Providing “Anraku Care” by Proficient Japanese Nurses in General Wards

研究報告

Providing “Anraku Care” by Proficient Japanese Nurses in General Wards

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英文抄録

Purpose：This study describes anraku (“comfort” or “ease”) care by which proficient Japanese nurses in general wards provide. The anraku care is poorly understood practice in nursing.

Methods：A qualitative descriptive method was used to examine data from a sample of nurses who intentionally practiced anraku care, had clinical experience of≧7 years, and worked in general wards.

Findings：Semi structured interviews were conducted with 42 nurses, with mean clinical experience of 12 years (range, 7–27 years). The results showed three types of anraku care：removing or alleviating a patient's distress, preventing distress without being noticed by the patient, and positively making patients comfortableness. Each type of care was triggered by different circumstances, such as providing support in response to a patient's expression of pain, estimating pain based on a nurse's knowledge and experience, and helping a patient feel comfortable. Nursing care procedures aimed at anraku involved planning how to eliminate or alleviate a patient's pain to place them in a comfortable state, which helped patients perform activities of daily living with ease. Anraku care led to extend their interest to the next stages of recovery and the relief of the family. Nurses also provided anraku care to the patient's family members by placing the patient in a comfortable state, even without pain, or successfully alleviating the patient's pain.

Conclusions：The results provide a specific description of the process of anraku care in nursing, which had been considered abstract and vague. The findings of this study contribute to the teaching of anraku care in basic nursing education；facilitate the understanding of anraku care, particularly for beginner-level nursing students；and promote the practice of anraku care in clinical settings.

Key words：anraku, proficient nurse, comfort, grounded theoretical approach, process

In Japan, anraku is an important aspect of nursing education and practice. Professor Tokiko Yoshida translated the English word “comfort” as anraku in the 1940 s (Sakyo, 2012). Henceforth, anraku and anzen (safety) became essential nursing concepts in Japan. The word comfort is present in the vocabulary of nursing professionals, using routinely expressions (da Fonseca Moura et al., 2016). In the USA, providing comfort has historically been a significant concept in nursing (Jia-Ling et al., 2012). Thereover, Kolcaba's Comfort Theory (Kolcaba, 1994) was developed and implemented in clinical settings (Konietzny et al., 2017；Washington et al., 2021).

Despite, in Japan, anraku being an important aspect of nursing since the 1940 s, some nurses, particularly those just starting in the profession, believe anraku means only adjusting a patient's position in bed. Many individuals who are not working as nurses think that the term anraku is related to Japanese word anrakushi (euthanasia, i.e.,“comfortable death”). Although the term anraku is rarely heard in everyday conversation nowadays, in the world of nursing in Japan, it is quite prevalent and constitutes an important technical term. According to the Steering Committee for Scientific Nursing Terminology of the Japan Academy of Nursing Science (JANS) (2019), anraku is defined as “Anraku a fundamental need of human beings and principle of nursing, is an important element for safety and independence.

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Although anraku is defined as an essential condition in the provision of nursing care and intimately associated with the specialized nature of nursing, it remains somewhat ambiguous.

Most studies of this practice have focused on methods related to specific nursing skills, and few have addressed concepts and structures, with the term being used mainly in an abstract fashion in different contexts. Therefore, this study provides a concrete description of the process of anraku nursing practiced by proficient nurses in general wards. It elucidates a structure that may make the concept of anraku more easily understandable for nursing students beginning their career.

Ⅰ. Purpose

This study describes and clarifies the structure of the process by which proficient Japanese nurses in general wards provide anraku (“comfort” or “ease”) care, a poorly understood practice in nursing.

Ⅱ. Methods

A qualitative descriptive method was used to examine data from a sample of nurses who intentionally practiced anraku care. Semi-structured interviews were conducted with proficient nurses.

