

# NWEC

## NEWSLETTER

### 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 seek the intercultural exchange or international cooperation serving the global solidarity among women, by identifying from the international perspective, the present status of, and the role to be played by women in the socio-economic development, and by discussing the issue from the perspectives of women's participation in civic activities.

The Forum is thus intended to help create, through the sharing of experiences and views on the subject, 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 reviewed 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 ODA (Official Development Assistance), overseas aid from women's perspective and development appropriate to women are being studied from various sides.

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 on an equal footing with men in every field as well as in process of development, as full participants 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 confirmed. According to the first revision 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 up this theme to provide an opportunity for women in Japan and abroad to deepen their understanding of issues concerning Women in Development.

#### 2. PROGRAMMES

The main programmes of the Forum, which was held from 29 (Tues) to 30 (Wed) October 1991, are outlined below:

##### Session I Approaches to "Women in Development"

The session was designed to learn about the perspectives and methodology regarding "Women in Development" by sharing experience and information among different countries.

##### Presentation

- Dr. Kate Young (Executive Director, Womankind, United Kingdom)

Theoretical approaches to understanding the relative positions of women and men in societies undergoing rapid social change.

- Ms. Alexandra Stephens (Women in Development Officer, FAO Regional Office for Asia and the Pacific)

Rural women: Partners in development.

- Ms. Kyoko Kikuchi (Associate Professor, Tsuda College)

Japan's approach to "Women in Development" - from the viewpoint of cultural anthropology.

##### Session II Field Report on "Women in Development"

The session was designed to learn from experience 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 future of global solidarity of women.

##### Presentation

- Ms. Ela R. Bhatt (General Secretary, Self-Employed Women's Association, India)

SEWA experience.

- Ms. Patricia A. Sto Tomas (Chairman, Civil Service Commission, the Philippines)

Women in the bureaucracy: The Philippines case

- Ms. Mieko Magami (Organizer, Comprehensive Cultural Exchange Programmes between Japan and Bangladesh)

The path to independence.

##### Session III General Discussion

The session was designed for further elaboration of the discussions on Women in Development.

\* Dr. Yoriko Meguro (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 mainstream of development

Some factors may explain why women have been relegated to subordinate roles in development. For instance, 1) Activities conducted in exchange for money have been considered as labour and counted



as economic activities in statistical terms. The economic values of reproductive work such as child rearing and housework have not been appreciated. 2) Sexual division of labour is fairly wide spread around the world - i.e. men work in 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, peddling, keeping roadside stands and stalls and garbage collecting. These activities in many cases undertaken by women, however, have not been given due statistical evaluation; 4) Men have traditionally taken control of land, machinery and other means of production. In addition, opportunities to receive training for production have rarely been open to women.

**(2) Theoretical approaches to "Women in Development"**

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

1) WID: WID is a notion that woman's perspective should be incorporated in the development planning process. Women's household work has not been considered as labour. This has led to the misconception that women are at leisure when they are in fact shouldering double burden. Furthermore, whereas woman was seen merely as beneficiary of development, she too is an agent of economic activities shouldering burdens of social responsibility. It is, therefore, imperative that the society recognize her contribution to it and the family, and assess the realities of household labour. This calls for collection of statistical data and reexamination of its interpretation. 2) GAD: GAD aims to reexamine whether today's society is as desirable to women as it is to men, and outline development to benefit both sexes. In concrete terms, this includes comprehensive comparison and analysis of power relationship between men and women at family, society and nation level, and to evaluate them for the purpose of development. 3) WAD: Given the condition of many countries which have failed to enjoy the benefits of development, utmost efforts should be made to eliminate discrepancies among countries and realize North-South equality. This in turn will improve the condition of women in developing countries which are struggling in difficult environment. The approach calls for the redistribution of land, money and other resources on a global scale and distribution of wealth to poorer countries.

**(3) 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 time is put in by women, but they earn only 10% of revenue in the formal sector. They own merely 1% of the total assets.

While housewives spend 66% of their time on unpaid labour such as household chores, men spend only 11% on unpaid work. The ratio of women in farming is increasing, but opportunities for women to receive agricultural training or education have remained meagre. The illiteracy rate among women in Southeast Asia is around 40%. In households in which farming is undertaken by women, their work is not recognized as labour but as work on self-supporting farm. The FAO is working to prepare new statistical indices to accurately grasp the status of women's labour and to make visible their contributions to development.

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

A report from India outlined the history of women working in poor, harsh conditions organizing trade union and cooperative union for the independence of their members.

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 appraisal, and it now takes part in India's national comprehensive development plan on behalf of working women. The organization and solidarity helped women in many ways; 1) Women in farming villages, who were invisible and not counted officially as workers, have become more visible. 2) Union members became self-supporting. 3) In times of famine, disaster or strike, women shared their experience of helping each other beyond differences in caste and religion. In the process of organization, women acquired confidence and collective courage, recognized their abilities as manager and leader, and came to own assets in their name.

