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Survey of Onboarding Programs of Hospitals for Newly Hired Experienced Nurses

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英文抄録

Purpose : This study aimed to clarify the status and issues of onboarding programs for newly hired experienced nurses in Japanese hospitals.

Method : The study participants included nurse executives of 1,200 hospitals in Japan. They were extracted randomly after stratification based on the number of hospitals and beds by prefecture. A questionnaire survey was conducted to determine the number of newly hired experienced nurses, and the objectives and contents of the onboarding programs of the hospitals. The same data were collected for newly graduated nurses for comparison.

Results : There were 246 valid responses from the returned questionnaires. In FY 2013, 167 hospitals employed newly graduated nurses and 227 hospitals employed experienced nurses. Of these 167 and 227 hospitals, 157 (94.0%) and 155 (68.3%) hospitals provided onboarding programs, respectively. Over 80% of these hospitals indicated the objectives of their onboarding programs for experienced nurses were to familiarize them with the organizational and nursing philosophies, to familiarize them with the internal system, and to facilitate their workplace adaptation. Most of the onboarding programs for experienced nurses (75.9%) included an “explanation of the organizational philosophy”. Most of the onboarding programs for newly graduated nurses (84.0%) included “clinical training based on the ‘Clinical training guideline for newly graduated nurses’ formulated by the government”. “Assessment of nursing competency at the time of employment” for experienced nurses was only conducted in approximately 40% of the hospitals similarly to the assessment for newly graduated nurses.

Conclusion : The implementation rate of onboarding programs for experienced nurses was lower than that for newly graduated nurses. This suggests that hospitals are not as prepared in accepting experienced nurses as they are in accepting newly graduated nurses. Nursing managers appeared to view and hire experienced nurses as “highly ready-to-work” and thus need less organizational support. However, “highly ready-to-work” nurses may not be appropriately assessed at the time of employment.

Key words : newly hired experienced nurses, onboarding program, adaptation

I. Introduction

In Japan, most nurses advance in their professional careers by making workplace transitions (Japanese Nursing Association, 2013 ; 2014a). To encourage the retention of nurses who restart working at new hospi-

tals, the “Act on Assurance of Work Forces of Nurses and Other Medical Experts” has been promulgated. However, issues regarding the retention of newly hired experienced nurses in hospitals remain. Specifically, the turnover rate within the year of employment has been reportedly higher (17.9%) among experienced nurses than among newly graduated nurses (7.9%) (Ito et al., 2017). A factor that has contributed to the decrease in the turnover rates of newly graduated nurses in Japan is the “Clinical training guideline for newly graduated nurses” formulated by the government in 2010, which

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Table 1 Distribution and valid response rates of questionnaires by number of beds

Number of beds	Number of questionnaires distributed	Number of returned and valid responses (%)	Percentage (%) of valid responses
	Total : 1,200	Total : 246 (20.5)	Total : 246 (100)
<100 beds	440	66 (15.0)	26.8
100–199 beds	386	86 (22.3)	35.0
200–299 beds	157	40 (25.5)	16.3
300–399 beds	100	26 (26.0)	10.6
400–499 beds	54	11 (20.4)	4.5
≥500 beds	63	17 (27.0)	6.9

made the endeavor to provide newly graduated clinical training obligatory at all healthcare institutions (Japanese Nursing Association, 2017). The guideline emphasizes the organization’s responsibility to support newly graduated nurses in their adaptation to their workplace and acquisition of clinical competency (Ministry of Health, Labour and Welfare, 2014). Also, all efforts must be exerted to encourage experienced nurses to acquire skills required at their new workplace and be able to adapt to the hospital (Ito, 2011 ; Japanese Nursing Association, 2014b). However, the programs undertaken by healthcare organizations to achieve these remain unclear. This study aimed to clarify the status and issues of onboarding programs for newly hired experienced nurses in Japanese hospitals.

II. Definitions

Onboarding program : A program prepared and implemented by hospitals for new employees.

Newly graduated nurses : Nurses who start work for the first time after obtaining a license.

Experienced nurses : Nurses who have previously worked at other healthcare institutions.

III. Research methods

1. Questionnaire

We initially gathered information on the implementation of onboarding programs for newly hired experienced nurses from previous reports (Yamashita, 2009 ; Fujita, 2010) and websites of Japanese hospitals. We then created questions based on the objectives, content, duration, and evaluation method of these onboarding programs. We also created questions based on the onboarding programs for newly graduated nurses for comparison. Additionally, we obtained basic information

about the hospitals and the numbers of newly hired experienced nurses and newly graduated nurses in FY 2013.

