

# Relationship Between Self-Efficacy and Work Experience and the Actual Conditions of Visiting Nurses' Difficulties in Teaching Home Nursing Practice

Miyuki Tokairin<sup>1\*</sup>, Midori Furuse<sup>2</sup> and Atsuko Kobayashi<sup>1</sup>

<sup>1</sup>School of Nursing, Sendai Seiyo Gakuin College, Sendai, Japan

<sup>2</sup>School of Nursing, Faculty of Medicine, Yamagata University, Yamagata, Japan

## Abstract

This study aimed to clarify the relationship between the actual difficulties in home nursing practice guidance for visiting nurses and their self-efficacy and work experience. The survey method was a web-based cross-sectional study. Furthermore, the survey was conducted on visiting nurses engaged in practical training guidance at home-visit nursing facilities with five or more nursing staff nationwide. The relationship between the 13 items of difficulty in home nursing practice guidance for visiting nurses revealed in the qualitative study by the authors, self-efficacy, and work experience was confirmed using the Spearman rank correlation coefficient and the Mann-Whitney U test. Visiting nurses have a sense of difficulty in teaching home nursing practice, and this may increase items that cannot be solved by the experience and efforts of visiting nurses, such as understanding students of different generations and building mutual relationships with students in a short period of practical training. Difficulties in providing home nursing training guidance for visiting nurses may be due to their work experience and self-efficacy.

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## Introduction

The curriculum revision in basic nursing education has resulted in an increase in the number of credits for community and home nursing. This change aims to enhance the understanding of people living in the community and reinforce the learning of nursing roles and interprofessional collaboration through diverse practical training sessions [1]. Home nursing is for people at all life stages, and highly specialized nursing practice is required for individuals with high medical dependence, intractable diseases, disabilities, and those who wish to spend the last stage of their lives at home [2]. To train nurses to respond to these problems, it is essential to provide them with practical guidance by visiting nurses.

In a study on practical training guidance for visiting nurses, visiting nurses collaborated with faculty members so that students' learning was not interrupted [3]. They explained home care life after considering that students can practice with peace of mind [4]. Additionally, 70% of visiting nurses are in their 40s or older [5], have 10 years or more of nursing experience, and have five years or more of visiting nurse experience [6] [7]. Since many have a wealth of experience, it can be inferred that substantial practical training guidance is being implemented.

In contrast, a previous study [8] revealed that visiting nurses had difficulties providing practical training due to factors such as generational gaps, a sense of burden on accompanying visits, difficulty in providing practical training, and anxiety about giving practical training guidance in their own way. One belief that individuals can overcome difficulties is the self-efficacy theory proposed by Bandura [9]. Self-efficacy is an individual's belief in whether a desired goal can be reached in a given situation [9-11]. Individuals with a strong sense of self-efficacy perceive difficulties as challenges to be mastered rather than threats, set goals, and strive to achieve tasks [10]. Tsuboi et al. developed a Teacher Efficacy Scale for practical training guidance of nursing teachers. Moreover, they found that those who are older have

long teaching experience and a high sense of self-efficacy toward practical training guidance by nursing teachers [12]. The survey using the Teacher Efficacy Scale also confirmed that the self-efficacy of visiting nurses in practical training guidance was higher than that of nursing teachers and training instructors working in hospital wards. Furthermore, it was significantly higher for those directly involved in their role in education, practical teaching experience as a visiting nurse, and students [13].

From the above, we believe that clarifying the relationship between the actual difficulties in home nursing training guidance and self-efficacy. Notably, the work experience of visiting nurses will provide primary data for offering support to appropriate practical training guidance according to the characteristics of visiting nurses. Therefore, this study aimed to clarify the relationship between the actual situation of difficulties in home nursing practice guidance by visiting nurses and their self-efficacy and work experience.

## Methods

### Methods

Cross-sectional research through web surveys.

