The 17th International Family Nursing Conference: Promoting Family Strengths Globally in Challenging Times





Case Study to Focus on the Meaning of Care (CMC):

A new method to knowledge development in family nursing

Noriko Yamamoto-Mitani, PhD, RN, FAAN Yuki Mochizuki, PhD Maiko Noguchi-Watanabe, PhD, RN Junko Honda, PhD, RN

2025/6/19

What is JARFN?



- The Japanese Association for Research in Family Nursing (JARFN) numbers over 1,600 members, making it the world's largest organization related to family nursing.
- Founded in 1994, JARFN is the leading academic society in Japan dedicated to advancing research, practice, and education in family nursing.
- JARFN's mission is to improve the well-being of families through the development and dissemination of family nursing knowledge.

Our Role: The International Exchange Committee

- We serve as a bridge between JARFN and global family nursing communities.
- Key responsibilities include:
 - Coordinating JARFN's participation in IFNA Conferences
 - > Supporting collaborative research and joint sessions
 - Translating and promoting Japanese family nursing research abroad
 - ➤ Hosting international guests and promoting bilateral exchange
- Our goal: to amplify Japanese perspectives in the global discourse on family nursing.

Overview of Our Small Group Activities

- The role of the International Exchange Committee is to:
 - ➤ Support international networking among JARFN members
 - Facilitate global dissemination of Japanese nursing practice and research
- The purpose of the small group is to share and promote Japanese nursing practices, researches internationally.
- These groups have collaborated with the Australia New Zealand Chapter of IFNA, including the co-hosting of online seminars.
- At IFNC17, **two posters** developed through these small group collaborations are presenting on-site.

Diverse Membership and Research with the CMC Method

- Our small groups are composed of a diverse range of members, including: Clinical nurses, researchers, early-career and experienced professionals.
- Several groups are engaged in research using the Case Study to Focus on the Meaning of Care (CMC) method, developed by Dr. Noriko Yamamoto-Mitani.
- This approach supports nurses in reflecting on and verbalizing their family nursing practices rooted in Japanese cultural contexts.

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Agenda

- 1. The outline of CMC (Noriko)
- 2. Let's experience the process of CMC analysis
 - ① Understand the contents (Maiko)
 - ② Experience the dialogue (Yuki, Maiko, Junko)
 - ③ Craft catchphrases (Noriko)
- 3. Q and A (all)

Making good practice visible & sharable is difficult

- Nursing is an <u>interpersonal care practice</u>.
- (1) Strongly influenced by diverse patient and nurse contextual details.
- (2) One nursing act serves diverse purposes.
- (3) Accumulate diverse care acts for a single objective.
- (4) Live performance with a focus on interaction with living people.
- (5) Caring, active interest and goodwill

The outcomes sought are multidimensional and integrated.

Practical Knowledge 'Phronesis'

- One of the five that Aristotle identified as the intellectual part of man (the soul's propensity to grasp the truth) ('The Nicomachean Ethics', p.44).
 - Technee: technique for suctioning phlegm without damaging the airway mucosa.
 - Episteme (academic knowledge): knowledge of effective antimicrobials against the causative organisms.
 - Phronesis (practical knowledge): knowing and carrying out what is considered best for the patient in front of you, even when it is difficult to predict the future.
 - Sophia (Wisdom).
 - Nous (intelligence).
- Experts' intuition: 'A direct concern or reaction that <u>is not based on reason</u> and does not rely on calculative logic' (Benner, Tanner, Chesla, 2015, p.287).
- We can know more than we can put into words (Polanyi, 2003, p.18).

