

JNA News Release

Japanese Nursing Association

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

1. JNA's latest efforts regarding Coronavirus disease (COVID -19)

JNA News Release Vol. 31 (https://www.nurse.or.jp/jna/english/news/pdf/2020nr_31.pdf) described JNA's efforts in response to COVID-19 during the first wave through to June, centering around the Declaration of a State of Emergency issued by the Government on April 7.

This volume provides updates on our subsequent initiatives in preparation for the second and third waves.

1) Development of support tools for infection prevention and control at small and medium-sized hospitals and elderly facilities

JNA is taking initiatives to thoroughly implement measures for infection prevention and control across organizations. As one of these initiatives, we developed support tools for infection prevention and control at small and medium-sized hospitals and elderly facilities.

The purpose of this tool is to facilitate the dispatch of certified nurses in infection control and nursing administrators from prefectural nursing associations to small and medium-sized hospitals and elderly facilities.

This tool was developed because the consultation service on infection control set up by JNA received a number of inquiries from small-sized hospitals and elderly facilities during the first wave. This clarified that facilities without infection control specialists had problems in COVID-19 control.

To establish an infection prevention and control system, this support tool is divided into four periods; a "localized epidemic period" in which there are no COVID-19 infected persons in the hospital or facility, an "outbreak of infected person period" in which COVID-19 infected persons occur and/or close contact in the hospital or facility; a "spread of infection period" in which the number of COVID-19 infected persons in the hospital or facility is high and increasing; and a "convergence and preparedness for recurrence period" in which the number of COVID-19 infected persons in the hospital or facility is decreasing and preparations are being made for reconstruction. It also provides check items lists and key points for checking in three aspects; management, infection control, and collaboration.

2) Conducting a survey of nurses response to COVID-19

JNA conducted a survey on response of nurses to COVID-19.

The purpose of this survey was to identify the actual working environment of nurses in various fields, to make policy proposals to the Japanese government, provide support for clinical settings, and to gather information to explore desirable nursing system for emergency response.

In response to COVID-19, there have been situations that the nursing community had never experienced in recent years, such as shortage of hygiene and other materials, deteriorated working environment, and discrimination and prejudice. It is important to establish a system for nurses to work safely and securely in healthcare settings.

The survey results will be presented in JNA News Release soon.

JNA newly post on COVID-19 updates on the JNA English Website

The pages share our initiatives regarding COVID-19 and key activities by nurses in Japan.

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

2. Nursing status survey at hospitals and medical clinics with beds in 2019 ~ Actual status of and measures against violence and harassment ~

In September 2019, JNA conducted facility survey and employee survey among hospitals and medical clinics with beds nationwide. The purposes of this survey were 1) to understand the actual working environment of nurses, including supply-demand trends such as securing and retention of nurses, and responses toward nursing related systemic reform related to nursing; 2) to examine the past nursing labor policies, and 3) to obtain materials and data for preparing proposals to establish workplaces and sustainable work style that will enable nurses to continue working safely and securely in a future.

The results of this survey clarified that factors related to the sustainable work styles of individual nurses were night shift burden, overtime work, self-discretion such as task orders and work pace, as well as violence/harassment from employees, patients and families.

In recent years, various types of harassment including abusive language from patients and families to nurses and other healthcare workers have been considered a problem in Japan. This threatens the safety and security of healthcare workers in workplaces. JNA considers harassment as an important issue affecting the retention of nurses, and has been engaged in activities such as making requests to the Government and holding seminars at healthcare facilities in order to promote organizational measures against harassment.

In view of this background, this news release focuses on violence and harassment among the survey results, and describes the actual status of violence/harassment and measures against harassment at hospitals and medical clinics with beds.

Overview of the survey

<For Hospitals>

[Survey on hospitals]

Target: All 8,300 hospitals nationwide (response requested to the nursing director)

Period: September 2 to October 11, 2019

Method: Sent and recovered self-reporting questionnaires by mail

Effective responses: 3,385 (effective recovery rate: 40.8%)

[Survey on employees]

Target: Nurses working at all 8,300 hospitals nationwide (≤ 10 per site)

Period: Same as the above

Method: Online

Effective responses: 15,026 (effective recovery rate: 18.1%)

<For medical clinics with beds>

[Survey on clinics]

Target: 2,500 sites randomly extracted from medical clinics with beds nationwide

Period: September 2 to October 11, 2019

Method: Sent and recovered self-reporting questionnaires by mail

Effective responses: 320 (effective recovery rate: 12.8%)

[Survey on employees]

Target: Nurses working at the 320 clinics that cooperated in the survey above (≤ 5 per site)

Period: Same as the above

Method: Online

Effective responses: 528 (effective recovery rate: 4.2%)

Q What are "medical clinics with beds"?

Medical clinics with beds are those that have a facility to hospitalize up to 19 patients.

