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CASE REPORT / ACTIVITY REPORT

Analysis of Difficulties faced by Home Health Nursing Practicum Instructors

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ABSTRACT

Japan is transforming into a super-aging society and the medical need for in-home care is rising. Nursing students have to deal with a wide range of diseases, degeneration and circumstances in such a situation. This study aimed to identify difficulties faced by home health nursing practicum instructors in order to gain an insight for effective learning. Quantitative research by questionnaire was conducted, and a total of 387 questionnaires were sent to managers, clinical instructors, and home health nurses at all 129 facilities in the southern Kanto region of Japan. As a result, 78 valid responses were obtained out of 89 responses (valid response rate 20.16%). The participants with 0 to 6 years of home health nursing experience were concerned that the practicum time was too short to provide adequate instruction and that students under their instruction might not be meeting practicum goals. The participants with 6 to 20 year experience stated that students do not know how to behave appropriately during home visits, students do not know specifically what they want to learn. The participants with ≥15 year experience felt they are unsure how to integrate students' different motivations for learning. Focusing with participants' nursing experience, the respondents with 5 to 15 years of nursing experience did not feel that they concern about leading a practicum, and the respondents with ≥15 year of nursing experience felt that students did not go specifically what they want to learn. To conclude, it was found important that lecture contents should be revised to help students first visualize what home visits look like and second, make assessments and provide care based on case details within the allotted time. What is more, faculty members must not make instructors solely responsible for students' learning, but rather maintain close contact with instructors for effective on-site instruction.

<Key-words>

home health nursing, practicum, nursing students, instructors

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I. Introduction

1. Background and significance

Japan is transforming into a super-aging society, and it is said that the percentage of elderly people in the population will exceed 30% by the time the youngest members of the baby boomer generation reach age 75 in 2025 (Ministry of Health Laborer and Welfare, 2017). The Japanese Ministry of Health, Labor and Welfare recommends that local governments build community-based integrated care system that enable people with health problems to be discharged from the hospital and live in their own familiar community to lower medical expenses and duration of hospital stays. However, many people still require in-home care due to high-level medical needs. Many people transition to in-home care for a medical condition after discharge from acute care. They may be on a ventilator, need continuous infusions, be undergoing in-home peritoneal dialysis, have an intractable neurological disease, be elderly and have dementia or be paralyzed due to cerebrovascular disease, have a psychiatric disorder, or have a pediatric disease. In addition, the target clients for in-home care range widely from children to the elderly.

The “home health nursing” was established as part of basic nursing education in 1996, and the curriculum for nursing education and training will be revised in 2022, which will see it newly categorized under community and home health nursing (Ministry of Health, Labor and Welfare, 2019; Sato, 1999).

Studies have found that practicum instructors who train nurses face difficulties such as lack of confidence as an instructor, engagement of students with low motivation, and inability to provide sufficient instruction due to a busy work schedule (Ishizaki & Ikeda, 2008; Yoneda, Maekawa & Okino, 2008). Studies have also found that instructors understand students’ feelings better and learn and grow alongside students as they gain experience as instructors (Fukaya, Naito & Mitamura, 2013; Haku, Kurita & Tanaka, 2001), but no study has explored the relationship between difficulties faced and years of experience as a practicum instructor.

Therefore, this study aimed to clarify the relationship between difficulties faced by practicum instructors and years of experience among staff of home nursing stations that accept nursing practicum students in the southern Kanto region of Japan. Accordingly, issues relating to home health nursing practicums may be identified, in addition to effective learning methods for home health nursing.

II. Subjects and Methods

1. Subjects and Procedures

1) Study period

After ethics committee approval was obtained, the study commenced on November 1, 2019 and ended on January 31, 2020.

2) Participants

Participants, namely managers, clinical instructors, and home health nurses accompanying students to practicums, were selected from all 129 home nursing stations that accept nursing practicum students in the southern Kanto region of Japan (The National Association for Visiting Nurse Service: Kanagawa, 2019).

