

The JNA Effort toward Restoration Assistance following the Great East Japan Earthquake

2. JNA's effort for policy proposals,
information collection/sharing/provision,
and support to afflicted facilities/nurses



Japanese Nursing Association

1. The Great East Japan Earthquake and JNA's provision of in-person support – disaster relief nurses
2. JNA's effort for policy proposals, information collection/sharing/provision, and support to afflicted facilities/nurses

The material for the second volume presents policy proposals, information collection/sharing/provision, and support to afflicted facilities/nurses among the activities conducted by the Japan Nursing Association (JNA). It also describes JNA's future actions.



Overview of JNA Initiatives

		Mar - May 2011	Jun 2011 - Mar 2012	FY2012	FY2013	FY2014	FY2015	2016 and after	
	Crisis management structure								
		Task force for disaster response	Establishment of a department dedicated to assistance for reconstruction						
Provision of in-person support	Dispatch of Disaster Relief Nurse and its related activities								
		Dispatch	Training to develop trainers		Revision of dispatch guidelines	Agreement with prefectural nursing associations based on the dispatch guidelines			
Policy proposals and information collection/sharing/provision	Policy proposals and initiative reports								
		Policy proposals to the government and parties			Presentation at academic conferences				
	Status surveys								
		Status survey of afflicted members			Status survey of nursing professionals in afflicted areas				
	Participation in meetings and information collection/provision								
		Participation in the liaison council to support the health of afflicted people			Implementation report		Opinion exchange at the nursing associations of afflicted prefectures		
	Public relations								
		Holding reconstruction forums							
Support to afflicted facilities and nurses	Financial support to the establishment of infrastructure, etc.								
		Transportation of relief goods	Raising relief funds	Allocation of raised relief funds					
	Support to holding seminars, etc.								
		Support to holding meetings of administrators in afflicted areas			Support to seminars in afflicted prefectures				
	Support to nursing quality enhancement								
	Nursing quality enhancement project								
	Support to strengthening the practical capabilities of public health nurses								
		Support to strengthening the practical capabilities of public health nurses in afflicted areas				Support to promoting the allocation of supervising public health nurses to afflicted areas			
	Support to participation in academic conferences and to refreshing events								
		Support to participation in exchange meetings for each nursing professionals			Support to participation in academic conferences of the Japan Society of Nursing, and holding exchange meetings				



Policy Proposals and Information Collection/Sharing/ Provision



Overview of efforts for policy proposals and for information collection/sharing/provision

To respond to changing situations in the afflicted regions, JNA conducted activities to learn about the circumstances and called for assistance with recovery and reconstruction. JNA also carried out activities to raise awareness of and interest in healthcare and nursing in these areas among the general public and nurses.

- Sharing of information and collaboration with national and local governments
- Making policy proposals for related ministries and agencies, ruling parties and opposition parties
- Communication and coordination with prefectural nursing associations, the governmental sectors and related organizations to understand the actual state of the afflicted regions
- Fact-finding surveys on members and member facilities to grasp the state of damage
- Participation in related meetings to share information and provide statements
- Placement of opinion ads in national newspapers and organization of forums and other events to increase publicity

Policy proposals and requests

JNA made policy proposals for assistance with recovery and reconstruction to the government and political parties on various occasions. The main works were as follows.

From immediately after the earthquake to around one year later

On different occasions, JNA gave presentations about the disaster relief nurses, made emergency proposals and submitted requests in coordination with other requesting activities.

- Proposal for reconstruction of healthcare institutions, home based care, and healthcare activities
- Proposal for support for re-employment of nurses who lost jobs due to the disaster

Request concerning exceptional measures following the earthquake disaster (September 19, 2012)

In view of the seriousness of the damage, exceptional measures were introduced with respect to healthcare covered by the national health insurance, the heart of Japan's healthcare system. The measures were intended to ease some standards so that healthcare might be continuously provided in the afflicted areas. For nursing, some requirements were relaxed, such as those concerning monthly average night shift working hours and nurse staffing. It meant that a smaller number of nurses would serve more hospitalized patients than regulated and that they would be allowed to work for more night shift hours than regulated, suggesting that nurses in afflicted regions could bear heavier burdens.

