Role Model Behaviors of Nursing Faculty
in Japan and the United States

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【Abstract】 To compare the self-evaluation of role model behaviors of nursing faculty in Japan and the United States, a cross-sectional research was conducted. Nursing faculty in Bachelor of Science in Nursing programs in both Japan（n = 328）and the United States（n = 307）participated. Originally developed in Japanese, the Self-Evaluation Scale on Role Model Behaviors of Nursing Faculty（RMBNF）was administered to the Japanese participants. The translated English version of the RMBNF was received by participants in the United States. Data were analyzed statistically. The mean score on the RMBNF of the United States participants was significantly higher than that of the Japanese participants（$p <$ .001）. The mean score of each sub-scale showed that the participants of both countries gave the highest evaluation to "behaviors that show respect to students" and the lowest evaluation to "behaviors oriented to ongoing professional development. The factors that relate to the differences of the self-evaluations of the role model behaviors should be explored.

【Keywords】 Role model behavior, nursing faculty, Japan, United States

Introduction

In nursing education, students attempt to imitate the behaviors of members of the nursing faculty, as observed in the classroom or in a clinical setting（Campbell et al., 1994）, and internalize the values and norms of these nursing professionals（Coats, 1997）. Role model behaviors of nursing faculty members are defined as the behaviors that reflect the attitude of nursing professionals when performing various functions, including teaching activities and nursing practice. Students observe these behaviors and identify with them as their ideal status.

Girard（2006）points out that during the 1970s and 1980s, many studies were conducted and many articles were written on the importance of role models, or role model behaviors, and the concept remains important in nursing education today. It is common to all countries of the world. Therefore, the importance of the role model behaviors shown by nursing faculty to students is a global concern.

The present study details the first phase of an international cross-cultural research project examining the role model behaviors of nursing faculty members, which was conducted by nursing faculty in the United States（US）and Japan, who were interested in the role model behaviors of nursing faculty. No cross-cultural research on role model behaviors of nursing faculty was found in the literature. The similarities and differences between the role model behaviors of such individuals in Japan and those in the US were explored. Social forces are in constant motion within social systems, and the interplay of these forces influences social behaviors, interaction, and perception （King, 1981, p.11）. Therefore, cultural differences will have an impact on the differences of role model behavior in each country. The findings of this research will help nursing faculty in both countries to understand the uniqueness of their own role model behaviors toward their autonomous professional development.

Methods

Participants

Nursing faculty in Japan and the US participated in this cross-sectional study. For Japan, secondary data derived from randomly sampled nursing faculty（n = 328）in Bachelor of Science in Nursing（BSN）programs in Japan who had

participated in a project examining ethical behaviors from 2007 to 2008 were used（Murakami et al., 2010）. For US, nursing faculty, who attended four international nursing conferences, were asked to collaborate the study, and they answered the questionnaire at there or distribute the instruments to their colleague or friends after coming back to their school from 2006 to 2008. After that, 307 US faculty participated in the study. Two instruments, the Self-Evaluation Scale on Role Model Behaviors of Nursing Faculty（RMBNF）and the Faculty Attribute Questionnaire（FAQ）, were used. Fifty-three of the 307 US participants returned the RMBNF and FAQ documents via electronic mail after completion, while the remaining 254 participants completed these documents at four international nursing conferences, and returned them either on site or through the conventional mail.

<div align="center">Measures</div>

The original Japanese versions of both the RMBNF（RMBNF-J）and the FAQ（FAQ-J）（Funashima, 2002）were administered to the Japanese participants, while the English translated versions of the RMBNF（RMBNF-E; Funashima, 2009; Kameoka et al., 2007）and the FAQ（FAQ-E）were administered to the US participants.

The RMBNF-J was developed based on a qualitative research study（Funashima et al., 2002）, in which 1417 Japanese student nurses were asked to answer the open-ended question, "Please write the behaviors used by your faculty that you aspire to." Qualitative analysis of the findings identified 35 categories, which were used as the basis of the items of the RMBNF-J. The 35 items of the RMBNF-J use a 5-point Likert-type scale（5=Always, 4=Almost Always, 3=Usually, 2=Occasionally, 1=Almost Never）grouped into five sub-scales, and scores are then reported by five sub-scales: "Behaviors that show social appropriateness," "Behaviors that show respect to students," "Behaviors that show the value of nursing practice and nursing profession," "Behaviors associated with enthusiastic and high quality teaching," and "Behaviors oriented to ongoing professional development." A high score on the RMBNF-J or E indicates that the nursing faculty self-evaluated their role model behaviors adequately. Cronbach's alpha coefficient of the RMBNF-J was .96, and that of each sub-scale ranged from .81 to .90（Funashima, 2002）.

