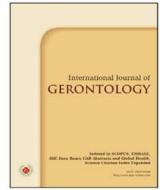




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Special Issue

Home-Care Nursing Challenges for Newly-Qualified Nurses: A Qualitative Study

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SUMMARY

Introduction: In Japan, it is well known that society is rapidly ageing and becoming a considerable burden to the health care system. One measure for meeting the needs of the aging society is home care that delivers health care to the residences of elderly patients. While this has obvious advantages, there is an acute shortage in home-visit nurses, a crucial issue that needs addressing urgently. While most newly licensed nurses choose to work at large teaching hospitals, more and more newly-qualified nurses have been encouraged to join home-visit services. However, there has been no follow-up study conducted to check how well these home-visit nurses are coping with the challenges of their jobs, and to our best knowledge, the present study is the first to explore this new field.

Methods: The authors had managed to interview about a dozen new home-visit nurses working nationwide throughout Japan to learn if they were facing any difficulties or challenges so as to develop some support to help them. Their open responses to the semi-structured interview designed by the study were recorded and transcribed for stepwise analysis to identify recurrent themes that can be described as areas of concern.

Results: Four such themes were discovered: 1. ability to understand client needs, 2. ability to provide daily-life care, 3. ability to provide medical assistance, and 4. ability to collaborate with other stakeholders.

Conclusion: Each of these themes were then discussed with respect to what support can be given to our new home-visit nurses.

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1. Introduction

The rapidly aging society in Japan has triggered a growing demand for nursing and medical care at home for elderly patients. Accordingly, the government has strongly promoted a multi-level, community-based integrated care system collaborating with foundations of local home-visit nursing services.¹ These foundations, funded by both medical care insurance and long-term care insurance, are expected to provide seamlessly integrated community- and home-based care. The current (2016) number of home-visit nurses is only about 42,000.² The nursing authorities aim to increase this number to about 150,000 by 2025³ when there is expected to be a peak number of baby boomers' turning 75 years old (estimated to be 7.7 million) and requiring nursing care.⁴ Increasing the number of home-visit nurses is therefore a current pressing issue.

As one of the solutions, the nursing authorities have been forging a new path for newly graduated nurses to work as home-visit nurses. However, there has been no study on how well the newly-qualified home-visit nurses are coping with the challenges of home-based care if they are in need of acquiring further knowledge, techniques, and training to better meet the challenges.

Therefore, this study set out to explore the actual conditions in practice by identifying the difficulties and challenges reported first-hand by newly-qualified home-visit nurses, in order to inform

the development of an effective training program within the nursing curriculum.

2. Methods

2.1. Participants

A total of 11 nurses working in the home-visit service, having recently graduated with a national nursing license, participated in this study. Generally graduate nurses go initially into a hospital for gaining work experience before moving to other areas such as clinic or other speciality fields. This study focused exclusively on nurses who went directly after graduation into home-visit service. Working in various places around the country, such nurses are largely unmanaged and un-regulated. Thus it was technically difficult to apply quantitative methods or before-and-after testing, so this preliminary early study was a qualitative one using snowball sampling. We conducted interviews between May and November 2018.

2.2. Interview procedures

Semi-structured interviews were conducted by the two authors of this report. The interviews followed the guidelines developed by the authors through careful consideration of the purpose of this study. The interview contained predetermined questions for anxiety or difficulty about working as a home-visit nurse right after graduation. The interview began with open-ended questions such as "What

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did you feel was the difficulty in starting to work as a home-visit nurse?" Each participant was invited to respond freely to the questions and their responses in turn informed further explorative questions. All interviews were recorded and transcribed.

2.3. Analysis

The transcribed interviews were each analyzed qualitatively by the "Steps for Coding and Theorization (SCAT)" method.⁵ The coding and theorizing processes were divided into several steps. Specifically, we put segmented data into a matrix, and then, in step-1 we picked up notable words in the data; in step-2 we paraphrased the words; in step-3 we interpreted the paraphrased codes; and in step-4 we described the themes and constructive concepts derived. After these four steps, we created storylines weaving the themes and constructive concepts together. Theoretical descriptions were drawn from the storylines. There is no one single theory constructed from the SCAT method, but rather several different theoretical stories derived from the themes and constructs identified. The results were then presented in storylines based on typical dialogues for further interpretation and action.