JNA requested that exceptional measures should not be exercised permanently. JNA made a point that assistance was needed to maintain positive working environment of nurses. Because the findings of the survey conducted with JNA and the nursing associations in the afflicted prefectures indicated nurses were fatigued and it was difficult to secure nursing personnel despite various efforts to provide a positive working environment.



Policy proposals and requests (continued)

Report on JNA's efforts for restoration assistance and proposals to address issues in the afflicted regions (March 6, 2015)

At the ruling parties' committees on nursing, JNA reported on its efforts for restoration assistance and made the following proposal to address issues in the afflicted regions.

- Assistance with securing, retaining, and developing nursing personnel
- Enrichment and enhancement of support for health of populations in the afflicted regions

Overview of the status survey of afflicted members

In May 2011, JNA carried out a survey of the conditions of afflicted members in the coastal areas of the three afflicted prefectures in collaboration with the Iwate, Miyagi and Fukushima Nursing Associations. It was accompanied by a follow-up survey in June 2014.

Background of the 2011 survey

- (1) Particularly just after the disaster, it was difficult to confirm if members were safe.
- (2) There were information that some members were obliged to move due to evacuation instructions following the nuclear power station accident and their whereabouts could not be confirmed, and other members faced loss of jobs or deteriorated working conditions.

Purpose of the 2011 survey

- (1) Checking safety and damage for members in the coastal areas of the three afflicted prefectures that suffered multiple damage caused by the earthquake, tsunami and nuclear disaster in the Great East Japan Earthquake
- (2) Obtaining information, background materials and data for offering disaster relief money in accordance with JNA regulations
- (3) Obtaining information, background materials and data for considering a way of supporting afflicted members

Background of the 2014 survey

Three years after the disaster, it remained difficult to secure and retain nursing personnel in the afflicted regions. The survey was conducted as a follow-up to the 2011 survey.

Purpose of the 2014 survey

- (1) Understanding problems to be solved to secure and retain personnel by conducting survey of actual situation of nursing personnel in the afflicted regions
- (2) Obtaining basic information and data for exploring future assistance



Summary of findings of the 2011 survey

The survey unveiled (1) damage to the buildings of facilities, (2) damage to members, (3) members' health conditions, and (4) members' state of working and employment.

- In 38 coastal municipalities in the three afflicted prefectures, 57.7% of the buildings of facilities were reported damaged.
- A comparison in the number of nurses including non-members in the three afflicted prefectures before and after the Great East Japan Earthquake (namely, March 1, 2011 and May 1, 2011) confirmed a decrease by 197 people. There were 41 nurses whose safety could not be confirmed and 1,394 suffered damage to their houses.
- With respect to members' health conditions, the report referred to mental symptoms, such as sleep disorders, mental strain, anxiety and depression, as well as physical symptoms, including feelings of fatigue and weariness, high blood pressure, pain, inflammatory symptoms and repeated cold symptoms.
- Four hundred sixty-six (466) members left or changed their jobs, and 366 were on a leave of absence.

The survey results confirmed the need for assistance as follows.

- (1) Recovery of nursing functions for healthcare institutions in the coastal areas of the three afflicted prefectures
- (2) Assistance for nurses: Helping healthcare institutions to secure personnel and ensuring that nurses can continue to work
- (3) Assistance with employment
- (4) Reissuance of nursing licenses, etc.

Summary of findings of the 2014 survey

The follow-up survey discovered that nurses had decreased at nearly 30% of the facilities and that it was necessary to secure more nurses at more than 50% of the facilities.

It also revealed the reality of nurses in the afflicted regions. Many faced difficulty continuing to provide nursing to affected people with health problems which became complicated through disaster, as they themselves were afflicted and suffered mental and physical damages.

It confirmed the following as issues to be addressed in the future.

- (1) It is necessary to prioritize the development and support for human resource for nursing .
- (2) The efforts to securing nurses requires involvement of the governmental sectors.
- (3) It is necessary to offer assistance appropriate to local circumstances.

The findings of the follow-up survey were published in the Reports on Actual Situation of Nursing Staff at the Afflicted Areas. The main findings are presented in some of the following pages.

