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Advance Care Planning Practices of Japanese Visiting Nurses for Homebound Elderly Requiring Care

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Abstract

Objective: To clarify the ACP practices of Japanese visiting nurses for homebound elderly requiring care. **Methods:** Ten nurses with extensive end-of-life care experience working at Japanese visiting nursing agencies were sampled using snowball sampling. Data collection involved online semi-structured interviews. **Results:** The visiting nurses' perspectives underpinning ACP included: [The presence of ACP in daily home-visit nursing care], [Understanding the patient's wishes is also important for the family], [Seamless implementation of ACP], and [Supporting the realization of wishes through patient-centered ACP]. Furthermore, four sequential phases in decision-making support were identified in the home-visit nurses' ACP support: decision formation, decision expression, decision-making, and decision implementation. **Conclusion:** Home-visit nurses repeatedly engaged in careful dialogue with elderly patients requiring care living at home, eliciting their wishes and facilitating their realization alongside families through coordination with other professionals. This suggests that, as a cornerstone of end-of-life care, home-visit nurses play a primary role in facilitating patient-centered ACP.

Keywords

Home-Visit Nurse, ACP (Advance Care Planning), Elderly Individual Requiring Care

1. Introduction

Japan is aging at an unprecedented pace and has the world's highest average life

expectancy. The proportion of the population aged 75 years and over was 16.8% in 2024 and is projected to reach 26.1% in 2055 [1], driving a surge in the demand for medical and nursing care, further emphasizing the importance of community-based integrated care. Building a care system that respects the autonomy of older adults is essential, and Advance Care Planning (ACP) is crucial for achieving high-quality end-of-life care.

Japanese experts define ACP as "an individual's thinking about and discussing with their family and other people close to them, with the support as necessary of healthcare providers who have established a trusting relationship with them, preparations for the future, including the way of life and medical treatment and care that they wish to have in the future" [2]. This is particularly crucial for individuals who are increasingly unable to express their future wishes, hesitate to verbalize their preferences, or lack family members with whom to discuss these matters. Medical and care teams must provide individualized support and engage in repeated dialogue to fully understand an individual's values.

Research on ACP practices among Japanese nurses has focused primarily on visiting nurses engaged in home care [3]. Visiting nurses, who are expected to practice end-of-life care within the community-based integrated care system, feel the strongest need for ACP. However, a cultural characteristic of Japan is its tendency to implicitly agree based on unspoken cues rather than explicit verbal communication [4]. Family-centered decision-making is highly valued [4] [5]. Within the family context, individuals fear that expressing their opinions may place an additional burden on the family [6]. Many older adults are reluctant to express their wishes [6]. Consequently, elderly individuals with dementia or those who are socially isolated may fall outside the scope of the Western ACP definition proposed by Sudore *et al.* [7]. Therefore, a unique definition reflecting the cultural characteristics of ACP support in Japan is needed to serve as a guideline for visiting nurses who frequently provide decision-making support to elderly individuals requiring care because of declining physical or cognitive function. However, previous research has primarily focused on the timing [8]-[10], current status [11] [12], and challenges in implementing ACP [13] [14].

Furthermore, many practical challenges remain unresolved, such as regional disparities in education and collaboration, owing to institutional shortcomings, and uncertainty about how to implement ACP effectively. Interest in ACP for the elderly in Japan increased following the publication of the "Guidelines on the Decision-Making Process for Medical and Nursing Care at the End of Life" [15] by the Ministry of Health, Labour and Welfare in 2018, but research on ACP remains limited. Therefore, it is necessary to clarify the practices of visiting nurses, who play a central role in home care and are actively involved in ACP, and to specify what concrete support visiting nurses should provide at which stage of the ACP process. This study analyzed the ACP practices of visiting nurses in Japan using qualitative inductive analysis to clarify the actual state of ACP support for homebound elderly individuals requiring care.

2. Methods

2.1. Study Design

We conducted the research based on a qualitative descriptive research design.

