

JNA News Release

Japanese Nursing Association

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Survey Results on the Actual Status of Nurses' Responses to COVID-19

In September 2020, the Japanese Nursing Association (JNA) implemented a "Survey on the Actual Status of Nurses' Responses to COVID-19." The purpose of this survey was to link the frontline situation and nurses' opinions to policy recommendations to the Government and support for the clinical settings, by grasping the actual status of nurses, including the working environment during the first wave of the COVID-19 pandemic (roughly January – May 2020). Survey contents include the actual status of "Nursing system and workforce," "Working conditions, and health and safety," "Securing nursing human resources," "Cooperation among government, prefectural nursing associations, and frontlines," "Prejudice and discrimination against nurses," "Activities of Certified Nurses and Certified Nurse Specialists," and "Support expected by JNA and appropriate provision of information."

The survey results revealed a severe situation at the frontlines after the spread of COVID-19. Among the actual status clarified through the survey, this News Release reports the actual status of "Nursing system and work style," "Securing nursing human resources," "Prejudice and discrimination against nurses," and "Activities of specialized nurses".

Survey Outline

[Survey period]

Sep. 8 – 28, 2020

[Survey method]

Web-based survey

[Survey targets]

1) Hospital nurse administrators, 2) Facility covered by long-term care insurance nurse administrators, 3) Visiting nursing station nurse administrators, 4) Certified Nurses in infection control/Certified Nurse Specialists in infection control nursing, 5) Certified Nurses other than 4), 6) Presidents of prefectural nursing associations, 7) Nurses who have returned to practice due to COVID-19, and 8) Individual nurses

[Number of respondents (response rate)]

1) 2,765 (33.5%), 2) 1,865 (15.5%), 3) 2,664 (22.1%), 4) 803 (27.4%), 5) 2,679 (13.2%), 6) 47 (100%), 7) 689 (67.3%), 8) 38,479 (-%)

Survey Result 1 : Nursing system and work style

◆Situation regarding accepting COVID-19 patients [hospitals]

Roughly 60% of responding hospitals accepted COVID-19 patients or treated/examined individuals with suspected COVID-19, while 7.1% admitted patients with severe conditions.

◆Impact on the nursing system due to COVID-19 [hospitals]

A total of 46.0% of hospitals that accepted COVID-19 patients made changes to nurse staffing. Among hospitals that changed nurse staffing, 46.1% closed some wards in response to COVID-19, while 37.9% reduced nurse staffing for hospital wards/outpatient services, without closing wards. Among those hospitals which changed nurse staffing, 47.6% answered that, "Due to the high demand for nurses at the section battling with COVID-19, nurses became scarcer in other sections". This suggests that hospitals faced difficulties in

balancing COVID-19-related care with usual healthcare services.

◆Working environment and nurse leaving job

In the survey, 15.4% of hospitals answered that “Some nurses left jobs due to COVID-19-related reasons such as changes in the working environment and the risk of infection.” In particular, hospitals that were designated to accept COVID-19 patients, such as designated medical institutions for infectious diseases exhibited a high rate, at 21.3% (Figure 1). Reasons stated for leaving jobs included: changes in overtime hours, change in ease of taking paid leaves, changes in the working environment, such as changes in the night shift number, hours or evenness, shortages of personal protective equipment, inadequate infection prevention measures at the workplace, and inadequate measures for promoting understanding among staff to prevent discrimination and prejudice.

