

JNA News Release

Japanese Nursing Association

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

Nursing Now Campaign in Japan meeting was held

On October 2, 2019, the Japanese Nursing Association (JNA) held the meeting of the Nursing Now Campaign in Japan with the participation of 26 nursing groups and a representative from the Ministry of Health, Labour and Welfare as an observer.

In this meeting, the participating groups exchanged information about their progress on the Nursing Now campaign activities and upcoming schedule. It was shared that a majority of the groups has been promoting the campaign not only among nurses, but also to other professions, students and the general public, utilizing various opportunities and tools. The activities of the 30 participating groups are updated on ongoing basis on the special website (in Japanese). The content of the special website will be enhanced in the future. https://www.nurse.or.jp/nursing/practice/nursing_now/nncj/index.html

In the latter half of the meeting, the groups had a discussion about the session organized by the groups for "Nursing Now Forum in Japan". The event is scheduled for May 2020 in commemoration of the 30th anniversary of the establishment of the Nursing Day & Nursing Week, and the 200th anniversary of the birth of Florence Nightingale.

This event will provide an opportunity to share specific achievements and have evidence-based discussions concerning the contribution of nursing in Japan to "improving health," "promoting gender equality" and "supporting economic growth," as indicated in the "Triple Impact" report that provided an impetus to the Nursing Now.

The global goals known as "Sustainable Development Goals (SDGs)" have been widely disseminated to citizens. By clearly indicating the nursing contribution to SDGs, we will continue taking action to enhance the awareness of nurses to establish a healthy society, and to facilitate social understanding of nursing professions, thereby promoting its initiatives aimed at the realization of nursing policies and the advancement. The next meeting of Nursing Now campaign in Japan will be held in January 2020.



At the meeting of the Nursing Now campaign in Japan with the group members

Nursing now

**Creating Healthy Society
through the Power of Nursing !**

https://www.nurse.or.jp/nursing/practice/nursing_now/index.html

"Management Ladder for Hospital Nurse Managers (JNA version)" was published

In recent years, the environment surrounding healthcare and nursing has been substantially changing, including the community-based integrated care system, and nurse managers are expected to take expanded roles accordingly. JNA established the committee consisting of experts in FY2018 for the purpose of indicating the roles and competences of nurse managers required in the era of the community-based integrated care. Through a series of discussions, JNA published the "Management Ladder for Hospital Nurse Managers (JNA version)" in February 2019.

In the face of establishing the community-based integrated care system, this ladder visualizes competences required for hospital nurse managers to practice nursing management with a broader perspective including community, in order to provide seamless care. In addition, the ladder provides indicators for the systematic and staged development of hospital nurse managers.

The scope of this ladder includes not only nurses who are already in the positions of hospital nurse managers, but also other nurses willing to become hospital nurse managers.

It is expected that each hospital will utilize this ladder for preparing its own management ladders for nurse managers.

The following table indicates the basic structure of this ladder which consists of the six competences required for the practice of hospital nurse managers, and the four levels of acquisition of these competences. The six competences focus on the competencies of hospital nurse managers to respond to the changing needs of the general public, with a broader perspective including community (see the following table). The description of each level of this ladder does not indicate the job description or the range of responsibility of the each position, but states the competences to be acquired by hospital nurse managers as goals.

< Definitions of six competences >

Competence	Definition
Organizational management	Ability to utilize resources and build nursing organization in order to realize policy
Quality management	Ability to respect the life, living and dignity of patients and assure the quality of nursing throughout the organization
Human resource development	Ability to develop and support nursing human resources systematically for the future
Crisis management	Ability to hedge expected risks, ensure safety and to minimize the impact in the event of crisis
Policy formulation	Ability to utilize and formulate systems and policies for improving nursing quality
Creativity	Ability to identify the direction of the organization with a broad perspective and to take on challenges for creating innovation

< Levels of acquisition of competences required for hospital nurse managers >

The positions in brackets indicate the approximate guidelines for each level.

