A Study on the Changes in the Perception of Human Caring Among Japanese Nursing School Students During Their First Year [1]

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Introduction [7]

A new curriculum for basic nursing education was implemented in Japan in 2022, prompted by changes in the country's population and disease structure, as well as the diversification of care settings[8]. This new curriculum emphasizes the strengthening of foundational skills necessary for communication and clinical judgment[9]. School A, a three-year nursing school, introduced a new curriculum in the 2022 academic year based on Watson's theory of human caring[10]. To learn the significance and importance of human caring as the essence of nursing, the school implemented a series of courses called "Human Caring I, II, and III" for each year level[11]. A previous study found that students' recognition of human caring improved with each academic year[12]. This study was conducted to visualize how the perception of human caring changes in students at School A after they have experienced practical training[13].

I. Research Purpose

To clarify the changes in the perception of human caring among first-year students at School A from the time of their enrollment until after their practical training in January of the second semester, and to gain insights for student support under the new curriculum[15].

II. Definition of Terms (as defined by School A)

Human Caring: Defined as "something that is based on relationships with people, exists with love and a sincere heart for oneself and others, refines sensitivity to oneself and others, and shows interest in all aspects of life." [17]It is also defined as "bringing about mutual human growth by providing respectful support." [18]

III. Research Methods and Ethical Considerations

1. **Subjects** [20]

   93 first-year students who enrolled in April 2022[21]. The group included high school graduates, as well as working adults and university graduates[22].

2. **Research Methods (Data collection and analysis)** [23]

   A survey was conducted using an email system's questionnaire function[24]. The survey was administered three times: in April and August 2022, and in February 2023[25]. The 24-item questionnaire on caring was created by the researchers with guidance from Mr. Kawano, an expert on the subject, and referenced a book by Watson[26]. The questions were based on a five-point scale, with "5 Always true," "4 Often true," "3 Sometimes true," "2 Not very true," and "1 Not at all true"[27]. The estimated completion time was about five minutes[28]. Data analysis involved simple tabulation to analyze the changes in April, August, and February of the students' first year[29].

3. **Ethical Considerations** [30]

   This study was approved in advance by the Research Ethics Committee of School A[31]. The subjects were informed of the study's purpose and were told that their participation or non-participation would not affect their academic performance, that their anonymity would be maintained, and that the results would be compiled for research presentations such as school bulletins[32]. It was also explained that completing the survey would constitute consent to participate in the research[33].

IV. Results

1)

Survey Collection Results The number of responses collected was equal to the number of valid responses[35].

- April: 85/93 students (91.4% response rate) [36]
- August: 64/93 students (68.8% response rate) [37]
- February: 66/93 students (71.0% response rate) [38]