### Survey period

March–June 2021

**\*Corresponding Author:** Dr. Miyuki Tokairin, School of Nursing, Sendai Seiyo Gakuin College, Sendai, Japan; E-mail: [m\\_tokairin@seiyogakuin.ac.jp](mailto:m_tokairin@seiyogakuin.ac.jp)

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## Targets and data collection methods

This study was conducted with visiting nurses nationwide engaged in practical training. Search for information related to nursing care establishments and daily life nursing care service information disclosure system [14]. We narrowed the number of nursing staff by five or more and extracted 6,316 establishments from 47 prefectures. We sent a postcard containing this study's objective and the QR code and URL of the web survey to the managers of the target sites. We asked them to circulate it to visiting nurses engaged in practical training guidance and encouraged them to respond to the survey items. Data were collected by reading visiting nurses' QR codes, URLs, and survey answers.

## Contents of the Survey

### Basic attributes

The basic attributes were age; sex; position: administrator, chief, staff, other; status of completion of home nursing theory; educational role: current educator, student instructor, other educational role; training attendance; whether or not they had attended a prefectural training instructor training course; and whether they had participated in practical training other than a prefectural nursing training instructor course.

### Practical training guidance status

We asked whether they had experience teaching practical training as visiting nurses, how many years of experience they had as visiting nurses, whether they had experience training as hospital nurses, and how many years of experience they had.

### Difficulty in nursing guidance

Difficulties in teaching home nursing practice to visiting nurses have been identified in previous studies [15] and 13 items were used. The 13 items were "Guidance for students who cannot have visiting manners," "Guidance for students who cannot continue to have conversations with users and their families," "Guidance in situations where they feel differences in lifestyles at the user's home," and "Guidance for young people today," "Dealing with the burden of practical training," "Practical training guidance that takes into account the burden of users," "Guidance when the learning situation is unclear," "Practical training is set according to the student's wishes," "Guidance on home-visit nursing is not conveyed," "Short-term instruction," "Guidance for unmotivated students," "Anxiety about teaching methods," "Anxiety about instruction that does not fit the current era." The answers were asked according to the Visual Analog Scale (VAS). Since these characteristics can be measured as continuous variables, subtle changes could be captured sensitively. In this survey, a straight line from 0 points (I do not think it is difficult at all) to 100 points (I think it is quite difficult) was shown on the web. The tabs were moved to a position that applied to the degree of difficulty respondents felt about home nursing practice guidance. Noteworthy, the higher the score, the higher the degree of difficulty.

### Self-Efficacy of practical training guidance

Developed by Tsuboi et al. [12], the seven-factor 28 items of the Teacher Efficacy Scale for Practical Education of Nursing University Teachers were used as self-efficacy for practical training guidance of visiting nurses. Specifically, Factor 1: "Confidence in the ability to conduct conferences" comprised "Make conferences a place for

students to express their opinions and discussions freely," "Conduct conferences so that students can become aware of each other," "Make conferences a place for students and practical instructors to learn together," "Utilize group dynamics in conferences," and "Decide on a theme that suits the student's interests and hold a conference," Factor 2: "Confidence in being able to utilize practical nursing skills" entailed "Able to explain the situation of the other person to the student in an easy-to-understand manner," "Judge the mistake when the student's nursing behavior is wrong," and "Assist the student in a situation where care that is not in the plan is required." Factor 3: "Confidence in respecting students as a learner" consisted of "Recognize and respect the differences of individual students," "Show trust in students," "Respect students' ideas and abilities," "Wait for students' awareness," and "Create an atmosphere where students can easily talk to you." Factor 4: "Confidence in using techniques to deepen learning" comprised "Conduct individual interviews with students when necessary," "Use practical training records for instruction," "Record episodes of students during practical training and use them for evaluation," and "Incorporate practical evaluation from students to practical training instructors." Factor 5: "Confidence in being able to prepare for practical training" entailed "Predict what students are likely to learn during practical training," "Grasp the training environment before the practical training," "Make a schedule during the practical training before the practical training," and "Adjust so that the target person can be selected according to the purpose and goal of the practical training." Factor 6: "Confidence in the student's situation" consisted of "I have an evaluation standard for judging the student's clinical practice ability" and "I will evaluate the practical training based on the learning objectives and goals." Factor 7: "Confidence in students' ability to promote learning" comprised "Asking questions that motivate students to learn," "Motivating students to learn about their professional attitudes and abilities," and "Asking questions that will help students solve problems in the field of practical training," for a total of 28 items. For each of them, the scores were calculated on a four-point scale (1 = I do not think I can do it; 2 = I do not think I can do much; 3 = I think I can do it somewhat; and 4 = I think I can do it). The score ranges from 28–112 points, and its reliability and validity have been confirmed. The higher the score, the higher the self-efficacy in home nursing practice guidance.

