

Special Education Required for Nurse Educators in Japanese Hospitals

Atsuko Watanabe^{1,2*}, Mami Onishi³ and Katsuya Kanda⁴

¹Division of Health Sciences, Osaka University Graduate School of Medicine, Japan.

²Faculty of Nursing & Health Care, Baika Women's University, Japan.

³Faculty of Health Care and Nursing, Juntendo University, Japan.

⁴Department of Nursing, Aino University, Japan.

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*Correspondence:

Atsuko Watanabe, Division of Health Sciences, Osaka University Graduate School of Medicine, Japan, E-mail: 25b17823@sahs.med.osaka-u.ac.jp; atsukotoseika@gmail.com.

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ABSTRACT

Background: Continuing education is essential for developing professional competencies. Nurse educators are expected to provide continuing education programs catered to the needs of nurses with validated effectiveness. However, the quality and content of continuing education programs differ among Japanese hospitals. This study aimed to examine the current state of continuing education systems in Japanese hospitals and identify the contents of education required for nurse educators to enhance their skills, as perceived by certified nurse administrators.

Methods: A cross-sectional survey was conducted among 228 Japanese certified nurse administrators who were randomly selected. A questionnaire was developed based on the standards of continuing education and group interviews. Simple tabulation was performed, and free descriptions were coded and categorized according to meaning in order to identify educational contents required for nurse educators.

Results: A total of 101 certified nurses responded to the questionnaire. Of these, roughly 60% indicated that their hospitals had full-time nurse educators. Most hospitals with <200 beds had concurrent nurse educators. Roughly 70% of head nurses were involved in planning, implementing, and evaluating continuing education programs. The contents of special education required for nurse educators were categorized into nine items: communication, self-development, building personal relationships, management, human resource development and career development, planning and practical skills, analysis and evaluation, education (general and nursing), and nurse educator development seminars.

Conclusion: Many hospitals had continuing education programs without full-time nurse educators, with head nurses mainly assuming the role of concurrent nurse educator. The demands were high for nurse educators, who were expected to demonstrate enhanced competencies and improve not only practical skills for organizing continuous education programs but also self-development skills and social skills. Support systems are needed for hospitals and nurse educators to provide opportunities for all nurses to develop their professional competencies, as this will ultimately lead to improved quality of nursing care.

Keywords

Continuing education, Nurse educators, Nurse administrators, Educational needs.

Introduction

Nurses strive to maintain and develop their professional skills through continuous learning [1]. Since July 2009, it has been mandated by law that hospitals establish a system to provide

continuing education to ensure and improve the quality and competencies of nursing professionals in Japan [2]. The Japanese Nursing Association developed guidelines for continuing education, emphasizing the importance of providing opportunities for nurses to develop their career and skills [3]. While efforts have been made by each hospital to conduct continuing education programs, the quality and contents of programs vary depending on the commitment of hospital administrators, hospital resources for education, and competencies of nurse educators.

In the United States, professional organizations such as the American Nurses Credentialing Center maintain the quality of continuing education programs and support nurse educators to enhance their roles [4]. In Japan, no such organizations or support systems for nurse educators exist. In most large hospitals, nurses who are responsible for staff development also contribute to the planning or management of staff education, without full-time staff members dedicated to career development [5]. These nurses are expected to be able to assess the educational needs of the nurses and the effectiveness of their education programs, which requires strong analytical skills [6].

This study aimed to examine the current state of continuing education systems in Japanese hospitals and identify educational contents required for nurse educators to enhance their competencies as perceived by certified nurse administrators.

Methods

A cross-sectional questionnaire survey was conducted among 228 certified nurse administrators who were selected through stratified random sampling based on prefecture (10% sampling rate). A free-description questionnaire regarding special education required for nurse educators was designed based on current literature and group interviews on the roles of nurse educators, as well as the process used to organize their educational programs. Simple tabulation was performed, and responses were coded and categorized according to meaning through discussions among co-researchers to ensure reliability. Data used in this study were obtained from a previous study published in 2016 [6].

Ethics

This study was approved by the university's ethics review board. A letter of invitation outlining the aims, and the questionnaire with an explanation of study details, were sent directly to the certified nurse administrators. The returned questionnaire, which contained no identifiable personal information, was regarded as consent to participate in the study.

Results

Participant demographics

A total of 101 certified nurse administrators responded to the survey (response rate, 44.3%). The majority of respondents were female (98%) and aged between 50 and 59 years (74%). Roughly 90% of the respondents had >25 years of nursing experience, and their current positions included assistant nursing director (36%), head nurse (30%), and nursing director (16%). Roughly 40% worked at hospitals with 200-500 beds, and roughly 30% worked at hospitals with <200 beds or 500-1000 beds (Figure 1).