2.2. Participants

The participants were visiting nurses employed by home-visit nursing agencies in Japan. Suitable candidates were recommended by workplace supervisors or other research participants. They were required to have at least five years of experience in home-visit nursing and be thoroughly familiar with the home care situation in their assigned area. They were also required to have extensive experience in end-of-life care and be able to discuss their own experiences in practicing ACP with home-bound elderly individuals certified as requiring long-term care due to worsening of chronic disease or dementia. To avoid limiting the selection to specific regions, snowball sampling was employed to identify participants who met the above criteria. Data collection and analysis proceeded concurrently, and data saturation was deemed to have been achieved once data were collected from the 10 participants.

2.3. Data Collection

The study period was from February 2024 to August 2025. Semi-structured interviews, each lasting between 60 and 90 minutes, were conducted online with each participant. To facilitate the interview process, participants were provided with a guide in advance. The interview topics were as follows: 1) memorable examples of ACP practice, 2) instances where effective ACP support successfully elicited the wishes of elderly people, and 3) daily considerations in home-visit nursing practice. For topics 1 and 2, participants were asked to "specifically describe which users you conducted ACP with, in what situations, and the subsequent outcomes." Conversations were recorded on an IC recorder with the participants' consent.

2.4. Data Analysis

The interview data were transcribed verbatim and analyzed using Greg *et al.*'s qualitative descriptive analysis method [16]. Descriptions related to ACP support for older adults were focused on, and codes were carefully created to preserve meaning. Subcategories were formed based on the similarities and differences between codes, and these subcategories were further categorized. The temporal relationships among the ACP support categories were examined and are illustrated in **Figure 1**.

2.5. Trustworthiness

To prevent arbitrary data interpretation, a continuous comparative analysis was conducted by examining the similarities with other data and contrasting opposing viewpoints. After one researcher classified the results, a second researcher verified the analyses to ensure reliability. The analysis process constantly returned raw

data for re-evaluation and refinement of interpretations to ensure accuracy.

2.6. Ethical Considerations

This study was approved by the Ethics Review Committee of Yamagata University Faculty of Medicine (application no. 2023-211). Participation in the study was voluntary, and only individuals who provided informed consent were included as research subjects. The consent form stated the following: 1) Data would be handled only by the researchers and stored in a locked storage facility. 2) Data would be anonymized for research presentations, and privacy would be strictly protected. Participants could withdraw from the study at any time without any disadvantages. Participants were also informed that they would sign a consent form once they understood the research objectives. Signed consent forms were obtained from all participants on survey day.

3. Results

3.1. Participants' Characteristics (Table 1)

The study participants comprised one male and nine females, with an average of 13.6 years of experience in home-visit nursing. The locations of home-visit nursing agencies were as follows: Tohoku region, 70%; Kanto region, 20%; and Kansai region, 10%. By position, 90% were directors or deputy directors, and 10% were staff members. Half of the participants were qualified public health nurses, clinical nurse specialists in home care, certified nurses in palliative care, and care managers.

Table 1. Participants' characteristics.

ID	Gender	Locations of home-visit nursing agencies	Years of clinical nursing experience	Years of visiting nursing experience	Job position	Licenses other than registered nurse
A	Female	Tohoku	35	20	Deputy director	none
B	Female	Tohoku	33	13	Staff nurse	none
C	Male	Tohoku	15	6	Director	Public Health Nurse
D	Female	Tohoku	26	13	Deputy director	none
E	Female	Tohoku	34	26	Director	none
F	Female	Tohoku	29	23	Director	none
G	Female	Tohoku	24	5	Director	Clinical Nurse Specialist in Home Care
H	Female	Kanto	25	11	Director	Certified Nurse in Palliative Care
I	Female	Kanto	27	9	Director	Care Manager Certified Nurse in Palliative Care
J	Female	Kansai	12	10	Deputy director	Public Health Nurse

3.2. Practical ACP Support Provided by Visiting Nurses

Categories are indicated by [], subcategories by <>, and representative raw data

examples by "".

