

An Evaluation of Griffith University, the Bachelor of Nursing (Nissoken Project)

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Abstract :

With the development of an international nursing education program, Griffith University and the Japanese Research Institute embraced the opportunity to develop and provide a post registration, Bachelor of Nursing degree for Japanese nurses. This program enables Japanese nurses to study at home and in their language.

The program has been currently evaluated through using a quantitative evaluation approach. However, the data identified by the quantitative evaluation tool does not appear to fully represent the Japanese students' perceptions of their learning experiences that could be useful for understanding the course effectiveness. The major intention of the study is to evaluate the course program by illuminating Japanese nurses' perceptions of their educational experiences while undertake the Nissoken program.

An ethnographic-type of evaluation model developed by Parlett and Hamilton (1977) was utilized an appropriate evaluation strategy to achieve the goal of the study. Focus group interviews were conducted to produce illuminative data of the students' insights of their educational experiences. Content analysis was undertaken for data analysis. The results revealed a variety of Japanese students' concerns, agendas and perceptions that had not been identified in previous quantitative evaluation data. In particular, students' perceptions and concerns about their learning experiences and course subjects which have been strongly affected by cultural values, professional practices and previous educational experiences. The outcomes of the study offer recommendations for curriculum review and cultural sensitivity.

Key words : qualitative evaluation, Japanese nursing education, Japanese culture, illuminative model.

Background to the study

In 1996, the School of Nursing and Health at Griffith University in Australia became aware of an opportunity in Japan to offer Diploma prepared, registered nurses a Bachelor of Nursing, post registration undergraduate degree. In 1997, an agreement between Griffith University and the Japanese Research Institute (Nissoken Company) was entered into to provide registered nurses with a degree. The program provides for Japanese Registered Nurses to study from home and in their own language.

The program involves a student-centered, distance education approach that focuses attention on the learner's control over learning, with intention of increasing their capacity for exercising responsibil-

ity and autonomy in their learning. A number of Japanese facilitators are appointed to assist students to undertake this educational approach. Telecommunication methods of fax, phone and email are available for students to interact with facilitators. The program provides reading materials and references, which translated from English into Japanese to students.

The program has been divided into four discrete subjects : The Construction of Nursing and Nursing Knowledge ; Leadership and Management Concepts for Health Professionals ; Research Concepts for Health Professionals and Reflective Practice. The subject Construction of Nursing and Nursing Knowledge encourages Japanese students to explore the nature of nursing knowledge and the

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way in which knowledge and practice are shaped by the perspective we adapt. Through this, the students are also asked to consider the way in which nursing has been endeavoring to explicate and construct its knowledge and practice. The second subject is Leadership Management Concepts for Health Professionals. The aim of this subject is to encourage the students to understand and participate in professional discussion, practice and nursing leadership and management issues. These issues are particularly concerned with the social, political, economic, legal structural and institutional factors influencing leadership and management practice. The students are required to consider the need for development of the skills and knowledge for professional judgement, critical thinking and decision making. Research Concepts for Health Professionals is aimed at increasing the student's understanding of qualitative and quantitative research associated with methodology, design questions; a particularly important subject given the move to evidence based practice in nursing. The final subject of the course is Reflective Practice for Nurses. Students are required to reflect on factors that influence their nursing practice. The main aim of this subject is to enable the students to learn through reflection on their work experiences. It allows students the opportunity to discover historical, social and political issues, which shape their present and future practice.

The four subjects have been previously evaluated through the use of a quantitative evaluation method. The survey questionnaire was designed through educator's viewpoints and answered by graduates in order to rate the educational effectiveness of each of the four subjects. However, this approach is very limited as it only gives the descriptive information data to indicate the student's agreement and disagreement with the program effectiveness. The descriptive information data simply showed that the majority of students were satisfied with the course subjects. However, there was no clear identification of the major areas of Japanese students' concerns, agendas and perceptions towards their educational experiences of the

course.

According to Kemmis & Stake (1988)⁽¹⁾, evaluation studies cannot be separated from the historical and cultural construct or understanding of patterns, habits and languages of social interaction. Therefore, an evaluation study should be concerned with presenting and understanding the perspectives and experiences of different individuals or groups of students which are shaped by their own personal and cultural values⁽¹⁾. Atkinson (1993)⁽²⁾ further argues that evaluation should address areas of potential difficulty highlighted by students.

Therefore, addressing the importance of evaluation, the significance of this study is to critically evaluate the Nissoken program by presenting and understanding insightful pictures of the students' educational experiences. The study is timely and significant for the contemporary evolvement of the subjects within the Nissoken program. It is proposed that the outcomes of this project will encourage ongoing reviews and promote development of this and other external overseas courses. The study has the potential to improve the educational outcomes for Japanese students and highlight cultural influences to subject developers and teachers within the Faculty of Nursing at Griffith University.

