



Evaluating the Effectiveness and Value of

“Comfort” Care

The Foundational Practice of Nursing





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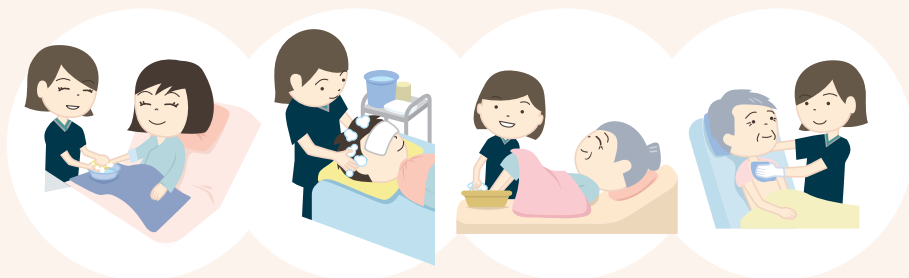
Introduction



Changes in healthcare policies, including advancements in medical care, reductions in healthcare costs, improvements in medical safety, and reforms in work style, have led to shorter hospital stays and increased efficiency in medical operations. However, this trend has also resulted in fewer opportunities for nurses to foster personal relationships with patients through tactile care methods like wipes, foot baths, hand baths, and hot compresses, as well as providing individualized care tailored to each patient's unique needs. Consequently, patients and their families may silently endure hospitalization, thinking, "The nurses are busy, so I'll refrain from bothering them..."

Many nurses acknowledge the importance of personal and comfort care but express difficulty in finding time to prioritize it amidst their busy schedules. How can we restore a balance where nurses can focus on their primary nursing duties? Conversely, there are nurses who take pride in delivering "comfort" care, and researchers are diligently working to validate its effectiveness. We have published this booklet with the belief that encouraging discussions among nurses about comfort care in their workplaces is the initial step toward fostering a mindset of willingness to explore such practices. Additionally, we aspire for this booklet to catalyze the development of tools and evidence that meticulously describe clinical nursing practices and objectively evaluate the subjective notion of "comfort."

2021 September.
Comfort Care Team



1. “Comfort” care

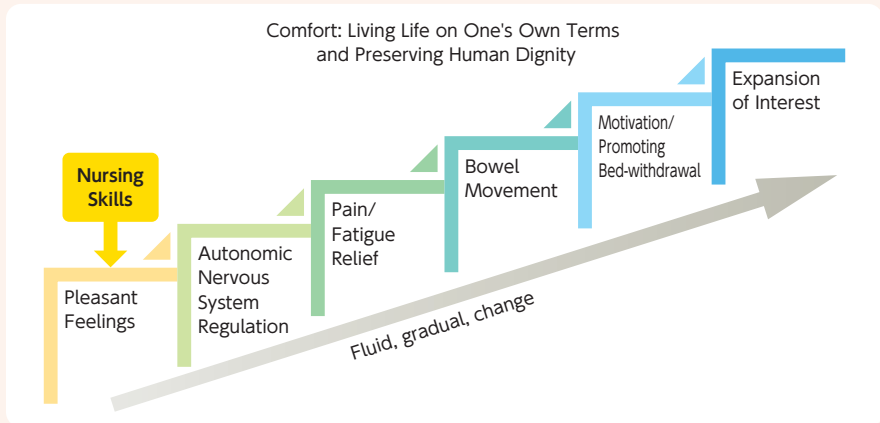
1) What is “comfort” care?

“Comfort” represents an individual’s subjective experience, embodying the pleasant sensations derived from external stimuli. It encompasses the interplay of the five senses—temperature, humidity, air currents, surroundings, scents, water sounds, birdsong, music, and other stimuli—alongside individual sensitivity and past comfort-related experiences.

Notably, in nursing, “comfort” is nurtured through tactile interactions, eye contact, verbal expressions, intonation, and nuances, fostering trust between caregivers and recipients and deepening human connections. Tokizane (1970) emphasizes that skin contact (skin-ship) can effectively unite individuals’ minds more profoundly than a myriad of words or audio-visual methods.