The RMBNF-E was developed on the basis of the RMBNF-J. Back-translations were performed three times to obtain equality across the two versions. Cronbach's alpha coefficient of the RMBNF-E was .90, and that of each sub-scale ranged from .76

to .81. The results of factor analysis showed that factor structures of each RMBNF were almost identical, and suggested that the RMBNF-E had well-established construct validity and equality with RMBNF-J.

The FAQ is a questionnaire that examines the demographic characteristics of nursing faculty. Content validity was assessed by a panel of experts and use of a pilot study（Funashima, 2002）.

Data Analysis

The Statistical Package for the Social Sciences（SPSS for Windows）was used to analyze the data. Normality of data was examined before statistical analysis was performed.

Ethical Considerations

All recruitment procedures for the research were approved by the institutional review board of Gunma Prefectural College of Health Sciences in Japan and that of the University of South Florida in the US.

<div align="center">Results</div>

Demographic Characteristics of Participants

The demographic characteristics of the participants are summarized in Table 1. Japanese participants（n = 328）differed significantly from those in the US（n = 307）in terms of age, academic degree, basic nursing education, years of clinical experience, years of teaching experience, job title, and nursing specialty（$p < .001$）. The members of the Japanese faculty were significantly younger than the members of faculty in the US. Approximately 61% of participants in Japan had a master's degree and only 18% possessed a doctoral degree, while in the US, 58% of participants held a doctoral degree and 40% had a master's degree. In Japan, 52% of participants had over 8 years of clinical experience and 50% had over 8 years of teaching experience. In the US, 83% of participants had over 8 years of clinical experience, while 70% had over 8 years of teaching experience. The highest percentage, or 38%, of the members of the Japanese faculty held the rank of instructor, while the greatest percentage of the members of the participating US faculty, 31%, held the rank of assistant professor. Both Japanese and US faculty had representation in every clinical specialty, with medical surgical nursing having the highest representation in the faculty from both countries.

Role Model Behaviors

The scores of the RMBNF-J of the Japanese participants and

Table 1　Demographic Characteristics of the Participants

Demographic Characteristics	All participants N = 635	Japanese participants N = 328	US participants N = 307
Gender	N = 631	N = 325	N = 306
Female	609 (96.5%)	318 (97.8%)	291 (95.1%)
Male	22 (3.5%)	7 (2.2%)	15 (4.9%)
Age (years)*	N = 625	N = 320	N = 305
26 ～ 30	27 (4.3%)	24 (7.5%)	3 (1.0%)
31 ～ 35	54 (8.6%)	49 (15.3%)	5 (1.6%)
36 ～ 40	80 (12.8%)	65 (20.3%)	15 (4.9%)
41 ～ 45	86 (13.8%)	59 (18.4%)	27 (8.9%)
46 ～ 50	101 (16.2%)	46 (14.4%)	55 (18.0%)
51 ～ 55	122 (19.5%)	31 (9.7%)	91 (29.8%)
56 ～ 60	98 (15.7%)	25 (7.8%)	73 (23.9%)
Over 61	57 (9.1%)	21 (6.6%)	36 (11.8%)
Academic degree*	N = 624	N = 324	N = 300
None (Diploma graduate)	6 (1.0%)	6 (1.9%)	0 (0.0%)
Associate degree	8 (1.3%)	6 (1.9%)	2 (0.7%)
Baccalaureate degree	63 (10.1%)	56 (17.3%)	7 (2.3%)
Master's degree	316 (50.6%)	198 (61.1%)	118 (39.3%)
Doctoral degree	231 (37.0%)	58 (17.9%)	173 (57.7%)
Basic nursing education *	N = 629	N = 328	N = 301
Diploma	133 (21.1%)	113 (34.5%)	20 (6.6%)
ADN	72 (11.4%)	63 (19.2%)	9 (3.0%)
BSN	424 (67.4%)	152 (46.3%)	272 (90.4%)
Years of clinical experience*	N = 632	N = 328	N = 304
0 ～ 3	49 (7.8%)	34 (10.4%)	15 (4.9%)
4 ～ 7	157 (24.8%)	122 (37.2%)	35 (11.5%)
8 ～ 15	210 (33.2%)	132 (40.2%)	78 (25.7%)
Over 16	216 (34.2%)	40 (12.2%)	176 (57.9%)
Years of teaching experience*	N = 628	N = 327	N = 301
0 ～ 3	141 (22.5%)	100 (30.6%)	41 (13.6%)
4 ～ 7	113 (18.0%)	65 (19.9%)	48 (15.9%)
8 ～ 15	173 (27.5%)	90 (27.5%)	83 (27.6%)
Over 16	201 (32.0%)	72 (22.0%)	129 (42.9%)
Job title*	N = 609	N = 327	N = 282
Instructor	191 (31.4%)	125 (38.2%)	66 (23.4%)
Assistant professor	159 (26.1%)	70 (21.4%)	89 (31.6%)
Associate professor	141 (23.2%)	63 (19.3%)	78 (27.7%)
Professor/Dean/President	118 (19.4%)	69 (21.1%)	49 (17.4%)
Nursing specialty *	N = 616	N = 318	N = 298
Fundamental nursing	111 (18.0%)	79 (24.8%)	32 (10.7%)
Medical-surgical nursing	148 (24.0%)	68 (21.4%)	80 (26.8%)
Gerontological nursing	40 (6.5%)	23 (7.2%)	17 (5.7%)
Maternal/Child nursing	118 (19.2%)	78 (24.5%)	40 (13.4%)
Community nursing	75 (12.2%)	52 (16.4%)	23 (7.7%)
Psychiatric/mental health nursing	34 (5.5%)	18 (5.7%)	16 (5.4%)
Others	90 (14.6%)	0 (0.0%)	90 (30.2%)