Source: Japanese Nursing Association(2015) Reports on actual situation of nursing staff at the afflicted areas. (in Japanese)
http://www.nurse.or.jp/nursing/practice/reconstruction/support/research/pdf/jittaichosa_2014.pdf (accessed on January 16,2018)

Damage to facilities (by prefecture)

(incl. multiple answers)

	Total number of facilities	Earthquake	Tsunami	Fire	The nuclear power station accident	Others	No-response
Total	252 (100%)	223 (88.5%)	32 (12.7%)	0	45 (17.9%)	4 (1.6%)	19 (7.5%)
Iwate	38 (100%)	28 (73.7%)	8 (21.1%)	0	0 (0.0%)	1 (2.6%)	8 (21.1%)
Miyagi	108 (100%)	98 (90.7%)	16 (14.8%)	0	2 (1.9%)	1 (0.9%)	7 (6.5%)
Fukushima	106 (100%)	97 (91.5%)	8 (7.5%)	0	43 (40.6%)	2 (1.9%)	4 (3.8%)

According to the follow-up survey in 2014, as of March 2011, 88.5% of facilities were damaged by the earthquake, 17.9% by the nuclear power station accident and 12.7% by the tsunami.

Source: Japanese Nursing Association(2015) Reports on actual situation of nursing staff at the afflicted areas.
http://www.nurse.or.jp/nursing/practice/reconstruction/support/research/pdf/jittaichosa_2014.pdf (accessed on January 16,2018)
 (in Japanese)



Change in state of operation of facilities

(unit: no. of facilities)

	Total no. of facilities	Normal operation	Partly in operation	Temporarily closed	Closed	No-response
2011 Survey (May 1 st , 2011)	374	284	45	15	9	24
	100%	75.9%	12.0%	4.0%	2.4%	6.4%
2014 Survey (June 1 st , 2014)	252	233	14	1	2	2
	100%	92.5%	5.6%	0.4%	0.8%	0.8%

The 2014 survey showed that 92.5% of the facilities were operating normally.

Source:

Japanese Nursing Association (2012) Efforts of Japanese Nursing Association at the time of the Great East Japan Earthquake.
<http://www.nurse.or.jp/nursing/practice/reconstruction/support/research/index.html> (accessed on January 16, 2018) (in Japanese)

Japanese Nursing Association(2015) Reports on actual situation of nursing staff at the afflicted areas.
http://www.nurse.or.jp/nursing/practice/reconstruction/support/research/pdf/jittaichosa_2014.pdf (accessed on January 16,2018)
 (in Japanese)



Number of facilities by change in number of nurses on duty and change in number of nurses (by prefecture and by district)

	Total No. of facilities	Decreased	No change	Increased	The change of nurses number
Overall	250	74	64	112	349
	100%	29.6%	25.6%	44.8%	
Iwate	38	13	10	15	▲54
	100%	34.2%	26.3%	39.5%	
Miyagi	106	30	29	47	152
	100%	28.3%	27.4%	44.3%	
Fukushima	106	31	25	50	251
	100%	29.2%	23.6%	47.2%	

*the data used were limited to facilities which provided valid response for no. of nurses both as of March 2011 and June 2014 .

*▲ indicates decrease

According to the findings by district in Fukushima Prefecture, 11 facilities in the Iwaki district saw a decrease in nurses, and five of the 12 facilities in the Soso district were severely affected by the accident at the Fukushima Daiichi Nuclear Power Station and saw a decrease in nurses.

Source: Japanese Nursing Association(2015) Reports on actual situation of nursing staff at the afflicted areas.
http://www.nurse.or.jp/nursing/practice/reconstruction/support/research/pdf/jittaichosa_2014.pdf (accessed on January 16,2018)
 (in Japanese)



Collection of information for recovery and reconstruction through nursing associations in afflicted prefectures

The nursing associations in the afflicted prefectures, namely Iwate, Miyagi and Fukushima, organized meetings of nursing administrators in afflicted healthcare facilities. They mutually shared issues faced by their respective facilities and continually discussed activities for recovery of nursing functions. JNA collected information and understood the needs through these meetings held in 2011 and planned an assistance initiative towards recovery and reconstruction for fiscal 2012.

These meetings paved the way for monitoring how subjects and opinions changed over time. The first meeting discussed actions taken by facilities and the feelings of nursing administrators during their efforts. Half a year later, they began discussing the difficulty of securing nursing personnel, desirable assistance for nurses with mental disorders and afflicted people, and future disaster control measures.

Liaison Council to Support the Health of Afflicted People

JNA made necessary policy proposals in collaboration with related organizations.