Comfort transcends the mere absence of physical discomfort; it embodies a comprehensive concept that allows individuals to maintain their dignity and uphold their unique lifestyle and habits despite age, gender, illness, surgery, or disability. Its fluid and evolving nature underscores its essence. Nursing proficiency underscores the importance of ensuring safety and comfort throughout the caregiving process. Unlike narrowly defined medical care, comfort-oriented nursing prioritizes noninvasive methods that promote physical and mental well-being. Consequently, nurses serve as professionals who empower recipients of care—be they patients, older adults, or pregnant women—to live autonomously while safeguarding their safety and comfort.

Let us explore the ways in which comfort-care can enhance the post-operative experience for patients.



When warm compresses and back care are applied to post-operative patients, they respond immediately after the warm towel is applied by indicating a pleasant feeling, regulating the autonomic nervous system. Pain and fatigue are alleviated, and bowel movements are promoted by increasing intestinal peristalsis. Consequently, this fosters motivation and bed-withdrawal behavior, while also enhancing interest in the patient's surroundings (Nawa, 2016).

In light of the above, back care that “feels good” for post-operative patients experiencing physical and mental distress can be considered nursing care that promotes physical and mental recovery and provides comfort, allowing patients to maintain dignity and live as they are.

The following pages present case examples in which “comfort” care—valuing the thoughts and feelings of both patients and their families—has led to meaningful changes in both mind and body.

2) Practice of “comfort” care — Case studies

① Mr. A and his wife, who did not seem to get along with each other, were able to effectively communicate with each other at the end of their life.

Mr. A (a man in his 70s) had amputated his right forearm, left lower leg, and right toe as a result of intensified diabetes, and had been on hemodialysis for two years. Additionally, his right lower leg became gangrenous, and when the doctor recommended amputation, Mr. A said, “I will not have it amputated, and I will stop dialysis,” to which his wife replied, “We have made our decision, so please leave me alone!” The doctor said he had the impression that the couple did not get along well and as a result, requested home nursing care for the purpose of the end-of-life care.



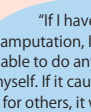
Accept that the patient has chosen to discontinue dialysis.
As a result, he is expected to pass away within two weeks.
From now on, enjoy eating whatever you desire.
Explaining the availability of sedation when it gets hard.



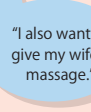
“I understand, but I want to go to a day service.”



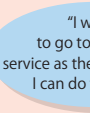
“I don't know what to do.”



“If I have an amputation, I won't be able to do anything by myself. If it causes trouble for others, it would be better not to do it.”



“I also want to give my wife a massage.”



“I want to go to the day service as there are things I can do to assist.”

“Two nurses will visit Mr. A tomorrow and assist him in fulfilling his wishes.”
“I want to connect Mr. A's wish to hope!”



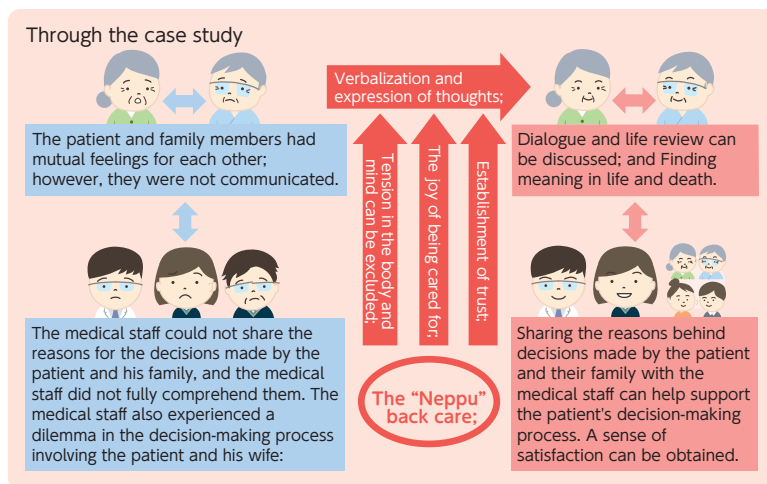
Listening to Mr. A's thoughts while massaging him

At the initial visit, the doctor elucidated the case in which Mr. A's will was respected. Mr. A said, “I understand,” and his wife said, “I don't know what to do!”