Full-time nurse educators and other personnel involved in continuing education programs

Roughly 60% of respondents indicated that their hospitals had full-time nurse educators (Figure 2). Figures 3 and 4 show the breakdown of full-time and concurrent nurse educators by total number of beds. Hospitals with no full-time nurse educators were mostly those with <200 beds (Figure 4). Roughly 70% of head

nurses were involved in planning, implementing, and evaluating continuing education programs, and >50% of assistant directors and nursing directors were involved in planning (Figure 5).

Hospitals where the respondents work with the total bed numbers

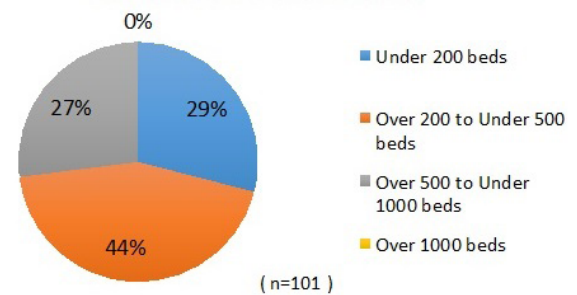


Figure 1: Respondents' hospital size according to total number of beds.

The role of nurse educators

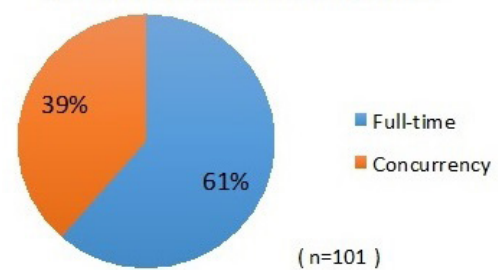


Figure 2: Types of nurse educators.

Hospitals with full-time nurse educators

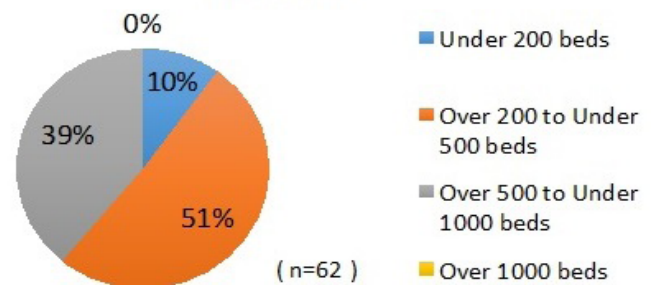


Figure 3: The breakdown of full-time nurse educators by total bed numbers.

Hospitals with concurrent nurse educators



Figure 4: The breakdown of concurrent nurse educators by total bed numbers.

Other personal resources involved in continuing education programs

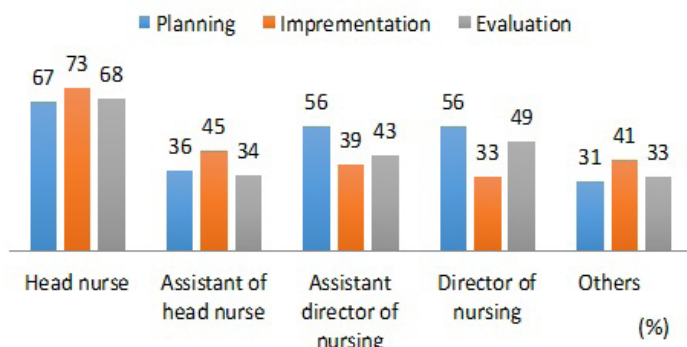


Figure 5: Other personal resources involved in continuing education programs.

Nurse educators are needed for special educations

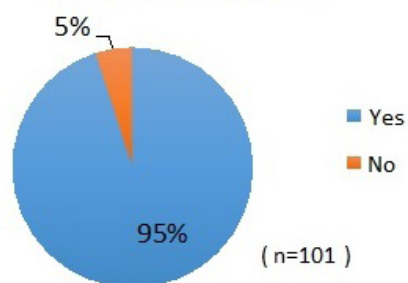


Figure 6: Percentage of respondents indicating the need for special education for nurse educators.

Special education required for nurse educators

Ninety-five percent of respondents mentioned that special education was necessary for nurse educators to enhance their own competencies (Figure 6). A total of 322 codes were identified and categorized into the following nine items: communication, self-development, building personal relationships, management, human resource development and career development, planning and practical skills, analysis and evaluation, education (general and nursing), and nurse educator development seminars (Table 1). Among these, communication, leadership, coaching, building personal relationships, understanding and considering others, management, human resource development, career development, planning and putting into practice skills, situation analysis, analytical thinking, data analytical skills, knowledge of pedagogy, professional knowledge and techniques in nursing, and nurse educator development seminars were in high demand.

Discussion

Among 8,605 hospitals in Japan, hospitals with <100 beds account for roughly 40%, and those with >100-200 beds account for roughly 30% [7]. The majority of Japanese nurses work in hospitals with <200 beds. In the present study, we found that most hospitals with <200 beds had no full-time nurse educators, and the role of

nurse educator was concurrently played by head nurses, assistant head nurses, assistant nursing directors, and directors. Our results revealed a number of difficulties faced by small- to medium-sized hospitals, such as high turnover rates, a shortage of college graduate nurses, and higher proportions of more experienced nurses who may be more resistant to change [8].

