5.3: Compassion for Others Based on Japanese Culture

“Doh” or “OMOTENASHI” Symbolizing Japanese Culture

There is Doh” as a traditional technique in Japan. Typical examples are Japanese tea ceremony, flower arrangement, calligraphy and so on.

There is a “hospitality (in Japanese OMOTENASHI)” that treats you with a flexible attitude.

Japanese Tea Ceremony

This study provided foundational data for use in nursing interventional methods for improving nurse-patient relationships. This study was a descriptive study on the effectiveness of a Japanese tea ceremony (in Japanese: chado) intervention for improving nurse-patient relationships. I conducted a Japanese tea ceremony and examined changes in nurses’ awareness regarding interactions with patients after this intervention. The tea ceremonies were conducted with the cooperation of an Urasenke tea ceremony lecturer. A quiet environment with chairs and tables was provided for all participants while they provided written answers to a descriptive survey, which was administered before and after the intervention; they required approximately 20 min to complete the survey. The mean length of each nurse’s description was 800 characters. The tea ceremony was effective in bringing about definite changes in nurses’ awareness concerning interactions with patients. This study is useful in that it suggests how nurses can maintain good interpersonal relationships with patients.

This study provided basic data to explore interventional methods for nurses to improve nurse-patient relationships. I examined the manner in which awareness of the nurses regarding their patient interactions changed after participating in the Japanese tea ceremony.
Arrange the Minds of Nurses; Introduce a Study About to Use Japanese Tea Ceremony

Methods

This study was a descriptive survey of a Japanese tea ceremony intervention. In 2014, I conducted a similar intervention involving three participants and descriptive surveys, similar to those used in the present study. I confirmed that there were no mental or physical burdens on the participants and that there was a change in nurses’ awareness.

Participants

I initially mailed 100 regional medical care support hospitals in the Kinki region of Japan to explain the purpose and methods of the study and to request their cooperation. Four hospitals agreed to cooperate. A total of 14 nurses expressed an interest in participating in the present study; however, only 12 nurses were included for analysis because two dropped out during the study. Twelve was the maximum number of individuals who agreed to cooperate. However, the 800 words provided in total by these individuals were sufficient for qualitative summarization.

Collection

The study period was from March to May 2015. Interventions were performed once per week over a 4-week period (i.e., a total of four times). Interventions were performed in a tea ceremony room located in a temple in the Osaka Prefecture, Japan.

Operational Definitions of the Terminology

The “Japanese tea ceremony” (in Japanese: chado) is a traditional Japanese art that has been referred to as a “composite art form.” “Tactfulness in silence” refers to the insight of sensing the thoughts and feelings of others that are not expressed in words.

Study Design

I administered a pre-intervention survey to assess the individual characteristics of the nurses (age, years of experience as a nurse, affiliated hospital wards, and experience participating in tea ceremonies) and the following items:

1. Interactions with nurses believed to be desired by patients,
2. Awareness of daily interactions with patients,
3. Interactions believed to improve the quality of nursing, and
4. Image of the tea ceremony.

A quiet environment with chairs and tables was provided for the participants while they provided written answers to the survey.

The tea ceremonies were conducted with the cooperation of an Urasenke tea ceremony lecturer. The tea ceremony
lecturer acted as the tea master during the ceremonies.

The guests were the participants, who were divided into groups of six individuals; each experienced the same program content for approximately 1 h in each session. To ease the tension of the participants who were participating in the tea ceremony for the first time, the researchers, who had participated in a tea ceremony before, presented a partial example of a ceremony. However, to avoid influencing the study results, the participants were allowed to act naturally during the tea ceremony (Figures 1 and 2). The tea ceremony steps are listed below.

Figure 5.3.1: Cluster analysis where gold nurses avoid conflicts.
Results

Individual Characteristics

The mean age of the 12 participants, all of whom were female, was 48 years (SD = 6.6). The mean years of nursing experience was 23 (SD = 5.8). The nurses worked in the Department of Internal Medicine (chronic disease ward), and no participants had previous experience participating in a tea ceremony. Four of the nurses qualified at a university and eight were qualified as nurses at a vocational school.

Nurse’s Consciousness of Interactions With Patients Before and After Intervention

The participants required approximately 20 min to write their descriptions. The mean length of each nurse’s description was 800 characters. The descriptions of items A through D were qualitatively analyzed and compared before and after the intervention.