The following perspectives of visiting nurses, forming the foundation of ACP support, were recognized: [The presence of ACP in daily home-visit nursing care], [Understanding the individual's wishes is also important for family members], [Seamless implementation of ACP], and [Supporting the realization of wishes through person-centered ACP]. Furthermore, the ACP support provided by visiting nurses comprised [Deliberately creating opportunities for the individual to express their wishes], [Refining conversations to touch on personal values], [Accepting the individual's current feelings], [Reflecting the individual's values in daily care], [Believing in the strength of the individual and their family], [Providing appropriate information as nursing professionals], and [Supporting individuals and their families through multidisciplinary collaboration to fulfil the individual's wishes].

3.2.1. The Perspective of Visiting Nurses as the Foundation for ACP Support (Table 2)

The perspective underpinning ACP support represents visiting nurses' beliefs when practicing ACP, based on experience and ethical judgements cultivated through their previous home nursing practice.

[The presence of ACP in daily home-visit nursing care] is structured around three subcategories: <ACP forms the foundation of home-visit nursing care>, <Prioritizing continuous support for the individual and their family>, and <ACP involves not only end-of-life care but also daily life support for the elderly and their families>. This approach treats routine home-visit nursing care and ACP as part of a single continuum. It was stated that "home-visit nursing can accompany individuals as their feelings fluctuate, leveraging its strength as a service closely connected to medical care," and "ACP is conducted within routine care, though it is often performed without being recognized as ACP."

[Understanding the individual's wishes is also important for family members] stems from <Grasping the elderly person's feelings of concern for their family>, <Identifying the individual's intentions, which are often difficult to express verbally, together with the family>, and <Family members finding peace of mind by knowing the individual's wishes>. Expressing an individual's wishes leads to the realization of end-of-life care that respects their intentions. Comments included: "When we convey to the family what the person truly feels, they often say, 'If that's what they want, we'll care for them at home until the end and see them through.'"

[Seamless ACP implementation] consists of: <Initiating ACP flexibly according to the patient's condition>, <Providing continuous ACP support by hospital nurses>, <Acting as a mediator to ensure the patient's wishes are respected>, and <Confirming specific care details to ensure a final stage of life that respects the patient's wishes>. This ensures that ACP support flows smoothly, enabling individuals to receive medical care and support that respects their wishes even as their care settings and conditions change. Participants shared insights such as: "Nursing collaboration is crucial for making ACP feasible; we continue ACP plans

handed over by nurses upon discharge," and "When ACP stalls due to lack of discussion between the patient and family, we communicate our willingness to cooperate to align with the patient's wishes."

[Supporting the realization of wishes through person-centered ACP] consists of three subcategories: <Keeping the focus unwavering on who is the subject of ACP>, <Moving beyond mere confirmation of wishes to ensure their realization>, and <Fostering ethical consensus among the person, family, and home-based medical team>. It demonstrates a commitment to never lose sight of the essence of ACP, respect the person's wishes, and provide care that honors those wishes until the end. It was stated, "(When the individual's wish to die at home conflicts with family wishes) We tell everyone that the individual's wishes are paramount over the family's. We consider how to engage with anxious family members to alleviate their concerns regarding end-of-life care at home."

Table 2. The perspective of visiting nurses as the foundation for ACP support.