Source: Medical Care Act

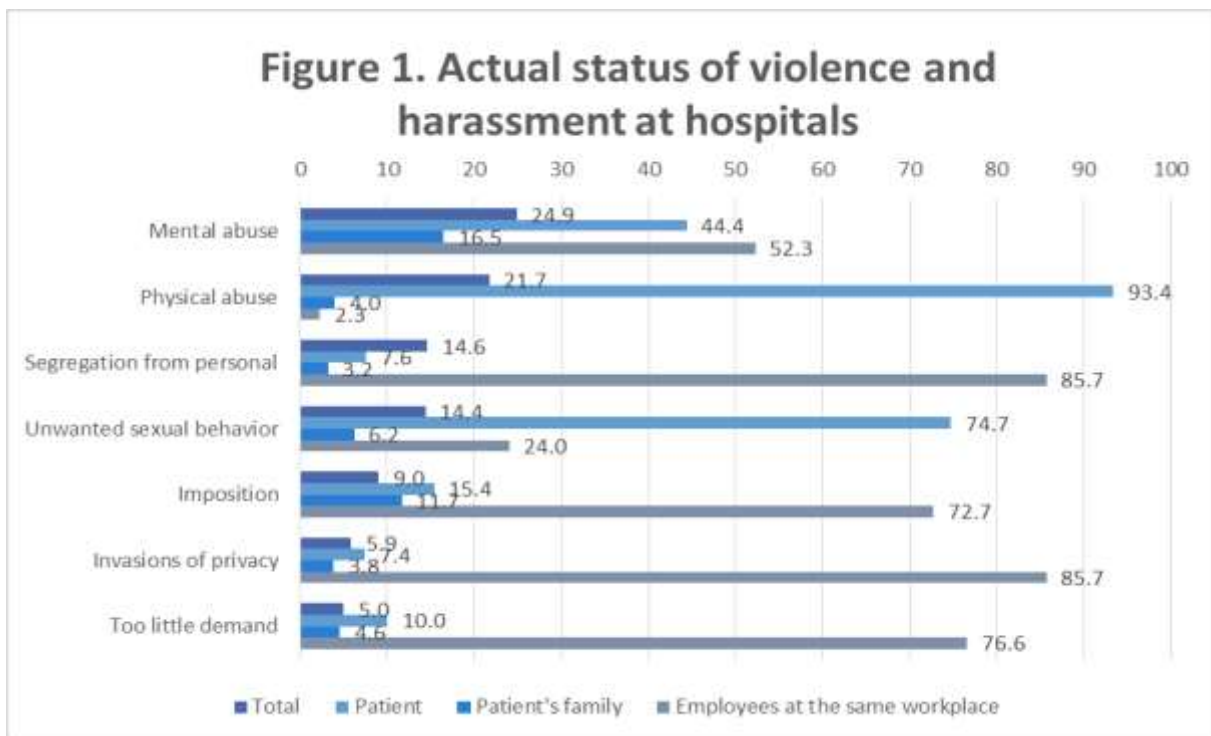
1) Actual status of violence/harassment from patients, families, and employees at workplace