Note. * Chi-square test $p < .001$ between the Japanese participants and the US participants.

those of RMBNF-E of the US participants are shown in the Table 2.

The mean item score of the RMBNF of Japanese participants (mean = 3.90, SD = .53) was lower than that of US participants (mean = 4.34, SD = .34), and there was a significant difference between them ($p < .0001$). Each mean item score of the five sub-scales of the RMBNF was lower for the Japanese participants than for the US participants, with significant differences observed between the participants of the two countries ($p < .0001$).

Therefore, further analyses were conducted to explore whether the differences of the background of the nursing faculty participants in both countries influenced the scores of the RMBNF. An ANOVA was conducted to explore the demographic

attributes, which relate to the RMBNF scores. Results showed that there were significant differences of mean scores of RMBNF in age, academic degree, basic nursing education, years of clinical experience, years of teaching experience, and job title (p < .001). The results of the *ad hoc* test showed that nursing faculty members aged over 41 years obtained higher scores of RMBNF than those with an age less than 39 years (p < .001); the nursing faculty members who had a master's or doctoral degree obtained higher scores of RMBNF than those who had obtained less than a baccalaureate degree (p < .001); nursing faculty members who graduated from a baccalaureate program in nursing obtained higher scores of RMBNF than those who graduated from an associate degree program in nursing or diploma program in nursing (p < .001); nursing faculty members who had over 8 years of clinical experience obtained higher scores than those who had less than 7 years of clinical experience (p < .001); nursing faculty members who had more than 16 years of teaching experience obtained higher scores than those who had less than 15 years of teaching experience (p < .001); and nursing faculty members with a job title of professor/dean/president, associate professor or assistant professor obtained higher scores than those with the job title of instructor

(p < .001).

The mean item scores of the RMBNF were then compared between both countries with regard to the following categories: "over 41 years old," "obtained master's or doctoral degree," "graduated from a baccalaureate program in nursing," "had more than 8 years of clinical experience," "had more than 16 years of teaching experience," and was "professor/dean/president, associate professor or assistant professor." The results showed that the US participants obtained higher scores than did the Japanese participants in every category (Table 3).

Furthermore, the ranking of the RMBNF sub-scale mean scores was examined and compared between countries. Japanese participants obtained the highest score on sub-scale 2 "Behaviors that show respect to students." This was followed by sub-scale 3 "Behaviors that show value of nursing practice and nursing profession," sub-scale 4 "Behaviors associated with enthusiastic and high quality teaching," and sub-scale 1 "Behaviors that show social appropriateness." Sub-scale 5, " Behaviors oriented to ongoing professional development" was rated the lowest. The results pertaining to the US participants showed the same order of scores.