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



**(5) Practical approach at administrative level: Towards equality in bureaucracy**

A report from the Philippines, in which policies of better care for women were introduced in all fields of economy, society and technology as well as in India, outlined the systems of personnel affairs of civil servants as follows:

In the Philippines, some 55% of the 2 million civil servants are female. Women, however, occupy only 18% of the management positions. As reasons for not promoting women to management positions, myths cited by men include claims that women are mentally and physically weak and that women have unbalanced hormones. In addition to these unfounded excuses, women must also bear the double burden of household work and career.

The Civil Service Commission is striving to improve the condition and realize equality in employment and treatment by conducting the

following measures: 1) When there is an opening, the post should be given according to the results of a national examination open to both sexes. The selection procedure should be transparent and a stop must be put to the rampant favouritism. 2) Grievance system for equal treatment should be made more effective. 3) Flextime should be introduced to facilitate women working outside their home. 4) In-house day care centres should be founded on an experimental basis. 5) Survey on sex discrimination and sexual harassment at work site should be conducted. 6) Seniority rights of part-time workers who have left work temporarily should be guaranteed. 7) Opportunities to

women equal to men and women to receive training for management positions should be provided in order to promote women to management positions. 8) The number of women in high-level policy decision-making should be increased.

On the basis of valuable results from the Forum in 1991, NWEC plans to hold the 1992 International Forum from 30 September (Wed) to 2 October (Fri). The 1992 Forum will continue to address the issues of "Women in Development" to offer further opportunities for exchange among participants including specialists from overseas and to contribute to women's global networking.

## FY 1991 JOINT FORUM FOR WOMEN AND MEN

The National Women's Education Centre held the Joint Forum for Women and Men from 29 November (Fri) to 1 December (Sun) 1991 on the theme of "Good relationship between women and men - towards 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 lifelong learning. The Forum provided an opportunity for female and male leaders of various organizations to discuss and exchange information on family education, vocational life, steps towards aging 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 to think, act and work together in building a new society. There is a need for opportunities for women and men to study together - as seen from women's perspective. To meet those needs and demands, the NWEC planned the Forum whose outline included, for the first time, a note to encourage 'men's participation'.

Some 104 people from 45 prefectures and cities took part in the Forum. They included leaders of women's groups, PTA, young men's associations, family education classes, women's classes and many groups on lifelong learning. Thirty six participants were male and 68 were female.

The programme consisted of an open symposium on the first day, presentation and workshop on the second day and general meeting ('speak-out' and proposal) on the final day.

The open symposium on the theme of "Good relationship between women and men" was packed with 600 participants. Active discussions took place with the floor. Speakers presented cases of the advance of women in men's domain while men also take part in child rearing and other topics. A group of female architectural engineers, who are striking a new note in architectural engineering with their down-to-earth perspective, also spoke of their activities.

Active exchange of views took place in the workshop, which proceeded in four groups with respective themes: "For joint enjoyment of child rearing," "towards 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." At the 'Speak-out' session, over 40 people took the rostrum and shared their impressions of the Forum, and made proposals on creating better relationship between women and men, and other topics at will. It was interesting that some comments from male participants implied they were in search of male identity. One male participant said that men should change their role and enjoy child rearing.

The main items discussed in the Forum are as follows:

- (1) Liberation from the traditional concept of 'womanliness and 'manliness'. Encouragement of advance into the domain of the other sex - women should advance into what has traditionally been seen as men's world 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 bear their husband's surname after marriage, as the married couple must, under Japanese law, use one - either the wife's or the husband's - surname. In recent years, and increasing number of women are getting a divorce on paper to resume their maiden name. 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 domain 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 persists, people can not be liberated without realizing 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

Kusanomikai has its origin in the home-life column of Asahi Shimbun called Hitotoki, the reader's columns which are 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 violation of human rights and all acts of discrimination. Kusanomikai has been issuing newsletter ten times a year since its foundation. Members take turn at editing the newsletter to help its editorial staff. The most recent issue is No. 373. An asset of Kusanomikai, the newsletter provides an opportunity to express its opinion freely.

1. Management of Kusanomikai: It is run by



consensus based on the opinion of all groups centred around the secretariat. It has no president or representative. Five to six volunteers representing groups serve as secretariat staff. The office is located at a member's home.

2. Annual plan: 1) Annual general meeting; 2) Publication of newsletter; 3) 15-day public demonstration twice 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: Kusanomikai has seven groups in Tokyo and ten groups in the rest of Japan. Individual members are scattered across Japan. Subscribers to Kusanomikai's newsletter, some of them men, have been increasing though, 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 abolition 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 on the exami-

nation of school textbooks. The group has published many documentary books.

