

# Nursing for cancer patient families with children: ability of nurses to recognize when care is needed

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# Nursing for cancer patient families with children: ability of nurses to recognize when care is needed

Yasuko Kitou , Noriko Tabuchi\* , Keiko Fujita\* , Masami Okumura\*\*

## Abstract

This study was performed to determine the recognition of nurses that provided care to cancer patients' children. The research methods used in this study included semi-structured interviews conducted with four nurses that had experience nursing cancer patients' families with children. We examined these nurses' circumstances, their reasons for care, their thoughts, and feelings.

Analysis: These aspects were analyzed as a case study. Nursing experience and the thought process that led to actual care were extracted and coded. The semantic content of the codes was interpreted from the perspectives of "recognition of nursing and circumstances of actual care" and "actual care to date," and these were then categorized.

Results: The following four points were revealed. (1) Involvement that gave insight into the life stages of patients and families. (2) Involvement that imagined the relationship between the children and others outside of the hospital. (3) Involvement maintaining the children's point of view. (4) Involvement utilizing self-reflection and high degree of awareness of one's role as a certified nurse specialist.

When nurses use this perspective for children of cancer patients while working with mothers and children, they will not only be able to see the patient's problems, but will inevitably be able to see the patient's role as a mother, and the child's specific social situation, specifically regarding family and school.

The results of this study, which involved children who are members of cancer patient's families, indicated that rather than separating out each phase of the disease process (i.e., acute, chronic, terminal, and treatment stages) from the time that the mother is informed that she has cancer, it is necessary for nurses to know how to involve the aspects considered at various stages of the disease process.

As cancer patients have various roles in their families, by extending thoughts to each person involved in the family, it is possible for nurses to cooperate with patients and families, rather than providing one-sided care, and to provide direction for various patient and family problems that may occur.

With regard to the nursing of cancer patients, it is important to involve the children of cancer patients with an outlook.

## KEY WORDS

Recognition of Nursing, Children of a parent with Cancer, Cancer Nursing, Family Nursing

## Introduction

Children are greatly impacted when a mother suffers from cancer during the child-raising period. The impact of cancer on patients psychosocial functioning has received

considerable attention in the literature. However, limited attention has been paid to the effects on children when a parent is diagnosed with cancer.

In the family systems theory, when a member of the

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Department of Nursing, Bukkyo University

\* Pharmaceutical and Health Sciences, Kanazawa University

\*\* Ex-Department of Nursing, Bukkyo University

family becomes ill, all family members are impacted, and the balance of the various family systems (i.e. husband-wife, parent-child, etc.) are disturbed<sup>1)</sup>. Recent study, Supports to tell that the parent is a cancer in children<sup>2)</sup>. A Case Study in the terminal stage as support research of cancer patients to the child, research such as grief care to the children of time who lost a parent has been promoted<sup>3) 4) 5)</sup>. The recent years of research it is necessary for caregivers to be involved with all family members, and not just the mother with cancer. Despite this, there is very little Japanese research literature concerning the care that should be provided for children when their mothers have cancer, and owing to this, studies have yet to make adequate progress in this area. Meanwhile, "children" is one of the most important anxiety factor for mothers diagnosed with cancer who are largely responsible for their children's upbringing<sup>6)</sup>.

Based on conversations with nurses involved with cancer patients in the child-raising period, we examined how nurses were providing care for these children<sup>7)</sup>. While there were actual situations that existed that are not recognized to be within the scope of their role as a nurse in caring for these children, there were nurses who worked not only with the cancer patient, but also with the entire environment surrounding the family and children. The current study aimed to clarify the actual care for the children of cancer patients and to examine the recognition of care provided by these nurses based on conversations with 4 nurses who spoke of their background leading to care involving children.

The results of the current study can contribute to improving the recognition of care for cancer

patients and their families, particularly the children in these families, as well as the quality of family nursing overall.

### Definition of terms

#### 1. Families of cancer patients

Families with a focus on mothers suffer cancer and their children

#### 2. Recognition of Nursing

The circumstances and reasons of care based on their thoughts and mind,

Recognition leading to care methods

### Research Methods

1. Study design : Case study

2. Participants: Four nurses who worked in the designated cancer hospitals and had nursing experiences for cancer patient families with children.

3. Study Period: May to September 2013

4. Methods: Semi-structured interviews are carried with interview guide.

5. We asked nurses about follows,

1) Attributes (age, years of clinical experience, etc.)