A New Research Method is Necessary

- Frustrations that quantitative studies cannot express essential points in practice
- Nuances that disappear when multiple cases are integrated
- Blant case descriptions never make essential points for good practice clear



- Directly get to the point to make good practice possible
- Can be read in 15 minutes
- Meet the requirement of academic inquiry



"Case Study to Focus on the Meaning of Care (CMC)"

Case study to Focus on the Meaning of Care (CMC): **Structure**

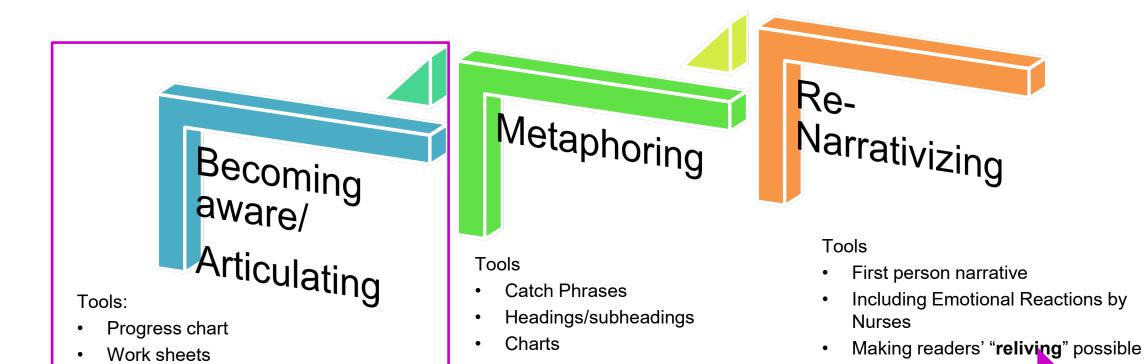
- Headings (Metaphor): express the <u>essence</u> of care and enables <u>intuitive</u> understanding
- Table: Structuring the development of care
- Narrative: First-person account by the practitioner to allow the reader to relive the episode with the author



- "Headings" + "Table" + "Narrative" to inspire readers
 Readers are "shaken" in light of one's own experience
- Instantaneous change in view of the world, patients and care
- Evolution of Nursing Practice

Questions?

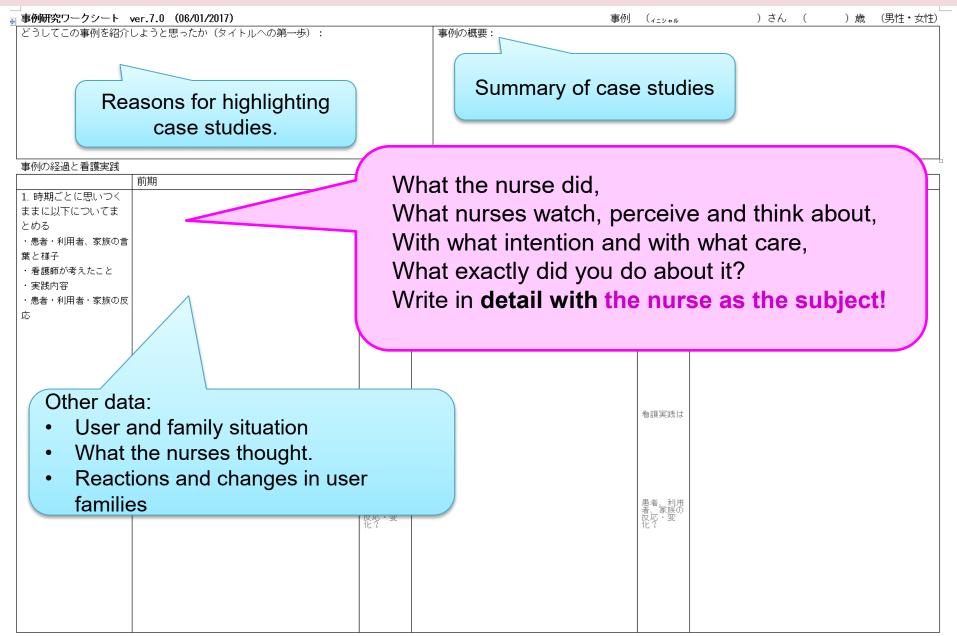
Steps and tools of CMC



Dialog, Questions

Making Nursing Practice Visible and Sharable

Becoming aware/articulating: worksheet



Narrating, being asked questions, dialoguing

Giving words to one's experience in the realm of "Premordial silence (Merleau-Ponty)"