- (3) Aged citizen study group: The group was born in 1955, the year Kusanomikai came into being. At the time or some thirty-seven years ago, the group predicted the coming of aging society. It has since launched many activities including the compilation of numerous documentary works.
- (4) Documentary literature on living: A collection of works on life and society is issued twice a year.
- (5) Saorakai: The mountaineering group was organized after a hiking trip to commemorate the publication of a book on the war titled 'The War and I.' The group name is taken from Saora Pass, which was part of the hiking course at the time. The group has published several books including 'Mountain Trips by Women.'

The newsletter carries a summary of the regular monthly group meeting to inform all members.

Kusanomikai sends statements, petitions, requests and protests to governmental agencies and media organizations that violate the principles of the Constitution.

People who have lived through World War II are growing old, and their number is decreasing yearly. With its membership of about 300, Kusanomikai will continue to initiate activities to safeguard the Constitution.

For further inquiries, please contact:

*Kusanomikai*  
(meaning: *Fruits of the Grass*)  
2-11-12, Koenji-Kita, Suginami-ku, Tokyo 167  
Tel: 03-3337-7223

#### CONSUMPTION SCIENCE FEDERATION

Date of establishment: June 1964  
Number of member organizations: 35  
Membership: About 10,000  
President: Shizue Yoshida  
Newsletter: Monthly journal 'Shohi no Michishirube' (meaning: Guide to Consumption)

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 negotiating with industries or the government on legal and tax issues involving consumption - such as standards and labeling of products and/or services, the Staple Food Control Act and the law on door-to-door sales.

The federation is organized primarily by

regional women's groups. Individual members are also welcomed.

Besides the main activities shown below, the federation has in recent years been emphasizing environmental issues: reducing the volume of garbage, enactment of product liability law and management of residual pesticides found in farm products.

Main activities:

- 1) Consumers' College: The Consumers' College holds seminars (24 times a year) for general consumers. The college invites lecturers from a wide range of areas from experts on the field to those represent-

ing manufacturing and sales companies.

- 2) Study meeting: Organizing discussion meetings with representatives of industry and concerned government officials.
- 3) Spot-sales on the Street: Spot-sales have been held on streets to sell imported beef



- at lower prices to pass onto consumers windfall exchange profits caused by the yen appreciation, and to sell vegetables shipped directly from the farm to protest high prices.
- 4) **Trying-on Clothes:** The Federation examines clothes by wearing them, putting them through repeated washing to check for shrinkage, sewing quality and discoloration. If necessary, the federation makes suggestions on quality improvement.
  - 5) **Comparative Testing of Rice:** A comparative testing of labeling, price and taste of rice is held with continuous nationwide survey on consumers' attitude

- towards rice.
- 6) **Comparative Testing of Household Goods:** The quality and labeling of household goods are tested. Requests for improvement are made to the industry as necessary.
  - 7) **Propositions on Quality and Labeling:** Products are purchased on the market to examine their quality, content and method of sales. Suggestions are made on the points for improvement.
  - 8) **Consumers' Education:** Tours to factories are organized to gain 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 'Guide to Consumption' (in Japanese) (first issued in 1964) and pamphlets carrying information for consumers.
- For further inquiries, please contact:  
*Shohi Kagaku Rengokai*  
*(Consumption Science Federation)*  
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## **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 as occupation in Japan**

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

Practising nurses are obligated to register every year, forming the basis of their number as shown in Table 1 and 2 (Table 1 and 2). 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 1951 as a result of initiatives from the Medical Association and other organizations.

The number of hospitals (those with 20 or more beds) registered 10,096 in 1991. Doctor's clinics with up to 19 beds numbered 23,589 (29.2% of the total) and those without beds, 57,263 (70.8%). Of the 10,096 hospitals, the so-called 'general hospitals' accounted for 74.5% of the total. The number of beds in psychiatric hospitals made up 21.4%. Fig. 1 shows changes in the number of beds per 100,000. Breakdown of the number of hospitals by number of beds is as follows: There were 4,539 hospitals with up to 99 beds, those 3,995 with 100-299 beds, 1,073 with 300-499 beds, 380 with 500-799 beds, and 108 hospitals with 800 or more beds. This shows that 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 up the question of the quality of medical care.

In recent years, social issues concerning nursing have received much attention: i.e., the long hard working hours, low pay due to female dominant character 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. Remembering the birthday of F. Nightingale, 12 May was set aside for special events drawing attention to nursing and tasks that must be shared by all. Media report of medical expenditures occupying greater share of the nation's GNP has brought home the question of who will care for the sick and elderly today when labour is short.

This report discusses major issues in nursing; aspects of nursing education, detail analysis of nursing personnel shortage and reasons for nurses quitting job as well as new developments in the care for the elderly.

