

# Positive Aspects of Accepting Clinical Training in Basic Nursing Education for Home-Visit Nursing Agencies: From the Perspective of Visiting Nurses

Shuhei Kunimaru<sup>1</sup>, Wakako Kawano<sup>2</sup>, Kanako Arai<sup>1</sup>

<sup>1</sup>Graduate School of Human Nursing, The University of Shiga Prefecture, Shiga, Japan

<sup>2</sup>Yujin Visiting Nursing Station Suzuran, Shiga, Japan

Email: kunimaru.s@nurse.usp.ac.jp

**How to cite this paper:** Kunimaru, S., Kawano, W. and Arai, K. (2025) Positive Aspects of Accepting Clinical Training in Basic Nursing Education for Home-Visit Nursing Agencies: From the Perspective of Visiting Nurses. *Health*, 17, 608-623.

<https://doi.org/10.4236/health.2025.175039>

**Received:** March 19, 2025

**Accepted:** May 27, 2025

**Published:** May 30, 2025

Copyright © 2025 by author(s) and Scientific Research Publishing Inc.  
This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

---

## Abstract

This qualitative study explored the positive impact of accepting nursing students for clinical training at home-visit nursing agencies in Japan. Through semi-structured interviews with 10 experienced visiting nurses, the researchers identified three main categories of benefits. First, [An Opportunity to Enhance Professionalism as a Visiting Nurse]: Clinical instructors reflected on their own nursing practice, re-evaluated its evidence-based appropriateness, and reaffirmed fundamental knowledge. They gained new insight through student observations and interactions, prompting self-correction and reflection on their nursing perspectives. Moreover, instructors were motivated to continue professional development and viewed student guidance as a catalyst for ongoing learning. Second, [Fostering Organizational Culture]: Accepting students prompted improvements, such as reviewing records and documentation, refining staff demeanor, and deepening mutual understanding among staff. It also encouraged staff to reflect on their passion for nursing, leading to richer discussions regarding patient care and fostering a shared awareness of patients. Student inquiries helped staff gain a broader understanding of patients, reconsider established images, and enhance shared learning within the agency. Third, [Influencing Patients' Lives and Motivation]: Students' visits provided mental stimulation to home-visit nursing patients, bringing enjoyment and revitalizing their routines. Patients also found a sense of purpose through their teaching roles, strengthening their social connections and potentially enhancing their self-efficacy. The independent nature of home-visit nursing implies that student training offers unique opportunities for nurses to learn from colleagues through student feedback, thereby fostering a culture of

---

shared learning. Additionally, the one-on-one instruction model engages more staff in teaching and spreads benefits beyond the designated instructors. This study highlights how clinical training not only contributes to nursing education but also enhances care quality, supports staff development, and fosters patients' social engagement, potentially promoting the well-being of home-bound individuals.

## Keywords

Clinical Training, Home-Visit Nursing Agencies, Visiting Nurses

---

## 1. Introduction

Japan's aging society has promoted the development of a community-based integrated care system that enables individuals who require medical care or support to continue living in their communities. Consequently, nurses are expected to provide continuous and seamless care in community settings [1]. Consequently, basic nursing education is required to cultivate the ability to provide nursing care in the community [2], and educational institutions are enhancing their curricula to develop this capability. An important learning opportunity for understanding continuous nursing practices in community settings is clinical training in home-visit nursing agencies, which is expected to continue to be a key component of nursing education.

Regarding clinical training at home-visit nursing agencies in Japan, previous studies have revealed that visiting nurses conduct clinical instruction alongside their regular duties and often experience anxiety regarding their instructional roles [3] [4]. Thus, clinical instruction can be a significant burden for visiting nurses. In addition to the burden of managing clinical training alongside routine duties, home-visit nursing agencies face challenges in coordinating with university faculty members [5] and require considerable human and time resources to arrange home visits to student clients [6]. These factors indicate that the entire agency bears a considerable burden in managing clinical training. Moreover, from the perspective of home-visit nursing clients (hereafter referred to as "clients"), there have been reports of dissatisfaction and frustration due to the perceived inexperience or slowness of care provided by students as well as stress related to having their homes viewed by others [6].