2. Data collection and analysis

We initially stratified 2,394 hospitals belonging to the Japan Hospital Association as of June 2014 according to the number of hospitals and beds by prefecture using data from the Ministry of Health, Labour and Welfare (2013). We then extracted 1,200 hospitals randomly. Thereafter, we sent these hospitals the questionnaires by postal mail. The nurse executives of these hospitals were requested to respond. Data were collected from July to August 2014. A total of 259 questionnaires (21.6%) were returned, of which 246 were usable for analyses (Table 1). We calculated the descriptive statistics and used the χ^2 -test for intercategory comparison. The significance level was set at 5%.

3. Ethical considerations

We conducted this study after obtaining approval from the Research Ethics Review Committee of St. Luke’s International University (approval number : 14-010). We provided a written explanation of the purpose of the study, protection of anonymity, and voluntary basis of participation.

IV. Results

1. Background of onboarding programs

1) Provision status of onboarding programs

There were onboarding programs for both experienced nurses and newly graduated nurses in 157 hospitals (63.8%), experienced nurses only in 9 hospitals (3.7%), and newly graduated nurses only in 55 hospitals (22.4%). There were no onboarding programs for either experienced nurses or newly graduated nurses in

Table 2 Provision status of the onboarding programs

Number of beds		For both experienced nurses and newly graduated nurses	Only for experienced nurses	Only for newly graduated nurses	For neither experienced nurses nor newly graduated nurses	Total
<100 beds	n	30	7	14	15	66
	(%)	(45.5)	(10.6)	(21.1)	(22.7)	(100)
100-199 beds	n	58	2	20	6	86
	(%)	(67.4)	(2.3)	(23.3)	(7.0)	(100)
200-299 beds	n	26	0	12	2	40
	(%)	(65.0)	(0.0)	(30.0)	(5.0)	(100)
300-399 beds	n	20	0	5	1	26
	(%)	(76.9)	(0.0)	(19.2)	(3.8)	(100)
400-499 beds	n	10	0	1	0	11
	(%)	(90.9)	(0.0)	(9.1)	(0.0)	(100)
≥500 beds	n	13	0	3	1	17
	(%)	(76.5)	(0.0)	(17.6)	(5.9)	(100)
Total	n	157	9	55	25	246
	(%)	(63.8)	(3.7)	(22.4)	(10.2)	(100)

Provides onboarding programs for experienced nurses : 166 hospitals

Provides onboarding programs for newly graduated nurses : 212 hospitals

25 hospitals (10.2%) (Table 2). The percentage of hospitals with onboarding programs for newly graduated nurses with <100 beds was 66.7%. This percentage was significantly lower ($p < 0.01$) than that of hospitals with ≥ 100 beds. However, the size of the hospitals was not significantly associated with the provision of onboarding programs for experienced nurses ($p = 0.12$).

The implementation of onboarding programs for newly graduated nurses was significantly associated with their employment ($p < 0.01$). Of the 167 hospitals that employed newly graduated nurses in FY 2013, 157 (94.0%) provided onboarding programs for these nurses. The implementation of onboarding programs for experienced nurses was not significantly associated with their employment ($p = 0.35$). Of the 227 hospitals that employed experienced nurses, only 155 (68.3%) provided onboarding programs for these nurses. As shown in Table 3, 43.9% of the hospitals with <100 beds did not provide onboarding programs for experienced nurses despite employing them.

2) Intended target and duration of onboarding programs for experienced nurses

There were 166 hospitals that provided onboarding programs to experienced nurses (Table 2). Of these hospitals, 27 (16.3%) provided these programs to “only those employed in the beginning of a fiscal year”; 132 (79.5%) provided these programs to “even those employed in the middle of a fiscal year”; 7 (4.2%) provided no response.

The employees targeted by the onboarding programs were as follows: “all full-time and part-time employees hired as experienced nurses” (112 hospitals, 67.5%); “all full-time employees” (28 hospitals, 16.9%); “only full-time employees whose participation was deemed necessary by the hospital” (16 hospitals, 9.6%); “only full-time employees who opted to participate in the program” (1 hospital, 0.6%); “those who opted to participate in the program even if they were part-time employees” (2 hospitals, 1.2%), and those with no response (6 hospitals, 3.6%).