Category	Subcategory	Exemplar codes
The presence of ACP in daily home-visit nursing care	ACP forms the foundation of home-visit nursing care	Home-visit nursing is the cornerstone of ACP. Through daily communication with the patient and their family, we uncover their values and wishes and help make them a reality.
	Prioritizing continuous support for the individual and their family	The role of home-visit nursing is to accompany patients as they navigate their fluctuating feelings about their final resting place. Since home-visit nursing cannot change the situation, it focuses solely on facing it with sincerity.
	ACP involves not only end-of-life care but also daily life support for the elderly and their families	Not only in end-of-life care decision-making, but also in various aspects of daily life support for the elderly and their families.
Understanding the individual's wishes is also important for family members	Grasping the elderly person's feelings of concern for their family	I understand the feelings of elderly people who think of their family caregivers. I make sure not to overlook the people patients wish to involve in their ACP, including their friends.
	Identifying the individual's intentions, which are often difficult to express verbally, together with the family	Even the elderly or those with dementia can say no to things they dislike. When nurses ask dementia patients about their wishes in front of family members, the family begins to listen too.
	Family members finding peace of mind by knowing the individual's wishes	The patient's wishes are ultimately important to the family as well. By respecting the patient's feelings, the outcome was that they were able to pass away peacefully at home.
Seamless ACP implementation	Initiating ACP flexibly according to the patient's condition	We advance ACP while confirming adjustments to care based on the progression of the illness and the situation. We also discuss what happens when eating becomes impossible, but we judge the timing carefully and do not miss the right moment.
	Providing continuous ACP support by hospital nurses	Nursing collaboration is crucial to making ACP feasible. I communicate my desire to provide ACP support from the very start of the intervention and build a trusting relationship.

Continued

	Acting as a mediator to ensure the patient's wishes are respected	For elderly individuals unable to express their wishes, we act as advocates when necessary, considering their best interests. Regarding the final moments of the very elderly, we receive their wishes and serve as a bridge between them and their families.
	Confirming specific care details to ensure a final stage of life that respects the patient's wishes	We confirm specific details to avoid misunderstandings regarding medical procedures during the end of life. We explain to the family the points to consider in order to provide end-of-life care aligned with the patient's wishes.
Supporting the realization of wishes through person-centered ACP	Keeping the focus unwavering on who is the subject of ACP	I make other professionals aware that the individual's wishes should be prioritized above all else. I do not assume the individual's wishes are the same as the family's wishes.
	Moving beyond mere confirmation of wishes to ensure their realization	Many people wish to remain at home until the end, so nurses must take the initiative in considering and acting upon how to fulfill that wish.
	Fostering ethical consensus among the person, family, and home-based medical team	Using the four-part framework of medical ethics, we conducted final confirmation with the home medical team, the patient, and the family.

3.2.2. ACP Support Provided by Home-Visit Nurses (Table 3)

The specific support provided by visiting nurses for ACP is outlined below.

[Deliberately creating opportunities for the individual to express their wishes] consists of <Creating opportunities for ACP within routine care> and <Regularly presenting choices and providing care that enables the individual to make selections, even from limited options>. This involves establishing opportunities for the daily care of elderly individuals who rarely express their wishes to do so. Discussions included: "During conversations, look for opportunities to initiate ACP between words," and "For elderly users who tend to be left behind in decision-making, convey that 'you have the right to choose, the right to express your wishes.'"

[Refining conversations to touch on personal values] outlines techniques for eliciting values through dialogue: <Not taking spoken words at face value; dig deeper by asking follow-up questions>, <Gathering information about their joys and values from everyday conversations>, <Creating opportunities for them to confront their own values>. "We gather material in casual conversations—where they'd like to spend their final days, what they currently look forward to in life," and "We drop little questions like a handkerchief. Even if they don't answer immediately, they probably just don't want to think about it. They'll likely consider it after we (visiting nurses) leave. That's what matters."

[Accepting the individual's current feelings] consists of <First accepting their current feelings> and <Proceeding with ACP after assessing the individual's decision-making capacity>. This indicates accepting their current expression of will with a flexible attitude and working together to consider the future. It was stated that "even if there is a gap between how the user and the healthcare provider perceive ACP, and even if it doesn't align with reality, we listen attentively to the

Table 3. ACP support provided by home-visit nurses.