Accepting students for clinical training has been reported to have positive effects on home-visit nursing agencies. Visiting nurses perceive student instruction as an opportunity to reflect on their own nursing practices [7], and managers and clinical nursing instructors at psychiatric home-visit nursing agencies recognize the educational benefits of clinical training for their staff [8]. While existing research has largely focused on the challenges and burdens associated with clinical instruction, few studies have examined the positive effects of accepting students

for clinical training on home-visit nursing agencies. Although there are positive aspects, their specifics are not clear. If the specific positive aspects experienced by home-visit nursing agencies through the acceptance of students for clinical training are clarified, it may become evident that the significance of clinical training extends beyond student learning support. It may also provide opportunities to improve the educational competencies and nursing practice capabilities of visiting nurses, thereby broadening the perceived value of clinical training.

Examining these aspects from the perspective of visiting nurses, who directly experience the impact of clinical training on their agencies, is an effective approach.

This study aimed to clarify the positive aspects of accepting students for clinical training at home-visit nursing agencies from visiting nurses' perspectives. By doing so, we sought to elucidate the significance of accepting students for clinical training and provide insight into promoting this practice.

## **2. Definition of Terminology**

In this study, "positive aspects" are defined as "favorable situations experienced by home-visit nursing agencies and individuals associated with them as a result of accepting students for clinical training in basic nursing education".

## **3. Research Method**

### **3.1. Study Design**

This qualitative descriptive study used semi-structured interviews to explore the positive aspects of visiting nurses.

### **3.2. Study Participants**

This study targeted visiting nurses with experience in serving as clinical nursing instructors at home-visit nursing agencies that had accepted students for clinical training from multiple basic nursing education institutions in the past three years. Their roles included not only student instruction but also selecting patients who would allow students to accompany home visits and serve as liaisons with university faculty members in charge of clinical training. By selecting participants with a deep understanding of the content and provision of clinical training, we aimed to collect rich data based on their recent experiences.

### **3.3. Recruitment Procedure**

Home-visit nursing agency managers were approached with a request for research cooperation using an explanatory document and research protocol. Upon obtaining their approval, they were asked to introduce one or two nurses who met the study criteria. Subsequently, a snowball sampling method was employed in which the introduced participants recommended additional eligible participants. When new participants were identified, the managers of their respective home-visit nursing agencies were approached again for cooperation. Upon approval, the

study details were explained to the participants.

### **3.4. Duration of Data Collection**

February 1, 2024-March 31, 2024.

### **3.5. Data Collection Method**

The participants were asked to complete a questionnaire detailing their years of experience as clinical nursing instructors, whether they had attended any instructor training programs, and other relevant background information. Subsequently, semistructured interviews were conducted. The interview guide was designed to gather information on the participants' thoughts and feelings regarding conducting clinical training at home-visit nursing agencies, with core questions such as "Please feel free to share your thoughts and impressions regarding clinical training at your home-visit nursing agency". The participants were encouraged to recall recent clinical training experiences to minimize their reliance on vague memories. Each interview lasted approximately 60 minutes and was conducted at either the participant's home-visit nursing agency or another preferred location. With participants' consent, the interviews were recorded using an IC recorder.

### **3.6. Data Analysis**

The recorded interviews were transcribed and used as data. From the transcripts, we extracted segments in which visiting nurses discussed the perceived positive aspects of home-visit nursing agencies through students' acceptance of clinical training in basic nursing education. These segments were coded in a manner that preserved their original meaning. The codes were grouped based on similarities, and subcategories were developed through abstraction. Discussions were held repeatedly among the researchers under the supervision of experts in qualitative research to enhance the validity of the extracted codes, subcategories, and categories.

### **3.7. Ethical Considerations**

This study was approved by the Ethics Committee for Research Involving Human Participants at the University of Shiga Prefecture (Approval No. 977). Before the interviews, participants were provided with both oral and written explanations of the study, and informed consent was obtained through signed consent forms. Participants were informed of their right to withdraw from the study at any time and of the measures taken to protect their personal information. Interviews were conducted at locations that ensured the participants' privacy, and with their consent, the interviews were recorded using an IC recorder.

## **4. Results**

### **4.1. Overview of the Participants**

This study included 10 visiting nurses affiliated with home-visit nursing agencies

in the Kinki region of Japan. The average number of years of nursing experience was 20.6 years, the average number of years of experience in home-visit nursing was 9.5 years, and the average number of years of experience as a clinical nursing instructors was 4.9 years. The actual interview duration ranged from 23 to 48 minutes (**Table 1**).