There is also a chronic shortage of nurses, and having full-time nurse educators as staff members appeared to be challenging. Indeed, as hospitals need nurses to engage primarily in patient care, if they were to employ a full-time nurse educator, approval from managers would be required with due consideration of hospital finances [9]. However, our results showed that even some large hospitals had no full-time nurse educators, suggesting that the general lack of full-time nurse educators may be due to reasons other than hospital size. For instance, some hospitals might recognize the importance of continuing education conducted by full-time nurse educators more than others [10]. Our findings strongly suggest the need for interventions aimed at increasing awareness among hospitals regarding the importance of continuing education, and facilitating the placement of full-time nurse educators at each facility. This will also increase opportunities for nurses to participate in continuing education programs that satisfy their needs.

The results of the present study revealed that nurse administrators, such as head nurses, assistant nursing directors, and nursing directors, were involved in the planning of continuing education programs. In particular, most head nurses planned, implemented, and evaluated those programs. Head nurses are reportedly responsible for up to 36 duties, including staff development, staff management, bed management, ensuring the safety of patients and their families, and risk management. As they are expected to fulfill all of these responsibilities, having to also take charge of matters concerning continuing education programs is understandably burdensome. Nurse administrators at small- and middle-sized hospitals hardly participate in training for their own career development due to the difficulty of finding substitute staff members [11]. Thus, there is an urgent need to develop a support system for hospitals without full-time nurse educators or with nurse administrators (e.g., head nurses) fulfilling both roles. All nurses, including nurse administrators, should be provided an equal opportunity to develop their career and professional skills.

Almost all respondents (95%) indicated that nurse educators need special education. The contents of highly required education included practical skills for organizing continuous education programs, as well as self-development skills and social skills such as communication and building personal relationships. While nurse educators, who are engaged in human resource development and continuing education, are assumed to have these skills, competencies in mentoring and guiding nurses are difficult to achieve, regardless of years of experience [12]. Social skills are not affected by years of nursing experience in the same manner, and career development along with nursing professional development practices are needed in order to ensure maturation of social skills as well [13]. With the increasing diversity of patients,

Special education for nurse educators	Details
Communication	Communication (10)
Self-development	Leadership (7), Coaching (7), Flexibility (5), Self-understanding (4), Self-control (4)
Building personal relationships	Building personal relationships (7), Understanding and considering others (7), Assertiveness (4), Cooperate with others (2)
Management	Management (26), Nursing management (4), Employee performance assessment (3).
Human Resources Development and Career Development	Human resources development (23), Career development (9), Continuous development from nursing basic education to the present clinical education for new nurses (4)
Planning and Practical Skills	Planning (21), Putting into practice (8), Information gathering and management (6), Description ability (4), Statement ability (5), Presentation ability (3)
Analysis and Evaluation	Situation analysis (17), Analytic thinking (14), Data analytical skills (13), Evaluation (6), Ability to conceptualize(5)
Educations (General and Nursing)	Pedagogy (29), Professional knowledge and techniques in nursing (16), Economics (4), Nursing ethic(3), Psychology (3), Statistics (3), Anthropology (2), Nursing outlook (2), Adult learning (2), Fundamental competencies for working persons (2), Sociology(1), Epistemology (1), Ethology (1),
Nurse Educator Development Seminar	Nurse educator development seminar (23), Seminar for personal training education of corporations (2)

Table 1: Special education required for nurse educators. (*): The total code number.

nurses are expected to provide nursing care that takes individuality into consideration, as well as differences among themselves such as background, years of nursing experience, and expectations for future career development. Today, nurse educators are expected to guide and encourage nurses to develop their professional skills with the knowledge of pedagogy, and to provide continuing education programs that have been analyzed carefully to cultivate efficient and appropriate communication and social skills.

As expectations for nurse educators rise, demands for nurse educator development seminars increase. Given the scarcity of educational programs and seminars for nurse educators in Japan, support systems should be developed to help them learn how to conduct effective continuing education programs and exchange and share their experiences and problems with other nurse educators.

Conclusion

The quality and contents of continuing education programs differ by hospital in Japan due to a shortage of nurses and varying recognition of the importance of continuing education. Many hospitals, especially those with <200 beds, conduct continuing education programs without full-time nurse educators. Nurse administrators, such as head nurses, are involved in organizing continuing education programs, which take up their time and energy on top of their other duties. Our results also revealed high demands for nurse educators to strengthen their competencies in order to effectively conduct continuing education programs. Nurse educators are expected to improve not only their practical skills for

organizing programs but also self-development skills and social skills, such as communication and building personal relationships. Our findings underscore the need to build support systems for hospitals without full-time nurse educators and all nurse educators to improve professional nursing competencies, which in turn will greatly improve the quality of nursing and healthcare in Japan.

Acknowledgments

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