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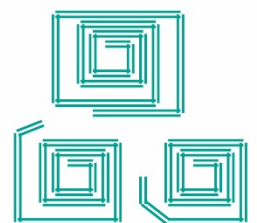
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・原著

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・Factors Associated with Clinical Teaching Behaviors of Novice Nurse Educators of Diploma Nursing Schools in Western Japan



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原 著

終末期肺がん患者・家族の看護に対する看護師の心情

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要 旨 本研究の目的は終末期肺がん患者・家族への看護に対する看護師のネガティブおよびポジティブな感情を含めた心情を明らかにし、肺がん患者・家族の終末期における看護を検討することである。終末期肺がん患者を担当した経験がある看護師22名に半構造的面接を行い、内容を質的帰納的に分析した。結果、看護師の心情として【肺がん特有の苦悩を取り除けない心苦しさ】【終末期看護に対する自分の技量の不足への不甲斐なさ】【その人の人生最期を支える重圧感】【家族の看取りのプロセスとして心する】【人の最期に関わることへのやりがい】【患者の死を大切に理解したいという切実な思い】の6つのカテゴリーが抽出された。看護師は終末期肺がん患者のケアを行う中で多様な苦悩や治療に対する葛藤を抱えていることが分かった。また患者のみならず、家族をも看護の対象として捉え、その関わりへの困難を抱えていた。看護師は家族が患者の死を自然なものとして捉えることが出来るように関わり、患者が精神的に充実した最期を迎えることが出来るように介入していた。また患者の死の体験は死生観、看護観を深め、看護師の成長につながっていることが分かった。

キーワード：肺がん，家族，終末期看護，心理，看護師

1. はじめに

現在、日本の死因として肺がんは第1位であり、2018年の肺がん死亡数は男性で52,401人と部位別で1位、女性では大腸がんに次いで21,927人と2位である¹⁾。肺がん治療においては手術が根治するために必要であるが、病期Ⅲb期以上となると適応はなく、化学療法と放射線治療が適応となる。進行期肺がんの化学療法による治療はなく延命効果は数か月であり²⁾、一般病棟で治療を行った肺がん患者全体の90%以上が治療開始後2年以内に死亡しているという報告³⁾もある。近年では、免疫療法や免疫チェックポイント阻害薬、複合免疫療法などの薬物治療の進歩により、以前に比べると治療効果が伸び、全生存の延長を認めているが、それでも数か月の延長を

認めるのみであり⁴⁾、依然肺がんの予後は厳しいことが伺える。

このような肺がん患者のケアに携わる看護師は、患者の病状の悪化に伴って不安や恐れ⁵⁾という感情を抱いたことを報告している。大久保ら⁶⁾は、看護師は症状緩和の難しさ、セデーションに対する家族や医師との見解の違いからくる葛藤、患者が呼吸困難で苦しむことへの困惑、絶望にある家族への寄り添いが十分できていないことへの難しさに苦慮していると報告している。これらの先行研究から伺えるように、肺がん患者の予後の厳しさは身近でケアを行う看護師にネガティブな感情を抱かせることが示されている。

一方、予後がない状況下での終末期の看護に携わる看護師の研究では、苦悩や困難が生じるだけでなく、それを契機に成長する事が報告されている。逆井ら⁷⁾は終末期医療に携わる臨床看護職者は多くのストレスを抱えているが、患者との死別体験から自己成長することが出来る可能性を示唆している。また、名越ら⁸⁾は看護師が終

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末期がん患者に関わる体験は自己を内省し、視野を広げ、臨床能力を向上させる中核になる体験であると述べている。これより、終末期の看護では困難感を抱きながらも、逃げずに向き合う中で看護師としての成長につながる状況があると推察できる。実際の臨床でも、ネガティブな感情だけでなく、ポジティブな感情が入り混じるような複雑な思いの中で看護を展開している。終末期肺がん患者・家族のような予後の厳しい状況下では、より複雑な思いを持ちながら看護を行っていると考え、双方の感情に焦点化することは、終末期肺がん患者・家族への看護に対して抱く感情の全ての思いを明らかにでき、臨床実践に即した状況を明確にできるのではないかと考える。そこで本研究では、終末期肺がん患者・家族への看護を行っている看護師がケアを通して感じているネガティブおよびポジティブ双方の感情を含めた心情を明らかにし、肺がん患者・家族の終末期における看護師の心情のあり様から看護師教育の示唆を得ることを目的とする。

2. 研究方法

1) 研究デザイン

質的記述的研究デザイン

2) 用語の定義

- ・心情：終末期肺がん患者・家族との関わりの中で看護師の心に感じたこと
- ・終末期肺がん患者：医師より病状説明され、蘇生処置を行わないことを承諾し、ベストサポーターケアへ移行した肺がん患者

3) 調査期間

2018年7月から2019年1月

4) 研究対象者

病棟師長に研究対象候補者の選定を依頼し、研究対象候補者に研究者が研究の主旨を口頭と文書で説明し同意を得られた呼吸器内科で勤務する終末期肺がん患者を担当した経験のある看護歴1年以上の看護師22名を対象とした。

5) データ収集・分析方法

インタビューは研究対象者が指定した日時で1人につき1回1時間以内で個室に準じた場所で終末期肺がん患

者を受け持つ中で感じることにについて研究者が作成したインタビューガイドに基づいた半構造的面接法を実施し、研究対象者の同意を得られたらICレコーダーで内容を録音した。分析方法は個別分析として①面接の逐語録を繰り返して読み、研究目的に関する内容を研究対象者の表現した言葉のまま抜き出し、前後の文脈を考慮して簡潔な文章で表現した。②①で同様の内容や類似した内容のものを整理してコード化した。③更に類似するコードをまとめて、その意味内容を表す名前をつけサブカテゴリー化した。次に全体分析として④個別分析より得られたすべてのサブカテゴリーを集めて、更に意味内容が類似したものを集めてカテゴリー化した。分析過程において、質的研究の専門家からスーパーバイズを受け、要素の抽出およびカテゴリーの妥当性について検討を重ね、個別分析のサブカテゴリー内容を研究対象者に再度確認し、データの信頼性と妥当性を高めるように努めた。

6) 倫理的配慮

対象者に研究の意義、方法、研究参加の自由意思、個人情報保護の保護、公表方法、データは本研究以外に使用しないことを書面で説明し、同意を得た。参加拒否や途中拒否の場合でも、不利益を被ることはないことを説明した。本研究は著者の所属する病院の看護部倫理審査委員会の承認を受けて実施した。

