After graduating from university, I became a clinical nurse and pursued outstanding nursing practice, and as a nursing educator I aimed for excellence in nursing education. For over 40 years, I have consistently explored outstanding nursing practices and teaching methods that facilitate excellent practice. I have been able to make great progress with this research at Yamaguchi University. Today I want to share my own history of research and education.

**University Days: Kumamoto University Faculty of Education Special Curriculum (Nursing) Teacher-Training Course (1968-1972)**

- What is nursing? What is nursing expertise? What do you have to do to be called a nurse?
- What is the simplest definition of nursing derived from my 4 years of learning?

I considered Florence Nightingale’s definition of nursing the easiest to adopt when practicing nursing.

“It (Nursing) ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet- all at the least expense of vital power to the patient.”


1. I engaged in research such as, “A twist on observation and nursing planning guidance at the high school health and nursing science course.”

I provided step-by-step guidance on observation methods and nursing planning techniques so that students taking high school health and nursing science could “observe patients and devise nursing plans.” Case studies were used to teach students how to perform “planning and actions to protect their own health.” I reported the results of this study.
Determination to Work as a Clinical Nurse: Kumamoto University Hospital Nursing Days (Department of Surgery, ICU) (1977-1981)

- I realized the importance of education and schooling when I gave patients injections and they felt no pain thanks to my nursing skill, which was in line with the fundamental injection skill I had trained for before becoming a clinical nurse.
- I faced the daily realities of being a clinical nurse. Work was hectic and I often had no room mentally or psychologically to listen to the complaints of patients. I was not satisfied as a nurse despite all the work I did.
- However, when I looked back on each of these patient complaints in the context of the concept of nursing (the definition of nursing by F. Nightingale), these needs and problems were important to the patients and their requests should have been immediately addressed and satisfied. The patient and his or her needs are important.
- I was therefore able to change my way of thinking to “pleasure from practicing nursing” by operating with reference to the concept of nursing.

1. I engaged in research on, “Starting out as a clinical nurse: Working toward nursing practice in line with the concept of nursing.”

I specifically described the confusion and anxiety that I experienced when I first became a clinical nurse after teaching nursing as I aimed for nursing practice in line with the concept of nursing, as well as the importance of individualized nursing learned from examples of nursing practice and the importance of applying skills to the patient while referencing the basics. I also wrote about the need to investigate teaching content and methods to smoothly bridge the gap between educational situations and the nursing practice situations I had experienced.

2. I was involved in the study, “Approach to the patient with complaints: Analyzing the nursing process record.”

In order to enhance nursing abilities during clinical experience, it was important to learn about how to develop the nurse-patient relationship. Using process records, I organized and analyzed nursing situations, then I summarized the results.

Return to Nursing Education: Kumamoto University College of Medical Science, Department of Nursing, Research Assistant Days (1981-1994)

1. I engaged in clinical practice teaching with the aim to teach nursing students to intentionally operate using concepts of nursing.
   1) I conducted research on the, “support for daily living” performed by nursing students undergoing clinical training. I surveyed nursing students undergoing clinical training. I then devised a “daily living model,” visualizing nursing students’ attitudes towards “support for daily living,” and analyzed the survey results. The results revealed that “support for daily living” was not a fixed nursing value among the surveyed nursing students.
   2) I studied the relationship between trends in nursing students’ attitudes towards “support for daily living,” training assessments by teaching staff, and the target attributes of the patients under the students’ care. I then identified linkage and relationships between these elements.

2. I documented and analyzed my own teaching with an aim to provide effective clinical teaching for nursing students.

I reported on, “A study on the uneasiness experienced by nurses while practicing nursing care: Reflections on the nursing process for a terminal cancer patient by a nursing student that provided outstanding nursing care through the instructor’s(my) advice during clinical practice.”

One nursing student who was anxious about how to engage a terminal cancer patient during care was able to overcome feelings of anxiety with my aid as her instructor and then she provided outstanding nursing care. I documented and analyzed the practice and teaching process.

3. I worked to improve my own practical skills by exploring learning methods to enhance “the ability to practice nursing.”
   1) I summarized, “Exploring learning methods to enhance the ability to practice excellent nursing care: Describing the process of extracting logic from nursing experiences.”

In order to enhance the ability to practice
nursing, logic needs to be extracted from significant nursing practice. The ability to use the logic in other nursing situations also needs to be enhanced. I documented, in detail, the process of learning how to extract logic from practice using an example from which I extracted logic from my own nursing practice and successfully applied this logic to other patients.

**Participating in the Establishment of a Department of Nursing (1993) and Nursing Science Major (Master’s Course; 1997): Saga Medical School Department of Nursing, Assistant Professor Days (1994-2001)**

1. I participated in the establishment of the Department of Nursing and Graduate School of Medicine Nursing Science Major (Master’s Course) as an assistant professor in basic nursing engaged in education and research.
2. I engaged in a study on, “Compliance with steroid hormone use among patients with rheumatic disease: Investigation from a nursing viewpoint.”

We interviewed all collagen disease outpatients at a hospital. The patients’ steroid compliance in this study is presented in Figure 1.

