

## Research Article

# Difficult Situations and Responses Experienced by the Japanese Nurses in Daily Practice

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## Abstract

**Purpose:** The purpose of this study was to clarify the difficult situations experienced by Japanese nurses, their responses to these situations, the relationship between the factors causing these difficulties and the degree of difficulties, and to examine the support needed by nurses.

**Methods:** A self-administered, unsolicited questionnaire survey was conducted among Japanese nursing professionals via the web to collect data on situations in which they experienced difficulties in their daily practice, including their frequency, degree of difficulty, and coping methods. Descriptive statistics were calculated.

**Results:** The top difficulties experienced by nurses were “communication with patients/users,” “coordination among nurses,” and “communication with patients’/users’ families.” The difficulty level of “coordination among nurses/multi-professionals” was significantly higher, and many respondents had experienced job turnover or a leave of absence. While the majority of respondents consulted within the workplace, there were difficulties in “coordination among nurses.”

**Conclusions:** Japanese nurses experienced a high frequency of difficult situations with a high degree of difficulty. For “coordination among nurses/coordination among other professions,” which was particularly challenging, it is necessary to implement organizational measures, such as the development of an organizational structure and support for the coordination of human relationships. On the other hand, it was suggested that there is a need for support to obtain hints for self-help solutions outside the workplace, such as through internet searches.

**Keywords:** Nurses, Difficulty, Japan, Turn over

## Introduction

The nursing shortage is a problem that is occurring all over the world. If left unresolved, it is a problem that can seriously affect the delivery of quality healthcare [1]. Frequent turnover of nurses in hospitals leads to reduced staffing levels, which negatively affects the quality of care and patient safety [2]. Many countries are therefore attempting to address the nursing shortage, and it has been found that the most effective strategy is to maintain the current workforce [3]. In Japan, nursing practice is becoming increasingly sophisticated and complex, and nurses are faced with a variety of difficult nursing situations. The distress caused by nurses’ job-related difficulties affects their retirement, professional development and the quality of nursing practice [4]. Therefore, we considered it necessary to identify the difficulties nurses face in their daily practice and how they cope with them, and to support them to continue working. This study was conducted with the aim of identifying the difficult situations experienced by Japanese nurses and their responses and the relationship between the factors causing difficulties and the level of difficulty, and to examine the support needed by the nursing profession.

## Methods

## Design

This study utilized fact-finding research through distribution surveys.

## Data Collection

The survey was conducted on 500 Japanese nursing professionals (nurses, public health nurses, and midwives) registered as monitors with a web-based research company and working in medical facilities, home nursing stations, government agencies, and companies. Sample size was calculated based on literature review. A self-administered, anonymous questionnaire was used to collect data on personal background and “difficult situations experienced by nurses.” For personal background, questions were asked mainly about the type of occupation/years of experience/position/place of work/age/gender in which they are engaged. For the “difficult situations experienced by nursing professionals,” a framework was developed and a questionnaire was constructed to reflect the literature and the real voices of nursing professionals by identifying situations that were perceived as more difficult than the SNS. A pretest of this questionnaire was conducted with nursing faculty members to confirm the content, order of questions, and consistency. The questionnaire items were problem-solving when troubled or distressed in daily practice (coping

methods/frequency of troubled experiences/experience of leaving or taking a leave of absence), situations in which the respondents felt difficulties in daily practice (subject of difficulty/characteristics of the subject/scenario/free description of the scene/free description of the response/degree of difficulty), degree of difficulty felt (enter “10” for difficulty to quit immediately and “1” for difficulty that is not a problem), and symptoms caused by the response to difficult situations. Data were collected from 15-22 December 2023, when a web-based survey was commissioned to a web-based research company.

### Data Analysis

Data on situations in which participants experienced difficulties in daily practice, their frequency, degree of difficulty, and coping methods were collected, and descriptive statistics were calculated. Additionally, the  $\chi^2$  test and Spearman’s rank correlation coefficient were calculated using SPSS Ver. 28.

### Ethics

The purpose, methods, and ethical considerations of the study were explained to the subjects on the web screen, and their consent was deemed to have been given upon submission of their responses. The survey was anonymous, and the results were managed using identification numbers to ensure that individuals could not be identified. Information will not be used for any purpose other than the research, and data related to the survey will be strictly managed by the researcher. The study was conducted with the approval of the Ethics Review Committee of Kawasaki City College of Nursing.