2) The circumstances and reasons in the actual care to cancer patients' families with children (i.e. patients with children between 0 and 18 years) , and those nurses' thoughts and mind

3) What they think essential in caring for a child

6. Analysis

First, interview contents were analyzed via qualitative inductive methods and transcribed verbatim, using the interview guide. Regarding each case from that, the following three points were extracted and coded; ① Intervention contents of nurses ② Recognition that leads to the nursing intervention ③ actual care to date that leads to the nursing intervention. The collected content code with content that is similar to the encoding is summarized in the Tables.

7. Ethical Considerations

This study was approved by the Kanazawa University medical ethics review committee (approval number 428) . Upon obtaining consent from the nursing departments of the cooperating facilities, researchers explained to subjects verbally, and in writing, the study's purpose, respect for free will, assurance of the ability to decline at any point during the study, protection from disadvantages, data anonymity, protection of privacy, and results announcements. Following this, approval was obtained.

### Results

Among lead to idea of actual care and thoughts and experience, and a place where each of the nurse is the axis leading to the nursing behavior and the title, these were described.

#### 1.Participants Characteristics

There were a total of 4 study participants working in 3 cancer-care hospitals, 2 general ward nurses, and 2 Certified Nurse Specialist in Cancer Nursing.

The average time required for each interview was 66

minutes (59-72 min) .

## 2. Analysis Results of the 4 Cases

Results, Regarding to the nursing for cancer patients families with children, revealed the following four points through four nurses who had experiences this type of care were interviewed about the circumstances and reasons of the actual care to date, their thoughts and mind.

A consolidation of the 4 cases is shown in Table 1, 2 for items that prompted cases of involvement with children. Results are shown below with statements in parentheses.

1) Nurse A: Involvement that gave insight into the life stages of patients and families.

Nurse A was a nurse with 23 years of clinical experience at a general ward. In the interview, the nurse spoke about her actual care to date with various cases. The disease stages of the cancer patients, and various cases Nurse A spoke about were initial hospitalization, during hospitalization, post-discharge (home) , and terminal stages. The nurse discussed two outlooks that contributed to her nursing care in the specific cases. The first was that life events that occur during a child's maturation process affect all family members. The second was that, as cancer progresses to the terminal stage, not only is the patient impacted, but also the lifestyle of the family.

In terms of life events that occur during children's maturation process impacting family members, depending on the contents of the child's life events, such as exams, it may be difficult to announce the mother's illness to the child. It was often seen that mothers work hard participate in their children's life events, such as school admissions, graduation, and classroom visits. Insights were given on how great an impact various events in the family's life stages have on the patients and children.

In terms of the impact, not only on the patient, but also on the family's lifestyle, as cancer progresses to the terminal stage, insight was given on the family's burden as the patient's disease progresses. "At home, they (the family) are working hard to take care of the mother. That's why, when the mother is hospitalized, there are some children who say they want to stop being part of their mother's care for a while. Depending on the child's condition, I say 'Oh really? Caring for your mother was difficult. It must have been hard at home,' and I get the child's thoughts and reasons for refusing. Then, I create a little time for the child to separate from the mother."

During the terminal stage, respect and consideration is given, not only to the daily life of the patient, but also to the family, and distance is placed between the patient and the family, without the belief that the family must always be involved with the patient.

These kinds of insights were not only seen in terms of the nurse's own involvement, but also in behavior such as relaying experiences to nurses with little experience at conferences and other such venues.

Nurse A took her recognitions of nursing based on actual care to date as a nurse seriously, and used that actual care to think about how things could function well for the family, including both the patient and children. This was done not only to improve the quality of her nursing care, but also to share her personal actual care to nurses with less experience.

2) Nurses B: Involvement that imagined the relationship between the children and others outside of the hospital

Nurse B was a nurse with 25 years of clinical experience in general and terminal wards. She had practiced nursing with patients undergoing treatments in general wards, as well as with patients in the terminal stage. She also spoke about her own values as a mother, outside of actual care as a nurse, and spoke about her involvement and experience with a schoolteacher.

