

National Survey of Early Morning Care Provided in Orthopedic Wards in Japan

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Purpose : To investigate the current status of the early morning care provided in orthopedic wards in Japan and to explore the clinical issues associated with this care.

Methods : The subjects were nurses at orthopedic wards randomly selected from across Japan. An anonymous, self-administered questionnaire was distributed to the subjects. The questionnaire were composed of 33 items related to the early morning care provided at the hospital wards, nurses' awareness and practice of early morning care, and the characteristics of the subjects.

Results : A total of 1,321 questionnaires were returned from 263 hospital wards. A total of 93.3% subjects responded that they provided early morning care. The timing of providing early morning care was as follows : after rising, 57.6% ; after breakfast, 47.2% ; and before breakfast, 45.6%. The main persons providing care to chronic patients were as follows : attending nurse or assistant nurse, 62.3% and non-attending nurse or assistant nurse, 41.3%. The purposes of early morning care were as follows : hygiene, 93.2% and regulating the rhythm of daily life, 75.6%. The main implementation items recognized as part of early morning care were as follows : wiping the face and hands, 90.0% ; tooth brushing, 87.4% ; Morning greeting, 76.2% ; wiping in the mouth, 75.6% ; and lighting, 73.9%.

Conclusion : The present study elucidated the fact that although early morning care is being performed by nurses in orthopedic wards, the specific implementation items being performed are limited to washing, tooth brushing, lighting and breakfast preparations. The study also elucidated that some nurses think that early morning care is performed after breakfast. In the future, it will be necessary to consider how to provide nursing education that leads to a correct understanding of the purpose, implementation items, and methods of providing early morning care and how to restructure the early morning nursing system so that nurses are able to complete early morning care in the time available.

Key words : Early Morning Care, National Survey, Nursing Skill, Nursing Education

I . Introduction

Conventional early morning care is defined as assistance provided with a variety of daily activities in early morning hours such as oral hygiene, washing, bed bathing, hair dressing, changing bed clothes and, when required, bed making and sheet changing (Uchizono, 1992). However, since the term "early morning care" is currently considered to be synonymous with "face washing assistance" (Nursing Technical Term Review

Board of the Japan Academy of Nursing Science, 2005), it is starting to be left out of textbooks. Because of factors at hospitals and other clinical settings that were pointed out in the study "A Wet Towel and a Cup of Water" (Kawashima, 1997), such as an increase in the morning workload (Ushigome, 1982) and a decline in the awareness of the importance of early morning care among nurses (Tokuda, 1993), there has been a tendency to simplify the care provided.

The author has been working to create a type of early morning care that takes into consideration the patients' habits and is in accordance with the patients' needs. The author conducted interviews with 11 ortho-

pedic patients who were convalescing in bed. As a result, the following early morning needs of patients who require assistance were identified : transitioning from the night-time resting phase, daily morning habits, ascertaining the day's schedule, physical condition in the morning, and mood adjustment in the morning (Ohashi, 2008). Early morning care was restructured to be in accordance with the patients' needs and the results were investigated. The results were organized into implementation items that enhanced morning preparations and were closer to the patient's daily morning habits, such as using hot water to wash the face and hands, removing uncertainties from life in the hospital by explaining the day's schedule in the morning, and offering advice on how to spend the day. A comparison of the responses of 36 postoperative orthopedic patients who received simplified care in the form of distribution of a towel and items required for gargling (control group) with those of 36 postoperative orthopedic patients who received enhanced care (intervention group) indicated that the intervention group had improved moods (improved comfort and vitality) and breakfast behaviors and that some exhibited significantly increased breakfast intake (control group : 63.1%, intervention group 92.8%, $p=0.000$; Ohashi, 2010 ; Ohashi, 2014). If early morning care that carefully addresses patients' needs becomes more common in the clinical settings, it will promote recovery and enable patients to independently restructure their life in the hospital while regaining a sense of normality and self that they lost as a result of hospitalization.

As early morning care that addresses patients' needs is increasingly utilized across clinical settings, it is necessary to ascertain the specific types of early morning care being provided. However, no national survey related to this topic has been conducted, and the current situation remains unknown. Thus, the present study elucidated the current state of early morning care throughout Japan and investigated the clinical issues associated with this care.