### Results

#### Overview of the Subjects

Responses were obtained from 428 Japanese nursing professionals. The study subjects ranged in age from 20s to 60s. 396 (92.5%) were nurses, 13 (3.0%) were public health nurses, and 19 (4.4%) were midwives (Table 1).

#### Difficult Situations Experienced by Nurses

All 428 (100%) experienced difficulties in practice, and 122 (28.5%) most frequently experienced “wanting to quit/not wanting to go to work” because of these difficulties, at least twice a week, followed by 63 (14.7%) about once a week. The top difficulties were “communication with patients/users” (107 respondents, 25.0%), “coordination among nurses” (101 respondents, 23.6%), “communication with patients/users’ families” (49 respondents, 11.4%), and “practical skills (nursing techniques, etc.)” (37 respondents, 8.6%). When the level of difficulty was defined as “10” for wanting to quit immediately and “1” for no problem, 87 (62.8%) of the respondents rated the difficulty as “7” or more, and 106 (24.8%) indicated they had “left/took a leave of absence” due to the difficulty. To solve their problems, 306 (71.5%) responded “consulting with a senior colleague,” 289 (67.5%) “consulting with a supervisor,” 277 (64.7%) “consulting with a peer,” and 222 (51.9%) “searching the Internet.” The most common symptoms caused by dealing with difficult situations were fatigue/exhaustion (291

**Table 1:** Demographics of the participating patients (n=428).

Item	n	%
<b>Gender</b>		
Men	39	9.1
Women	388	90.7
No answer	1	0.2
<b>Age</b>		
20’s	101	23.6
30’s	146	34.1
40’s	106	24.8
50’s	62	14.5
60’s	13	3.0
<b>Principal Occupations</b>		
Nurse	396	92.5
Public Health Nurse	13	3.0
Midwife	19	4.4
<b>Place of primary employment</b>		
Hospitals (more than 200 beds)	200	46.7
Hospitals (less than 200 beds)	84	19.6
Clinic	45	10.5
Visiting nurse station	36	8.4
Elderly care facilities	33	7.7
Corporations	6	1.4
Government	3	0.7
Other	21	4.9
<b>Years of experience</b>		
Less than 1 year	13	3.0
More than 1 year but less than 4 years	45	10.5
More than 4 years but less than 10 years	133	31.1
More than 10 years	237	55.4
<b>Post</b>		
Facility Director	2	0.5
Director level	9	2.1
Master Chief or Section Chief Level	11	2.6
Assistant Chief or Section Chief level	9	2.1
Chief of Staff	35	8.2
No position	362	84.6

respondents, 68.0%), depression (254 respondents, 59.3%), and anxiety (227 respondents, 53.0%) (Table 2).

#### Difficulties, Degree of Difficulty, and Experience of Leaving the Workplace or Taking a Leave of Absence

A  $\chi^2$  test was conducted on the content of difficulty and the degree of difficulty. The results showed that the content of difficulty related to “communication with patients/patients’ families” was significantly associated with a Moderate degree of difficulty ( $p=.002$ ), while the content of difficulty related to “coordination among nurses/multiprofessionals” was also associated with a moderate degree of

**Table 2:** Outline of difficulties experienced in daily nursing practice (n=428).

Item	n	%
Experiences of difficulties in daily practice		
having experienced	428	100.0
no experience	0	0.0
Experience of "wanting to quit/not wanting to go to work" in daily nursing practice		
More than twice a week	122	28.5
About once a week	63	14.7
About once every two weeks	38	8.9
About once a month	55	12.9
About once every three months	38	8.9
About once every six months	42	9.8
About once a year	25	5.8
Less than once a year	33	7.7
Never experienced	12	2.8
Experiences of leaving/taking a leave of absence due to difficult situations encountered in daily nursing practice		
having experienced	106	24.8
no experience	322	75.2
Occupations when experiencing difficult situations		
Nurse	402	93.9
Public Health Nurse	4	0.9
Midwife	19	4.4
Other	3	0.7
Years of experience in difficult situations		
Less than 1 year	78	18.2
More than 1 year but less than 4 years	123	28.7
More than 4 years but less than 10 years	91	21.3
More than 10 years	136	31.8
Subject of difficulty (Multiple answers)		
Patient/User	251	58.6
Patient/user's family	120	28.0
Other Nursing Professionals	198	46.3
Physician	106	24.8
Pharmacist	6	1.4
Rehabilitation Professionals	5	1.2
Care Manager	4	0.9
Caregiver	14	3.3
Administrative/Management	14	3.3
Other facilities/other organizations	9	2.1
Myself	50	11.7
Other	22	5.1
Difficult situation		
Communication with Patients/Users	107	25.0
Communication with patient/user's family	49	11.4
Coordination with Physicians	31	7.2
Coordination among nurses	101	23.6
Coordination with other professions (other than physicians)	9	2.1

