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Japanese Nursing Association



Preventing Violence and Harassment in the Medical Field

~The Actual Situation of Violence and Harassment
against Nurses and JNA's effort~

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Japanese Nursing Association - *About us*

- Established In 1946, the Japanese Nursing Association(JNA) is a national occupational organization run by voluntary members of public health nurses, midwives, nurses and assistant nurses.
- Nursing associations in the 47 prefectures have become the corporate members in collaboration.
- Non-profit & non-governmental organization.
- The organization is operated using membership fees from its members.



Japanese Nursing Association - *Mission*

To preserve people's dignity as human being,
To meet people's universal needs to stay in good health and happiness, and
To contribute to people's achieving healthy life,

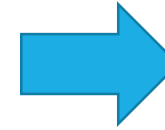
- Improving nursing quality based on nursing expertise rooted in education and self-learning.
- Promoting to create the environment in which nurses are able to continue working peacefully throughout their life.
- Developing and expanding nursing areas to meet people's needs.

Survey results and analyses on overwork deaths of nurses

Among nurses, the recognition of worker's compensation for **mental disorders due to "violence/verbal abuse" is very common.**

- Reasons for recognition of worker's compensation for mental disorders among nurses

	cases	%
1. Experienced/Witnessed tragic incidents /disasters	40	76.9%
a. Experienced violence/verbal abuse	23	44.2%
b. Experienced incident/accident/disaster	17	32.7%
2. Medical accidents/lawsuits	2	3.8%
3. Long working hours	4	7.7%
4. Trouble with superiors/subordinates	4	7.7%
5. Sexual harassment	2	3.8%
Total	52	100.0%



- Time of day experiencing/witnessing tragic incidents/disasters

Time of day/shift	cases	%
24-04/midnight	11	27.5%
04-08/midnight	8	20.0%
08-12/day	10	25.0%
12-16/day	2	5.0%
16-20/evening	3	7.5%
20-24/evening	2	5.0%
Unknown	4	10.0%
Total	40	100.0%

Reference: "White Paper on Prevention of Karoshi (Overwork Death) in 2018" Chapter 4: Survey Results and Analyses of Overwork Deaths in Priority Industry and Occupation Categories - (5) Medical

JNA's Nursing status survey at hospitals in 2019

~ Actual status of and measures against violence/harassment ~

■ Overview of the survey

Purpose :

- ✓ 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
- ✓ To examine the past nursing labor policies
- ✓ 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.

Period: September 2 to October 11, 2019

[Survey on hospitals]

- **Target:** All 8,300 hospitals nationwide (response requested to the nursing director)
- **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)
- **Method:** Online
- **Effective responses:** 15,026 (effective recovery rate: 18.1%)

Actual status of harassment against nurses

42.9% of nurses experienced violence/harassment in the workplace over the past year.

Fig.1 Experience of violence/harassment

N=15,026 (multiple answers)