3) Methods

This study employed quantitative research by questionnaire. The main author composed the questionnaire content, first, about the attribute of home health nurses included age group, job responsibilities, years of nursing experience, years of home health nursing experience, and qualifications (Certified Nurse or Certified Nurse Specialist). Secondly, the questions about the difficulties faced by supervisors, clinical instructors, and home health nurses during home health nursing practicums were compiled referring to Imagawa, Kitayama & Araki (2016) with their approval. 30 of the 33 subcategory items “difficulties faced by training instructors and various other disciplines were refereed by Imagawa, Kitayama & Araki (2016). Five items were added for a total of 35 and included what instructors wish for students to learn in home health nursing practicums: “understanding clients,” “the viewpoint of clients,” “respecting clients,” “understanding community-based integrated care system,” and “the home health nurse’s perspective.”

Responses were given according to a 4-point scale consisting of “agree,” “somewhat agree,” “somewhat disagree,” and “disagree.”

2. Data Collection

1) Collection method

The purpose and methods of the survey were explained in writing. Only the minimum necessary data for the study were collected, and all questionnaire forms were anonymous.

Questionnaire forms were mailed along with a return envelope for the completed questionnaire, an explanation of the study, and a letter requesting participation in nursing research. Responses were collected indirectly by having each consenting participant seal and mail back their completed form in an envelope.

2) Ethical considerations

Enclosed with the questionnaire form was a letter that explained the voluntary nature of participation, freedom to decline, no consequences for declining to participate, protection of personal information, and how the results would be reported. Return of the completed form by mail was considered to constitute consent. The study was conducted with the approval of the human research ethics committee of Kanto Gakuin University (Approval No. H2019-3-2).

3) Statistical Analysis

Question items were cross-tabulated. “Agree” and “somewhat agree” were categorized as “agree,” and “somewhat disagree” and “disagree” as “disagree.” The nonparametric chi-square test for independence was used to calculate differences in responses.

Differences in responses by years of home health nursing experience and years of nursing experience were also calculated using *t*-tests. The significance level was set at < 5%. IBM SPSS Statistics (Ver. 24) software was used for analysis.

III. Results

1. Participants

A total of 387 questionnaires were sent to 129 facilities (3 forms for each), and 89 responses (response rate 22.99%) were obtained. After excluding those with missing responses, the questionnaires of 78 respondents (valid response rate 20.16%) were included for analysis.

2. Participant attributes

1) Age group

Most participants were in their early 50s (*n* = 25, 32.1%), followed by late 40s (*n* = 14, 17.9%), and then early 40s and late 50s (*n* = 11, 14.1% for both) (Table 1).

<Table 1> Age group

		<i>n</i> = 78
Age group	Frequency (%)	
Early 20s	2 (2.6)	
Late 20s	2 (2.6)	
Early 30s	2 (2.6)	
Late 30s	8 (10.3)	
Early 40s	11 (14.1)	
Late 40s	14 (17.9)	
Early 50s	25 (32.1)	
Late 50s	11 (14.1)	
Early 60s	3 (3.8)	

2) Job duties

Seventeen participants were managers, 14 were clinical instructors, and 48 were home health nurses (Table 2).

<Table 2> Job duties

n = 78

Job duties	Frequency *
Managers	17
Clinical instructors	14
Concurrent administrator	2
Certified nurses	1
Home health nurses	48
Certified nurse	1
Professional nurse	1

* Multiple answers

3) Years of nursing experience

Most participants had ≥ 20 years of experience (n = 45, 57.7%), followed by 15 to 20 years (n = 15, 19.2%), and then 10 to 15 years (n = 11, 14.1%) (Table 3).

<Table 3> Years of nursing

n = 78

Years	Frequency (%)
1 year	1 (1.3)
3-5 years	1 (1.3)
5-10 years	5 (6.4)
10-15 years	11 (14.1)
15-20 years	15 (19.2)
20 years of	45 (57.7)

4) Years of home health nursing experience

Most participants had 10 to 15 years of experience (n = 15, 19.2%), followed by 15 to 20 years (n = 12, 15.4%) (Table 4).