A common part of Nurse B's narrative was the emphasis on natural relationships in everyday life. Concerning the interactions between mothers and children in hospitals, Nurse B would focus on "children's expressions, mothers' expressions. Not to the conversations. Since conversations are cut off when I enter the room, sometimes I listen from the next partition, in the case of a multiple patient room." In this statement, Nurse B is suggesting that places to observe and to provide care are not limited to places where the nurse can directly interact with the family. Nurse B was involved in paying attention to places where the family could speak freely, and to where children and patients, children and families, and children and society (e.g. friends, schoolteachers) can live, and interact, as regular people. Through this, Nurse B was able to notice changes in these interactions, both before and after hospitalization, as well as through the progression of the mother's treatment.

Nurse B, based on her actual care and thoughts about interpersonal connections, carefully observes the natural

Table 1. (Nurse A、B)

Overview of Subjects	Nurse A (General Ward Nurse: 23 years of experience) General ward work	Nurse B (General Ward Nurse: over 25 years of experience) General ward work and Terminal ward work
Involvement of nursing Contents	<ul style="list-style-type: none"> <li>• Participation adjustment to life events</li> <li>• Involvement Considering the distance between mother and child</li> <li>• Adjustment of thought among family members</li> <li>• Praise the great efforts of the children</li> <li>• Waits for the right time for the conflict of acceptance and timing.</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement that respects a child's life background</li> <li>• Focuses on the fact that children's care will be very different depending on individual personality, the family situation, and the various roles of people in the home.</li> <li>• Creates a place where families can express their thoughts rather than medical staff expressing what they think the family should do.</li> <li>• Looking the natural family relationship (In shared rooms, listens to the family's conversation while taking care of other patients. )</li> </ul>
Recognition of nursing	<ul style="list-style-type: none"> <li>• Setting a goal to participate in the child's life events improves the patient's QOL and motivation to battle the illness.</li> <li>• Since a high percentage of young children are not independent in daily life and need support, the nurse recognizes the burdens and thoughts of the children.</li> <li>• When the primary care nurse intervenes, the nurse pulls out information and keeps in mind a follow-up in the hospital ward to continue care.</li> <li>• For things that cannot be done by herself, leaves collaboration with the remission team and social workers to the home-visit nurse.</li> <li>• Since the mother was hospitalized, has there been any trouble with the child's friend relationships or school life?</li> <li>• Believes it is necessary to follow-up on the child's thoughts about the parents not being able to participate in life events.</li> </ul>	<ul style="list-style-type: none"> <li>• Family relationships differ in positions within the family, usually including grandparents.</li> <li>• It is important to provide care, knowing that children often do not say their real feelings to medical staff, but rather to parents and grandparents.</li> <li>• Looking at the mother's expressions and verbal conduct while dealing with the child.</li> <li>• If a child has an image of the word cancer and cannot talk about his/her mother's disease with teachers and classmates, the child will not be able to cooperate with other children socially.</li> <li>• Rather than naming the mother's disease, it is better to explain why the mother has to be hospitalized or why the mother has to come to the hospital.</li> <li>• Takes care to not let the child think that the mother is suffering from cancer because he/she was bad.</li> <li>• Providing an agenda based on the child's interests.</li> </ul>
Actual care to date	<ul style="list-style-type: none"> <li>• There was great damage to the child's mental health when it was announced to the child that the mother had entered the terminal stage.</li> <li>• A mother in the terminal stage did her best with treatment so that she could attend her child's graduation.</li> <li>• Also received reasons and opinions for denying the mother, and the mother-child relationship went well if distance was put between them at that time.</li> <li>• When there is a communication error between family members at the hospital, it is difficult to address the issue if all family members are not involved.</li> <li>• While the mother is hospitalized, household burdens increase and children that take on a parent role for younger siblings</li> </ul>	<ul style="list-style-type: none"> <li>• Child-raising mothers tend to fight until the very end with their treatment.</li> <li>• Even if you live one day longer in the general (acute) ward, you are not able to create memories. One patient tried to live one day longer in the general(acute) ward, she was not able to create memories.</li> <li>• Involved in carefully asking about the patient's and family's thoughts in the terminal ward.</li> <li>• Thinks about things using her own experience as a mother (experience outside of nursing).</li> <li>• Had the opportunity to hear from school educators about the status of a school for children suffering from cancer (experience outside of nursing).</li> </ul>

Table 2. (Nurse C、D)