(承認日平成30年6月22日 NO2)

3. 結果

対象は女性看護師22名で看護師歴は2年～25年であった。インタビューより35のコード、15のサブカテゴリー、6つのカテゴリーに類型化された。カテゴリーを【】、サブカテゴリーを[]、コードを<>、研究対象者の語りを「斜字」で表す。

1) 【肺がん特有の苦悩を取り除けない心苦しき】

終末期肺がん特有の苦悩を抱える患者を見ていて<呼吸苦を緩和できない事への辛さ>や<強い悲壮感を見る辛さ>、<強烈な痛みを緩和できないもどかしさ>を感じており、[なかなか取り除けない苦痛を側で見る辛さ]を抱いていた。また<先行きの厳しい若い患者を見る辛さ>や<残される家族の未来への心苦しき>といった[若年の患者を見ることへの締め付けられる思い]といった予後の悪い肺がん特有の苦悩を感じていた。さら

表1. 終末期肺がん患者・家族の看護に対する看護師の心情

カテゴリー	サブカテゴリー	コード
肺がん特有の苦悩を取り除けない心苦しき	なかなか取り除けない苦痛を側で見る辛さ	呼吸苦を緩和できない事への辛さ
		強い悲壮感を見る辛さ
	若年の患者を見ることへの締め付けられる思い	強烈な痛みを緩和できないもどかしさ
		先行きの厳しい若い患者を見る辛さ
終末期における食事と誤嚥に関する葛藤	残される家族の未来への心苦しき	
終末期看護に対する自分の技量の不足への不甲斐なさ	十分なケアが提供できない心苦しき	患者からの絶食による苦痛の訴えを改善できない辛さ
		誤嚥により食事を提供できない心苦しき
	自分自身の経験不足の痛感	忙しさのため十分関われない後ろめたさ
		自身の看護への未熟さ
その人の人生最期を支える重圧感	その人の人生最期に関わる重み	衰弱していく患者をどうにもできない無力感
		患者を十分理解できない悔しさ
	後悔のない人生となるよう支えることの重要性	知識不足を自覚
		信頼関係を築く難しさ
家族の看取りのプロセスとして心する	死に寄り添う家族の思いを汲み取る難しさ	治療の選択や人生の岐路への助言はプレッシャー
		患者の死期を早めてしまう怖さ
	看取りのプロセスにある家族として関わる重み	人生に苦悩する患者に応えられない難しさ
		患者の希望に沿う必要性
人の最期に関わることへのやりがい	人の最期という場面に携わるやりがい	患者が満足のいく最期を手伝いたいという信念
		最期まで治療を望む患者へのケアの難しさ
	患者のスピリチュアルベインに介入する意欲	医療者間の緩和への意思統制の困難感
		患者の想いに寄り添いたい
患者の死を大切に理解したいという切実な思い	患者の最期の迎え方に対する割り切れない思い	患者と家族の希望の食い違いをまとめる難しさ
		終末期をみている家族への声掛けの難しさ
	死を深く捉えていくことの必要性	患者の死を自然のものと受容できるように支える必要性
		終末期における看護介入を理解する必要性
患者の死へ慣れてきている自分への落胆	看取りへの慣れに対する辛さ	
	患者の死に対する切り替えの早さに幻滅	

に＜患者からの絶食による苦痛の訴えを改善できない辛さ＞や＜誤嚥により食事を提供できない心苦しき＞から〔終末期における食事と誤嚥に関する葛藤〕を感じていた。これらから【肺がん特有の苦悩を取り除けない心苦しき】は先行きの厳しさや、生きていく上で欠かせない呼吸に関する苦痛や食事ができない苦悩へ看護師としてケアを行っているが、肺がん特有の苦痛ゆえに十分に苦悩を取り除けない、やるせない思いを示していた。

「息苦しくて辛そうにしている患者を見ているも苦しきを取り除くことが出来なくて～中略～ベッドサイドでただただ見つめてるだけで何もできないのが辛くて、何してるんやろうって」とAは語った。

2) 【終末期看護に対する自分の技量の不足への不甲斐なさ】

看護師は＜自身の看護への未熟さ＞や＜衰弱していく患者をどうにもできない無力感＞から〔十分なケアが提供できない心苦しき〕を感じていた。さらに、＜知識不足を自覚＞し、＜信頼関係を築く難しさ＞を感じており〔自分自身の経験不足を痛感〕していた。これらから【終末期看護に対する自分の技量の不足への不甲斐なさ】は未熟さゆえに自分の看護実践力がないことで患者に十分なケアを提供できず、自分を情けなく感じていることを示していた。

「ベッドサイドでケアとがしているけど、十分に出来

ていないって思うし、他に出来ることがあるんじゃないかって思う」とBは語った。

3) 【その人の人生最期を支える重圧感】

肺がん患者の終末期における看護は＜治療の選択や人生の岐路への助言はプレッシャー＞であると感じ、＜自分が患者の死期を早めてしまう怖さ＞や＜人生に苦悩する患者に応えられない難しさ＞を感じて、[その人の人生最後に関わる重み]を感じていた。だからこそ、＜患者の希望に沿う必要性＞や＜患者が満足のいく最期を手伝いたいという信念＞から、[後悔のない人生となるよう支えることの重要性]を抱いていた。また＜最期まで治療を望む患者へのケアの難しさ＞や＜医療者間の緩和への意思統制の困難感＞といった[緩和へのギアチェンジの難しさ]も抱いていた。これらから【その人の人生最期を支える重圧感】は、肺がん患者が人生の最終段階という終焉を後悔のないように関わらなければならないという、自分の行う看護は患者の人生を天秤にかけているというような人の命を取り扱っていることへの真摯な思いを示していた。

「自分の言った一言で患者の人生を変えてしまうかもしれないと思ったら、難しいなって思います」とCは語った。

4) 【家族の看取りのプロセスとして心する】

看護師は＜患者と家族の希望の食い違いをまとめる難しさ＞を感じ、[死に寄り添う家族の想いを汲み取る難しさ]を感じていた。さらに、＜患者の死を自然のものと受容できるように支える必要性＞を感じ、[看取りのプロセスにある家族として関わる重み]を抱いていた。これらから【家族の看取りのプロセスとして心する】は死の受容という人生の終焉に立ち会う家族がより良い看取りが送れるように心を寄せていく思いを示していた。