**Table 1.** Overview of the participants.

Participant (Age)	Years of Experience as a Nurse	Years of Experience in Home-Visit Nursing	Years of Experience as a Clinical Nursing Instructor	Attendance of Clinical Instructor Training Course
A (50s)	23	10	3	Yes
B (50s)	13	7	3	Yes
C (50s)	24	4	2	Yes
D (40s)	14	5	2	Yes
E (40s)	22	17	12	No
F (40s)	22	15	6	Yes
G (50s)	30	14	5	No
H (40s)	23	11	8	No
I (40s)	22	6	5	No
J (30s)	13	6	3	No

#### 4.2. Positive Aspects of Accepting Students for Clinical Training at Home-Visit Nursing Agencies

The analysis identified 24 codes that were categorized into nine subcategories and three categories (**Table 2**). Accepting students for clinical training at home-visit nursing agencies was found to have positive effects on visiting nurses, as it broadened their perspectives. Additionally, it contributed to fostering the organizational culture of home-visit nursing agencies and influenced the lives and motivation of patients. The three identified categories were as follows:

- An Opportunity to Enhance Professionalism as a Visiting Nurse
- Fostering Organizational Culture
- Influencing Patients' Lives and Motivation

Each category and its associated subcategories are described below, incorporating quotes from participants. Categories are enclosed in square brackets ([ ]), subcategories in angle brackets (< >), codes in double quotation marks (" "), and participant statements in single quotation marks (' '). Participant identifiers (A-J) are used at the end of each quote.

**Table 2.** Positive aspects of accepting clinical training in basic nursing education for home-visit nursing agencies.

Categories	Subcategories	Codes
An Opportunity to Enhance Professionalism as a Visiting Nurse	Reevaluation and Correction of Self as a Visiting Nurse	They reflect on their own nursing practice through their role as clinical nursing instructors.
		By bringing students along on their visits, they reflect on whether the care they provided and their attentiveness to the surroundings during the visit were appropriate for ensuring the safety of the care recipients.
		Through the role of a clinical nursing instructor, I reflect on whether the nursing I provide is evidence-based and appropriate
		By having students come for clinical training and being in a position to be observed, staff members are prompted to correct their own demeanor, including their appearance
Reflection on Nursing Perspectives	Reflection on Nursing Perspectives	The presence of students in clinical training provides an opportunity for everyone to reconnect with the fundamentals of their practice.
		Through conversations with students, they learn about the perspectives on nursing held by the staff who provided guidance and cultivate their own views on nursing.
		Engaging with motivated students rekindles the passion that visiting nurses have for their profession.
Opportunities for Continued Learning	Opportunities for Continued Learning	The staff involved in clinical instruction express their own thoughts and feelings about nursing through their guidance.
		Listening to students talk about the nursing practices they observed during home visits allows them to gain insight into how the staff provide care.
Fostering Organizational Culture	Deepening Mutual Understanding Among Staff	They feel that learning alongside students through the process of instruction contributes to their own growth.
		Listening to students talk about the nursing practices they observed during home visits allows them to gain insight into how the staff provide care.
		Learning from students about what they have gained from staff guidance helps them understand the values held by the staff.
Opportunities to Reconsider the Established Image of Patients	Opportunities to Reconsider the Established Image of Patients	Students sometimes pick up information from the medical records that staff members have forgotten, providing an opportunity to re-examine the care recipients
		Being asked questions about care recipients by students prompts them to reexamine and deepen their understanding of those individuals.
		To instruct students about the care recipients, staff members have the opportunity to teach each other about the respective care recipients,

**Continued**

		By engaging in dialogue with students, they gain insight into how students perceive things and acquire new perspectives.
		Understanding the perspectives of students, who observe situations with fresh and unprejudiced eyes, provides an opportunity for them to develop new ways of thinking.
	Prompting Review of Records and Documentation	It becomes an opportunity to reflect on whether the content of the care recipient's medical records and the documents filed are appropriate Receiving questions from students about medical records makes them more aware of how documentation should be written.
	Bringing Enjoyment to Patients	The arrival of young students brings joy and stimulation to home-visit nursing patients. The presence of students introduces a change in the daily routine of care recipients, which can contribute to their enjoyment of life.
Influencing Patients' Lives and Motivation	Opportunities to Regulate Patients' Daily Rhythms	By having students visit the care recipients' homes for clinical training, it stimulates care recipients whose lives have become monotonous and leads to regulating their daily rhythms
	Opportunities to Draw Out New Aspects of Patients	Provides opportunities for care recipients to take on social roles themselves. Conversations with young students encourage care recipients to engage in discussions that may be particularly meaningful to them.