Overview of Subjects	<p>Nurse C ( Certified Nurse Specialist in Cancer Nursing : 1 year of experience as a Certified Nurse Specialist in Cancer Nursing, out of 9 years of nursing experience)</p> <ul style="list-style-type: none"> <li>• Pediatric ward experience.</li> <li>• Does not currently belong to a ward, works as a Certified Nurse Specialist in Cancer Nursing.</li> </ul>	<p>Nurse D (Certified Nurse Specialist in Cancer Nursing: 3 years of experience as a Certified Nurse Specialist in Cancer Nursing, out of 13 years of nursing experience)</p> <ul style="list-style-type: none"> <li>• Does not currently belong to a ward, works as a Certified Nurse Specialist in Cancer Nursing.</li> </ul>
Involvement of nursing Contents	<ul style="list-style-type: none"> <li>• Involvement was conscious that the nursing to mother has the impact on the child</li> <li>• Involvement thought children's development (the understanding)</li> <li>• Being involved imagining that family members influence each other.</li> <li>• Thinking about how to be continuously involved and how to best follow-up.</li> <li>• Follow up with hospital nurses.</li> </ul>	<ul style="list-style-type: none"> <li>• To listen to, such as a child to build a relationship of trust</li> <li>• Ensure the long-term follow-up that can be in the hospital to the family</li> <li>• Ensure the continued follow-up outside the hospital to the family</li> <li>• Talks with other staff in detail about the family, and share information, and what each nurse thinks, so that there is understanding among the medical team.</li> <li>• A place to make the inexperienced nurse can speak to nurses and professionals with experience</li> </ul>
Recognition of nursing	<ul style="list-style-type: none"> <li>• Widening the assessment to consider how the person's illness impacts the family and how it impacts the child and spouse.</li> <li>• Began to feel that if she did not provide care to the whole family, ultimately, she was not providing care to the patient.</li> <li>• An environment must be prepared that is comfortable for the child and in which the family members can play and relax</li> <li>• A nurse's role includes talking about the current household circumstances and about the region.</li> <li>• Considers it necessary to think about the child's understanding of the illness and of the concept of death before giving descriptions.</li> <li>• Is troubled by the many consultations with the family, visiting nurses, pediatric specialist nurses, social resources, and social workers, etc. that are necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Nurses are aware of how the family relationship is from all aspects and of their role in looking at the background.</li> <li>• Is aware that even if the information is unnecessary now, if the patient is rehospitalized, it will be extremely important. Makes long-term predictions and adopts a viewpoint to look at current stage interventions and future interventions.</li> <li>• Enters the room keeping in mind that they may want to ask something to the person taking care of them and to allow that they can ask anything whenever they want.</li> <li>• Talks with other staff in detail about the family, and share information, and what each nurse thinks, so that there is understanding among the medical team.</li> <li>• Creates a climate where, if less experienced nurses are afraid to intervene by themselves, then, for example, a specialist nurse would support them, and say "it's okay to conference with everyone and think about this."</li> <li>• Thinks it is good to ask how the child is doing in daily life, how the caretakers are doing, if there is enough support, ask about the child's daily life, school information, etc., even if the family doesn't have 3 children.</li> <li>• Collaborate with social workers and child welfare workers.</li> </ul>
Actual care to date	<ul style="list-style-type: none"> <li>• Has felt how difficult it is to change family relationships in her experiences thus far.</li> <li>• Is troubled by the many consultations with the family, visiting nurses, pediatric specialist nurses, social resources, and social workers, etc. that are necessary.</li> <li>• There are many families who say it was very difficult to have one member of the family become ill.</li> <li>• Many families want to get information on social resources.</li> <li>• Involved with a 3.5 year old child whose mother has cancer.</li> <li>• Worried with the mother over whether to tell the child about hair loss</li> </ul>	<ul style="list-style-type: none"> <li>• When the mother changed hospitals, the nurse introduced hospitals specializing in an area like child psychiatry, so that there was a place for the child to consult in the future</li> <li>• Creates a condition where they can say anything to us, from the standpoint of "You can say anything to nurses, even trivial things and idle complaints." While building a relationship, asks about the child.</li> <li>• Even though fathers are not supposed to show weakness, the nurse was involved in cases in which there was no place to consult and there were troubles; the fathers' anxiety was alleviated, and they were able to successfully face the family.</li> <li>• When you leave information in medical records or present at conferences, ward nurses can see from that viewpoint and deepen their understanding.</li> <li>• After attending the Hope Tree (support for children of parents with cancer) research conference, the nurse reflected that there was more she could be doing.</li> </ul>

condition of children in the hospital and the conditions between the child and family/society (fiends, teachers) , places an emphasis on these relationships, and uses this information to connect the care of the patient and child.