「終末期の患者さんが苦しそうにしているのを見る家族さんも辛そうにしているけど、どう声を掛けたらいいか、すごく難しいですね」「患者や家族がゆっくりと時間を過ごせるように関わっていきたいですね」とDは語った。

5) 【人の最期に関わることへのやりがい】

看護師は＜患者のケアを通して感じる嬉しさ＞や＜繰り返し入退院から生まれる関係性の深さ＞から[人の最期という場面に携わるやりがい]を感じていた。また＜

患者の思いに寄り添いたい＞と＜心のケアへの意欲＞を感じており[患者のスピリチュアルペインに介入したい]と感じていた。これらから【人の最期に関わることへのやりがい】は患者の人生の一端を担うことになる看護の持つ面白さや探求心から、看護を自分の仕事として最後までやり切りたいという前向きな思いを示していた。

「この病棟の患者さんは何度も何度も入院してくるから辛い部分もあるけどその分深く関わっていけるのがいいなって思う」「家族のように関わっているから辛いけど、だからこそ看護師として出来ることもあると思う」とEは語った。

6) 【患者の死を大切に理解したいという切実な思い】

看護師は＜本人の納得できる最期を提供できない難しさ＞や＜色々な事を我慢させて最期を迎えさせることへの不本意さ＞から[患者の最期の迎え方に対する割り切れない思い]を感じていた。さらに＜死を振り返ることの大切さ＞を感じ、＜終末期における看護介入を理解する必要性＞から[死を深く捉えていくことの必要性]も感じており死生観の深化の必要を感じていた。また＜看取りへの慣れに対する辛さ＞と＜患者の死に対する切り替えの早さに幻滅＞しており[患者の死へ慣れてきている自分への落胆]を感じていた。

これらから【患者の死を大切に理解したいという切実な思い】は患者の死を間近で経験することで、患者がより良い死を迎えられるように支えていきたいと患者の死を尊ぶ思いを示していた。

「どんな形であれ本人が一番望む生き方が出来るように出来たらと思う」とFは語った。

4. 考察

終末期肺がん患者・家族の看護に対する看護師の心情として6つのカテゴリーが抽出された。カテゴリーの内容にはポジティブ及びネガティブな思いが混在しており、終末期肺がん患者・家族の看護に対する看護師の心情の複雑さが表れていた。これらの6つの抽出されたカテゴリーから考えられた終末期肺がん患者・家族の看護に対する看護師の心情の意味を考察する。

今回抽出された【肺がん特有の苦悩を取り除けない心苦しき】【終末期看護に対する自分の技量の不足への不甲斐なさ】から終末期肺がん患者をケアする看護師は、日々の看護の中で間近で肺がん患者が持つ呼吸苦や疼痛

といった苦痛やケアの中で生じる葛藤を抱えていた。肺がんは他の固形がんには比べ進行が早く、重篤化すると報告⁹⁾され、また、肺がん終末期では他の固形がんと比較して呼吸困難の出現が高く、その他の症状の頻度は変わらない³⁾ことから、終末期肺がん患者・家族の看護は呼吸という生死を目の当たりにするような症状が上乘せされた苦痛に対処しなければならず、より複雑であると考える。さらに【その人の人生の最期を支える重圧感】といった患者の最期に関わることへの難しさや緩和ケアへの移行に向けての医療者間での調整の難しさや【家族の看取りのプロセスとして心する】といった患者家族への関わり難しさなどから看護師はネガティブな感情を抱いていた。先行文献においても患者・家族は様々な苦痛を抱え、時には医療者へその怒りをぶつけることもある⁷⁾。また看護師はこれらの苦痛に向き合うことで自らも精神的苦痛を感じ、ケアへのネガティブな感情を抱いているとしている¹⁰⁾。終末期ケアに対する困難さはケアにおける知識や技術不足が関連しており⁵⁾、地域連携といった点においても困難感が高いとされている¹¹⁾。その反面、看護師は終末期肺がん患者・家族に関わることへの喜びを見出し、【人の最期に関わることへのやりがい】【患者の死を大切に理解したいという切実な思い】といった思いを語っており、そこには終末期を支える看護師としてのポジティブな意欲が表されていた。先行文献においてもがん患者・家族と関わり、日々の看護から満足感を得て、終末期看護に対する意欲の高まりが述べられており¹²⁾、終末期ケアに関わることでネガティブなだけではない複雑な思いを持ちながら看護を展開している現状が示されている。インタビューにおいても、看護師たちは患者の生きる力を大切に、患者がその人らしく生きることが重要だと感じており、患者の最期を看取る時、これでよかっただろうか、もっと良い看護ができたのではないかと患者にとっての良い最期について思いを巡らせていた。看護師は肺がん患者の苦痛を目の当たりにし、ネガティブな感情を持ちながらも、そこに留まることなく、やりがいや理解したいというようなポジティブな感情が生まれた背景には、患者が死ぬことの意味や死が残された家族にとってどういった意味を持つかといった死生観が深められているからではないかと推察できた。看護師が持つ困難感、新たな学習ニーズを高めると報告¹³⁾しており、死と対峙する苦しさの中より学びの機会が生じていたと推察できる。先行研究においても、看護師として患者の死に対峙した経験は自己の生の

あり方を深く考える機会として意味付けされ、死生観に深みを増していくものである^{8,14,15)}ことが報告されており、振り返りや死の捉え方、学習による学びが死生観を高めている¹⁶⁾。これより、終末期肺がん患者・家族の看護に対する看護師の心情として生じていたネガティブおよびポジティブな感情は、死について考える機会だけでなく看護師を成長させる機会にも繋がっていると考えられる。

