

継続的な支援が必要な家族に関わる助産師のための 保健師との連携指標の開発

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論 文 要 旨

継続的な支援が必要な家族に関わる助産師のための
保健師との連携指標の開発

A model of activity for collaboration
between midwives and public health nurses
giving continuous family support

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Purpose

This study aimed to develop guidelines for collaborative activities for midwives working in medical institutions, who are involved with families in need of continuous support from pregnancy to early childcare, to work with public health nurses (PHN) working with health authorities. In this study, “families in need of continuous support” is defined as “groups including people who are involved in childcare, such as pregnant and parturient women and fathers of the newly-born babies and their siblings, who have difficulty in performing childcare and need specific support to ensure the healthy development of children throughout the stages of pregnancy, childbirth, and childcare”. “Guidelines for collaborative activities” are defined as guidelines that “show specific collaborative activities midwives conduct with PHN including purpose and methods”.

Methods

The Delphi technique, technique of consensus methods, was employed to develop guidelines for collaborative activities in a process that was divided into the following three phases.

1. Phase 1: Creation of draft question items for the guidelines for collaborative activities

1) Phase 1-1: We conducted interviews with midwives with 5 years or longer experience, clarified details of specific collaborative activities with PHN, and identified problems.

2) Phase 1-2: We conducted interviews with researchers with experience in working as midwives or PHN, and midwives and PHN with 11 years or longer experience. In the interviews we presented the draft items for the guidelines, and inquired into the appropriateness of the items covered in the draft guidelines. Based on the responses, we refined the draft items for the guidelines for collaborative activities.

2. Phase 2: Setting the guidelines for collaborative activities

A nationwide questionnaire survey was conducted with midwives by post. Participants were asked to provide levels of agreement to each of the question items in the draft created in phase 1. Where there is no agreement, the reasons for this absence. Question items which more than 80% of the participants agreed with were considered to have reached consensus, and the guidelines were determined by conducting further surveys till all included items reached consensus level.

3. Phase 3: Determining problems in utilizing the guidelines for collaborative activities

In line with the nationwide survey of midwives, we looked at problems in utilizing the guidelines, by clarifying details of the activities involved in the guidelines. For activities not conducted, we determined the reasons why they were not conducted.

4. Ethical considerations

The study was approved by the Ethics Committee of the School of Nursing and Social

Services Graduate School of Nursing and Social Service, Health Sciences University of Hokkaido (Approval No. 14N040040, 16N024022).

Results

1. Phase 1

1) There were seven participants in the Phase 1-1 survey. Analysis of the interview data yielded the following 104 items for the draft of guidelines for collaborative activities: cases that require collaboration with PHN (20 items); organization and assessment of collaboration arrangements (16 items); preliminary consultations to effect the collaboration/information provisions (6 items); orientation to confirm roles, information sharing, and support (35 items); development of continued collaborative relationships (12 items); and bases/conditions for the collaboration (27 items).

2) There were 10 participants in the Phase 1-2 survey. By organizing the items of the draft guidelines where participants had answered “Not really appropriate” and “Not appropriate” and the reasons for the thinking behind the items that were not appropriate, a total of 47 items were created: from the period of consultation at a medical institution till the discharge (21 items); after the discharge (6 items); and for the development of collaborative arrangements (20 items).

2. Phase 2

There were 336 participants in the first nationwide survey (valid response rate: 28.6%). Here 45 items reached the consensus level of 80% or higher among the 47 items identified as the items for the guidelines for collaborative activities in Phase 1-2. Two items “When necessary, a midwife visits the family together with PHN” (65.1%) and “Midwives should participate in health programs for mother and child provided at health centers” (79.8%) were excluded.

There were 171 participants in the second nationwide survey (valid response rate 75.7%). All the 45 items that had reached 80% in the first nationwide survey reached the satisfactory consensus level in the second survey, and they were determined to be included in the guidelines. Details are as follows: from the period of consultation at a medical institution to discharge (21 items); after discharge (5 items); and development of the collaboration arrangements (19 items).

The guidelines are comprised of items related to the activities of midwives: working with PHN continuously; transferring the support activities to PHN; collecting post-discharge information; and evaluation of support provided. These are conducted along with the following items: collecting and organizing information of the cases; sharing the cases between inpatient and outpatient wards; working with different professionals in the facility; obtaining consent of family members about providing information; making contact with PHN; and providing support for families. In addition, there are items related to the maintenance of the environment related to improving the conditions for collaboration in the facility, and the daily relationship not related to specific cases with PHN outside the facility.

3. Phase 3

More than 80% of the participants conducted the following: collecting and organizing information of the cases, sharing the cases between inpatient and outpatient wards; making contact with PHN/deciding on a coordination contact office; obtaining consent of family members about providing information; and communicating urgent information to PHN. Items that less than 60% of participants agreed as conducting are as follows: encouragement of participation of those involved when conducting case study meetings; planning and consultation of meetings; and planning of opportunities for sharing issues with PHN. Reasons for not conducting these items include lack of staff and time; roles played by other professionals; activities outside the institutional regulation; and lack of arrangements. There are also reasons related to families and PHN, such as that families do not want to collaborate; the relationship with PHN is not close; responses differ depending on the PHN; and contact with PHN cannot be made on holidays. There was a statement indicating that the item is not currently implemented by midwives but that they are planning to implement it in the future.

Discussion

The items of the guidelines for collaborative activities were categorized into time flow and base building, and included items about the continued relationship with PHN through processes beyond information sharing. There were items related to proposals to the organization for building the basis for collaboration as well as collaboration through the cases.

The guidelines developed here may be effective specifically for midwives who are trying to improve collaboration or evaluate the collaborative activities they conduct. Although family visits together with PHN and participation in health programs for mother and child provided at health centers were excluded, it is expected that the need for these activities will increase in the future, suggesting the necessity to seek measures to collaborate in activities outside of the institution midwives are affiliated to. Further, midwives had situations where they were not able to act, but where they thought that they should. The lack of staff and time, and limitations due to the institutional regulations may be issues addressed by the whole society in improving community organization and making suggestions for policies, to enable midwives to conduct activities they consider necessary.

In the future, it is necessary to evaluate the results of utilization of the guidelines for collaborative activities developed in this study to improve the feasibility and usefulness of the guidelines. The findings suggest the necessity of examining the guidelines for collaboration with midwives from the standpoint of PHN because mutual understanding is needed in collaborative work.