The durations of the onboarding programs were as follows: “1 week” (35 hospitals, 21.1%); “1 to 3 months” (42 hospitals, 25.3%); “3 to 6 months” (24 hospitals, 14.5%); “1 year” (25 hospitals, 15.1%); “1 year or longer” (0 hospitals, 0.0%); “depends on the situation” (32 hospitals, 19.3%), and no information (8 hospitals, 4.8%).

3) Objectives and contents of the onboarding programs for experienced nurses

More than 80.0% of the hospitals responded that the objectives of the onboarding programs were “to familiarize experienced nurses with the organizational and nursing philosophies,” “to familiarize them with the internal system of the hospital,” and “to facilitate their workplace adaptation” (Figure 1). Regarding the contents of the programs (Figure 2), “explanation of the organizational philosophy” and “clinical training based on the ‘Clinical training guideline for newly graduated

Table 3 Provision status of onboarding programs for experienced nurses at 227 hospitals that employed experienced nurses in FY 2013 : by number of beds

	Number of beds	Onboarding programs for experienced nurses		Total	
		Not provided	Provided		
Employed experienced nurses	<100 beds	n (%)	25 (43.9)	32 (56.1)	57 (100)
	100-199 beds	n (%)	25 (31.3)	55 (68.8)	80 (100)
	200-299 beds	n (%)	13 (34.2)	25 (65.8)	38 (100)
	300-399 beds	n (%)	5 (20.0)	20 (80.0)	25 (100)
	400-499 beds	n (%)	1 (9.1)	10 (90.9)	11 (100)
	≥500 beds	n (%)	3 (18.8)	13 (81.3)	16 (100)
	Total	n (%)	72 (31.7)	155 (68.3)	227 (100)

$\chi^2 (5) = 9.43, p = 0.09$

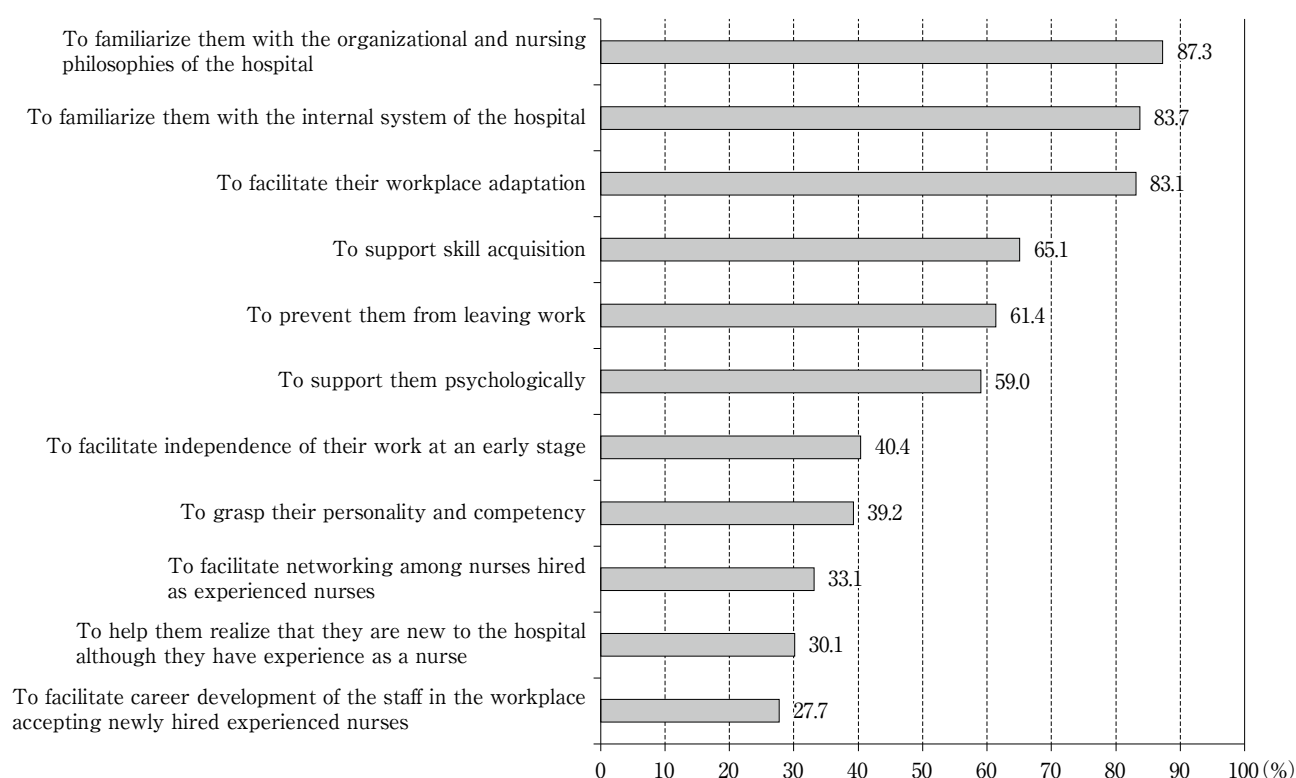


Figure 1 Objectives of onboarding programs for experienced nurses (166 hospitals provided programs for experienced nurses : multiple answers)