After the doctor left, I put my hands on Mr. A's painful parts and massaged them while listening to him. He said, “If it bothers my wife, I think I shouldn't do it.” Then he added, “Thanks to you, I feel a little better. I used to give massages to my wife, but now I can't. I wish I still could.” The next day, two nurses decided to visit the patient.

On the second day of the visit, two nurses provided the “Neppu” back care to Mr. A and his wife. Upon feeling the warmth, Mr. A's wife remarked, “Oh, it's warm. I can't sleep at night these days, and I can't take big breaths.” sympathizing with her difficulties, one nurse gently reassured her, “I'm sorry you've had a hard time.

I’m going to press down lightly as you breathe, and I want you to exhale slowly,” she cried out, “Oh, I can breathe,” in reaction to her exhaled breath, and then expressed her feelings of care for her husband. Subsequently, when Mr. A said, “It is hard to see my wife, who never complained, looking so tired,” his wife said, “Thanks to you, I feel so much better.” His wife smiled as she gave a sign of relief. Mr. A said, “DOUITASUMASUTE. I’m glad you are happy.” “DOUITASUMASUTE” is a phrase that he says when he feels good about something. On the fourth day of the visit, Mr. A called his wife several times and hugged her while reviewing his life. She said, “Thank you.” On the fifth day of the visit, he tended to fall asleep, but he ate two cups of rice with his favorite side dish, saying, “Delicious!” On the 6th day of the visit, sedation was started, and he passed away while his family looked after him. Later on, in a letter from his wife, she wrote, “The week or so after he stopped dialysis was a precious time that my husband gave to our family. To ease the tension in her body and mind and to build a relationship of trust that she could talk to him about her feelings, it was important for her to experience that “he understood my pain” and “it makes me feel better,” and the “Neppu” back care enabled this.



Case study provided by Masami Miura

② Ms. B, who initially declined rehabilitation, now walks with the assistance of a walker!

Ms. B (a woman in her 90s) was transferred to a hospital for rehabilitation one month after surgery for a right femur trochanteric fracture.

She had severe pain in her right lower limb and strongly refused to be moved to a wheelchair or touched during rehabilitation (she shouted and verbally abused me), and she would not eat her meals, saying “I don’t want it!” First, instead of forcibly assisting the patient to transfer to a wheelchair, we introduced a lift for the purpose of relaxation. We also planned a carbonic acid bath and “Neppu” back care for edema of the lower limbs. Initially, she had refused, saying, “No, what are you doing?” However, as we tried to make her feel at ease, she fell asleep and smiled during the care, and after some days she asked us to “warm her more.” She was able to transfer to a wheelchair without resistance, and she no longer refuses to go to rehabilitation. Currently, she is also able to walk short distances with a walker. In terms of nutrition, her doctor had proposed tube feeding to her family, but after adjusting her diet to a small, high-calorie diet and supplemental foods, as well as asking her family to bring her favorite foods, her food intake increased to 800-1300 kcal/day and her weight increased by 2.4 kg within one month after her transfer to the hospital. The “comfort” care had a synergistic effect in improving Ms. B’s physical and mental condition, motivating her to rehabilitation, and restoring her appetite (Shigemi, 2020).



There are numerous forms of “comfort” care, ranging from “Neppu” back care to cleanliness practices such as bathing (showering), bed baths, hair washing, and partial bathing, as well as techniques like hot and cold compresses, massages, and proper positioning. Implementing these forms of “comfort” care can not only alleviate physical discomfort but also contribute to the emotional well-being of patients and their families, therefore enhancing the body’s natural healing processes.