3) Nurses C: Involvement maintaining the point of view of the child

Nurse C was a nurse with 9 years of clinical experience. Of this, Nurse C has 1 year of experience working as a certified nurse specialist in cancer nursing, but also has experience as a pediatric department nurse, before working full-time as a certified nurse specialist in cancer nursing. Nurse C was asked to focus the conversation on children's concepts and awareness of death through age development, based on her experience as a pediatric nurse. Nurse C also spoke in depth about preparing comfortable environments for the child, in the home or hospital, where the child is less afraid and less uncomfortable. "Since fear is lessened by playing for a little bit, [the children] play a little with nurses. For the mother's pleasure, we describe as much as possible. Without scaring them, in front of the child, we try not to do painful treatments for the mother or body position movements." She was aware of how the mother's hospitalization and treatment would affect each family member, and to what extent the child should be notified about the mother's illness, and was also aware of how each family member's recognition affected the child.

Nurse C was directly involved with the patient, but also devised individual care from the child's perspective.

4) Nurses D: Involvement utilizing self-reflection/introspection and a high awareness of one's role as a professional nurse

Nurse D was a nurse with 13 years of clinical experience, with 3 of these as a certified nurse specialist in cancer nursing. She has great perception as a certified nurse specialist in cancer nursing. In one workshop, Nurse D had the opportunity to learn about involvement with cancer patients' children. She reflected that, "I didn't really have the perspective of being involved with cancer patients' children. I felt that maybe there was more I could have done." She spoke clearly about the issue of connecting in examples of what had gone well throughout her long and deep involvement as a certified nurse specialist in cancer nursing. She observed that "whether it's through the patient themselves or another person, even if medical staff just talks about the child and presents information, the situation can become very different."

Nurse D used personal observations, not only for the care she provided, but also relayed this information to other nurses. One method for sharing with other nurses utilized by Nurse D was the active reporting of one's observations in hospital conferences or medical records, so that other medical staff, including nurses, can be made aware. Nurse D reports that the medical staff also considers the family to be one of the nursing care subjects. Nurse D worked to create an environment in which the family could easily talk at any time.

For matters that could not be resolved on her own, Nurse D collaborated with a child psychiatrist, understood the scope of responsibility she was able to take, and provided support to the family, including both the patient and child.

Nurse D reflected on observations from training conferences and her actual care, and expressed a desire for other nurses to utilize these as well. She was also aware of her scope of responsibility as a specialist nurse and made efforts to the extent that she could. In areas she could not, she connected with various other professionals, which led to a greater involvement with the patients and families.

### Discussion

The above four points became apparent as a result of the analysis from the recognition of nursing and actual care to date. About it, consider from 1. a way to have knowledge. 2. point of view of respect for diverse roles. 3. professional consciousness, point of view.

1. How to use knowledge from one's actual care to date in nursing care and how to provide nursing care as personal learning experience for something one has not experienced.

Information gathered from the 4 nurses suggests that they learned from the actual care with the patients they took care of Benner states that, in theory, actual care is to improve preconceptions and theories based on encounters with a number of actual, specific situations, complete with nuances and subtle differences<sup>8)</sup>. Skilled and experienced nurses can select the occasional involvement that is appropriate to each patient, by integrating the knowledge they have gained over time. However, it is difficult for nurses with little experience to predict what will happen next. Specifically, it is important to think about what kind of difficulties the children will face, and how the family will

deal with the mother's treatment progress. This is done in an effort to reflect on what could have worked better, and to think about how to use experience to improve care. Simulation education has been introduced in modern nursing education, which allows students to experience a simulation of an actual clinical location, and students learn from this experience<sup>9</sup>. In another method of nursing training, students gain similar simulated experience and repeat case studies. One effect of case study training in public health nurse education is on the attitude of the nurses and how they face their patients<sup>10</sup>. Although simulated experience is effective for novice nurses, by having a space to share personal experiences (e.g. conferences, etc.) , such as those shared by Nurses A and D, one can learn ways of nursing without being limited by one's personal actual care. At such locations, nurses are able to discuss various cases, and reflect on their own actual care, which will ultimately lead to better nursing care in the future.