Table 2 Comparison of Mean Item Score of the RMBNF and Its Sub-scales between Participants from Japan and the US

		n of items	Japan (n = 328) Mean (SD)	US (n = 307) Mean (SD)
Total score		35	3.90 (.53)	4.32 (.34)
Sub-scale 1	Behaviors that show social appropriateness	6	3.75 (.60)	4.28 (.44)
Sub-scale 2	Behaviors that show respect to students	8	4.07 (.57)	4.48 (.42)
Sub-scale 3	Behaviors that show value of nursing practice and nursing profession	7	4.09 (.68)	4.47 (.43)
Sub-scale 4	Behaviors associate with enthusiastic and high quality teaching	5	3.78 (.70)	4.46 (.43)
Sub-scale 5	Behaviors oriented towards ongoing professional development	9	3.69 (.76)	4.00 (.59)

Table 3 Mean Item Score of the RMBNF between the Participants from Japan and the US, based on Personal Characteristics

Personal Characteristics	Mean item score of the RMBNF Mean (SD)		t	p
	Japan	US		
Age: Over 41 years old	N = 182 4.00 (.48)	N = 282 4.31 (.34)	−8.28	<.001
Academic degree: Master's or doctoral degree	N = 58 3.91 (.55)	N = 173 4.36 (.33)	−7.40	<.001
Basic nursing education: Baccalaureate program in nursing	N = 152 3.82 (.54)	N = 272 4.33 (.34)	−11.66	<.001
Years of clinical experience: Over 8 years	N = 172 3.93 (.50)	N = 254 4.33 (.34)	−10.43	<.001
Years of teaching experience: Over 16 years	N = 72 3.98 (.46)	N = 129 4.36 (.34)	−6.62	<.001
Job title: Professor/dean/president, associate professor, or assistant professor	N = 202 4.00 (.50)	N = 216 4.32 (.34)	−7.98	<.001

Discussion

The findings showed that the total mean item score of the RMBNF of the Japanese participants (mean = 3.90, SD = .53) was lower than that of the US participants (mean = 4.34, SD = .34), and that there was a significant difference between them ($p < .001$). Japanese participants obtained lower scores than US participants on all item mean scores of the five sub-scales of the RMBNF, and there were significant differences between the participants of the two countries ($p < .001$). These results showed that the Japanese participants self-evaluated their role model behaviors lower than did the US participants.

There may be several reasons for this, the first being the differences in the background of the participants. The participants of the two countries were considerably different with regard to age distribution, years of clinical experience, years of teaching experience, job title, and academic background. The Japanese participants were younger and had less clinical experience and teaching experience than the US participants. Furthermore, the positions and academic backgrounds of the Japanese participants were lower than those of the US participants.

Faculty member characteristics, such as experience and educational preparation, are important to high quality teaching (American Association of Colleges of Nursing, 2009). If a nursing faculty member has lengthy clinical experience, teaching experience, and advanced educational preparation, then that individual can perform more adequately. In the present study, the US participants had the longer duration of both clinical experience and teaching experience, and higher educational preparation than the Japanese participants. These differences may have influenced the self-evaluation of the role model behaviors between the participants of both countries. However, the results also showed that the mean item scores of the RMBNF of the US participants were higher than those of the Japanese participants in the following categories: "over 41 years old," "obtained master's or doctoral degree," "graduated from a baccalaureate program in nursing," "had more than 8 years of clinical experiences," "had more than 16 years of teaching experiences," and was "professor/dean/president, associate professor or assistant professor." This suggests that the differences of the mean scores of the RMBNF in both countries do not always relate to the demographic background of the participants.

A further consideration is cultural background. Most people evaluate themselves favorably when comparing themselves with others (Brown & Kobayashi, 2002). However, the tendency is different between people from the Western world and those from the East, and a number of investigations, using a variety of methodologies, have shown that many self-enhancement biases are less prevalent in Eastern cultures (e.g. China, Korea, Japan) than in Western cultures (e.g. America, Canada and the countries of Western Europe) (Brown & Kobayashi, 2002). This suggests the possibility that the Japanese participants self-evaluated lower than the US participants in the present study because of their cultural characteristics.