The purpose of this study was to investigate the current status of the early morning care provided in orthopedic wards with many patients who require assistance with daily activities and to explore the clinical issues associated with this care.

II. Methods

1. Design

This was a quantitative, descriptive study that used a

questionnaire survey.

2. Study period

The study was conducted from November 2012 to March 2013.

3. Subjects

The subjects were nurses at orthopedic wards randomly selected from across Japan. The reason that the orthopedic ward was chosen is that there are many patients who need assistance, and morning coat care is performed daily. The facilities were 1,000 orthopedic wards selected using the stratified random sampling method from 4,798 orthopedic wards across Japan so that the number selected from each prefecture in Japan was proportional to the total number of hospitals in the country. Requests to participate were sent to the facilities. Based on an analysis of the frequency and ratio of the responses in this study, the estimated number of participating facilities was calculated using a formula (Oda, 2009) for the number of samples when estimating the population ratio. When calculated with the confidence coefficient of $k=1.96$ based on a population of $N=4,798$, risk rate of $a=5\%$, margin of error of $e=5\%$, and population ratio at $P=50\%$, the result was $n=263$. Based on an estimated 30% consent rate for participation, the number of participating hospital wards was set at 1,000.

4. Survey method

An anonymous, self-administered questionnaire developed by the author was distributed to the subjects and collected at a later date.

1) Questionnaire design

The questionnaire comprised 33 items. These were composed of 9 items related to the early morning care provided at the hospital wards (whether care was provided or not, name given to care, whether there was a nursing procedure, whether there was early morning care workshop, during which shift care was provided, timing of providing care, who provided care, etc.), 13 items related to nurses' awareness and practice of early morning care (what tools were used, purpose of care, implementation items recognized as care, importance of care, level of satisfaction, etc.), and 11 items related to the characteristics of the subjects (location of the hospital, total number of beds, sex, age, years of clinical experience, educational background of nursing, when and from whom they learned about early morning care, etc.).

The questionnaire was created by extracting information regarding the purpose and details of early morning care from references in the literature (Ohashi, 2008 ; Ohashi, 2012). A pre-test was performed with 5 nurses working at orthopedic hospital wards, and the expressions and details of the questionnaire were revised on the basis of the results of this pre-test. The questionnaire required approximately 10 min to complete.

2) Survey procedure

A request to participate in the study and a return postcard were sent to each of the 1,000 randomly selected hospitals, and the request to participate in the study and 5 copies each of the questionnaire were then sent via mail to the ward managers at the 290 facilities (total of 1,450 copies) who consented to participate. The ward managers were asked to place the questionnaires and collection envelopes in the ward employee lounges and inform employees about them. Nurses who consented to participate in the survey filled out the questionnaires, sealed them in anonymous envelopes, and placed the envelopes in the collection envelope. The ward managers then returned the collection envelopes to the researcher.

5. Analytical method

Data entry was performed by a third party, each item was totaled, and the percentage was calculated.

6. Ethical considerations

This study was conducted with the approval of the research ethics committee of the author's institution (Approval Number 12-simple-005). Written explanations regarding the study as well as requests to participate in the study were sent to facility or hospital ward managers and subjects. This explanation outlined matters related to their free participation in the study, anonymity of data, and protection of personal information. It was also made it clear that the results would be made public at academic associations and in written form and that the reception of their responses to the questionnaire would constitute consent to participate in the study. In consideration of issues of responsibility, the hospital ward managers were instructed not to directly request the subjects to participate in the study and to place the questionnaires and collection envelopes in employee lounges. Anonymous questionnaires were used to ensure anonymity of the data and to protect the privacy of the participants. Completed questionnaires were placed in envelopes that were then sealed before

submission to the researcher. Thereafter, the data were analyzed carefully.