**4.2.1. [An Opportunity to Enhance Professionalism as a Visiting Nurse]**

This category describes the positive aspects brought to visiting nurses by accepting clinical training and consists of three subcategories: <Reevaluation and Correction of Self as a Visiting Nurse>, <Reflection on Nursing Perspectives>, and <Opportunities for Continued Learning>.

In <Reevaluation and Correction of Self as a Visiting Nurse>, participant narratives such as "Through the role of a clinical nursing instructor, I reflect on whether the nursing I provide is evidence-based and appropriate" and "By having students come for clinical training and being in a position to be observed, staff members are prompted to correct their own demeanor, including their appearance" illustrated that engaging in clinical instruction prompted visiting nurses to re-examine and refine their professional behavior.

In <Reflection on Nursing Perspectives>, narratives such as "The presence of students in clinical training provides an opportunity for everyone to reconnect with the fundamentals of their practice" and "When students come, the staff working together also talk about their passion for nursing (G)" showed that involvement with students facilitated reflection on the values and beliefs that nurses hold about nursing.

In <Opportunities for Continued Learning>, statements such as "Since students

come for clinical training, I want to learn alongside them” indicated that accepting students for clinical training in home-visit nursing agencies served as motivation for visiting nurses to continue learning.

#### **4.2.2. [Fostering Organizational Culture]**

This category illustrates that accepting clinical training has a positive influence not only on individual visiting nurses but also on the organizational culture of the agency. It consists of three subcategories: <Deepening Mutual Understanding Among Staff>, <Opportunities to Reconsider the Established Image of Patients>, and <Prompting Review of Records and Documentation>.

In <Deepening Mutual Understanding Among Staff>, participant narratives such as “Learning from students about what they have gained from staff guidance helps them understand the values held by the staff” and “This nurse did such amazing things, it makes me realize that this person is that kind of nurse (H)” revealed that interactions with students provided opportunities to discover previously unknown professional qualities in their coworkers.

<Opportunities to Reconsider the Established Image of Patients> included narratives such as “When completely new people with a blank slate observe, they might suggest that there could be another way to do this, and hearing various thoughts from them is stimulating (D)”, indicating that student engagement brought about fresh perspectives and ways of thinking. Additionally, comments such as “Students sometimes pick up information from the medical records that staff members have forgotten, providing an opportunity to re-examine the care recipients” and “To instruct students about the care recipients, staff members have the opportunity to teach each other about the respective care recipients” suggest that the presence of students fosters a shared awareness and reassessment of patients among staff, thus shaping the agency’s culture.

#### **4.2.3. [Influencing Patients’ Lives and Motivation]**

This category highlights how accepting clinical training has a positive impact on patients’ daily lives. It comprises three subcategories: <Bringing Enjoyment to Patients>, <Opportunities to Regulate Patients’ Daily Rhythms>, and <Opportunities to Draw Out New Aspects of Patients>.

Participant narratives indicated that “By having students visit the care recipients’ homes for clinical training, it stimulates care recipients whose lives have become monotonous and leads to regulating their daily rhythms.” Furthermore, as described in the statement “That person was also diligently trying to teach how to move their own wheelchair, how they do rehabilitation, and how to use things. It appears that they thought they were teaching us. (omitted) Even the care recipients are not just providing learning but actively participating in society (E),” the presence of students not only stimulated patients but also encouraged them to take on a social role by teaching. These findings suggest that accepting clinical training at home-visit nursing agencies provides patients with opportunities to assume meaningful roles and positively affects their lives.

## 5. Discussion

### 5.1. Characteristics of Study Participants

All 10 study participants had more than 10 years of nursing experience, indicating that responses were obtained from experienced nurses. Although their home-visit nursing experience ranged from 4 to 17 years, all participants fell into the mid-career or higher category, as described in the Novice to Expert Model published by Dr. Patricia Benner in 1982. Therefore, the data obtained reflected the results of capturing the impact and changes caused by students entering home-visit nursing settings for clinical training from the multifaceted perspectives of visiting nurses.

### 5.2. Characteristics of Positive Aspects Brought to Home-Visit Nursing Agencies by Accepting Clinical Training

This study identified three categories of positive aspects. Accepting students for clinical training at home-visit nursing agencies positively influenced not only visiting nurses but also the organizational culture of the agency and the lives of its patients.