2.4. Ethical considerations

Permission for this study was obtained from the Ethics Committee for Clinical Research at Kio University (approval number: H29-24-1183). All newly graduated nurses working as home-visit nurses participating in this study gave written informed consent.

3. Results

3.1. Characteristics of the participants

A total of 11 home-visit nurses participated in this study. Among them, one (only) did not respond to our prompts in the semi-structured interview and reported no experience of any difficulty. The remaining ten participants reporting various difficulties were the subjects in this study. Their places of work as a home-visit nurse included the Kanto region ($n = 2$), Kansai (1), Chubu (1), Chugoku (4), and Shikoku (2), indicating a fairly even nationwide distribution. The average duration of work since graduating with a national nursing license was 31 ± 22 months, and the average number of participants working as full-time employees was 9 ± 6 . Each interview lasted 33 ± 7 minutes (Table 1). Each participant was coded for anonymity from [A] to [J].

Table 2
Categories and concepts.

Category	Concepts
Ability to understand client needs	Difficulty in gathering client information with respect to nursing needs in the absence of guidelines available Interpreting complicated and unfamiliar information a challenging task
Ability to provide daily-life care	Difficulty in responding to changes in clients' conditions Anxiety about performing basic nursing techniques Need to learn advanced applications of basic nursing techniques Worry about care choices for client in various situations Need to foster active involvement and positive attitude to improve quality of care
Ability to provide medical assistance	Lack of practical training and experience as nursing student Anxiety and nervousness due to few practice opportunities Need to enhance confidence and ability as a medical assistant for educating both clients and their families
Ability to collaborate with other stakeholders	Absence of criteria for judging when to consult senior nurses and professionals No unified way of sharing information Lack of confidence in business manner Need to put oneself in the shoes of clients and families

3.2. Categories and concepts

Through SCAT analysis, 14 concepts were extracted, and four categories were generated (Table 2). The four categories were: 1. Ability to understand client needs, 2. Ability to provide daily-life care, 3. Ability to provide medical assistance, and 4. Ability to collaborate with other stakeholders. These are given below with the respective typical responses from the participants.

3.2.1. Ability to understand client needs

Difficulty in gathering client information with respect to nursing needs in the absence of guidelines;

"In the initial two months working alongside a senior nurse, the senior nurse asked me to gather information for nursing assessment by communicating with the clients at home, but I did not know which nursing assessment framework I should use. Is it the Gordon Framework, the Henderson Framework, or the Nursing Diagnosis/ICF model? I have learned them all at university. So I was confused." [A]

Interpreting complicated and unfamiliar information a challenging task;

"In my nursing-school days, I studied each disease separately. However, I could see that my clients have multiple diseases and co-conditions. In such cases, it is difficult for me to separate the symptoms and record information clearly." [G]

Difficulty in responding to changes in clients' conditions;

"We as a home-visit nurses should not simply call an ambulance

Table 1
Participant demographics.

ID	Gender	Place of work	Duration of work (month)	Number of full time nurses at the working place	Interview length (min)
A	Female	Kansai	53	2	30
B	Male	Chyugoku	5	3	40
C	Female	Kanto	53	15	40
D	Female	Cyubu	5	15	25
E	Female	Kanto	41	15	40
F	Female	Chyugoku	7	6	25
G	Female	Chyugoku	53	2	40
H	Female	Chyugoku	53	15	26
I	Female	Shikoku	19	7	30
J	Female	Shikoku	19	8	30
Mean \pm SD			31 ± 22	9 ± 6	33 ± 7

to take the patient to a large hospital whenever we are confused by the changes we see in the client. Rather we must make nursing decisions on the spot. Nurses in a hospital generally manage a wide range of patients compared to home-visit nurses, so I often experience difficulty coping alone and correctly gauging the changes in clients' conditions." [C]

3.2.2. Ability to provide daily-life care

Anxiety about performing basic nursing techniques;

"My anxiety to perform basic nursing techniques decreases with each new experience. Therefore those I most commonly perform don't give me much anxiety, such as hygiene and personal care, especially bed bath, perineal care, changing a diaper, and so on. But the techniques I have not done often give me some anxiety, and I have no confidence." [H]

Need to learn advanced applications of basic nursing techniques;

"I got used to changing diapers during part-time work before becoming a home-visit nurse. However, my senior home-visit nurse was often angry about my 'messy' care. There are slightly different ways of practicing a technique. For example, I learned in nursing university how to give a bed bath, but now my senior home-visit nurse also performs rehabilitation care (for painful joints) at the same time as giving a bed bath, which I am not at all accustomed to do." [A]