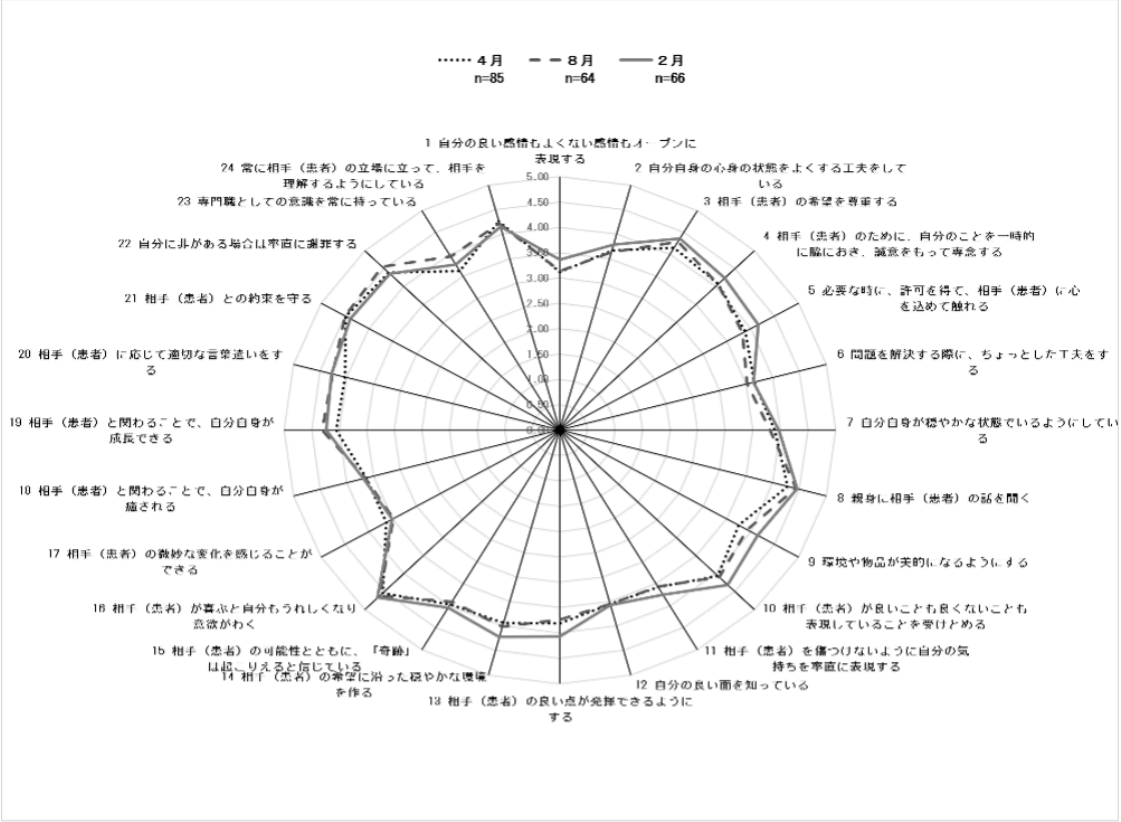

Figure 1 Questionnaire results (comparison between April, August, and February (see key below)

V. Discussion

Items that exceeded the average value during the one-year period from enrollment in April to February included "3 Respect the wishes of the other person" and "4 Put my own needs aside temporarily and dedicate myself with sincerity for the sake of the other person," which are respectful attitudes[40]. Other items included "8 Listen attentively to what the other person has to say" and "10 Accept the good and bad things that the other person expresses," which are listening and receptive attitudes[41]. The study also focused on actions that consider the other person's feelings based on mutuality, such as "16 I feel happy when the other person is happy, which motivates me," "19 I can grow as a person through my interactions with the other

person," "20 Use appropriate language for the other person," "21 Keep promises with the other person," "22 Apologize honestly when I am at fault," and "24 Always try to understand the other person by putting myself in their shoes"[42]. It also focused on environmental adjustments like "14 Create a peaceful environment that aligns with the other person's wishes"[43]. This suggests that students who aspire to be nurses have a high level of interest in people from the time they enroll, and it is believed that human caring classes and practical training experiences promoted these qualities and interests, leading to an increase in the overall average score[44]. Additionally, there were 11 items that, while below the average value, showed a greater increase in February compared to April, indicating that one year of learning brought about changes in the students[45].

On the other hand, the items that were below the average and decreased in February compared to April were "6 Make small adjustments when solving problems" and "17 Be able to feel subtle changes in the other person (patient)"[46]. This may be due to students realizing the difficulty of these aspects through their interactions with patients during practical training[47]. Furthermore, "1 Express my good and bad feelings openly" showed the largest increase in February compared to April but was the lowest value for all months, indicating that some students are not good at self-expression[48].

Other items with a large increase in February compared to April included "9 Make the environment and belongings aesthetically pleasing," "14 Create a peaceful environment that aligns with the other person's (patient's) wishes," and "5 Touch the other person (patient) with sincerity after getting their permission when necessary"[49]. This suggests that students were consciously applying the safe and comfortable environmental arrangements and touching techniques they learned in school to their interactions with patients during practical training[50]. It is thought that faculty support was essential for these practices to be implemented[51].