#### 5.2.1. Characteristics of Positive Aspects for Clinical Nursing Instructors Themselves

The findings revealed a variety of positive aspects experienced by visiting nurses, suggesting that accepting clinical practicum students provided them with opportunities to enhance their professional expertise as visiting nurses. A previous study [9] on ward-based practicum instructors also reported that such instructors repeatedly engage in self-assessment and learning to fulfill their instructional roles more effectively. Similarly, in this study, visiting nurses who provided practicum instruction reflected on their own nursing practices during the instructional process. This suggests that, as with ward-based instructors, visiting nurses who assume supervisory roles in home-visit nursing agencies use the practicum as an opportunity for self-reflection and refinement of their nursing practices.

Moreover, accepting clinical practicum students at home-visit nursing agencies promoted introspection regarding nurses' own nursing philosophies. Prior research [10] has shown that accepting practicum students in palliative care wards reminds nurses of the essence of nursing and clarifies previously vague knowledge. These findings align with the results of the current study, in which the expression of nurses' thoughts and feelings about nursing was observed, indicating that the practicum encouraged reflection on their nursing philosophies. Therefore, clinical practicums in home-visit nursing settings, such as hospital wards, provide valuable opportunities for nurses to engage in self-reflection. Unlike previous studies that mainly focused on instructors, this study found that such positive aspects extended to visiting nurses who were not formally designated as practicum instructors. This may be influenced by the instructional structure unique to home-visit nursing agencies, in which over 90% of the nurses in agencies that accept practi-

cum students are involved in instructional activities [11]. In addition, in home-visit nursing practicums, students typically accompany visiting nurses during home visits. Consequently, many nurses provide one-on-one instruction during visits or during travel to and from patients' homes [6]. In contrast, ward-based practicums generally center on instruction by a designated instructor, and ward nurses often have limited opportunities to provide direct and ongoing instruction to students. Furthermore, as multiple nurses collaborate in ward settings, students have fewer opportunities to follow a single nurse for extended periods, which limits the depth of engagement between students and non-instructor nurses.

Due to these structural differences, home-visit nursing agencies offer more opportunities for one-on-one interactions between students and nurses other than the designated instructor. This enables nurses who interact with students to engage in self-reassessment and philosophical reflection through instruction, thereby enhancing their professional development as visiting nurses. This is considered a distinctive feature of the positive outcomes associated with accepting clinical practicum students in home-visit nursing agencies.

### **5.2.2. Characteristics of Positive Aspects for Organizational Culture**

Accepting clinical practicum students not only positively impacted individual visiting nurses but also influenced the organizational culture of home-visit nursing agencies in beneficial ways.

One such benefit was the enhancement of mutual understanding among staff within the agency. Visiting nurses gained insight into the nursing practices of other staff members by hearing about the learning experiences of students who had been supervised by their colleagues. Because home-visit nursing primarily involves nurses providing individualized care in patients' homes, opportunities to directly observe colleagues' nursing practices are limited, despite that interdisciplinary discussions regarding patient care may occur within the agency.

In contrast, nursing practices in hospital settings typically occur within structured units, such as wards or outpatient departments, in which nurses work collaboratively. This allows for more frequent opportunities to observe one another's care and learn from peers. Given this difference in practice environments, the opportunity to gain understanding of colleagues' nursing approaches through student feedback is a noteworthy benefit of accepting clinical practicum students in home-visit settings. Furthermore, the results revealed that accepting clinical practicum students encouraged both individual nurses and the organization as a whole to re-examine their accumulated perceptions of patients. In Japan, home-visit nursing is a long-term service. One study [12] reported that over 70% of home-visit nursing users had been receiving services for more than one year. According to a report by the Ministry of Health, Labour, and Welfare [13], the average number of days of home-visit nursing services received by patients who died at home was 348.7 days, indicating the long-term nature of support in this context.

Due to this long-term engagement, visiting nurses often build sustained relationships with patients and develop individualized understanding of them through daily care. According to Dr. Patricia Benner's *From Novice to Expert*, experienced nurses place significant value on information gained through direct interaction with patients. Furthermore, it has been noted that although nurses continuously revise their understanding of patients as new information emerges, this understanding often includes hypothetical interpretations based on past experiences [14]. Consequently, in home-visit nursing, nurses' subjectivity may influence their perceptions of patients, potentially resulting in discrepancies between their constructed image and the patient's actual state. The construction of client images based on nurses' subjective perceptions may hinder the process of "knowing the patient as a person," as described by Tanner *et al.* [15], who stated that understanding a patient involves both knowing the patient as a person and recognizing their typical response patterns. In this context, the acceptance of nursing students for clinical placements and collaborative involvement with clients alongside students can serve as a catalyst for reconstructing pre-existing client images. The fresh perspectives and questions posed by the students prompted visiting nurses to re-examine their assumptions, thereby encouraging a renewed understanding of clients. Such interactions may foster a collective process within the agency, whereby client understanding is reconsidered from multiple perspectives. The findings of this study suggest that accepting students for clinical placement can be an effective means of preventing the formation of fixed ideas in home-visit nursing practice and promoting more flexible and multifaceted approaches to client care.