III. Results

1. Characteristics of the subjects

The locations of the subjects were as follows : Hokkaido, 8.2% ; Tohoku, 12.7% ; Kanto/Koshinetsu, 26.0% ; Hokuriku/Tokai/Kinki, 28.7% ; Chugoku/Shikoku, 11.1% ; and Kyushu/Okinawa, 12.7%. A total of 5.8% subjects were males and 93.9% were females. The years of clinical experience were as follows : ≤ 9 years, 42.2% ; 10-19 years, 32.5% ; and ≥ 20 years, 24.8%. The period when the subjects learned about early morning care was as follows : after employment, 53.1% ; in lectures in nursing school days, 42.5% ; during practical training in nursing school days, 36.5% ; during school practice in nursing school days, 31.7%. The person from whom the subjects learned early morning care was as follows : nurse or practical nurse, 74.8% and teacher, 55.6%. The details are shown in Table 1.

2. State of early morning care provided at the hospital wards

A total of 93.3% subjects responded that they provided early morning care in their hospital ward. The names given to early morning care were as follows : face washing assistance, 53.2% ; oral care, 43.4% ; and early morning care, 41.0%. The timing of providing early morning care was as follows : after rising, 57.6% ; after breakfast, 47.2% ; and before breakfast, 45.6%. The main persons providing care to chronic patients were as follows : attending nurse or assistant nurse, 62.3% ; non-attending nurse or assistant nurse, 41.3% ; and nursing aide, 37.0%. The details are shown in Table 2.

3. Nurses' awareness and practice of early morning care

The main tools used for early morning care were as follows : tooth brushing items, 81.2% ; cup, 75.1% ; wet towel, 72.4% ; and gargle basin, 71.5%. The main purposes of early morning care were as follows : hygiene, 93.2% and regulation of daily rhythm, 75.6%. The main implementation items recognized as part of early morning care were as follows : wiping the face and hands, 90.0% ; tooth brushing, 87.4% ; Morning greeting, 76.2% ; wiping in the mouth, 75.6% ; and lighting, 73.9%. With regard to the level of importance of early morning care was as follows : very important, 49.1%

Table 1 Characteristics of the subjects N=1321

Item	Description	n	%
Locations of the subjects	Hokkaido	108	8.2
	Tohoku	168	12.7
	Kanto/Koshinetsu	344	26.0
	Hokuriku/Tokai/Kinki	379	28.7
	Chugoku/Shikoku	146	11.1
	Kyushu/Okinawa	168	12.7
	No response	8	0.6
Total number of beds in the hospital	<100 beds	238	18.0
	100-299 beds	560	42.4
	300-499 beds	288	21.8
	≥500 beds	202	15.3
	No response	33	2.5
Sex	Male	76	5.8
	Female	1240	93.9
	No response	5	0.4
Age	20's	386	29.2
	30's	419	31.7
	40's	353	26.8
	50's	157	11.9
	No response	6	0.5
Years of clinical experience	≤9 years	557	42.2
	10-19 years	429	32.5
	≥20 years	327	24.8
	No response	8	0.6
Educational background of nursing	Advanced vocational school	1050	79.5
	Junior college	102	7.7
	University	102	7.7
	Graduate school	2	0.2
	Other	45	3.4
	No response	20	1.5
The period when the subjects learned about morning care (multiple answers allowed)	After employment	701	53.1
	In lectures in nursing school days	562	42.5
	During practical trainings in nursing school days	482	36.5
	During school practices in nursing school days	419	31.7
	Not learned	61	4.6
	Other	25	1.9
	No response	55	4.2
The person whom the subjects learned early morning care (multiple answers allowed)	Nurse or Practical nurse	988	74.8
	Teacher	735	55.6
	Nursing aide	34	2.6
	PT or OT	22	1.7
	ST or Dentist/Dental hygienist	22	1.7
	Care staff	16	1.2
	Other	36	2.7
	Not learned	60	4.5
	No response	59	4.5