### Difficulties in teaching nursing practice by training instructors

To verify the standard-related validity of a tool for measuring difficulties in home nursing practice guidance, Hosoda et al. [16] used four factors and 20 items of difficulties in teaching nursing practice of the training instructors. Specifically, Factor 1: "Practical Instructor's Own Competence" consisted of "I am not confident in my teaching method," "I am not able to respond to individual differences of students," "I am unable to convey the difference between school and clinical practice to students," "It is difficult to interpret students' reactions," "It is difficult to relate to students," and "It is difficult to guide student records." Factor 2: "Psychological distance from students" entailed "I cannot understand what students are thinking," "It is difficult to bridge the generational gap with students," "It is difficult to see students' attitudes and attitudes in a positive way," and "I cannot convey the charm and enjoyment of nursing to students." Factor 3: "Learning environment and learning content" comprised "I cannot provide a comfortable, practical environment for students," "I can't grasp the knowledge and skills that students have already learned," "I cannot grasp the knowledge and skills that students have already learned," "Difficulty in coordinating student guidance and work," "Inability to understand the level of achievement of practical

training goals," and "Inability to understand students' learning needs." Factor 4: "Interpersonal relationships other than students" consisted of "Difficult to relate to administrators," "Difficult to relate to medical professionals in other professions," "Difficult to relate to other staff," "Difficult to relate to students' patients," "Difficult to relate to patients," and "It is difficult to relate to the school (teachers)." For each of them, a score of "strongly agree," "sometimes agree," "neither," "not very much," and "not at all agree" was obtained, and 1–5 points were assigned, and the total score was calculated for each factor. The score ranges were 6–30 points for Factor 1, 4–20 points for Factor 2, 5–5 points for Factor 3, and 5–25 points for Factor 4.

Analysis Method

Descriptive statistics were calculated for three items: basic attributes of the participants, status of practical training, and difficulty in implementing home nursing practice guidance<sup>1</sup>. Subsequently, the 13 items of difficulties in home nursing practice guidance and the external criterion "Difficulty in teaching nursing practice by training instructors [16]" were examined, and the criterion-related validity of "self-efficacy of practical training guidance [12]. Spearman's rank correlation coefficient confirmed the relationship. The relationship between basic attributes and work experience was established using the Mann–Whitney U test. All statistical tests were conducted using SPSS Windows software version 24 with a significance level of less than 5%.

Ethical Considerations

The administrator and the visiting nurses were informed that the data collected in this survey will be strictly limited to the study's objectives and will not be used to identify the office or individual. Moreover, the personal information acquired on the web will only be age, sex, and e-mail address, and data handling will be strictly managed to ensure security and any unauthorized disclosure. It was posted on the web that there would be no negative consequences associated with not gaining cooperation voluntarily. Furthermore, it is possible to withdraw from research cooperation midway, and there are no drawbacks to the research participant even if consent is withdrawn. Additionally, in case of withdrawal of consent, their information will be removed from the research data as much as possible. However, if the research results, such as papers, have already been published, removing them will not be possible, and consent will be obtained by checking the set items.

The Ethical Review Committee of Yamagata University School of Medicine approved this study (approval No. 2020-164).

Results

Of the 286 respondents who checked the consent column for survey cooperation and had no gaps in the response data, 247 were excluded due to duplicate and erroneous transmissions. Furthermore, 199 respondents who answered "experience in practical training as a visiting nurse" were included in the analysis.

Basic attributes and work experience (Table 1)

The age of the participants was 49.3 ± 7.5 years (mean ± standard deviation), 186 women (93.5%) and 13 men (6.5%), with 11 years of experience as visiting nurses (0±7). It was two years.