1. Participants

The participants were nurses who were considered to be at the proficient stage. According to Benner (1984), who applied a five-grade Dreyfus model of skills acquisition to nursing, stage 3 is competent and stage 4 is proficient. A proficient level of ability is normally observed in nurses who have been caring for patients in the same nursing section for 3–5 years. The present participants were nurses in general wards and met the following criteria : a) they have practiced anraku nursing care for patients ; b) they were at the proficient stage, having clinical experience of at least 7 years ; and c) they have worked in surgical and medical general adult wards.

2. Ethical Considerations

The Research Ethics Committee of St. Luke’s International University approved this study research (No. 10-076). Written informed consent was obtained from all the participants before participation. Participants were recruited from either a hospital nursing department or via network sampling. Study documents were distributed to the nurses to obtain their consent for an interview and explain that they could withdraw from the research at any time. Those who wished to participate contacted the researcher directly. Interviews took place in a private quiet room, which the subjects requested.

3. Interview Methods

Data were gathered between September 2001 and April 2011. Interviews were conducted in accordance with an interview guide from the participant’s institution concerning anraku care in nursing. The researcher enquired,“How do you practice anraku care? Please describe this in detail. How do you confirm whether a patient is anraku?” During the interview, the researcher listened to the participant’s narration attentively and ensured that they could talk freely. The interviews were recorded with the permission of the nurses who consented to the interview.

Ⅲ. Data Analysis

Data analysis was performed, including data from nurses with experience of being patients themselves. Verbatim transcriptions of audio data obtained from interviews were read carefully, and sections describing anraku care provided by participants were extracted and coded. During the coding process, statements by the participants (in vivo codes) were identified and given the practical code “to do…in order to achieve…” to express the process of providing anraku care in nursing. The coded data were categorized with a focus on similarities and affinities. The contents of the subcategories were investigated to produce categories. A grounded theoretical approach (Strausse et al., 1998) was used to elucidate, category contents and factors influencing each category were analyzed by continuous comparison of the new data.

To clarify the process of anraku care, each category practiced by a nurse was analyzed in accordance with the process (the condition of the patient who became the cause anraku care practice, the antecedent situation where anraku care was practiced, to provide anraku care, the primary outcome of the patient after anraku care practice, and the secondary outcome). Every category was shown as a process and was then unified into one figure. Data analysis was conducted under the guidance of a specialist in the qualitative content analysis method, and was supervised by a researcher in the field of basic nursing studies to ensure the credibility

and transparency of the analysis method.

Ⅳ. Results

1. Overview of Subjects

The analysis included data from 42 subjects, with an average of 12.0 years (7–27 years) of clinical experience. In terms of age groupings, 6 (14.3%) were aged 25–29 years ; 16 (38.1%) 30–34 years ; 10 (23.8%) 35–39 years ; 8 (19.0%) 40–44 years ; and 2 (4.8%) 45–49 years. For nursing educational background, 28 (66.7%) had attended vocational school, 5 (11.9%) junior college, 8 (19.0%) university, and 1 (2.4) other. Interview time averaged 43 minutes (range, 20–76 minutes). I have no conflicts of interest to disclose.

2. Types of anraku care practiced by proficient nurses on general wards

The process of continuous comparative analysis, disclosed that anraku care practiced by proficient nurses on general wards could be categorized into three categories (types of anraku care) : "removing or alleviating present distress," "preventing distress without being noticed by a patient," and "positively making patients comfortableness." There are several subcategories. Places where nurses talked about matters in italics, code in bold italics.

1) Removing or alleviating present distress

This type of care included five subcategories : In this context,"distress" (kutsū) includes all unpleasant symptoms for the patient, including physical discomfort, pain, and suffering.

(1) Alleviating respiratory discomfort

Nurses noticed patients exhibiting severe dyspnea, and responded to alleviate such respiratory discomfort.

a) Control symptoms to alleviate respiratory discomfort

There was one terminal patient who was experiencing respiratory discomfort, and when that symptom was controlled, the patient seemed to be more comfortable. Practically, that meant administering oxygen as needed. Medication was used as well. Morphine relieves the symptom of dyspnea and has the added benefit of sedation. Controlling symptoms by using a medication like Depas [etizolam] helps to relieve anxiety (ID #AU002).