Table 2 State of early morning care provided at the hospital wards N=1321

Item	Description	n	%
Whether early morning care was provided or not	Yes	1233	93.3
	No	21	1.6
	Other	9	0.7
	No response	58	4.4
The names given to early morning care (multiple answers allowed)	Face washing assistance	703	53.2
	Oral care	573	43.4
	Morning care	542	41.0
	AM care	7	0.5
	Other	50	3.8
	No response	57	4.3
Nursing procedure	Absence	597	45.2
	Presence	402	30.4
	Unclear	239	18.1
	No response	83	6.3
Early morning care workshop	Absence	804	60.9
	Presence	229	17.3
	Unclear	183	13.9
	Other	33	2.5
	No response	72	5.5
Shift to provide early morning care (multiple answers allowed)	Night shift	1107	83.8
	Day shift	288	21.8
	No rule	30	2.3
	Other	82	6.2
	No response	55	4.2
Timing of providing early morning care (multiple answers allowed)	Before rising	71	5.4
	After rising	761	57.6
	Before breakfast	603	45.6
	After breakfast	624	47.2
	Fixed time	112	8.5
	Before or after elimination	44	3.3
	Other	51	3.9
	No response	60	4.5
Person providing early morning care to chronic patients (multiple answers allowed)	Attending nurse or assistant nurse	823	62.3
	Non-attending nurse or assistant nurse	545	41.3
	Nursing aide	489	37.0
	Care staff	98	7.4
	PT or OT	8	0.6
	Family	112	8.5
	Other	14	1.1
	No response	111	8.4
Person providing early morning care to acute patients (multiple answers allowed)	Attending nurse or assistant nurse	953	72.1
	Non-attending nurse or assistant nurse	562	42.5
	Nursing aide	250	18.9
	Care staff	41	3.1
	PT or OT	4	0.3
	Family	41	3.1
	Other	9	0.7
	No response	102	7.7

Table 3 Nurses' awareness and practice of early morning care
N = 1321

Item	Description	n	%
Use of nursing procedure for early morning care	Yes	450	34.1
	No	802	60.7
	Others	45	3.4
	No response	24	1.8
Tools used for early morning care (multiple answers allowed)	Tooth brushing items	1072	81.2
	Cup	992	75.1
	Wet towel	957	72.4
	gargle basin	944	71.5
	Shave	451	34.1
	Hair brush	307	23.2
	Dry towel	293	22.2
	Basin	288	21.8
	Soap	228	17.3
	Wet tissue	183	13.9
	Skin care products	172	13.0
	Mirror	143	10.8
	Clock	97	7.3
	Makeup kit	15	1.1
	Schedule	4	0.3
	Others	55	4.2
No response	14	1.1	
Purpose of early morning care (multiple answers allowed)	Hygiene	1231	93.2
	Regulation of daily rhythm	999	75.6
	Psychological aspect (comfort, vitality)	826	62.5
	Preparing for breakfast	795	60.2
	Awakening	778	58.9
	Dressing	742	56.2
	Maintenance/improvement of QOL	701	53.1
	Breakfast behavior/promotion of breakfast intake	612	46.3
	Improvement of ADL, promotion of leaving the bed	574	43.5
	Promotion of recovery/healing	305	23.1
	Tests/procedures/preparations for surgery	216	16.4
	Elimination	177	13.4
	Other	53	4.0
	No response	15	1.1
Level of importance of early morning care	Very important	648	49.1
	Somewhat important	576	43.6
	Neither Important or Unimportant	59	4.5
	Somewhat unimportant	14	1.1
	Very Unimportant	3	0.2
	No response	21	1.6
Level of satisfaction with early morning care	Very satisfied	4	0.3
	Somewhat satisfied	329	24.9
	Neither satisfied or dissatisfied	552	41.8
	Somewhat dissatisfied	387	29.3
	Very dissatisfied	32	2.4
	No response	17	1.3

Table 4 Implementation items recognized as early morning care
N = 1321

Item	n	%
Wiping the face and hands	1189	90.0
Tooth brushing	1155	87.4
Morning greeting	1006	76.2
Wiping in the mouth	999	75.6
Lighting	976	73.9
Face washing	974	73.7
Preparing for breakfast	970	73.4
Sitting up/getting out of bed	831	62.9
Straighten clothes	754	57.1
Gargling only	709	53.7
Preparation and intake of drinking water	693	52.5
Bed making	648	49.1
Room ventilation	624	47.2
Cleaning/tidying up	587	44.4
Elimination	567	42.9
Observation/measurement	522	39.5
Communicating the time (setting clocks/watches)	516	39.1
Hand bathing/hand washing	510	38.6
Shaving	497	37.6
Arranging hair/hair dressing	428	32.4
Dealing with physical and mental pain and discomfort	385	29.1
Skin care	323	24.5
Assessment	285	23.5
Communicating the day's schedule and goals	311	21.6
Giving advice on how to spend the day	194	14.7
Cosmetics/makeup	66	5.0
Other	6	0.5
No response	40	3.0