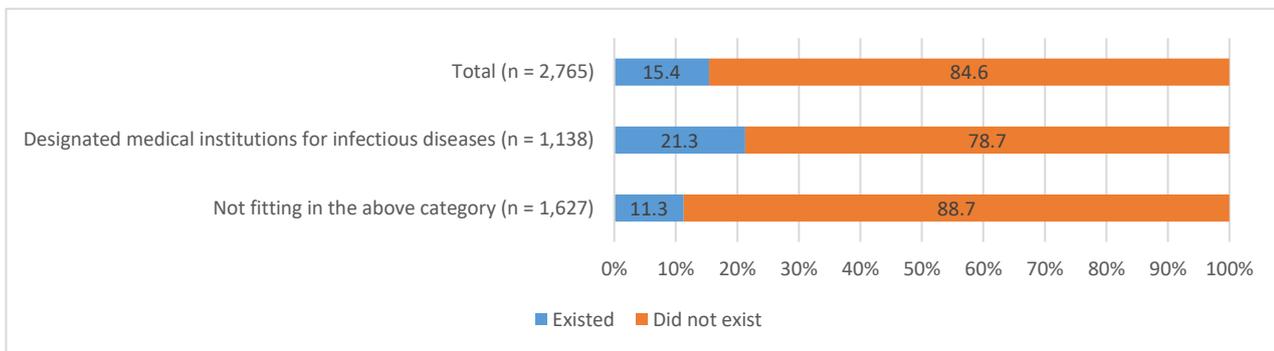


Figure 1. Existence/non-existence of nurse leaving job due to working environment changes, risk of infection, etc. in response to COVID-19 [hospital nurse administrators] (Cross tabulation by infection disease response)

Survey Result 2 : Actual status of securing nursing human resources

◆Attendance situation of nurses

Regardless of the acceptance/non-acceptance of COVID-19 patients, 42.4% of hospitals, 16.9% of healthcare facilities for the elderly requiring long-term care, 9.9% of welfare facilities for the elderly requiring long-term care, and 32.0% of visiting nursing stations answered that there was a change in the work attendance of nurses. Among institutions that indicated that there was a change in nurses’ attendance, 80-90% answered that some nurses were unable to attend work. As for the reasons for non-attendance, the most common answers were: temporary closures of schools and nursery for children due to the Declaration of a State of Emergency by the Government, followed by close contact with COVID-19 patients or persons with suspected COVID-19 (Figure 2).

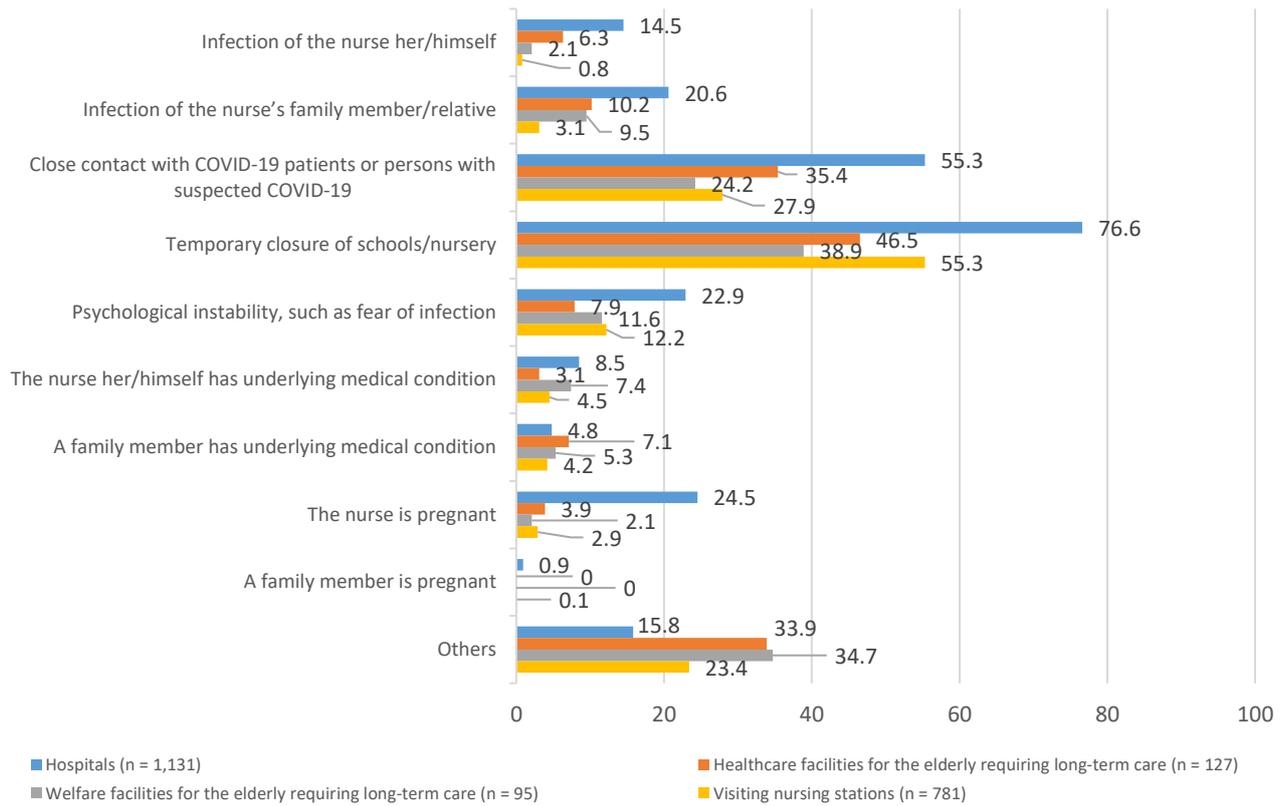


Figure 2. Reasons for non-attendance by nurses (multiple answers)
 [Nurse administrators of hospital/facility covered by long-term care insurance/visiting nursing station]