<Table 4> Years of home health nursing experience

n = 78

Years	Frequency (%)
1 year	2 (2.6)
1-2 years	3 (3.8)
2-3 years	7 (9.0)
3-4 years	4 (5.1)
4-5 years	3 (3.8)
5-6 years	4 (5.1)
6-7 years	3 (3.8)
7-8 years	7 (9.0)
8-9 years	6 (7.7)
9-10 years	4 (5.1)
10-15 years	15 (19.2)
15-20 years	12 (15.4)
20 years of	7 (9.0)

3. Difficulties faced by supervisors, clinical instructors, and home health nurses during home health nursing practicums

1) Responses to the 35 items according to a 4-point scale consisting of “agree,” “somewhat agree,” “somewhat disagree,” and “disagree” (Table 5)

The item to which most participants responded “agree” was “I am unsure how to integrate students’ different motivations for learning” (Item No. 10) at 32.1%. This was followed by “I feel that I cannot give students enough instruction or practical experience when I am busy” (No. 15) and “I find selection of which clients students should visit to be difficult” (No. 29) at 30.8% each. The item to which most participants responded “somewhat agree” was “Students cannot communicate with clients” (No. 2) at 51.3%. This was followed by “I feel that students are not proactive about their learning” (No. 8), “I feel that students sometimes do not fully understand what I teach” (No. 9), and “I worry whether students’ experience under my instruction meets practicum goals” (No. 21) at 50% each. The item to which most participants responded “somewhat disagree” was “I have little practical experience and am concerned about leading a practicum” (No. 24) at 52.6%. This was followed by “I have little knowledge and am concerned about leading a practicum” (No. 25) at 51.3% and “I feel that students did not gain the viewpoint of clients” (No. 32) at 50%. The item to which most participants responded “disagree” was “It is concerning when home visits go over time to fit the teaching plan” (No. 11) at 51.3%.

2) Differences in responses to the 35 items (Table 5)

Significant differences were observed for “Students cannot communicate with clients” (No. 2), “Students are not very responsive, and I do not know what they are thinking” (No. 5), and “Students do not prepare in advance, and do not come up with their own questions” (No. 6). This indicates that students do not prepare sufficiently for practicums. There was a high percentage of “disagree” responses for “I feel that students did not gain the viewpoint of clients” (No. 32), “I feel that students did not respect clients’ dignity” (No. 33), “I feel that students did not understand community-based integrated care system” (No. 34), and “I feel that students did not understand the home health nurse’s perspective” (No. 35). These results thus indicate that the students did understand the viewpoint of clients and the home health nurse perspective.

Responses to the following items indicated that clinical instructors have difficulty with leadership and selection of clients that students should visit: “I am unsure how to integrate students’ different motivations for learning” (No. 10), “It is concerning when home visits go over time to fit the teaching plan” (No. 11), “I feel I have no time to engage deeply with students” (No. 12), “I feel that the short practicum time limits students’ learning potential” (No. 13), “The short practicum time does not allow me to provide adequate instruction” (No. 14), “I feel that I cannot give students enough instruction or practical experience when I am busy” (No. 15), “I worry how much students are learning under my instruction” (No. 20), “I worry whether students’ experience under my instruction meets practicum goals” (No. 21), “I have little knowledge and am concerned about leading a practicum” (No. 25), “I find practicum scheduling to be difficult” (No. 28), and “I find selection of which clients students should visit to be difficult” (No. 29).

3) Comparison of responses by years of home health nursing experience (Table 6)

Significant differences were found in participants with <1 year and 1 to 2 years of home health nursing experience for “I feel that the short practicum time limits students’ learning potential” (No. 13), “The short practicum time does not allow me to provide adequate instruction” (No. 14), “I feel that I cannot give students enough instruction or practical experience when I am busy” (No. 15), “I worry how much students are learning under my instruction” (No. 20), “I worry whether students’ experience under my instruction meets practicum goals” (No. 21), and “I have to drive carefully when students are riding with me” (No. 30). Significant differences were also observed in participants with 2 to 3 years and 3 to 4 years of experience for “I feel I have no time to engage deeply with students” (No. 12), in participants with 4 to 5 years and 5 to 6 years of experience for “The short practicum time does not allow me to provide adequate instruction” (No. 14) and “I feel that students did not gain a layperson’s perspective” (No. 32), and in participants with 6 to 7 years and 7 to 8 years of experience for “Students do not know how to behave appropriately during home visits” (No. 1) and “Students cannot communicate with clients” (No. 2). Significant differences were also evident in

participants with 8 to 9 years and 9 to 10 years of experience for “Students do not know how to behave appropriately during home visits” (No. 1), “Students do not know specifically what they want to learn” (No. 3), and “Students do not prepare in advance, and do not come up with their own questions” (No. 6), in participants with 10 to 15 years and 15 to 20 years of experience for “Students cannot communicate with clients” (No. 2), and in participants with 15 to 20 years and ≥ 20 years of experience for “I am unsure how to integrate students’ different motivations for learning” (No. 10) and “I feel that students did not understand comprehensive regional care systems” (No. 34).

