



# The Past, Present, and Future Implications for Buddhist Nursing in Japan: A Narrative Review

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## Abstract

This study aimed to clarify the past, present, and future implications for Buddhist nursing in Japan through a review of literature. Using Ichushi-Web, the medical literature database in Japan, a search was undertaken for papers containing the keyword “Buddhist nursing,” resulting in 10 hits. These were carefully perused, contents extracted and then organized using the matrix method (Garrard, 2020). These were qualitatively described through discussions among five researchers. Buddhism was officially introduced to Japan in 538 CE, after which the practice of Chinese medicine began, also based on Buddhist thought. Japan’s oldest nursing book was written by the monk Ryochu around 1240 CE. From 1868, however, Buddhist nursing fell into disuse following Shinto’s establishment as the state religion. In 1885, nursing education began as a profession, and nurses began caring for the affluent. Terminal-stage patients have concerns about the meaning and purpose of life, as well as the afterlife, and Buddhist nursing is currently practiced in Vihara terminal care facilities. One problem, however, is that no system of certification of qualifications for Buddhist nurses presently exists. Nonetheless eight Buddhist nursing colleges or universities offer instruction in Buddhist nursing. Previous studies on Buddhist nursing have been insufficient to produce evidence. From a historical perspective in Japan, it is believed that the essence of Buddhism, which is “teachings to bring happiness to the living,” can be applied to nursing. We believe that Buddhist nursing can serve as one of the keys to solving nursing problems in a modern society that is fraught with difficulties.

**Key Words:** Buddhism, Religion, Vihara monk, Nursing science, Terminal care

## Introduction

Professor Naohiro Hohashi, a nursing professional who is also an ordained Buddhist priest, has been pioneering the new field of Buddhist nursing in Japan [1], which he defines as “science that practices nursing through the application of Buddhist wisdom.” Buddhism is a religious/philosophical system that strives to answer such questions as “Why was I born into this world?” “What is the purpose of life?” “How should I live from now on?” and “What is the meaning of life?” [2]. Nursing professionals must develop nursing

based on philosophical thinking, not merely as a technique. In today’s society, where anxiety, stress, and other problems are becoming more apparent due to natural catastrophes and the COVID-19 pandemic, it is important to revive Buddhist nursing science as a source of psychological and spiritual support.

Although Buddhist nursing is not widely recognized as an area of nursing in Japan, chaplains and Vihara monks are active in some hospices and palliative care units. Henderson states that helping patients practice their faith is part of basic nursing care in any setting [3]. The World Medical Association’s “WMA declaration of Lisbon on the rights of the patient” also states that patients have a right to religious support and to receive or to decline spiritual and moral comfort, including the ministrations by a clergyman of his/her chosen religion [4].

Japanese attitudes toward religion may be said to differ considerably from those of Christians, Muslims, and other faiths. In Japan, many people identify themselves as non-religious, in that they do not adhere to a specific religion. According to one survey, 74% of respondents replied they had no religion, including Buddhism, Shintoism, and so on [5]. Unlike in the West, where religious care is integrated into medical health care, modern medical health care in Japan is detached from traditional religious care, making the accumulation of a foundation for Buddhist nursing science a challenge.

This study aims to clarify the past, present, and future implications for Buddhist nursing in Japan through a review of literature in Japanese. This will clarify the overall knowledge of Buddhist nursing research, practice, education, history, etc., and will help identify future issues and policies.

## Methods

### Search strategy

Buddhist nursing [1, 2] was operationally defined as “science that practices nursing through the application of Buddhist wisdom.”

The search, conducted in December 2023, utilized Ichushi Web, the largest and the only medical literature database in Japan, searching for the keyword “Buddhist nursing” in articles’ title, abstract, keywords, or text. As a result, 10 articles were found, of which three were

research articles [6-8], three were reviews [9-11], and four were conference proceedings [12-15]. Owing to the small number of articles, inclusion and exclusion criteria were not set, and all 10 articles were included in the analysis.

### Data analysis and synthesis

After careful perusal of the articles, descriptions of the past, present, and future of Buddhist nursing were extracted from each context, and each description was classified as a meaning unit. After organizing them using Garrard's matrix method [16], we summarized the findings and noted them in a descriptive manner [17]. All analyses were reviewed by the five researchers until consensus was reached, ensuring the trustworthiness of the analyses.