3) Effects of “comfort” care — Literature review

① Subjective change — Focusing on subjective change

This section introduces some of the changes in mood and psychological/behavioral aspects of the subject's reactions and effects when nursing care that brings “comfort”—such as cleanliness care, massages, foot baths, hand baths, and hot compresses—is provided.

Ohashi et al. (2017) conducted an integrated literature review on nursing care that brings “comfort” utilizing 13 basic studies on healthy subjects and 39 clinical studies on patients. According to the results, patients not only expressed having a “good mood,” “symptom relief,” and “increased vitality,” but also responded with “expanded relationships” with others, “increased lifestyle behaviors,” and “improved rhythm of life.

In clinical studies, qualitative measures were often based on the subject's words, actions, facial expressions, and narrative descriptions. As quantitative measures, many researchers utilized their own original measures, such as Likert, VAS, and face scales.

The timing of the appearance of the effect was not only during the implementation of the care, but also post-implementation, and sometimes the response was seen on the next day after some time had elapsed.



※ Hand baths and hand washing can be done in bed.

According to a study conducted by Yano et al. (2009), when hand bathing was given 2-5 times to stroke patients, they expressed having a “warm and pleasant experience” and were encouraged to “talk about their feelings” regarding their illnesses and disorders. In addition, the patients felt “relief of numbness and pain” and “improvement of hand movement” through hand bathing, which led to the improvement of their self-care ability to continue hand bathing on their own.

② Objective change — Focusing on physiological changes

We believe that “comfort” care has the effect of being an intervention on the patient, even if the subject and the care method differ. Here, we introduce some of the physiological aspects of what kind of reactions, effects, and changes are brought about in the body.

Ohashi et al. (2017) conducted an integrative literature review on nursing care that brings about “comfort” utilizing 13 basic studies on healthy subjects and 39 clinical studies on patients. In clinical studies with patients, nursing care resulted in an “increased body temperature,” “stabilization of autonomic nervous activity,” and “stabilization of circulatory dynamics.” The increase in body temperature was measured by measuring peripheral skin temperature (palms) and tympanic membrane temperature. For the autonomic nervous system activity, frequency components were analyzed by heart rate variability analysis, and salivary amylase was measured by saliva sampling. Blood pressure, pulse rate, and respiratory rate were measured for circulatory dynamics.

There have been numerous valuable reports of “stabilization regarding autonomic activity”. Nawa (2002) found that, as a result of a daily hot compress with steamed towels on the back of the lumbar region prior to the surgery to one week post-surgery, when sympathetic activity was increased prior to care and the patient was overly tense, parasympathetic activity was increased post-care. In contrast, when the parasympathetic activity was increased prior to the care and the patient was relaxed, the response of the sympathetic activity was increased post-care.

This suggests that the care that brings about “comfort” may have the effect of bringing sympathetic and parasympathetic activities into a “certain (stable) balance.

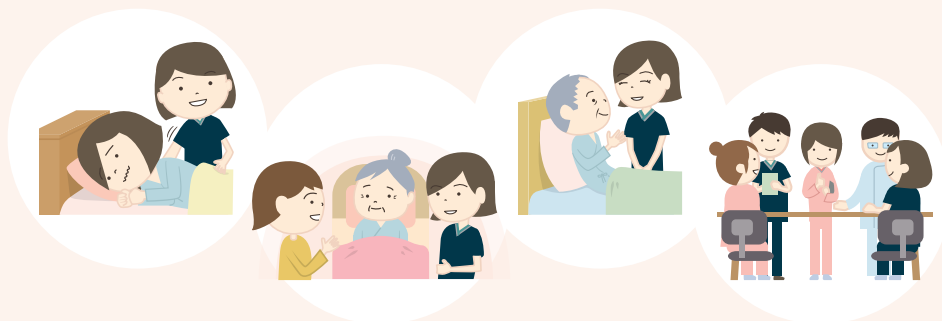


③ Purpose of care — What is the purpose of “comfort” care in the nurses’ perspective?