- I: Able to practice management together with nurse managers in the department (charge nurse or equivalent)
- II: Able to practice management in the department (head nurse or equivalent)
- III: Able to practice management as a member of the management executives (deputy nursing director or equivalent)
- IV: Able to practice management with a broader perspective including community while participating in the management and administration of the entire hospital (director of nursing or equivalent)

Source: Management Ladder for Hospital Nurse managers (JNA version) (in Japanese)

https://www.nurse.or.jp/home/publication/pdf/guideline/nm_managementladder.pdf

Results of "Baseline Survey on the Fundamentals of Public Health Nurse Activities"

JNA conducted the "Baseline Survey on the Fundamentals of Public Health Nurse (PHN)" in 2018, and published its results in March 2019.

In Japan, the way of PHNs activities to play expertise are in discussion as the activity areas of PHNs are expanded. At the same time, human resource development has become a requirement in each area and organization as the generations change in the PHNs. Under these circumstances, JNA had conducted the "Baseline Survey on the Fundamentals of PHN" three times in the past, FY2009, FY2010 and FY2014, and had discussed and made policy proposals to play expertise.

The survey in 2018 was aimed at clarifying the actual status of career development and employment conditions for PHNs, as well as problems and requirements in their activity environment, in response to the diversifying social needs. In addition to existing items, the survey also asked about the recruiting and retention of PHNs, and the roles played by PHNs for Interdepartmental Coordination (PHNs-IC).

The survey provided valuable results, suggesting the necessity of securing measures that matches the strengths and characteristics of organization, and the importance of indication in the job description to help PHNs-IC exercise their roles.

This issue shares four points from the survey results.

< Overview of survey >

- 1) Target: approx. 51,000 PHNs across Japan
- 2) Survey period: September 5 - October 30, 2018
- 3) Survey method: online survey
- 4) Response: 18,775 valid responses (response rate: 36.6%)

*The response rate is based on the number of employed PHNs in Japan (51,280) (estimated from the "Report of Healthcare and Public Health Administration Operations FY2016")

1. Activity areas and duties of entire respondents

1) Activity areas

The most active area was "Local governments" at 81.2%, followed by "Industry" at 6.4% and "Medical care" at 4.2%.

		Frequency	%
1	Local governments	15,222	81.2
2	Industry	1,194	6.4
3	Medical care	787	4.2
4	Welfare	694	3.7
5	Education	357	1.9
6	Others	501	2.7
Total		18,755	100.0