nurses' formulated by the government" composed most parts of the onboarding programs for experienced nurses (75.9%) and newly graduated nurses (84.0%), respectively. Of the 21 items, the implementation rates of 15 items were significantly lower for experienced nurses than for newly graduated nurses. Table 4 shows

the items in the onboarding programs for experienced nurses. Their implementation rates significantly varied depending on the number of beds. The number of "in-hospital tour" was significantly low in hospitals with ≥ 500 beds. The "assessment of nursing competency at the time of employment" was significantly low in hospitals



* : $p < 0.05$, ** : $p < 0.01$

□ : % of hospitals that "provide" onboarding programs for experienced nurses (n = 166)

■ : % of hospitals that "provide" onboarding programs for newly graduate nurses (n = 212)

Figure 2 Contents of onboarding programs (multiple answers)

with <100 beds and 400-499 beds. In hospitals with <100 beds, the implementation rate of "regular assessment of nursing competency" was also significantly low.

The "other contents" (free description) of onboarding programs for experienced nurses were "nurse executive interview", "practicing an electronic medical record", and "rotation training between units".

4) Evaluation criteria for the onboarding programs for experienced nurses (multiple answers)

The evaluation criteria for the onboarding programs for experienced nurses were as follows: "turnover rate" (80 hospitals, 48.2%); "goal attainment level" (71 hospitals, 42.8%); "nursing competency" (66 hospitals, 39.8%); "satisfaction with the program" (54 hospitals,

Table 4 Implementation rates of onboarding programs for experienced nurses by number of beds (with a significant difference)

Number of beds	Onboarding programs for experienced nurses "provided"	In-hospital tour	Assessment of nursing competency at the time of employment	Regular assessment of nursing competency
<100 beds	37	28 (75.7%)	7 (18.9%) -3.4	7 (18.9%) -3.3
100-199 beds	60	51 (85.0%) 2.6	34 (56.7%) 2.6	32 (53.3%) 2.1
200-299 beds	26	19 (73.1%)	17 (65.4%) 2.5	19 (73.1%) 3.4
300-399 beds	20	12 (60.0%)	9 (45.0%)	7 (35.0%)
400-499 beds	10	5 (50.0%)	0 (0.0%) -2.9	3 (30.0%)
≥500 beds	13	6 (46.2%) -2.3	5 (38.5%)	3 (23.1%)
χ^2 value (<i>p</i> -value)		13.6 (<0.05)	26.3 (<0.01)	24.3 (<0.01)

Top : number of hospitals (% of hospitals that "provide" onboarding programs for experienced nurses by number of beds)
Bottom : Adjusted residual

32.5%) ; "job satisfaction" (37 hospitals, 22.3%) ; "cost of the program" (0 hospitals) ; "not evaluated" (26 hospitals, 15.7%).

2. Reasons for not implementing onboarding programs for experienced nurses

The reasons of the 80 hospitals (excluding 4 hospitals which did not provide a response) for not implementing onboarding programs for experienced nurses were as follows : "considering to implement an onboarding program" (48 hospitals, 63.2%) ; "wishing to implement an onboarding program but there are difficulties in its implementation" (9 hospitals, 11.8%) ; "have no need for it" (19 hospitals, 25.0%) ; "have no need for it at all" (0 hospitals, 0.0%). The reasons (free description) for "wishing to implement an onboarding program but there are difficulties in its implementation" were as follows : "it is difficult to design a program because the educational background and nursing experience of experienced nurses vary" (≥500 beds) ; "unable to provide an onboarding program at once because the employment status varies from full-time to part-time" (100-199 beds) ; "unable to provide an onboarding program each time experienced nurses are employed because they are employed at different times" (<100 beds) ; "lack of manpower" (100-199 beds). Table 5 shows the reasons for "have no need for an onboarding program."

