

Current State of Education Support for Newcomer Nurses Involved
in End-of-Life Care in General Hospitals
: From the Perspective of Enforcement Managers of Newcomer Nursing Staff Training

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一般病院において看取りにかかわる新人看護師への教育支援の現状 — 新人看護職員研修実施責任者の視点 —

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Key Words : new graduate nurse, training, end-of-life care, educational support

Introduction

With the partial revision of the Public-Health Nurses, Midwives, and Nurses Act, it has become mandatory to make an effort to provide new nursing staff with clinical training (hereinafter “new staff training”) starting April 2010. According to the new nursing staff training guideline (Examples of Technical Training) published by Japan’s Ministry of Health, Labour and Welfare, the main component comprising their suggested new staff education program focuses on technical aspects and administrative side of the work. The efforts made towards educating new nurses in general hospitals are geared towards technical skills related to medical treatment, such as managing and assisting the treatment. In many of the general hospitals, a single ward could bustle with patients with all types and stages of diseases, ailments and needs related to medical care while they are tended to and nursed according to each stage, there is still a tendency to give more attention towards those patients and their family where more examines, treatment and medical intervention is needed¹⁾. Education of the new nurses in such environment also focuses on teaching technical skills so the nurses will be able to handle such situations. However, as soon as these new nurses are hired on, they are often asked to assist with nursing for the terminally ill cancer patients. Some, unable to handle the dilemmas and challenges posed by this situation end up leaving the profession altogether²⁾.

To watch over and care for the dying as a specialized professional is a heavy responsibility to a new nurse who had not experienced death so up close and personal and is bound to cause worries in how to respond and handle the situation.

To start educating the new nurses right after they are hired on the care for the terminally ill cancer patients and to respond towards the nurses’ understanding and awareness of providing such care is judged to be too soon, and often related educational guidance and training on such matters are pushed aside for another time. However, to receive appropriate training and education related to end-of-life care, and to experience attending to the passing of another being has a tremendous impact on the views on life and death to the new nurses³⁾, and for the new nurses as professional care providers, it is a matter unavoidable in taking their next step.

Under these circumstances, in February of, 2014, the new nursing staff training guideline was revised, and skills related to caring at the time of death have been added. This indicates that such skills to handle death are necessary for new nurses as well, and in a medical field that is entering an age where death is increasingly becoming a commonplace as the result of becoming a super-aged society, people are starting to look at how educational support can be provided to handle this reality.

In Japan, a systematic educational program for nurses relating palliative care is wanting. With this as a

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backdrop, how to incorporate new staff training on care at the time of death will greatly depend on the training directors' and implementers' views on nursing, life and death, and beliefs on training new nurses.

Therefore, this study is designed to understand the current landscape on the implementation of new nurse training programs; see how the training directors view educating new nurses on end-of-life care; see specifically what kind of training has been implemented; and with this, contribute as a document to assist in considering educational support relating to end-of-life care within the general hospital wards.

Method

1. Parties Cooperating in the Research

Those cooperating in the research were one person responsible for training new nurses in each of 179 general hospitals with at least 200 beds in eight prefectures in Kyushu and Okinawa (hereinafter "training managers").

2. Survey Method

We requested cooperation from care managers in all 179 facilities in writing. The survey form was made independently by the researchers referencing prior research, and was distributed to an appropriate training manager through a care manager at a facility with the intent to cooperate. The forms were unsigned, and those cooperating in the research were asked to return them one month after they were distributed.

3. Survey Details

Items in the survey form were hospital overview (number of beds, presence of palliative care unit or beds, turnover of new nurses after the first year), attributes of training managers (gender, years of nursing experience, title), implementation of new staff training (period, times, format), whether there is new staff training including care at the time of death as well as actual training methods, and reasons why the responder thinks new staff training including end of life care is necessary or unnecessary (free form response). The responses took about 20 minutes.

4. Analysis Method

Replies for each survey item were handled by simple tabulation. Also, free form responses were classified based upon the similarity of their contents and then qualitatively analyzed.

5. Ethical Considerations

We explained in writing to those cooperating in the

research the purport of the project, the protection of personal information, the voluntary nature of the replies, the fact that results would be presented at academic gatherings and other venues and the confirmation of agreement concerning the return of the survey forms. Also, we obtained beforehand and in writing care manager approval of the requests to those cooperating.

This research was performed with the approval (2014-137) of the University of Miyazaki medical ethics committee.

Results

We requested the cooperation of 179 facilities and received replies from 46 people from as many locations for a collection rate of 25.7%. There were no invalid responses from among these.

1. Overview of Replying Hospitals

11 of the 46 facilities (23.9%) have palliative care units or beds, and 34 (73.9%) were general hospitals without such units or beds (one did not respond). On the average, turnover after the first year for new nurses was 4.8 ± 8.1 people (range: 0-36 people, two did not respond).

