Comparative Studies on the Stress Management for Medicare/Healthcare Workers in Australia, New Zealand and Japan

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Abstract

This paper is based upon the retouch of my presentations made at the seminars for JOINT RESEARCH PROGRAMME in December 2005 (Osaka, Japan), September 2006 (Perth, Australia) and December 2006 (Osaka, Japan).

The aim of this paper is to clarify the real problems caused by the stress in the field of medical treatment, by following the lead thereof in the introduction of electronic patient charts into the field of medical treatment in Japan.

The detailed comparative studies for the three countries, however, have been too inadequate yet to cover the whole theme of the JOINT RESEARCH PROGRAMME. Instead, comments on the reorganisation of QANTAS are made for compensation.

Preface

On the Readers' Page of Asahi Shimbun (Japan's leading newspaper) as of May 14th, 2006, the following letter from a housewife was published, who saw, in accompanying her mother to the hospital, an eighty-two-year-old medical doctor there struggling with electronic patient charts at the computer. According to the letter, the old doctor obviously had to spend much more time in sitting at the computer and inputting the data than caring his patient, the mother of the contributor. When the contributor uttered a word of sympathy, the doctor lamented, "I have had to take much more trouble in carrying out my duty since the introduction of electronic patient charts. It is much easier and quicker for me writing by hand. These days I feel as if I had been working for two persons on my own." Thus, the contributor warns us of the crisis in work places in healthcare/medicare industry, through her personal experience wherein a medical doctor, having difficulty in getting accustomed to the new system of electronic patient charts, has been prevented from devoting himself to his proper duty of caring his patients. I believe the letter represents a serious problem of workersin-healthcare/medicare industry.

But I must confess how I was intuitively impressed with the comments on 'electronic patient

charts' by the union leaders whom I interviewed in the two countries in these twelve months. I fully understand that the change in system from hand-written patient charts to electronic patient charts has not given the slightest stress to medicare/healthcare workers in the two countries. I believe this is because of the linguistic difference in writing charts between Japan and the two countries. This means that in Japan, a single '*Karte* (patient chart)' is written in German first of all, and then in Japanese consisting of three kinds of characters (*Kanji, Hiragana and Katakana*). In addition, English and Latin technical terms are also used. This complicated method has required Japanese doctors more craftsmanship while Australians and New Zealanders have been able to manage probably using English only. Therefore it is certain that word-processing in use of computers cannot cause any serious language difficulty nor trouble in the case of doctors in Australia and New Zealand. In Japan, however, the linguistic complex has caused the problem of stress in work places peculiar to th country.

From this, it has become clear that the problems in regard of the electronic patient charts system should be properly sorted out for the further international comparative studies.

Incidentally, all three countries dealt herewith have serious problems in common.

Not only in Japan but also in Australia and New Zealand, there has been the devaluation of the social security standard, needless to say, including that of the medical treatment and medical care for more than a decade. For instance, there are always thousands of patients on the waiting list for insurance-covered operations, and especially in Japan, medical treatment and medical care of old people has become chargeable and has still been on rise. These are obviously the results from the economic liberalisation and the heated-up economic competition, that is, from so-called economic globalisation.

From the viewpoint of the theme of this Joint Research programme, it should be emphasized that these phenomena clearly indicate the fact that the week and elderly are being deserted and they further will be. And, the progressively widened income disparity between the rich and the poor in one country will finally lead to the international political unfairness.

Taking these into consideration, the status quo of nursing staff in Japan is reported as follows.

1. Case in Japan

According to 'The survey on the overtime hours' by Japan Federation of Medical Workers Unions (published in December 2004), 'medical workers are forced to do an overtime work for more than 75 minutes per day by average.' This obviously means that the workers are up to their ears in work. The survey says that 'the unpaid overtime has turned out to be rife in work places; the amount of unpaid wage being equivalent to annually ¥450,000 (four hundred fifty thousand yen) per person, totally ¥750,000,000,000 (seven hundred fifty billion yen) for the whole hospital

per year.' The survey also says 'especially nurses and young employees do work overtime more than the other workers' that and therefore 'each work place is in urgent need of workforce increment'

The answers for this survey questions were mostly as expected, except for the following comments by the survey respondents, which particularly attracted the author's attention, such as, 'The introduction of electronic patient chart system has come to cost us much more time.' and 'I find myself too incapable to to demand the overtime allowance.'

Following is an additional comment to the above made at the seminar in 2005:

According to the survey by "Japan Medical Workers Unions Association" made 2005 for over thirty thousand workers, the respondents were aged 35.9 by average, and 93.9% of them were full time employees. Herein, 62.7% of the respondents said that they have come to be obliged to cope with the rapidly increasing tasks while less than 10% of then said that they believe enough care was being taken of for the patients. And, 86.1% of them admitted that they had or nearly had made mistakes in those 3 years. More than 80% said that it was because they were too occupied in the workplace. Furthermore, the survey proved that nearly half of the respondents had been subjected to more than an hour of unpaid work per day and had been able to take annually 8.2 days of paid leaves by average.