Worry about care choice for client in various situations;

"In hygiene and personal care, there is a choice as to whether to do bathing, shower bath, or a cleaning option, but I cannot yet decide on the best choice. I feel anxious about what to do if I choose one way and the client becomes sick." [I]

Need to foster active involvement and positive attitude to improve quality of care;

"For clients suffering deteriorating dementia, I must develop a close relationship with them in order to accurately interpret how they are responding to my nursing care. Clients unclear and sometimes irrational responses cause me stress in how I should accurately interpret them. Depending on my attitudes, closeness and actions, their responses seem to change." [C]

3.2.3. Ability to provide medical assistance

Lack of practical training and experience as nursing student;

"The lesson on being a medical assistant was learned in the freshman year at nursing university. There was no practice room open during any summer vacation, so we students only had such experience during lesson time. It is not easy to do it on the spot suddenly in home-visit nursing service. Well, medical dolls and humans are different, but even dolls experience ..." [B]

Anxiety and nervousness due to few practice opportunities;

"It is my fourth year as a home-visit nurse, and now I sometimes must set up and administer an injection or drip. I have rarely performed this technique. I do not have the opportunity to do this same technique over and over again like a hospital nurse." [I]

Need to enhance confidence and ability as a medical assistant for educating both clients and their families;

"I am unable to explain to the clients and their families that I can not do it, and in fact there is not much I can do now. I have no confidence, so it is not at all possible to give them nursing education." [H]

3.2.4. Ability to collaborate with other stakeholders

Absence of criteria for judging when to consult senior nurses and professionals;

"I do not know how far I should judge a condition or situation by myself and when I should go to consult a senior nurse. That's why I get lost. Sometimes the senior nurse reacted by saying that I had consulted too often, but I deeply felt that I was not wrong and that this was something I had to consult about." [E]

No unified way of sharing information. The standard way uses a documentation method known by the acronym Subjective, Objective, Assessment and Plan (SOAP) for a practising nurse to follow and record systematically a patient's course;

"Nursing records are not written in SOAP. It's not a SOAP type record. The records required are like free text – including data on vital signs and other information. Sometimes sharing information with other professions is done through email or computer, and sometimes on paper – with no unified method." [B]

Lack of confidence in business manner;

"Although I could somehow understand minimum business manners, I did not know how to share business cards with clients or other professionals. For many months after starting to work, I tried to telephone the resource centers, without any replies from them, so I had to rely on watching and trying to emulate a senior nurse. I often have to wait months before I receive any official response via phone." [A]

Need to put oneself in the shoes of clients and families;

"To communicate with the client and also with the family, I try to always be polite using 'please' and 'thank you', gently explaining when and how they should do something, and asking carefully if they understand. I instructed to adopt such ways for communication, but it is new and difficult to choose the language and the appropriate words." [H]

4. Discussions

This section reviews the four categories or areas of concern, in order to frame these in the wider context of nursing generally. The four categories from the results are; - 1. Ability to understand client needs, 2. Ability to provide daily-life care, 3. Ability to provide medical assistance, and 4. Ability to collaborate with other stakeholders. These are discussed in turn to suggest ways forward to support the new graduate home-visit nurse.

4.1. Ability to understand client needs

As they pass the national examination for registered nurse and choose to work in the field of home care, newly qualified home-visit nurses are supposed to have the knowledge required for understanding client needs, but the findings from this study indicate that they still experience difficulty in this regard – they find it difficult to assess the client. As newly-graduated nurses, they are inexperienced in self-study and reflection-in-action techniques.

Many tools for assessing the health needs of older people are have been developed.^{6–9} But one previous report has pointed out that the assessment tools cannot clarify the types of services needed to solve the health problems of the elderly, and there remains a need to develop some standards to decide the service needed for home-visit nurses to provide effective care for their older clients.¹⁰ Another report revealed that 74 percent of nursing teachers in Japan

simply use existing nursing theories and models while adding some of their own personal views on home-care nursing into their lessons.¹¹

In order to support elderly people with multiple diseases to stay at home without getting worse and relying exclusively on hospital, it is important for home-visit nurses to judge accurately their clients' conditions. The findings in the present report indicate, however, that resources for training home-visit nurses to make accurate judgment remains scarce, and there is no standardized home-visit nursing assessment criteria or guidelines.