(1) Actual status of violence and harassment at hospitals

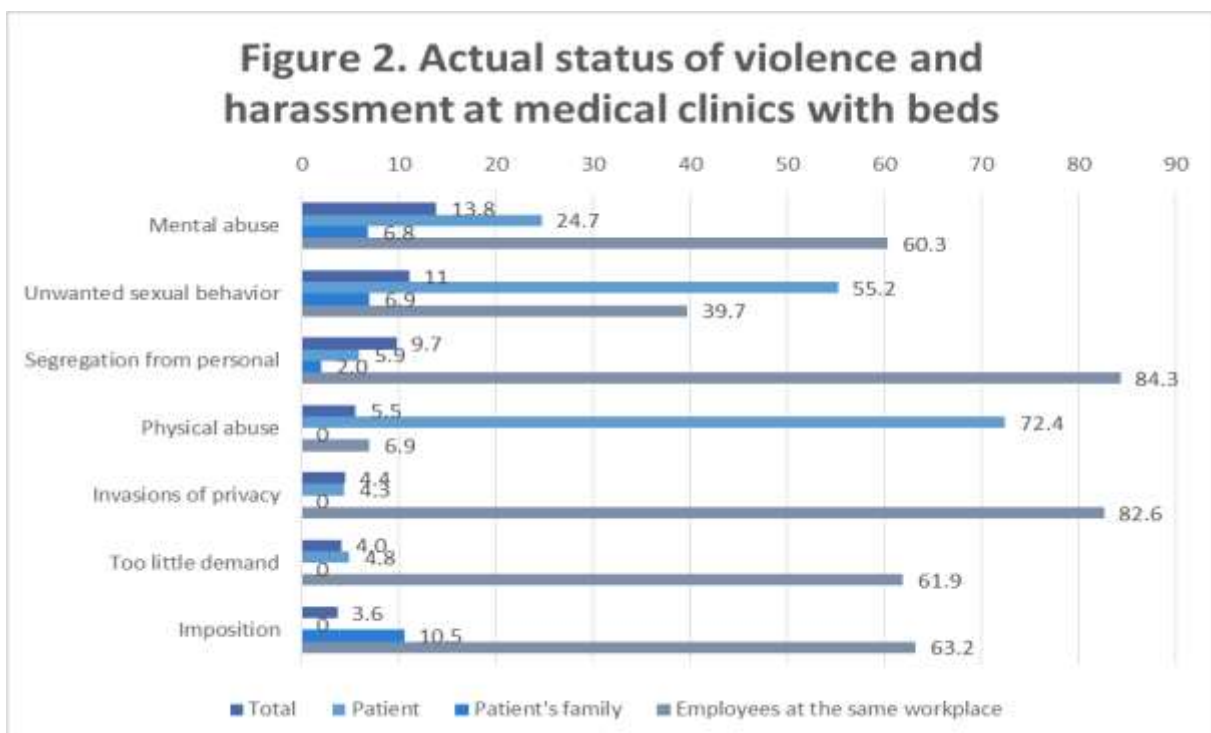
In the employee survey, the most common type of harassment in the workplace over the past year was "Mental abuse" (24.9%), followed by "Physical abuse" (21.7%) and "Segregation from personal relationships" (14.6%). Mental abuse was the most frequently received from employees at the same workplace (52.3%), followed by that from patients (44.4%). In the meantime, physical abuse was the most frequently received from patients (93.4%) (See figure1).

(2) Actual status of violence and harassment at medical clinics with beds

In the employee survey, the most common type of harassment in the workplace was “Mental abuse” (13.8%), followed by “Unwanted sexual behavior” (11.0%) and “Segregation from personal relationships” (9.7%). Mental abuse was the most frequently received from employees at the same workplace (60.3%), more than double the mental abuse received from patients (24.7%). In the meantime, unwanted sexual behavior was the most frequently received from patients (55.2%) (See figure 2).



* The data shows the results of non-managerial staff.



2) Measures against violence and harassment

Hospitals and medical clinics with beds were questioned about the status of organizational measures (e.g. establishment of work rules, implementation of employee training, consultation service, prompt and appropriate responsive measures) against violence/harassment from patients/families and among employees. In Japan, harassment prevention measures in the workplace have been mandated for the employer since June 1, 2020 (see TOPICS, p. 6, for details).

(1) Measures taken by hospitals

The rate of organizational measures taken against violence and harassment from patients and families to employees and against violence and harassment among employees was approx. 70% for each item.

① Measures concerning patients and families

Among measures against violence and harassment from patients and families, the highest rate was 77.5% for "Consultation service on violence and harassment", followed by 74.8% for "Implementation of prompt and appropriate responsive measures against violence and harassment" and 72.2% for "Clarification of basic policy on violence and harassment as a hospital" (See Table1).

Table 1. Measures against violence and harassment from patients and families (n=3,385)

	Implemented	In preparation	No plan to examine	No response / Unknown
Clarification of basic policy on violence and harassment as a hospital	2,443	565	284	93
	72.2	16.7	8.4	2.7
Stipulation of disciplinary policy and action in case of confirmed violence or harassment in the work rules	2,216	660	366	143
	65.5	19.5	10.8	4.2
Dissemination and enlightenment among employees about basic policy, disciplinary policy and action on violence and harassment	2,344	619	281	141
	69.2	18.3	8.3	4.2
Consultation service on violence and harassment	2,624	445	191	125
	77.5	13.1	5.6	3.7
Implementation of prompt and appropriate responsive measures against violence and harassment	2,533	513	171	168
	74.8	15.2	5.1	5.0
Efforts to improve the workplace environment to eliminate factors causing violence and harassment	2,178	757	268	182
	64.3	22.4	7.9	5.4

Upper row: number of sites; Lower row: percentage

② Measures concerning employees

Among measures against violence and harassment among employees, the highest rate was 78.6% for "Consultation service on violence and harassment", followed by 74.0% for "Implementation of prompt and appropriate responsive measures against violence and harassment" and 73.1% for "Clarification of basic policy on violence and harassment as a hospital" (See Table2).