### Ethical consideration

Because this study did not involve human or animal subjects, approval by an institutional review board was not required. Research ethics were adhered to, copyright laws were strictly observed, and the sources of the articles were clearly cited. We faithfully read the content of the paper and took care not to compromise the author's intent or meaning.

## Results

### Buddhist nursing in the past

During the lifetime of Shakyamuni Buddha, the founder of Buddhism, nursing was seen as the highest and best expression of compassion, and was regarded as an important practice for monks [10]. Nursing was considered a good deed and treating the sick and wounded among the disadvantaged was actively pursued [11]. At that time, monks who had knowledge of illnesses were in charge of treatment and nursing. From the Mahaaparinibbana Suttanta, a sutra describing the Buddha's final journey, one could learn the importance of cultivating one's own attitude toward life and death, and one's view of life [9].

Buddhism was officially introduced to Japan in 538 CE, with terminal care provided by priest doctors and nursing monks who aspired to the Buddhists' "Pure Land" (a celestial realm of a Buddha or Bodhisattva into which many Buddhists aspire to be reborn) after death [11]. Subsequently the practice of Chinese medicine commenced. This led to a change from experiential treatments based on shamanistic magic to treatments based on the tenets of Buddhism [10]. The "Kambyoyojinsho," written by monk Ryochu around 1240 CE, is the oldest nursing book in Japan, and describes 19 aspects of how to care for the sick based on Buddhist philosophy [11].

In 1868, the Japanese government issued the Ordinance Distinguishing Shinto and Buddhism, which resulted in Japanese people turning away from religion, and Buddhist nursing rapidly declined [11]. In 1874, the first medical system was introduced on a national basis, and doctors, rather than priest doctors or nursing monks, were required to be present to issue death certificates. In 1885, education of nurses as a profession began, with trained nurses mostly attending to the affluent.

### Buddhist nursing today

A 1993 report noted Buddhist nursing courses being offered at a certain Buddhist university [12]. This course based on the Buddhist spirit, in which monks, nurses, and others were enrolled, aimed to train terminal care workers without conferring formal certification. In that Buddhist nursing practice, however, some patients showed resistance, questioning why a monk was engaging in religious practices [13].

Similarly, students enrolling in Buddhist nursing at a Buddhist university learned to realize that people support each other, and to develop an attitude of continually seeking nursing that leads to self-interest and altruism, while confronting their own suffering and that of the subject and questioning their own way of being [8]. Self-interest and altruism are key aspects of Mahayana Buddhism. In addition, the students recognized that, as nurses, a basic knowledge of religion

rooted in daily life is necessary to understand the backgrounds of patients [6].

Further, as a new approach to nursing education based on Buddhism, a report was issued regarding Buddhist teachings of suffering from death as a result of the experience of holding a lecture on Buddhist nursing [14]. It was stated that when nurses interact with terminally ill patients and their families, it is important to assess the current suffering and work to help the person reach their desired end of life.

In addition, reports were issued on end-of-life care in Buddhist nursing at an AIDS hospice temple in Thailand [7, 15]. Buddhist nursing is influenced by national culture, and in Thailand, nurses provide minimal support to patients on their deathbeds. In general, Thai people believe in life after rebirth, with death signifying the end of this life, which coincides with beginning of the next life. Death at a temple was regarded as a death with dignity in that country's Buddhist nursing.

### The future of Buddhist nursing

Buddhist nursing is by no means limited to assisting subjects in their daily lives, but is also linked to the prevention of pre-symptomatic disease, which is regarded as important in the future of Japanese healthcare for health care cost reduction [10]. However, it is acknowledged that realization of Buddhist nursing in the future will be difficult without sufficient understanding of Buddhist thought, despite Buddhist nursing practice being reflected to some degree in today's medical society, where Western medicine is predominant [10].

## Discussion

References using the term "Buddhist nursing" were extremely small in number (10 references), indicating that it is not currently feasible to construct evidence through a literature review. However, literature describing Buddhism and nursing without using the term Buddhist nursing was not included in this analysis, and further literature review will be needed in the future.