In April 2011, the Liaison Council to Support the Health of Afflicted People* made up of organizations related to healthcare and nursing was set up in response to a request from the Headquarters for Special Measures to Assist the Lives of Disaster Victims in the Japanese government.

The purposes of the Council were, firstly, to respond to healthcare needs in afflicted places and to ensure the long-term dispatch of the healthcare team, and secondly, to grasp the needs for ensuring health in evacuation centers and elsewhere in afflicted areas and to take required actions to ensure the health of afflicted people, such as infectious disease prevention.

JNA took part in this Council to regularly share and exchange information, which led to the policy proposals.

*At the time of 2016 Kumamoto Earthquake, the Council was also held as an opportunity of information sharing among healthcare and nursing organizations providing response action and assistance.

Creation of educational materials on nursing to address radioactive hazards

Titles of Materials

- Nuclear Disasters and Roles of Nurses: Correctly Understanding Health Hazard of Radioactivity
- Nuclear Disasters and Roles of Nurses: The Way to Estimate Exposed Dose - Exposed Dose is Significant to Health Hazard
- Nuclear Disasters and Roles of Nurses: Health Counseling for Expecting Mothers

The accident at the Fukushima Daiichi Nuclear Power Station had such a large social impact that it caused health concerns for locals and reputational damage.

JNA created educational materials on nursing to address radioactive hazards on the fifth day following the occurrence of a disaster in order to provide nurses with accurate knowledge the impact of radiation on health and about what action to take to address them. The materials created were sent to the prefectural nursing associations and the Ministry of Health, Labour and Welfare. These videos were also posted on our website.

Public relations: The Great East Japan Earthquake Restoration Forum

Three years after the Great East Japan Earthquake, JNA organized *Restoration Forum 2014: Current Nursing in Afflicted Areas*. It aims were to share information on nursing practice in the wake of a disaster in order to explore the capabilities and new potential of nursing; to empower nurses and those who provide assistance in afflicted areas; to inform young people who will play active roles in future generations and many members of the public about the appeal of nursing; and to help secure and develop nursing personnel. It attracted 831 participants, including general public, nurses, those engaged in assistance to afflicted people and reconstruction assistance, and nursing students. The forum served as an opportunity to share the roles of nurses and new possibilities.



Forum participants looking at the exhibits.

JNA's Efforts: Support to Afflicted Facilities and Nurses



Overview

- As an initial response immediately after the disaster, JNA began to procure, transport and distribute relief goods.
- JNA raised relief funds for financial assistance for afflicted people, purchase of relief goods and dispatch of Disaster Relief Nurses.
- To ensure that the funds would be used fairly for the public good, JNA established a committee for consideration of the allocation of funds. The committee discussed the policy and method of allocation and distributed the funds.

Procurement, transport and distribution of relief goods



As an initial action immediately after the disaster, JNA began to procure, transport and distribute relief goods.

The procurement of supplies commenced on March 14, 2011. JNA received a good deal of supplies from about 38 organizations. To avoid concentration of large quantities of the same materials in certain places, JNA transported and distributed sorted goods to destination by buses which transported disaster relief nurses.

Relief goods were so wide-ranging that they included hygiene materials to be used by nurses in afflicted areas for prevention of infectious diseases as well as toilet paper, diapers, toothbrushes and other daily necessities.

Gloves, masks, and other hygiene materials were in high demand to address dust from the huge volume of rubble caused by tsunami, in addition to act as preventive measures against influenza, norovirus and other infectious diseases.

One month after the evacuation, there was a sudden increase in bed sores among those requiring long-term care. Appeals made mainly by Certified Nurses in Wound, Ostomy and Continence Nursing led to the provision of bed sore products.

Relief funds

JNA raised relief funds from March 14 to July 15, 2011 for financial assistance for afflicted people, purchase of relief goods and dispatch of Disaster Relief Nurses. Contributions came broadly from members, non-member nurses, businesses, organizations and individuals as well as from overseas nursing organizations and individuals.