2. Attributes of Training Managers

The gender of the training managers at the 46 facilities was 1 male and 45 females, with an average of 27.0 ± 5.2 years of nursing experience (range: 12-36 years). As for titles, there was one Director of Nursing, 14 Assistant Directors of Nursing, 30 Nursing Managers and 1 Assistant Nursing Manager.

3. Conducting New Staff Training

New staff training was conducted in all facilities.

The average new staff training period is 11.3 ± 3.3 months (range: 1-24 months, one did not respond), with training conducted an average of 21.4 ± 11.1 times (range: 6-53 times, two did not respond). Five facilities conducted training fewer than 10 times, and 17 locations conducted training at least 25 times. In terms of training format, 32 locations conducted all training on their own (69.6%), 13 facilities outsourced part of the training to an external authority (28.3%), and one hospital did not reply (2.2%).

4. New Staff Training including Care at the Time of Death

1) Whether there is new staff training including care at the time of death

Of the 46 facilities, 41 (89.1%) conduct new staff training including care at the time of death, and 5 (10.9%)

did not. However, two locations planned such training from the second year even though it was not part of new staff training, so currently three hospitals have no plans for this at all.

2) Actual Training Methods

Of the 41 facilities conducting training including care at the time of death, 26 (63.4%) have group training with contents common to new nurse training. 14 (36.6%) locations do not have group training; each department is responsible for their own instruction. At six (14.6%) of these facilities, the content is not common across the entire hospital; each unit conceived of and conducted their own activity. Five locations, however, are considering group training.

Furthermore, of the 46 hospitals, 8 (17.4%) were conducting end of life care and grief care training aside from care at the time of death. During new staff training, at ten (21.7%) facilities, certified nurses (mainly in the palliative care field) participated, and at five locations (10.9%) members of the hospital committee or the managers' committee cooperated through their participation.

5. Understanding of End of Life Care in New Staff Training

1) Need for Training

Of 46 training managers, 37 (80.4%) saw new staff training in end of life care as necessary, and 2 (4.3%) did not.

2) Reasons why Training is Necessary or Unnecessary

There were a total of 60 (multiple responses) free form responses concerning the reason that introduction of new staff training in end of life care was necessary or unnecessary. The most common reasons for this instruction being seen as necessary were the influence on growth as a nurse (senses of ethics, care and life and death) (26 responses), in terms of current needs, it is an important nursing role and skill (17 responses), and the easing of "reality shock" (17 responses). The reasons for seeing this training as unnecessary in new staff training were there not being time in the first year (one response) and the training being better from the second year since the new staff were working hard in building general interpersonal relationships (one response).

Discussion

In 2010, the Ministry of Health, Labour and Welfare mandated that all medical institutions bringing in new

nursing staff provide newcomer nursing staff training, irrespective of the function or scale of the institution, causing all medical institutions to set up systems for smooth onboarding and show specific clinical practice skills that are required for new nursing staff; so doing has filled in gaps between basic nursing education and clinical practice, and also been enormously helpful in improving nursing quality. In the present study, as well, all medical institutions had implemented onboarding. However, the duration of onboarding and number of sessions vary, and appear to be affected by the features of each medical institution or ward; there are also believed to be differences in the basic abilities that newcomers need to acquire. In the future, it will be necessary to assess the abilities that newcomer nurses gain through such training, ascertain what is needed for the training, and investigate how to run effective training.

In particular, some are of the opinion that first-year training is an early time to be incorporating care at the time of death, which was newly added when the Guidelines in Training for New Nursing Staff were revised, and there are likely to be differences between medical institutions or wards along the thoughts of the training enforcement managers or people responsible for enforcing training. However, about 80% of people in Japan end their lives in a hospital, and nearly all end-of-life care is performed in general wards⁴⁾. Thus, many newcomer nurses could be said to be in their first year, and are expected to be unable to avoid being responsible for nursing elderly people or cancer patients who are in the final stages of life. Newcomer nurses have little experience in end-of-life care by the time they are hired, and have also been said to experience significant difficulty when practicing end-of-life care⁵⁾; moreover, caring for critically ill patients has been said to cause nervousness and tension to persist and often lead to the desire to leave one's job⁶⁾. Acquiring a foundation as a nurse⁷⁾ is key to advancing the process of causing newcomer nurses to desire to stay in their profession.