Category	Subcategory	Exemplar codes
Deliberately creating opportunities for the individual to express their wishes	Creating opportunities for ACP within routine care	To build the kind of trust where patients feel they can talk about these things with you, the most important thing is to provide consistent, thorough daily care.
	Regularly presenting choices and providing care that enables the individual to make selections, even from limited options	I routinely make the patient the subject when confirming consent during care. We prepare a healing environment where the patient can feel satisfied, demonstrate wherever possible that they have choices, and respect their wishes.
Refining conversations to touch on personal values	Not taking spoken words at face value; dig deeper by asking follow-up questions	Patients have their reasons for wanting to stay at home until the end, and we always ask why.
	Gathering information about their joys and values from everyday conversations	To avoid evoking images of death or causing distress to the individual, we explore their values through everyday communication.
	Creating opportunities for them to confront their own values	We don't necessarily have to hear the answers; instead, we create opportunities for users to confront their own values.
Accepting the individual's current feelings	First, accepting their current feelings	I will acknowledge the emotional changes accompanying the progression of the illness and functional decline, and consider future directions together with the patient.
	Proceeding with ACP after assessing the individual's decision-making capacity	We assess decision-making capacity through everyday situations where individuals express their wishes, and we determine coping abilities by listening to their past experiences, thereby advancing ACP.
Reflecting the individual's values in daily care	Sharing the values that a person weaves into their life and utilizing them in care	Rather than making decisions for them, I care for their enjoyment and values by sharing the values they weave into their lives.
Believing in the strength of the individual and their family	Believing in the strength of the individual and their family and waiting	As we work through the difficulties together with the individual and their family, they will come to their own conclusions.
	Exploring the relationship with the family and supporting the individual in communicating their wishes to the family	I'm gauging whether the patient can speak their true feelings to their family, including their day-to-day family dynamics. I encourage the patient to take the initiative in communicating their feelings to their family.
Providing appropriate information as a nursing professional	Providing information to respect the individual's wishes and enable them to spend their final days at home	After explaining what is required to die at home, we explain what kind of care is available.
	Providing specific information to enable informed medical choices during the terminal phase	We discuss the benefits and risks of each option, and specifically what the person's life would be like if that choice were made.
Supporting individuals and their families through multidisciplinary collaboration to fulfill the individual's wishes	Focusing on family care to fulfill elderly individuals' wishes to spend their final days at home	We focus on the concerns and worries of family members to honor the wishes of patients who desire to spend their final days at home. We manage symptoms and strike a balance to ensure family caregivers do not feel overwhelmed.
	Providing support through multidisciplinary teams to realize their intentions	For individuals with dementia who have difficulty eating orally, we first listen to the voices of the person and their family while considering as a team how to proceed.

person's story," and "even if proposals for the future are not accepted, we think together about what they themselves want and what would allow them to live with peace of mind."

[Reflecting the individual's values in daily care] means <Sharing the values that person weaves into their life and utilizing them in care>. This involves "asking about things the individual wanted to do, things they wanted to try, and things they can no longer do but wish to do again," and "as we listen to ensure we can provide care that satisfies the user, they may sometimes express their wishes for their final place of care."

[Believing in the strength of the individual and their family] is a form of care that focuses on the family's self-care abilities, such as <Believing in the strength of the individual and their family and waiting> and <Exploring the relationship with the family and supporting the individual in communicating their wishes to the family>. Comments included: "While we sometimes think our assistance could make things easier, some individuals don't want it, so we can only wait until the individual or family chooses to accept it."

[Providing Appropriate Information as a Nursing Professional] involves: <Providing information to respect the individual's wishes and enable them to spend their final days at home> and <Providing specific information to enable informed medical choices during the terminal phase>. Examples include: "Even if IV fluids are initially desired, the individual's feelings at each moment are crucial. Therefore, we should refine our discussion of the benefits and risks to ensure that their wishes (regarding how they wish to spend their final days) are respected as much as possible."

[Supporting individuals and their families through multidisciplinary collaboration to fulfill the individual's wishes] involves dedicated efforts towards end-of-life care alongside multidisciplinary teams. This includes <Focusing on family care to fulfill elderly individuals' wishes to spend their final days at home> and <Providing support through multidisciplinary teams to realize their intentions>. Discussions included points such as "Many families feel burdened, believing they must shoulder everything alone, so it's important to clearly communicate what specific home care services they can rely on."

