Asian Journal of

HUMAN
SERVICES

APRIL 2021
VOL.20

Human

Services
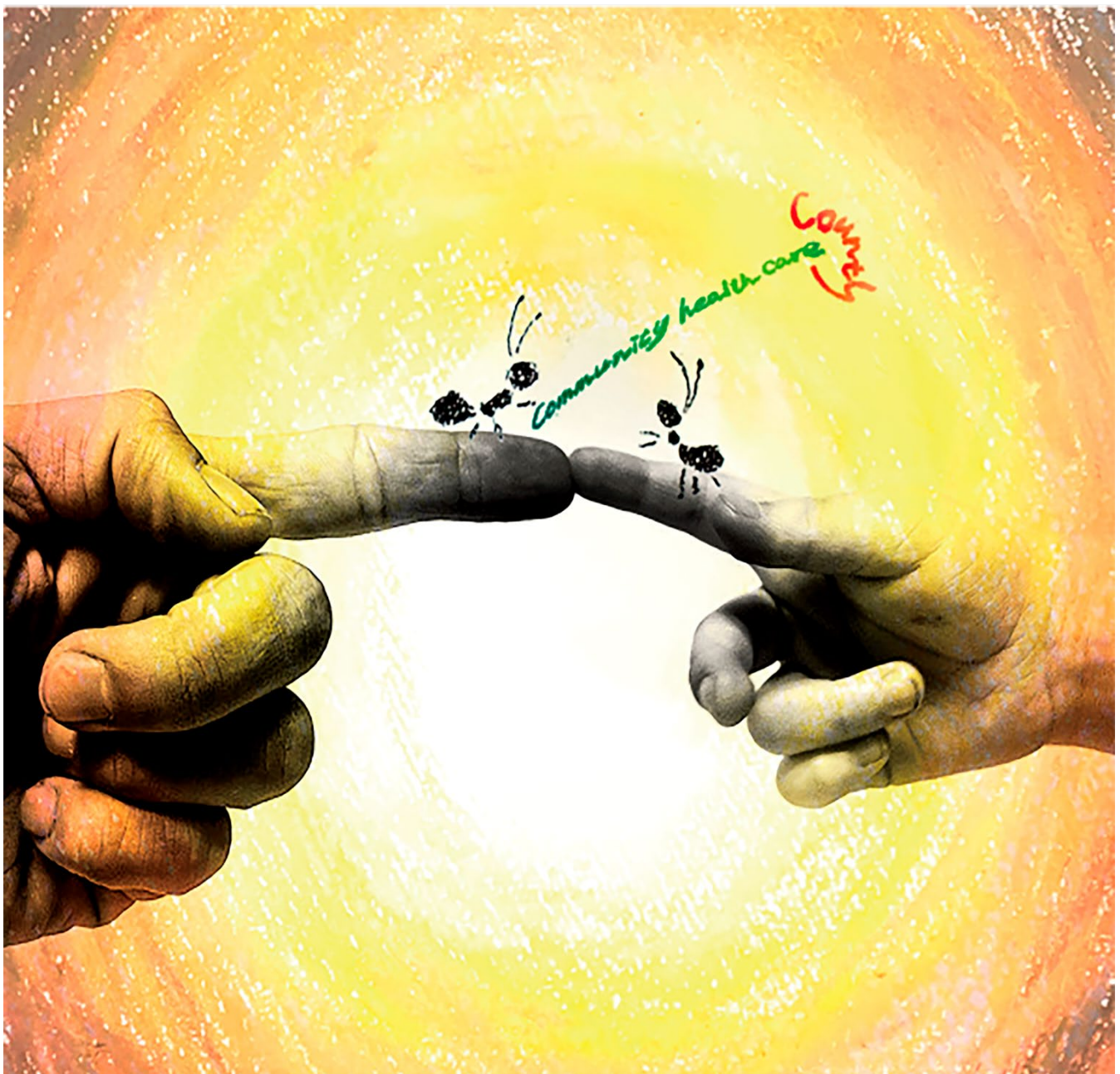
SHORT PAPER

Expected Characteristics for New Home-Visiting Nurses According to Experienced Nurses

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ABSTRACT

Background: This study aimed to examine the qualities required for new graduate visiting nurses from the perspective of experienced home-visiting nurses.

