A Biannual Publication of the National Women's Education Centre of Japan

INTERNATIONAL FORUM ON INTERCULTURAL EXCHANGE

1. PURPOSE

The Forum under the theme, "Women in Development: towards global networking", is designed to build on the interests of exchange programs as well as cross national cooperation in the field of women's development. It is intended to create a forum to share experiences and views on the subject of the international networking for women in all of these important areas.

In recent years, the importance of the role of women in socio-economic development has been acknowledged in Japan and abroad from the perspective of international cooperation and improvement of women's status. As part of the comprehensive review of Japan's KOA (International Development Assistance), overseas aid from women's perspectives and development appropriate to women are being studied in various areas.

At the United Nations, it has been recognized for many years that elimination of poverty is essential to improving women's status. It is now established that women must participate in an equal footing with men in every field as well as in the process of development, as full participant and not just as beneficiaries.

Fifteen years have passed since the International Women's Year in which the three objectives of Equality, Development and Peace were agreed upon. According to the first edition of the New National Plan of Action towards the year 2000 in May 1991, Japan should actively deal with issues in Women in Development to contribute to peace and international cooperation.

The NWEC has taken on this role to provide an opportunity for women in Japan and abroad to deepen their understanding and exchange experiences of concern on Women in Development.

2. PROGRAMME

The main programmes of the Forum, which was held from 29 (Saturday) to 30 (Sunday) October 1993, are outlined below:

- Session 1: Approaching "Women in Development"
The session is designed to learn about the perspectives and methodology regarding "Women in Development" by sharing experience and information among different countries.

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Presentation

- Dr. Kairi Young (Executive Director, Womenkind, United Kingdom)
  "Theoretical approach to understanding the relative positions of women and men in societies undergoing rapid social change."

- Ms. Alexandra Stephen (Women in Development Officer, FAO Regional Office for Asia and the Pacific)
  "Bare women: Patterns in development."

- Ms. Kyoko Kohashi (Associate Professor, Tohoku University, Japan) "Approach to "Women in Development" through the viewpoint of cultural anthropology."

- Session 2: Field Report on "Women in Development"
The session was designed to learn about practices in the field, with a view to seeking better approaches to development which contribute to improving the status of women, and also to identify the present and potential for global solidarity of women's participation.

- Ms. Alia Ibbat (General Secretary, Self-Employed Women's Association, India)
  "SEWA experience."

- Ms. Patricia A. Souza (Chairman, Civil Service Commission, the Philippines)
  "Women in the bureaucracy: The Philippines case."

- Ms. Mieko Miyagawa (Organizer, Comprehensive Cultural Exchange Programme between Japan and Bangladesh)
  "The path to independence."

- Session 3: General Discussion
  "The session was designed to further elaborate on the discussions on Women in Development."

- Dr. Yusaku Negoro (Professor, Sophia University, the Chairperson of the Forum), moderated the whole session.

3. MAIN POINTS OF PRESENTATION AND RESULTS OF DISCUSSIONS

(1) Reasons why women have been left out of the modernization process

Some factors may explain why women have been relegated to subordinate positions in development. For instance, A Athlete conducted an exchange in the past have been considered as labour and counted...
as economic activities in statistical terms. The economic value of reproductive work such as child rearing and housework have not been appraised. 2) Sexual division of labor is fairly widespread around the world, i.e., men work to exchange for money while women undertake unpaid household work. This strongly reflects the influence of patriarchy. 3) Particularly, in developing countries people depend heavily for livelihood on economic activities outside the so-called market economy such as self-supporting farms, keeping livestock, and small-scale and other forms of production. In addition, opportunities to receive training for production have rarely been open to women.

(5) Theoretical approaches to “Women in Development”

Examples of theoretical approaches to the role of women in development are (a) WID (Women in Development), (b) GAD (Gender and Development) and (c) WAD (Women and Development). Their distinguishing features are explained below:

1) WID: WID is a notion that women’s perspective should be incorporated in the development planning process. Women’s household work has not been considered as labor. This has led to the misconception that women are at leisure when they are in fact shouldering double burdens. Furthermore, whereas women are seen merely as beneficiaries of development, the role of economic activities and their share of social responsibility has been downplayed. As a result, it becomes imperative that the society recognizes their contribution to life and the family, and assesses the economic value of household labor. This calls for the collection of statistical data and evaluation of the quality of women’s work and the role of women in the process of development. In concrete terms, this includes comprehensive comparison and analysis of power relationships between men and women at family, society and national levels, and awareness thereof for the purpose of development.