Aims of the project

1. Evaluate all four BN (post-registration) Nissoken program subjects to determine the course effectiveness in both teaching and learning.
2. Explore Japanese student's perceptions of their experience encountered during study in the Nissoken program.
3. Promote future development of the Nissoken program.

Literature Review

The literature is reviewed from two principle perspectives. The first section explores key components of educational evaluation and reveals previous curriculum evaluation studies that have high-

lighted the development of alternative models of educational evaluation. Exploring this literature, key principles of curriculum evaluation and evaluation strategies will highlight the need for the present study. In reviewing particular educational evaluation approaches, the literature review is extended to explore the potential cultural and educational contexts influencing the Japanese nurses' perspectives of their educational experiences while undertaking the course. The second section therefore discusses and explores these potential contexts.

Curriculum evaluation and evaluation models

Kemmis & Stake (1988)⁽¹⁾ state that in order to meet the goal of evaluation, the influence of social, historical, personal and cultural contexts, which shape curriculum, should be examined. In order to address this concern, Kemmis & Stake (1988)⁽¹⁾ acknowledge that curriculum evaluation should not only focus on measuring the outcomes of learning, but also individual learning experiences, which are shaped by personal and cultural values. Therefore, it is pertinent for a curriculum evaluation study to identify research methods that can illuminate the perspective, values and interests of different individuals or groups of student's involved in curricula.

Pateman & Jinks (1999)⁽³⁾ identify that historically, curriculum evaluation has been mainly developed from the quantitative evaluation approach (for example, Tyler's (1946) behaviorist model). A quantitative evaluation approach is described as focusing on student's learning outcomes through the technical measurement of rationality, prediction and control⁽¹⁾. This approach is only aimed at measuring specific objectives for student's performance. Therefore, it ignores contextual and cultural influences shaping student's interest and learning⁽⁴⁾.

Therefore, by only undertaking curriculum evaluation using quantitative methods the intent of Kemmis and Stake's (1988)⁽¹⁾ perspectives on the importance of curriculum evaluation is not fully realized. Addressing Kemmis & Stake's views, an alternative evaluation approach is justified. This form of

educational evaluation method has been termed naturalistic or qualitative orientated inquiry. A qualitative evaluation approach is concerned with understanding an individuals' or a group of students' perceptions, feelings, values and attitudes which are culturally and personally situated in their leaning milieu. The literature proposes that there is a growing emphasis in utilizing the qualitative approach within educational evaluation research⁽⁵⁾.

A number of alternative models of curriculum evaluation have been proposed by previous educational evaluators^(4,7,8,9). A review of these previous evaluators' models highlighted the use of two principles processes: an inductive process that can describe and interpret the meanings of course participants' educational experiences and; a holistic process that understands the influences of cultural contexts on perceptions, values and learning attitudes of course participants as a whole. Being holistic and inductive processes, these models proposed that the use of an ethnographic approach incorporating participants observation, direct interviews with participants, a case study. The literature indicates that these models have continually informed curriculum evaluation including several recent studies of nursing orientation⁽³⁾.

Role's (1994)⁽⁵⁾ and Pateman & Jinks's (1999)⁽³⁾ evaluation studies integrated the concepts of Parlett and Hamilton's (1977)⁽⁶⁾ illuminative model. These nursing educators were concerned that the quantitative evaluation methods being previously used may not fully represent nursing student's views thus ignore the importance of curriculum evaluation. However, they believed that evaluation approaches should be more expressive when highlighting student's perceptions and experiences toward course sessions. In order to evaluate the course from individual student's perspectives, they utilized student-centered approach incorporating in-depth group interviews with students. The outcomes of this study revealed that the use of a student centred approach further illuminated students' perceptions and experiences, which had not been previously discovered through quantitative methods. These evaluators acknowledged that a qualitative

approach obtained an insight of student's learning experiences, which could be utilised for curriculum development. Despite the use of a qualitative evaluation method, the studies proved that the use of a quantitative approach is also desirable as it can provide 'snapshots' of educational effectiveness.