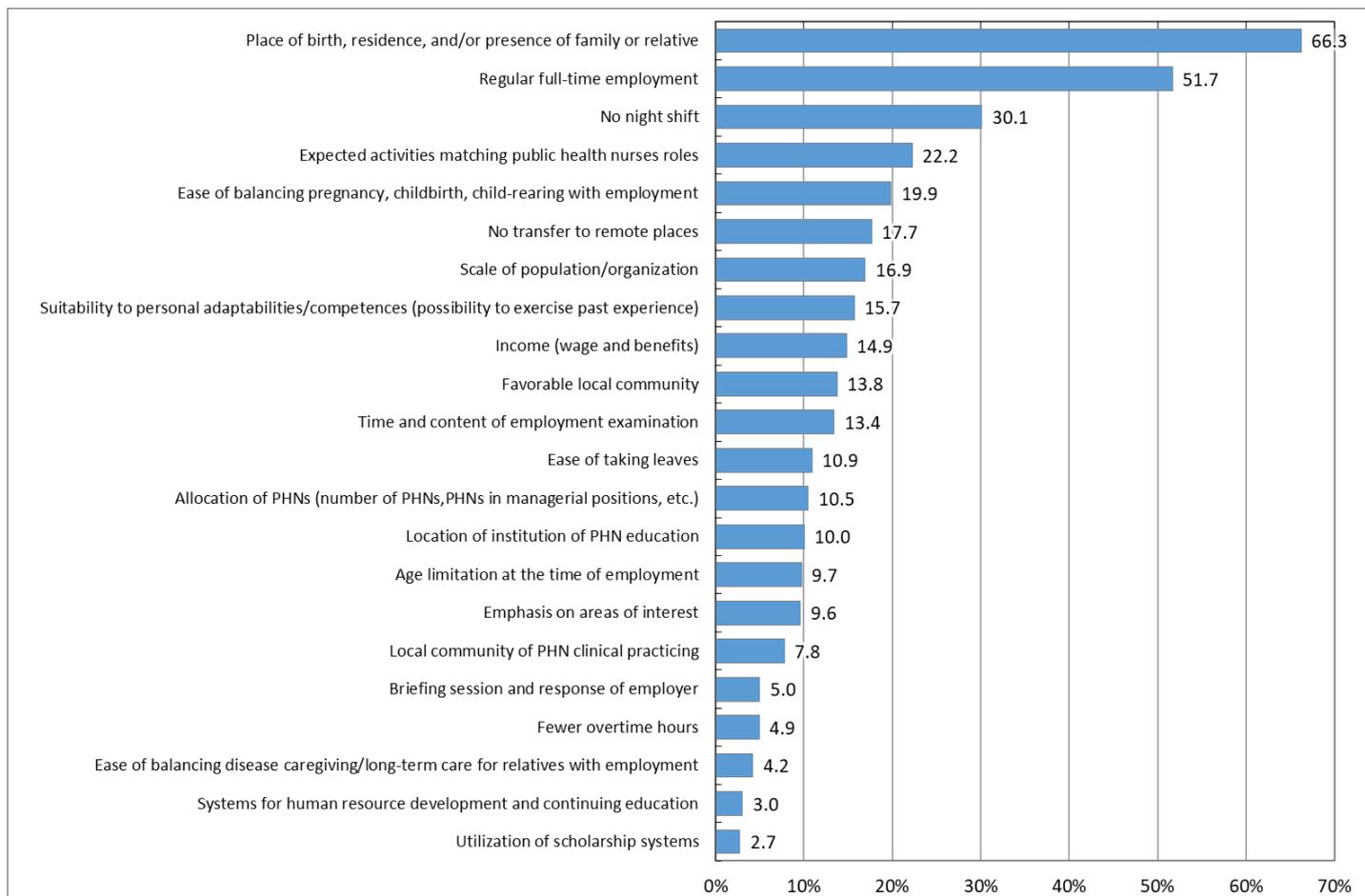
2) Duties that take up the longest work hours/long work hours

- Among PHNs active in the "Local governments" area, the most common response was "Maternal and child care" at 46.5%, followed by "Prevention of lifestyle-related diseases (including measures against cancer)" at 35.9%, "Public health and long-term care prevention for the elderly" at 24.1%, and "Mental health (including measures against suicide)" at 20.7%.
- Among PHNs active in the "Industry" area, the most common response was "Health checks, subsequent measures/support" at 68.3%, followed by "Health counseling in the specific medical checkups, specific health guidance, etc." at 43.6%, and "Mental health measures" at 40.5%, and all of them were selected as "Duties that take up the longest work hours."
- In areas other than Local governments and Industry (Medical care, Welfare, Education, etc.), the most common response was "Lifestyle counseling" at 28.4%, followed by "Health checks" at 27.8%, and "Health counseling in specific health guidance, etc." at 27.6%.