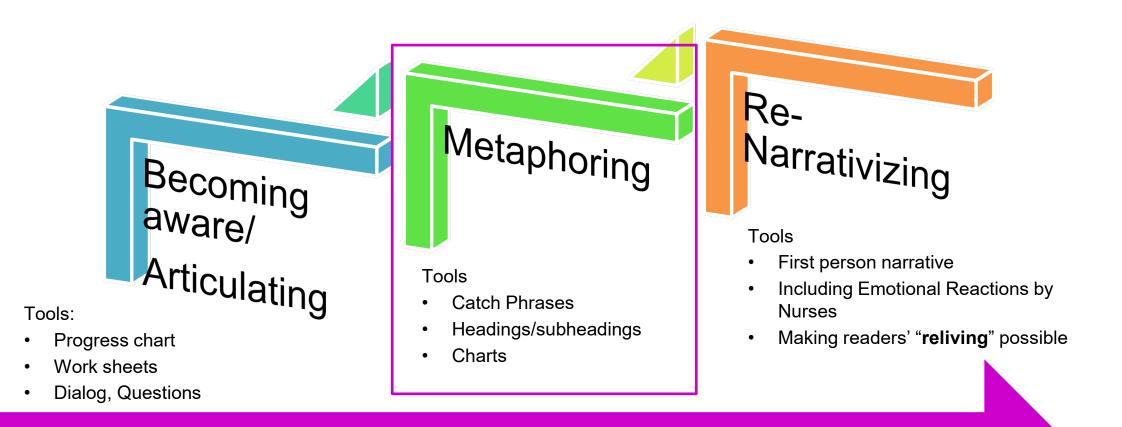
Promoting awareness and articulation in the course of narrating and questioned narrating

- Why did you want to study this case?
- What good things are being done in this case?
- What were the nursing practices that caused this to happen?
- Other questions
 Why did you do it?
 What is the intention of that practice?
 What exactly did you do and how did you do it?
 How can you do it so well?'



Questions?

Steps and tools of CMC



Making Nursing Practice Visible and Sharable

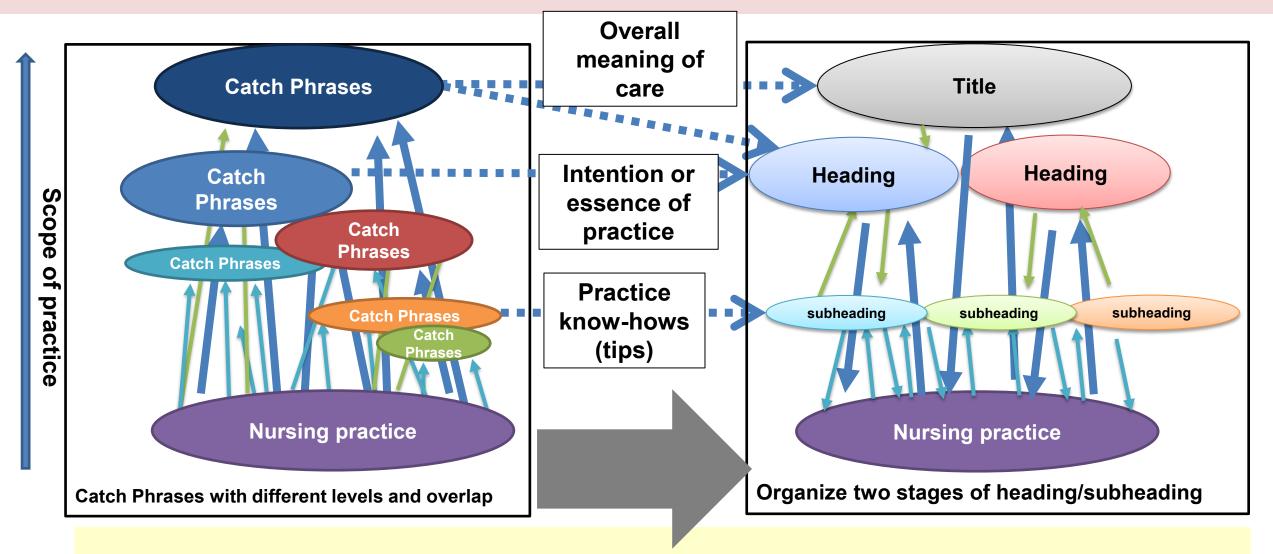
Crafting catchphrases (metaphorising)