(2) Alleviating or removing pain

Prompted by patients' reporting pain or exhibiting distress in ways such as painful facial expressions and difficulty in moving, nurses practiced anraku care to alleviate or remove this pain. Patients' pain was classified as postoperative pain, terminal cancer pain, or other pain, and nurses provided nursing in a variety of ways to alleviate and remove each type of pain.

a) Use pain medication to relieve postoperative pain

In orthopedic surgery, if a patient has a fracture, there is pain when the fracture occurs, pain from the injury, as well as postoperative pain from the wound. … If that sort of pain continues, of course patients repeatedly complain, they keep pressing the button for the nurse and asking if something can't be done about it. They say this painkiller isn't working. Isn't there another one you can use? Patients ask you for relief. Of course, you have to start by doing something to relieve the patient's subjective pain. I say this (pain medication) is what the doctor has prescribed and this is what I've been told to do to ease the pain. Relating to the patient that the pain can be at least somewhat controlled, and I think that brings anraku (ID #L004).

b) Relieve pain because the patient is incapable of accomplishing activities of daily living(use analgesics)

The first thing most of them (terminal cancer patients) want is for the pain to go away. Many people are no longer able to engage in ADLs(activities of daily living) they way they used to and this is hard on patients, so the first thing to do is to relieve their pain (ID #C106).

c) Creating a relaxing environment after painful treatment

It (anraku care for dermatology patients) consists of pain medication before treatment. After treatment, I create an environment in which they can relax for a little while in the knowledge that it's over. Because they (pain medications) have been used before treatment, they (medications to relieve pain due to treatment) can't be used immediately. If patients told to me "I would like to rest for a little while", I help him relax (ID #D091).

(3) Adjusting body position to remove or alleviate distress

Nurses attempted to remove or alleviate the various types of distress expressed by patients by adjusting their body position. The patient's body position in the practice of anraku care was specifically described, and was treated as an independent category.

a) Put patients in a position to relieve labored breathing

One way was to put them (terminal cancer patients) in a comfortable position was to position them so that

breathing isn't labored（ID #K097）.

（4）Relieving discomfort

In their everyday interactions with patients, nurses worked to relieve the unpleasantness of the various forms of discomfort. Discomfort comprised symptoms such as irritation from clothing, muscular pain, lassitude of the legs, and nausea. Although these problems are not as severe for as respiratory discomfort or pain, they are nevertheless uncomfortable physical symptoms.

a）Give footbaths to relieve lassitude of the legs

A patient with heart failure and pronounced edema of both legs complained of severe lassitude in her legs, and they also felt very cold, so I gave her a foot bath. Giving the foot bath relieved the cold sensation and left her feeling very refreshed. She said,"That feels so much better."（ID #G001）.

（5）Alleviating or removing psychological burdens

Nurses handled the psychological burden expressed by patients during their everyday contact with them. They extended nursing care to alleviate or remove such burdens from patients feeling obvious psychological burdens or distress. The anraku care practiced by nurses extended not only to patients themselves but also to their families. If a patient's distress is caused by their family, the family becomes the object of the nurse's practice.

a）Explain what is going to happen to relieve anxiety before surgery

The nurse should try to understand the great anxiety experienced by patients who are about to undergo surgery, for example. They can be more comfortable if you relieve their anxiety by letting them know a little about how things are going to proceed from now on（ID #AS001）.

b）Take over for family members watching at patients' bedsides（encourage them to rest）to make things easier for patients

For families to have anraku, it's important for them to sleep and get some rest. …I would use my own break times to take over for them, saying "I'm here, so go ahead"（to encourage family members to take a break）. …patients are worried about this（that their family members aren't taking breaks）, and that can also be hard on patient（ID #K101）.