There were 133 managers (66.8%), 107 (43.3%) in-service educators, 84 (34.0%) student guidance officers, 73 (36.7%) enrolled in home nursing courses, 89 (44.7%) participants attended a prefectural training instructor course, and the number of years of practical training as a visiting nurse was 6.1±5.9 years. The experience of practical training as a hospital nurse was 4.5±5.9 years.

Table 1: Basic attributes and work experience.

N=199			
		Mean	SD
Age		49.3	7.5
Work Experience	Nurse	24.9	7.8
	Hospital nurse	12.7	7.9
	Visiting nurse	11	7.2
Practical Training Experience	Hospital nurse	4.5	5.9
	Visiting nurse	6.1	5.9
		n	%
Sex	Female	186	(93.5)
	Male	13	(6.5)
Position	Administrator	133	(66.8)
	Chief	23	(11.6)
	Staff	41	(20.6)
	Others	2	(1.0)
Educational Role	Current educator	86	(43.2)
	Student instructor	79	(39.7)
	Others	20	(10.1)
Status of Completion of Home Nursing Theory		73	(36.7)
Training attendance	Instructor training course	89	(44.7)
	Others	62	(31.2)

Difficulty in nursing home guidance (Table 2)

The difficulties in providing home nursing practice guidance were, from the top, "Guidance for students who are not motivated" 77 (50–92) (median (interquartile range)), "Guidance when the learning situation is unclear" 67 (50–81), "Guidance on home-visit nursing is not conveyed" 66 (50–82), "Guidance for students who do not have visiting manners" 65 (28–81), "Instruction in a short time" 62 (50–92), and "Practical training settings according to the student's wishes" 56 (50–69).

Relationship between the actual conditions of visiting nurses' difficulties in teaching home nursing practice (Table 4)

Basic attributes and work experience

For the number of years of experience as a nurse, "Guidance when the learning situation is unclear," "Practical training is set according to the student's wishes," and "Guidance about home-visit nursing is not conveyed." The number of years of experience as a visiting nurse is "Guidance for students who cannot have visiting manners," "Guidance for students who cannot continue to have conversations with users and their families," "Guidance in situations where they feel differences in lifestyles at the user's home," and "Coping with the burden of

Table 2: Difficulty in nursing home guidance.

N=199

	Med(25-75)
Guidance for unmotivated students	77(50-92)
Guidance when the learning situation is unclear	67(50-81)
Guidance on home-visit nursing is not conveyed	66(50-82)
Guidance for students who cannot have visiting manners	65(28-1)
Short-term instruction	62(50-78)
Practical training is set according to the student's wishes	56(50-69)
Dealing with the burden of practical training	50(43-72)
Anxiety about teaching methods	50(37-73)
Anxiety about instruction that does not fit the current era	50(37-70)
Guidance that takes into account the burden of users	50(30-68)
Guidance for young people today	50(28-70)
Guidance for students who cannot to have conversations with users and their families	50(27-74)
Guidance in situations where they feel differences in lifestyles at the user's home	50(24-61)

In this survey, a straight line from 0 points (I do not think it is difficult at all) to 100 points (I think it is quite difficult)  
The higher the score, the higher the degree of difficulty

practical guidance." Significant negative correlations were found between "Practical training guidance that takes into account the burden on the user," "Practical training settings that meet the student's wishes," "Anxiety about teaching methods," and "Anxiety about instruction that does not suit the current times."

Compared to those who did not, administrators responded with the following criteria: "Guidance for students who are unable to continue conversations with users and their families," "Dealing with the burden of practical guidance," "Practical guidance that takes into account the burden on users," "Guidance when the learning situation is unclear," "Practical training settings that meet the student's wishes," "Guidance on home-visit nursing is not conveyed," "Guidance for students who are not motivated," "Anxiety about teaching methods," and "Anxiety about guidance that does not fit the current era" was a result of a significantly lower difficulty score in the nine items. Compared to those who did not, the head teacher scored considerably higher in the two items of "Guidance for students who cannot use visiting manners" and "Coping with the burden of practical training." Compared to those who did not, the staff scored significantly higher in the following seven items: "Practical training guidance that takes into account the burden on the user," "Guidance when the learning situation is not clear," "Practical training that meets the student's wishes," "Guidance about home-visit nursing is not conveyed," "Guidance for students who are not motivated," "Anxiety about teaching methods," and "Anxiety about guidance that does not suit the current era."