### **2. Problems in basic nursing education**

There is a variety of speciality education offered to nurses before they can practise 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 hierarchical pattern. The education of licensed vocational nurse is offered to those who have a minimum of nine years of education or graduate of junior high schools. Today with close to 95% junior high school graduates proceeding to high school, 93% those who enroll in this licensed vocational nursing course are graduates of high schools. Decreasing number of students become licensed vocational nurses (LVN) after graduating from the course, and instead many chose to practise as full nurses after additional two three years of schooling. The problem is the low quality of LVN education (2 years for regular schooling and 3-4 years for part-time schooling). Graduates of the 2-tier course are entitled to sit for the national board examination, but the rate of success has not been high.

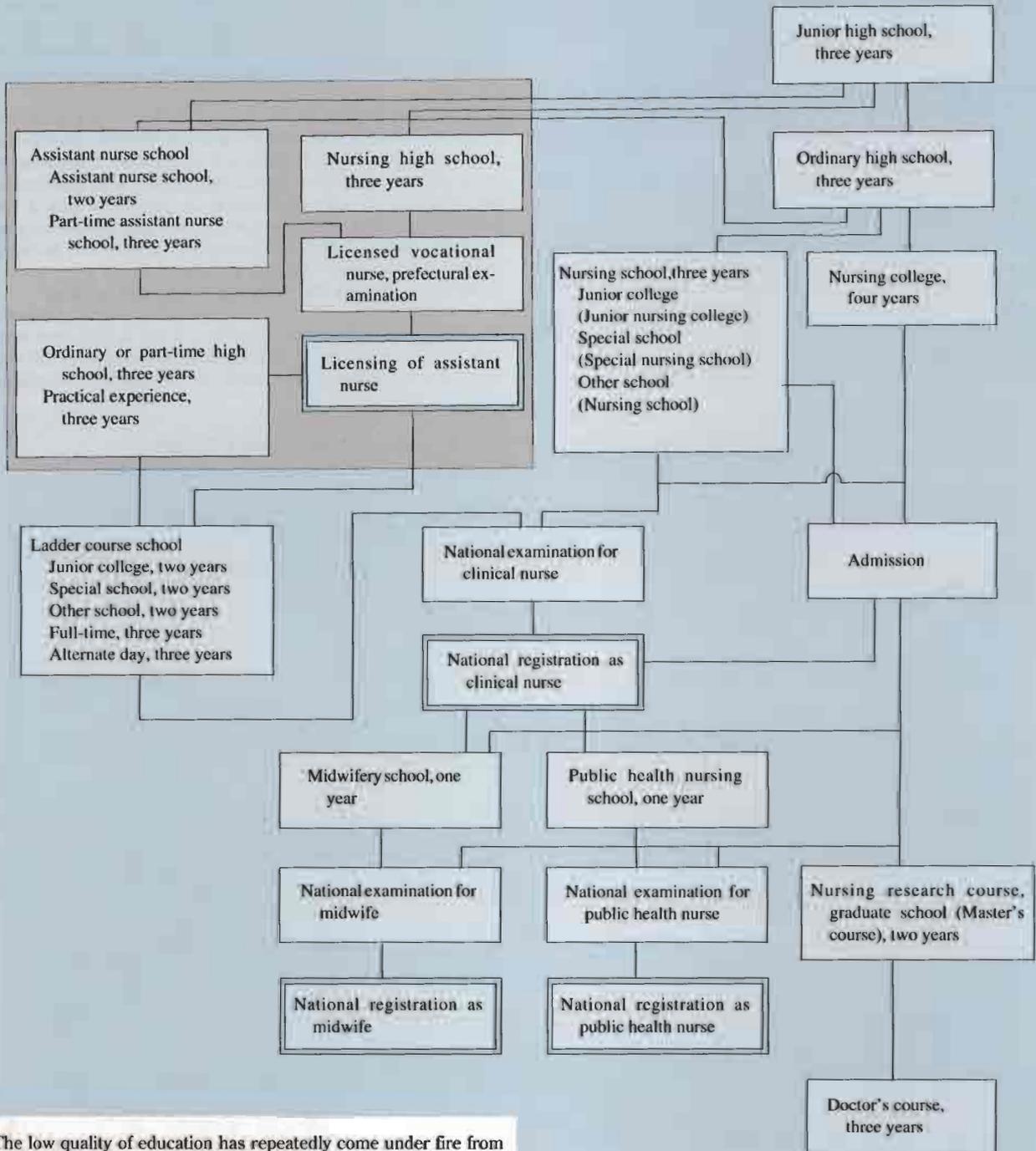
**Table 1**

	1989	Male	Hospital	Clinics	Municipal	Health center	Others	Industries
Public health nurse	24,243	none	7.5%		47.4%	35.6%	3.2%	5.0%
Midwives	23,890	none	61.3%	14.7%	Maternity houses 18.4%		1.0%	3.3%
Clinical nurse	400,931	3.0%	85.1%	11.3%		0.2%	1.5%	
Licensed practical nurse or assistant nurse	353,235	4.1%	64.8%	33.5%		0.2%	1.3%	