Coordination with other facilities/systems/systems	5	1.2
Practical skills (nursing skills, care, etc.)	37	8.6
End-of-life care/grief care	9	2.1
Decision-making support	9	2.1
Ethical dilemmas	15	3.5
Administration/management	13	3.0
Mental Health	13	3.0
Career Development/Continuing Education	3	0.7
Other	27	6.3
Degree of difficulty of the situation answered		
No problem at all in continuing work Level 1	10	2.3
Level 2	13	3.0
Level 3	27	6.3
Level 4	21	4.9
Level 5	46	10.7
Level 6	42	9.8
Level 7	68	15.9
Level 8	62	14.5
Level 9	52	12.1
Quit my job immediately Level 10	87	20.3
Symptoms/emotions that arose while dealing with a difficult situation (Multiple answers)		
Loss of appetite	101	23.6
Insomnia	141	32.9
Depression	153	35.7
Anxiety	227	53.0
Agitation	129	30.1
Irritability/Anger	190	44.4
Motivation	178	41.6
Fatigue/exhaustion	291	68.0
Headache	85	19.9
Diarrhea/Constipation	35	8.2
Depression	254	59.3
Inability to do anything else	101	23.6
None of the above	13	3.0
Coping with Difficulties (Multiple answers)		
Consult the boss	289	67.5
Consult with a senior	306	71.5
Consult with a colleague	277	64.7
Consult with a junior colleague	98	22.9
Talk to a friend	98	22.9
Talk to family	93	21.7
SNS browsing/search	70	16.4
Browse/search YouTube	61	14.3
Search in literature/resources	151	35.3
Internet search	222	51.9
Do nothing	7	1.6
Other	7	1.6

difficulty ( $p=.002$ ) (Table 3). There was also an association between the content of difficulties and the experience of leaving/taking a leave of absence ( $p<.001$ ), with more respondents having left/taken a leave of absence for “coordination among nurses/multidisciplinary staff” and fewer respondents leaving/taking a leave of absence for “communication with patients/patients’ families” (Table 4).

**Difficulty Level, Experience of Leaving Work/Taking a Leave of Absence, and Psychosomatic Symptoms When Experiencing Difficulty**

Spearman’s rank correlation coefficient was calculated for the degree of difficulty and frequency of not wanting to go to work, and a significant correlation was found ( $p<.001$ ,  $r=.263$ ). There was also a relationship between the level of difficulty and whether or not the respondent had ever left work/taken a leave of absence, with those that had never left work or taken a leave of absence having significantly

lower levels of difficulty ( $p<.001$ ). Associations were found for Anorexia, insomnia, depression, and anxiety ( $p<.001$ ), and those with higher levels of difficulty experienced more physical and mental symptoms with job turnover/leave of absence. (Table 5).

**Discussion**

The most challenging situations experienced by the nursing professionals were “patient/user communication,” “coordination among nurses,” and “communication with patient/user families. All of these were relationship issues surrounding the nursing profession, suggesting the need for training support in relationship coordination. The nurse-patient relationship is the basis of nursing care, a helping relationship built with patients and their families based on interaction, communication, respect for ethical values, acceptance, and empathy. Communication to establish the helping relationship, like other nursing skills, requires a special training process [5]. In addition to this basic communication, patient/family harassment and ‘difficult patients’ must also be addressed. About a third of nurses worldwide indicated exposure to physical violence and bullying, about a third reported injury, about a quarter experienced sexual harassment, and about two-thirds indicated nonphysical violence [6]. In the nurses’ view, the ‘difficult patients’ had little insight into their illnesses, denied they were ill and were noncompliant [7]. Contributing causes of patients becoming difficult for nurses seemed to be different norms and values and the nurses’ work situation [7]. When there is such unreasonable communication from patients and families, it is necessary to take organizational measures in addition to communication training for individual nurses.