A majority of onboarding enforcement managers in the present study believed it to be necessary to provide education in end-of-life care during onboarding, and the benefits of providing education in end-of-life care during onboarding have attracted attention due to the fact that when newcomer nurses experience end-of-life care in a ward, they grow as nurses (in their views on ethics, nursing, and life and death), and that the

needs of the times include the important roles and skills of nurses, and this has an effect in curbing turnover. Confronting death without any previous preparation poses a major psychological burden on inexperienced newcomers, and this is a problem that cannot be solved by individual efforts. Therefore, it will be necessary to investigate efforts for introducing education in end-of-life care to newcomers in stages, beginning in the first year, to enable them to have a sense that there is a system for supporting newcomers even when facing situations where they have to confront death, as well as for enabling them to quickly acquire a foundation as a nurse, and growing their experience as nurses in end-of-life care.

The results of the present study also show that though group training constitutes the majority of onboarding systems, it would also be desirable to have step-by-step support systems for onboarding, where basic knowledge is introduced by group training and then, as the next step, the features of each department are incorporated to connect them to practice, in order for them to first put their efforts in acquiring a foundation as nurses and reliably become familiar with the necessary skills.

Conclusion

Results from investigating onboarding in 46 facilities that agreed to participate in this study show that all of the facilities conduct onboarding, but that they vary in terms of the duration, number of sessions, and format. Many facilities incorporated care at the time of death into their onboarding. Nearly all training enforcement managers felt it necessary to provide education on end-of-life care in the first year of being on the job, but few facilities also incorporated end-of-life care and grief care in their care at the time of death. However, systems need to be created in order for it to be incorporated step by step into onboarding, in order to prevent nurses from leaving their job because of the needs of the times or the reality shock, and promote their growth as nurses.

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Abstract

The purpose of this study is to survey the current state and reality of the implementation of new nursing staff training (from now on, "new staff training"), to learn how the staff training directors perceive end-of-life care education for new graduate nurses, and to see how these training programs are implemented. Questionnaires were sent to 179 facilities requesting one training director for the new nursing staff (hereinafter "training director") from each institution to answer anonymously the following: basic overview of the hospital, the training director's basic attributes, the existence or non-existence of training, including care for the moment of death, its training method, reasons for feeling it necessary or unnecessary to train the recently graduated and hired nursing staff on end-of-life care. Analysis method was by

simple aggregation. Results: There were responses from 46 facilities, all of which had new staff training in place. However, training on the care at moments of death was implemented in 41 facilities, while five facilities had not implemented. Out of 46 facilities, eight facilities had implemented training on end-of-life care and grief care as well. 37 training directors answered, end-of-life care education for the new nurses is necessary; two answered it as unnecessary. There were 60 entries on reasons new nurses should receive end-of-life care education. 26 answered to influence the growth and maturation as a nurse (i.e. sense of ethics, gaining perspective on nursing, views on life and death). 17 answered that it is an important role and skill necessary for this time and age. Another 17 stated it necessary to soften the blow of the reality shock the new nurses may experience. The reason given for stating it unnecessary was, “not enough time in the first year as it is a period busy in establishing general people skills and relationships” adding that “they can start their training the second year or after.” Conclusion : It is a heavy psychological burden for inexperienced new nurses to face the reality of death. For this reason, it would be beneficial to set up a systematic, step-by-step end-of-life care educational system from the first year where the new nursing staff can feel secure and supported even when they are confronted with situations where death is involved. In such ways, it would be beneficial to consider how the experience of end-of-life care could help the new staff to mature further as nurses.

要 旨

目的：新人看護職員研修（以下、新人研修）の実施状況を把握し、新人研修実施責任者が新人看護師への看取り教育をどのように捉え、研修を実施しているのかを明らかにする。

方法：179施設の新人看護職員研修実施責任者各1名に無記名の質問紙を配布し、病院の概要、新人研修実施責任者の属性、死亡時のケアを含む研修実施の有無と研修方法、新人への看取りケア研修が必要か否か、その理由について回答を求め単純集計を行った。

結果：46施設から回答があり、全施設で新人研修は実施していたが死亡時のケアは41施設が実施、5施設は未実施であった。46施設中8施設が看取りの看護・グリーフケア研修も実施していた。37名の新人研修実施責任者が新人の看取り教育が必要、2名が不要と回答した。新人への看取り教育の導入が必要と考える理由は60の記述が

あり、看護師としての成長（倫理観・看護観・死生観）に影響(26)、時代のニーズとして重要な看護の役割と技術(17)、新人のリアリティショックの緩和(17)であった。必要な理由は、1年目では余裕がない、一般的な対人関係構築で精一杯で2年目以降でよいであった。考察：経験未熟な新人が死に向き合うことは心理的負担が大きい。それゆえ、新人が死に向き合う場面に直面しても、新人を支援する体制がある安心感を抱くことができるような看取り教育を段階的に初年次から導入し、新人の看取り経験を看護師としての成長に繋ぐ取り組みの検討が必要である。

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本研究における利益相反は存在しない。