2) GAD: GAD is a system of development that recognizes the economic activities and their share of social responsibility and should be made to eliminate discrepancies among countries and regions in the North/South equality. This in turn will improve the condition of women in developing countries which are struggling in a difficult environment. The approach calls for the redefinition of food, money, and other resources in a global scale and distribution of wealth to poorer countries.

(6) Status of women in the world

From surveys conducted by international organizations

The following report by the FAO specialist outlined in figures the status of women in the world.

Women make up half the world’s population. Three quarters of the total work force is put in by women; but they earn only 10% of revenue in the formal sector. They earn merely 1% of the total assets.

While housewives spend 60% of their time on unpaid work such as household chores, men spend only 1% on unpaid work. The ratio of women in farming is increasing, but opportunities for women to receive agricultural training or education have remained meager. The literacy rate among women in Southeast Asia is around 30%. In households in which farming is undertaken by women, their work is not recognized as labor but as work in self-supporting farm. The FAO is working to prepare new statistical figures to accurately gauge the status of women’s labor and to make visible their contributions in development.

(4) Practical grass-roots approaches: Example of the union of working women

A report from India outlined the history of women working in poor, hard conditions organizing trade unions and cooperatives in the past and for the continuity of their movement.

For twenty years, the Self Employed Women’s Association, or SEWA, has opened banks for members and provided support in housing, training, regional health, and other activities to foster independence. SEWA’s activities have won high appreciation, and now about 50% of India’s national comprehensive development plans are based on efforts of working women. The organization and self-help helped women in many ways: 1) Women in farming villages, who were exploited and not counted officially as workers, have become new viable. 2) Union members became self-supporting. 3) In times of drought, flood, or strike, women shared their experiences of helping each other beyond differences in caste and religion. In the practice of organization, women acquired confidence and collective courage, recognized their abilities as managers and leaders, and came to own assets in their village.

Women learned that, by putting together and organizing themselves, they could insist that men and women contribute an equal basis to national development. They also learned from experience that they should be ready to fight against policies and laws under wrong concepts.

(5) Practical approach at administrative level: Towards equality and justice

A report from the Philippines, in which policies affected, women were introduced in all fields of economy, society and technology, as well as in India, outlined the systems of personal laws of civil servants as follows:

In the Philippines, more than 3 million civil servants are female. Women, however, occupy only 10% of the management positions. 6) Reasons for not promoting women to management positions, myths cited by men include that women are mentally and physically weak; and that women have unbalanced stress. In addition to these unbalanced energies, women must also bear the double burden of household work and career. The Civil Service Commission is struggling to improve the conditions and realize equality in employment and treatment by conducting the
FY 1991 JOIN FORUM FOR WOMEN AND MEN

The National Women's Education Centre held the Joint Forum for Women and Men from 30 November (Fri) to 1 December (Sun) 1991 on the theme of "Good relationship between women and men: Toward building a society of joint participation of women and men". The purpose of the Forum was to promote joint participation of women and men in all fields and of lifelong learning. The Forum provided an opportunity for female and male leaders of various organizations to discuss and exchange information on family education, education for all, step-by-step unifying society and participation in political decision-making.

Many activities and studies are being undertaken by women in many parts of Japan with the objective of creating a participatory society by the year 2000. It has been pointed out that not only women but also men should take part in these activities, and act and work together in building a new society. The period is a need for opportunities for women and men to study, together, in order to move from a women's perspective. Through these views and demands, the NWEC planned through workshops on the first day, the second day and the general meeting on the last day.

The open symposium on the theme of "Good relationship between women and men" was held with 600 participants. Active exchange took place with the floor. Speakers presented presentations on the advancement of women in recent years, the future of women in society, and other topics. A group of female architectural engineers, who are making a new note in architectural engineering with their down-to-earth perspective, spoke of their activities.

Active exchange of views took place in the workshops, which proceeded in four groups with respective themes: "Parent enjoyment of child-rearing"; "Sexual equality at the work site"; "The role of women and men in the coming of the aging society"; and "For promotion of women's participation in political decision-making."

Participants conducted discussions on the equality of women and men and to promote mutual understanding. The general meeting on the final day was held on the theme of "The shape of future society as visualized by women and men." The "Spreak-out" session, over 60 people took the rostrum and shared their impressions of the Forum, and made proposals on creating better relationships between women and men, and other topics. It was interesting that some comments from male participants implied they were in search of male equality. Once male participants said that men should change their roles and enjoy child-rearing.

The main items discussed in the Forum are as follows:

1. Liberation from the traditional concept of "women's roles" and "male roles". Encouragement of advancement into the domains of the other sex - women should advance into what has traditionally been seen as men's work and jobs, and vice versa.