### **5.3. The Value of Positive Aspects for Home-Visit Nursing Service Users through the Acceptance of Clinical Practicums at Home-Visit Nursing Stations**

This study revealed that when home-visit nursing stations accept clinical practicum students and allow them to accompany nurses during home-visit nursing services, it brings about changes in the lives and motivation of service users. The findings suggest, through the narratives of visiting nurses, that students' visits to users' homes have become something that the users look forward to. Previous research [16] has indicated that informal interactions with neighbors and others are associated with the subjective well-being of older adults. Therefore, engaging in conversations with students who visit during practicum can be seen as a meaningful form of social interaction for users, positively impacting their experiences. Thus, interacting with students through conversation introduces changes and motivation into users' daily lives, distinct from the care provided by the home-visit nursing service itself. Furthermore, this study found that by accepting clinical practicum students, users naturally assume the role of teaching students, which, in turn, brings about a new aspect in which users assume a social role. It has been stated [17] [18] that assuming social roles and finding a sense of purpose through

participation and contribution to society not only is a source of fulfillment for older adults but also helps them overcome crises and difficulties in life. In addition, engaging with students may enhance their sense of self-efficacy, as described by Bandura [19]. Through the acceptance of clinical practicum, users—who are typically in the position of receiving services—naturally and repeatedly take on the role of “teaching” through regular interactions with students. Continuous engagement in social participation reinforces the perception that one’s abilities can contribute to others’ learning, which gradually enhances self-efficacy and helps maintain motivation for daily life. Such sustained social involvement and participation, which lead to changes in users’ lives and motivation, have been shown to be related to the realization of successful aging [20]. From this perspective, interactions with students visiting their homes as part of a clinical practicum offer valuable opportunities for those who face difficulty going out and rely on home-based services, such as home-visit nursing, to achieve successful aging. Additionally, for visiting nurses who find it professionally challenging to intervene in users’ informal relationships or promote social participation, acceptance of clinical practicums holds significance beyond its contribution to basic nursing education.

#### **5.4. Toward a Collaborative Approach and Mutual Benefits in Promoting the Acceptance of Clinical Practicum at Home-Visit Nursing Stations**

This study revealed that the acceptance of clinical practicums by home-visit nursing stations not only provides opportunities for visiting nurses to enhance their expertise and foster organizational culture but also positively influences the lives and motivation of service users. However, numerous challenges have been identified regarding the acceptance of clinical practicum, including concerns among visiting nurses about practicum instruction [3] [4] and difficulties in collaboration with universities [5]. To alleviate these issues and promote the acceptance of clinical practicums, it is necessary to establish a system that connects the experience of practicum instruction with individual growth and collective learning within the organization. One initiative that can be pursued jointly by home-visit nursing stations and nursing education institutions is holding joint reflection sessions after the practicum ends. In these sessions, practicum instructors and staff can share the insight and challenges they encountered through teaching, recognizing that practicum instruction can serve as a learning opportunity.

Furthermore, previous studies have shown that practicum instructors desire feedback from educational institutions on the instruction they provide [21]. Joint reflection sessions offer opportunities for nursing education institutions to provide concrete feedback on practicum evaluations and instructional methods to home-visit nurses, enabling them to objectively assess their teaching and identify areas for improvement. At the same time, nursing education institutions can better understand the needs and challenges faced by practicum instructors, leading to the development of more effective practicum support systems.

Such collaboration has the potential to move beyond one-off reflections and evolve into a sustained relationship. By regularly holding these joint reflections, the partnership between the two parties can be deepened, enabling the continuous development of effective practicum instruction systems. As a result, not only will the sustainability of practicum acceptance be enhanced and a stable practicum environment secured, but long-term benefits can also be expected for home-visit nursing stations. As revealed in this study, providing visiting nurses with opportunities to continue learning through interactions with students contributes not only to their individual professional development but also to the cultivation of an organizational culture focused on improving the quality of nursing. When such a culture takes root, it establishes a foundation for continuously enhancing nursing quality across the organization and ultimately contributes to improved care for service users.