Table 5 Reasons given by 19 hospitals that "have no need for onboarding programs" for experienced nurses (multiple answers)

Frequency	Reasons
8	Because they have experience as a nurse
6	Because they are more adaptable than newly graduated nurses
4	Because the acceptance of experienced nurses is left to those at the ward
1 each	Because they do not cause problems compared with newly graduated nurses Because they do not quit compared with newly graduated nurses Because they have higher stress tolerance than newly graduated nurses Because there is no demand from experienced nurses Because experienced nurses are not expected to continue working in our hospital for a long time Because they joined the hospital knowing that an onboarding program is not offered
	Others (free description) "Because the number of experienced nurses employed is only one or two every one to two years" "It is difficult to develop a set program as there is individual variation among experienced nurses"

V. Discussion

1. Implementation status of the onboarding programs for experienced nurses

In this study, we clarified the organizational accep-

tance system for newly hired experienced nurses based on the implementation status of onboarding programs officially stipulated within the hospitals.

In addition to the 166 hospitals that “provided” onboarding programs for experienced nurses, 57 hospitals “considered implementation” or “wished implementation,” indicating that 90.7% of the hospitals considered it necessary to develop an organizational acceptance system at the time of employing experienced nurses. However, only 68.3% of the hospitals that employed experienced nurses provided them onboarding programs. It is inferred that unlike newly graduated nurses, experienced nurses were employed under circumstances wherein the hospitals are not as prepared to accept them. This is in contrast to the fact that 94.0% of the hospitals which employed new graduates provided them onboarding programs. The obstacles to the implementation of an onboarding program included difficulty in responding to a diversity of individual experienced nurses, in addition to the lack of manpower. In Japan, new graduates are generally simultaneously employed in April after graduation, and 99.2% of them are hired as full-time employees (Ito et al., 2017). Although their educational background may vary such as graduating from 4-year colleges/universities, 3-year junior colleges or 3-year training schools, they equally lack experience as nurses, enabling the relatively smooth planning and management of a uniform and collective program. However, experienced nurses have not only different educational backgrounds, but also diverse career backgrounds as nurses in terms of years of experience until they were hired at a hospital, work experience, training programs that they underwent, and the period (if any) that they were away from their last work before being employed. Moreover, approximately 25.0% of the hired experienced nurses in Japan are part-time employees (Ito et al., 2017) who may not have been necessarily employed from April, the beginning of the fiscal year in Japan. Based on these backgrounds, nursing managers may consider it difficult to develop an organizational onboarding program for experienced nurses because they cannot be managed uniformly unlike newly graduated nurses (Ito, 2016).

The “reasons for having no need to implement an onboarding program for experienced nurses” (Table 5) suggest that nursing managers consider less need for organizational support. This is because nursing managers highly regard the nursing experience and personal abilities of experienced nurses, including their adaptability and self-control. As shown in Table 3, the

smaller the hospital, the less onboarding programs are provided to hired experienced nurses. These hospitals tend to have a low nurse-to-patient ratio in Japan (Japan Hospital Association, 2018) and a high demand for work-ready human resources (Ito et al., 2017). Thus, the need for developing an organizational acceptance system becomes small because experienced nurses are hired as a “highly ready-to-work” workforce. Nevertheless, in section 3, we will look at whether “highly ready-to-work” is appropriately assessed at the time of employing experienced nurses.

2. Objectives and contents of the onboarding programs for experienced nurses

The main objectives of the onboarding programs for experienced nurses were “to familiarize them with the organizational and nursing philosophies” and “to familiarize them with the internal system of the hospital”. “Explanation of the organizational philosophy” and “explanation of work rules and job description” were conducted at a high rate as contents of the onboarding programs. “Clinical training based on the ‘Clinical training guideline for newly graduated nurses’ formulated by the government” was mostly provided to new graduates, suggesting emphasis on skill acquisition. As also indicated by the Japanese Nursing Association (2014b), promoting understanding of the new workplace and encouraging behavior consistent with the organizational vision and norms were given the highest priority and emphasis for experienced nurses who had working experience at other healthcare institutions. In terms of the contents of the onboarding programs, the 15 items shown in Figure 2 indicated significantly low implementation rates among experienced nurses compared with newly graduated nurses. This is because the hospitals expect experienced nurses to have already acquired the nursing process and clinical skills essential for nursing practice, patient safety and disaster response through previous practical experience. The hospitals also expect them to have good communication skills with patients, bedside manners, and an adequate understanding of work responsibilities and ethics as a nursing professional. The hospitals assume that experienced nurses do not need to be taught again. Similarly, because experienced nurses are presumed to be equipped with adaptability and mental resilience from their previous work experience, the hospitals possibly considered less need for a stepwise assignment of work and psychological support including a mental health program, peer support, and mentoring. Regarding the objectives of the

onboarding programs for experienced nurses, providing “psychological support” and enhancing “networking among nurses hired as experienced nurses” were weak compared with improving understanding of the philosophy and internal system of the hospital. Thus far, what we have discussed is consistent with the argument brought forward in the previous section wherein “nursing managers consider less need for organizational support as they highly regard the personal abilities and nursing competency of experienced nurses.”