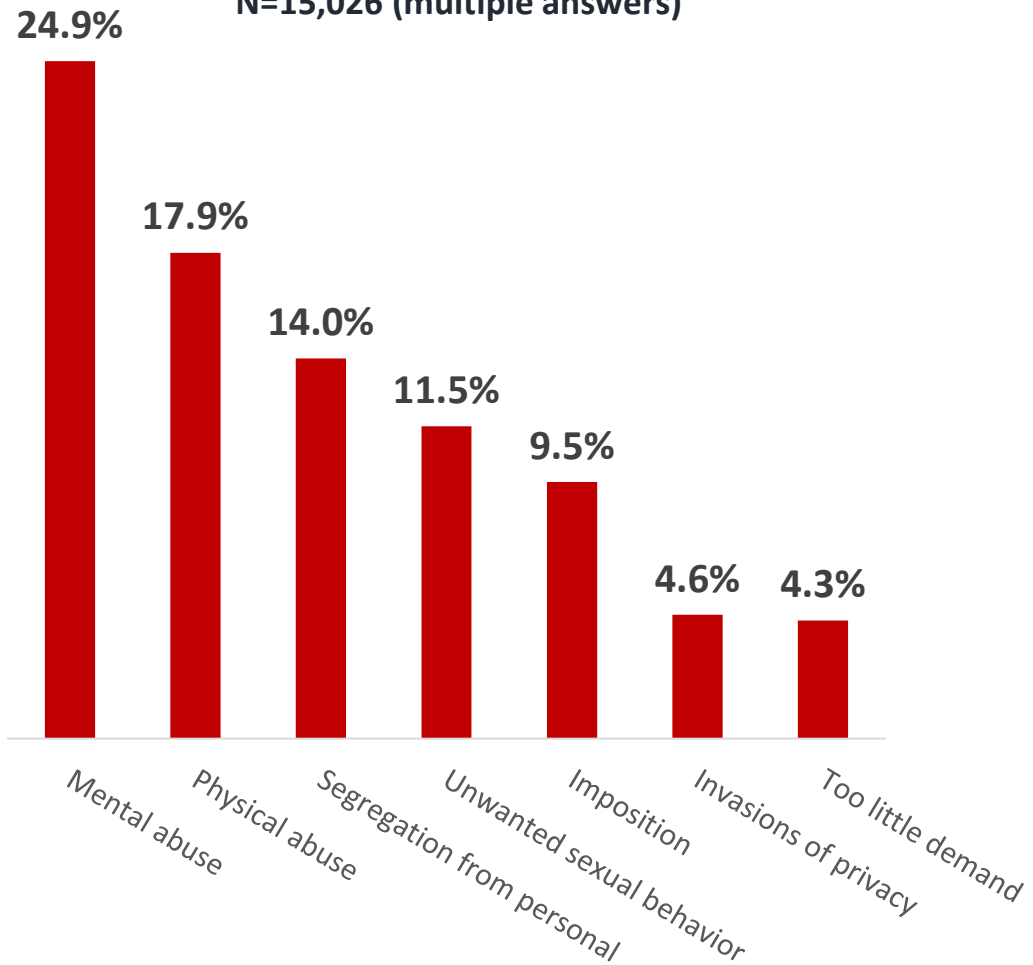
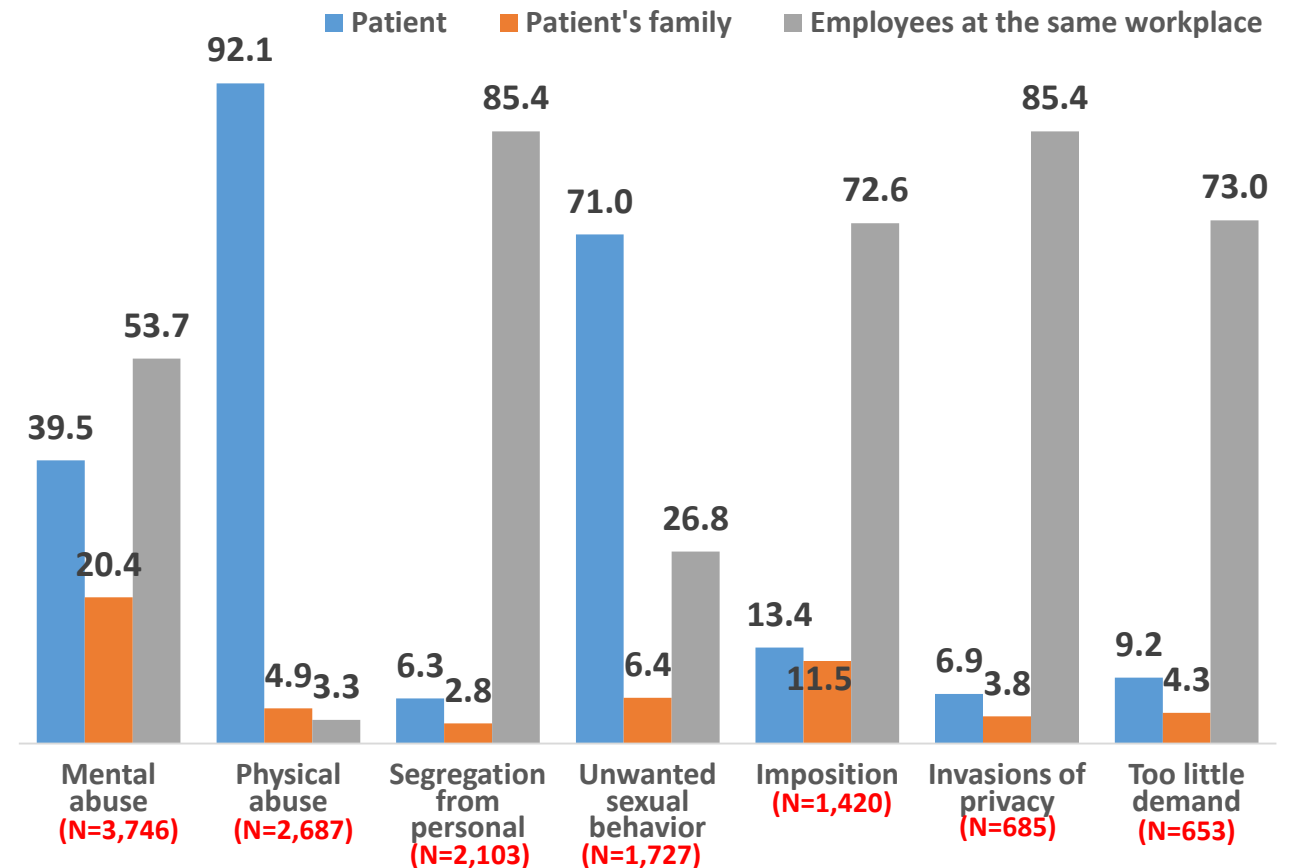