Allocation of relief funds

Relief funds phased allocation plan (Fiscal 2011)

Phase 1

- (1) Dispatch of Disaster Relief Nurses
- (2) Support for initial activities of nursing associations in the afflicted prefectures
- (3) Support for dispatch activities from neighboring prefectures
- (4) Support for activities by prefectural nursing associations accepting evacuees from inside and outside their respective prefectures

Phase 2

Restoration of nursing departments in hospitals, visiting nursing stations, and healthcare sections in public health centers, municipal governments and health and welfare centers

Phase 3

Restoration of nursing education institutions and nursing functions of care and welfare facilities

Phase 4

Restoration of home based care (visiting nursing stations without members)

Relief funds covered expenses related to dispatch of Disaster Relief Nurses, recovery of nursing functions of healthcare institutions in coastal areas in Iwate, Miyagi and Fukushima Prefectures suffering particularly serious damage and support for restoration of home based care.

To ensure that the funds raised would be used fairly for the public good, JNA established a committee for consideration of allocation of funds including outside experts. The committee organized a basic policy and discussed a phased allocation plan, areas and facilities for allocation, beneficiaries, and methods of calculation and they were finally approved by JNA's Board Meeting.

For the restoration of healthcare institutions, relief funds were distributed on a facility-by-facility basis. Eligible facilities were asked to reallocate funds provided to (1) restoration of their nursing functions and to (2) afflicted nurses, irrespective of member or non-member status.



Activities on allocated relief funds

Funds allocated to:	Funds spent on:
13 visiting nursing stations	Reconstruction of visiting nursing stations
Five general incorporated associations	Support for expectant mothers and mothers and children
Four medical corporations	Health assistance for afflicted people and others
Three individuals	Exhibition of photos of activities for supporting afflicted people, etc.
11 others, such as universities and businesses	Relaxation, volunteer performances, etc.

JNA implemented activities on allocated relief funds in fiscal years 2012 and 2013. The committee for consideration of allocation of funds discussed which entities the funds should be allocated from among those corporations, organizations and others engaging in supporting afflicted people and in activation of home-visit nursing, which applied in answer to open invitation. Consequently, funds were allocated to a total of 36 organizations, specifically to 10 organizations in Iwate Prefecture, 13 in Miyagi Prefecture, and 13 in Fukushima Prefecture. They were spent on event-type and community-based support for afflicted people and restoration of visiting nursing stations.

Amid various difficulties, individual entities were encouraged by the funds to carry out activities that matched local circumstances.

JNA's Efforts: Support for Securing, Retaining and Developing Personnel



Overview

JNA worked to provide assistance in securing, retaining and developing nursing personnel.

After the Great East Japan Earthquake, it continued to be difficult to secure and retain nursing personnel, which was a serious problem. It was also necessary to support afflicted nurses who were on leave or had left their jobs for returning to nursing. JNA endeavored to secure and retain nursing personnel.

Even one year after the quake, those who spent a life as evacuees and those unable to regain ordinary life needed help. Due to prolonged life in temporary housing and elsewhere, secondary health problems of afflicted people became severe, such as social withdrawal, depression, and alcohol-related problems. JNA worked to develop personnel to improve the quality of nursing, discourage nurses from quitting their jobs, and encourage measures to retain nurses.

Three years after the disaster, regional gaps in the level of recovery began to emerge among different afflicted areas. To provide comprehensive and continuous care that matched the needs of the afflicted people, nurses were required to provide high quality nursing practice. However, they were not given opportunities to be fully trained due to shortage of human and financial resources. JNA continued to support nurses to participate in academic conferences and hold workshops aiming to provide educational opportunity and improve nursing skills.

Assistance in securing and retaining nurses



Website of E-Nurse Center (at present) <https://www.nurse-center.net/nccs/> (accessed on December 12, 2017)

Since 2011, the year of the Great East Japan Earthquake, JNA has been providing assistance in securing nurses at job-seeking facilities in the afflicted prefectures in conjunction and collaboration with the Nurse Centers* of prefectural nursing associations (as of February 2018).

Continued difficulty in securing nurses in the afflicted prefectures after the disaster developed into a serious issue. In Iwate, Miyagi and Fukushima Prefectures, which suffered particularly severe damages, job opportunities at healthcare institutions with a shortage of nurses are published on e-Nurse Center** as special information in a bid to advertise nursing jobs to job seekers across the country to secure nurses in the afflicted regions.

JNA provided assistance in organizing the nursing job fair and the Fukushima Prefecture hospital tour held in 2012 by the Fukushima Prefectural Government.

* Nurse Centers refer to a free job placement service offered by prefectural nursing associations.

** e-Nurse Center is a website with the functions of Nurse Centers.



Project to support improvement of nursing quality

The project aiming to ensure nursing quality and secure and retain nurses was conducted in fiscal 2012.