This review of evaluation studies in nursing has thus indicated how their works were concerned with illuminating the nursing students' perceptions of their educational experiences. However, there are no studies, which were more concerned with incorporating holistic perspectives that consider the influences of cultural and educational contexts on the nursing students' perceptions of their educational experiences. As previous educationalists have demonstrated, evaluators should use a holistic perspective that can explore the cultural, educational and personal contexts influencing the students' perceptions of their educational experiences. This acknowledgement led this research to consider the Japanese cultural and educational contexts that may potentially influence Japanese nurse's perceptions of their learning experiences while undertaking the Nissoken program. Therefore, the following section of the literature review highlights relevant information on Japanese culture, it's influences on the status of Japanese nurses and on the nursing educational philosophy used in Japan as they may potentially influence the Japanese students' views of their learning experiences.

Cultural perspectives.

Interdependence, interconnectedness and interrelations are valued among the Japanese⁽¹⁰⁾. Sinha (1997)⁽¹¹⁾ states Japanese peoples' behaviors are governed by social sensitivity, their extreme concern regarding social interactions and relationships and avoiding conflict. The concept of self, held by the Japanese is therefore developed and formed in relation to others.

The attitude of Japanese nurses regarding work conditions can significantly impinge upon their perceptions encountered during study in the Nissoken program. The Japanese paternalistic society, is

still strongly prevalent⁽¹²⁾. This paternalistic Japanese nursing society is a main contributor to the traditionalist views of nurses, which continually impact upon the status of Japanese nurses. Traditionally nurses are devoted to patients and yet are required to function subservient to physicians⁽¹³⁾. These factors negatively influence Japanese nurses' attitudes and feelings toward their professional practice which described as nurse's individual thinking, inhibited motivation and autonomy for clinical decision making^(10,13,14). However, these Japanese nurses' "negative attitudes" are not only influenced by the cultural perception of Japanese women, but may be contributed by Japanese nurses themselves. Moriyama (1996)⁽¹⁵⁾ indicates that this is due to their routine actions, which can be explained by lack of reflection or consideration of their professional practice

Educational perspectives

The philosophy of the nursing curriculum in both junior colleges and diploma programs in Japan, has been based on a medical model⁽¹⁰⁾. Rather than nurses teaching physicians still teach a large percentage of the content of nursing school curriculum⁽¹⁶⁾. Due to the emphasis of medical model based learning, several limited educational approaches have been identified. Nursing curricula have failed to provide learning opportunities for nursing students to develop their critical thinking skills through integration of nursing theories into their actual practice⁽¹⁰⁾.

The above educational approaches can also be explained through the impact of teacher-centred or a didactic approach within the nursing educational environment⁽¹⁰⁾. Delivering education through didactic methodology means that a cognitive and humanistic educational theme may not be integrated⁽¹⁷⁾. A reluctance for Japanese students to nurture individual thinking, autonomy and responsibility for their learning is perpetuated through this method⁽¹⁰⁾. This can also cause difficulty for nursing students to extend cognitive nursing knowledge, which can conceptually, address and potentially solve the

issues of the current nursing professionalism and education⁽¹⁸⁾.

The emphasis of the Griffith University, Nissoken program is a student-centred approach to education intended to increase a learner's capacity for exercising responsibility and autonomy. As has been revealed in the literature review, Japanese nurses' previous learning experiences are in stark contrast to the educational philosophy of the Nissoken program. Thus, the Japanese students may be at odds with, or lack knowledge of, the educational concepts or approaches utilised in the Griffith University, Nissoken program.

However, current nursing educational philosophy in Japan appears to be changing⁽¹⁸⁾. Japanese nursing curricula appear to be moving toward humanistic and cognitive approaches, which enable the students to think more creatively, to develop clinical judgement and increase personal and professional growth⁽¹⁶⁾.

The new approach to nursing education has positively influenced Japanese nurses' perception towards their continuing education. Many Japanese nurses have now started to consider that there is a need to participate in further continuing education for ongoing development of their professionalism⁽¹⁹⁾. Thus, Japanese registered nurses may now see the advantages in upgrading their academic qualifications. Therefore the changing phenomena of Japanese nursing practice and education may positively influence Japanese students' perceptions towards the educational philosophy of the Griffith University, Nissoken program.

Research method

The methodology

The focus of the research methods is located in a qualitative approach using an ethnographic perspective to explore groups of Japanese nurses' perceptions of their learning experiences. The illuminative evaluation model developed by Parlett and Hamilton (1977)⁽⁶⁾ was utilized as an appropriate model for illuminating the Japanese graduates' perceptions of their educational experiences within

the Nissoken program.

Data collection

In Parlett and Hamilton's (1977)⁽⁶⁾ model, techniques, which the evaluator may use, are suggested. These include recording discussions between all personnel involved; observations of teacher-student interaction and the utilization of time and facilities; interviews with teachers, students and administrative staff; and a questionnaire. Due to the limited time and opportunity available for the research, focus group interviews with the students who had undertaken the Nissoken program was deemed the most appropriate. The central stakeholder of this evaluation study was therefore the Japanese nurse graduates.