Fig.2. Attacker/Harasser

(multiple answers)



Reference: Japanese Nursing Association, Nursing status survey at hospitals and medical clinics with beds in 2019: Survey of Hospital Staff (n = 15,026)

*The choices for harassers are "Patients," "Employees of the same place of employment," "Patient's family, etc.," and "Others".

Measures against violence and harassment from patients/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 (72.2)	565 (16.7)	284 (8.4)	93 (2.7)
Stipulation of disciplinary policy and action in case of confirmed violence or harassment in the work rules	2,216 (65.5)	660 (19.5)	366 (10.8)	143 (4.2)
Dissemination and enlightenment among employees about basic policy, disciplinary policy and action on violence and harassment	2,344 (69.2)	619 (18.3)	281 (8.3)	141 (4.2)
Consultation service on violence and harassment	2,624 (77.5)	445 (13.1)	191 (5.6)	125 (3.7)
Implementation of prompt and appropriate responsive measures against violence and harassment	2,533 (74.8)	513 (15.2)	171 (5.1)	168 (5.0)
Efforts to improve the workplace environment to eliminate factors causing violence and harassment	2,178 (64.3)	757 (22.4)	268 (7.9)	182 (5.4)

Upper row: number of sites; Lower row (): percentage

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 (73.1)	521 (15.4)	299 (8.8)	89 (2.6)
Stipulation of disciplinary policy and action in case of confirmed violence or harassment in the work rules	2351 (69.5)	581 (17.2)	322 (9.5)	131 (3.9)
Dissemination and enlightenment among employees about basic policy, disciplinary policy and action on violence and harassment	2,379 (70.3)	596 (17.6)	281 (8.3)	129 (3.8)
Consultation service on violence and harassment	2,659 (78.6)	419 (12.4)	196 (5.8)	111 (3.3)
Implementation of prompt and appropriate responsive measures against violence and harassment	2,504 (74.0)	529 (15.6)	195 (5.8)	157 (4.6)
Efforts to improve the workplace environment to eliminate factors causing violence and harassment	2,225 (65.7)	725 (21.4)	270 (8.0)	165 (4.9)

