

The gentleness of nurses working in a muscular dystrophy ward

Ayako Fujiwara,R.N.^{#1}, Hitomi Ishikawa,R.N.^{#1}, Naoko Yamazoe,R.N.^{#1}, Mayumi Watanabe,R.N.^{#1}, Yukiko Kimoto,R.N.^{#1}, Chiyo Makimoto,R.D.^{#2}

#1. Department of Nursing, Tokushima National Hospital, National Hospital Organization, 1354 Shikiji, Kamojima, Yoshinogawa, Tokushima 776-8585 Japan

#2. The nursing school of Higashi Tokushima Medical Center,1-1 Ooderazaomukaikita, Itano, Itano, Tokushima 779-0193 Japan

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Abstract

The component of "gentleness" in the nursing of expert nurses working in a muscular dystrophy ward was determined. The subjects were four nurses. Using an interview guide, the answers of the study nurses were recorded. The recorded information was coded and analyzed. The total number of cords was 130, and, as a core category, the following six items were obtained. 1) Feelings control and effort to build a relationship of mutual trust with patients. 2) Tangle, grope and patience in offering good nursing experienced by the patients. 3) Tolerance based on motherly love. 4) The sense of duty in the nurses towards the patients dying for death. 5) Developing gentleness to be required of a nurse. 6) An effort to understand the character in consideration of the special growth environment of muscular dystrophy patients.

Keywords: Component of gentleness, interview guide, core category

Introduction

Muscular dystrophy patients are adults, and most require hospitalization for life. The patients have decreased muscular strength, and require assistance in all aspects of everyday life. Furthermore, respiratory disorders gradually develop, and it is necessary for patients to wear respirators. Ogasa et al. describe the nursing of muscular dystrophy patients as follows. The fatigue of nurses is greater than that experienced when working at regular hospitals. The suit of the patients is very careful, and there is

the suit of the millimeters unit at a position of the hand, the position of the foot. The stress on nurses who must make fine adjustments until the patients understand is immeasurable [1]. The nurses cope in such situation in order to meet the needs of the patients. Nurses notice they sometimes cannot offer care with "gentleness", and may suffer from a dilemma. However, "gentleness" in nursing is left vague. In this study, gentleness in the nursing of expert nurses who worked in a muscular dystrophy ward was analyzed.

Materials and Methods

Correspondence to: Ayako Fujiwara, R.N., Tokushima National Hospital, National Hospital Organization. Department of Neurology Tokushima University, Tokushima, 770-8503, Japan. Tel 088-633-7207, Fax 088-633-7208

The subjects were four post of obtained women with agreement nursing for a study in five nurses in a ward of Tokushima National Hospital. The nurses had 25 years' or more general experience, and their experience on the muscular dystrophy ward duty was ten years or more. The average age was 51.6 (48-52). An interview guide for everyday muscular dystrophy nursing was made. Each study nurse had an interview (on one occasion and alone, lasting 30 minutes on average) following the interview guide. A word for word record was made from the recorded interview contents, and this information was coded. A subcategory, a category, and a core category were extracted from the coded data. Approval was obtained from the Tokushima National Hospital Ethical Review Board.

Results

A cord of number of the collection data 130 was extracted, and from these, 43 subcategories, 16 categories, 6 core categories were extracted. The six categories were:

- 1) Feelings control and effort to build a relationship of mutual trust with patients. Recognition that good human relations with the patients are important, and that being sensitive to the feelings of the patients led to affective control of the self.
- 2) Tangle, grope and patience in offering good nursing was experienced by the patients. The nurse gropes for what it is that there is for the patients. The nurse showed professionalism and patience in meeting the demand of the patients.
- 3) Tolerance based on motherly love. As the years of nursing experience increased, the nurses tended to think about the patients in the same way as if they were their own children.
- 4) A sense of duty as the nurse for the patients dying for death. The nurse tries to understand the suffering of patients approaching death.
- 5) Pursuit of the gentleness to be required to a nurse. Sympathy for the

patients was created by imagining oneself in the position of the patients.

6) An effort to understanding of the character in consideration of the special growth environment of the muscular dystrophy patients. Because the patients undergo medical treatment in the long term, the nurse understands that their social experience is poor. They were able to understand the unprepared behavior of the patients.

Discussion

Sato states the following. In a nurse, clinical on-site "intellect" has three patterns; 1) intellect that is closed, 2) intellect of interaction, and 3) intellect of relation [2]. The nurse uses the three "intellects" at the same time, and the "intellects" evolve. Necessary requirements include experience with pain. When the nurses met the muscular dystrophy patients for the first time in Tokushima National Hospital, the nurses felt embarrassment at the state of the patients. This is an example of when a nurse only uses "closed intellect". However, over many years, a nurse repeated the experience with the pain. "Intellect of interaction" and "the intellect of relation" were learned by doing so, and were used in practice. In other words, the gentleness of the expert nurses in the muscular dystrophy ward could be promoted by the development of "intellect".

References

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