Participants

The participants were volunteers who were selected from a group of Japanese nurses visiting Brisbane in August 2000 to attend their schooling week and graduation ceremony from the Nissoken program. In order to gain differing perspectives and experiences of Japanese nurses who have undertaken the Griffith University, Nissoken program, the participants with various experiences as nurses in Japan were incorporated into the focus group discussions.

Ethical approval to conduct the study was sought from Griffith University and permission was granted. Before the interviews, participants were asked to sign a consent form meeting all ethical and legal requirements. A verbal explanation of the research and requirements was also given prior to the focus group interviews.

Through the above procedures, twenty nine individuals with various experiences as nurses and nursing teachers volunteered and were involved in the focus group interviews. The volunteers were divided into five groups resulting in five focus group discussions.

Six individuals were involved in the first group interview and were asked about their thoughts on the subject, Reflective Practice in Nursing. Six participants made up the second group and discus-

sed their thoughts, concerns and experiences encountered in the subject, Research Concepts for Health Professionals. The third group comprised of seven individuals who discussed Construction of Nursing and Nursing Knowledge. The fourth group, that discussed the Leadership Management Concepts for Health Professionals included seven participants. Four participants constituted the fifth group and were asked to discuss their perceptions of the whole program.

To facilitate the cultural sensitivity of the study, the interviews, were conducted in Japanese. The interviews were audio tape-recorded and later transcribed in both Japanese and English to facilitate data analysis. Each interview lasted between 40 and 50 minutes.

The primary tasks were seen to put the interviewees at ease so they would feel comfortable in expressing honest and open opinion, respect of their feelings and any issues and concerns about each subject of the program. As a result of these efforts it was felt that participants were able to equally express their thoughts, concerns and perceptions about the topic.

The interview schedule

Initially formulated were focus group interview questions. Previous evaluators (Eisner, 1998⁽⁹⁾; Pateman & Jinks, 1999⁽⁹⁾; Patton, 1990⁽⁷⁾) revealed that the use of quantitative data is desirable as it can provide validation to 'snapshots' of educational effectiveness. In accordance with this suggestion, the researcher reviewed the quantitative evaluation data to facilitate the elaboration of ideas and indicate the issues for establishing the focus group questions. The questions for the group interviews were also strengthened by the use of researcher's

self-knowledge as a Japanese nurse researcher with educational and professional experience in both Japan and Australia. The knowledge gained from literature on the importance of educational evaluation was also utilized in the process to formulate the focus group questions. Through this process, the following questions were predetermined.

- Tell me about your learning experiences in this subject ?
- What do you consider were the strengths of this subject ?
- What do you consider were the weaknesses of this subject ?
- Tell me about any difficulties you experienced in understanding or responding in this subject ?
- How do you think that you can utilize the knowledge gained from this subject now or in your future ?
- Can you tell me about your impressions of the facilitator in Japan for this subject ?
- How do you consider that the facilitator influenced your study in this subject ?

The formulated questions were open-ended and utilized at the beginning of questioning in order to encourage the participants freedom to respond from a variety of dimensions thus illuminate the meaning of Japanese nurse's learning experiences.

Data analysis method

The data were analyzed using an eclectic approach to content analysis. The steps followed are presented in Table 1 Within the procedure of data analysis, the researcher's self knowledge and perspectives influenced by her educational and professional experiences in both Japan and Australia were utilized as the tool for data analysis.

Table 1. The Procedure of data analysis

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| <ol style="list-style-type: none"> 1. Listening carefully to the audio-tapes. 2. Transcribing the audio-tapes through careful, repeated listening to the recordings to familiarise self with the data. 3. Repeated revision of the transcripts until the meanings of sentences or phrases began to emerge. 4. Aggregating the significant sentences into clusters of meaning units that group together. |
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5. Choosing the best fitting concept for the emerging clusters of formulated meaning units.
6. Aggregating formulated meaning units into clusters of themes.
7. Searching for relationships among the groupings in order to identify a term that best integrates the themes
8. Reflecting on the developed themes supported by the meaning units and the original transcript in order to determine a final decision.

The findings of the study

The data are categorized within a framework that reveals four themes; each supported by sub-themes and meaning units (see Table 2). While each theme is presented as separate, they are not viewed as a having separate meaning, but are seen as a conceptual linking structure. Each theme has an

indirect influence on another.

The participants' responses have been coded with group number and the date. Codes : R.P. — Reflective Practice ; C.N. — Construction of Nursing and Nursing Knowledge ; R — Research Concepts for Health Professionals ; P — Entire course ; L.M. — Leadership Management Concepts for Health Professionals.