2）Preventing distress without being noticed by a patient

This aspect of anraku care involves nurses discerning and predicting distress that might arise for patients, and acting unobtrusively to prevent such distress before it could occur. Preparatory practice before distress arises is comprised of four subcategories Nurses worked to prevent any distress that was not being exhibited by patients by actively assessing patients' distress that was not yet overt.

（1）Preventing potential distress as much as possible

Nurses predicted distress that might arise for patients, and engaged in a range of practices to prevent this. There were several types of distress.

a）Clearing phlegm to avoid respiratory discomfort

Make sure that phlegm isn't building up（in patients with level Ⅲ-300 consciousness supported by ventilators）. …Use suction when necessary to make sure phlegm isn't building up. Phlegm can be hard and difficult to suction out, so making sure inhalation is properly performed, or trying body position drainage for a little while. The patient may have not felt much respiratory discomfort because he was on a ventilator, and though he probably wasn't all that aware of it, if there was a lot of phlegm that must have been a bit distressing（ID #C061）.

b）Preventive treatment to prevent occurrence of pain

If pain can be prevented or predicted in advance, I use preventive treatment to alleviate the pain. I think it involves ways of making sure pain doesn't arise, if there's any way of doing that（ID #AP036）.

c）Putting limbs into positions that are not physiologically painful

It（anraku care）means positioning the patient's body so that the patient isn't in distress, and without physiological pain. That's the image I work with. I learned that positioning the limbs would do that（ID #F006）.

d）Get suction over with quickly so as not to cause too much distress

In terminal patients in their 40 s（unconscious breast cancer patients）, I don't put a huge amount of effort into performing suction, just gently removing what's actually in their mouths, so as to get it over with quickly and not cause too much distress（ID #M001）.

e）Restrain patients so they are as comfortable as possible

Restraints may be used preventively, and it's important to maintain a comfortable posture during that time. If the head of the patient's bed is up, their hands will get cramped, and it helps to put a pillow underneath. Even in situations where restraint is necessary, we have to think of more comfortable methods（ID #R021）.

（2）Preventing predictable psychological distress

Nurses envisaged that patients admitted to hospital would experience psychological distress due to factors

such as the constraints of life in hospital and stress, and provided nursing care to prevent this. They talked to unconscious patients in an effort to provide psychological anraku and to prevent emotional stress.

a) Listen to patients so they do not feel stressed

Listening to patients and providing follow up to their concerns, assists them to stay in the hospital without problems and to decreases stress that could occur in many situations (ID #AE016).

(3) Including families in care

In situations in which patients had no verbal messages for their families, or it was difficult for them to understand patient's situations on the basis of only information from the patient, nurses also included families in care, preventing intangible distress to patients and providing them with anraku care.

a) Care for patients together with families because patients are unresponsive

Patients are mostly under anesthesia or sedated, so it's difficult to obtain a response from them. …In that sort of situation, of course it's the families. …Nurses, giving care, with an eye to the families. I sometimes do things together with family members, like giving bed baths, or foot baths. They (patients' families) may be too scared even to wipe their hands, if there are devices attached (ID #F052).

(4) Unobtrusively expanding activities of daily living

Nurses unobtrusively encouraged patients' activities and as a result expanded their activities of daily living, which was the next stage of their recovery. They intentionally and unobtrusively performed anraku care in such a way that patients did not feel distress from the psychological burden of being "obliged to expand activities of daily living," which is a task for patients in hospital wards(in preparation for discharge from hospital).

a) Make the bed to encourage getting up

When patients want to rest, if you say to them as a trade-off,"Can you get off the bed so I can change your sheets?"that encourages a change(from wanting to rest in bed to trying to move). You have to do things like that (ID #B030).

b) Use patient's wants to encourage them to walk

Another thing, well, for example, if someone is thirsty and wants to have a drink (laughs), then, I tell them if you want a drink then why not take a little walk to the canteen, things like that (ID #A052).