(multiple answers allowed)

and somewhat important, 43.6%. The level of satisfaction with early morning care, 41.8% responded as "either satisfied or dissatisfied." The details are shown in Table 3, Table 4 and Table 5 shows the implementation items provided on the bed as early morning care to chronic and acute patients who are permitted elevation of the head of the bed.

The main causes of inability to complete early morning care within the time allotted were as follows : patient factors (patient condition, treatment, wishes, etc.), nursing system (time restrictions, shortage of personnel, high workload, etc.), and nurse's personal factors (believed to be low priority or relatively unimportant type of care, thought someone else would do it, forgot to do it, etc.). The results are shown in Figure 1.

Table 5 Implementation items provided on the bed as early morning care to patients permitted head elevation N= 1321

Item	Chronic patients		Patients 1-3 days after surgery	
	n	%	n	%
Morning greeting	1057	80.0	1039	78.7
Wiping the face and hands	999	75.6	1017	77.0
Preparing for breakfast	975	73.8	962	72.8
Lighting	959	72.6	923	69.9
Tooth brushing	954	72.2	937	70.9
Sitting up/getting out of bed	898	68.0	901	68.2
Wiping in the mouth	858	65.0	777	58.8
Straighten clothes	852	64.5	868	65.7
Bed making	794	60.1	795	60.2
Preparation and intake of drinking water	772	58.4	792	60.0
Elimination	772	58.4	703	53.2
Cleaning/tidying up	760	57.5	761	57.6
Observation/measurement	716	54.2	816	61.8
Room ventilation	637	48.2	587	44.4
Dealing with physical and mental pain and discomfort	634	48.0	703	53.2
Face washing	633	47.9	547	41.4
Communicating the time (setting clocks/watches)	575	43.5	586	44.4
Shaving	571	43.2	431	32.6
Gargling only	555	42.0	614	46.5
Assessment	530	40.1	594	45.0
Hand bathing/hand washing	503	38.1	402	30.4
Communicating the day's schedule and goals	471	35.7	504	38.2
Arranging hair/hair dressing	455	34.4	376	28.5
Skin care	388	29.4	315	23.8
Giving advice on how to spend the day	389	29.4	402	30.4
Cosmetics/makeup	73	5.5	40	3.0
Other	7	0.6	6	0.5
No response	78	5.9	95	7.2

(multiple answers allowed)

IV. Discussion

1. State of early morning care in orthopedic hospital wards

The results of this study indicated that over 90% nurses in orthopedic hospital wards believe that early morning care is important and that early morning care is mainly performed by nurses and assistant nurses. A discussion of the care that is thus performed follows below.

Over 90% nurses responded that the purpose of early morning care was "hygiene". Over 70% nurses used the following tools when providing early morning care : tooth brushing items, cups, gargle basin, and wet towel. Likewise, over 70% nurses said that the implementation items of early morning care they provided included preparations for face and hand wiping (face washing), tooth brushing (oral hygiene), greeting, lighting, and breakfast and that they provided this care to chronic patients and to patients 1-3 days after surgery.

The names for indicated early morning care included not only "early morning care" but also terms such as "washing assistance" and "oral care." This led us to conjecture that nurses provide assistance with face and hand wiping and tooth brushing because they consider "early morning care" to be face washing assistance as well as oral care for hygienic purposes.