Compared to those who were not, in-service educators scored significantly lower on the following three items: "Practical training guidance that takes into account the burden on the user," "Practical training settings that meet the student's wishes," and "Anxiety about the teaching method." Compared to those who did not, the student guidance staff scored significantly higher in one item, "Anxiety about teaching methods."

**Relationship with self-efficacy for practical training guidance**

Weak to moderately significant negative correlation between 12 items of difficulty in home nursing practice guidance except

"Guidance when the learning situation is unclear" and self-efficacy in practical training guidance ( $r=-0.146$  to  $-0.312$ ,  $p=0.039-0.000$ ) was recognized.

**Relationship Between Practical Instructors and Teaching Difficulties in Nursing Practice**

There was a moderately significant positive correlation between the 13 items of difficulty in home nursing practice guidance and Factor 1: "Difficulties related to the competence of the training instructor" ( $r=0.228-0.540$ ,  $p=0.001-0.000$ ) and Factor 2: "Difficulties related to psychological distance from students" and weak to moderately significant positive correlation ( $r=0.169-0.430$ ,  $p=0.017-0.000$ ), moderately significant positive correlation with Factor 3: "Difficulties related to the learning environment and learning content" ( $r=0.252-0.383$ ,  $p=0.000$ ). There was a weak to moderately significant positive correlation ( $r=0.101-0.306$ ,  $p=0.029-0.000$ ) with Factor 4: "Scores of difficulties related to interpersonal relationships other than students."

**Discussion**

Compared to a previous study [13], the average age of the survey participants was 49.2 years old (approximately 3 years older), but more than 90% were women, and approximately 40% played the role of training instructors. The participants in this study were female managers with a wealth of experience in home-visit nursing, and it was thought that they were providing practical training guidance in parallel with their daily work. Moreover, more than 40% of the respondents had attended a prefectural training instructor course, higher than the 10% of hospital nurses in a previous study [17]. This was because the participants had 24.9 years of nursing experience and had many opportunities to take the course. Conversely, they might have been a group with a high need to acquire knowledge about practical training.

As a result of the correlation analysis of this survey between "Difficulties in home nursing practice guidance" and "Difficulties in training guidance in nursing practice by training instructors," there was a weak to moderate significant positive correlation. The validity of the criterion as a tool for measuring "Difficulty in home nursing practice guidance" was confirmed.



Table 3: Relationship between the actual conditions and basic attributes of visiting nurses difficulties in teaching home nursing practice.

	Female	Male	Administrator	Chief	Staff	Current educator	Student instructor	Status of completion of home nursing	Training attendance
Guidance for students who cannot have visiting manners	67(29-82)*	38(14-69)	61(26-82)	74(53-86)*	68(32-82)	62(28-81)	62(25-79)	68(30-86)	61(36-81)
Guidance for students who cannot continue to have conversations with users and their families	50(29-74)	50(19-74)	50(22-72)*	65(38-76)	61(36-79)	50(27-72)	50(29-76)	50(30-74)	50(3472)
Guidance in situations where they feel differences in lifestyles at the user's home	50(24-61)	36(22-57)	44(23-55)	50(24-72)	50(31-66)	50(21-54)	50(24-64)	50(25-65)	50(24-66)
Guidance for young people today	50(28-72)	31(19-54)	50(24-67)	66(30-72)	50(40-75)	50(34-66)	50(23-72)	50(24-73)	50(28-69)
Dealing with the burden of practical training	50(46-72)	50(26-77)	50(37-68)**	64(50-83)*	53(50-79)	50(36-69)	50(49-75)	50(44-67)	50(44-72)
Guidance that takes into account the burden of users	50(30-69)	50(22-62)	50(30-64)*	50(31-74)	63(40-76)*	50(30-59)*	50(29-74)	50(30-64)	50(31-66)
Guidance when the learning situation in unclear	67(50-81)*	45(20-77)	64(50-78)**	73(50-84)	74(62-86)*	66(50-81)	67(50-81)	66(50-83)	69(50-81)
Practical training is set according to the student's wishes	55(50-83)	60(20-66)	50(41-67)**	63(50-76)	63(50-80)	50(40-65)**	62(50-76)	54(47-68)	58(50-74)
Guidance on home-visit nursing is not conveyed	68(50-83)**	50(36-59)	62(50-77)**	73(50-84)	75(50-88)	62(50-76)	68(50-87)	68(50-86)	68(50-82)
Short-term instruction	62(50-77)	67(36-85)	59(50-77)	71(50-87)	71(50-79)	60(50-77)	66(50-78)	64(50-76)	64(50-81)
Guidance for unmotivated students	78(50-93)*	67(28-81)	71(50-87)**	83(73-100)	82(76-98)*	73(50-85)	80(50-93)	76(50-95)	80(50-94)
Anxiety about teaching methods	50(43-74)	44(30-55)	50(29-98)**	50(50-76)	69(50-87)**	50(29-62)**	51(44-80)	50(50-74)	50(40-67)
Anxiety about instruction that does not fit the current era	50(36-70)	50(39-64)	50(23-67)*	50(43-77)	50(50-75)*	50(22-65)	50(50-73)*	50(50-71)	50(3264)