3) Positively making patients comfortableness

In this type of care, rather than practicing nursing to alleviate overt or potential distress, nurses' first thoughts were to make patients feel good. It also helped reassure patients' families when patients were feeling good. This type of care included four subcategories.

(1) Making patients feel good

Nurses provided anraku care to make patients feel good. Their aim was for patients to display a relaxed facial expression or say,"Ah, that feels good!"

a) Cleaning and warming the patient's body to produce a peaceful facial expression

Even in patients like this (with impaired consciousness), if you do things like keeping their body clean and warm their facial expression gradually becomes a bit more peaceful (ID #K119).

(2) Caring for families by keeping patients clean and tidy

Nurses kept patients clean and feeling good not only to make patients themselves feel good, but also to care for their families by reassuring family members.

a) Keep patients clean and tidy to relieve their families' feelings

Doing this (keeping patients clean and tidy) relieves the feelings of family members who come to visit by reassuring them that patients are being kept clean and tidy (ID #D027).

(3) Creating an easy everyday living environment by making patients feel good

Making patients feel good also helped create an environment in which everyday living was easier for patients. Nurses indicated aspects of their practice in which they intentionally acted to make patients to feel better in everyday life.

a) Keep the patients and areas around their beds clean and tidy to make them feel good

Because they (unconscious patients) can no longer do anything for themselves. …I start by cleaning up around them. I always wash their faces to keep them clean. Change their clothes, that sort of thing. I always change their nightclothes if they're dirty. Above all, I did my best to keep the things around their bed clean and tidy (by arranging the bedclothes tidily, and not leave trash lying around). …I thought it would make them feel better, even if they were unconscious. …The patients themselves and the areas around their beds were cleaned to create a clean environment (ID #D022).

(4) Leading on to the next stage by making patients feel good

Nurses tried to encourage patients to take the next step by making them feel good,"Ah, that feels good." They intentionally tried to put patients in a condition in which they felt good, to enable them to move on to the