VI. Conclusion

The overall average score increased over time[53]. Items that exceeded the average value during the one-year period from enrollment in April to February included respectful attitudes toward others, attentive and receptive attitudes, actions that consider the other person's feelings based on mutuality, and environmental adjustments[54]. However, a difficulty in self-expression was also revealed[55]. It is important for teachers to intentionally act as role models[56]. This is because respecting and giving meaning to students' caring experiences, helping them express themselves, and fostering daily interactions with teachers and fellow aspiring nurses, in addition to classroom learning and practical training experiences, can be positive factors that promote caring[57].

Translation key: Figure 1

- **Title:**
    1. 4月 (April) n=85
    2. 8月 (August) n=64
    3. 2月 (February) n=66
- **Labels on the chart:**
    1. 自分の良い感情もよくない感情もオープンに表現する (Express both my good and bad feelings openly) [2]
    2. 自分自身の心身の状態をよくする工夫をしている (Make efforts to improve my own physical and mental condition) [3]
    3. 相手 (患者) の希望を尊重する (Respect the wishes of the other person [patient]) [4]
    4. 相手 (患者) のために、自分のことを一時的に脇におき、誠意をもって専念する (Put my own needs aside temporarily and dedicate myself with sincerity for the sake of the other person [patient]) [5]
    5. 必要な時に、許可を得て、相手 (患者) に心を込めて触れる (Touch the other person [patient] with sincerity after getting their permission when necessary) [6]
    6. 問題を解決する際に、ちょっとした工夫をする (Make small adjustments when solving problems) [7]
    7. 自分自身が穏やかな状態でいるようにしている (Try to be in a calm state myself) [8]
    8. 親身に相手 (患者) の話を聞く (Listen attentively to what the other person [patient] has to say) [9]
    9. 環境や物品が美的になるようにする (Make the environment and belongings aesthetically pleasing) [10]
    10. 相手 (患者) が良いことも良くないことも表現していることを受けとめる (Accept the good and bad things that the other person [patient] expresses) [11]
    11. 相手 (患者) を傷つけないように自分の気持ちを率直に表現する (Express my feelings frankly without hurting the other person [patient]) [12]
    12. 自分の良い面を知っている (Know my own good points) [13]
    13. 相手 (患者) の良い点が発揮できるようにする (Help the other person [patient]

bring out their good points) [14]

14. 相手 (患者) の希望に沿った穏やかな環境を作る (Create a peaceful environment that aligns with the other person's [patient's] wishes) [15]
15. 相手 (患者) の可能性とともに、「奇跡」は起こりうると信じている (Believe that a "miracle" can happen along with the potential of the other person [patient]) [16]
16. 相手 (患者) が喜ぶと自分もうれしくなり意欲がわく (I feel happy when the other person [patient] is happy, which motivates me) [17]
17. 相手 (患者) の微妙な変化を感じることができる (Be able to feel subtle changes in the other person [patient]) [18]
18. 相手 (患者) と関わることで、自分自身が癒される (I am healed through my interactions with the other person [patient]) [19]
19. 相手 (患者) と関わることで、自分自身が成長できる (I can grow as a person through my interactions with the other person [patient]) [20]
20. 相手 (患者) に応じて適切な言葉遣いをする (Use appropriate language for the other person [patient]) [21]
21. 相手 (患者) との約束を守る (Keep promises with the other person [patient]) [22]
22. 自分に非がある場合は率直に謝罪する (Apologize honestly when I am at fault)
23. 専門職としての意識を常に持っている (Always have the consciousness of a professional) [24]
24. 常に相手 (患者) の立場に立って、相手を理解するようにしている (Always try to understand the other person [patient] by putting myself in their shoes)

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