看護師は終末期看護における患者の死をはじめとする多くの困難や精神的苦痛に胸を痛めながらも、死への恐怖や呼吸苦や痛みに対して自分は何が出来るのだろうと内省し、終末期ケアに対する意欲を高め実践することで自身の看護への達成感からやりがいを得ていた。更に、こうした終末期ケアに対する姿勢は患者の死を看護師自身のケアを高めるための経験として蓄積し、次の終末期ケアに生かしていた。このことから、結果としてネガティブな感情をポジティブな感情へと昇華させることが終末期看護における看護において重要ではないかと考える。すなわち、終末期看護においては経験と反芻がより質の高い看護の醸成に必要ではないかと推察できた。このことは、嶋守ら¹⁷⁾の研究においても、患者の死を肯定的に捉え、醸成させていくには心身の変化を振り返ることが必要と報告されている。そのためには病棟においてスタッフ同士が終末期ケアにおける自身の思いを振り返り、死生観、看護観を再認識することが必要であると考えられる。船戸ら¹⁸⁾は短い時間であってもカンファレンスを開催し、振り返りを行うことで充実した終末期肺がん患者の緩和ケアにつながるとしている。また穴水ら¹⁹⁾はがん患者と向き合う姿勢を病棟で共有できるような組織づくりをしていくことが良質なケアにつながると述べている。病棟における振り返りによる看護師の終末期ケアに対する困難感の共有と前向きなケアへと向けた昇華、そして患者の死を反芻し次に活かしていくという認識を病棟全体で持つことができる環境づくりが重要である。病棟で行われる看護ケアをフィードバックし、認め合うことが出来る土壌づくりこそが緩和ケアの充足と終末期看護に携わる看護師教育につながっていくと考える。

5. まとめ

終末期肺がん患者・家族のケアを行う中で多様な苦悩や治療に対するネガティブな感情を抱えていることが分かった。しかしこうした中から自身のケアを内省し、終

末期ケアへの意欲を高め、結果としてポジティブな感情へと昇華させていた。したがって終末期看護においては経験と反芻が高度な終末期ケアの醸成に役立つことが分かった。その醸成には自身の終末期ケアを内省し、死生観、看護観を再認識する必要がある。病棟におけるカンファレンスはその醸成の場として有効であり、がん患者と向き合う姿勢を共有できるような組織づくりが緩和ケアの充足と終末期看護に携わる看護師教育に重要である。

6. 本研究の限界と今後の課題

本研究は1施設を対象にインタビューしたものであり、結果としてその施設の特徴を表している可能性があることは否めない。今後は対象施設、対象人数を増やすことで一般化と更なる思いの探求が課題であると考ええる。

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The Lived Experience of Nurses Who Cared for Patients with Cancer during the Terminal Phase

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Abstract This study aimed to describe the lived experiences of nurses who cared for patients with cancer and their families during the terminal phase. A semi-structured interview was conducted with twenty-two nurses who cared for patients with cancer at their terminal stage. These interviews were transcribed and analyzed by identifying words, phrases and statements that describe the experiences of the nurses. As a result, the findings of the study discovered the following six thematic categories: *Regret for failing to rid of distress peculiar to lung cancer; Cowardliness for lack of competency in their nursing skills; Disheartening feeling during the last moments of the patient's life; Expressing EOLC process for the family; Worthiness to be involved during the last moments of the patient's life; and Earnest desire to understand the patient's death.* While nurses may have emotional distress and personal conflicts while taking care of patients, particularly those with lung cancer, this study revealed that The nurses' experiences of caring for patients with lung cancer during the terminal stage is critical to understanding the humanness during the EOLC. As a recommendation from this study, it is important to include the patients' families in their care. Family participation may lead them to have an easier acceptance of the patients' death, by focusing on the situation as a natural occurrence, and for the patients to have a good death. Moreover, the experience of the nurses have deepened their views of life and death situations impacting their practice, and enhancing their growth as nurses during EOL.

Key words : lung cancer, family, terminal phase nursing, psychology, nurse

ORIGINAL

Factors Associated with Clinical Teaching Behaviors of Novice Nurse Educators of Diploma Nursing Schools in Western Japan

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Abstract Aims : Challenges of novice nursing educators are initiated when they begin to engage in clinical teaching, often due to lack of support from experienced colleagues. This study was aimed to identify the factors associated with clinical teaching behaviors of novice nurse educators of Diploma Nursing schools in western Japan.

Method : Of 231 Diploma Nursing schools in Western Japan, 92 institutions (39.83%) agreed to participate. The study participants were 144 novice nursing educators with less than five years of teaching experience. Anonymized self-administered questionnaires including the Scale of Other Educators' Support (SOES) and organizational education, associated with the Scale of Clinical Teaching Behaviors (SCTB) were mailed to participants. The SOES factors of work and reflection supports, organizational education factors of information-sharing opportunity and mini-workshops were used to determine association with SCTB. The multiple regression analysis with stepwise method was used for SCTB.

Results : Conducting to multivariate analysis, age ($p = 0.01$), information-sharing among nursing educators ($p = 0.04$), participation in mini-workshops on clinical practice ($p = 0.04$), and work support ($p = 0.03$) were significantly associated with the improvement of SCTB. Then, reflection support was significantly associated with the deterioration of SCTB ($p = 0.02$).

Discussion : The work support meaning direct advice and guidance from other nursing educators can enhance the effectiveness for SCTB. The reflection support encouraged the novice nurses to reflect on their teaching behaviors, but only made them aware of problems to be solved, which lowered the SCTB. The information-sharing opportunity and mini-workshops might be effective opportunities to learn about teaching behaviors to increase the SCTB.

Conclusion : The SOES and organizational education factors enhance teaching behaviors measured by SCTB among novice nursing educators. Therefore, in developing novice nursing educators, it is necessary to create opportunities indicating these factors for novice nursing educators to learn about practical training and to collaborate with other nursing educators.

Key words : School Nursing, Surveys and Questionnaires, Nursing Education Research, Diploma Programs, Nursing Faculty Practice

INTRODUCTION

In recent years, the number of nursing colleges has rapidly increased to improve the quality and quantity of nursing care in Japan. However, approximately half of all nursing schools are diploma nursing schools, of which

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the roles and responsibilities are as good as those of nursing colleges.

In basic nursing education, clinical practice is an important training component that allows students to cultivate practical nursing skills. Field practice involves collaboration with professionals who represent different levels of healthcare in social interactions across various settings¹⁾. During clinical practice, nursing educators engage in teaching behaviors to help students achieve their goals²⁾. In addition to engaging in teaching behaviors, nursing educators should possess the required practical nursing and educational skills³⁾.

Novice nursing educators were reported to be expected experience the following challenges for clinical teaching behaviors: being in charge of practice in a specialty area in which they lack clinical experience^{4, 5)}, difficulties in coordinating with clinical practice instructors and adapting teaching methods based on student needs^{4, 6)}, and a lack of knowledge about practice^{4, 7)}. A nursing educator training course has to be completed to become a nursing educator in Japan, although it is difficult to be admitted into one lack opportunities to learn clinical teaching behaviors, and most they are trend to become nursing educators without adequate educational training. Furthermore, they are trend to be required to practice as independent nursing educators immediately after employment.