Based on the results of an integrative literature review (Ohashi et al., 2017) and focus group interviews with 14 nurses (Nawa et al., 2016), a questionnaire was developed to survey approximately 880 nurses nationwide (approximately 30% in chronic care, 23% in acute care, 25% in terminal care, and 20% in recovery) (Nawa et al. 2019). The nurses provided “comfort” care based on their desire to “fulfill the patient’s wishes based on a relationship of trust with the patient,” “create a bond between the patient and family through care for the family,” and “take pride in their professionalism” (Table 1).

Table 1 Purpose of Care

Fulfill the patient’s wishes based on a relationship of trust with the patient	
❖ To build trusting relationships with patients	❖ To understand patient’s needs and feelings
❖ To fulfill the patient’s wishes for care	❖ To create an enjoyable time for the patient
❖ To alleviate the patient’s pain	
Create a bond between the patient and family through care for the family	
❖ To understand the family’s thoughts and feelings	❖ To strengthen the bond between patients and their families
❖ To fulfill the family’s wishes for care	❖ To provide a space for family learning and support
Take pride in their professionalism	
❖ To experience the benefits of care	❖ To connect each step to the next stage of care



④ Patient's reaction — How do nurses perceive the effects of “comfort” care on patients and their families?

In a prior national survey (Nawa et al., 2019), nurses perceived the effects of “comfort” care on patients as [gaining confidence through motivation and life expansion], [healthiness brought by comfort], and [opening communication channels] (Table 2). The effects on the family members were perceived as “a stronger bond between the patient, the family, and the nurse” (Table 3).

Table 2 Effects on patients

Gaining confidence through motivation and life expansion	
❖ Increased spontaneity ❖ Increased confidence ❖ Improved self-care skills ❖ Motivated ❖ Expanded life behaviors ❖ Rhythm of life	❖ Acceptance of treatment ❖ Body becomes more alert ❖ Vitality increases ❖ Interest in surroundings ❖ Feels alive ❖ Gets to sleep at night ❖ Better acceptance of care
Healthiness brought about by comfort	
❖ Feels good ❖ Gives you a smile ❖ Relaxation ❖ Calm facial expression	❖ Refreshing ❖ Warms you up ❖ Give thanks ❖ Cleanliness
Open communication channels	
❖ Expanding the conversation	❖ Deepens conversation

Table 3: Effects on Families

Bonding between patient, family and nurse deepens	
❖ Relationship between family and nurse deepens ❖ Relationship between family and patient deepens ❖ Family is happy	❖ Family rejoices with the nurse ❖ Family appreciates the nurse

⑤ Changes in nurses — How do nurses feel when the experience of “comfort” care changes them?

In a previous national survey (Nawa et al., 2019), nurses felt that in their experience of “comfort” care, nurses themselves changed through their care, including [satisfaction with care with regards to the patient], [confidence in care and willingness to improve], [sharing care with the team], and [developing a perspective of nursing] (Table 4). The “comfort” of care brings about changes not only to patients and their families, but also to the nurses themselves. This is a manifestation of the “mutuality of care,” as in Milton Meyeroff’s theory of care, where caring for others leads to caring for oneself.

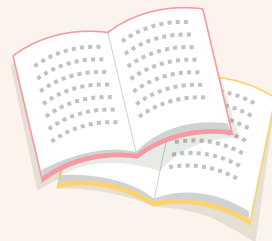
Table 4: Change in nurses themselves

Satisfaction with care with regards to the patient	
❖ Sharing joy with patients ❖ Bringing patients and nurses closer together ❖ Feel more attached to the patient ❖ Happy with patient’s reaction	❖ Satisfaction with care ❖ Knowing how the patient feels ❖ Realize the benefits of care ❖ Surprised by the patient’s reaction
Confidence in care and motivation to improve	
❖ Become a turning point in their own care ❖ Become more confident in their own care ❖ Discover what is important in care ❖ Become less defensive towards end-stage patients	❖ Like to care ❖ Want to improve nursing skills ❖ Reflect on care ❖ Understand the need to listen to family members
Share care with the team	
❖ Discuss care as a team ❖ Share methods of care with the team	❖ Share patient’s thoughts with the team ❖ The team takes an interest in the patient
Developing a view of nursing	
❖ Understand the importance of care that is taken for granted ❖ Understand the importance of slow care	❖ Care about meeting patients’ needs