4) Comparison of responses by years of nursing experience (Table 6)

Significant differences were found in participants with 5 to 10 years and 10 to 15 years of nursing experience for “I have little practical experience and am concerned about leading a practicum” (No. 24), and in participants with 15 to 20 years and ≥ 20 years of experience for “Students do not know specifically what they want to learn” (No. 3) and “Students do not prepare in advance, and do not come up with their own questions” (No. 6). No significant differences were observed in participants with < 5 years of nursing experience for any item.

IV. Discussion

Analysis of the relationship between years of home health nursing experience and responses to questionnaire items showed that the participants with 0 to 6 years of home health nursing experience were concerned that the practicum time was too short to provide adequate instruction and that students’ experience under their instruction might not be meeting practicum goals. Matsuo & Takada (2013) stated that outcomes of practicums are affected by maintaining close contact with practicum instructors and proactively sharing information about students’ advance preparation status, students’ thoughts and feelings, and whether or not simulations have been completed in class while devising strategies to promote learning. To alleviate instructors’ concerns, faculty members need to thoroughly discuss students’ learning level, and thoughts and attitude in relation to the practicum in preliminary meetings with instructors. Faculty members must also physically visit the practicum site during the practicum and proactively exchange opinions with instructors to ensure that practicum goals can be achieved.

<Table 5> Difficulties faced by supervisors, clinical instructors, and home health nurses during home health nursing practicums

No	question	1 agree		2 somewhat agree		3 somewhat disagree		4 disagree		Chi-square value
		frequency	%	frequency	%	frequency	%	frequency	%	
1	Students do not know how to behave appropriately during home visits	4	5.1	28	35.9	27	34.6	19	24.4	2.922
2	Students cannot communicate with clients	13	16.7	40	51.3	18	23.1	7	9.0	** 10.051
3	Students do not know specifically what they want to learn	17	21.8	28	35.9	23	29.5	10	12.8	1.846
4	Students do not what is their purpose to learn	12	15.4	25	32.1	25	32.1	16	20.5	0.205
5	Students are not very responsive, and I do not know what they are thinking	14	17.9	38	48.7	20	25.6	6	7.7	** 8.667
6	Students do not prepare in advance, and do not come up with their own questions	16	20.5	35	44.9	20	25.6	7	9.0	** 7.385
7	I feel that students lack interest and motivation	6	7.7	34	43.6	22	28.2	16	20.5	0.051
8	I feel that students are not proactive about their learning	8	10.3	39	50.0	22	28.2	9	11.5	3.282
9	I feel that students sometimes do not fully understand what I teach	3	3.8	39	50.0	28	35.9	8	10.3	0.462
10	I am unsure how to integrate students' different motivations for learning	25	32.1	30	38.5	19	24.4	4	5.1	** 13.128
11	It is concerning when home visits go over time to fit the teaching plan	2	2.6	7	9.0	29	37.2	40	51.3	** 46.154
12	I feel I have no time to engage deeply with students	22	28.2	30	38.5	15	19.2	11	14.1	** 8.667
13	I feel that the short practicum time limits students' learning potential	17	21.8	32	41.0	18	23.1	11	14.1	* 5.128
14	The short practicum time does not allow me to provide adequate instruction	16	20.5	32	41.0	21	26.9	9	11.5	* 4.154
15	I feel that I cannot give students enough instruction or practical experience when I am busy	24	30.8	28	35.9	20	25.6	6	7.7	** 8.667
16	It is difficult to teach during the visit so I feel I could not teach fully enough.	14	17.9	31	39.7	24	30.8	9	11.5	1.846
17	I worry to what extend I should teach principles and skills about home health nursing	15	19.2	27	34.6	25	32.1	11	14.1	0.462
18	The lack of the time does not allow me to provide enough guidance on how to write reports.	18	23.1	29	37.2	18	23.1	13	16.7	3.282
19	I am not confident and concerned about teaching how to write reports.	15	19.2	29	37.2	24	30.8	10	12.8	1.282
20	I worry how much students are learning under my instruction	20	25.6	38	48.7	16	20.5	4	5.1	** 18.513
21	I worry whether students' experience under my instruction meets practicum goals	17	21.8	39	50.0	17	21.8	5	6.4	** 14.821
22	I worry about my way of instructions.	12	15.4	31	39.7	29	37.2	6	7.7	0.821
23	I worry about what to tell about educational contents.	11	14.1	30	38.5	32	41.0	5	6.4	0.205
24	I have little practical experience and am concerned about leading a practicum	5	6.4	7	9.0	41	52.6	25	32.1	** 37.385
25	I have little knowledge and am concerned about leading a practicum	3	3.8	11	14.1	40	51.3	24	30.8	** 32.051
26	I am struggling to deal with the different learning purposes and way of teaching in each school.	17	21.8	29	37.2	17	21.8	15	19.2	2.513
27	I feel a burden to teach students along with my work.	10	12.8	30	38.5	27	34.6	11	14.1	0.051
28	I find practicum scheduling to be difficult	23	29.5	31	39.7	16	20.5	8	10.3	** 11.538
29	I find selection of which clients students should visit to be difficult	24	30.8	34	43.6	17	21.8	3	3.8	** 18.513
30	I have to drive carefully when students are riding with me	15	19.2	28	35.9	17	21.8	18	23.1	0.821
31	I feel that students could not understand clients.	7	9.0	29	37.2	31	39.7	11	14.1	0.462
32	I feel that students did not gain a viewpoint of clients	5	6.4	23	29.5	39	50.0	11	14.1	* 6.205
33	I feel that students did not respect clients' dignity	2	2.6	13	16.7	38	48.7	25	32.1	** 29.538
34	I feel that students did not understand community-based integrated care system	4	5.1	25	32.1	37	47.4	12	15.4	* 5.128
35	I feel that students did not understand the home health nurse's perspective	4	5.1	20	25.6	37	47.4	17	21.8	** 11.538