Survey Result 3 : Actual status of prejudice and discrimination against nurses

Among all individual nurse respondents, 20.5% answered that “Prejudice and discrimination existed.” (Figure 3)

The details of the prejudice/discrimination were as follows: “Nurses’ families or relatives received verbal abuse from surrounding persons” (27.6%), “Nurses themselves received verbal abuse from patients” (19.8%), followed by “Nurses themselves received verbal abuse from persons in their community” (19.2%) (Figure 4).

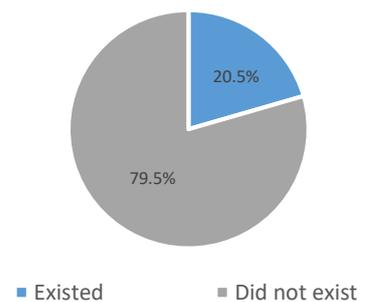


Figure 3. Existence/non-existence of prejudice/discrimination [individual nurses]

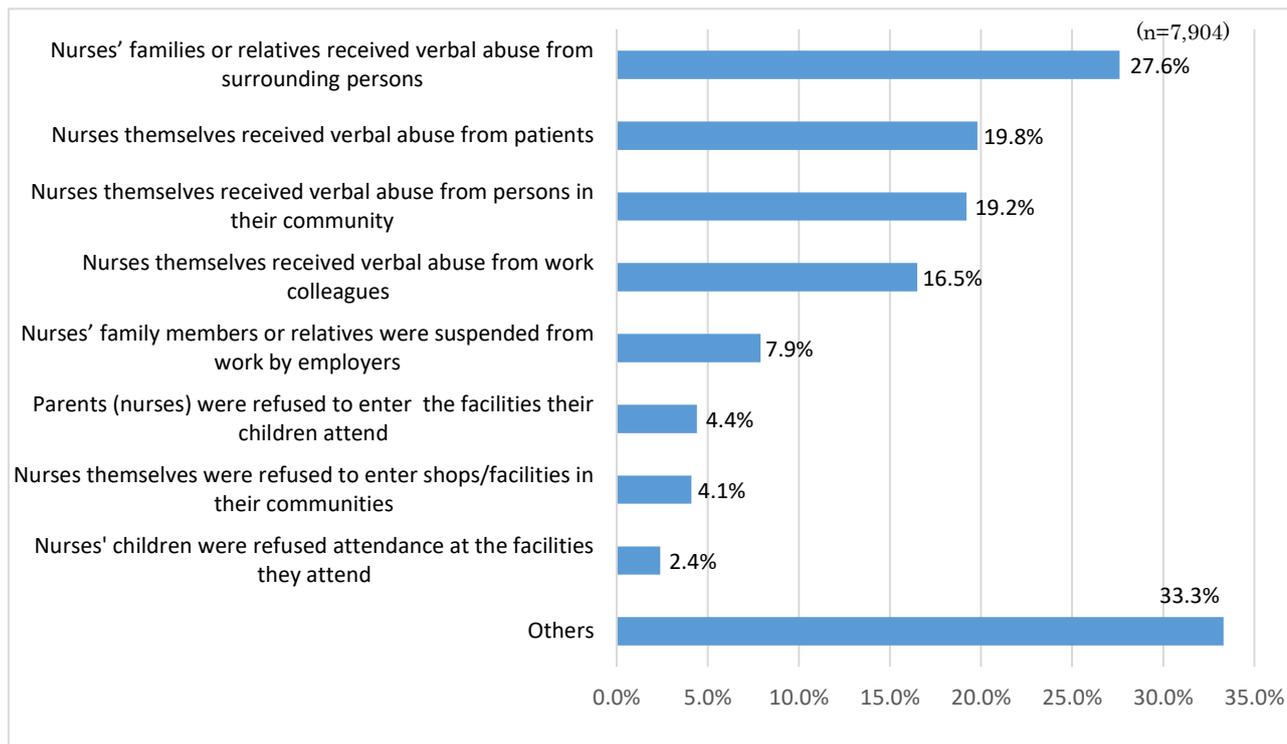


Figure 4. Details of discrimination and prejudice [individual nurses] (among 7,904 persons who responded that “discrimination and prejudice existed”)

