第4回国際看護学術集会

会長講演

The Holistic Approach: A Better Quality of Life for All — In Search of Core Principles for Nursing in the 21st Century —

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On the occasion of the Fourth International Nursing Research Conference of the Japan Academy of Nursing Science, it is a great honor for me to present the Chairperson's address. I would like to take this opportunity to express my gratitude to Prof. Mutsuko Nakanishi, Chairperson of the Board of Directors of the Academy for having agreed to chair my address.

The Third International Nursing Research Conference, held three years ago under the theme "Innovation & Creativity, Nursing into 21st Century" was a great success, we managed to make a smooth transition thence into the 21st century.

The program committee of the Fourth Conference, the first to be held in this new millennium, renewed discussions as to what goal we should now embrace, in following up the success of the last Conference.

Many expressed the wish to reexamine, at the outset of the 21st century, the very origin of nursing.

Nursing requires something quite natural and equitable; that is, communication and relation founded on mutual trust between caregiver and receiver. In reality, however, the degree to which this ordinary requirement is fulfilled in actual nursing is a big question. Recognizing this, the Japanese word *yorisou* has been chosen

as the key word for this Conference.

Although *yorisou* may not sound very academic, I believe that this word, which can be translated as "be near (someone)" or "be close together (with someone)," has a warm and profound meaning.

So the main theme of the Conference is "A Holistic Approach,; A Better Quality of Life for All - In Search of Core Principles for Nursing in the 21st Century -."

We had great difficulty in rendering the nuance of the word "*yorisou*" in English. So much so that some even suggested that word be used as-is. I believe that what remains inexplicable in the word should be further clarified in discussions at the Conference.

Nursing should be conducted in mutual trust between caregiver and receiver, closely following the suffering of the latter. Nurses do their best to achieve this. Fundamental to nursing, therefore, is that caregivers have the ability to discern what receivers need and what is best for them.

Nursing involves analyzing and dealing with people's reactions to extant and latent health problems. Such analysis is not easy, because reactions to health problems vary from one person to another, the same problem provoking different reactions in different individuals.

For the reason, from the undergraduate nursing education students are taught how to observe clients, assess their needs, and draw up and execute a nursing plan. They learn a variety of observation methods, as well as interpretation processes, acquire nursing skills for problem solving, and enrich their experience through practical training, thereby improving themselves.

I have no intention, and see no need, to talk about these methods here, at a gathering of excellent nursing specialists. Rather, I would like to present my view of the importance of empathy, which nurses must have to practice holistic nursing.

The dictionary definition of the word "empathy" is something like "experiencing or understanding another person's emotions, feelings or thoughts exactly as one's own."

Marianne et al. state in "Empathy: Review of Available Measures" that empathy is a multifaceted composite made up of cognitive and emotional aspects. On the ground that the cognitive aspect constitutes the ability to take another's point of view, Dymond defines empathy as "the composition of one's undisguised world through imaginary projection of oneself in another's thoughts, emotions and actions."

The emotional aspect represents emotive empathy, identical to the emotions another is experiencing. From this standpoint, Scotland defines empathy as "emotional reaction that occurs in an observer, having perceived that another person is experiencing or is about to experience an emotive state."

The question of empathy inevitably entails difficulty, since it is not easy to confirm the sameness of one's perceptions and feelings with another's which in empathy must be identical. Nevertheless, it is clear that without this sameness, it is not empathy.

We can readily understand that it is easier to feel empathy in a situation that we ourselves

have experienced in the past, and that it is next to impossible to feel genuine empathy in a situation unknown to us. In reality, however, health problems facing clients are diverse; their reactions to these problems are even more so, and cannot possibly all fall within the bounds or the caregivers' personal experience.

Therefore, as caregivers we must learn to improve our empathic ability, and I believe that the first thing we must learn is love.

True love essentially involves wishing for the loved one's good situation and improvement. I believe that true love is founded not on fleeting emotions, but on understanding and accepting the person, and knowing what is good and truly necessary for him or her.

In Platon's philosophy, which has love as its central principle, it is said that the highest love pursues truth, knowledge and morality, and that love improves human beings in personality and motivates cultural advance.

The great Japanese author Momozou KURATA says, "pure love is the desire to improve the life of others."

From what I've said thus far, it can be surmised that a mature personality is prerequisite to empathy.

Some time ago I took an interest in factors influential in the development of maternity, and conducted some research projects with graduate students. I would like to introduce here one of those projects, "The Process of Maternal Role Attainment and Influence of Empathy on it."

Past research has identified some factors that influence the process of maternal role attainment. One of these factors is age. Many research projects have already proven this link, and today there is a consensus that age is indeed one of the influential factors.

It is said that attainment of the maternal role requires psychosocial maturity on the part of the woman, and that a young woman tends to be in a difficult situation regarding attainment of

the maternal role.

Along this line of thought, our research project was intended to examine the relationship between empathy, which is based on maturity of personality, and the process of attainment of maternal role.

In this research we used Rubin's model, which holds that a pregnant woman undergoes five stages in the process of maternal role attainment: that is (1) mimicry, (2) role play, (3) fantasy, (4) introjection-projection-rejection, (5) grief work.

Using multi-dimensional empathy measurement, we analyzed the results, classifying the subjects into high- and low-empathy groups and comparing the two in terms of the situation of mother's role attainment.

The results show clearly that the degree of empathy does not vary following the progression of pregnancy, and that for those in the high-empathy group, attainment of maternal role is faster than for those in the low-empathy group.

Both nursing and child rearing must be done while close to the care receiver. Those engaged in nursing and childcare must learn to have empathic ability based on maturity of personality.