In dialoguing,

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"You look as if you are doing 'synchronized swimming', don't you?" "Oh, you are 'sniffing out' the change of words so carefully!"
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- Words that succinctly describe the 'meaning', 'gimmicks' (essence, 'selling point')
 and 'tips', 'tricks' of nursing practice = catchphrase
- Don't use the same kind of language (as in textbooks) that you have been using.
 Find new words created through the dialogue
- Try adding words freely and imaginatively as a starting point for metaphorisation

Tidying up from catch phrases to headings/subheadings



(1) Free metaphoring

(2) Tidying up into "meaning" and "practice know-hows (tips)" 19

Summarize care process into a table

Nursing practice categories		Early stages	Middle stages	Late stages
Heading	subheading	List of concrete practices		
Heading	subheading		List of concrete practices	
	subheading	List of concrete practices	List of concrete practices	
Heading	subheading		List of concrete practices	List of concrete practices
	subheading	© 202	List of concrete practices	List of concrete practices

Dialoguing, Narrating, Metaphoring

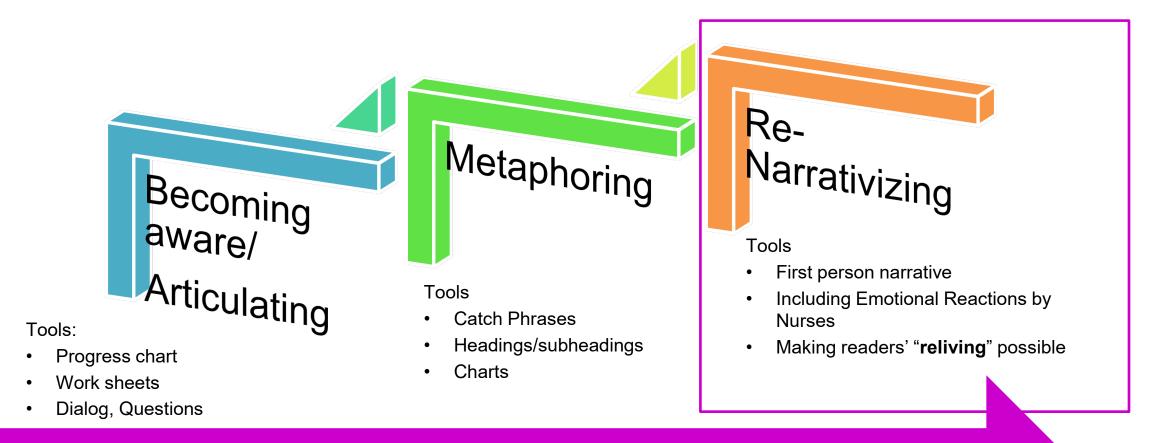
- "Speaking word" (Merleau-Ponty):
 - a creative linguistic activity that completes the thought and establishes meaning first
 - Words in which semantic thought is found in its emergent state
 - ⇔ "Spoken word"

"Unless we go back to its origins, unless we find again the primordial silence beneath the murmur of words, unless we describe the first act of breaking this silence, our view of man will remain forever cynical. (Merleau-Ponty)"

Creative Speech

Questions?

Steps and tools of CMC



Making Nursing Practice Visible and Sharable

Detailed description of the scene to convey the atmosphere in which the nursing care is provided

3) Letting people enjoy family time to the fullest ← Main heading

(ii) Staying the same as usual ← Sub-heading

One day, when the nurse visited him, she felt an unusual heat the moment she entered the room. It was cold outside in early winter, the heating was on in the eight-mat Japanese-style room, Ms A's shallow, fast breathing could be heard, and seven family members surrounded the bed, watching him with bated breath. When the nurse checked on Ms A, his hair was dishevelled, his brow was wrinkled and a canula of oxygen was hanging over the side of his nose. Ms A then looked at the nurse and complained to her, "I'm in pain, help me, I'm dying".

<u>Underlined bold</u> parts were added later.

It makes it possible to understand the tension before end-of-life care

(ii) "Staying the same as usual" before end-of-life care is easier to understand with the scene description.

Inspirability

Instead of: External Validity, Transferability, Generalizability

It asks: "Does it create an intersubjective, common understanding with the reader, from which the reader's perception can be renewed and expanded?"