Survey Result 4 : Activities of specialized nurses *1

- ◆ Activities of Certified Nurses in infection control and Certified Nurse Specialists in infection control nursing
 - 76.3% of respondents answered that they “played an important role” in their workplace in response to COVID-19.
 - The specific measures taken were broadly divided into three categories. The first measure was the development of an infection control system. A wide range of specific actions were implemented, including: “Consultation responses to staff related to COVID-19” (90.3%), followed by “Development and dissemination of zoning” (89.7%), “Review and revision of manuals for infectious disease control” (88.3%), “Inventory checks, selection, and purchases of personal protective equipment” (85.4%), and “Holding and planning of response meetings in workplace” (81.4%). The second measure was responses to patients and families. Specifically, “Guidance and education for inpatients/outpatients/facility users concerning measures for infectious disease control” was the most common answer (56.7%), followed by “Consultation responses to inpatients/outpatients/facility users concerning COVID-19” (46.9%). The third measure was guidance and education for staff, including “Holding training workshops related to COVID-19 (wearing and removing personal protective equipment and sampling methods)” (92.2%), followed by “Mental health support” (35.7%).
 - Collaborations/support provided outside workplace

Among the Certified Nurses in infection control and Certified Nurse Specialists in infection control nursing who answered that collaboration for COVID-19 was requested from facilities outside their workplace (552 nurses), more than 50% answered “Collaboration/support was actually provided” to medical institutions,

public health centers, and residential long-term care facilities.

◆ Activities of specialized nurses other than in infection control field

- For Certified Nurses, respondent specialties were “Wound, ostomy and continence nursing” (18.0%), “Palliative care” (13.2%), “Cancer chemotherapy nursing” (8.8%), “Emergency nursing” (6.2%), “Intensive care nursing” (5.5%), while for Certified Nurse Specialists, respondent specialties were “Cancer nursing” (31.2%), “Psychiatric mental health nursing” (16.2%), “Gerontological nursing” (11.7%), and “Critical care nursing” (8.4%).
- Specifically, as for the arrangement of infection control measures, Certified Nurses in emergency nursing implemented “Development and dissemination of zoning” (63.6%), and Certified Nurses of intensive care nursing implemented “Simulation of the occurrence of a suspected COVID-19 case” (54.3%). As for responses to patients/families, “Direct care for COVID-19 patients” was implemented by Certified Nurses in emergency nursing (37.9%), by Certified Nurses of intensive care nursing (37.2%), and by Certified Nurse Specialists in critical care nursing (36.0%).
- As for guidance and education for staff, 81.0% of Certified Nurse Specialists in psychiatric mental health nursing implemented “mental health support.”

*1 Specialized nurses in Japan

The credentialing system by JNA certifies specialized nurses in specific nursing fields as Certified Nurses and Certified Nurse Specialists. Certified Nurses are those who are certified by JNA as nurses with advanced nursing skills and knowledge in specific nursing fields. As of December 2020, a total of 21,847 Certified Nurses are working throughout the country. Among these, 2,977 nurses are working as Certified Nurses in infection control. Certified Nurse Specialists are those who pass the credentialing examination given by JNA, and are recognized as having excellent nursing practice competencies in specific nursing fields. As of December 2020, a total of 2,733 Certified Nurse Specialists are working throughout the country, in 13 fields. Among these, 90 nurses are working as Certified Nurse Specialists in infection control nursing.



Dr. Toshiko Fukui, JNA President

JNA President, Toshiko Fukui held a press conference concerning the results of “Survey on the Actual Status of Nurses’ Responses to COVID-19” on December 22, 2020. Based on the survey results, she emphasized the necessity of developing working environments in which nurses can continue to work, as well as the necessity of securing nursing human resources for overwhelmed hospitals, and appealed for support for nurses who were infected with COVID-19.

The results of this survey were covered widely by media including TV and newspapers. In particular, the fact that 15% of all hospitals, and more than 20% of hospitals designated to accept COVID-19 patients responded that “Some nurses left jobs due to changes in the working environment in response to COVID-19 and the risk of infection,” was introduced as a serious problem in many special feature articles and TV programs, which attracted considerable public attention.