**Table 2**

	Registered nurse			Licensed vocational nurse			College			Specialties	
	3 years schools	2 years ladder course schools	2 years ladder part-time course schools	2 years assistant nurse school (Licensed vocational nurse)	High school nursing (Assistant nurse)	4 years college	3 years junior college	2 years junior college	Public health nurse schools	Midwifery school	
Number of schools	478	412	213	613 (609)	134 (42)	11	58	15	65	80	
Capacity / 1 year	72,242	42,963	25,887	71,863	23,065	2,232	12,930	1,560			
Applicants (Number of male)	23,689	17,167	8,629	32,004	7,605	558	4,310	780	2,528	1,945	
Examinees (Number of male)	129,731 (1,646)	61,122 (2,877)	30,589 (2,289)	55,753 (3,942)	13,416 (96)				13,491	8,295	
Passed examinees (Number of male)	113,019 (1,441)	55,729 (2,740)	28,364 (2,192)	52,453 (3,794)	13,214 (93)				12,281	7,563	
Admitted (Number of male)	34,562 (343)	20,672 (1,007)	10,636 (829)	36,689 (2,262)	9,896 (58)				2,607	1,938	
Ratio	4.7	3.1	3.0	1.7	1.7				5.1	4.3	
~ 17				8,463							
~ 19	23,103	6,150	1,312	17,415							
~ 24	586	10,106	6,790	3,360					2,234	1,554	
~ 29	99	1,087	747	844					544	153	
over 30 ~	38	818	601	1,038					31	190	
Graduates number of school	442	389		609					64	79	
Graduates	19,844	14,896		30,511	7,637	487	3,494	729	2,343	1,657	
Host	16,815	13,772		21,736	2,456				132	1,285	
Other (Proceeding to higher education)	3,029	1,124		8,775 (7,793)	5,181 (4,919)						

Fig. 1 Types of nursing education



The low quality of education has repeatedly come under fire from medical circles and complaints continue. As shown in Table 1, 30% or so licensed vocational nurses work in doctor's clinics where their job is confined to assisting the practising physician. The existence of licensed vocational nurses has been a hindrance 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 stop 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 478 registered three-year courses (Table 2). In the same year, nearly 15,000 students graduated from 412 extension courses, mentioned earlier. Around

3,500 graduated from 58 three-year junior colleges, and a mere 487 or less than 1.3% of all graduates, completed the four-year college course in that year. It is difficult to call nursing a profession when only 1.3% of the fresh nurses are college graduates. In the past few 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, putting the total number in Japan at 14.

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 the 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 1880's when a university education system was yet to be introduced. This is a sad reality for nursing education as we near the 21st century. Also, the independence of nurse education is at stake when expenses are, in most cases, paid out from medical fees received by hospitals.

Even in the 1990's, the so-called 'era of quality', the quality of basic education of nurses as well as other professionals - who collaborate as a team to provide patient-care - lags far 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, is a truly 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 profession is improved. An increasing number of intellectuals

are criticizing that a huge gap exists between the available medical services and the actual services received.

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 not lose sight of the fact that it is doctors, who as intellectual leaders, have wielded political influence to control medical administration and to skillfully construct a system of concentrating power, partly to maintain 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 perform his or her duties at home, 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 implies that there is a declining number of young people aspiring to become nurses.

### 3. Analysis of nurse shortage and reasons for quitting

Hospitals and clinics in Japan increased after World War II, as the devastated economy was on its track for recovery. In 1991, there were over 10,000 hospitals and 80,000 general doctor's clinics (29.2% with beds). The total number of beds in the country reached 1.95 million.

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

Country	Year	Beds	Physician	Dentist	Nursing staff	Ratio per 100,000 population				Population
						Beds	Physician	Dentist	Nursing staff	
Canada	1984	182,791 (1978)	48,860	12,271	181,000 (1977)	77.8	19.6	4.9	77.6 (1977)	23,490 (1978)
U.S.A.	1984	1,333,360 (1980)	501,200	137,950	1,943,700	58.6	21.4	5.9	83.0	227,658 (1980)
Japan	1988	1,634,309	201,658	70,572	778,229	133.1	16.4	5.7	63.4	122,783
Denmark	1984	41,842 (1979)	12,806	4,519	29,464	81.8	25.1	8.8	57.7	5,117 (1979)
France	1986	567,618 (1977)	173,116	38,980	350,425 (1977)	106.9	31.9	7.2	66.0 (1977)	53,080 (1977)
F.R.G.	1984	707,710 (1980)	153,895	34,415	302,602	115.0	25.6	5.7	50.4	61,561 (1980)
Sweden	1985	123,074 (1980)	21,596	9,000	69,261	148.1	26.4	11.0	84.6	8,311 (1980)
England & Wales	1981	420,943 (1974)	92,172	17,472	182,897	85.6	16.4	3.1	32.5	49,201 (1974)
U.S.S.R.	1985	3,201,000 (1978)	1,170,000		1,561,300 (1975)	122.5	42.1		61.4 (1975)	261,250 (1978)