In addition to the three years from the time students enter school until they graduate, pedagogically it has been reported that it takes five years to become a full-fledged educator⁸⁾, so in this study, novice nursing educators were defined as less than five years.

Studies reveal that encouragement, feedback, and advice from other nursing educators help novice nursing educators develop their clinical teaching behaviors^{9, 10)}. Novice nursing educators also share information about practice situations amongst them and rely on a consultation system⁵⁾, while gaining new perspectives by reflecting upon teaching practice during case study meetings¹¹⁾. Senior nursing educators are considered to be their role models as they draw inferences about their expected roles and acquire information about how nursing educators are expected to work¹²⁻¹⁴⁾.

Although it has been reported that novice nursing educators are concerned with the teaching behaviors in clinical practice while receiving support, this aspect has not been explored in the literature. Therefore, it remains unclear whether demographic characteristics and support influence the teaching behaviors of novice nursing educators. Moreover, as past studies have exclusively used qualitative methods to explore these issues, quantitative investigations are required to validate these relationships.

The purpose of this study is to examine the relationships between factors such as support from other nursing educators and organizational educational support and the clinical teaching behaviors of novice nursing educators. Our findings offer important insights into issues related to educational practice among novice nursing educators, which can aid in devising organizational strategies to promote nursing educators' development.

METHODS

A total of 231 diploma nursing schools in western Japan were invited to participate in this cross-sectional study; however, only 92 institutions (39.8%) accepted the invitation to participate. From the 92 institutions, the sample consisted of 269 novice nursing educators with less than five years of teaching experience. Anonymous self-administered questionnaires were mailed to them between March 1 and 31, 2019. Of the 269 eligible educators invited to participate, 158 responded to the survey, however, 14 participants were excluded for the following reasons: seven educators had more than five years of teaching experience and seven others provided no responses to the questions that assessed teaching behaviors and support from other nursing educators. Therefore, the final sample consisted of 144 novice nursing educators (see Figure 1).

Clinical Teaching Behaviors

The Scale of Clinical Teaching Behaviors (SCTB), which was developed by Nakayama et al. (2004), was used in this study. This 36-item scale consists of nine subscales (I = Use various teaching skills freely, II = Give feedback to students, III = Make suggestions to students to

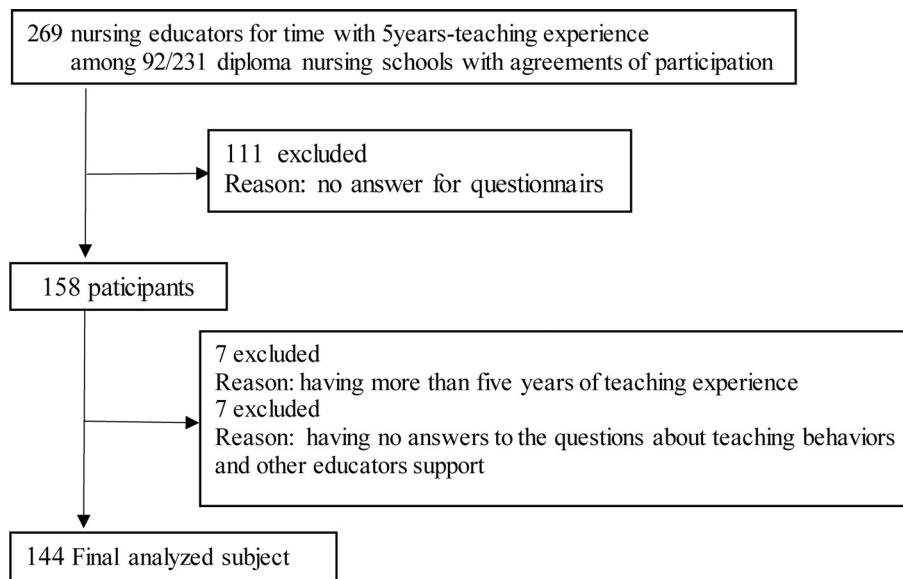


Figure 1 Study population

prevent or to solve problems, IV = Adjust teaching plan to the dynamic clinical setting, V = Accept students' emotions, VI = Decide the appropriate time and place to teach students individually, VII = Ask nursing staff with concerns to support students, VIII = Self-evaluate teaching behaviors based on student performance, and IX = Assure quality care for patients assigned to students¹⁵). Items were rated on a scale ranging from *always doing this* (5 points) to *never doing this* (1 point), and total and subscale scores were computed. The total score represents overall trends in clinical teaching behaviors, whereas the subscale scores indicate whether teaching behaviors are appropriately exhibited or if they require improvement. Thus, high scores are indicative of high-quality clinical teaching behaviors. The Cronbach's α of this scale was 0.96 in the original scale development study and 0.89 in this study, indicating sufficient reliability.

Support from Other Nursing Educators

The Scale of Other Educators' Support (SOES) was developed based on Nakahara's Scale for Other Support¹⁶. Participants were asked to respond to the scale based on the support they received from other nursing educators (concerning their clinical teaching behaviors). Permission was obtained from the scale developer (Nakahara) to include these instructions in the scale. This 14-item

scale consists of three subscales: work, reflection, and mental support. Items were rated on a scale that ranged from *describes me well* (5 points) to *does not describe me at all* (1 point). Work support refers to the reception of advice and guidance that directly relates to work execution, whereas reflection support refers to opportunities to objectively reflect upon one's work experiences and state of being. Mental support refers to interpersonal support that alleviates psychological stress. The Cronbach's α coefficients of the three subscales ranged from 0.75 to 0.89 in the original scale development study (adequate reliability) and from 0.81 to 0.87 in this study.

Other Factors

The questionnaire also assessed the following variables:

- 1) Demographic characteristics: Age, sex, final educational history in nursing, years of practical nursing experience, years of experience as a clinical practice instructor, years of experience as a nursing educator, completion of a clinical practice instructor training course, completion of a nursing educator training course, visiting the clinical facility, correspondence between practical nursing experience and practice instruction, and the presence of role models for practice instruction were all factors that were included in the study.
- 2) Organizational educational support: an educational

system for novice nursing educators, other nursing educators, information sharing among nursing educators, an atmosphere that is conducive to consultations with other nursing educators, case studies based on clinical practice, and mini-workshops on clinical practice were all included in the survey.