Table 2 : The Revealed Data

Theme 1 :	Bridging educational paradigms: Self-doubts New ways of learning
Theme 2 :	Expanding professional boundaries: Challenge to practice Initiating change
Theme 3 :	Cultural and professional tensions: Difficulty to incorporate new ways of professional practice
Theme 4 :	Learning hindrance: Teaching delivery Resource problems

Themel : Bridging educational paradigms

Self-doubts

Self-doubts reveals the participants' lack of confidences with their ability to undertake new ways of learning introduced in the course. The participants were particularly concerned with their ability to understand theory, individually interpret the assignment topics, find the relevant literature resources then to integrate them into their written assignments. As the reasons for these students' concerns, the students indicated that they had had little opportunity to exercise these learning exercises in previous learning experiences. These students' concerns were supported through the following student's

statement:

I felt difficulty to understand theory. I also felt that even finding literature was difficult, thus I was more concerned with using them for written assignments. I graduated from three year nursing school but I had not learnt about these areas of study in this educational institution. (Group 4, L.M: 16/8/2000).

This sub-theme further indicated that the students' feelings of inadequacy towards interpretation of the assignment topics. One example of a participant's comment was :

There were many questions that asked us to consider different possibilities. Until now, much of my

learning was based on answering multiple-choice questions, and I never really had to think about something for myself before. Thus, I was not confident with my ideas to write and was hesitant to write. (Group 3, C.N : 15/8/2000)

However, even though participants expressed feelings of inadequacy in undertaking new learning approaches, all students positively perceived that undertaking new ways of leaning encouraged them to develop their knowledge and academic and cognitive skills.

New ways of learning

The sub-theme, New way of leaning indicates that the majority of participants perceived that by undertaking new approaches to learn, they had opportunity to foster academic learning skills and cognitive thinking knowledge. It also revealed that most of the participants perceived that the program encouraged them to increase their responsibility and autonomy for their learning. These students' positive perception were supported through the following students' comments :

I feel I have finally learnt how to search for information and understand why it is important to use reading materials to write an assignment as well as how to integrate them to critically consider topics given in each subject. So this was one of the good aspects of the course. (Group 5, P : 17/8/2000).

Until now I have been a passive learner. But learning each subject, we had to take responsibility for our study. I think this type of learning is good ! (Group 2, R : 14/8/2000).

The course not only promoted the student's academic leaning skill and cognitive thinking skills. It also offered the opportunity to extend social and professional practice.

The following theme, Expanding professional boundaries reveals participants' views of their learning experiences as they attempted to reflect on their habitual practices and to synthesize their professional practice into clinical practices.

Theme 2 : Expanding professional boundaries :

Challenge to practice

Challenge to practice reveals that the majority of the participants perceived that critical considera-

tion and reflection on social, political, professional and cultural contexts, influencing Japanese nursing practice was new for them. The participants expressed that these contexts had not been previously considered in their everyday' practices. Therefore, many participants voiced that they were concerned as to how deeply they should respond when asked to ponder the influences of their practices.

However, participants appeared to overcome these obstacles and critically consider the social, political and cultural contexts influencing every day practice. A major area considered by the groups was related to the power relationship between physician and nurse and the influence this had on Japanese nursing practice. Several participants were also able to consider that the Japanese nurses' lack of acknowledgment towards their professionalism has potentially caused the maintenance of the low social status of the Japanese nurse.

Reflection on social, political, cultural and professional contexts further provide the opportunity for the participants to expand professional boundaries. Initiating change

Initiating change exposed participant's willingness to consider new actions in order to cope with contemporary issues of traditional and habitual Japanese nursing practices in order to acknowledge and respect the nurses' role as a professional domain. The following comments illustrate this :

Until now, we didn't have the energy to change things. For instance, up until now we have only asked for change, but I realized that in order to improve the status of the nurse, we need to discuss with peers to consider the entire situation. (Group 3, C.N : 15/8/2000).

The theme, Expanding professional boundaries highlighted the participants' positive views on the course as it encouraged them to expand existing professional boundaries subsequently extending professional practice. However, undertaking new professional practices also caused several participants to perceive that tension and imbalance was developing.