Background: In hospitals based in Soso district of Fukushima Prefecture, their healthcare service system experienced difficulties immediately after the district was afflicted, because the inhabitants and healthcare professionals evacuated due to radioactive contamination.

JNA interviewed hospitals in Soso district and learned that Onoda Hospital faced difficulties keeping nursing provisional system and hospital management. Recognizing the necessity to provide support that leads to nursing quality improvement instead of mere support for securing nurses with a view towards future enrichment of local healthcare services, JNA held discussions with Onoda Hospital and carried out a project to assist the area in infection control.

Overview of Onoda Hospital:

Approximately 25 km from Tokyo Electric Power Company's Fukushima Daiichi Nuclear Power Station, its location was designated as an emergency evacuation preparation zone. After the evacuation of healthcare workers due to radioactive contamination, the number of nurses decreased from 78 before the disaster to 62 and the number of beds in operation also fell from 199 to 93.

Purpose: Establishment of a model of assistance for securing and retaining nurses aimed at boosting job motivation and helping them to stay at their current jobs.

Targets:

- (1) Enhance practical nursing skills of nurses in infection control
- (2) Increase self-efficacy of nurses
- (3) Boost job motivation of nurses and help them stay at nursing jobs through (1) and (2)

Project to support improvement of nursing quality

Period: From mid-September 2012 to March 2013

Method: Dispatching a Certified Nurse in infection control once a week (19 times total) to Onoda Hospital to support nursing

Main Points of Nursing support:

- (1) Organization of in-hospital committee on infection control measures
- (2) 30-minute lecture held at lunchtime for all personnel
- (3) Guidance and practice on a tour of the hospital ward

Results:

The Certified Nurses gave assistance in infection control activities that brought about positive changes, such as regaining responsibility for nursing and motivation for learning.

This project was highly regarded and the Fukushima Prefectural Government earmarked a budget for implementation of operations using this scheme within the prefecture. The Fukushima Nursing Association is commissioned to implement the project for nursing capacity building support in healthcare institutions.

Support for enhancement of practicing capabilities of public health nurses

In Fukushima Prefecture, support was provided for four years, from fiscal year 2012 to 2015, to enhance the practicing capabilities of public health nurses.

In Japan, nursing professionals with a national license, called public health nurses, are in charge of preventive and health promotion activities in the local communities. They can intervene before a problem arises.

Background: In afflicted areas, especially in coastal areas, unemployment was a big problem. Some families were forced to live separately. For example, fathers were unable to leave the areas for work while the rest of the family left to avoid the impact of radioactivity coming from the crippled nuclear power plant. Under these circumstances, a variety of health problems were latent and observed, such as stress, post traumatic stress disorder (PTSD), abuse, depression, alcohol-induced disorders and obesity. Public health nurses working in the communities were urged to address these new health problems, and assistance was needed for the reconstruction of local care systems.

JNA carried out interviews in fiscal year 2011 to clarify the current status of public health nurses in evacuated areas due to the nuclear plant accident and what assistance was required. Providing support for afflicted people, public health nurses were afflicted themselves and had to address successive health problems that arose. It was necessary to provide them with opportunities to increase self-efficacy and mutual support.

Purpose: Enhancing practical capabilities and increasing self-efficacy of public health nurses

Details: JNA provided support for the organization of case study meetings. (A psychiatrist and a public health nurse who excelled in consideration of cases meetings were dispatched to provide support.)

Support for refreshing event

In June 2012, JNA invited afflicted nurses to the exchange meetings by areas of nursing profession (Public Health Nurses, Midwives and Nurses) that followed the JNA Annual General Convention and subsequently organized a social gathering to allow them to refresh themselves physically and mentally.

One year after the Great East Japan Earthquake, nurses in the afflicted regions engaged in nursing under harsh circumstances while they themselves were afflicted. JNA repeatedly explored what support could be provided and planned the refreshing event for afflicted nurses. In association with the 1995 Great Hanshin-Awaji Earthquake, there was evidence that leaving the affected areas once would lead to reinvigoration. Therefore, the event was aimed at prompting them to leave their afflicted areas to join JNA meeting and others as an exchange with other nurses.