 Headlines, table, and detailed narrative on the experience allow the reader to relive the experience, thus inspiring the reader to draw the next analogy, update and expand perceptions, and encounter the next patient with a new perspective.

"Narrative memory makes the listener feel the same as the narrator, creates an emotional response, and is recognized and remembered better (Benner).

Finally published (in Japanese, sorry)

ケアの意味を見つめる

事例研究

看護実践の知を探求する研究方法論

CMC Case Study to Focus on the Meaning of Care

編集

山本則子 柄澤清美

編集協力

「ケアの意味を見つめる事例研究」検討グループ



日々営まれるケア実践。 そこには、無数の意味と実践知が詰まっています。 ケアの意味を見つめ、共有し、伝播させ、看護学の知をつくる―――

事例研究の新たな方法論の提案

Case Study to Focus on the Meaning of Care:

A Research Methodology to Explore Practice Knowledge of Nursing Care

Tokyo: Igaku Shoin Pub. Co.

ISBN-10: 4260057111

ISBN-13: 978-4260057110

Questions?

Let's experience the process of CMC analysis

1. Let's understand the contents

2. Let's experience the dialogue

3. Let's try to craft catchphrases (metaphoring)

Let's understand the contents

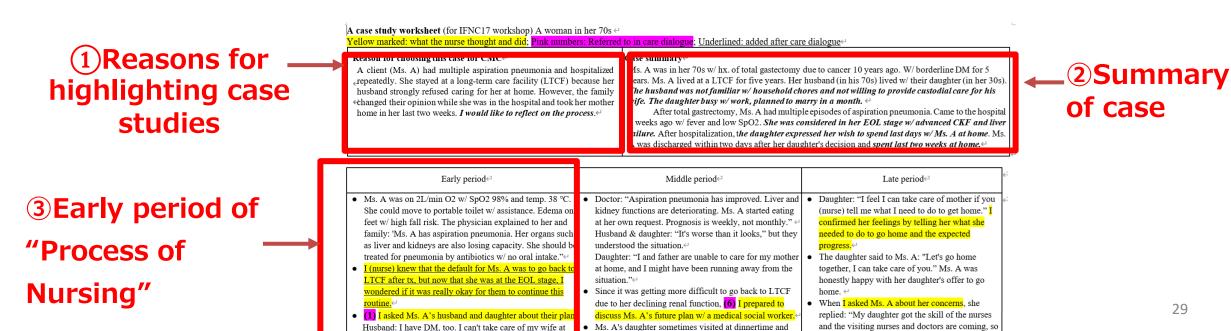
Please read the worksheet

- 1 Reasons for highlighting case studies
- ②Summary of case
- ③Early period of "Process of Nursing"

home because I'm too busy doing my own thing.

focusing on "what the nurse thought and did" marked yellow.

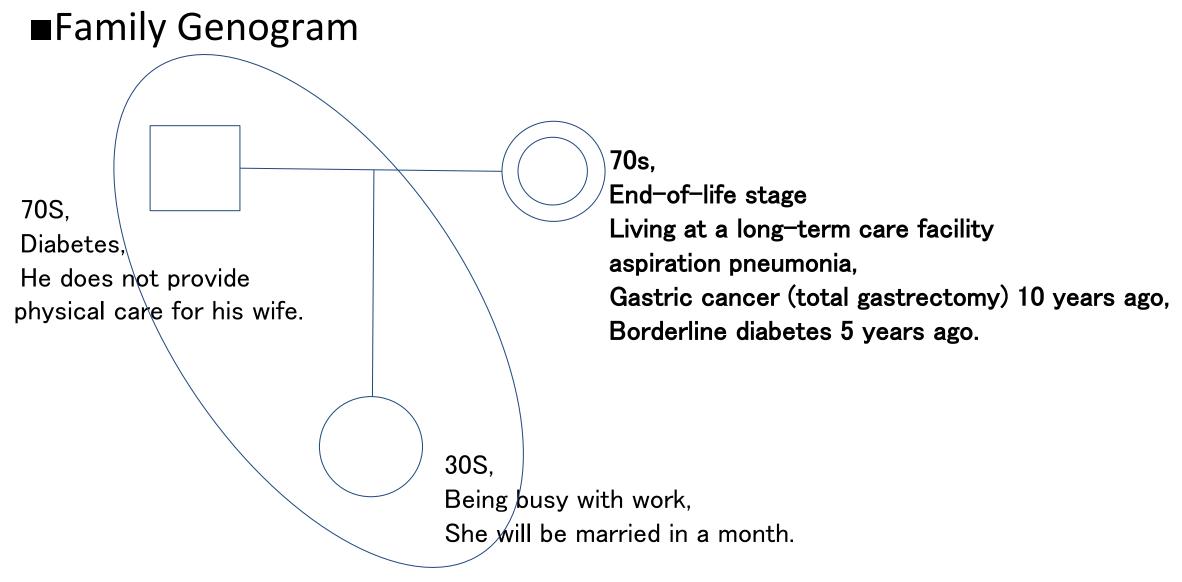
Rather than seeking the "correct answer" to which is practical, trust yourself and do what you think is right (it's OK to just try it out).