2. Search for new relationship between women and men: reconsideration of "marriage" - the marriage system sometimes functions as a device to confine and restrict women. In Japan, many women leave their husband's surname after marriage, as the married couple must use Japanese law, one can refer to the wife's as the husband's surname. In recent years, and increasing number of women are getting a divorce or seeking to resume their maiden names. The whole issue of "marriage" and use of separate names by the married couple should be reconsidered.

3. Changes in places of work - we need to deal with the advance of women and men into the domains of the other sex, working hour reduction and sexual harassment. Companies and government agencies will need to provide lectures and campaigns for encouraging men to change their attitudes.

4. Creation of a new social organization - The value of women's organizations based on a network of horizontal relationship should be recognized. The mechanism should be incorporated to change the "men-dominated society".

5. Women's liberation or human liberation in Japanese society where sexual discrimination is ongoing, people cannot be liberated without eradicating women's liberation.
JAPANESE WOMEN TODAY

WOMEN'S GROUPS IN JAPAN

The Women's Group Section is written by representatives of the group introduced.

KUSANOMIKAI

Kusonokai has its origins in the home-like column of Ahishi Shintaro called (Rinshokai), the reader's column which was open to all contributors. Since its foundation in 1955, the group has carried out activities to oppose war and protect the freedom of speech and expression embodied in Japan's peace constitution. Its criticism has been targeted at violations of human rights and all acts of discrimination. Kusonokai has been issuing a newsletter two times a year since its foundation. Members are active in editing the newsletter to help its editorial staff. The most recent issue is No. 218. An asset of Kusonokai, the newsletter offers an opportunity to express its opinion freely.

1. Management of Kusonokai: 1 Kesokai

CONSUMPTION SCIENCE FEDERATION

Date of establishment: June 1984
Number of member organizations: 35
Membership: About 10,000
President: Shizuo Yoshida
Newsletters: Monthly journal "Shinbun no Moshinsho" (meaning: Guide to Consumerism)

The Consumption Science Federation has been organized to carry out consumer education, research and other activities to protect the interests of consumers.

The federation's activities include: regulatory activity, organizing and promoting seminars and meetings, publishing journals and books, and publicizing consumer rights. The federation is organized primarily by regional women's groups. Individual members are also welcomed.

1. Consumers' College: The Consumers' College holds seminars (8 times a year) for general consumers. The college provides lectures from a wide range of areas from experts on the field to those representing manufacturing and sales companies.

2. Study meeting: Organizing discussion meetings with representatives of industry and concerned government officials.

3. Spot sales at the Street: Spot sales have been held on streets to sell imported beef

nation of school textbooks. The group has published many books, a variety of titles.

2. Annual plus; (1) Annual general meeting; (2) Publication of newsletter; (3) 15-Day public demonstration takes a year in defense of the Constitution in May and opposition to war in August; (4) Joint action with other organizations.

3. Supporting groups, individual members and subscribers: Kusonokai has seven groups in Tokyo and ten groups in the rest of Japan. Individual members are scattered across Japan. Subscribers to Kusonokai's newsletter, some of them men, have been increasing through, slightly.

4. Study groups:
   (1) Constitution study group: Formed in 1964, the Constitution study group has published the pocket book "Guide to Constitution." The book has turned out to be popular and has run into several printings. The fourth edition includes a summary of the United Nations Charter.
   (2) Peace and education group: The peace and education study group, organized in 1967, has appealed for the protection of human rights, elimination of discrimination and limitation of nuclear arms as part of the anti-war movement. The group has joined hands with the education study group to support the legal battle to the resolu-
at lower prices to pass onto consumers who are enjoying surging yea appreciation, and to sell vegetables normally discarded from the farm to prevent high prices.

4) Trying on Clothes: The Federation examines clothes by selling them, putting them through repeated washing to check for shrinkage, seeing quality and material disintegration. If necessary, the federation makes suggestions on quality improvement.

5) Comparative Testing of Rice: A comparative testing of the basic taste of rice is held with continuous nationwide survey on consumers’ attitude towards rice.

6) Comparative Testing of Household Goods: The quality and pricing of household goods are tested. Household goods improvement are made to meet the industry demand.

7) Provisions on Quality and Labeling: Products are purchased on the market to examine the quality, content and method of sales. Suggestions are made on the points for improvement.

8) Consumer Education: Four industries are encouraged to better understanding of how goods are made.

9) Request to the Government: Meetings with top government officials are held to demand improvement on important measures that involve consumers.