Table 2. Measures against violence and harassment among employees (n=3,385)

	Implemented	In preparation	No plan to examine	No response / Unknown
Clarification of basic policy on violence and harassment as a hospital	2,476	521	299	89
	73.1	15.4	8.8	2.6
Stipulation of disciplinary policy and action in case of confirmed violence or harassment in the work rules	2351	581	322	131
	69.5	17.2	9.5	3.9
Dissemination and enlightenment among employees about basic policy, disciplinary policy and action on violence and harassment	2,379	596	281	129
	70.3	17.6	8.3	3.8
Consultation service on violence and harassment	2,659	419	196	111
	78.6	12.4	5.8	3.3
Implementation of prompt and appropriate responsive measures against violence and harassment	2,504	529	195	157
	74.0	15.6	5.8	4.6
Efforts to improve the workplace environment to eliminate factors causing violence and harassment	2,225	725	270	165
	65.7	21.4	8.0	4.9

Upper row: number of sites; Lower row: percentage

(2) Measures taken at medical clinics with beds

The rate of organizational measures taken at medical clinics with beds against violence and harassment from patients and families to employees and against violence and harassment among employees was lower than 40% for each item, indicating the necessity for establishing such measures.

① Measures against violence and harassment from patients and families

The rate of medical clinics with beds reporting that each type of action was taken did not reach 40%. The percentage of "In preparation" was about 20 to 30%, and "No plan to examine" also reached 20 to 30% (See Table3).

② Measures against violence and harassment among employees

The rate of medical clinics with beds that reported "Action is taken" was the highest for "Implementation of prompt and appropriate responsive measures against violence and harassment" at 41.3% (132 sites). The rate did not reach 40% for the other types of measures against violence and harassment among employees (See Table4).

Table 3. Measures against violence and harassment from patients and families (n=320)

	Implemented	In preparation	No plan to examine	No response / Unknown
Clarification of basic policy on violence and harassment as a hospital	94	80	104	42
	29.4	25.0	32.5	13.1
Stipulation of disciplinary policy and action in case of confirmed violence or harassment in the work rules	85	91	93	51
	26.6	28.4	29.1	15.9
Dissemination and enlightenment among employees about basic policy, disciplinary policy and action on violence and harassment	113	75	78	54
	35.3	23.4	24.4	16.9
Consultation service on violence and harassment	117	65	100	38
	36.6	20.3	31.3	11.9
Implementation of prompt and appropriate responsive measures against violence and harassment	100	78	95	47
	31.3	24.4	29.7	14.7
Efforts to improve the workplace environment to eliminate factors causing violence and harassment	124	66	82	48
	38.8	20.6	25.6	15.0

Upper row: number of sites; Lower row: percentage

Table 4. Measures against violence and harassment among employees (n=320)

	Implemented	In preparation	No plan to examine	No response / Unknown
Clarification of basic policy on violence and harassment as a hospital	69	93	105	53
	21.6	29.1	32.8	16.6
Stipulation of disciplinary policy and action in case of confirmed violence or harassment in the work rules	120	72	81	47
	37.5	22.5	25.3	14.7
Dissemination and enlightenment among employees about basic policy, disciplinary policy and action on violence and harassment	88	93	87	52
	27.5	29.1	27.2	16.3
Consultation service on violence and harassment	99	73	99	49
	30.9	22.8	30.9	15.3
Implementation of prompt and appropriate responsive measures against violence and harassment	132	63	84	41
	41.3	19.7	26.3	12.8
Efforts to improve the workplace environment to eliminate factors causing violence and harassment	103	82	88	47
	32.2	25.6	27.5	14.7

Upper row: number of sites; Lower row: percentage

NEWS TOPICS

Legislation that mandates measures against workplace harassment

In Japan, Employers are mandated to take preventive measures against sexual harassment and maternity harassment. In addition, with respect to power harassment, the "Law Partially Revising the Act on the Promotion of Female Participation and Career Advancement in the Workplace" was revised in May 2019 to mandate employers to take preventive measures against power harassment in the workplace. This act was enforced in June 2020. However, Small and Medium Enterprises; SME employers* are mandated to take such measures starting April 1, 2022, until which time they are obliged to make the relevant efforts.

On the other hand, there is no law for measures to prevent harassment from customers to employees.

* In the case of medical/welfare services, the term refers to (1) employers whose capital or total investment is 50 million yen or less, or (2) employers whose number of full-time employees is 100 or less.

<Measures to be taken by the employer management>

The following measures must be taken by the employer (mandatory):

- Clarification, dissemination and enlightenment of the policy of the employer
- Establishment of systems necessary to provide consultation service including the handling of complaints and respond appropriately
- Prompt and appropriate responsive measures against harassment at workplace
- Any other measures to be taken such as privacy protection, prohibition of disadvantageous treatment, etc.

* In addition, measures against harassment related to pregnancy, childbirth, child care leave and others at workplace include those for eliminating the causes and background factors.

Source: Ministry of Health, Labour and Welfare. *To Prevent Harassment at Workplace (Sexual Harassment / Harassment Related to Pregnancy, Childbirth, Child Care Leave and others / Power Harassment).*

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/koyou_roudou/koyoukintou/seisaku06/index.html (in Japanese) (accessed on October 26, 2020)