Med (25-75)

\*\* P<0.01

\* P<0.05

Table 4: Relationship between self-efficacy and work experience and the actual conditions of visiting nurses' difficulties in teaching home nursing practice

	Age		Work Experience			Self-Efficacy		Teaching difficulties	
	r	Nurse		Hospital nurse		Visiting nurse		r	r
		r		r		r			
Guidance for students who cannot have visiting manners	-0.17*	-0.14	0.00	0.00	-0.15*	-0.22**	-0.27**	0.27**	
Guidance for students who cannot continue to have conversations with users and their families	-0.10	-0.10	-0.02	-0.02	-0.15*	-0.20**	0.33**	0.33**	
Guidance in situations where they feel differences in lifestyles at the user's home	-0.05	-0.03	0.07	0.07	-0.21**	-0.31**	0.33**	0.33**	
Guidance for young people today	-0.07	-0.05	0.00	0.00	-0.10	-0.24**	0.38**	0.38**	
Dealing with the burden of practical training	0.00	-0.07	0.05	0.05	-0.16*	-0.20**	0.37**	0.37**	
Guidance that takes into account the burden of users	-0.04	-0.01	0.10	0.10	-0.17*	-0.24**	0.32**	0.32**	
Guidance when the learning situation is unclear	-0.14	-0.15*	-0.09	-0.09	-0.08	-0.12	0.23**	0.23**	
Practical training is set according to the student's wishes	-0.11	-0.18*	0.01	0.01	-0.22**	-0.23**	0.33**	0.33**	
Guidance on home-visit nursing is not conveyed	-0.10	-0.16*	-0.03	-0.03	-0.09	-0.15*	0.30**	0.30**	
Short-term instruction	-0.08	0.00	0.07	0.07	-0.14	-0.17*	0.27**	0.27**	
Guidance for unmotivated students	-0.10	-0.12	-0.07	-0.07	-0.01	-0.27**	0.34**	0.34**	
Anxiety about teaching methods	-0.12	-0.13	-0.01	-0.01	-0.22**	-0.24**	0.48**	0.48**	
Anxiety about instruction that does not fit the current era	-0.03	-0.05	-0.01	-0.01	-0.17*	-0.19**	0.43**	0.43**	

Spearman's rank correlation

\*\* P<0.01

\* P<0.05

The respondents of the analysis responded from the top of the list of difficulties in home nursing practice guidance: "Guidance for students who are not motivated," "Guidance when the learning situation is unclear," "Guidance about home-visit nursing," "Guidance for students who cannot perform visiting manners," "Guidance in a short time," and "Training settings that meet the student's wishes."