*P < 0.05 ** P < 0.01

<Table 6> Comparison of years of experience of home health nurses with years of experience

question NO	Years of home health nursing experience t-tests							Years of nursing experience t-tests	
	1 year and 1-2years	2-3years and 3-4years	4-5years and 5-6years	6-7years and 7-8years	8-9years and 9-10years	10-15years and 15-20years	15-20years and 20 years of experience	5-10years and 10-15 years	15-20 years and 20 years of experience
1	-0.589	-0.587	0.756	* 4.183	* 3.288	1.238	0.091	0.661	-1.470
2	0.000	0.858	-0.205	* 3.038	1.144	* 2.469	-0.457	0.033	-0.565
3	0.293	0.682	-0.66	-0.632	* 2.9393	0.272	1.146	-1.825	** 0.000
4	0.387	1.351	-0.452	0.843	2.254	0.198	1.192	-1.757	-1.977
5	0.000	2.258	-1.195	1.768	1.315	-0.401	0.587	0.043	-1.891
6	-0.293	-1.254	0.378	2.262	* 2.529	0.000	1.963	1.327	** -2.957
7	-0.949	0.069	-1.464	1.342	1.988	0.149	1.160	0.478	-0.837
8	-0.245	0.084	0.598	2.078	1.265	0.847	0.378	0.241	-1.265
9	1.342	0.208	0.205	0.843	1.956	0.872	1.279	0.105	-0.802
10	-3.098	-1.994	0.598	-0.32	1.265	-0.110	* 2.355	0.152	1.445
11	1.549	-1.144	0.655	0.837	-0.531	0.458	-0.084	0.881	1.013
12	0.974	* -2.482	0.090	0.837	1.492	-0.683	1.422	0.221	0.358
13	* 3.806	0.069	2.207	1.777	-1.082	0.323	-0.175	0.273	1.019
14	* 3.220	-0.157	* 2.645	1.079	-1.350	0.312	-0.183	1.071	1.031
15	* 3.220	0.157	1.679	0.384	0.000	0.046	0.116	0.907	0.710
16	0.949	-2.258	1.452	0.000	-0.438	-0.394	-0.95	0.480	0.087
17	0.490	0.230	1.324	-0.303	-0.425	-1.524	0.256	-1.429	-0.818
18	1.464	0.605	1.890	0.197	2.191	0.000	2.058	0.788	-0.471
19	1.936	0.054	-0.132	0.928	-0.155	-0.717	1.444	-0.998	0.489
20	** 6.708	0.897	1.435	-0.346	-1.171	-1.124	0.486	-0.502	-1.749
21	** 6.708	1.277	0.378	-1.040	-0.632	-0.807	1.638	-0.661	-1.985
22	1.936	2.165	0.448	0.285	-0.332	-0.169	0.893	-1.061	-0.736
23	1.936	2.165	0.448	0.069	-0.964	-0.733	1.161	-1.246	-0.484
24	1.342	-0.186	2.255	0.000	0.000	-1.424	0.285	* * -3.189	0.229
25	1.936	0.587	2.255	-1.040	-0.279	0.136	-1.292	-1.579	0.781
26	0.775	0.264	0.105	0.712	1.533	1.291	0.051	1.450	-0.149
27	0.974	0.165	0.598	0.303	1.600	0.435	-1.722	-0.349	-0.827
28	1.464	-1.254	0.378	0.000	0.133	0.791	0.416	1.217	-0.260
29	1.464	0.000	0.336	0.332	-1.265	1.518	0.091	-0.140	0.291
30	* 3.220	1.526	0.524	0.285	-0.208	0.747	-1.204	-0.085	0.791
31	-0.139	0.084	1.890	0.735	1.350	0.299	0.342	1.015	-0.945
32	-0.775	-1.144	* 2.645	0.735	1.265	0.520	0.607	0.074	-1.304
33	-0.696	-1.787	1.452	0.830	1.754	0.316	0.867	0.480	-0.562
34	-0.293	0.270	0.598	0.187	1.508	0.448	* 2.637	0.776	-0.620
35	-0.372	0.894	0.452	0.266	** 3.651	0.957	0.473	0.822	0.000

*P < 0.05 ** P < 0.01

The participants with 6 to 20 years of home health nursing experience felt that students do not know how to behave appropriately during home visits, students cannot communicate with clients, students do not know specifically what they want to learn, and students do not prepare in advance and do not come up with their own questions. Imagawa, Kitayama & Araki(2016) found that students participating in their first