2. Securement of PHNs: Conditions that they prioritized in job hunting that led to current employment

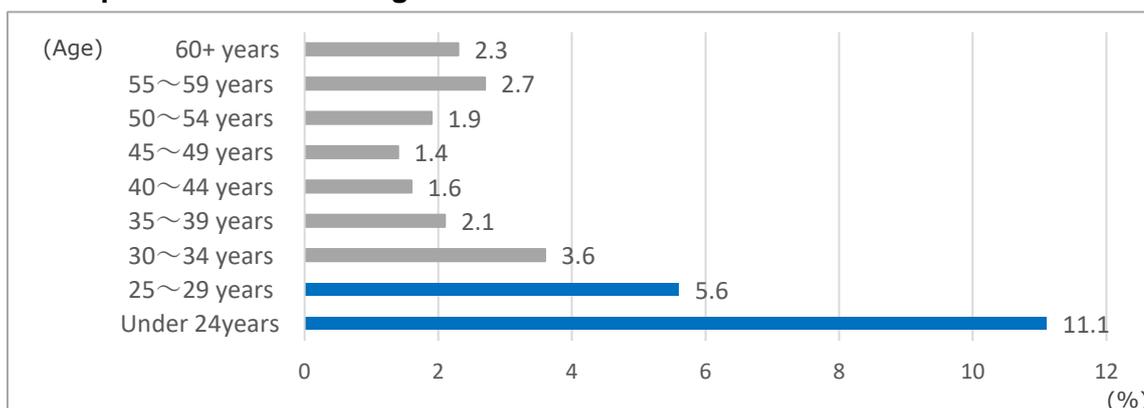
- The most common response was "Place of birth, residence, and/or presence of family or relative" at 66.3%, followed by "Regular full-time employment" at 51.7% and "No night shift" at 30.1% (Figure 1).

Figure1 : Conditions prioritized in job hunting (multiple answers)



- Only 3.0% of all respondents considered that their workplace had "Established systems for human resource development and continuing education". When looking at this by age groups, a relatively larger share of respondents considered so at 7.2% in the group in their 20s and at 11.1% in the group of 24 years or younger, which represented newly-graduated, compared to other age groups. It was suggested that established systems for human resource development and continuing education would provide advantage in the securement of PHNs in their 20s, who would work actively in the future.

Figure 2: The percentage of respondents who chose "Established systems for human resource development and continuing education"



- As the reasons for continued working for the present organization, many respondents emphasized the presence of colleagues and seniors that they could consult with, financial aspects, and the sense of fulfillment to the current job. Approximately half of the respondents in their 20s emphasized the presence of PHN colleagues and seniors that they could consult with and good interpersonal relationship, at rates higher than among all respondents. Among respondents aged 35 to 44 years, more than 40% selected "Ease of balancing pregnancy, childbirth, child-rearing with employment."

3. Career development

More than 20% of respondents had experience of leaving their jobs. The most common reason was "Career enhancement" among respondents in their 20s or 30s. It is considered important to establish workplace environment that facilitates career enhancement in order to secure retention in these age groups. Only 46.2% responded that their organization had internal human resource development plans (Figure 3). Regarding the presence/absence of continuing education systems, less than 50% responded that their organization managed the history of individual training and education, and/or had medium-term and long-term human resource development plans. However, the figures have increased in all items compared to the results of the past surveys in 2010 and 2014, suggesting that training systems are being gradually established (Figure 4).

Figure 3: The presence/absence of human resource development plans for PHNs (%)