10) Nationwide Congress of Consumers: Many members take part in the Nationwide Congress of Consumers.

11) Publication: Publications include the monthly newsletter "Guides to Consumptions" (in Japanese) (first issued in 1964) and pamphlets carrying information for consumers.

For further inquiries, please contact: Shoichi Ikeda (President) (Consumption Science Federation) Saga Bldg 5 Fl, 17-1, Shibakyocho, Shinagawa-ku, Tokyo 145 03-3862-3601 Fax: 03-3860-1517

PROBLEMS OF NURSING IN JAPAN - BASIC EDUCATION, SHORTAGE AND ADAPTING TO CHANGES APRIL 1992

Choko Arai
Professor
St. Luke’s College of Nursing

1. The nursing system and nursing on occupation in Japan

Forty years have passed since the nursing system in Japan was drastically revised in 1948. The needs of time and social change have made the nursing occupation the largest occupation of a group composed mostly of women. The nursing system provides the national representation of clinical nurses, public health nurses, and midwives who have passed the national board of examination.

Practicing nurses are obligated to register every year, furnishing their number on as shown in Table 1 and 2 (Table 1 and 2: Revised 1991).

As seen from the tables, in addition to regular nurses, vocational nurses also engage in practice after passing the examination and receiving the license from prefectural government. This nursing category was established by law in 1953 as a result of initiatives from the Medical Association and other organizations.

The number of hospitals (those with 70 or more beds) registered 10,606 in 1991. Doctors’ offices with up to 10 beds numbered 22,549 (28.2% of the total) and those without beds, 376,367 (71.8%). Out of the 10,606 hospitals, the so-called "medical hospitals" accounted for 74.8% of the total. The number of beds in psychiatric hospitals made up 21.8%. Fig. 1 shows changes in the number of beds per 100,000. Reductions of the number of hospitals by number of beds is as follows: There were 42 hospitals with 50 beds, 4 038 with 100 beds, 107 with 150 beds, 128 with 200 beds, and 398 with 250 beds.

These decreases show the majority of the hospitals are small. Many of these smaller "private hospitals", run by individuals or medical corporations, have less number of nurses compared with public hospitals, which brings about a question of the quality of medical care.

In recent years, world issues concerning nursing have received much attention, i.e., the long hard working hours, low pay due to feminization of the profession, and vulnerability of employment to economic trends. Also, care for the burgeoning elderly population has also become an issue involving nursing.

In 1991, the "Nursing Day" was instituted by the government to commemorate the birthday of F. Nightingale, 12 May was set aside for special events for drawing attention to nursing and tasks that must be shared by all. Media report of medical examiners overworking greater "stress of the nation’s GNP" has brought home the question of who will care for the sick and elderly when labor is short.

This report discusses major issues in nursing, aspects of nursing education, detailed analysis of nursing personnel shortage and reasons focusing on job re-calibration as well as new approaches in the care for the elderly.

2. Problems in basic nursing education

There is a variety of specialties education offered to nurses before they can practice nursing (Fig. 2). Social changes in Japan have, unfortunately, added to the multiplicity and diversity of nursing education. Nursing education in other countries is offered in nine different schemes usually in a Vocational pattern. The education of qualified vocational nurses is considered to be the basic program of at least nine years of education at graduate or junior high schools. Today, with close to 50% junior high school graduates attending high school, 9th those involved in this basic vocational nursing course are graduates of high schools. Decreasing number of student nurses because licensed vocational nurses (LVN) after graduating from the course, and instead many choose to go on further after two or three years of schooling. The problems in the low quality of LVN education (2 years for regular schooling and 3 years for part-time school).

Graduates of the 3-year course are required to sit for the national board examination, but the rate of success has been high.

Table 1

<table>
<thead>
<tr>
<th></th>
<th>1949</th>
<th>Male</th>
<th>Female</th>
<th>Municipal</th>
<th>Health center</th>
<th>Other Industries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1,000,000</td>
<td>500,000</td>
<td>500,000</td>
<td>500,000</td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Public health nurse</td>
<td>24,343</td>
<td>none</td>
<td>none</td>
<td>35.6%</td>
<td>3.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Midwives</td>
<td>23,000</td>
<td>none</td>
<td>none</td>
<td>41.3%</td>
<td>3.2%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Clinical nurse</td>
<td>400,031</td>
<td>3.0%</td>
<td>83.1%</td>
<td>11.3%</td>
<td>0.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Licensed practical nurse or assistant nurse</td>
<td>353,235</td>
<td>4.1%</td>
<td>64.8%</td>
<td>33.9%</td>
<td>0.2%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