3.2.3. Steps in ACP Support by Home-Visit Nurses (Figure 1)

The ACP support provided by home-visit nurses involves four sequential phases in the decision-making support process: decision formation, decision expression, decision-making, and decision implementation. Decision formation is the stage at which an individual's values are clarified. Decision expression is the stage of verbally communicating one's wishes through dialogue with the family and healthcare providers. Repeated discussions deepen understanding. Decision-making is the stage of choosing future medical and care options based on an individual's values and wishes. Implementation is the stage in which the chosen options are reflected in actual care. Underpinning this process were the visiting nurses' beliefs regarding ACP: [The presence of ACP in daily home-visit nursing care],

[Understanding the individual's wishes is also important for family], [Seamless implementation of ACP], and [Supporting the realization of wishes through person-centered ACP].

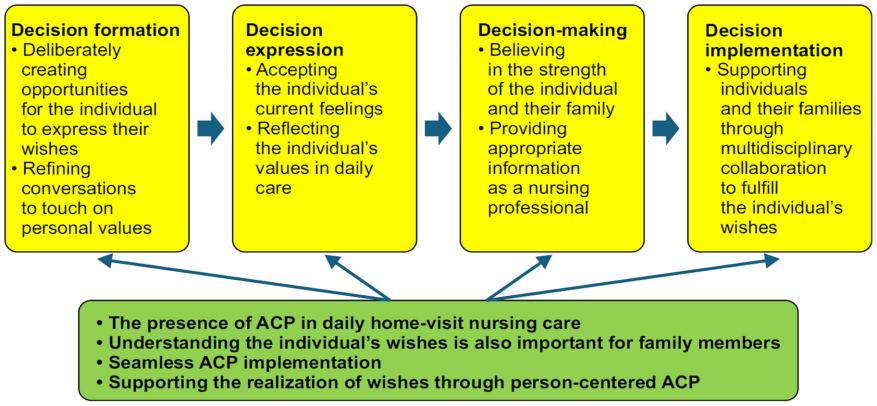

Figure 1. Steps in ACP support by home-visit nurses.

4. Discussion

4.1. The Perspective of Visiting Nurses as the Foundation for ACP Support

This study clarified the ACP support provided by Japanese visiting nurses to elderly individuals requiring home care. The results revealed that the ACP support provided by visiting nurses to these elderly individuals was grounded in the following perspectives: [The presence of ACP in daily home-visit nursing care], [Understanding the individual's wishes is also important for family members], [Seamless ACP implementation], and [Supporting the realization of wishes through person-centered ACP].

The nurses participating in this study were experienced managers certified in palliative care or specialized in home care nursing. They possessed extensive knowledge of home care conditions in their service areas and extensive experience with end-of-life care practices. They were also recommended by their supervisors or fellow visiting nurses as individuals capable of discussing ACP cases they had managed personally. Consequently, all participants held unwavering convictions regarding ACP support as visiting nurses.

Overseas specialized research also indicates that champion nurses who are passionate about ACP are expected to drive their implementation [17]. The participants in this study were similar to the champion nurses who were enthusiastic about ACP. They actively pursued ACP during their daily home visits, led multidisciplinary collaboration within their own facilities and communities, and demonstrated strong leadership. Furthermore, reports within Japan also indicate visiting nurses serving as ACP facilitators [8] [18].

Particularly for the elderly, ACP was not limited to end-of-life stages. ACP was present in daily visiting nursing care as the care elderly individuals in the final stages of life should receive, enabling seamless ACP implementation. These two

categories reflect the Japanese Geriatrics Society's 2019 statement advocating ACP promotion [19], which proposed "regarding ongoing care planning and ACP as a continuous process to seamlessly realize the best possible medical care and support for the individual."