1. **Interactions nurses believed to be desired by patients.** Prior to the intervention the interactions desired were thought to be smiling, kindness, communication, providing explanations, and so forth. After the intervention, the desired interactions were considered to be not superficial gentleness, but rather treating the patient as a person. Patients were believed to expect nurses to stare at them deeply, as it could help them in realizing who that patient is.

2. **Awareness of daily interactions with patients.** Before the intervention points raised were interacting gently and kindly, interacting safely, providing science-based explanations and having a science-based skillset, and displaying an empathetic attitude. After the intervention, the goal was to interact without pressure, such as by providing appropriate space (distance) for the patient.

3. **Interactions believed to improve the quality of nursing.** Before the intervention, the issues raised were to keep learning, learn and practice ways of communicating regarding disease, always think about the patient’s feelings, do not make medical mistakes, and so forth; essentially, to provide a good recuperative environment. After the
intervention, the participants raised the points: Always tell yourself to be casual (which was helpful for easing their
tension), and to “catch precisely, as soon as possible.” Furthermore, touch according to the patient’s desire. In this
way, the participants were transformed such that they could recognize their natural involvement as a person before
their involvement as a nurse.

4. **Image of tea ceremony.** Prior to the intervention, the ceremony was considered stiff, difficult, and unfamiliar; only
something that rich people learn. After the intervention, it transformed into something that the participants felt they
could incorporate into daily life. It was noted that “my own heart calms down.”

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**Discussion**

Results of the pre-intervention awareness analysis revealed an awareness of appropriate professional interactions, such
as “interacting gently and kindly,” “interacting safely,” “explanations and skills with a scientific basis,” and “empathetic
attitude.” The Japanese tea ceremony involves silent communication between the host and guests, as the guests
“sensitively feel the intentions of the tea master, who takes great pains to provide an atmosphere of hospitality.” The
post-intervention comments were related to peaceful interactions, such as “interacting without pressure,” “interacting
while maintaining an appropriate distance,” “interacting with a sincere attitude,” and “insight in sensing feelings that are
not expressed in words.” These categories were based on an awareness of the interactions with patients that were not
limited to their status as a professional nurse.

Considering three aspects, I assessed how participant’s awareness changed regarding interactions with patients after
the tea ceremony. The first aspect was related to changes in feelings because of being in a teahouse and the formal
interpersonal relationships that were created. After the intervention, categories related to calmness of mind were
suggested by the nurses. For the nurses who were busy with daily nursing tasks, the Japanese tea ceremony was a
place where they could relax and find peace of mind. The second aspect was that the participants (nurses) received
polite hospitality and were cared for. People tend to be rude to others when they are treated rudely themselves. The
work of nurses constitutes emotional labor, that is, the management of emotions in the workplace [9]. After the
intervention, the categories “interacting with a sincere attitude” and “insight in sensing feelings that are not expressed in
words” were observed. Therefore, the tea ceremony is useful for controlling emotions through polite hospitality and
caring for guests.

The third aspect was the way in which the five senses were utilized. Nurses should have a high degree of sensitivity
while working in a hectic and highly stressful environment. However, here the participants were given a chance to return
to nature by appreciating seasonal flowers. That is, the participants were able to relax in a beautiful environment that
could be experienced through the five senses. These findings are important for managing the working environment of
nurses, who are likely busy with numerous other daily tasks when interacting with patients.

The program used in this study exceeded the limits of the field of nursing, but it appeared useful for creating favorable
nurse-patient relationships. Specifically, this method effectively relaxed the nurses, which suggests that relaxation is one
way to improve interpersonal relationships. In summary, the intervention method used in this study is useful for nurses to
maintain good interpersonal relationships with patients.
Conclusions

Changes in nurses’ awareness related to interactions with patients were noted after the tea ceremony intervention. I observed changes related to increased functional beauty and spirituality, as exemplified by the categories “interacting without pressure,” “interacting while maintaining an appropriate distance,” “interacting with a sincere attitude,” and “insight in sensing feelings that are not expressed in words.” Thus, participating in the tea ceremony was effective in bringing about definite changes in nurses’ awareness concerning interactions with patients. However, a future study with an increased sample size is needed to verify the present study’s results, and a survey of patients who received nursing care from the participants is also necessary.