May 1992
<table>
<thead>
<tr>
<th></th>
<th>Beginning nurse</th>
<th>Licensed vocational nurse</th>
<th>College</th>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 yrs schools</td>
<td>2 yrs course</td>
<td>2 yrs ladder</td>
<td>2 yrs assistant nurse</td>
</tr>
<tr>
<td>Number of schools</td>
<td>498</td>
<td>412</td>
<td>213</td>
<td>611 (609)</td>
</tr>
<tr>
<td>Capacity</td>
<td>73,324</td>
<td>42,963</td>
<td>25,887</td>
<td>71,863</td>
</tr>
<tr>
<td>11 year</td>
<td>39,686</td>
<td>17,167</td>
<td>8,829</td>
<td>30,204</td>
</tr>
<tr>
<td>Applicants (Number of male)</td>
<td>129,731</td>
<td>61,122</td>
<td>30,589</td>
<td>55,723</td>
</tr>
<tr>
<td>Examiners (Number of males)</td>
<td>105,019</td>
<td>55,729</td>
<td>28,364</td>
<td>52,458</td>
</tr>
<tr>
<td>Passed examiners (Number of male)</td>
<td>34,562</td>
<td>20,072</td>
<td>10,636</td>
<td>36,880</td>
</tr>
<tr>
<td>Admitted (Number of male)</td>
<td>25,826</td>
<td>16,051</td>
<td>9,450</td>
<td>31,122</td>
</tr>
<tr>
<td>Ratio</td>
<td>4.2</td>
<td>3.1</td>
<td>3.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 17</td>
<td>23,103</td>
<td>6,130</td>
<td>1,132</td>
<td>8,465</td>
</tr>
<tr>
<td>- 19</td>
<td>23,103</td>
<td>6,130</td>
<td>1,132</td>
<td>8,465</td>
</tr>
<tr>
<td>- 24</td>
<td>586</td>
<td>16,006</td>
<td>6,790</td>
<td>3,260</td>
</tr>
<tr>
<td>- 29</td>
<td>99</td>
<td>1,067</td>
<td>743</td>
<td>(46)</td>
</tr>
<tr>
<td>over 50</td>
<td>38</td>
<td>918</td>
<td>601</td>
<td>1,028</td>
</tr>
<tr>
<td>Graduates number of school</td>
<td>442</td>
<td>989</td>
<td>688</td>
<td></td>
</tr>
<tr>
<td>Graduates</td>
<td>19,441</td>
<td>14,896</td>
<td>30,511</td>
<td>7,672</td>
</tr>
<tr>
<td>Hse.</td>
<td>16,815</td>
<td>13,772</td>
<td>21,736</td>
<td>2,456</td>
</tr>
<tr>
<td>Other (Prospective to better education)</td>
<td>9,029</td>
<td>1,124</td>
<td>8,771</td>
<td>7,291</td>
</tr>
</tbody>
</table>
The low quality of education has repeatedly come under fire from medical circles and complaints continue. As shown in Table 1, 3,800 or so licensed vocational nurses work in doctor's clinics where their job is confined to assisting the practising physicians. The existence of licensed vocational nurses has been a handicap to the development of nursing as a profession. The Japanese Nurses Association among others have long worked to abolish the vocational nurse education.

They have not been able, however, to dispel the training of nurses who can be easily hired at low pay. Due to the overwhelming collective power of medical doctors, Japan's nursing education remains backward even by the standards of many developing countries. In 1991, nearly 20,000 nurses graduated from the 488 regular three-year courses (Table 2). In the same year, nearly 15,000 students graduated from 42 extension courses, mentioned earlier. Around 5,000 graduated from 56 three-year junior colleges, and more than 1,200 of all graduates completed the three-year college course in that year. It is difficult to call nursing education when only 1.2% of the fresh nurses are college graduates. In the past five years, the call for the establishment of a nursing college in every prefecture has gained public attention and momentum. Three new four-year nursing colleges opened in 1992, raising the total number in Japan to 18.

May 1992
Several others are expected to open in two to three years. Why has it been difficult to build a four-year nursing college in every prefecture? The basic problem is the lack of qualification of teaching staff. To obtain approval of the Ministry of Education to teach at college, nurses must have completed college graduate school courses. This hurdle has kept the number of teaching staff quite low. Nursing education is yet to be institutionalized in Japan, just as in the 1860s when a university education system was yet to be introduced. This is a real irony for nursing education as we near the 21st century. Also, the independence of nursing education is at stake when expenses are, in most cases, paid out from medical fees received by hospitals.