Going forward, it is necessary to examine how the collaborative initiatives between home-visit nursing stations and nursing education institutions, as described above, impact the willingness to accept practicum students and the quality of the practicum itself. While maximizing the positive aspects identified in this study, it is essential that the two parties work together to build a sustainable practicum environment.

### **5.5. Limitations of the Study and Future Tasks**

This study focused on visiting nurses affiliated with home-visit nursing agencies in the Kinki region of Japan. Therefore, the findings may have been influenced by biases in the types of nursing schools that accept clinical practicums as well as by the cultural backgrounds of the participants and region-specific practices. It is likely that the frameworks and values specific to home-visit nursing in Japan were reflected in the results, which may differ from the perceptions held by visiting nurses in other regions or countries. Future studies targeting visiting nurses from diverse cultural backgrounds will enable a more comprehensive understanding of how cultural and practical differences affect acceptance of clinical practicums in home-visit nursing.

In addition, only half of the participants in this study had completed formal training as clinical practice instructors. This may have led to variations in how they perceived practicum acceptance and implemented instructional strategies, potentially resulting in differing views of the impact of clinical practicums on users and visiting nurses. Furthermore, as this study included visiting nurses from only eight home-visit nursing agencies, the findings may have been influenced by differences in each agency's stance on basic nursing education and practicum acceptance systems. Future research should narrow the focus to visiting nurses who have completed instructor training and account for differences in organizational perspectives and practicum acceptance systems among agencies. This approach would provide more detailed insight into the positive aspects that acceptance of clinical practicums brings to home-visit nursing agencies.

## 6. Conclusions

This study aimed to clarify the positive aspects of home-visit nursing agencies that offer clinical training in basic nursing education from the perspective of visiting nurses. The following conclusions were drawn:

1) Accepting clinical practicums in basic nursing education offers several benefits to home-visit nursing agencies, including providing opportunities to enhance the professional expertise of visiting nurses, fostering the development of an organizational culture, and bringing about positive changes in users' lives and motivation.

2) The acceptance of clinical practicums by home-visit nursing agencies had a positive impact not only on the designated practicum instructors but also on all visiting nurses who directly engaged with students. This reflects the unique characteristics of nursing practice and practicum instruction systems in home-visit nursing agencies.

3) Accepting students for clinical practicums provides opportunities for visiting nurses to re-examine their established perceptions of users, thereby facilitating the consideration of more flexible and multidimensional support approaches.

4) The presence of students in users' homes as part of clinical practicums offers opportunities for social interaction and participation for the users, potentially contributing to the realization of successful aging.

## Acknowledgements

We would like to express our sincere gratitude to all the home care nurses who cooperated in the interviews for this study.

We would like to thank Editage (<http://www.editage.jp/>) for English language editing.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

## References

- [1] Ministry of Health, Labour and Welfare (2022) Further Deepening and Promoting the Community-Based Comprehensive Care System. <https://www.mhlw.go.jp/content/12300000/001011996.pdf>
- [2] Ministry of Health, Labour and Welfare (2023) Guidance Guidelines for the Operation of Training Schools for Nurses, etc. [https://www.mhlw.go.jp/kango\\_kyouiku/\\_file/1.pdf](https://www.mhlw.go.jp/kango_kyouiku/_file/1.pdf)
- [3] Aoyagi, M., Terui, R. and Litton, K. (2022) Difficulties Perceived by Home Health Care Nurses in Home Health Care Nursing Practice and the Innovations They Are Making. *Hokkaido Journal of Public Health*, **35**, 85-93.
- [4] Toukairin, M., Furuse, M., Morikagi, Y. and Kobayashi, A. (2019) Visiting Nurses' Perceived Difficulties and Corresponding Measures in Providing Practical Guidance during Home-Based Nursing Care Practical Training. *Journal of Japan Society of Nursing Research*, **42**, 819-828. <https://doi.org/10.15065/jjsnr.20190523056>