brought Ms. A's favorite food. ←

I'll be fine. I appreciate everyone, and I am

Please see the worksheet: Mock case study



Let's understand the contents

Please read the worksheet

- 1 Reasons for highlighting case studies
- 2 Summary of case
- ③Early period of "Process of Nursing"

Please read the worksheet 5 min.

focusing on "what the nurse thought and did" marked yellow.

Rather than seeking the "correct answer" to which is practical, trust yourself and do what you think is right (it's OK to just try it out).

1 Reasons for - highlighting case studies

A case study worksheet (for IFNC17 workshop) A woman in her 70s

Yellow marked: what the nurse thought and did; Pink numbers: Referred to in care dialogue; Underlined: added after care dialogue

eason for enousing this case for CNIC

A client (Ms. A) had multiple aspiration pneumonia and hospitalized crepeatedly. She stayed at a long-term care facility (LTCF) because her husband strongly refused caring for her at home. However, the family changed their opinion while she was in the hospital and took her mother home in her last two weeks. *I would like to reflect on the process*.

ase summary←

Is. A was in her 70s w/hx. of total gastectomy due to cancer 10 years ago. W/borderline DM for 5 ears. Ms. A lived at a LTCF for five years. Her husband (in his 70s) lived w/ their daughter (in her 30s). The husband was not familiar w/household chores and not willing to provide custodial care for his rife. The daughter busy w/work, planned to marry in a month.

After total gastrectomy, Ms. A had multiple episodes of aspiration pneumonia. Came to the hospital weeks ago w/ fever and low SpO2. She was considered in her EOL stage w/ advanced CKF and liver iilure. After hospitalization, the daughter expressed her wish to spend last days w/ Ms. A at home. Ms. was discharged within two days after her daughter's decision and spent last two weeks at home.

__2Summary of case

③Early period of "Process of Nursing"

Early period

- Ms. A was on 2L/min O2 w/ SpO2 98% and temp. 38 °C.
 She could move to portable toilet w/ assistance. Edema on
 feet w/ high fall risk. The physician explained to her and
 family: 'Ms. A has aspiration pneumonia. Her organs such
 as liver and kidneys are also losing capacity. She should be
 treated for pneumonia by antibiotics w/ no oral intake.'\(\frac{1}{2}\)
- I (nurse) knew that the default for Ms. A was to go back to LTCF after tx, but now that she was at the EOL stage, I wondered if it was really okay for them to continue this
- 1 I asked Ms. A's husband and daughter about their plan
 Husband: I have DM, too. I can't take care of my wife at
 home because I'm too husy doing my own thing
- Doctor: "Aspiration pneumonia has improved. Liver and kidney functions are deteriorating. Ms. A started eating at her own request. Prognosis is weekly, not monthly." (4)
 Husband & daughter: "It's worse than it looks," but they understood the situation. (4)
 - Daughter: "I and father are unable to care for my mother at home, and I might have been running away from the situation."