2. Let's give shape to the fruits of our nursing practice!

1) Invitation to Case Reports and Research

In this booklet, we have compiled case studies, literature reviews, and research findings pertaining to “comfort” care. To effectively disseminate the practice of “comfort” care, it is crucial to meticulously describe and document the outcomes of our efforts, while adopting a research-orientated approach to elucidate the underlying principles.



Why not meticulously document patient responses to “comfort” care interventions in practice and publish them as case reports or case studies? You can explore and submit numerous case studies to the Japanese Nursing Practice Example Accumulation Center (QR code page 6). You can also submit the “Neppu” back care-only submissions at the Neppu Café (QR code page 15).

In this project, we encountered cases where it was difficult to assess the effectiveness of care for patients with severe dementia, as well as cases where interviewing patients was challenging, making it more difficult to evaluate outcomes. Based on these challenges, we are revising the recording form to enable a more objective evaluation of comfort care. As a tool for objectively assessing the effectiveness of the “comfort” care you provide, we encourage utilizing the implementation records on the next page and considering publishing the results as a research study.

In addressing the current decline of “comfort” care—an essential aspect of nursing as care for recuperation—let us work together to promote its practice and accumulate evidence of its effectiveness and value.

The record of the implementation can be downloaded from the QR code.

The patient is the subject of the survey, there are three types of responses depending on the condition.

If the subject is a nurse, there is only one type.

Please utilize both for patients and nurses.

Please contact nawa@slcn.ac.jp if you have any questions regarding the utilization of this form.

2) For patients: “Comfort” care implementation record [5-point scale].

If the patient is able to answer the questions himself/herself, please do so post-implementation of the care.

Date _____ Time _____ .

Q1. Did the care result in any of the following changes? Please circle the appropriate number.

	Item	very much	a little	undecided	not much	not at all
1	I feel better					
2	I feel warmer					
3	I feel relaxed					
4	I felt refreshed					
5	I felt motivated/energized					
6	Increased activity					
7	More interested in surroundings					
8	Increased conversation					
9	Less anxiety					
10	Feeling calmer					
11	Increased confidence					
12	Distress relieved					
	What type of distress? Please circle (circle one) ① Pain ② Lethargy ③ Nausea ④ Stiff shoulders ⑤ Back pain ⑥ Other ()					
13	My abdominal movement improved	5	4	3	2	1
14	I feel like farting or having a bowel movement	5	4	3	2	1
15	I can sleep better	5	4	3	2	1
16	Other ()	5	4	3	2	1
17	Other ()	5	4	3	2	1

You can download the implementation record from the QR code.

If the patient is able to answer the questions himself/herself, please utilize (1) or (2); if the patient is unable to answer, please utilize (3).

(1) 5-step evaluation version (this page)

(2) 3-step evaluation version

(3) Nurse observation version



Q2. Would you like to continue receiving the care you received this time? Please circle the appropriate number.

1. Yes
2. Neither
3. No

3) For nurses: “Comfort” Care Implementation Record

The nurse who implemented the care will be asked to respond post-implementation.

Date _____ Time _____ .

Q1: Did the care change you? Please circle the appropriate number.