In the 1960s, the so-called "levy system," the quality of basic education of nurses as well as other professionals — who collaborate as a team to provide patient care — lags for behind that of four-year university education. They include medical social workers, laboratory technicians, physical therapists, occupational therapists, medical electronic engineers, visual and speech therapists. This fact, in addition to the dual structure of nursing education, make an unhappy situation. It is not possible to offer highly sophisticated state-of-the-art medical care unless the quality of education in all medical and nursing professions is improved. An increasing number of intellectuals are criticizing that a huge gap exists between the available medical services and the actual services required.

The slow pace of reform of the nursing education system may partly be attributable to the traditional differences in the treatment of men and women in Japanese society. One must note with a sign of the fact that it is doctors, who as intellectual leaders, have wielded political influence to control medical administration and to selectively construct a system of concentrating power, partly to maintain their economic advantage.

It is important that before the end of the century a national consensus is built to upgrade nursing and medical education so that each individual can independently pursue his or her desired career, community, and hospital to provide high quality medical services in collaboration with other professionals. As shown in Table 2, the number of students who enter nursing high schools and two-year extension courses is very low; it suggests that there is a dwindling number of young people seeking to become nurses.

2. Analysis of case studies and reasons for quitting.

Hospitals may decline in Japan because after World War II, as the devastated economy was on its track for recovery. In 1960, there were over 10,000 hospitals and 80,000 general doctor's clinics (25.2% with beds). The total number of beds in the country reached 1.85 million.

### Table 3: Number of Nurses and their Ratio per Population in Some Selected Countries

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>1984</td>
<td>182,791</td>
<td>48,880</td>
<td>12,711</td>
<td>0.27</td>
<td>0.49</td>
<td>3.97</td>
<td>23,940</td>
</tr>
<tr>
<td>U.S.A.</td>
<td>1984</td>
<td>1,333,300</td>
<td>500,200</td>
<td>137,950</td>
<td>0.29</td>
<td>0.53</td>
<td>3.06</td>
<td>227,658</td>
</tr>
<tr>
<td>Japan</td>
<td>1984</td>
<td>1,634,309</td>
<td>201,658</td>
<td>78,572</td>
<td>0.22</td>
<td>0.38</td>
<td>2.74</td>
<td>132,965</td>
</tr>
<tr>
<td>Denmark</td>
<td>1984</td>
<td>41,422</td>
<td>12,805</td>
<td>9,419</td>
<td>0.29</td>
<td>0.34</td>
<td>1.28</td>
<td>5,117</td>
</tr>
<tr>
<td>France</td>
<td>1984</td>
<td>507,518</td>
<td>173,110</td>
<td>36,810</td>
<td>0.27</td>
<td>0.38</td>
<td>2.60</td>
<td>53,060</td>
</tr>
<tr>
<td>F.R.G.</td>
<td>1984</td>
<td>707,710</td>
<td>233,153</td>
<td>43,415</td>
<td>0.31</td>
<td>0.41</td>
<td>3.06</td>
<td>61,561</td>
</tr>
<tr>
<td>Sweden</td>
<td>1985</td>
<td>423,104</td>
<td>21,596</td>
<td>9,000</td>
<td>0.29</td>
<td>0.42</td>
<td>1.43</td>
<td>84,661</td>
</tr>
<tr>
<td>England &amp; Wales</td>
<td>1984</td>
<td>420,943</td>
<td>92,172</td>
<td>17,412</td>
<td>0.49</td>
<td>0.29</td>
<td>2.51</td>
<td>56,244</td>
</tr>
<tr>
<td>U.S.R.</td>
<td>1985</td>
<td>3,208,000</td>
<td>1,130,000</td>
<td>1,561,309</td>
<td>0.41</td>
<td>0.50</td>
<td>3.47</td>
<td>284,250</td>
</tr>
</tbody>
</table>


(2) The definitions of figures and others in the medical profession varies from country to country. This table shows the number of "physicians in practice" found in WHO statistics, which were used to calculate the ratio per 10,000 population.

(3) "Nursing staff" refers to public health nurses, midwives, clinical nurse and licensed practical nurses.

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8
This number is second in the world after the nurses in Sweden, which has 148 nurses per 10,000 inhabitants. This is more than the United States, which is 3.2 times the number in the United States. The first point is that Japan has a large number of beds. The second point is that the ratio of nurses per unit of population is relatively small in Japan, while in many beds, the number of nursing staff per 10,000 population is 86.1. The figures are 85.1 in the United States, 91.4 in France, and 91.6 in Japan. The reason is that Japan's nurse must care for a larger number of patients.