Upper row: number of sites; Lower row (): percentage

Promotion of measures against harassment by customers

In 2019, JNA submitted to the Minister of Health, Labour and Welfare, a request for "Promotion of measures against harassment from patients and their families to nurses"

National Government's response



2019

- Implementation of "Survey on the situations of violence and harassment to nursing staff and Study on countermeasures"

2020

- Production of training materials (e-learning) to combat violence and harassment in clinical settings

2021

- Policy of formulating a corporate response manual for harassment by customers

Helping the Helpers during the Pandemic



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[Video](#)

Health workers
leading the fight against
the COVID-19 pandemic
are also experiencing stress.



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Helping the Helpers ?

- ◆ The program aimed at enabling the helpers to care for themselves by enhancing their resilience and equipping them in provision of basic MHPSS for others.
- ◆ Essential part of the program was to focus on promoting self-care and coping among the frontline health workers, providing a space where participants would feel at ease to share





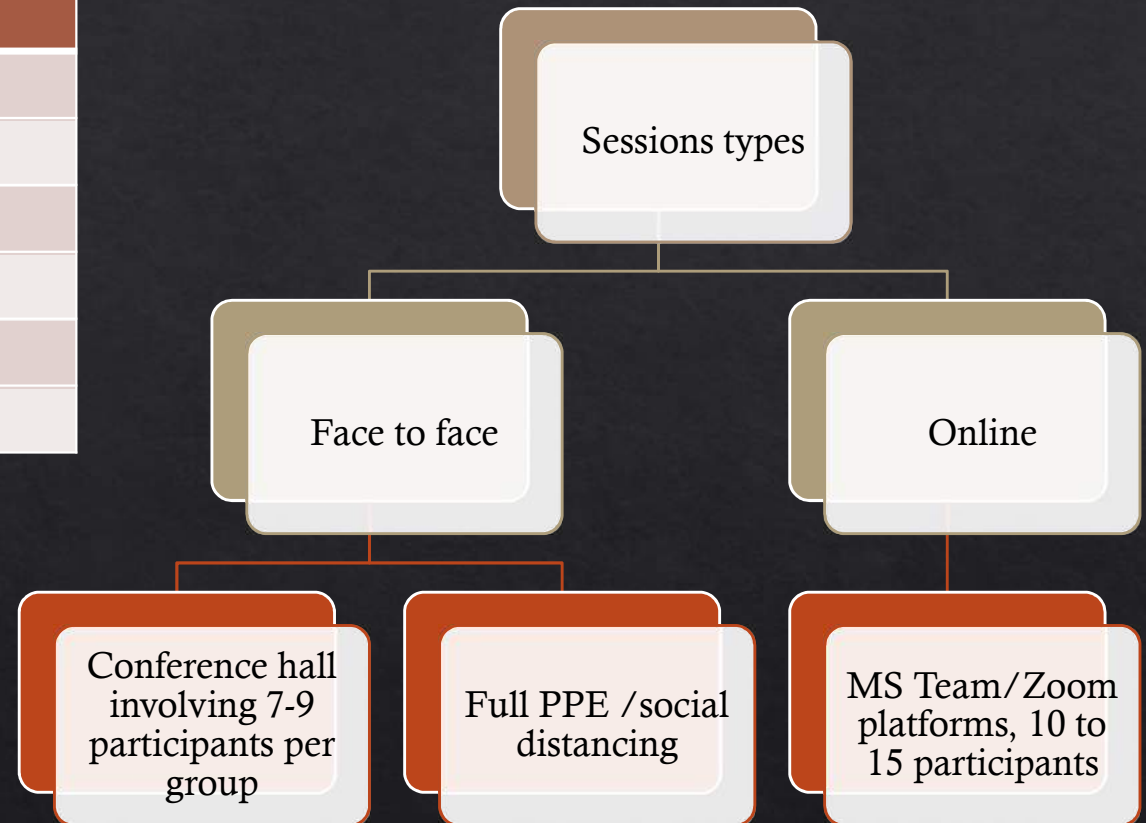
“ I was in contact with one of the Covid19 patients recently, I had my PPE, but I feel anxious, maybe In a couple of days I’ll be feeling better” – nurse