Since the difficulty in “coordination among nurses/other professions” was higher than that in “communication with patients/patients’ families,” and since there was a high rate of turnover/leave from work, it is necessary to focus on this area. The most common style used by nurses overall to resolve workplace conflict was compromising, followed by competing, avoiding, accommodating, and collaborating [8]. Thus, coordination among nurses is difficult when individual nurses are dealing with this issue, and the team needs to consider improvements. Enhanced team communication may strengthen nurses’ attachment to their organizations and teams and

**Table 3:** Difficulty Description and Degree of Difficulty (n=428).

	Degrees of difficulty			
	High	Moderate	Low	
Communication with Patients/Patient Families	56 (35.9%)	82 (52.6%)	18 (11.5%)	156 (100%)
Coordination of inter-nursing/multi-professional collaboration	85 (58.2%)	47 (32.2%)	14 (9.6%)	146 (100%)
Other	60 (47.6%)	48 (38.1%)	18 (14.3%)	126 (100%)
P-value	0.002			
Chi-square test				

**Table 4:** Description of hardship and separation leave (n=428).

(n=428)		
Experience of leaving work and taking a leave of absence		
	Yes	No
Communication with Patients/Patient Families	18	138
Coordination of inter-nursing/multi-professional collaboration	50	96
Other	38	88
P-value	<.001	
Chi-square test		

**Table 5:** Degree of difficulty and experience of separation/leave of absence from work and psychosomatic symptoms physical symptoms (n=428).

		Difficulty High	Difficulty Moderate	Difficulty Low	
Experience of separation/leave of absence	having experienced	38 (35.8%)	50 (47.2%)	18 (17.0%)	106 (100%)
	no experience	88 (27.3%)	96 (29.8%)	138 (42.9%)	322 (100%)
Anorexia	Symptomatic	80 (79.2%)	17 (16.8%)	4 (4.0%)	101 (100%)
	No symptoms	121 (37.0%)	160 (48.9%)	46 (14.1%)	327 (100%)
Insomnia	Symptomatic	106 (75.2%)	32 (22.7%)	3 (21.3%)	141 (100%)
	No symptoms	95 (33.1%)	145 (50.5%)	47 (16.4%)	287 (100%)
Depression	Symptomatic	110 (71.9%)	38 (24.3%)	5 (3.3%)	153 (100%)
	No symptoms	91 (33.1%)	139 (50.5%)	45 (16.4%)	275 (100%)
Anxiety	Symptomatic	124 (54.6%)	91 (40.1%)	12 (5.3%)	227 (100%)
	No symptoms	77 (38.3%)	86 (42.8%)	38 (18.9%)	201 (100%)
Chi-square test					

improve nurse retention [9]. When nurses feel psychologically safe at work, they are more likely to engage in open communication, which in turn can lead to greater job satisfaction, decreased turnover intention, and improved patient safety [10]. Effective communication, respect, and proper recognition are among the main strategies that senior leaders can use to retain nurses [11]. Therefore, it was suggested that there is a need to enhance educational content for managers related to improving the workplace environment to enhance psychological safety in the workplace, such as organizational structure and support for adjusting human relations, as well as communication skills and other educational content that can be used for coordination and collaboration. In addition, those with high levels of difficulty experienced many physical and mental symptoms, suggesting the need to work on self-care and to talk to each other to see if nurses who complain of physical or mental illness have any difficulties. On the other hand, those with low levels of difficulty often consulted their junior colleagues, suggesting a situation in which the consulting partner is selected according to the level of difficulty and that countermeasures can be obtained from a wide range of partners. In addition, while the majority of the respondents consulted within their workplaces in terms of coping methods, they still face difficulties in “coordination among nurses,” suggesting the need for support in obtaining hints for solutions through “Internet searches” and other means outside of the workplace.

A limitation of this study is the small sample size of the Japanese nursing workforce. However, the fact that the study was unique in that it covered the entire range of situations that nurses may encounter and systematized the survey in a cross-sectional manner makes it desirable to conduct future surveys with larger sample sizes.

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