Thirdly, the sophistication of modern medical care keeping pace with medical science has resulted in the introduction of high-technology diagnoses and care. Treatment and surgical operations once considered difficult or even impossible are now conducted everywhere. The fact that the average nurses are not satisfied with their job and disappears nowhere has increased awareness of job satisfaction and poor workloads in the workplace.

Nearly 40,000 nurses enter the profession each year, and yet there are 5,000 cases of nursing strikes becoming a large number; quit each year, which a high proportion.

The fifth point in the inappropriate treatment of experienced and less experienced and experienced nurses. A nurse who has been working on the site for some years obviously enjoys superior work compared to one fresh out of school, both in terms of quality and quantity of work. When experienced nurses leave and the same number of less experienced nurses are hired in their place, this will increase the burden of work for less experienced new nurses in order to maintain the quality of patient care. This trend of shortage of nurses is widespread. Under the current system, the differences in nurses' quality of job satisfaction and ability to maintain their capacity of education and experience are hardly accounted for. This is a fault of the system. According to nursing studies first year nurses are only able to perform 40-50% of veteran nurses. The system also eradicates the differences among groups in their degree of satisfaction and job satisfaction. For instance, one nurse may be assigned to care for patients with ongoing disease, while another nurse with a limited knowledge of ongoing disease may care for patients with acute illness.

For instance, one nurse may be assigned to care for patients with ongoing disease, while another nurse with a limited knowledge of ongoing disease may care for patients with acute illness.

<table>
<thead>
<tr>
<th>Table 4-1</th>
<th>Reasons for leaving the nursing job (according to age group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple causes</td>
<td>One major reason</td>
</tr>
<tr>
<td>Disatisfaction with the content of the work</td>
<td>31.2</td>
</tr>
<tr>
<td>Deficiency in the nurse</td>
<td>29.3</td>
</tr>
<tr>
<td>Disatisfaction with working hours</td>
<td>28.7</td>
</tr>
<tr>
<td>Marriage</td>
<td>20.4</td>
</tr>
<tr>
<td>Difficulties with human relations</td>
<td>18.9</td>
</tr>
<tr>
<td>Disatisfaction with the content of the work</td>
<td>25.7</td>
</tr>
<tr>
<td>Deficiency in the nurse</td>
<td>23.1</td>
</tr>
<tr>
<td>Deficiency in the nurse</td>
<td>18.8</td>
</tr>
<tr>
<td>Difficulties with the child</td>
<td>16.2</td>
</tr>
<tr>
<td>Difficulties with other workmates</td>
<td>15.0</td>
</tr>
<tr>
<td>Difficulties with child</td>
<td>11.0</td>
</tr>
<tr>
<td>Difficulties with human relations</td>
<td>10.5</td>
</tr>
<tr>
<td>Difficulties with child</td>
<td>10.0</td>
</tr>
<tr>
<td>Difficulties with other workmates</td>
<td>10.0</td>
</tr>
<tr>
<td>Difficulties with human relations</td>
<td>9.5</td>
</tr>
<tr>
<td>Difficulties with other workmates</td>
<td>9.5</td>
</tr>
<tr>
<td>Difficulties with child</td>
<td>8.0</td>
</tr>
<tr>
<td>Difficulties with child</td>
<td>8.0</td>
</tr>
<tr>
<td>Difficulties with other workmates</td>
<td>6.4</td>
</tr>
<tr>
<td>Difficulties with human relations</td>
<td>6.4</td>
</tr>
<tr>
<td>Difficulties with other workmates</td>
<td>6.4</td>
</tr>
<tr>
<td>Difficulties with child</td>
<td>6.4</td>
</tr>
</tbody>
</table>

Table 4-1 shows the results of a survey conducted by the Japan Nursing Association in 1999. The number one reason for leaving their job is by the nurses in age groups in their dissatisfaction with the content of the work. As shown in Table 4-1, many nurses rank the 'better working conditions' as required improvements to stay at the job. Specifically, they included the increase in personal need, pay, and reduction of work shifts. The results of this survey should be carefully analyzed and specific measures should be taken accordingly. It should be noted that this survey is conducted on members of Japan Nursing Association, and hence reflects data of hospitals where they work. Hospitals in which members of Japan Nursing Association work are generally regarded as having better working conditions compared to those where less number nurses and less practical nurses work.