The median difficulty score was 50 or higher for all 13 items, and students were considered to have at least a moderate or more elevated sense of difficulty. In a survey of hospital nurses by Hosoda et al., difficulties in practical training guidance were related to the length of work experience and height of the position [16]. Additionally, visiting nurses can broadly grasp the whole thing while using their expertise and knowledge and providing practical training guidance [18]. In this survey, the difficulty score was significantly lower for "Guidance in situations where the student's lifestyle is different," "Training is set according to the student's wishes," and "Anxiety about the teaching method" is significantly lower as the number of years of experience as a visiting nurse is extended, suggesting that the student responds to difficulties in practical training guidance by making use of her abundant experience and knowledge. Conversely, "Guidance for young people today," "Guidance when the learning situation is unclear," "Guidance on home-visit nursing is not conveyed," "Guidance in a short time," and "Guidance for students who are not motivated" scored high on difficulties. There was a sense of understanding among students of different generations, the inability to obtain information on student readiness and course completion status from educational institutions, and a sense of time urgency. The sense of difficulty increased when the problem could not be solved through the experience and knowledge of the visiting nurses.

Concerning work experience, managers scored significantly lower on 9 out of 12 items than those who did not. In small and medium-sized business establishments, managers are expected to have many opportunities to meet with educational institutions, accept students for practical training, and participate in conferences and reviews. Specifically, the administrator is in a position to be involved in the preparation and guidance of practical training based on the institution's philosophy, the users' characteristics, and nursing based on the educational purpose of the educational institution. It is considered that the ability to respond to difficulties is enhanced by directly sensing the training results from the students' growth and learning. However, the staff scored significantly higher on seven items, including "Practical training guidance that considers the burden on the user" and "Guidance when the learning situation is unclear." It is necessary to share knowledge about the students' practical training results and the content of office instructions to alleviate the staff's sense of difficulty.

Concerning self-efficacy in home nursing practice, a significant negative correlation was observed for difficulty in 12 of the 13 items. This allows visiting nurses to develop a sense of self-efficacy, an internal belief about whether they can reach the desired goal [9]. Therefore, it was considered possible to respond to the feeling of difficulty. Self-efficacy is not acquired spontaneously but is said to change depending on four sources: achievement of executive behavior with actual doing and successful experience, vicarious experience of observing the behavior of others, verbal persuasion to obtain self-reinforcement and persuasive suggestions from others, and emotional arousal to experience physiological responses [9] [11]. Furthermore, the most powerful of the four sources of information is a sense of accomplishment due to the experience of success, which increases the

importance of feasibility that "I will be able to do it again" for the same experience [11]. It is conceivable that visiting nurses with a wealth of expertise increase their self-efficacy by achieving success through trial and error through their own life experiences and work performance. They actively conduct practical training guidance while demonstrating a sense of self-efficacy in practical training guidance for students. However, it can be inferred that the practical training guidance provided in parallel with nursing care at the user's residence causes many difficulties in succession, in addition to those investigated by researchers. Since self-efficacy is said to have a long-term effect on the performance of specific behaviors and general behavioral tendencies [11], it is important to provide continuous support to visiting nurses who identify countermeasures for various difficulties.

## Limitations

The difficulties in teaching home-based nursing practice for visiting nurses are considered diverse. These include nursing practice in a home-based environment, relationships with users, students, educational institutions, and those related to the educational system. Furthermore, there was a limit to the scope of this survey. In the future, we will continue this survey, increase and analyze data, and consider a method of supporting practical training that can reduce the difficulties faced by visiting nurses during home nursing training.

## Conclusion

The following findings were obtained by verifying the relationship between the difficulties of home nursing practice guidance and the perception of home nursing practice guidance for visiting nurses.

1. Visiting nurses have difficulties teaching home nursing practices. The items with the highest difficulty scores were, from the top, "Guidance for students who are not motivated," "Guidance when the learning situation is unclear," "Guidance about home-visit nursing," "Guidance for students who cannot perform visiting manners," "Guidance in a short time," and "Practical training settings that meet the student's wishes," as well as understanding students of different generations and building relationships with students in a short period of practical training. It was considered that there is a possibility that there will be an increase in items that cannot be solved by the experience and efforts of visiting nurses.
2. Visiting nurses' work experience and self-efficacy were believed to contribute to their ability to handle difficulties in practical training guidance.

## Competing Interests

The authors declare that they have no competing interests.

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