Furthermore, the categories cited as the foundation for ACP from the perspective of visiting nurses included important phrases such as "the individual's wishes" and "individual-centered". It was confirmed that ACP support also involved assisting with the formation and expression of an individual's wishes, aligned with the decision-making support steps. On the other hand, [Supporting the realization of wishes through person-centered ACP] consists of three subcategories: <Keeping the focus unwavering on who is the subject of ACP>, <Moving beyond mere confirmation of wishes to ensure their realization>, and <Fostering ethical consensus among the person, family, and home-based medical team>. This approach enables visiting nurses to move beyond traditional family-centered decision-making. It represents a shift away from this model, allowing home-visit nurses to maintain a neutral stance in their relationships with the individual, family, and other home-care staff. Their actions aim to foster consensus from an ethical perspective. In other words, this approach reflects visiting nurses' conviction regarding ACP: while acknowledging the cultural characteristics of decision-making in Japan, the ethical principle of patient-centeredness remains non-negotiable. This suggests that visiting nurses, as key actors in end-of-life care, play a primary role in facilitating person-centered ACP.

4.2. ACP Support Provided by Home-Visit Nurses

This study classified visiting nurses' ACP support into four stages: decision formation, decision expression, decision making, and implementation of will.

Decision formation is the stage of identifying what matters most for living authentically, and requires ongoing dialogue. A cultural tendency to avoid discussing death as "unlucky" persists in Japan. Therefore, in the areas of [Deliberately creating opportunities for the individual to express their wishes] and [Refining conversations to touch on personal values], nurses employed dialogue strategies tailored to each elderly person's situation. This was evident in "to avoid evoking images of death or causing distress to the individual, we explore their values through everyday communication exploring values through everyday communication (exemplar codes)." Furthermore, for elderly individuals with declining cognitive function who find it difficult to express their wishes, care practices, such as routinely creating opportunities for choice, were implemented to respect their preferences.

Decision expressions involve clearly communicating their values and desires to others. Support was provided to help them repeatedly articulate their wishes, deepen their understanding, and make it easier for them to reflect on their future medical and care choices. This approach involves building trust with the elderly while eliciting their values, such as [Accepting the individual's current feelings]

and [Reflecting the individual's values in daily care], and then incorporating these values into daily home-visit nursing care. Furthermore, given that this is a crucial period requiring repeated, careful dialogue, similar to the formation of intentions, home-visit nurses, who handle both medical and nursing care and are more frequently encountered by the elderly and their families than physicians, are considered well-suited to serve as ACP facilitators. Internationally, patients report perceiving nurse-led ACP approaches as compassionate and feeling that nurses encourage a deeper consideration of what matters most to them [17]. In Japan, clear evaluations of ACP by visiting nurses of patients or their families have not yet been documented, making the accumulation of research on patient and family assessments a challenge.

In decision-making, visiting nurses practiced [Believing in the strength of the individual and their family] and [Providing appropriate information as nursing professionals] as ACP support. Japan has a traditional family-centered approach to decision-making [4] [5], and the continuation of home care has historically been entrusted to family decision-making. Therefore, visiting nurses consider words of consideration and appreciation for family caregivers as essential to family care [20]. Furthermore, Japan's traditional culture, which respects the elderly and values longevity, often does not wish for elderly patients to die without therapeutic intervention during the terminal phase [21]. Japanese research reports that a contributing factor to an ideal end-of-life experience, defined as a "good death", is living without conscious awareness of approaching death [22]. In decision-making, visiting nurses provide support that respects both the individual and their family, embodying an approach of accompanying them. This is seen in instances where "as we work through the difficulties together with the individual and their family, they will come to their own conclusions (exemplar codes)." Therefore, believing in the strength of the patient and their family, and providing appropriate information as nursing professionals can be seen as a form of decision support that reflects Japanese cultural characteristics.