Theme 3 : Cultural and professional tensions

Difficulty incorporating new ways of professional

practice

Cultural and professional tensions reveals that several participants appeared to be struggling with integrating new ways and knowledge into their practice. They perceived that there is conflict between concepts and the clinical practice environments as physicians still have authority. Several participants further felt that they would be discriminated against if they attempt to utilize new ways of nursing into their practice because of this discrepancy. This is supported through a participant's statement :

I feel that there seemed to be differences between theories for professional practice and our hospital environment and practices. This was because our hospital environment is still influenced by the physician's authority. So it was difficult to present possibilities to extend self-determination and responsibility in my hospital. Therefore, I felt that it would be more difficult for me to express possibilities to other staff. If I do it, I felt that I might be discriminated against. (Group 4, L.M : 16/8/2000).

It was however, indicated that the consternations were not only related to the fact that the course introduced new ways of learning and professional practice that had not been encountered by the students but also influenced by other factors. Negative influences of the learning process were associated with facilitator and learning resource materials.

Theme 4 : Learning hindrance :Unsupportive facilitators

This sub-theme exposes participants' voices of their experiences with facilitators' lack of encouragement, support mainly interpersonal communication. In particular the participants perceived that there were no clear comments or encouragement on how to improve their writing via feedback received from facilitators. The sub-theme also revealed that the student's dissatisfaction with using the limited telecommunication methods to interact with facilitators.

However, participants not only encountered inadequate facilitator's teaching and support but were also confronted with resource obstacles throughout

the program.

Resources obstacles

Within the sub-theme, Resource obstacle, participants collectively voiced that, inadequate literature and reading materials caused dilemmas when undertaking individual learning. Despite many literature resources suggested in workbooks, the participants had difficulty gaining access to such materials. The majority of the participants then indicated that this caused them to become frustrated at being unable to access literature resources.

Participants also identified several concepts translated in Japanese within textbooks lacked sensitivity to Japanese language characteristics. These were also unfamiliar features of the known Japanese nursing curriculum and clinical practice. Participants perceived that this problem compounded the difficulty felt in attempting to understand the meaning of concepts.

Discussion of findings

The findings of this study indicate that the program offers participants the skill needed to foster their academic learning expertise, cognitive knowledge and self-learning ability. However, developing these skills and knowledge was not an easy task for the participants. This was due to the different educational paradigms of the Griffith university-Nissoken program and the previous ways Japanese nurses learnt.

The different educational paradigms between the Nissoken program and the previous learning methods caused the majority of participants to perceive they had limited knowledge and ability to understand the theories and concepts and then integrate them into clinical practice. In the literature review, the approaches to nursing education are described as being based on the medical model and strongly influenced by physician's authority⁽¹⁰⁾. Due to this emphasis, it has not provided the opportunity for students to learn theories and critically integrate these into their clinical practice⁽¹⁰⁾. This approach was particularly related to three-year diploma nursing schools. In this study, most participants had graduated from the three-year diploma

nursing school. This result thus demonstrates that the participants were not encouraged to develop their knowledge to understand theories and critically integrate them into the clinical practices. However, the Nissoken program has incorporated the learning exercise aimed at developing student's knowledge to understand theories and critically integrate them into clinical practices.

The differences between the educational approaches also caused many participants consternation with their ability to find relevant resources for their studies. Literature has explored the nursing educational philosophy of a teacher-centered approach⁽¹⁰⁾. However, it has not supported the development of competent research skills. These findings are endorsed through the revelations of this study. The findings indicate that the majority of participants had experienced the teacher-centered method. Therefore within their previous learning paradigm the participants were always given the information for their learning from the teachers thus had limited opportunity to develop their research and information processing skills. However, the Nissoken program is aimed at developing the student's cognitive skills for information processing.

The consequence of this teacher-dominated approach to nursing education results in a lack of opportunity to develop cognitive thinking skills, which can offer students the ability to critically consider the issues of current nursing practices^(10,18). The findings identify that the majority of participants had been taught through this educational philosophy and approach. Alternatively the approach within the Nissoken program incorporates fostering student's cognitive thinking skills through self-directed, autonomous learning. This educational difference caused the participants to lack confidence with their ability to address professional issues and express the possibilities through integration of theories or concepts in individual written assignments.

The different approaches between the Nissoken program and previous ways the participants learnt further caused self-doubts regarding their individual interpretation and responses to the assignment

topics and learning activities. The educational approaches in the Nissoken program have emphasized promoting student's individualism, responsibility and autonomy in learning. The results reveal that this intervention had not been incorporated in previous educational experiences resulting in the continuation of traditional learning that, relied heavily on teacher's control, but not individual responsibility to problem solve. Therefore, this prior limited learning has caused the majority of participants to be confused with how to interpret and respond to the learning activities or questions within the program.