Buddhist nursing was practiced by Buddhist clergy persons in Japan following the official transmission of Buddhism in 538 CE, until the promulgation of the Ordinance Distinguishing Shinto and Buddhism in 1868. It can therefore be said to have been the mainstream nursing practice for more than 12 centuries. The number of database references on the history of Buddhist nursing in Japan figures in three out of ten [9, 10, 11]. This may be due to the fact that Buddhist nursing has not functioned continuously up to the present, and since research on current Buddhist nursing is lacking, we are in the process of deepening our understanding of Buddhist nursing by focusing mainly on its history. In order to practice Buddhist nursing, it is necessary to understand the fundamental philosophy of Buddhism. In particular, Buddhism embraces the concept of karma (a destiny that returns to oneself as a consequence of one's actions), and this has imparted some Japanese people with negative views toward illness [10]. We believe that it is important to fully understand the mentality behind this. The fact that years may be needed to acquire an understanding of the fundamental ideas of Buddhism in order to practice Buddhist nursing may be one reason for its lack of development.

According to Japanese government statistics on the locations of deaths, the percentage of people dying at home fell below 50.0% in 1974 and dropped further to 17.4% in 2022 [18]. In other words, most terminally ill patients pass away in hospitals and institutions, while maintaining whatever sense of meaning and purpose they have lived, along with whatever anxieties they might have encompassed concerning the afterlife. Currently, Buddhist nursing is practiced at Vihara, a Buddhist terminal care facility, but only a small number of patients have been receiving it [19]. In the future, it is desirable to develop Buddhist nursing education and establish a system of qualifications that would certify Buddhist nurses.

Japan has eight Buddhist nursing colleges or universities that offer some form of Buddhist-related curriculum, and four out of the ten [6, 7, 8, 13] reported education in Buddhist nursing. However, since 74% of the Japanese population is non-religious [5], it is clear that

terminal care based on Buddhist spirituality is likely to be rejected by many patients. The significance of teaching Buddhist nursing in nursing colleges or universities warrants further discussion.

For example, at Jikei University Hospital, a Shinto altar and a Buddhist altar were placed in the hospital when it opened in 1882, and nurses and hospitalized patients visited them every morning [20]. Buddhist Dharma talks were conducted by Buddhist clergy persons in the outpatient waiting area, and Buddhist Dharma talks were given to nursing personnel. Increasingly, however, today's activities of Buddhist clergy persons limited to wakes and funeral services, reinforcing the unfavorable image of "Buddhism = death," thereby discouraging patients, their families, and medical professionals from interacting with Buddhist clergy persons [1, 2].

In Thailand, more than 90% of the population is Buddhist, and two out of the ten reports made mention of Buddhist nursing in Thailand [7, 15]. However, because Buddhist nursing is influenced by culture, it is difficult to apply it to Buddhist nursing in Japan. It is necessary to understand Buddhist nursing in the historical, social, and cultural context, and to predict what nursing should be in the future. Nonetheless the essence of Buddhism as "teachings to bring happiness to the living" can be applied to current nursing.

Nursing has an extensive history of developing closely with religion, not only through eastern faiths such as Buddhism but also through Christian charity. One of the best known early hospitals was founded in Rome by Fabiola, a Christian saint, in 390 CE [21]. Religion-based nursing is practiced today, such as Buddhist nursing in Thailand, where Buddhist beliefs are widespread, and Christian nursing in the United States, where Christianity is widely practiced. The *Journal of Christian Nursing*, published since 1984 [22], seeks spiritual truth and life in Jesus Christ through God's word as handed down in the Bible. It can be said therefore that notable examples exist in the close relationship between religious practices and nursing. The fact that 74% of the Japan's population does not profess to belong to a particular religion [5] may be a key impediment to dissemination of Buddhist nursing in Japan. However, we believe that it is possible to obtain a sufficient grasp of Buddhism to enable the application of Buddhist nursing practices without necessarily converting to the religion.

Hohashi [2] has proposed two theories: Family Transcendence Theory (FTT) and the Buddhist Family Nursing Theory (BFNT), but these have yet to be disseminated widely. The question of systematizing Buddhist nursing also raises the question of "What is nursing?" Buddhist nursing seeks its direction and philosophy from Buddhism, and at the same time, harnesses the wisdom possessed by Buddhism. We look forward to harnessing this potential to develop Buddhist nursing in the future.

## Conclusion

Although Buddhist nursing is not widely recognized as a field of nursing science in Japan today, historically, Buddhist nursing practiced by Buddhist clergy persons was, at one time, the mainstream of nursing practice. We believe that Buddhist nursing can offer solutions to the problems of nursing in today's difficult society and troubled times. For the future revival of Buddhist nursing, research is needed to mitigate factors that inhibit the revitalization and development of Buddhist nursing, which are admittedly difficult to understand and apply to current scientific nursing theory.

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