A third possibility to consider is the differences of the sampling methods of the participants in both countries. Most of the US participants were nursing faculty members who attended international nursing conferences, while all of the Japanese participants were randomly selected for the primary survey. When nursing faculty members attend such international conferences, it may mean that they are motivated for self-directed learning better than people who do not attend them. Not the difference of the countries, but that of the self-directedness may reflect it in the difference in result of the nursing faculty members of the two countries, because self-directed learning leads people to obtain higher professional competence (Snape et al., 2006). An exploration of the variables that influence the differences of the mean scores of the RMBNF between the U.S. and the Japanese participants is an issue for future research.

The mean item score for each sub-scale of the RMBNF for participants from both countries showed that their score order was identical. The participants of both countries obtained the highest score on sub-scale 2 "Behaviors that show respect to students." This was followed by sub-scale 3 "Behaviors that show value of nursing practice and nursing profession," sub-scale 4 "Behaviors associated with enthusiastic and high quality teaching," sub-scale 1 "Behaviors that show social appropriateness," and, finally, sub-scale 5 "Behaviors oriented towards ongoing professional development," which scored the lowest. This suggests that both the Japanese participants and the US participants perform well in behaviors that show respect to students and that the participants of both countries should improve the behaviors oriented towards ongoing professional development.

Sub-scale 2 had six items (e.g., "Listen earnestly to what students say," "Deal with each student in a sincere manner," "Answer students' questions even when the questions may seem trivial"). These six items express behaviors that are closely related to ethical behaviors. Respecting the life and dignity of people and reacting in faithful way are ethically important for nursing professionals (Henshow, 2008; Fry & Johnstone, 2002). Thus, the results of the present study suggest that members of

nursing faculty in both Japan and the US react to students in an ethical way as nursing professionals.

Sub-scale 5 has nine items (e.g., "Read the latest professional journals," "Actively attend professional conferences," and "Have clear professional goals"). There are several possible explanations for the low ranking of this sub-scale. Participants may have been influenced by their perception of time available for teaching students versus professional development; again placing more emphasis on interacting with students. Participants from both countries may actually place less value on professional development than behaviors involving interactions with students. This tendency may be similar in nursing faculty regardless of the cultural difference.

It is important for the development of nursing faculty in both countries to discuss the strategies for improving the behaviors oriented toward ongoing professional development. An awareness of how students perceive role model behaviors may encourage faculty to openly demonstrate and promote actions and behaviors based around professional development. The findings of similar faculty needs between Japan and the US suggest that the developmental needs of faculty must be identified at a global level. This implies that future research should examine the self-evaluation of role model behaviors by nursing faculty members in additional countries with cultural differences.

Conclusions

Similarities in the ranking of role model behaviors exist between nursing faculty members in Japan and in the US, despite differences in demographic and cultural backgrounds. Nursing faculty members in both Japan and the US self-evaluated "behaviors that show respect to students" as higher and "behaviors oriented to ongoing professional development" as lower. However, demographic and cultural differences may account for results within item scoring in which nursing faculty members in the US were inclined to self-evaluate their role model behaviors higher than members of nursing faculty in Japan. Future research should examine, in detail, the relationship between role model behaviors and the cultural/demographic backgrounds of nursing faculty members. Including those from other countries is also the important issue. Replication of this research using a similar participant group from other countries will help to clarify the influence of culture and demographics on faculty role model behaviors and lead to strategies for the promotion of the desired such role model behaviors on a global level.

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【要旨】 看護学教員のロールモデル行動に対する自己評価について，日本と米国の比較を行った。研究対象は，日本の看護系大学教員 328 名，および，米国の看護系大学教員 307 名であった。測定用具には，「看護学教員ロールモデル行動自己評価尺度」（Self-Evaluation Scale on Role Model Behaviors of Nursing Faculty: RMBNF）を用いた。これは，看護学教員のロールモデル行動の質を測定するための尺度であり，日本において開発された。そのため，日本の対象者には日本語原版を，米国の対象者には英語翻訳版を用いた。データ分析には，統計学的手法を用いた。その結果，RMBNF 総得点，および下位尺度得点の平均値は，全て，日米間に有意差があり，米国の看護系大学教員は，日本の看護系大学教員よりも高得点であった（*p* < .001）。また，下位尺度得点の平均値は，日米ともに，看護系大学教員が，「学生を尊重し，誠実に対応する行動」の質を最も高く，「職業活動の発展を試行し続ける行動」の質を最も低く自己評価していることを示した。日米看護学教員のロールモデル行動の差異に関係する要因を探究することは，今後の課題である。