Statistical Analysis

Descriptive statistics were computed to examine demographic characteristics and organizational educational support. Concerning the SOES and SCTB, total and mean factor scores were calculated.

Group differences in total scores on the SCTB were examined using a *t*-test and one-way analysis of variance (ANOVA). The following variables were recoded into binary variables based on the number of cases in each category: final educational history in nursing (high school graduates with a major in nursing, diploma nursing school graduates, and nursing junior college graduates vs. nursing university and nursing graduate school graduates), practical nursing experience (less than vs. more than 15 years), experience as a nursing educator (less than vs. more than two years), experience as a clinical practice instructor (less than vs. more than three years of experience), information sharing among educators (very much vs. not much), and consultation atmosphere (very good vs. not good).

A multiple regression analysis was conducted using the stepwise selection method with Model 1 as the same entry and removal significance levels (0.25). The explanatory variables selected from them were statistically significant (p -value < 0.05 in the testing group difference). Age and sex were then considered in the model as necessary stay variables. Furthermore, the variables with a p -value > 0.15 in Model 1 were excluded in Model 2S. JMP Pro 14 version 14.2.0 (SAS Institute Inc., Cary, NC, USA) was used to conduct all analyses. The level of statistical significance was set as $p < 0.05$ (two-tailed).

Ethical Considerations

A document containing information about the study's objective, significance, and methods was sent to the heads of the target institutions. The document also stated that (a) participation was voluntary, (b) participants could withdraw their consent at any time, (c)

participant data would not be used for purposes other than research, and (d) data would be stored (safely) for five years. Furthermore, the institutional heads were informed that returning the anonymous self-administered questionnaire in an enclosed envelope will be considered as providing consent. Individual participants also received the same information in writing. Permission to use the aforementioned scale was obtained from the scale developer and the study was approved by the ethics committee of Saga University (No. 30-18).

RESULTS

Scores for the Scale of Clinical Teaching Behaviors

Participants ($N=144$) obtained a mean total score of 136.2 ± 18.3 on the SCTB. The highest mean emerged from Subscale V (i.e., Accept students' emotions; 17.1 ± 2.5). The lowest mean emerged from Subscale VIII (i.e., self-evaluations of teaching behaviors based on student performance; 13.4 ± 3.0 ; Figure 2).

Demographic Characteristics and Organizational Educational Support

Participants' mean age was 41.5 years, and their mean years of experience as nursing educators was 2.4 years. A total of 98 (68.5%) participants had completed a nursing educator training course, 69 (48.3%) participants reported correspondence between their practical nursing experience and practice instruction, and 66 (46.2%) participants had either a manager, senior nursing educator, or fellow nursing educator as a role model during practice instruction (Table 1).

Organizational Educational Support

The following results emerged for the variables associated with organizational educational support: independently providing student support = 115 participants (79.9%), information sharing among nursing educators = 16 participants (*very much*; 11.1%), and participation in mini-workshops on clinical practice = 39 participants (27.1%; Table 1).

Scores for the Scale of Other Educators' Support

Participants obtained a mean total score of 48.7 ± 11.3 on the SOES. The following means emerged for the subscales: work support = 22.5 ± 4.4 , mental support =

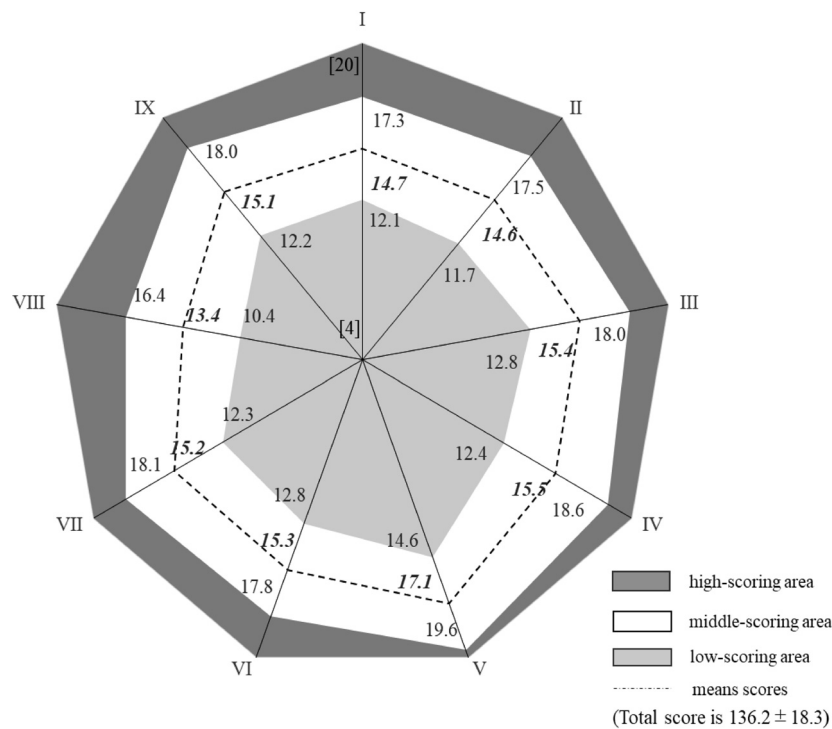


Figure 2 The scale of clinical teaching behaviors (SCTB) scores in study population ($n=144$)

- I = Use various teaching skills freely
 II = Give feedback to students
 III = Make suggestions to students to prevent or to solve problems
 IV = Adjust teaching plan to the dynamic clinical setting
 V = Accept students' emotions
 VI = Decide the appropriate time and place to teach students individually
 VII = Ask nursing staff with concerns to support students
 VIII = Self-evaluate teaching behaviors based on student performance
 IX = Assure quality care for patients assigned to students

15.2 ± 5.4, and reflection support = 11.0 ± 2.5 (Table 2).

Relationships Between Clinical Teaching Behaviors, Demographic Characteristics, and Organizational Educational Support

To examine group differences in total scores on the SCTB as a function of each demographic characteristic and organizational educational support, a t -test and one-way ANOVA were conducted. There were significant group differences as a function of age ($p = 0.03$), nursing work experience ($p = 0.04$), information sharing among nursing educators ($p = 0.02$), and participation in mini-workshops on clinical practice ($p = 0.02$). There were no significant differences between clinical instructor, nursing educator training course, and education system for novice nursing educators. (Table 1).

