5.1: Introduction

Based on an abundance of available information, patients select a preferred medical institution, from which they receive medical services. Doi analyzes Japanese expectations from the perspective of “amae” [1]. The Donabedian [2] framework is often referred to in discussions relating to quality of medical care and patient satisfaction. While a patient has certain fixed goals regarding the completeness of care and restoration of health, satisfaction during the treatment period is, in many cases, influenced by the patient’s relationship with nurses.

Patient satisfaction is generally influenced by various factors, including technological elements, interpersonal factors, costs, and the environment. Although the measurement of patient satisfaction in different nursing situations might be complex [3, 4, 5, 6], it is generally accepted that patient satisfaction is an important indicator of the quality of the nursing service. Patient satisfaction correlates positively with nursing care and perceptions of the quality of patient service [7]. There is also a strong correlation between satisfaction with nursing care and general satisfaction [8]. Therefore, quality of nursing care, as perceived by patients.

According to Uno et al. [9], patients assume that nurses are bound to utilize appropriate techniques and expressions within the nurse-patient relationship.

In nursing practice, studies by inductive content analysis of cases where conflict has occurred present the conflict situation according to two (2) axes, namely, “impact on the patient” and the “patient’s response.” The latter suggest that, in the absence of clear patient communication, paying attention to “the effect (of interaction) on the patient’s daily mood” is an important sub-service in nursing.

We also compared expectations regarding nursing sub-services, using Parasuraman et al.’s SERVQUAL (Multiple Item Scale for Measuring Consumer Perceptions of Service Quality) [10, 11]. The results showed that patients’ expectations of nurses are influenced by the Omotenashi culture of “consideration of others,” which is characteristic of Japanese people [12].
In an interview with a person who, after serving as a nursing director, still felt it important to be involved with patients [13], we learned that a good nurse deduces the expectations of patients and, interpreting such in terms of nursing science, performs nursing care accordingly. Thus, in this instance, we focused on Gold Nurses or Expert Nurses. To our knowledge, there are no studies focusing on the words (in the form of text) of subjects, to determine aspects of conflict avoidance between nurses and patients. In view of this, we set out to determine this in the specified manner.

In recent years, the clinical practice, education, and research capabilities of nurses have increased; however, there remain complaints from patients and their family members concerning their interactions with nurses. To promote a sense of patient satisfaction during medical treatment, nurses should be aware of subservices that provide insight into the feelings of patients and that facilitate appropriate nurse-patient interactions [14]. Although the goals of nursing include consideration, compassion, and empathy toward patients, there is no concrete method of engendering these in a nurse.

Henderson noted that in the nurse-patient relationship, “getting under his/her skin” is a way to understand a patient [15]. Erikson considered empathy to be “feeling concern for suffering,” and showed that a nurse must acknowledge a patient’s suffering to make the patient feel they are respected as a person [16]. To alleviate a patient’s suffering, a nurse should discover the patient’s desires, and the patient’s feelings of trust, hope, powerlessness, guilt, and shame [17]. A nurse needs to understand each patient’s unique experience of his or her disease, knowledge, and feelings [16, 18]. Such a nurse-patient relationship is considered the foundation of a therapeutic relationship.

Keenan reported that the Japanese tea ceremony is useful for stress management in nurses [19], and Donnelly reported that by placing participants within a natural setting [20], the tea ceremony allows participants to enjoy the life that is universally shared by humans and to maintain harmony with others. Uno reported on the importance of hospitality (in Japanese: omotenashi) in the Japanese culture as a characteristic of the nursing interactions that were desired by patients [21]. Although the Japanese tea ceremony is a part of the traditional Japanese culture, few Japanese individuals practice the art daily, and reports concerning the role of the tea ceremony in the field of nursing are rare. Thus, in this study, nurses who worked in a clinical practice participated in the Japanese tea ceremony to evaluate changes in their awareness with respect to their interactions with patients. I focused on the Japanese tea ceremony as a method to form peaceful interpersonal relationships during patient interactions.