The participants attended the exchange meeting by areas of nursing profession about the current states and problems in their interest areas of nursing profession. At the social gathering, information on damage and the current conditions in each afflicted prefecture were shared and the necessity to continuously provide mutual support among nurses was reconfirmed.



Then-President of JNA listening attentively to the story of nurses at the social gathering.

Support for participation in academic conferences

For supporting education of the afflicted nurses, JNA provided support for their participation in the Conference of the Japan Society of Nursing which we organized, from 2013 to 2015.

Background: The nurses were so busy with everyday duties that they were unable to acquire new information or techniques on nursing and to review their own nursing work. It was also difficult for them to take part in learning opportunities.

Purpose: Providing nurses working in afflicted with opportunities to learn the latest nursing trends and to reflect on their own nursing which may lead to increased learning motivation and improved everyday nursing practice.

Eligibility: Nurses in Iwate, Miyagi and Fukushima Prefectures

Details: JNA offered financial support that covered the expenses for participation and others. At the venue, a booth featuring restoration from the Great East Japan Earthquake was set up to give them an opportunity to present their own experience in suffering and their nursing activities. They reported the actual state of the afflicted regions and exchanged with other participants.

Guidelines for the Development of Disaster Preparedness Manuals for Delivery Facilities

JNA published the “Guidelines for the Development of Disaster Preparedness Manuals for Delivery Facilities” (hereinafter the Guidelines) in 2013.

Given that support for pregnant and puerperal women and newborns was not necessarily sufficient under conditions with extensive and serious damage, JNA carried out a survey for learning facts and sorting out issues about post-disaster assistance and disaster control measures at delivery facilities. The survey revealed that a limited number had manuals on action taken at delivery in the event of a disaster, although the healthcare facilities had a disaster response manuals. Regarding the matter as an urgent issue, JNA developed the Guidelines.

One lesson learned from the disasters suggests that action should be done at ordinary times, in daily work and on a routine basis. Preparation of a manual and everyday drills will be helpful for quick decision and action in the wake of a disaster.

The Guidelines covers actions to be taken for about three months from occurrence of a disaster. It consists of three chapters: (1) a manual for everyday preparations, (2) a manual for action immediately after a disaster, and (3) a manual for medium- and long-term support.

JNA created the Guidelines instead of a manual itself because we thought that the approach for preparation of manual would vary depending on the roles and functions of delivery facilities.

Towards the Future



Future issues in restoration assistance for the Great East Japan Earthquake

JNA has conducted various activities for restoration assistance and generated some positive outcomes. Meanwhile, we have learned valuable information and suggestions from these activities. The following describes three issues in future restoration assistance.

1. Issue on securing personnel

Efforts made by individual facilities for securing nurses has limitations. It will continue to be an issue that needs to be addressed in collaboration with local governments and prefectural nursing associations.

The coastal areas in Iwate, Miyagi, and Fukushima Prefectures were devastated by the Great East Japan Earthquake. In these areas, it was already difficult to secure nurses before the disaster, and the disaster made this issues even more apparent. A regional gap is beginning to occur on the path and the pace of recovery. The afflicted prefectures are working to somehow secure and retain nurses. JNA distributes information on the efforts concerning securing and retaining personnel and its free job opportunity website continues to offer support.

2. Issue on prolongation of evacuation life

Long-term evacuation life increases the risk of onset of non-communicable diseases. Continuously suffering from stress about life and the economy, PTSD, feelings of isolation and frustration following changes in lifestyle, alcoholism, abuse and others, afflict people that remain in these situations and are far from being resolved.

For future health support for afflicted people, it is necessary to form a network among community health and healthcare and welfare services to disseminate information and raise awareness about the prevention of non-communicable diseases, mental health and opportunities for health checkups among afflicted people, and to have highly individualized interactions with them. While the recovery work continues, it is essential to build new communities in an effort to restore the viewpoint of watch over by all generations as cultivated in conventional communities.

Future issues in restoration assistance for the Great East Japan Earthquake (continued)

3. Support for afflicted facilities and nurses

It is vital to ensure opportunities that allow nurses who experienced an unprecedented disaster to discuss it for future generations, as appropriate.