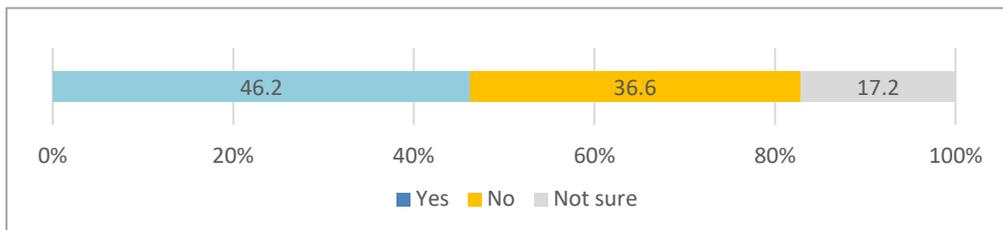
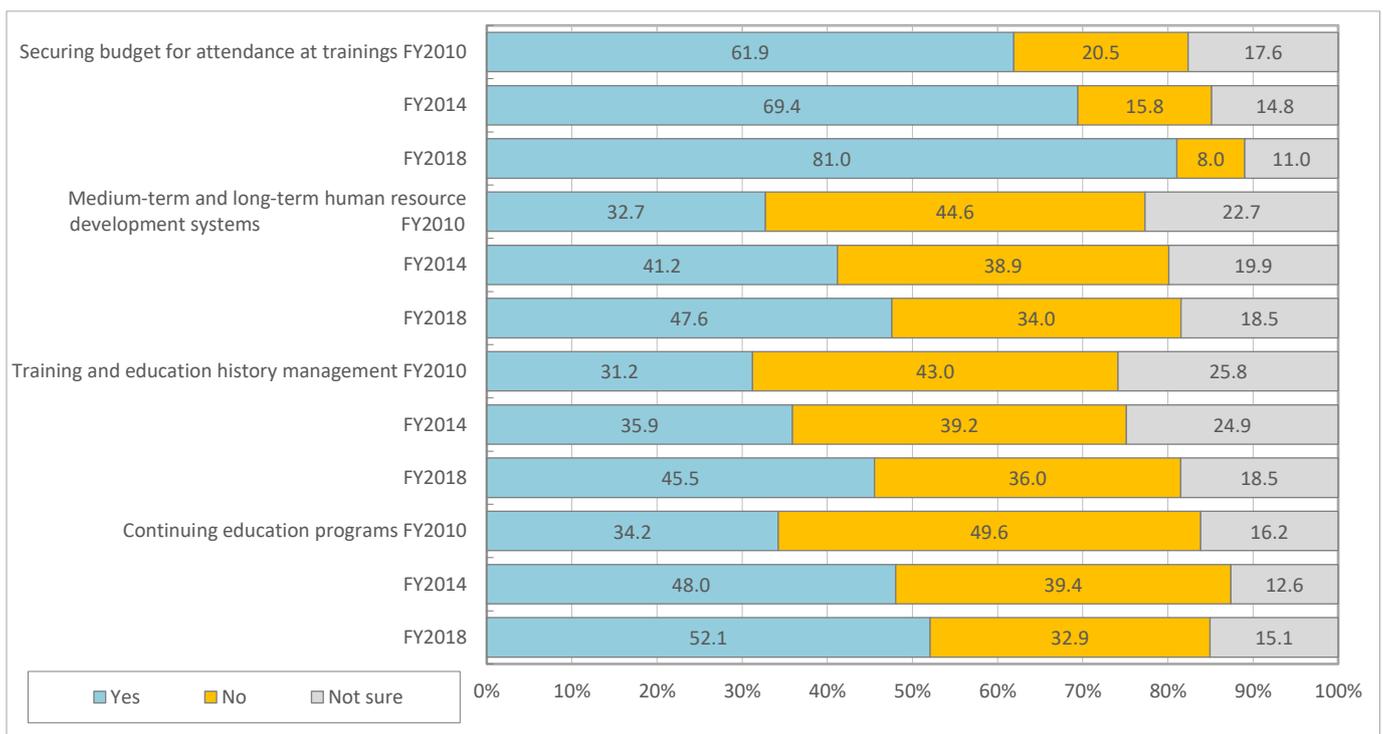


Figure4: The presence/absence of continuing education system (Annual change) (%)



4. PHNs for Interdepartmental Coordination (PHNs-IC)

When respondents working in local governments with PHNs-IC were asked about the roles of the PHNs-IC, the most common response was "Human resource development" at 74.5% (Figure 5). The survey also suggested that human resource development plans were formulated (Figure 6) and continuing education programs were established at higher rates in local governments with PHNs-IC than in local governments without PHNs-IC.