Regarding the implementation of wishes, [Supporting individuals and their families through multidisciplinary collaboration to fulfill the individual's wishes] was implemented. In a survey on ACP practice among visiting nurses, the reasons cited by numerous nurses for perceiving ACP as beneficial included being able to listen to the patient and the family's feelings, providing care aligned with their wishes, and enabling the elderly to spend their final days with their family [23]. This suggests that visiting nurses themselves possess a strong desire to fulfill their wishes and a strong commitment to providing care that allows them to spend their final moments at home, surrounded by family. Visiting nurses viewed the family as equally important care recipients alongside the individual, engaged in repeated dialogue with them, and approached ACP support from a neutral standpoint. Additionally, there was consideration of the family, aiming to provide end-of-life care that would prevent regret among bereaved family members after the death of an elderly person [24]. To fulfill the patient's wishes, they collaborated with a mul-

tidisciplinary team to provide support that considered the family's feelings and helped sustain the family's caregiving. "We focus on the concerns and worries of family members to honor the wishes of patients who desire to spend their final days at home"; "we manage symptoms and strike a balance to ensure family caregivers do not feel overwhelmed (exemplar codes)." As seen in these points, visiting nurses collaborated with a multidisciplinary team to provide support that both fulfilled the individual's wishes and assisted the family in their caregiving while also considering the family's emotional state. Visiting nurses can be said to be the linchpin of this team during this time.

4.3. Implications for Improving ACP Practice by Visiting Nurses

In Japan, only within the last several years have elderly individuals requiring care for non-cancerous conditions been recognized as candidates for ACP support. Consequently, even among professionals engaged in home care, understanding ACP and communication skills regarding it still vary significantly by region and individual. Japanese health care providers are reluctant to practice ACP [25]. Furthermore, surveys targeting physicians in primary care clinics indicate low awareness of ACP and persistently low rates of ACP training participation [26]. Reports also note regional staffing shortages and a tendency among healthcare and care workers to harbor negative feelings about discussing death [26] [27]. Therefore, communication skills that facilitate collaboration and smooth coordination among multiple professionals, such as physicians and care managers, are crucial.

In Japan, based on the Ministry of Health, Labour and Welfare's Life Conference initiative, prefectures and municipalities are creating their own ACP tools to promote and establish ACP [28]. Utilizing such tools is expected to help reduce the psychological burden that healthcare and care workers experience regarding ACP, which requires sensitivity, empathy, and strong communication skills. Therefore, the development of ACP knowledge and communication skills is essential in nursing education. Furthermore, Japan lacks a research foundation for evaluating visiting nurses' ACP practices. Therefore, surveys are needed regarding evaluations from patients themselves, their families, and other multidisciplinary professionals. Furthermore, to enhance nurses' ACP practice capabilities, it is necessary to develop self-assessment tools for nurses' own ACP practice that incorporate evaluations from patients, families, and other healthcare professionals. Researchers have promoted ACP through training workshops [29]. Based on the findings of this study, we will refine the content into a training and support program suitable for practical use in clinical settings in collaboration with leading nurses actively involved in ACP. We will also establish a forum where practitioners can consult on effective intervention cases and challenging situations.

4.4. Limitations

This study investigated visiting nurses' practices in many regions of Japan. However, participants were predominantly visiting nurses employed by visiting nurs-

ing agencies in the Tohoku region. Nevertheless, we were able to hear rich narratives from the participants regarding ACP practice. This confirms that support aligned with the essence of ACP is being provided, and we believe this is reflected in the results of this study.

5. Conclusion

This study examined the ACP practices of Japanese visiting nurses for homebound elderly individuals requiring care. The results revealed the perspectives of visiting nurses that form the foundation of ACP support as well as distinctive support characteristics across the four stages of ACP. Visiting nurses, considering the cultural characteristics of decision-making in Japan, engaged in repeated and careful dialogues with homebound elderly individuals requiring care. They elicited individuals' wishes and, collaborating with other professionals and alongside family members, supported the realization of those wishes. This suggests that as a cornerstone of end-of-life care, home-visit nurses play a primary role in facilitating patient-centered ACP.

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Conflicts of Interest

The authors declare no conflicts of interest related to the publication of this article.

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