practicum are more nervous and worried. They thus concluded that instructors and staff of other disciplines should create an environment where instructors and faculty approach students and converse with them, allowing students to give their opinions and ask questions. For students with a profound lack of experience, faculty members and instructors must provide instruction that takes into account factors such as the generational background in which the students were raised and the modern family situation of parents too readily doing their children's work for them. Some students may not feel comfortable talking instructors about the concerns and struggles they have with their daily practicums. Therefore, faculty members must set a time slot in their daily schedule to physically visit the practicum site.

Participants with ≥ 15 years of experience felt unsure how to integrate students' different motivations for learning. Imagawa, Kitayama & Araki (2016) also concluded that instructors and staff of other disciplines should approach students and take initiative in engaging students in conversation. To achieve this, faculty members need to have time in their schedules to identify obstacles to learning and discuss effective teaching methods with instructors. Faculty members must adjust their work schedules to ensure they can visit the practicum site as often as possible during the practicum period. They should also sometimes accompany students on home visits to provide on-site instruction.

Results also showed that respondents with 5 to 15 years of nursing experience did not feel that they have little practical experience and are concerned about leading a practicum, but respondents with ≥ 15 years of nursing experience felt that students do not know specifically what they want to learn and that they do not prepare in advance and come up with their own questions. This may mean that even with nursing experience, specialist knowledge is required to carry out the difficult tasks of a home health nurse, including visiting a client's home, making assessments and decisions, and providing the needed care within the allotted time by oneself.

The above findings indicate that to prepare students for practicums, lecture content should be revised to help students visualize what home visits look like, make assessments based on case details and provide care within the allotted time. Faculty members must also not make instructors solely responsible for students' learning, but rather maintain close contact with instructors and accompany students on home visits as necessary to provide on-site instruction.

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