However, facilitator's tutoring methods, can be postulated as another primary contributor for participants' concerns in undertaking new learning approaches. The literature previously indicated that the teacher-centered approach has dominated nursing education in Japan. This means that facilitators themselves may not be familiar with the new way of teaching that supports and cultivates student-centered learning. Facilitators themselves may be concerned with providing a learning environment that can encourage the participants to develop autonomy for their learning as well as cognitive competence. Thus, it could be shown that the traditional ways of facilitator's teaching has impacted on the participants' ways to learn.

Limited literature resources or reading materials also hindered the ways the participants undertook distance education course subjects. The findings identify that the limited available literature resources or reading materials in Japan caused participant's frustration in finding relevant literature. The findings support the students' views that this concern could be reduced if more appropriate suggestions from facilitators regarding textbooks or useful reading materials were provided.

Culturally, insensitive translation also hindered the participants learning. The findings indicate that there was a lack of satisfaction with the contents of textbooks due to the translation issues of lack of sensitivity for Japanese language characteristics. In particular, different semantics of languages between English and Japanese was not carefully

considered when translating English into a different language.

However, the findings suggest that despite the participant's feelings of difficulty when undertaking this new way of learning, they perceived it to be useful learning experience. This was due to the Japanese nurses' changing attitudes towards professional learning. The findings reveal the participants enhanced awareness for the need to develop their academic learning skills and to increase their responsibility for learning. Consequently, this recognition caused the participants to accept that the program offered development of cognitive and individual learning skills. This supports Oomuro's (1997)⁽¹⁹⁾ finding, which indicates that Japanese nurses are expressing a positive attitude towards continuing education. The participants' new and positive attitude towards education caused them to positively embrace perspectives of the Nissoken program.

The findings further indicate that the program encouraged the participants to critically analyze the political, social and cultural contexts influencing contemporary Japanese nursing practices and promote reflection on the participants' previous ways of knowing nursing. At the same time, this practice also caused consternation as the previous education system and professional realms deeply permeate cultural sensitivity thereby creating this stance.

The literature review demonstrates that the philosophy of nursing education in Japan is based on the medical model. This system does not value cognitive and humanistic approaches as nurses are taught to devote themselves totally to the physician and are given little opportunity to address their own professional issues⁽¹⁸⁾. Considering this historical and educational approach, participants may feel compelled to uphold the strong medical model practice concepts. This action will then be conferred to current practice thus limiting possibilities for participants to fully, consciously and enthusiastically reflect on issues of culture, history and professionalism.

The findings reveal that habitual professional practice has led to a lack of questioning of profes-

sional issues, therefore lack of acknowledgement of the social, political and cultural influences on the role of nurses. The findings substantiate Moriyama's (1996)⁽¹⁵⁾ study. Her study indicated that the lack of willingness to consider and discuss how Japanese nurse' conflicts are caused by routine actions result in the lack of reflection of the issues influencing professional practice. When consideration is given to the findings of this study, which identifies a new attitude by the participants towards professional practice, it questions the validity of Moriyama's impression.

Identified in this study is the revelation that nurses educated by the Nissoken program have overcome these concerns and do critically consider the issues of their existing schema of nursing practices which is shaped by the Japanese social, historical, professional and cultural, contexts. This finding therefore invalidates Moriyama's (1996)⁽¹⁵⁾ results and demonstrates that participants are now challenging habitual ways of practice thereby, expanding professional barriers and developing their own idiosyncratic practice. Unique to the present study is the exciting revelation that nursing in Japan is evolving into a culturally appropriate contemporary practice. Strengthening this argument is the occurrence of an increased passion when incorporating new concepts into clinical practice. Change, however, does not occur without some discord. There were areas of considerable concern that were highlighted in reaction to contemporary nursing practice in Japan.

The participants' professional schemas shaped by Japanese cultural professional sensitivity still obstruct the way participants explore new professional practice. The findings reveal that there is considerable concern with current social positioning resulting in limited responsibility and self-determination for professional nursing judgment as opposed to physician's authority. This concern is causing the participants to perceive inconsistency or imbalance between the new way of professional practice and the known clinical practice. The concern is expressed that these new ideas for professional practice might not be accepted and discrimination by peers

may be experienced. The developed tension is reflected by the reluctance of some participant's willingness to expand professional boundaries. The findings corroborate with previous authors' (Hisama, 1994⁽¹³⁾; Schmieding & Kokuyama, 1995⁽¹⁴⁾; Yamashita, 1998⁽¹⁰⁾) results that the existing influences of traditional views of nurse and physician's empowerment have inhibited the Japanese nurse's motivation for professional development.