Methods: An anonymous survey was mailed to 2,000 home-visiting nurses randomly selected from 5,565 home-visit nursing stations.

Results: We extracted four subscales using an exploratory factor analysis: (a) being well-mannered, (b) acquiring basic knowledge and skills, (c) giving consideration to the patient and their family members, and (d) actually practicing trained concepts in nursing education.

Conclusion: Our findings indicated that nursing education should focus more on developing appropriate bedside manner and that it may be useful to develop tools such as virtual reality simulation to translate and apply new nurses' theoretical knowledge and skills to clinical contexts.

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I. Introduction

To retain necessary human resources for home-based medical and end-of-life care, we should support active learning for new graduate nurses[1]. Previous studies reported that new graduate nurses cannot realistically work at home-visit nursing stations because these jobs require specialized and extensive experience[2,3].

Therefore, Fukuyama et al. first conducted a qualitative study to explore actual conditions in practice, identifying challenges reported by new graduate visiting nurses[4]. Akiyama et al. then conducted a qualitative study, asking skilled home-visiting nurses to describe required characteristics for performing their duties effectively[5]. The purpose of this study was to examine the components that constitute necessary qualities for new graduate visiting nurses.

II. Methods

1. Study design and Participants

An anonymous survey was mailed to 2,000 home-visiting nurses randomly selected from 5,565 registered home-visit nursing stations (Hokkaido: 124, Tohoku region: 118, Kanto region: 578, Chubu region: 305, Kinki region: 441, Chugoku/Shikoku region: 173, Kyusyu/ Okinawa region: 261). In the seven Japanese regions, the questionnaire's distribution rate ranged from 43.4 to 30.7. As of February 2019, these stations are full members of the National Association for Visiting Nurse Services. The study was performed between August and September 2019. A letter attached to the survey clearly stated study purpose, along with explanations regarding the right to refuse participation, privacy protection, and publication of anonymized data only. All participants provided written informed consent.

2. Questionnaire

The questionnaires sought information about the characteristics, type of home-visit nursing station, the number of healthcare workers, and components of the qualities required for new graduate visiting nurses measured using 20 items. Qualities required for new graduate visiting nurses were determined through a 20-question interview based on our previous qualitative surveys[4,5]. We asked subjects to assign a score ranging from 1 (highly disagree) to 5 (highly agree).

3. Statistics analysis

We conducted item analysis, followed by exploratory factor analysis, on survey results. All statistics were performed in SPSS 22.0J for Windows.

Human

Services

4. Ethical considerations

This study protocol was approved by the institutional review boards of Kio university (No: H30-21). A letter attached to the survey clearly stated study purpose, along with explanations regarding the right to refuse participation, privacy protection, and publication of anonymized data only. All participants provided written informed consent.

III. Results

Of the 2,000 mailed questionnaires, 74 were returned because of incorrect addresses. We received 328 responses (response rate: 17.0%). After excluding 16 responses from home-visiting nurses with <2 years of experience, the final analysis included 312 surveys. Table 1 shows participant characteristics. The exploratory factor analysis extracted four subscales consisting of 17 items (Table 2).