Traditionally, qualified nurses work, and patience to try to make every possible effort to preserve through adversity have been considered an attribute of Japanese women. In a
Table 4-2 Items for improvement to keep nurses from quitting (multiple answers)

| 1) Increase in the number of nursing staffs | 70.6% |
| 2) Better pay | 56.6% |
| 3) Introduction of five-day workweek and shorter working hours | 46.7% |
| 4) Reduction of night shifts | 36.6% |
| 5) Improvement of day nursery services | 23.4% |

ser, their perseverance may have showed improvement in working conditions. The image of motherhood, or experiencing joy of serving others at her own expense, may have depleted their energy to work for developing of nursing as an occupation and improving working conditions. To this for me the Theme to find answers to the question what it takes to establish nursing as an occupation.

The rise in medical expenditures with emphasis on the 'improvement in the treatment of nursing personnel' has started from April 1992. A report titled 'Projections of Supply and Demand for Nursing Personnel' which calls for the restoration of 4,000 nurses, has been published. Statistics clearly show that the population of 18-year-old female has been on the decline since 1985 with the trend expected to continue. The shortage of nursing personnel toward the next century will be a big problem for Japan.

4. Elderly and nursing care givers in community

In January 1990, the Ministry of Health and Welfare issued a report titled 'Health care delivery system toward 21st century'. It is now when Japan has among the longest longevity among countries, the report considers the basic concept of holistic medical services and welfare, quality of life and better services. With the rapid increase in the elderly and the highest average life span of 79.95 years for men and 81.27 years for women (1989), it is now that the aging population is today a national issue which cannot be solved by experts on the field alone.

As can be seen in Fig. 3, the curve showing the ratio of elderly population in Japan is much steeper than any other country. The actual number and estimates from 1990 to 2020 are astonishing. The prevalence rate (those hospitalized, attending hospital and sick at home) among elderly is increasing rapidly, particularly among those 65 or older. Medical expenditures for elderly are also on the rise. The rate increase in total medical expenses outruns the nation's economic growth rate. This is due to the skyrocketing medical expenditures for the elderly. There have been taken to control the increase in medical costs by introducing, for instance, a fixed fee system. In institutions designed mainly for long-term medical treatment includes hospitals, (1,356 locations) and nursing homes for elderly and health facilities for the elderly (1,145 institutions). The Projections of Supply and Demand for Nursing Personnel has been shown up and the education for senior and nursing assistant nurses for the elderly will be improved. Also, the government will set the expansion of a nurse bank for licensed and experienced nurses to enhance nursing population. Population estimates for Fig. 5 show the importance of drawing young people to college-level education until the second half of this period (6,517 per couple). It will be interesting to see what proportion of experienced nurses will return to nursing. With the changes in the remuneration system, measures to improve nursing care were introduced in April. However, with the burgeoning elderly who need nursing care, this may only be a mere target.

The home care nursing station was introduced in April 1. Under the conventional health and medical care system, medical institutions have hospitals and doctors to which physicians have primary authority - those who should receive fee for medical care. The approval of the home care nursing station this time was a landmark event in Japan's medical history. It results increases in voluntarily care for elderly who need nursing care in their own home and community with emphasis on quality of life, and still get paid for

![Fig. 2 Proportion of elderly population in Japan and Western industrialised countries](image)

*Figures for Asian are based on National Census by Statistical Bureau, Ministry of Internal Affairs and National Planning Bureau.*

*Figures for other countries are based on UN Population Studies.*

*Note: *Figures for Europe based on *National Census by Statistical Bureau, Ministry of Internal Affairs and National Planning Bureau.*
their services. The home care nursing station must, of course, maintain close communication with municipal governments and public health centers, and collaborate with physicians on medical instructions. Out of the elderly health system fund, 7,240 yen is paid for each nursing call. The same amount is paid to physical therapist or occupational therapist who may also provide services. The home care nursing station expands the possibilities for elderly to keep living in their homes. Learning from the home care system in Scandinavia, nurses in Japan now play an active role in the community as care givers and companions of the elderly. Introduction of the new system will no doubt produce success as well as need for further deliberations. As nurses gain independence and make their own judgments in nursing, they will be judged by elderly client and their families.

Majority of the nurses still, of course, continue to work in hospitals. However, the home nursing station and nurses' voluntary work are appreciated. It will certainly encourage independent thinking among nurses in medical organizations to seek collaboration with physicians as front and rear wheel of a car. It will make it possible to promote not just medical care but holistic care for the individual through nursing. Nurses know that they must study harder and improve themselves to show the way of ideal nursing and to act accordingly.

Fig. 3 Trends of National Health Expenditures and Flow for the Elderly

By Outpatient Expenditures and Inpatient Expenditures

Fig. 4 Projection of Japan's population in future

Projected in December 1984 by Institute of Population Studies.
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