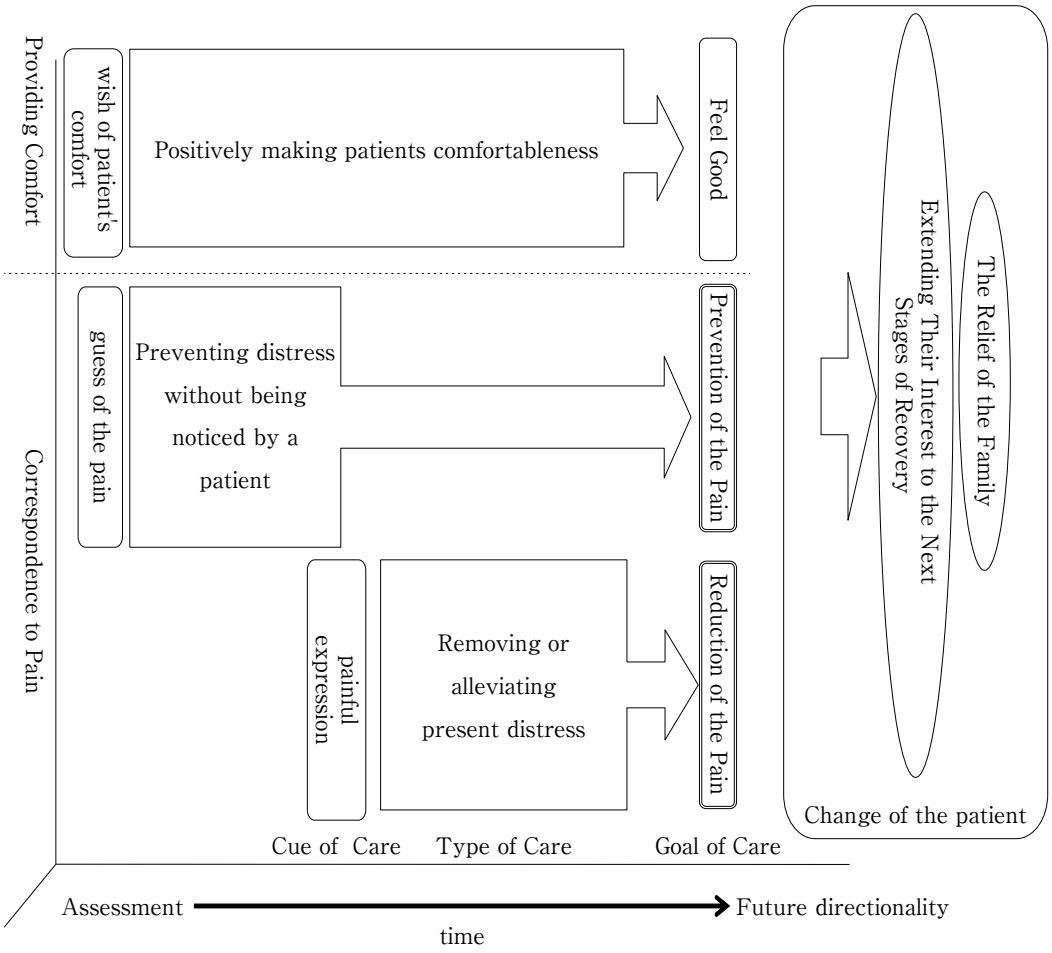

Figure 1　Process of anraku care nursing provided by proficient nurses on general wards

next stage of the recovery process.

a) Use massage to help patients feel good so they will accept nurses' explanations more willingly

Maybe they had something done that was painful, …I think if [a patient feels that] a nurse is only doing painful things to them, whatever that nurse says to them next, they're unlikely to want to comply. I know I wouldn't. If you explain things to them when they're feeling good, while you're giving them a massage or something else like that, they are more willing to accept information (ID #K041).

3. Process of anraku care nursing practiced by proficient nurses on general wards

Proficient nurses working on general wards recognized three types of anraku care: "removing or alleviating present distress," "preventing distress without being noticed by a patient," and "positively making patients comfortableness." To clarify anraku care in detail, I showed the process of each type of anraku care and unify the three processes into one figure (Figure 1).

Nurses provided each of these types of care in response to prompts and with particular objectives. By providing these various types of care according to the situation and fulfilling their objectives, a process leading to changes in patients was structured whereby patients' families were reassured, patient's pain was eased, distress was prevented, and patients started feeling good and wanting to do things or take action, thus beginning to move on to the next stage.

"Removing or alleviating present distress" and "preventing distress without being noticed by a patient" are involved in dealing with distress ; whereas "Positively making patients comfortableness" can be described as providing comfort. Nurses focused on two points : enabling patients to spend time without distress (Correspondence to pain), and to feel good (Providing comfort). Their expectation was that if these goals could be achieved, patients' families would be reassured that patients did not seem to be in pain and appeared to feel good. Patients would be liberated from entrenchment in pain and feel good and this would enable them to extend their interest to the next stages of eating and

getting out of bed.

"Removing or alleviating present distress" was prompted by patients' spoken complaints, painful facial expressions, or expressions of distress such as restlessness. The objective of nurses was to remove the patient's immediate distress, or at least alleviate it. The goal of "preventing distress without being noticed by a patient" was to discern and predict distress that might arise in the future(guess of the pain), and to prevent or minimize such distress, in ways that enabled this to happen before patients became aware of it."Positively making patients comfortableness" was unrelated to overt or latent distress, nor was it concerned only with the patient's wishes. It was prompted by nurses' wish for patients to feel good and the objective was to give patients a good feeling. Anraku care led to extend their interest to the next stages of recovery and the relief of the family. Nurses also provided anraku care to the patient's family members by placing the patient in a comfortable state.

Ⅴ. Discussion

1. Process of anraku care practiced by proficient nurses on general wards

In this study, we interviewed 42 general ward proficient nurses. The results showed three types of anraku care, which included "removed or alleviated present distress," "prevented distress without being noticed by the patient," and "positively made patients comfortableness." In addition, the process of anraku care was shown. In this study, two types of anraku care,"prevented distress without being noticed by the patient" and "positively made patients comfortableness" were novel findings.