According to the latest edition of "Asahi Shimbun" (as of the morning paper on November 29th in 2006), Ministry of Welfare and Labour has announced that the number of people working as nursing staff all over Japan is only 1,272,000, and that this is nearly 40,000 less than regulated number of 1,314,000.

Incidentally, "Japan Medical Workers' Unions Association" has set their sight mainly on reinforced of the workforce in the field of medical treatment, regarding it as the most important issue for these 5 years, as is proved to be a serious problem by the above-mentioned survey result. This also tells that in the case of Japan, the shortage of workforce should be resolved before proceeding with the analysis of "the cause or nature of the stress".

In precise review of the survey, however, there are reported some fairly noteworthy cases as follows. In the case 177, for instance, the respondent said that as the only one in the nurse station in the midnight, she was totally confused not knowing where to go first because she was panicky with the 4 simultaneously flashing emergency call lumps from the patients. Also, the case 99 describes how stressful it was for a nurse having to feel sorry for sacrificing her family when asked by her little child on the day she had to work night shift, "What shift today, mum? Can you take bath with me tonight?"

Lastly, the case 102 is introduced as the most noteworthy one. Therein cries a nurse, "Human lives are entrusted to us, nurses. We do not ask for much. But if only we were as well treated as flight attendants!". I wonder what the secretary of Flight Attendants' Association of Australia (Do-

mestic) whom I know would say to know that this is not a joke but a truth. The respondent further laments, 'Even if we are worn-out, we must force ourselves to look after our patients. It is because the work would not be otherwise rotated. So-called paid leaves are nothing but nominal. And, no matter how hard we may work, even by overworking ourselves to death, our wage has been on continuous decrease.' Unfortunately, I would further have to say to them, 'Nevertheless, your efforts will not be rewarded by the Japanese politics'.

2. Case in Australia

For more than 20 years, ILO has been paying attention to the stress of labours. And, in Perth, I made a report on my case studies in Australia, using the figures as follows. (Herewith the following is reported again. See the Table.)

In Australia also, all the medicare/healthcare work is a busy pain-taking task, which always suffers shortage of hands and causes therefore unpaid overtime. And, this was proved to be a real problem by the strike in Queensland for the solution of shortage of hands, which has been continuing since last year.

Coming back to the problem on stress, in Australia, the stress is not regarded as the problem exclusively for nurses but also for the whole labours, in regards of 'occupational health and safety'. And, there is a section for dealing with this.

Table Categories of self reported acute sources of stress ranked by frequency of occurrence by sample (N=66)

SOURCE OF STRESS	(N)**	% of sample
NURSING STAFF — Inexperienced staff, conflict and criticism from other nurses, concern about others' work practices, lack of support.	25	38%
WORKLOAD- lnadequate staffing, busy shifts.	17	25.7%
MEDICAL EMERGENCIES	13	19.6%
PATIENTS- Uncooperative, abusive or aggressive patients.	11	16%
DOCTORS- Not attending when requested, conflicts about treatment	8	12%
TREATMENT- Unclear orders, uncertainty re procedures, protocols.	5	7.5%
MEDICATION ERRORS	3	4.5%
ORGANISATIONAL CHANGE	3	4.5%
HEALTH RISK TO SELF- Blood splash to eye	1	1.5%
OTHER - Attndance at Coroner's Court	1	1.5%

**Some responds reported multiple stressors in their stressful episode.
(source: Christine Healy, Michael Mckay, Identifying Sources of Stress And Job Satisfaction in the Nursing Environment; *Australian Journal of Advanced Nursing,* 1999 Volume 17 Number 2, p. 33.)

3. Case in New Zealand

Next, in case of New Zealand, I would like to mention some points regarding the Collective Agreement that has attracted my attention. Especially the Article 35.0 Harassment Prevention of the Collective Agreement is noteworthy, in that it reveals one of the causes of the stress of nurses.

This seems quite important for me.

DISTRICT HEALTH BOARDS/NZNO
MULTI-EMPLOYER
NURSING/MIDWIFERY
COLLECTIVE AGREEMENT
(1 July 2004–31 December 2006)

35.0 HARASSMENT PREVENTION

35.1 Employees should refer in the first instance to the provisions and procedures specified in the employer's Harassment Policy. The employee's attention is also drawn to clause 36 Employment Relationship Problems. Harassment can take many forms, including sexual harassment, bullying, racial harassment, violence, and other forms of intimidating behaviour.

35.2 Sexual harassment is verbal or physical behaviour of a sexual nature which is unwelcome to the receiver and is embarrassing or intrusive. It affects morale, work effectiveness and the right to enjoy a good working environment. Some types of behaviour constituting sexual harassment are listed below:

(a) Type of behaviour
- (i) sex-orientated jibes or abuse;
- (ii) offensive gestures or comments;
- (iii) unwanted and deliberate physical contact;
- (iv) requests for sexual intercourse, including implied or overt promises for preferential treatment or threats concerning present or future employment status.