	Item	very much	a little	undecided	not much	not at all
1	It brought me closer to the patient.	5	4	3	2	1
2	I got to know the patient's feelings	5	4	3	2	1
3	I felt that the care was effective	5	4	3	2	1
4	I was satisfied with the care	5	4	3	2	1
5	Wanted to improve my care skills	5	4	3	2	1
6	Realized the importance of care	5	4	3	2	1
7	I felt confident in my care	5	4	3	2	1
8	Discussed care with the team	5	4	3	2	1
9	Shared the patient's thoughts and feelings to the team	5	4	3	2	1
10	I became more mindful of meeting the patient's needs	5	4	3	2	1
11	I discovered the importance of nursing care	5	4	3	2	1

Q2. Please rate the care you provided.

	Item	very much	a little	undecided	not much	not at all
1	I would like to do it again	5	4	3	2	1
2	I found it burdensome	5	4	3	2	1

Q3. Please fill in the patient's information.

Sex: male/female	Age: 10s, 20s, 30s, 40s, 50s, 60s, 70s or older
Condition: Acute phase, chronic phase, convalescent phase, terminal phase	Name of main disease:

Q4. Please describe the method and purpose of care.

Time required: Day shift, semi-night shift, deep night shift	Duration: 10 minutes or less, 10-30 minutes, more than 30 minutes
Care provided: hot compress, bed bath, shower, bath, foot bath, hand bath, massage, other ()	First time, second time, three or more times

3. Introduction to “Neppu Back Care”

1) Effects of “Neppu Back Care”

Neppu is a Japanese term referring to a warm, moist towel used in comfort-focused care.

One type of “comfort care” is Neppu back care, in which a thick warm towel is placed on the back.

This simple practice provides a deeply relaxing sensation, similar to the comfort of taking a warm bath.

It helps relieve symptoms, enhances the body’s natural healing power, and fosters meaningful connection between the nurse and the person receiving care.

Below are some of the empirically observed effects of Neppu back care.

The “Neppu Back Care” Clinically Observed Benefits

- Provides a refreshing and pleasant sensation similar to taking a bath
- Promotes sleep onset
- Contributes to the prevention of pressure ulcers
- Relieves muscle stiffness and fatigue
- Promotes expectoration (clearing of phlegm)
- Stimulates appetite
- Improves cognitive function and alleviates dementia symptoms
(particularly BPSD: Behavioral and Psychological Symptoms of Dementia)
- Deepens communication between nurses and patients

2) How to Practice the “Neppu Back Care”

You can download the booklet “Let’s Share Neppu Back Care—A Way to Support the Body’s Natural Healing Process” from our official website.

The site also offers instructional videos on how to perform Neppu back care, how to make a warm towel easily, and how to support the prone position. (Access via the QR code at the top right of <https://neppu.net/>)

We’d also love to hear about how you practice Neppu back care!

(You can share your approach via the QR code at the bottom right of <https://neppu.net/>)



3) How to easily and safely make the “Neppu”

“Neppu” is a Japanese term that refers to a warm, moist towel used in nursing care to promote comfort and healing.

Even without a hot water dispenser, you can easily and safely make a Neppu using just a cup of hot water.

A warm Neppu towel can be applied to various parts of the body—such as the chest, abdomen, back, face, and limbs.

It serves many purposes, including promoting phlegm discharge, relieving pain, enhancing relaxation, and dilating blood vessels before blood collection.

Comfort care using just a warm towel and hot water—
Why not give “Neppu” a try?

How to make one “Neppu”

Required items

- Thick face towels (2)
- Plastic bag (1)
- Hot water (amount depending on the thickness of the towels)

*In the video, approximately 200cc is used for a thick towel

- Electric kettle (for preparing hot water)



Let's make
a warm towel
called “Neppu”!



How to make

- ① Place a folded face towel on the table, then spread a plastic bag over it.
 - ② Fold another face towel compactly and place it inside the plastic bag from step ①.
 - ③ Pour approximately 200cc of hot water into the plastic bag containing the towel.
- ※ Adjust the amount of hot water depending on the thickness of the towel.
- ※ Be careful not to let the hot water touch your hands to prevent burns.



↑ You can watch
the video (1 min.)



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