Anraku was first described in a Japanese nursing textbook in 1954. In the textbook, anraku was defined as "being pain free both physically and mentally." The same description was confirmed in a published nursing textbook, as "Anraku was being free from physical, mental anguish, and an uneasy state," (Yamasaki, 2004) and "Anraku is a state which does not have pain and mental or physical anxieties." (Aso et al., 2019). Additionally, in this study,"removed or alleviated present distress" included mental anguish was overlapped with 65 years of textbook description, that is "Anraku was being pain free both physically and mentally."

Conversely, in our findings, the nurses also practiced anraku care to prevent distress without being noticed by the patient. The preventive practice by the nurse for the patient's future has previously not been mentioned in existing textbook.

Although there was no direct expression of pain from the patient, the practice of"positively made the patients comfortableness" was followed by the nurses due to wanting the patient to feel comfortable. There is no element of offer of such positive comfortableness in the definition of "being pain and the satisfied uneasy state which are not also physically and mentally" in nursing textbook.

Hence, this can be realized as a practice by proficient nurses positive and more active than description of textbooks. The proficient nurses of the general ward practiced leading a patient to the state where they were in a satisfied state, without pain and uneasiness, and were comfortable as an anraku care. The results show that the practice of a Japanese nurse's anraku care is expansive and exceeding the range of description in textbooks.

The data for this study were collected through interviews of Japanese nurses eligible for the analysis for the period 2001–2011. This study found that proficient general ward nurses practice anraku care. However, it is unclear whether the data collection period had a significant impact on the study results. During this period, in the textbooks, there has been no changes to definition of anraku. Therefore, I consider that the influence of the study period on the result is small.

2. Characteristics of Anraku Care by Proficient Nurses

According to a Japanese dictionary, the meaning of anraku is neither having pain of mind or body nor difficulties of life, it is being in a comfortable state. According to an English–Japanese dictionary (Konishi, 2001), the English word "comfort" is equivalent to the Japanese word anraku. In the 1940 s, anraku was a term used in daily life in Japan. Although Japanese individuals seldom use anraku today, the word anraku is still important in nursing in Japan, and many nurses often use the term. Therefore, anraku appears to have retained its original meaning in the Japanese nursing field for the past 80 years. Moreover, anraku encompasses multiple concepts. It comprises the essentials of nursing in terms of principles and goals and it is an adjective that describes a patient's state of comfort or circumstances achieved by specific nursing practices. Therefore, there are limitations to anraku as a concept, but in the current study, it has been shown as a clinical phenomenon and its practical contents have been described.

The present findings show similar practices used by proficient nurses and nurses observed by Benner. According to Benner (1999a), proficient nurses demonstrate the ability to "grasp the situation as a whole, rather than from the viewpoint of a single aspect…the key word is perception. They understand the situation as a whole because they perceive the significance of the situation in light of long-term goals". Hou et al.(2014) surveyed nurses' knowledge and attitudes regarding anraku care care for hospitalized patients. Total 311 registered nurses participated in the study. There was a large difference found in knowledge of anraku care between nurses from different departments. The authors suggested that continuing education programs are required to improve knowledge and skills in anraku care. Therefore, the development of the method for conducting anraku care is necessary.

3. Adaptation to Nursing Education

The concept of comfort has different meanings depending on the moments and experienced (da Fonseca Moura et al., 2016), and it is diverse and difficult for the inexperienced to understand. Likewise, regarding anraku nursing care in Japan in the context of basic nursing education, the results of the present study may make it easier for beginner Japanese nursing students to understand anraku nursing care, and thereby promote the provision of anraku nursing care for patients. Owing to the abstract nature of anraku's concept, it is necessary to express its contents concretely. Therefore, this study aimed to clearly show the anraku element. Based on the present results, it is possible to understand how anraku should be taught to beginner nursing students.