(b) Where it may occur
- (i) among co-workers;
- (ii) where a supervisor uses position and authority to take sexual advantage of another employee or to control or affect the career, salary or job of that employee;
- (iii) in dealing with members of the public.

(c) Responsibilities for supervisors and complainants when dealing with sexual harassment;

(ⅰ) It is the responsibility of the employer to maintain a work environment free of unwelcome behaviour and to provide a mechanism for reporting sexual harassment, ensuring a fair investigation and avoiding reprisals against the complainant;

(ⅱ) Care is to be taken during the investigation of any complaint of sexual harassment and afterwards to prevent any disadvantage to the complaint and care must also be taken to protect the position of other parties if the complaint is found to be unwarranted.

(ⅲ) The employer relies on supervisors at all levels to facilitate and encourage proper standards of personal and ethical conduct in the workplace.

35.3 Sexual harassment complaints must be taken seriously and handled with sensitivity and impartiality. Behaviour, words and gestures have different meanings in different cultures. What may be acceptable in one culture may not be in another. This needs to be taken into account in the workplace.

35.4 Guidelines for Supervisors and Guidelines for Complainants are available in the employer's Human Resources Manual and/or from the Human Resources Department.

35.5 Racial Harassment

An employee is racially harassed if the employee's employer or a representative of the employer uses language (whether written or spoken), or visual material, or physical behaviour that directly, or indirectly:

(ⅰ) expresses hostility against, or brings into contempt or ridicule, the employee on the grounds of race, colour,or ethnic or national origins of the employee; and

(ⅱ) is hurtful or offensive to employee (whether or not that is conveyed to the employer or the representative); and

(ⅲ) has, either by it's nature or through repetition, a detrimental effect on the employee's employment, job performance or job satisfaction.

4. Conclusion

Although this report does not intend to mention the problem of stress anymore, at least it has become clear that Japan is far behind Australia and New Zealand in tackling with stress management, and that all three countries in common has been suffering the shortage of medical workers.

Now, I would like to mention some problems in another industry, although they may be not directly related with the theme of the Joint Research Programme. The reason is, that the following cases have much do with medical workers.

Qantas is a much too well-known enterprise in Australia. At the moment, a new international conflict regarding industrial relations has been on rise in Qantas caused by the restructuring of its management strategy.

Qantas has been expanding its business mainly in East Asia for these two years or so by founding Jetstar, a company for providing flights at bargain-basement prices. And simultaneously, Qantas began to restructure the airlines between Japan and Australia, whereby to replace the flights from/to two major international airports of Osaka and Nagoya with those of Jetstar by August 2007. In other words, we will not be able to take any more flights coded 'QF' except from or Narita (Tokyo) International Airport.

And, this is a serious problem that should not be ignored. In 1980s, prior to its privatisation, Qantas founded its branches in Osaka and Nagoya for the purpose of expanding and stabilizing its business in Japan. This has led to the constant and stable sales of the air tickets for two decades. Due to the change in management policies, however, the gaining more new tourists to Australian has come to be the focus market in these years, instead of the excavation of repeating flyers. The new policy was embodied in the form of introduction of Australian Airways to Japan. But this attempt did not necessarily lead to the increase in ticket sales after all. Furthermore, the rise in fuel price for airplanes after the September 11 created a red ink and eventually caused the withdrawal of Australian Airways.

Incidentally, due to Virgin Air's market access at that time, the number of flyers in pursuit of flights at lower prices came to be extremely large in Australia. Qantas also organized Jetstar as the countermeasure. This Qantas-affiliated Jetsar has achieved an outstanding performance in the sales of domestic flights by the synergistic effect. Maintaining its own growth momentum, the enterprise decided to expand its business in East Asia.

This means that Qantas aims the corporate streamlining, in the form of staff cutbacks through the restructuring of the preexisting branches and increasing the numer of air tickets to be issued via the Internet.

The hardest-hit people through this new policy are the full-time workers of those two Japanese branches, who have been making tremendous efforts to attain high level of performance of Qantas for these twenty years since the foundation of the local branches thereof.

The alternatives they can make a choice of are just as follows.

They could move to Tokyo Branch of Qantas, work for a new Jetstar Branch as a staffer on loan from Qantas or else just leave the company. It does not follow nevertheless that they are fully guaranteed reemployment by either of the two companies. Also, the wage and working conditions are expected to be significantly changed (for worse!). This is because the labour union for the workers of Qantas Japanese branches has been extremely weakened in this decade.

This has been the result yielded in these fifteen years since the privatisation of Qantas and in these twenty years since the foundation of the branches in Japan. That is to say, it can be regarded as the answer concerning Qantas to the theme of The Joint Research Programme 2006.

Let us see what has happened to the aviation industry in Australia and New Zealand in this

decade. The decade has seen the bankruptcy of Ansett, deterioration in performance of Air NZ and the nationalisation thereof. Something seems to have gone extremely wrong.

The further study is to be made in my other study for the project under subsidies by Japan's Ministry of Education and Science.