- Note: (1) The above figures are based on 'World Health Statistics Annual (Volume III) 1988', 'Survey on Physician, Dentist and Pharmacist', 'Reports by the Ministry of Health and Welfare', 'Survey on medical institutions' and 'Report on hospitals'. Some of the figures are estimates.
- (2) The definition of physician and others in the medical profession varies from country to country. This table shows the number of people in occupations found in WHO statistics, which were used to calculate the ratio per 100,000 population.
- (3) 'Nursing staff' refers to public health nurse, midwife, clinical nurse and licensed vocational nurse.

This number is second in the world after the former Soviet Union, according to somewhat old statistics (Table 3). With 133.1 beds, Japan ranks second after Sweden, which has 148.1 beds per 10,000 people. This is 2.3 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 units of population is relatively small in Japan. In Sweden, which has many beds, the number of nursing staff per 10,000 population is 84.6. The figures are 83 in the United States, 66 in France and 63.4 in Japan. This means that in Japan a nurse must care for a large number of patients.

Thirdly, the sophistication of modern medical care keeping pace with advances in medical science, has enabled the introduction of high-quality diagnosis and care. Treatment and surgical operations once considered difficult or even impossible are now conducted everywhere. The fact that the small number of nurses must deal with complicated and sophisticated nursing has added to the sense of shortage of nursing personnel.

Nearly 40,000 nurses enter the profession each year, and yet there is a vicious circle of shortage because a large number quit each year, which is my fourth point.

The fifth point is the inappropriate treatment of experienced and less experienced nurses. A nurse who has been working on the site for some years obviously perform 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 senior nurses who must supervise new nurses in order to maintain the quality of patient care. This sense of shortage of nurses is widespread. Under the current system, the differences in nurses' quality of service and ability - brought about by the years of experience and education - are hardly accounted for. This is a fault in the system. According to some studies first year nurses are only able to perform 60-70% of veteran nurses. The system also neglects the differences among patients in their degree of sickness and the need for care.

For instance, one nurse may be assigned to care for two patients regardless of the kind of care required. Whereas patients must have 24 hour attention, it is impossible for any one nurse to put in 24 hours of work. A nurse therefore, would have to care for six patients by simple calculations taking into considerations, three shifts per day. With the introduction of five-day workweek from 365 days a year, nurses take more than 120 days off. In other words, only about 70% of all nurses are on duty on any given day. This means a nurse must care for eight or nine patients. In reality, the nursing personnel is sometimes reduced on night shifts, with just two to three nurses on duty. This reflects an effort to maintain the level of daytime nursing care by assigning more nurses during the day. The standard of one nurse to two patients is the best allocation but in reality, a nurse looks after more than 2 patients. At hospitals and clinics where a nurse is assigned to 2.5 to 3 patients, nurses are fully occupied with assisting doctors and have little time to provide nursing care. These conditions make them deplore the shortage.

All these factors contribute to the sense of nursing personnel shortage. Shortage is most acute in privately-owned doctor's clinics and hospitals, where antiquated values prevail as regards employment and human relations. The fact that nurses are given nothing more than subordinate work turns many highly competent nurses away from these workplaces. Labor shortage is a way of life for small and medium size companies in general. It is no wonder, therefore, that with some exceptions, small doctor's clinics whose personnel and labor management is far from desirable find it next to impossible to hire good nurses. Sadly, this is one reason why the Medical Association insists the continuation of the licensed vocational nurse system.

*[Reasons for leaving nursing]*

Table 4-1 shows the results of a survey conducted by the Japan Nursing Association in 1989. The number one reason for leaving their job as cited by nurses in all age groups is 'dissatisfaction with the content of the work'. As shown in Table 4-2, many nurses asked for 'better working conditions' as required improvements to stay on the job. Specifically, they included the increase in personnel and pay, and

**Table 4-1**  
**Reasons for leaving the last nursing job (according to age group)**

The respondents are nurses who left a nursing job in the past five years. The age at the time of resignation is used.

Top five reasons are shown below. The figure in the bracket is the number of respondents.