3. I presented the results of an analysis of my own practice in, “Logic underlying the process of problem-solving in individual subjects – analysis of 5 cases in which I (the nurse) was able to solve the problem.”

For five actual cases, I documented my practice in detail: two cases of nursing practice, two cases of childcare practice, and one case of clinical teaching with a nursing student. This study revealed that contradictions arose in the internal awareness of subjects at times when they displayed problematic behavior, and that these contradictions were resolved when carefully planned stimuli were applied, consequently problematic behavior was improved. I illustrated “the process of improving problematic behavior” and “a structural diagram of the subject’s problems and the problem solver’s method of identification.”

4. I reported on the practice of nurses, who I had advised in, “Analysis of the process of nursing to gain stability for patients with borderline personality disorder.”

I had a valuable experience in which I used the results of earlier studies\(^{10,11}\) as a guide to advise and cooperate with a clinical nurse who was troubled because she did not know what nursing care to provide for a patient who had a borderline personality disorder. This cooperation led to stabilization of the patient’s condition and the patient’s subsequent discharge 1 year later. I analyzed the

![Fig. 1 Steroid hormone compliance of collagen disease outpatients at a hospital](image-url)
practice of the nurse over this 1-year period using qualitative research methods and reported the results.

Appointment as Professor at Faculty of Health Sciences, Yamaguchi University Graduate School of Medicine, Department of Nursing (2001-2015)

1. From the inception, the teaching staff understood the university philosophy and the educational philosophy and teaching objectives of the Faculty of Health Sciences and shared these amongst themselves in order to reflect the philosophy and objectives in each course.

2. I engaged in a study on, “Factors that influence nurses’ perception of work-related stress in Japan, analysis according to hospital size.” The factors influencing nurse perception of work-related stress were elucidated by integrating a series of studies that were done according to hospital size. Multiple regression analysis was conducted. Role functioning according to hospital size and parental status of the nurses were found to have a variety of influences on background factors and on nurses’ experiences of work-related stress.

3. I presented the results of a study on, “Essential elements for excellence in nursing practice: Reflection and analyses of Japanese nursing students’ experiences during provision of care using the Human Being Mutual Understanding Model.”

Interpretive phenomenology was chosen for this study, and semi-structured group interviews were conducted. Twenty-five nursing experiences from nursing students were analyzed using the Human Being Mutual Understanding Model (HBMUM) that I developed for that study (Fig. 2). The results of this study were depicted as, “Pathways to excellent nursing practice based upon ‘ethics.’” The ‘highly ethical view’ should be taught to and fostered among nursing students as the basis of clinical practice in nursing education. Future research should explore how to create the most suitable nursing care after empathizing with the patient.

4. For application of the findings of previous research to nursing practice, the “practical process” that occurred after understanding the other person was added to the HBMUM. Thus, the model of “Pathways to Excellent Nursing Practice” (PENP model) visualizing both the understanding of the person and the practical process of care was developed (Fig. 3).

1) I engaged in a study on, “A pathway to excellent nursing practice.”

An experience of a nursing student, who offered high quality nursing care in one of

![Fig. 2 The Human Being Mutual Understanding Model (HBMUM)](image_url)
my previous studies, was analyzed by interpretive phenomenology using the PENP model. “A pathway to excellent nursing practice” was depicted using the PENP model.

2) I conducted a study on the, “Qualitative study on the creation of the best care for the person: Visualizing the process through a single child’s care.”

One particular experience of the actual daily care of my child significantly influenced my growth as a nurse and an educator. I analyzed the experience using interpretive phenomenology and the PENP model. As a result, I was able to visualize and clarify how to understand and empathize with my child, and devise the best care with the PENP model using specific descriptions of childcare. Those results were depicted in a figure as, “Process of the creation of the best care for the person” by using the PENP model.

3) I conducted a study on, “Ethics as the foundation of excellent nursing practice: Nursing care that respects the person.”

For elucidating nursing care that respects the person using the PENP model, three cases were used. One real-life nursing experience of a student nurse was evaluated as ‘adequate nursing care’ and was compared with two hypothetical cases designed to mirror real-life cases while modeling ‘high-quality nursing care’ and ‘insufficient nursing care’. These three cases were comparatively analyzed using interpretive phenomenology with the PENP model. The results were presented in a figure that depicted nursing care that respects the person.

4) I also engaged in a study on, “Elements for interpersonal relationships that respect the person as the basis for excellent practice.”

The actual daily experiences of an office worker were analyzed using interpretive phenomenology and the PENP model. As a result, the elements for interpersonal relationships that respect a person could be derived from the office worker’s experiences. I presented these elements while visualizing the analyses process for easier understandability.

Conclusions

“Appreciating the individuality of people in daily interactions” was important in
establishing a foundation of excellent nursing practice. Using this foundation enabled me to clarify the process of understanding and empathizing with people and devising the best care for them. I clarified these things by visualizing and analyzing specific descriptions of actual practice using interpretive phenomenology and the PENP model. These results formed a vital foundation not only for nursing practice, but also education, childcare and various other practices, as well as for daily interpersonal relationships. Going forward, I hope to further refine these research results while applying them to nursing practice, education and various other practices.

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Conflict of Interest

The author states no conflict of interest.

References