In this study, I provided a practical description of the process of anraku nursing by proficient nurses working in general wards. Practical descriptions are helpful in understanding nursing phenomena. This may make it easier for first-year nursing students to understand how the important yet abstract, ambiguous, and unfamiliar concept of anraku is put into practice in this kind of nursing. The depiction of anraku care as a structural diagram may also encourage the practice of anraku care in a way that is not limited to helping patients achieve comfortable body positions. Further study is required to verify the effectiveness of incorporating the process of anraku care used by proficient nurses in general wards into basic nursing education. Therefore, it may be important in basic nursing education to foster the ability of nurses to observe patients using their specialized knowledge and experience and make inferences about patients' conditions, in addition to basing decisions about care on direct messages received from patients. It is also necessary to teach practical strategies of anraku nursing care to beginner nursing students and determine what is required to train them to make inferences and actively practice nursing. As Benner (1999b) stated,"nurses must be aware that comfort is necessary, and this…is a cognitive activity that is affected by attentiveness, awareness, and being with patients".

By describing anraku care, the student nurse can analytically consider the type of nursing that best suits a patient's specific situation. Moreover, this present study will enable beginner nursing students to assess and understand a patient's condition by objectively using measurable indicators (Benner, 1999c) and practice nursing with constant awareness of anraku care, with the aim of improving the quality of nursing.

Undergraduate anraku nursing care educational programs that are developed based on these results should be seriously considered. The characteristics of anraku developed within the culture of Japan's nursing should be reflected in such an educational program.

Ⅵ. Limitations

Providing anraku care as part of nursing care may differ among nurses working in other areas apart from general wards. Here, the participants were skillful nurses, defined as having seven or more years of clinical experience. Clinical experience prescribed the level of nursing skill. Future studies should target nurses currently regarded as expert nurses, which would reflect higher-quality nursing practices. Moreover, the collection time of an interview of the nurse who is a candidate for analysis of this research is in 2001 to 2011.

Ⅶ. Conclusions

This study shows that nurses with abundant clinical experience practice provided anraku care. The three types of anraku care are as follows : removing or alleviating a patient's distress, preventing distress without being noticed by the patient, and positively making patients comfortableness. These results provide a specific description of the process of anraku care in nursing, which had been considered abstract and vague. Moreover, these will not only help nursing students

learn about anraku care in nursing but also promote anraku care among clinical nurses.

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抄　録

一般病棟熟練看護師の実践する安楽な看護

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目的：本研究の目的は，一般病棟熟練看護師が実践する安楽な看護を具体的に記述し，その構造を明らかにすることである．

方法：臨床経験７年以上の一般病棟勤務の看護師を対象とし，半構成的面接法にてデータ収集を行った．グラウンディッド・セオリーによる継続的比較分析法を用いて分析した．

結果：対象となった看護師42人の臨床経験は平均12.0（７～27）年であった．分析の結果，一般病棟の熟練看護師が実践する安楽な看護として，【今ある苦痛を除去・軽減する】【さりげなく苦痛を予防する】【積極的に気持ちよさを提供する】という３つの類型が明らかになった．それぞれには異なった契機，患者の苦痛の表情，患者の推測される苦痛，患者に気持ちよさを提供したいという看護師の思い，があった．安楽な看護によって，患者の痛みが緩和されたり，苦痛が予防されたり，患者が気持ちよさを感じることで，患者に回復への意欲がもたらされていた．そして，患者が安楽であることは，家族の安心につながっていた．

結論：本研究によって，これまで抽象的であいまいであるとされていた，安楽な看護を具体的に記述し構造をプロセスとして示すことができた．この結果を看護基礎教育における基盤とすることで，看護初学者の安楽な看護の理解が容易になることが推察され，また，臨床現場での患者への安楽な看護実践の促進に寄与することが期待される．

キーワード：安楽，熟練看護師，グラウンディッド・セオリーアプローチ，プロセス