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Session types:

Areas Covered:	N participants
Cagayan De Oro	9
Lanao Del Sur	50
Manila	20
Davao	26
Sulu/Basilan	102
TOTAL	207



The sessions included discussions on different levels:



Individual and Family – Covid19 and Non-Covid19

Work and managerial - Covid19 and Non-Covid19

Thoughts, feelings and Behavior - Covid19 and Non-Covid19



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Intervention logic:

- ◆ Health staff going through different emotional situations might feel themselves in uncertainty and not “understood” in that situation. Group sessions give the opportunity to normalize their feelings, identify their maladaptive behaviors, deal with emotional difficulties and enhance their resilience.



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Covered topics

Introduction: Session 0

- Objectives of the session
- Intro to ICRC
- Administering psychometric tools (ProQol, Dass21)

Session 1

- Identification of Stressors

Session 2

- Dealing with Stress

Session 3

- Anxiety

Session 4

- Compassion satisfaction , Burnout

Session 5

- Coping /Promoting coping

Session 6

- Resilience

Session 7

- Closing

Basic Communication skills

- Active listening/Questions/Reflection/Mirroring etc.

Symptoms identification

- Anxiety/Depression based symptoms/cases



Participants during the sessions reported the following to be the source of their anxiety:

Testing positive Covid19

Taking the disease to home

Not being able to support relatives

Fear of parents getting Covid19

General uncertainty



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- ◇ *Natural Coping:* From participants words and shared experiences it was observed that different groups of nurses and doctors (who are friends) made their own support system. Usually that included social gatherings, discussion and providing different types of support when needed.
- ◇ *Single and married participants:* It was obvious that for many single participants it was easier to share and cope with the situation. While married people were very worried about their family.
- ◇ *Religion:* Religious participants were using their belief and praying as a main strategy to deal with their negative feelings.



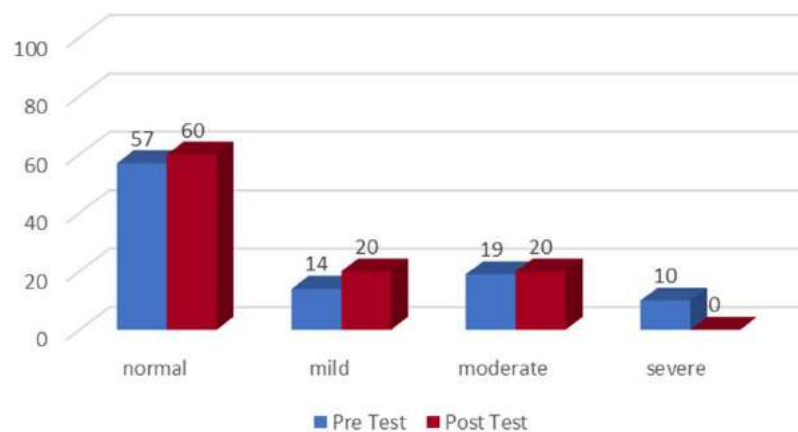
Baseline assessment tools and post intervention assessment

- ◆ **PRoQOL:** Psychometric tool is administered to measure compassion satisfaction , burnout and secondary traumatic stress of helpers.
- ◆ **DASS21:** The scale is designed to measure symptoms related to depression, anxiety and stress.