<Table 1> Characteristics of the home-visiting nurses

Variables		
Age (years)[†]		51.8±7.8
Sex (Female)	289	(92.6)
(Male)	19	(6.1)
(Unknown)	4	(1.3)
Years of experience as nurse[†]		26.6±8.2
Years of experience as visiting nurse[†]		12.0±7.7
Type of Home-visit nursing station		
Single	79	(25.3)
Multiple (established other institution in parallel)	229	(73.4)
Hospital	80	(25.6)
Clinic	40	(12.8)
Home help services	87	(27.9)
Unknown	4	(1.3)
Type of healthcare workers[†]		13.3±11.3
Home-visit nurses, full-time		4.5±2.6
Home-visit nurses, part-time		3.2±3.0
Physical therapist, Occupational therapist, Speech therapist		3.1±3.9
Others		3.4±7.4
Components of the qualities required for new graduate visiting nurses[†‡]		
Being well-mannered		4.8±0.3
Acquiring basic knowledge and skills		4.3±0.5
Giving consideration to the patient and his/her family members		4.5±0.5
Actually practicing trained concepts in nursing education		4.0±0.7

N=312, n (%), [†]Mean ± SD, [‡]1 (highly disagree) to 5 (highly agree)

<Table 2> The components of the qualities required for new graduate visiting nurses

Items	Factor loading
1. Being well-mannered (7 items, α= 0.90)	
He/she is well groomed.	.897
He/she can handle the goods politely.	.847
He/she can put his/her shoes off neatly.	.834
He/she can use polite language.	.815
He/she can use the appropriate honorific.	.680
He/she can correspond on the telephone appropriately.	.600
He/she can be careful about the behavior at the patient's home (opening and closing the door, etc.)	.560
2. Acquiring basic knowledge and skills (4 items, α= 0.86)	
He/she has the prerequisite basic knowledge needed for patient assessment.	.889
He/she understands the pathophysiology at a level that can pass the national exam for nurses.	.832
He/she understands the scientific basis of basic nursing skills.	.676
He/she understands basic nursing skills.	.646
3. Giving consideration to the patient and his/her family members (3 items, α= 0.78)	
He/she can ponder the feelings of patients and their family members.	.814
He/she has a sense of proper distance between patients and their family members.	.805
He/she can treat patients and their family members sincerely.	.567
4. Actually practicing trained concepts in nursing education (3 items, α= 0.78)	
He/she can provide nursing skills necessary for home-visit nursing.	.827
He/she can practice nursing skills experienced in practical training.	.697
He/she can properly carry out patient assessments.	.493

Exploratory factor analysis of the 20-item instrument assessing the qualities required for new graduate visiting nurses (number of items, Cronbach's alpha). Responses were provided for all items on a five-point scale ranging

from 1 ("highly disagree") to 5 ("highly agree"). The mean of the total score for each subscale was used in this study.

Ⅳ. Discussion

Our study identified four qualities that experienced visiting nurses felt were required for new graduate visiting nurses: (a) being well-mannered, (b) acquiring basic knowledge and skills, (c) giving consideration to the patient and their family members, as well as (d) actually practicing trained concepts in nursing education.

A novel finding in this study is that experienced home-visiting nurses felt being well-mannered was the most important quality for new nurses. Therefore, we may need to focus more on developing appropriate bedside manner during nursing education[3,4].

The components that mostly corresponded to current Japanese nursing curriculum were qualities b and d. Previously, Fukuyama et al. found that new graduate visiting nurses had difficulties with: (1) understanding client needs, (2) providing daily-life care, (3) providing medical assistance, and (4) collaborating with other stakeholders[5]. These results suggest that new graduate visiting nurses experience problems translating and applying their theoretical knowledge and skills in a clinical context. A previous study that investigated virtual reality simulation as a teaching tool in endoscopy virtual reality endoscopic simulation found that trainees who used this tool improved in all areas of learning[6]. Therefore, future models can consider using virtual reality simulation to help nursing students integrate theory and practice in nursing education.

In conclusion, our findings indicated that nursing education should focus more on developing appropriate bedside manner. It may be useful to develop tools such as virtual reality simulations that help new nurses translate and apply their theoretical knowledge and skills to a clinical context.

This study has several limitations. First, the response rate was low at 17.0%. Second, we did not examine criterion validity. Therefore, our results may not be generalizable to other settings. We recommend that future studies make efforts to increase sample size and link the identified characteristics with actual success in clinical practice.

Acknowledgements

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CONTENTS

ORIGINAL ARTICLES

SHORT PAPER