third parties; 2) Harassment; 3) Mental stress
3	Health promotion 1. Adaptation to occupational life; 2. Harmonization with life events; 3. Health promotion to continue working throughout one's life; 1) Changes in occupational life; 2) Changes in family/personal life; 3) Physical/mental and health changes
4	Reference information and Annex

Persons who create healthy and safe workplaces

Realization of healthy and safe workplaces

Healthy and safe workplaces that respect basic human rights

- Workplaces where nurses can provide high-quality nursing practice in an environment where they can fully exercise their abilities and continue developing their skills in a healthy manner.

Organization-wide initiatives

Protect staff from work-related risks, and support the health promotion of each individual

- Declaration of healthy and safe workplace by the head of the facility; from human resource management to human asset management.

Initiatives by nurse administrators

Create environment and culture for healthy and safe workplace.

Promotion of work-life balance in a planned manner; promotion of actions for securing human resources and cross-organizational actions.

Initiatives by individual nurses

Health promotion throughout working life in order to continue one's professional development while working in a style that matches oneself.

- Achievement of work-life balance that matches oneself; development of one's own career plan, etc.

Possible collaboration with local communities, society and patients/ service users

Understanding and expectation that healthy nurses can provide better nursing in a continuous manner

- Facility operation involving local communities, promotion of participation by patients/residents, etc.

To promote and disseminate the Guidelines, the JNA conducts on-demand online seminars targeted at nurse administrators, in addition to opening a special website in Japanese

(http://www.nurse.or.jp/nursing/shuroanzen/healthy_work_place/index.html) concerning the occupational safety and health of nurses, implementing seminars, and making campaign posters, as part of its nationwide campaign in concurrence with the National Industrial Health Week slated for October 2018.

III. Publication of the "Guidelines for In-hospital midwife-led care and In-hospital midwifery clinics 2018"

The Japanese Nursing Association (the JNA) prepared and published the "Guidelines for In-hospital midwife-led care and In-hospital midwifery clinics 2018" (The Guidelines 2018) in March 2018. The Guidelines 2018 is aimed at enhancing the functions of midwifery care systems, subsidized by the Ministry of Health, Labour and Welfare. Based on the "Guidelines for In-hospital midwife-led care: Division of Roles and Collaboration between Physicians and Midwives" (the Former Guidelines), which was formulated in 2008, the following points were added to the Guidelines 2018, in order to satisfy the diverse needs of pregnant, postpartum and puerperal women and their families, taking into account the environment that surrounds perinatal medical care, and the characteristics of the relevant healthcare institutions.

- Selection standard for targeted persons were established
- Standards for consultation and reporting to obstetricians and neonatologists in each phase (pregnancy, delivery, puerperium, and neonatal phases)

In-hospital midwife-led care and In-hospital midwifery clinics refer to systems where midwives undertake health checks and delivery assistance for themselves from the pregnancy to puerperal phases of targeted persons, in collaboration with physicians. The Guidelines 2018 strongly recommend that midwives should be engaged in all pregnant and postpartum women, and work together with obstetricians in support for high-risk pregnant and postpartum women.

At present, not a few healthcare institutions have systems that divide roles based on risk levels (i.e. high-risk pregnant and postpartum women taken care of by obstetricians, and low-risk by midwives). It is required to establish efficient healthcare service systems that address the present status and issues of perinatal care, and match the local needs and the functions of individual healthcare institutions. Through the Guidelines 2018, the JNA aims at the promotion of team care and the expansion of in-hospital midwife-led care and in-hospital midwifery clinics.

Contents of the Guidelines

Chapter	Description
1	Necessity of in-hospital midwife-led care and in-hospital midwifery clinics
2	Present status and issues of in-hospital midwife-led care and in-hospital midwifery clinics
3	In-hospital midwife-led care and In-hospital midwifery clinics
4	Processes and management of in-hospital midwife-led care and in-hospital midwifery clinics
5	Establishment of systems required for in-hospital midwife-led care and in-hospital midwifery clinics

Present status and issues in perinatal care

Ten years have passed since the Former Guidelines were formulated in 2008. Although an increased number of facilities have opened in-hospital midwifery clinics, the number of in-hospital midwife-led care that have been opened remain at the same level, and are not regarded as sufficient.

✓ **Situation of pregnant, postpartum and puerperal women**

While the number of live births is generally declining in Japan, the share of deliveries by women aged 35 years or older has been increasing year after year (27.5% in 2014, approx. 170% compared to 16.4% in 2005). Among complications during pregnancy or among pregnant women, gestational diabetes takes up a higher share than other diseases. In particular, the frequency of pregnancy-induced hypertension syndrome rapidly increases after the mother's age exceeds 40 years. It is required to enhance care for pregnant, postpartum and puerperal women who have such risks.

✓ **Situation of healthcare professionals**

The work hours are long and loads are high among obstetricians/gynecologists. In Japan, “work style reform” is being promoted, and the long work hours of physicians is indicated as one of the problems. By profession, the share of employees who work for more than 60 hours per week is the highest among physicians at 41.8%. In particular, the share of full-time physicians employed by hospitals who work for 60 hours or longer per week is higher at 53.3% in Obstetrics/Gynecology than in other clinical departments, calling for the promotion of team care and the division of roles with midwives.

To promote the assurance of quality of care provided at in-hospital midwife-led care and in-hospital midwifery clinics, The Guidelines 2018 strongly recommend that midwives assigned to in-hospital midwife-led care and in-hospital midwifery clinics should have practical midwifery competency that equals Level III of the Clinical Ladder of Competencies for Midwifery Practice.*

Definition of “in-hospital midwife-led care”

A system where midwives provide midwifery care to pregnant and puerperal women, respecting their and their family’s preference, while making decisions of normality and abnormality from pregnancy through to around first puerperal month, in a healthcare institution capable of emergency response

Definition of “in-hospital midwifery clinic”

A system where midwives divide roles with obstetricians, and undertake health checks and healthcare guidance for pregnant and puerperal women, respecting their and their family’s desire, in a healthcare institution capable of emergency response. This excludes where obstetricians undertake health checks, while midwives only undertake healthcare guidance and breastfeeding outpatient care.

CLoCMiP® (Clinical Ladder of Competencies for Midwifery Practice)**Level III certification system and advanced midwives**

- ✓ The CLoCMiP® Level III certification system objectively evaluates that midwives have a specified level of midwifery competencies, and reviews and certifies that the CLoCMiP® Level III requirements are satisfied. This system was established by five associations related to midwifery in Japan (Japanese Nursing Association, Japan Midwives Association, Japan Academy of Midwifery, Japan Society of Midwifery Education, and Japan Institute of Midwifery Evaluation), and certification is performed by the Japan Institute of Midwifery Evaluation. Midwives who have been certified are titled "advanced midwives." More than 10,000 advanced midwives were certified in 2015 and 2016 (certification was suspended in 2017 and resumed in 2018).
- ✓ CLoCMiP® consists of five levels (Novice, I, II, III and IV). The "Level III" competency certified by this system refers to ability to perform midwifery care in an independent manner. To apply for certification, midwives should satisfy the specified requirements (e.g. having assisted 100 or more deliveries), and should also be approved by the facility that their education and management levels are equivalent to Level III.