4.2. Ability to provide daily-life care

The actual situations and conditions of clients confronting home-visit nurses are not only unique and highly individualized, but also changing sometimes rapidly often in unpredictable and unexpected ways. Compared to that of a hospital ward, the working environment is less likely to repeat itself and home-visit nurses have to tackle new challenges during each visit. Home visit provides the opportunity to know the actual situations and conditions of elderly clients a lot of whom are with multiple morbidities and to provide nursing treatment that is best required at the time of visit. However, home-visit nurses are seldom equipped with the ability to provide effective care as the number of hours of practical training in existing nursing education has been substantially reduced.¹² One solution may be to adopt technology such as making available a wide (searchable) range of video covering scenarios in providing daily-life care. This technique is already used in basic nursing education, but not yet in home-care nursing. Having such resources at hand on their laptop computer or smart-phone can help reduce anxiety of being alone trying to cope with evolving complex situations.

4.3. Ability to provide medical assistance

Currently the government is making efforts not only to increase the number of home-visit nurses but also to enhance their ability to act on site without waiting for physician instructions (but acting in accordance with a procedure manual, and only for certain medical treatment).¹³ As the number of home-care nurses increase sufficiently, a mentoring system can be established to benefit newly-graduated nurses. It is necessary to train home-care nurses to perform basic medical assistance (for example, in using drips during dehydration). To train home-visit nurses to take specific actions on site, clinical reasoning should be incorporated in a framework of assessment.

4.4. Ability to collaborate with other stakeholders

Whenever new employees starts work, they need to learn or re-learn how to work together with others in a team, to learn the new work-place culture(s). Nevertheless, in the home-care setting, new nurses usually work alone in communicating with the client, with their other care-givers, with senior nurses, and other stakeholders. They need to collaborate by listening to others and asking others to help with this or that aspect of caring for the client. This can be daunting, and the participants in this study reported anxiety about their abilities to perform such collaboration. Some support can be given using simulation in nursing education about how to discuss with others in various situations.

5. Limitations of the study

There are several limitations to this study that may influence

the validity and reliability of the findings. One is the small sample size. Another is the recruitment of participants marked with a considerable difference in the length of experience as a home-visit nurse: the duration since graduating was 31 months with a standard deviation of 22 months. Such a wide range raises the possibility that those with only a few months' experience might not know what they are talking about, while more experienced home-visit nurses might have clearer opinions but lack in emotional expression of their early confusions. There might be some recall bias, and the present findings may contain narratives that are not related to difficulties in nursing practice immediately after starting work as a home-visit nurse. Further analysis of our data might reveal responses varied by duration on the job. However, as a preliminary first study on difficulties experienced by new graduate home-visit nurses, the study is considered valid. Our findings specifically of four areas of concern can be expected to inform the design of a rubric for future larger cohort studies and more rigorous quantitative analyses.

6. Conclusion

Based on the analysis of the responses from ten new graduate home-visit nurses, the study identifies four major areas of concerns regarding the difficulties they face and discusses support measures for each concern. The 'ability to understand client needs' can be supported using standardized home-visit nursing assessment. The 'ability to provide daily-life care' can be supported by strengthening courses and training at college before becoming a home-visit nurse, in which the principles of various techniques are appropriately presented so that students understand fully about individualized care. The 'ability to provide medical assistance' can be supported by nursing universities and regional nursing training facilities developing online or evening courses available to new graduate nurses who wish to practice home-visit nursing skills. Offering certificates for such courses may encourage the nurses to further their careers in home-visit nursing, thus improving their on-the-job expertise. The 'ability to collaborate with other stakeholders' can be supported through creating a work environment that makes it easier to consult and establish communication with stakeholders through role play or simulation programs in nursing education. Role play can help newly qualified home-visit nurses to understand the other party's feelings and learn essential skills of working with people.

The four areas of concern identified by the study form the first step to help strengthen the system of home-visit nursing in Japan. These initial findings warrant more rigorous follow-up studies involving a larger cohort, alongside other informants such as peer nurses not working in home-care nursing, other care-givers, and the clients themselves. Further studies involving more subjects can help verify the completeness and consistency of the findings of the study and discover new areas of concern. Additionally it is important to explore how the newly-graduated nurses develop their nurse-client relationship as they get to know each other better through home visit. Moreover, based on the findings of the study, lectures on home-care nursing can be incorporated into nursing education curriculum and self-access videos addressing the concerns of home-visit nurses can be developed.

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