However, over 70% nurses indicated that they thought the purpose of care to be "regulating the rhythm of daily life." The implementation items of care related to this purpose include not only the abovementioned items but also helping patients sit up or get out of bed after waking, shaving, setting hair, and other types of dressing behaviors, changing the atmosphere in the room in the morning by ventilating the room, and managing time throughout the day by setting clocks/watches and informing patients of the day's schedule. However, the results of the present study indicate that nurses are not fully aware that these activities are part of "early morning care." There are a variety of imple-

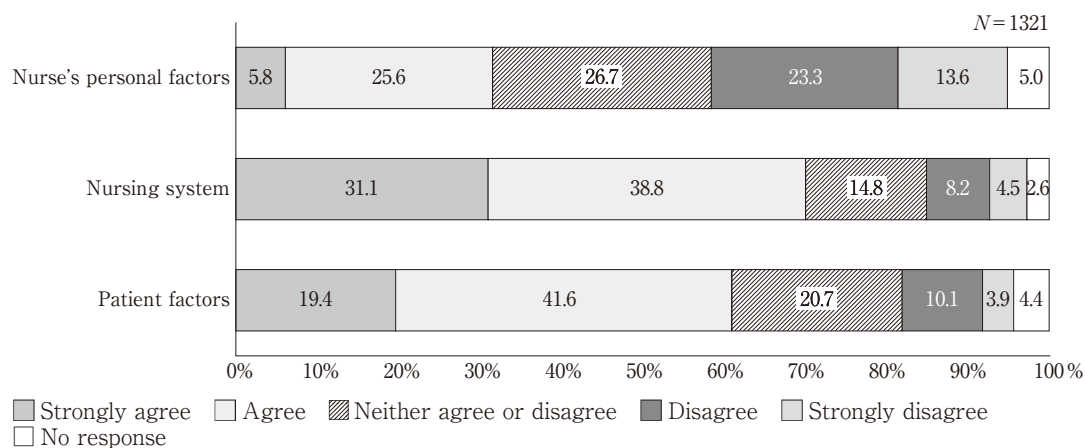


Figure 1 The main causes of inability to complete early morning care within the time

mentation item for early morning care, as can be seen by the questionnaire choices, but as Kawashima (1997) pointed out in a critique of the simplification of care, the care provided by nurses is limited to implementation items such as washing, tooth brushing, lighting, preparing for breakfast, and other items related to hygiene or regulating the rhythm of daily life.

The results of this study indicate that early morning care was mainly performed after waking, before breakfast, and after breakfast. According to an analysis of the concept of early morning care, "early morning care" is defined as "basic nursing assistance provided in the early morning hours to prepare for the day's activities" (Ohashi, 2012), and it is care provided between waking and breakfast. However, the results of the present study indicate that since "after breakfast" was the second most common response, in hospital wards, "early morning care" may actually be considered as "oral care after breakfast."

2. Issues associated with early morning care in the clinical settings

Early morning care leads to increased activity throughout the day by increasing vitality in the early morning hours so that it becomes the driving force for the day's activities, suggesting that it may lead to improvements in regulating the rhythm of daily life and quality of life and thus lead to recovery of health (Nogami et al., 1990 ; Yamamoto, 2006 ; Ohashi, 2012). Early morning care that carefully addresses patients' needs leads to increased patient comfort and vitality and promotes breakfast behaviors (Ohashi, 2010 ; Ohashi, 2014). The present study revealed that although early morning care is being performed, most early morning care consists of washing, tooth brushing, lighting, breakfast preparations. These actions do not

sufficiently satisfy patients' needs such as transitioning from the night-time environment, daily morning habits, ascertaining the day's schedule, ascertaining the physical condition in the morning, and mood adjustment in the morning (Ohashi, 2008). Moreover, because early morning care creates a state of readiness in the early morning hours for the day's treatment and convalescence, providing care after breakfast does not achieve the actual purpose of early morning care. Nurses need to have a correct understanding of the purpose, specific implementation items, and methods of providing early morning care and should undertake early morning care that are in accordance with patients' habits and needs.