3. Challenges in the organizational acceptance system for newly hired experienced nurses

The implementation rates of “setting goals” and “regular assessment of nursing competency” among experienced nurses were also significantly lower than those among newly graduated nurses. Moreover, “assessment of nursing competency at the time of employment” of experienced nurses was only conducted at approximately 40% of the hospitals similarly to the assessment for newly graduated nurses. Nurses are specialized professionals and it appears reasonable to point out the importance of competency assessment at the time of employment because those hired as experienced nurses are considered to have experience as specialized professionals. However, this is not the case in approximately 60.0% of the hospitals. This tendency was particularly evident in hospitals with <100 beds and 400–499 beds. Insufficient evaluation of competency when employing experienced nurses has been pointed out, primarily in terms of its impact on wages (Japanese Nursing Association, 2012).

However, the present results suggest that experienced nurses are regarded as “highly ready-to-work” without the need to undergo competency assessment. This may hinder workplace adaptation because of a mismatch between the actual abilities of the experienced nurses and the abilities expected of them by the organization. Thus, experienced nurses do not receive the necessary onboarding programs and support due them in their workplace. The lack of “assessment of nursing competency at the time of employment” may lead to the organization’s noninvolvement in the development of the ability and career of experienced nurses. This subsequently results in the failure of “setting goals” and “regular assessment of nursing competency”. This situation is also observed in Japanese companies wherein little support is provided to those hired as experienced staff compared with the considerable sup-

port provided to new graduates. Thus, it has been suggested that organizational socialization, which indicates adaptation to the organization, has become difficult (Konosu, 2012 ; Nakahara, 2012 ; Ogata, 2017). Therefore, failure of hospitals to provide organizational support to experienced nurses because of their “previous work experience” may hinder their adaptation to the organization and reduce the possibility of their retention.

4. Limitations of the present study

We discussed the current status and issues of organizational acceptance for newly hired experienced nurses based on the results of a questionnaire survey conducted on nurse executives. In the future, we must examine the development of an organizational acceptance system based on questionnaire surveys conducted for newly hired experienced nurses, who are in fact the central players.

Disclosures

The authors declare no conflicts of interest associated with this study.

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病院における既卒採用の看護師に対する受け入れプログラムの 実態調査

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目的：既卒採用の看護師に対する組織的な受け入れの現状と課題を明らかにする。

方法：都道府県ごとの病院数や病床数によって層化し、無作為抽出された1,200病院の看護部門長を対象に、既卒看護師向けの受け入れプログラム（新採用者の就業開始に伴い組織として実施することが定められているプログラム）の目的や内容、採用数をたずねる質問紙調査を行った。新卒向けプログラムについてもたずね、結果を比較した。

結果：246施設の回答を分析した。2013年度に新卒採用があった167施設のうち157施設（94.0%）に新卒向けプログラムがあったのに対し、既卒採用があった227施設のうち既卒向けプログラムがあったのは155施設（68.3%）にとどまった。既卒向けプログラムの目的として「病院の組織理念・看護の理念を知ってもらう」「病院内部のシステムを知ってもらう」「既卒看護師の職場適応促進」と回答した病院が8割を超えた。既卒向けプログラムは「組織理念の説明」（75.9%）が、新卒向けプログラムは「『新人看護職員研修ガイドライン』に準じた技術研修」（84.0%）が最も多く組み込まれていた。「採用時の看護実践能力の査定」は既卒と新卒で同程度の約4割の施設でしか行われていなかった。

結論：既卒向けの受け入れプログラム導入率は新卒向けプログラムの導入率に比べて低く、新卒ほど組織的な受け入れ体制が整った状況で採用されていないことが推察された。看護管理者は既卒者を「即戦力」と評価し採用しているために、組織的な支援を行う必要性が薄いと認識していると考えられたが、採用にあたり看護実践能力の評価が適切に行われていない可能性が挙げられた。

キーワード：既卒採用の看護師, 受け入れプログラム, 適応