Factors Related to Clinical Teaching Behaviors Scale Scores

To avoid the problem of multicollinearity, correlations among the explanatory variables were examined and a multiple regression analysis was conducted. Subscale scores on the SOES (i.e., work, reflection, and mental support), age, practical nursing experience, information sharing among nursing educators, and participation in mini-workshops on clinical practice served as the explanatory variables, and total SCTB scores served as the objective variable. The results revealed that age ($\beta = 0.351$, $p = 0.01$), work support ($\beta = 0.306$, $p = 0.03$), information sharing among nursing educators ($\beta = 0.192$, $p = 0.04$), participation in mini-workshops on clinical practice ($\beta = 0.168$, $p = 0.04$), and reflection support ($\beta = -0.292$, $p = 0.02$) were associated with SCTB (Table 3).

Table 1 Relation of Total SCTB scores to each of the basic characteristics and organizational educational support ($n=144$)

Personal factor	<i>n</i> or mean (%) or SD	Total SCTB score		
		Mean	SD	<i>P</i> -value
Age (year)	41.5 6.0			
Missing	2			0.03*
Sex				
Males	15 (10.5)	128.93	8.40	0.10
Female	128 (89.5)	137.22	19.07	
Missing	1			
Final educational history in nursing				
High school/ Diploma school/ Junior college	115 (81.6)	137.20	17.76	0.52
University/ Graduate School	26 (18.4)	134.65	20.39	
Missing	3			
Years of practical nursing experience				
Under 15 years	65 (45.1)	132.70	18.22	0.04*
Over 15 years	79 (54.9)	139.15	18.12	
Years of experience as a clinical practice instructor				
No experience	52 (36.9)	132.67	18.20	0.12
Under 3 years	31 (22.0)	135.67	18.91	
Over 3 years	58 (41.1)	140.51	17.93	
Missing	3			
Years of experience as a nursing educator				
Under 2 years	49 (34.0)	132.30	19.10	0.16
Over 2 years	95 (66.0)	138.27	17.77	
Completion of a clinical practice instructor training course				
No	110 (76.9)	136.55	19.52	0.70
Yes	33 (23.1)	135.12	14.54	
Missing	1			
Completion of a nursing educator training course				
No	45 (31.5)	136.95	16.95	0.76
Yes	98 (68.5)	135.91	19.08	
Missing	1			
Visiting clinical facility				
No	82 (57.7)	134.35	17.50	0.10
Yes	60 (42.3)	139.51	19.12	
Missing	2			
Correspondence between practical nursing experience and practice instruction				
May not match	74 (51.7)	134.32	19.12	0.19
Match	69 (48.3)	138.37	17.60	
Missing	1			
Presence of role models for practice instruction				
Not there	29 (20.3)	138.31	16.58	0.79
Choose one	66 (46.2)	137.00	18.36	
Choose two	38 (26.6)	134.39	18.46	
Choose three	10 (7.0)	133.70	24.87	
Missing	1			
Education system for novice nursing educators				
No	110 (76.4)	136.92	18.61	0.47
Yes	32 (22.2)	134.27	17.95	
Missing	2			
Other nursing educators				
Novice nursing educator alone	115 (79.9)	141.48	16.36	0.09
Collaborate with other nursing educators	29 (20.1)	134.92	18.70	
Information sharing among nursing educators				
Not at all/ Not much	53 (36.8)	130.93	21.17	0.02*
Somewhat	75 (52.1)	133.41	16.73	
Very much	16 (11.1)	141.84	18.71	
Atmosphere that is conducive to consultation with other educators				
Not at all difficult to consult/ Not much difficult to consult	27 (18.8)	133.44	17.85	0.09
Somewhat easy to consult	73 (50.7)	134.21	18.74	
Very easy to consult	44 (30.6)	141.31	17.48	
Case studies based on clinical practice				
No	110 (76.4)	135.89	18.84	0.68
Yes	34 (23.6)	137.38	17.08	
Mini-workshops on clinical practice				
No	105 (72.9)	134.02	17.82	0.02*
Yes	39 (27.1)	142.20	18.79	

* $P < 0.05$, according to the t-test and one-way ANOVA. SD, standard deviation.

DISCUSSION

Data were collected from 144 novice nursing educators, and the valid response rate was 53.5%. As the SCTB and SOES yielded acceptable reliability coefficients (Cronbach's α), their scores were subjected to further analyses.

We observed that more than half of all participants were educators whose practical nursing experience did not correspond to their area of practice instruction, and 31.5% had not attended a nursing educator training course. This finding is consistent with recent trends observed among novice nursing educators (i.e., few systematic educational programs, case study groups, and study groups)³⁻⁵.

Clinical Teaching Behavior

Participants obtained a mean total score of 136.2 on the SCTB. This finding is similar to that reported by Nakata et al. (2014), who surveyed nursing educators across

eight nursing schools that offered three-year courses. This indicates that the novice nursing educators believed that they were able to consistently engage in effective teaching behaviors¹⁷.

Concerning the SCTB subscales, high scores emerged for Subscale V (validate students' emotions). Students encounter several stressors such as the anxiety caused by the ward environment, interpersonal relationships, and applying nursing skills to clinical practice for the first time¹⁸. Chikamura (2007) found that students experience high levels of anxiety before practice and that these levels become even higher during clinical practice¹⁹. Novice nursing educators may be better equipped to understand the anxiety and stress that students experience during clinical practice, engage in appropriate teaching behaviors, and empathize with them. However, participants obtained low scores on Subscales I (use various teaching skills freely), II (provide feedback to students), and VIII (self-evaluations of teaching behaviors based on student performance). These findings suggest that participants' engagement in these core teaching behaviors, which are related to the achievement of practice goals², was insufficient. Further research is needed to validate these findings.