The word "care" includes the meaning "love." Nursing skills must exist to embody love, on which truly sincere care should be based.

To practice nursing from a holistic approach "YORISOU", we must grow in love and skill.

While nurses are not only professionals required to have the ability to empathize, it can be considered a prerequisite for them. Meanwhile, one wonders whether a person's degree of empathy is innate or acquired.

It is said that the earliest experience of empathy for a human being is the emotional link between an infant and its mother.

Bowlby, who presented the attachment the-

ory, says that early childhood experience of relationships develops into models of relationships that a person later has with others.

Children who have a stable relationship of attachment with their mother develop a sense of trust in their mother and identify themselves with her, who reacts empathetically toward them. Such children become emotionally sensitive in their later relations with others, and develop the ability to respond empathically.

On the other hand, children whose emotional needs are repeatedly denied by their mothers become unable to respond empathically to others' feelings, since they have no model for identification: such children are even said to respond aggressively.

In addition, factors that influence the development of children's empathy include their relationships with siblings, grandparents and friends. These intimate relationships are expected to raise the degree of empathy.

High-empathy people can become good models for the expression of empathy, and their empathic ability can be further improved through identification with models and the modeling process.

Starting with early childhood, empathy is said to develop gradually in the following stages, which according to Katz' report, are four:

1. Identification: attention is focused on the others.
2. Incorporation: the other's experience is made one's own.
3. Reverberation: the other's experience is experienced as one's own, with attention paid to the cognitive and emotional ties between oneself and the other's experience.
4. Detachment: one and the other return from an absorbed inner relationship to separate positions of identification; this shift enables reactions that reflect separation from the other and understanding about the other.

This indicates that the degree of empathy is

not innate, but develops under the influence of various factors.

We sometimes hear that individuals who have spent their childhood or adolescence absorbed in an excessively grade- and exam-oriented educational system can be highly knowledgeable but lack empathy; they may become first-class researchers and do excellent work, but have no empathy.

For nurses, if empathy is a prerequisite, nursing education that nurtures empathy is indispensable. I am not capable of explaining to you how such education can be achieved, but I would like to tell you about the things to which I attach great importance in the realm of nursing education.

First of all, it is essential that teaching staff be highly empathetic. Without teachers capable of practicing nursing based on love and closely relating with clients, students cannot learn the fundamentals of nursing.

Secondly, students must be encouraged to develop a positive self-concept. I believe that the development of empathy and self-concept are deeply related. Being positive about the self who has chosen nursing as a profession, and perceiving oneself as an able nurse, are expected to nurture one's empathic ability.

Receiving educational encouragement during the process of developing into a capable nurse, nursing students can improve their self-concept and become highly empathic.

Now I'd like to focus on what should be done in the field of research to realize nursing from a holistic approach.

Japan in recent years has seen a rapid increase in nursing colleges and graduate schools. Thanks to this progress, nursing research has been improving in terms of both quality and quantity. This is indeed gratifying.

From this perspective, I'd like to ask this question anew; what should be the nature of

nursing research? Nursing science provides fundamental scientific support to nursing carried out by professionals.

Earlier, I said that love should be embodied in nursing skills - skills that must also be scientific and supported by evidence. Acts of skill must be universal and transmitted through education.

For these reasons, I hope that research will develop new nursing methods and evaluate existing skills and techniques.

At present, the majority of nursing research concerns objects and reactions found in clients. These are important for nursing practice. I would like to see nursing research advance a step further, however, and once the attributes of care receivers are clarified, direct its focus on how to respond to clients' needs by offering what skills, and how caregivers and receivers can be "close together."

Henceforth, nursing duties are expected to change in many respects; such changes are already occurring.

One change is the growing presence of various domains other than medicine on the scene of care, including health science, welfare, education, psychology, and household management. Various services are provided in these domains from their respective standpoints, such as care and improvement in the medical care environment.

It is necessary to clarify the range of responsibility for nursing professionals when working in tandem with experts in several fields. Needless to say, certain responsibilities overlap; still, collaboration should be promoted, with the extent of nursing duties clearly demarcated.

As well, it will soon be necessary to develop nursing skills from a holistic approach, while remaining close to care receivers. In future, I would like to see many research projects dealing with these matters.

When nurses whose empathic ability has been trained by excellent nursing educators begin to provide nursing using skills founded on scientific research, and closely communicating with people, it is imperative that the environment be ideally prepared to enable nurses to make full use of their capabilities.

Historically speaking, nurses have regrettably lacked strategies for effectiveness in a social context. This has delayed development in such fields as nursing policy, nursing administration and nursing economics.

Nurses often say "I don't mind not being compensated for my work, as long as my patients are satisfied." Surely, a nurse's joy is immeasurable when nursing is completed to this degree of satisfaction.

At the same time, if a patient's treatment has advanced or his or her quality of life has improved because of nursing skills, such progress should be socially recognized as well.

Social recognition can help establish a

framework in which team medical treatment can be smoothly executed and medical care can be provided from a holistic perspective, closely accommodating care receivers' needs.

In Japan, for many years now, medical expenses have generally been considered remuneration for medical care provided by physicians; for this reason, psychological care and QOL improvement have been made light of.

As the spectrum of nursing work is expected to broaden in the future, it is hoped that our society will mature in such a way as to acknowledge nursing work in economic terms as well.

Nurses must have strategies, and set forth policies and measures; this should enable nursing from a holistic perspective.

I am pleased to have shared with you my views of nursing practice, education, research and administration with the realization of holistic nursing in mind.

I sincerely hope that we will continue thinking together about what constitutes holistic nursing.