Sharing the experience of nursing at the time of disaster and the reality of ongoing situation of nursing continuously is not only passing on the mission of nursing but also preventing people from forgetting the experience and raising awareness of disaster preparedness. JNA received many comments from afflicted nurses who participated academic conferences through JNA's support as part of its restoration assistance. The comments mentioned that it was good opportunity for them to talk about their experiences and nursing practice under threat which made nurses without such experience to draw on afflicted nurses' experience and raised awareness of their disaster preparedness. Many of the nurses made remarks that the opportunity to talk about helped them to organize their thoughts and to realize the importance of communicating the experience.

JNA's preparations for future large-scale disasters 1

1. Incorporation of lessons learned into enhancement of the disaster relief assistance structure with safety and effectiveness

It is necessary to continue efforts to improve the efficacy of assistance in accurate risk evaluation and high quality disaster relief assistance while building collaborative relations with local governments and with the national government and experts. It is challenging to streamline a crisis management system in the event of a disaster while fully understanding the limit of preparations under normal conditions.

A good deal of highly reliable information is essential for the consideration of assistance and measures in the wake of a disaster. Sharing information on needs for nursing in afflicted areas is significant.

It is required to establish the solid collaboration among the government, related organization and prefectural nursing associations within disaster control head quarters launched in an afflicted prefecture in the event of disaster in order to share and provide information. Therefore, it is useful to build relations under normal circumstances.

With regard to Disaster Relief Nurses, prefectural nursing associations have various underlying conditions, such as their roles in the event of disasters and the number of registered Disaster Relief Nurses. JNA needs to keep these diverse context in mind and always share favorable way to dispatch Disaster Relief Nurses with the top priority on ensuring their safety with prefectural nursing associations across the country as JNA dispatches Disaster Relief Nurses in the case of a large-scale disaster.

JNA will work with prefectural nursing associations in close relation with local governments to develop a system in the event of a disaster and to help nursing associations in afflicted prefectures to act at the time of a disaster.

JNA's preparations for future large-scale disasters 2

2. Development of personnel who practice disaster nursing

In preparation for any large-scale disaster, it is necessary to develop personnel concerned with disaster drills and disaster relief activities and to otherwise enhance the operational aspect.

The level of satisfaction with JNA's existing training on disaster nursing is high. However, a wider scope of training content is requested, such as specific examples of collaborations among different professions that could take place in afflicted areas and skills to treat afflicted people in evacuation centers in which the circumstances continuously change. JNA will consider changing the training for the better to ensure that the activities of Disaster Relief Nurses will be conducted safely and effectively.

Nurse administrators at hospitals and other facilities will cooperate in dispatching Disaster Relief Nurses in the event of a disaster. If their regions are afflicted, they will direct the assistance from outsiders. JNA will consider future management of nursing at the time of disaster by referring to the actions of prefectural nursing associations already conducting training and more. JNA will also explore enhancing capabilities of management in disaster nursing.

JNA's preparations for future large-scale disasters 3

3. Policy proposals and collection and provision of information

In the wake of a large-scale disaster, it is necessary to swiftly understand the needs in afflicted areas, to share information with those concerned, and to make policy proposals and requests.

JNA will push ahead with its study on measures to quickly and efficiently learn the needs in collaboration with nursing associations in afflicted prefectures. While it is significant to swiftly grasp the needs of the afflicted members and to consider and implement necessary assistance, it is often the case that the consideration is conducted after direct assistance in afflicted regions. During the Great East Japan Earthquake, the survey was conducted two months after the occurrence. JNA will consider presenting core items and formats of gathered information to nursing associations in afflicted prefectures as well as what assistance it should provide.

After the Great East Japan Earthquake, systems are being developed to distribute information on healthcare and welfare needs of afflicted local governments and to share assistance activities of different organizations. JNA will continue to disseminate the disaster relief activities by JNA and prefectural nursing associations to related organizations and society. JNA will also discuss with related organizations the issues of supporting, securing, and retaining nurses, continuous assistance in health management in afflicted regions, and the establishment of a collaborative assistance system.

Conclusion

JNA has closed down the department dedicated to disaster relief actions in association with the Great East Japan Earthquake, but JNA will continue to engage in activities that lead to assistance in recovery and restoration.

JNA's disaster relief focuses on support for afflicted nurses by nurses. In the long process of recovery and restoration, necessary nursing provided by nurses in afflicted regions will help to revitalize the afflicted areas. In Japan, more large-scale earthquakes and subsequent tsunamis are expected to occur. JNA will learn from the experience and lessons on the recent occasion and move forward with preparations for future disasters.

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