However, as shown in Figure 1, even if nurses attempt to provide early morning care before breakfast, the patient's state and other factors related to the nursing system, such as personnel placement and the large amount of duties assigned, may make it impossible to perform early morning care within the assigned time frame for all cases. With the recent trend for shortened hospital stays, ward nurses are becoming extremely busy with nursing duties because they care for inpatients with a diverse range of pathologies in a short time period. In orthopedic surgery wards in particular, there are many elderly patients who are prone to developing dementia or postoperative delirium (Nakata, 2014). It is in such conditions that nurses need to perform early morning care quickly in the early morning for patients who need assistance. The author believe that an early morning nursing system needs to be reviewed to provide satisfactory early morning care that is considered a priority by nurses in the difficult current situation. Although there are limitations to all of the care that can be provided by nurses, nurses must not simplify or cut down on early morning care, which has conventionally been considered an important part of

daily care. It is thus necessary that a system for providing care as a team be established together with selection criteria for determining patients who need to directly receive early morning care from nurses and patients who may receive early morning care by a caregiver or nursing assistant.

Another issue is the investigation of training to enable all team members, including nurses, to correctly understand the purpose and content of early morning care so that it does not become “oral care,” whereby toiletries are simply distributed. Regarding opportunities for education of early morning care, the results of this study indicated that half of the nurses received such training after starting employment rather than at an earlier time period. This suggests that nurses do not receive appropriate education in early morning care at basic educational facilities and then have to learn about early morning care in a clinical setting from veteran nurses. Recently, fewer textbooks mention the nursing skill of “early morning care,” and if it is mentioned, it is presented as an item related to “hygiene” (Potter et al., 2009). In the skill items in the “Standards for basic nursing techniques to be performed by nursing students in clinical nursing practice” (Investigative committee for skills training in basic nursing education, 2003) report regarding skills training in basic nursing education, it included skills that composed the content of early morning care (ward environment arrangement, daily care skills such as hygiene/clothing) ; however, it did not mention “early morning care” itself. Practical training is a good opportunity to learn skills in an integrated manner, with early morning care being one nursing skill that is performed in the early morning. However, differences in the early morning care time slot and practical training start time (Matsuo, 1992) may mean that there are limited opportunities to learn about the objectives and content of early morning care while one is a student. Even if a nurse learns about early morning care after starting employment, results show that nursing procedures and workshops that form the educational materials are only available in less than half of the cases. This indicates that there are limited opportunities to correctly learn about early morning care after starting employment. Results suggested that for nurses to correctly understand the purpose and content of early morning care, educational materials need to be developed. In addition, methods of school exercises and practical training in basic education need to be improved, and methods of education in clinical settings for healthcare team members, including nurses,

need to be considered.

One limitation of this study was the fact that it targeted nurses working at orthopedic surgery wards ; therefore, this study cannot be generalized to indicate the state of early morning care throughout Japan.

V. Conclusion

The present study elucidated the fact that although early morning care is being performed by nurses in orthopedic wards, the specific implementation items being performed are limited to washing, tooth brushing, lighting and breakfast preparations. The study also elucidated that some nurses think that early morning care is performed after breakfast. To further spread the provision of early morning care that is in accordance with patients' needs, it will be necessary to consider how to provide nursing education that leads to a correct understanding of the purpose, implementation items, and methods of providing early morning care and how to restructure the early morning nursing system so that nurses are able to complete early morning care in the time available.

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References

- Investigative committee for skills training in basic nursing education (2003) : *Report of the investigative committee for skills training in basic nursing education*. Ministry of Health, Labour and Welfare, <http://www.mhlw.go.jp/shingi/2003/03/s0317-4.html> (2015/ 8 /31).
- Kawashima M (1997) : Changes in “medical treatment-related care” ; Not just early morning care. *Japan Journal of Nursing Science*, 61 (7) : 686-689 (in Japanese).
- Matsuo N (1992) : Problems on the implementation of early morning care and evening care. *Japanese Journal of Nursing Science*, 17 (9) : 19-23 (in Japanese).
- Nakata M (2014) : A study of the prevention of postoperative delirium in elderly orthopedic inpatients ; Current state and issues in delirium nursing in Japan. *Bulletin of Hokkaido Bunkyo University*, 38 : 1-9 (in Japanese).
- Nogami S, Kawashima M (1990) : Effects of morning care on patient sleep-wake rhythm. *Japan Journal of Nursing Science*, 10 (3) : 84-85 (in Japanese).
- Nursing Technical Term Review Board of the Japan Acad-