	Multiple answers		One major reason	
Twenties	Dissatisfaction with the content of the work	38.2	Marriage	14.7
	Interest in other fields	28.3	Dissatisfaction with the content of the work	11.0
	Dissatisfaction with working hours	20.7	Interest in other fields	10.1
	Marriage	20.4	Proceeding to higher education	8.9
	Trouble with human relations	16.9	Trouble with human relations	5.5
Thirties	Dissatisfaction with the content of the work	26.5	Dissatisfaction with the content of the work	9.8
	Trouble with human relations	23.1	Marriage	7.3
	Interest in other fields	18.8	Trouble with human relations	7.3
	For childbirth and childcare	16.2	For childbirth and childcare	6.5
	Offer from other worksite	16.2	Transfer of spouse to another location	6.5
Forties	Dissatisfaction with the content of the work	33.3	Dissatisfaction with the content of the work	8.5
	Trouble with human relations	31.0	Offer from other worksite	8.5
	Interest in other fields	31.0	Interest in other fields	8.5
	Offer from other worksite	25.0	For reasons of the employer	6.4
	Dissatisfaction with pay	16.7	For childbirth and childcare	6.4
	Anxiety over their aptitude and ability	16.7	Transfer of spouse to another location	6.4
			Trouble with human relations	6.4
			Inconvenient location for commuting	6.4

reduction of night shifts. The results of this survey should be studied carefully and realistic 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 non-number nurses and licensed practical nurses work.

Traditionally, qualities such as modesty, and patience to try to make every possible endeavour to persevere through adversity have been considered synonymous with virtues 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	70.8%
2) Better pay	55.6
3) Introduction of five-day workweek and shorter working hours	46.7
4) Reduction of nightshifts	36.4
5) Improvement of day nursery services	23.1

sense, their perseverance may have slowed improvement in working conditions. The ideal image of motherhood, of 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. It is time for nurses themselves to find answers to the question what it takes to establish nursing as an occupation.

The review on 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 reinstatement of ex-nurses, has been published. Statistics clearly show that the population of 18 year old female has been on the decline since 1991 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

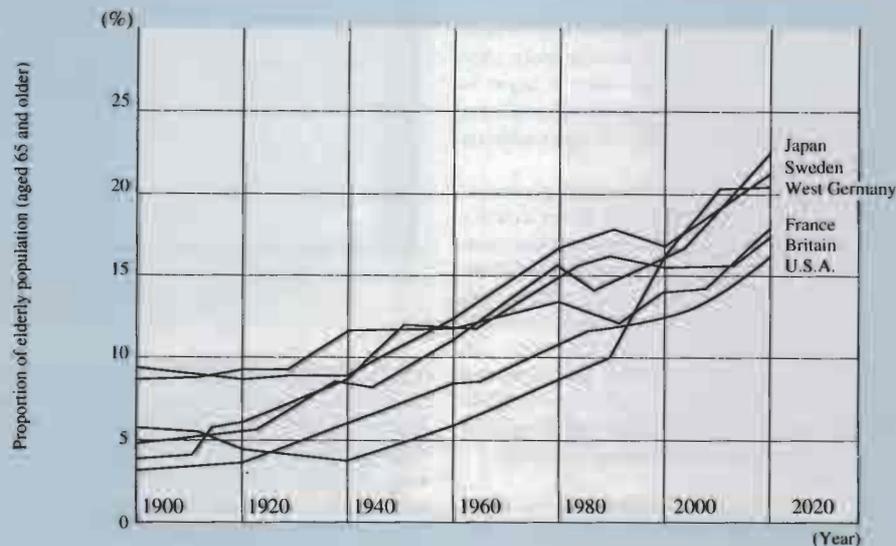
In January 1990, the Ministry of Health and Welfare issued a report titled 'Health care delivery system toward 21st century'. At a

time when Japan has attained the longest longevity among countries, the report outlines the basic concept combining medical services and welfare, quality of life and better services. With the rapid increase in the elderly and the longest average life span, of 75.96 years for men and 81.77 years for women (1989), it stresses that the aging population is today a national issue which cannot be solved by experts on the field alone.