Middle period←

- Since it was getting more difficult to go back to LTCF due to her declining renal function, (6) I prepared to discuss Ms. A's future plan w/ a medical social worker.
- Ms. A's daughter sometimes visited at dinnertime and brought Ms. A's favorite food. 4

 Daughter: "I feel I can take care of mother if you (nurse) tell me what I need to do to get home." I confirmed her feelings by telling her what she needed to do to go home and the expected

Late period←

- The daughter said to Ms. A: "Let's go home together, I can take care of you." Ms. A was honestly happy with her daughter's offer to go home.
- When I asked Ms. A about her concerns, she replied: "My daughter got the skill of the nurses and the visiting nurses and doctors are coming, so I'll be fine. I appreciate everyone, and I am

Questions?

Let's experience the dialogue

See the Drama

"Narrating, being asked questions, dialoguing" you tell me a bit more detail about what made you decide to ask <Nurse> The reason and timing of my asking? As for the reason, I already knew that the default for Ms. A was to go

back to the facility after the treatment. However, now, she was at the end-of-life stage, **I began to wonder** if it was really okay for her to continue this routine. Even though the doctor hadn't given her a detailed explanation about her prognosis yet, I just wanted to hear Ms. A's honest thoughts in a relaxed way.

In the 3rd dot of the early period, you wrote "asked Ms. A's husband and daughter about their plan." Could

and how you decided the timing of your asking? <Nurse> The timing was... when she was readmitted to our ward, just like the last time, I said to her, "I see you

again." I asked, 'Since you were discharged last time, have you been staying at the care facility the whole time? Do you go your own home occasionally or on short visits? I hope this hospital stay won't be too long... Do you think you'll be going back to the care facility after discharge?' <Facilitator1>

Did you want to make sure that was her wish?

<Nurse>

(1)<Facilitator1>

Rather than directly making sure of her wish, I just wanted to give her a small clue that there might be other options, like going back to her own home. So, I just accepted the response from her husband and daughter, thinking in my mind 'All right, that seems OK for now.'

<Facilitator1> So, you weren't really expecting them to make a final decision at that moment.

(2)<Facilitator2>

In the last sentence at the bottom of the early period, you wrote, 'Her husband often sat silently when he came, so I tried to talk to him as much as possible.' Could you share what made you do so? How did you want them by talking to them as much as possible?

<Nurse>

Even though he was visiting his wife, he would just sit quietly by her side, reading a magazine. I thought it would be nice if their visiting time could be a bit more enjoyable for both of them. I also wanted to understand more about this family.

(3) < Facilitator 2>

So, you intentionally spoke to him. At that point, in the next page, you wrote that you stepped in between Ms. A and her husband to encourage them to talk, and asked them about their younger days. Why did you decide to ask about their younger days? What stories did you hear there?

<Nurse>

In order to think about what a meaningful and appropriate way for Ms. A and her family at the end of life, I needed to understand them more deeply. People has their own histories — and so do couples. I believed that asking about the family's shared, happy memories would help me understand them more deeply.

They smiled and talked about their memories of packing lunches and going hiking with their children, "because it was an inexpensive leisure activity." I was able to listen to those cherished memories.

Questions?

Let's try to craft catchphrases(metaphoring)

- ①Consider what you found good about this nursing practice.
- ②Brainstorm ideas for a catchphrase that expresses the good of this nursing practice

There is no correct answer. Whatever is OK! Free Yourself!

memo

Catch Phrases: Attempt to put words to unspoken practices

Lubricant of Family

Open the curtains of their heart

Good Ventilated Communication

Maintaining

Family Time

Tender Moray Eel

Open the heart, for Her True Wishes

Subtle but supportive directions

Planner for Silver Wedding

Connecting

Trap them to chat

Cheer Leader for this Family

Open the Door of the Family's Real Strength

Bridging the Bond between Daughter and Mother

Slime Nurse

Operation Fun
Time with Mother



Questions?

Questions?

JARFN Small Group poster presentation

• P-42

「Nursing Practice Process for Parents to Bond and Accept Newborns with Chromosomal Abnormalities: A Case Study to Focusing on the Meaning of Care」

• P-47

Thursing Practice to Empower a Family Who Had a Child with Severe Neonatal Asphyxia Until Their Discharge: A Case Study to Focusing on the Meaning of Care