However, the participants' motivation to undertake new practices is also hindered due to the affect of Japanese nurse's habitual action. It is indicated that participants appear to be concerned with the affect of their peers' rigid practices. Consequently, there is a perception that it may be difficult to encourage peers to embrace contemporary nursing practice, as there is a lack of acknowledgement of their nursing role and inhibited motivation for expanding professional practice. Undertaking new ways of professional practice may not always be viewed therefore as a advanced learning experience for some participants because it develops tension and imbalance.

Recommendations

The review of the findings of this study has revealed several recommendations.

1. Course designers need to re-design the teaching philosophies to synthesize cultural and educational understandings and past educational experiences to provide nursing students with the skills and knowledge to extend their traditional learning methods. Workshops need to be prepared for course participants to develop skills regarding academic writing in Japan.
2. Further staff development for Japanese facilitators: Facilitators need to reflect on their traditional teaching methods and develop teaching skills that can provide encouragement to empower Japanese students' cognitive learning skills and knowledge. Intensive workshops for facilitators should be developed.
3. Development and streamlining of communication avenues to allow facilitators and students to

contact each other.

4. Provide more information and direction for Japanese students to obtain the relevant literature or reading resources relevant for the program.
5. Provide translated textbooks and reading materials that are more sensitive to the Japanese culture and language and therefore more easily understood by Japanese students.

Recommendation for future study.

The review of the findings has demonstrates that through using the illuminative evaluation method the study has provided culturally and educationally sensitive information as uncovering the Japanese nurses' unique perspectives of their learning experiences. However, to increase the understanding of the effectiveness of the Nissoken program, recommendation for further study is provided.

Parlett & Hamilton's (1977)⁽⁶⁾ model suggested that an evaluation study should be concerned with exploring the concerns or issues of other professionals. Therefore, the further study that conducts interviews with other stakeholders or participants such as facilitators and course convenors is needed to fully understand the course effectiveness.

Due to the relatively small sample interviewed, there were no claims made for the representativeness of the sample. Therefore, the further study should be concerned with incorporating a larger sample, encompassing respondents from other groups of Japanese nurses.

Due to the limited opportunity and time, the truthworthiness of the researcher's interpretation was not established through having discussions regarding interpretation with the participants. Thus, further study needs to confirm the findings regarding whether information presented was recognized by the participants as their own views.

Some of the findings of this research could be also investigated further through other research paradigms. The quantitative method could be used for investigating of correlation between the contexts such as the students' educational and professional background, learning resources and course assump-

tions and the effectiveness of learning activities. The data gained from this method could be combined with the data gained from qualitative approach. The triangulation method for educational evaluation should enhance the quality of findings.

Conclusion

The study has illuminated unique and previously hidden perceptions of learning experiences by Japanese nurses. The study's revelation must be acknowledged and incorporated into the continuing development of the Nissoken program. Like the participants of the Nissoken program, educators must challenge their own educational philosophy to successfully implement transcultural education. The knowledge expanded by this study should also be extended into nursing education and practice in Australia and Japan.

Japanese nurses are now more likely to challenge their existing professional practice and education. The Nissoken program has the potential to support Japanese nurses to embrace contemporary academic culture thus extend and promote the new perspectives of professionalism. Ongoing re-evaluation of the Nissoken program curriculum for the evolution of knowledge for nursing practitioners in Japan must be performed. To accomplish this, the Nissoken program needs to synthesize understanding of Japanese culture, professional practices and the nursing education system. This will bridge the gap between nursing education and professional practice in western countries and Japan, thus successfully reconciling the educational philosophy of the Nissoken course with Japanese nursing practice and education.

Significance of mutual growth of nursing education and professionalism in both Australia and Japan is pointed out to conclude this study. Joint collaboration for development of nursing education and practice is essential for transcultural nursing education and professionalism. This means, the environments of Japanese nursing education and professional practices must also acknowledge the voices of this study. The educational philosophies

in faculties of nursing in Japan are now challenging nursing student's cognitive skills and knowledge to extend professional nursing development. Supportive environments to enhance nursing student's autonomy and responsibility for their learning must be also provided. Furthermore, the work environments of Japanese nurses should encourage them to grasp opportunities for development of self-knowledge, which can promote empowerment for their practice. These efforts may best promote in fostering life-long professional and personal endeavors.

It is hoped that academic program developers and nursing educators who are involved in Japanese nursing education and practices will understand the views of this study. Understanding and reflecting on Japanese nurses' voices in this study will promote ongoing mutual development of nursing education and professional practice at a universal level. Cultural, educational and professional diversity complemented by the voices of Japanese nurse will augment the development of the Nissoken program as well as encourage overall nursing education and practice in Japan. Skills and knowledge acquired through these understandings will bring nursing professionalism into the 21st century.

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