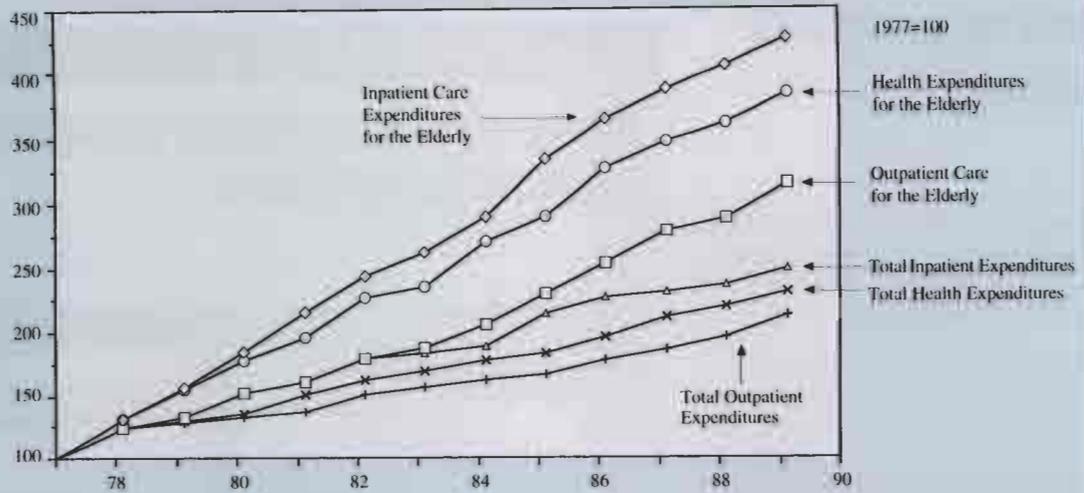
As can be seen in Fig. 3, the curve showing the ratio of elderly population in Japan is much steeper than in any other country. The actual number and estimates from 1980 to 2020 are astonishing. The prevalence rate (those hospitalized, attending hospital and sick at home) among elderly is increasing rapidly, particularly among those aged 65 and older. Medical expenditures for elderly are also on the rise. The rate of increase in total medical expenses outstrips the nation's economic growth rate. This is due to the skyrocketing medical expenditures for the elderly. Steps 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 (1,165 locations) and wards for the elderly and health facilities for the elderly (AHF) (370 locations). The Projections of Supply and Demand for Nursing Personnel has been drawn up and the education for nurses and nursing attendant to care for the elderly will be improved. Also, the government will finance the expansion of a nurse bank for licensed and experienced ex-nurses to reenter nursing. Population estimates in Fig. 5 shows the importance of drawing young people to college-level education amid the record of low birth rate (1.53 per couple). It will be interesting to see what proportion of experienced ex-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 seesaw game.

The home care nursing station system was introduced on April 1. Under the conventional health and medical care system, medical institutions such as hospitals and doctor's clinics - in which physicians have primary authority - alone were authorized to receive fees for medical care. The approval of the home care nursing station this time was a landmark event in Japan's medical history. It enabled nurses to 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 industrialized countries**



Source: Figures for Japan are based on 'National Census' by Statistics Bureau, Management and Coordination Agency and projections by Institute of Population Problems. Figures for other countries are based on UN Population Studies.

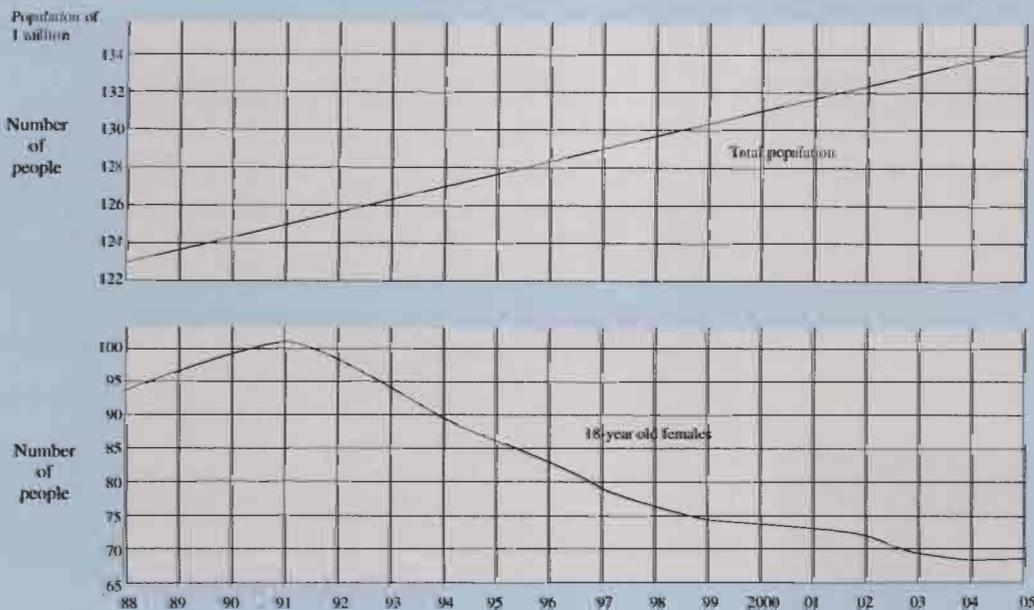


**Fig. 3 Trends of National Health Expenditures and those for the Elderly By Outpatient Expenditures and Inpatient Expenditures**

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 can 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 judgements in nursing, they will be judged by elderly client and their families.

Majority of the nurses will, of course, continue to work in hospitals. However, if the home nursing station and nurses' voluntary action are appreciated, it will certainly encourage independent thinking among nurses in medical organizations to seek a collaboration with physicians as front and rear wheels 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. 4 Projection of Japan's population in future**  
Projected in December 1986 by Institute of Population Problems

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