For PHNs-IC to exercise their functions in a cross-sectional manner, it would become important that their roles are recognized throughout the organization, rather than limited to recognition among PHNs or instructions by supervisors. Therefore, JNA analyzed difference by position in the roles of PHNs-IC indicated in the job description, and observed difference. Adequate positions are considered necessary for PHNs-IC to exercise their roles in an advanced manner.

Figure 5: Roles played by PHNs-IC (multiple answers)

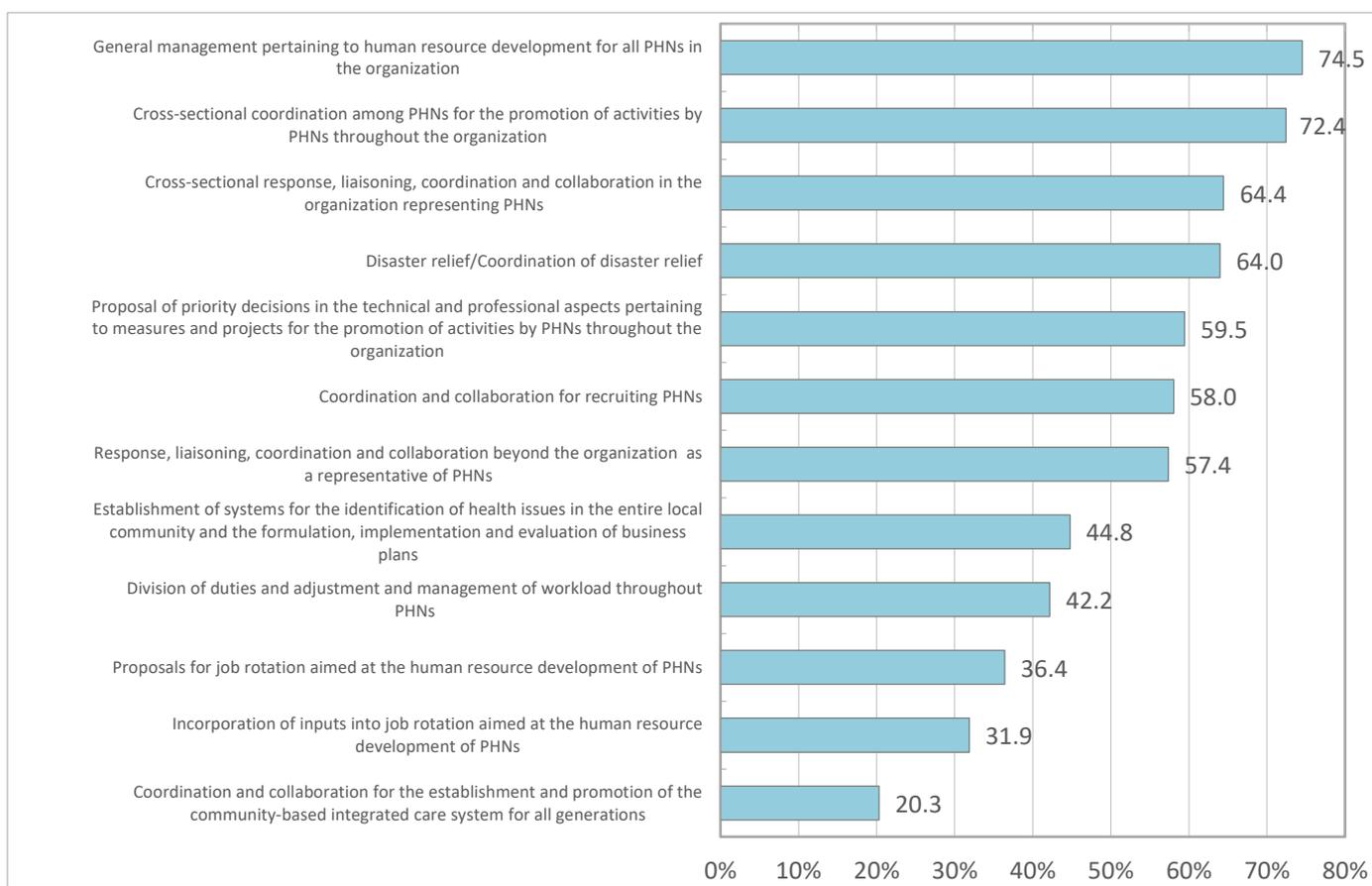
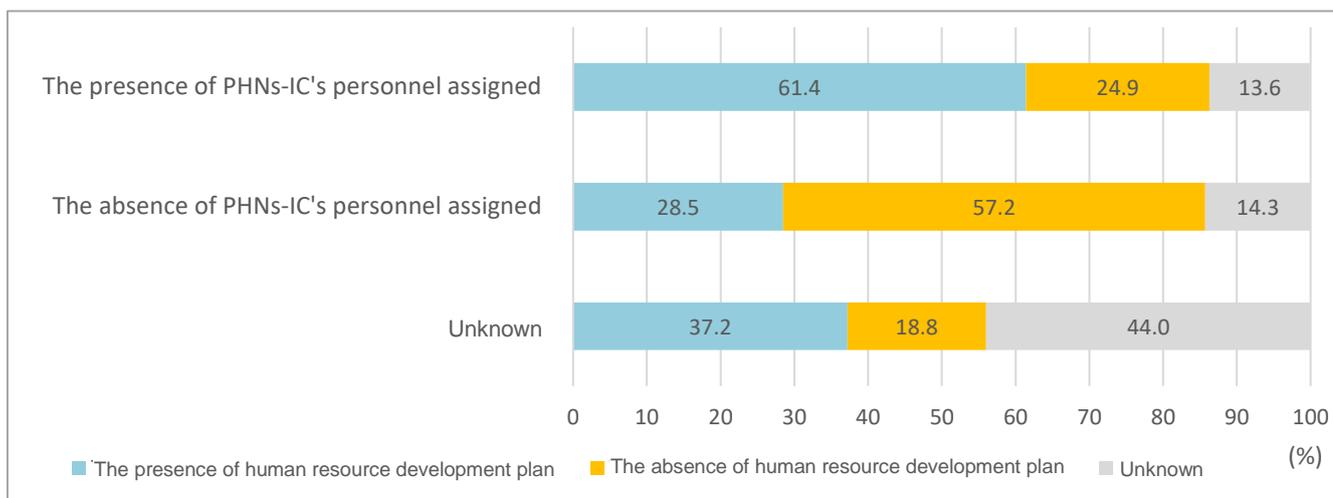


Figure 6 : The presence/absence of human resource development plan based on the presence/absence of PHNs-IC (%)



Q What is PHNs for Interdepartmental Coordination (PHNs-IC)?

PHNs-IC are to be defined on this survey as PHNs taking integrative roles and coordinating and facilitating public health activities of PHNs cross-sectionally.

Q What is a public health nurse?

A public health nurse is a person who engages in health guidance using the title of public health nurses under the license of the Minister of Health, Labour and Welfare (Article 2 of the Act on Public Health Nurses, Midwives and Nurses) .

The workplaces of public health nurses are public health centers, public administrations including those of municipalities, cities or villages, as well as in industry, schools or hospitals. Among these, those working for municipalities, cities or villages have been increasing year after year.

Public health nurses, being the leaders of public health nursing operations, are professionals who conduct such operations as community activities or methods of getting into communities. Through the activities, the professionals find common health problems within a community and seek solutions valuing partnership and collaboration with residents.

To solve diversified and complicated health problems, there are great expectations of public health nurses. Particularly in these years, their roles in urgent and troublesome issues including measures against lifestyle-related diseases and suicide are critical. And there have been increased needs for their activities.