- emy of Nursing Science (2005) : *Verbally Expressing and Creating a System of Terminology for Nursing Practice Categories and Nursing Practices*. 107, Japanese Nursing Association Publishing Company, Tokyo (in Japanese).
- Oda T (2009) : *Basics of Social Research*. 168-171, Pleades Publishing House, Nagano. (in Japanese)
- Ohashi K (2008) : A conceptual structure of the early morning life for bed rest inpatients. *Journal of St. Luke's Society for Nursing Research*, 12 (1) : 9-17 (in Japanese).
- Ohashi K (2010) : *Development of early morning care to promote the natural recovery of daily rhythms in postoperative patients : the effects on orthopedic ambulatory assistance*. Doctoral dissertation, St. Luke's College of Nursing, Tokyo (in Japanese).
- Ohashi K (2012) : Concept analysis of early morning care. *Japanese Journal of Nursing Art and Science*, 11 (2) : 18-27 (in Japanese).
- Ohashi K (2014) : Effects of early morning care, named "Comfort upon Rising" care, on postoperative orthopedic ambulation and morning activity. *Japan Journal of Nursing Science*, 11 : 268-280.
- Potter P, Perry A (2009) : *Fundamentals of Nursing* (7th ed.). 867, Mosby, Canada.
- Tokuda K (1993) : The influence of nurses' awareness and workload on early morning care. *Japanese Nursing Association 4th Compilation of Nursing Management* : 95-98 (in Japanese).
- Uchizono K (1992) : *Dictionary of Nursing Science* (5th ed.). 2102, Medical Friend, Co., Ltd, Tokyo (in Japanese).
- Ushigome M (1982) : Practice and problems of basic care : From early morning care to evening care. *Japanese Journal of Nursing Science*, 7 (2) : 26-44 (in Japanese).
- Yamamoto T (2006) : Effects of intensive morning care on elderly people's daily living. *Journal of Japanese Society of Nursing Research*, 29 (1) : 107-117 (in Japanese).

日本の整形外科病棟におけるモーニングケアの実態に関する全国調査

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目的：日本の整形外科病棟で行われているモーニングケアの実態を把握し、臨床における課題を検討する。

方法：2012年11月～2013年3月、全国の病院リストから無作為抽出した整形外科病棟の看護師を対象に、無記名の自記入式質問紙調査を実施した。質問項目は計33項目、質問内容は病棟のモーニングケアの実情、看護師のモーニングケアに関する認識と実践、属性についてである。

結果：質問紙は263病棟から1321部が回収された。病棟でモーニングケアを行っているという回答は、93.3%であった。実施のタイミングは、起床後57.6%、朝食後47.2%、朝食前45.6%であった。慢性期患者への主なケア提供者は、受け持ち看護師または准看護師62.3%、受け持ち以外の看護師または准看護師41.3%、看護助手37.0%であった。主な使用物品は、歯磨き道具81.2%、コップ75.1%、おしぼり72.4%、ガーグルベースン71.5%であった。主なケア目的は、清潔93.2%、生活リズムの調整75.6%であり、主なケア内容は、顔や手を拭く90.0%、歯磨き87.4%、挨拶76.2%、採光73.9%、朝食の準備73.4%であった。また、モーニングケアを教わった時期は、就職後53.1%、学生時代の講義42.5%、学生時代の実習36.5%、学生時代の演習31.7%であった。時間内に実施できない場合の要因として、同意する割合が高かったものは患者側と看護体制であった。

結論：整形外科病棟におけるモーニングケアは主に看護師によって朝に実施されているが、ケア内容は洗面、歯磨き、採光、朝食の準備などの一部に限られ、なかには朝食後に行うケアと認識している看護師もいる実態が明らかになった。今後はモーニングケアの目的・内容・方法を的確に理解できるような教育方法と、時間内で実施するための早朝の看護体制のあり方を検討する必要がある。

キーワード：モーニングケア、全国調査、看護技術、看護教育