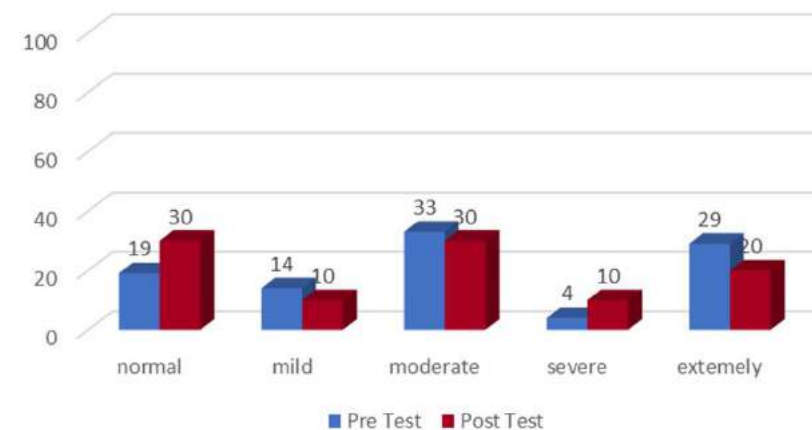


Depression, anxiety, stress scale

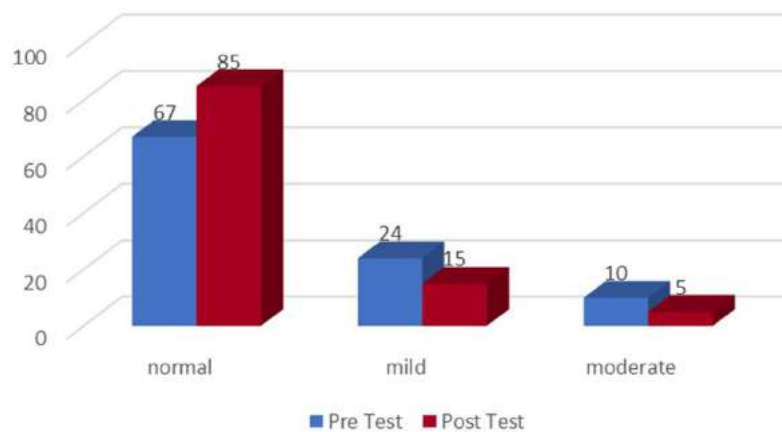
Depressive Symptoms Scale (%)



Anxiety Symptoms Scale (%)



(%) Stress Symptoms



The percentage of participants scoring on Compassion Satisfaction and Burnout



Quotes:

- ◇ “It improved on how I see things, I became more optimistic “
- ◇ “It helped me a lot in managing my stress and dealing with anxiety”
- ◇ “ The session as a whole helped us in dealing with daily life as a health professionals”
- ◇ “ Health workers also get tired, and we got the opportunity to voice our concerns”



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Additional work done:

- ◆ **Radio Broadcasting:** Messages related to Covid19 and the importance of self care
- ◆ **Leaflets:** How to take care of yourselves
- ◆ **Online discussion about HTH:** Young Moro Professionals network



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Conclusion :

- ◆ - Assessment results and feedback from participants suggest that the HtH program implemented by the MHPSS team is positively contributing to their self-management of both personal and work-related stress.
- ◆ - It was also observed that the concerns of the doctors are not only related to their anxiety of getting the virus, but also to stigma, 200% workload increase, management requests and to the fact that they cannot always travel back home.



Recommendation

- ◆ Create psychoeducation + support group sessions.
- ◆ Program should focus on different levels of intervention, both personal and professional difficulties resulted by the emergency.
- ◆ Culturally adapted activities should be used during the group sessions.
- ◆ Support system should be enhanced by the administration of a particular hospital / organization.
- ◆ - Beyond the MHPSS intervention, systemic issues like proper management of time/schedule/salary and other benefits need to be given serious consideration by the management.