- [5] Shibata, S., Suzuki, M. and Machida, T. (2020) The Present Conditions and Problems in Collaboration between Clinical Instructors and Teachers in the Visiting Nursing Station Practice. *Journal of Japan Society of Nursing Research*, **23**, 52-58. [https://doi.org/10.20746/jachn.23.1\\_52](https://doi.org/10.20746/jachn.23.1_52)
- [6] Ushikubo, M., Iida, M., Ogasawara, E., Tamura, N., Saito, R. and Tanahashi, S. (2015) Circumstances of Home Care Agencies Undertaking Practice of Home Care Nursing for Undergraduate Nursing Students. *The Kitakanto Medical Journal*, **65**, 45-52. <https://doi.org/10.2974/kmj.65.45>
- [7] Kawano, K., Kunimaru, S. and Arai, K. (2024) Home Care Nurses' Perceptions of Accompanying Students to Services during Nursing Practice. *Journal of Human Nursing Studies*, **22**, 41-47.
- [8] Umehara, T., Tanoue, H., Shiraishi, Y., Fujiki, S., Iyama, R., Tomimatsu, S. and Aoi-shi, K. (2020) The Effect in the Psychiatric Home Visit Nursing Station by Having Accepted the Student Nursing Practice. *The South Kyusyu Journal of Nursing*, **13**, 21-26.
- [9] Tobise, M., Funashima, N. and Nakayama, T. (2019) Study of Clinical Instructor Experience: Focusing on Those Working in Hospitals. *Journal of Research for Nursing Education*, **28**, 17-30. [https://doi.org/10.19015/jasne.28.1\\_17](https://doi.org/10.19015/jasne.28.1_17)
- [10] Nakagawa, K., Inoue, K., Kito, C., Muraki, A. and Ohnishi, K. (2022) Effects on Nurses in Palliative Care Unit of Nursing Students in Clinical Practice. *Japanese Journal of Nursing Studies of Mie*, **5**, 31-39.
- [11] Toukairin, M., Morikagi, Y., Ohtake, M., Hosoya, T. and Kobayashi, A. (2016) Factors Related to Home Visiting Nurses' Feelings of Self-Efficacy in the Provision of Home Health Care Practice. *Journal of North Japan Academy of Nursing Science*, **18**, 17-29.
- [12] The National Association for Visiting Nurse Service (2011) Survey and Research Project on How 24-Hour Home-Visit Nursing Services Should Be Provided. <https://www.zenhokan.or.jp/wp-content/uploads/H22-2.pdf>
- [13] Ministry of Health, Labour and Welfare (2017) Visiting Nursing (Reference Materials). [https://www.mhlw.go.jp/file/05-Shingikai-12601000-Seisakutoukatsukan-Sanjikanshitsu\\_Shakaihoshoutantou/0000170290.pdf](https://www.mhlw.go.jp/file/05-Shingikai-12601000-Seisakutoukatsukan-Sanjikanshitsu_Shakaihoshoutantou/0000170290.pdf)
- [14] Takemura, Y. and Kanda, K. (2003) How Japanese Nurses Provide Care: A Practice Based on Continuously Knowing the Patient. *Journal of Advanced Nursing*, **42**, 252-259. <https://doi.org/10.1046/j.1365-2648.2003.02614.x>
- [15] Tanner, C.A., Benner, P., Chesla, C. and Gordon, D.R. (1993) The Phenomenology of Knowing the Patient. *Image: The Journal of Nursing Scholarship*, **25**, 273-280. <https://doi.org/10.1111/j.1547-5069.1993.tb00259.x>
- [16] Takeuchi, K., Isowa, T. and Fukui, K. (2011) Factors of Social Activity Related to Subjective Well-Being in the Community-Dwelling Elderly. *Mie Nursing Journal*, **13**, 23-30.
- [17] Okinaka, Y. (2017) Hope and Related Factors among of the Frail Elderly Living at Home Alone. *Journal of Japan Academy of Nursing Science*, **37**, 76-85. <https://doi.org/10.5630/jans.37.76>
- [18] Hirose, H., Sugiyama, S., Takeuchi, A. and Babasaki, M. (2009) A Study of Meaning of Life for the Elderly Living Alone. *Archives of Yamaguchi Prefectural University*, **2**, 26-31.
- [19] Bandura, A. (1977) Self-Efficacy: Toward a Unifying Theory of Behavioral Change.

*Psychological Review*, **84**, 191-215. <https://doi.org/10.1037/0033-295x.84.2.191>

- [20] Okamoto, H. (2016) The Relation between Social Aspect of the Elderly and Successful Aging: The Chiba Longitudinal Study of Aging. *The Journal of Wayo Women's University*, **56**, 113-122.
- [21] Kashiwagi, M., Kawamura, S. and Haraguchi, M. (2015) The Present Conditions of and Problems with the Clinical Practice of Home Care Nursing in Nurse Education: The Results of Interviews with Home-Visit Nursing Agencies. *Journal of Japan Academy of Nursing for Home Care*, **3**, 44-54.