Factors Related to Clinical Teaching Behavior

There was a significant positive relationship between age and total scores on the SCTB. It is thought that older age implies more experience, and older novice

Table 2 The Scale of Other Educators' support (SOES) scores ($n = 144$)

Variable	Mean	SD	Min-Max
Total	48.7	11.3	14-70
Subscale			
Work support	22.5	4.4	6-30
Reflection support	11.0	2.5	3-15
Mental support	15.2	5.4	5-25

Cronbach's α coefficients : 0.81-0.87

Table 3 Factors related to the scale of clinical teaching behaviors by multiple regression models

Variable	Model 1		Model 2	
	St. β	<i>P</i> -value	St. β	<i>P</i> -value
Age (year)	0.342	0.01	0.351	0.01
Sex, female	0.116	0.15	–	–
Information sharing among nursing educators	0.176	0.06	0.192	0.04
Mini-workshops on clinical practice, yes	0.165	0.05	0.168	0.04
SOES				
Work support scores	0.310	0.01	0.306	0.03
Reflection support scores	–0.277	0.03	–0.292	0.02
R^2 -value		0.17		0.16
Adjusted R^2 -value		0.13		0.12

The sex and mini-work shop meeting on clinical practice were used as discrete variables.

The others were used as continuous variables.

St. β , Standardization partial regression coefficient β ; SOES, scale of other educators' support.

Multiple regression analysis was conducted using the stepwise selection method with the same entry and removal significance levels of 0.25 as Model 1. The explanatory variables were selected from them were statistically significance (p -value < 0.05 in the testing group difference). Then, age and sex were considered in the model as necessarily stay variables. Furthermore, in Model 2, the variables with p -value > 0.15 were excluded from the Model 1.

nursing educators were better equipped to effectively engage in teaching behaviors. Older novice nursing educators tend to have more practical nursing experience, and mid-level nurses possess the ability to perceive situations holistically and recognize and respond to changes in goals and circumstances in a mature and flexible manner²⁰. Thus, novice nursing educators may have an advantage in terms of engaging in teaching behaviors by applying the knowledge and experience that they have acquired.

There was a positive association between total scores on the SCTB and information sharing among nursing educators. Information exchange leads to the modification of educational behaviors because nursing educators tend to independently engage in clinical teaching behaviors²². Novice nursing educators who shared more information were better equipped to effectively engage in teaching behaviors and receive work support. Novice nursing educators should realize the importance of sharing information about the status of clinical practice with other nursing educators and for other nursing educators to have access to a system through which they can share information and benefit from consultations.

There was a positive association between total scores on the SCTB and participation in mini-workshops on clinical practice. To improve the quality of education, it is necessary to establish a system that facilitates systematic and regular reviews of educational methods²³. Mini-workshops on clinical practice provide novice nursing educators the opportunity to learn teaching behaviors.

By the stepwise method, in the SOES, work support and reflection support were included in the multiple regression model to see the relationship with SCTB, but mental support was not included. There was a positive association between SCTB and work support of SOES and a negative association with reflection support of SOES.

Total scores on the SCTB were positively related to work support, and novice nursing educators who had received more work support were more likely to effectively engage in teaching behaviors. Novice nursing

educators find it difficult to fully understand student readiness and the challenges faced by students⁵, and they may not know how to adapt their teaching methods based on situational demands⁶. However, work support meaning direct advice and guidance from other nursing educators can enhance the effectiveness of their teaching behaviors. Clinical practice differs from in-school lectures in that it unfolds during complex human interactions and across diverse locations¹. In such dynamic situations, it is important to flexibly respond to situational demands based on the guidance²¹. These findings indicate that direct work support from other nursing educators is an important source of support.

There was a negative association between total scores on the SCTB and reflection support. Nakahara (2013) underscored the importance of reflecting upon and making sense of experiences with others (rather than independent reflection)²⁴, as well as investing time in reflecting on teaching behaviors. Although receiving reflection support from other nursing educators may have encouraged them to reflect upon their teaching behaviors, novice nursing educators' total scores on the SCTB could have been lower due to a greater awareness of the issues that had to be solved. Novice nursing educators need reflection support from other nursing educators since they must not only identify the issues that affect their teaching behaviors but also improve their teaching behaviors based on the outcomes of their reflections. Thus, other nursing educators should encourage novice nursing educators to reflect upon and clarify issues related to teaching behaviors, as well as support them in a manner that leads to improved teaching behaviors.

The presence of other nursing educators was indispensable to the teaching behaviors of novice nursing educators in clinical practice, as it was related to receiving direct advice and support for reflection from other nursing educators. Although it was clarified that the existence of Mimi-workshops on clinical practice leads to the improvement of the quality of teaching behaviors, there is a problem that Mimi-workshops are not often held in diploma nursing school in reality. In addition, diploma nursing school educators may have to take

charge of clinical practice instruction they have never experienced due to a lack of human resources, so if they can share information with other nursing educators, they can supplement their professional knowledge and skills. Therefore, in developing novice nursing educators, it is necessary to create opportunities for novice nursing educators to learn about practical training and to collaborate with other nursing educators.

Study Limitations and Future Directions

Data was collected from novice nursing educators who were pursuing three-year courses in nursing schools in western Japan, and therefore, the generalizability of the present findings is limited.

Concerning participation in workshops on clinical practice and reflection support, which emerged as factors that are related to teaching behaviors, further research is needed to explore the contents of these workshops and the underlying processes behind reflection support, as this can positively impact teaching behaviors. Moreover, future studies should also examine the relationships that the subfactors of the SCTB have with scores on the SOES and demographic characteristics.

CONCLUSIONS

This study aimed to identify factors related to clinical teaching behaviors measured by SCTB. A total of 144 novice nursing educators who were pursuing three-year courses in nursing schools in western Japan participated in this survey. The results indicated that the novice nursing educators were receptive and empathetic towards students. However, there was inadequate use of teaching materials and techniques, evaluation and communication of goal achievement as well as evaluation and revision of nursing instruction based on the observed effectiveness of instruction. A positive association was observed between teaching behaviors measured by SCTB and age, work support as SOES, information sharing among nursing educators as organizational education, and participation in mini-workshops on clinical practice as organizational education, whereas a negative association was found for reflection support as SOES.

Novice nursing educators should share information about the status of clinical practice with other nursing educators. Direct advice and guidance from other nursing educators will promote effective engagement in teaching behaviors. Issues identified through introspection (with the support of other nursing educators) should be addressed to enhance subsequent teaching behaviors. The organizational education of mini-workshops on clinical practice and a system that facilitates information sharing among novice nursing educators and consultations will also enhance teaching behaviors. Therefore, in developing novice nursing educators, it is necessary to create opportunities indicating these SOES and organizational education factors for novice nursing educators to learn about practical training and to collaborate with other nursing educators.

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CONFLICT OF INTEREST

None of the authors have any conflict of interest to declare.

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