2. Respecting that the role of the patient is not only to receive treatment, but that patients also have various roles as individuals.

Nurse B spoke about experiences outside of nursing. Since nurses often have experiences as mothers, they can adopt that viewpoint to predict difficulties. Looking at a child's development, as in Case C, we see there are different implications, even in the same nursing settings. When nurses use this perspective while working with mothers and children, they will not only be able to see the patient's problems, but will inevitably be able to see the patient's role as a mother, and the child's specific social situation, specifically regarding family and school. In terms of role taking, Mead says that if meaningful people around us have expectations, needs, requests, emotions, or intentions and if they have any evaluations, judgments with opinions, or attitudes, and whether they carry out these stipulations, is important to how we create a sense of self. Furthermore, suffering in the form of confusion or worries can arise from displacement and conflict between these<sup>11</sup>. An association between coping and social roles has actually been shown in previous research<sup>12</sup>. By considering the expected roles of each person and each person's thoughts from their respective standpoints (i.e. mother (patient) , husband, child, grandparents) , one can consider what the troubles exist and how to adjust for them, leading to a better level of involvement.

The scope of a nurse's involvement will change, no matter how far ahead the nurse is looking (predicting) during the course of the patient's treatment. Nurse A looked at not only the children's life events and the mother's current treatment course, but also kept in mind the long-term prospects, including future treatment courses. Nurse A emphasized whether nurses could predict various progressions from the time the mother's cancer diagnosis was announced, rather than dividing involvement during different stages (i.e. acute, chronic, terminal, and treatment) . By extending thoughts to the various roles of each person involved, nurses can cooperate with patients and families, rather than providing one-sided care, and can provide direction for various patient and family problems that may occur.

### 3. Professionalism of Nursing

In the narratives provided by the 4 nurses, we saw that they reflected on personal actual care to date and used these actual care in their profession.

Traits of a professional nurse are said to be ① recognition, ② action (practice) , and ③ consistency between recognition and action<sup>13</sup>. It is essential to find consistency between recognition and actual practice. However, this is difficult for less experienced nurses. It is important for highly experienced nurses, such as Nurses A and D, to have opportunities to consult with less experienced nurses. It is also important for nurses to reflect on the scope of their work, as Nurse D did, and to take responsibility for their actions. The Ministry of Health, Labour, and Welfare's "New Nurse Training Guidelines"<sup>14</sup> mentions organizational support for new, inexperienced nurses. It is important to create a formal system for this type of support, as well as fostering relationships in which nurses receive guidance, and can feel at ease when thinking about seeking guidance. In addition, such a system must be able to preserve the time and space for consultation. The lead nurse who oversees the ward collects tools from other professionals, not just nurses, and thereby can connect various professions to help solve problems that were unable to be resolved within the ward, ultimately leading to the provision of better treatment. In this way, open cooperation will lead to an improvement in nursing care quality.

By cooperating with other professionals with diverse knowledge, the nurse becomes able to see an image of the patient and family from various perspectives, rather than

only his/her own perspective. It is also important to view the actions of each profession objectively, and to reflect upon how these can be used as a member of the medical staff for patients and their families.

### Limitations and Future Studies

Since this study summarized a small number of experiences from 4 nurses, the ability to make generalizations from the results is limited.

In the future, since there are differences from the recognition and experience contents of each nurse, it will be necessary to expand survey subjects based on the various experiences and recognitions and analyze these.

### Conclusion

Analysis of the results of 4 nurses' actual care to date of careful involvement with cancer patients of child-raising age and their families, focusing on the children in such

families, revealed the following 4 points.

1. Involvement that gave insight to the life stages of patients and families.
2. Involvement that imagined the relationship between the children and others outside of the hospital.
3. Involvement maintaining the children's point of view.
4. Involvement utilizing self-reflection and high awareness of one's role as a professional nurse.

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## 子どものいるがん患者の家族への看護 ～必要とされるケアについての看護者の認識～

鬼頭 泰子, 田淵 紀子\*, 藤田 景子\*, 奥村 真美\*\*

### 要 旨

本研究は、がん患者の子どもへの看護を行う看護師の認識を明らかにすることを目的とした。

調査方法は、子育て期にあるがん患者の子どもへの看護についての経験を持つ看護師4名を対象に、実際のケアの経緯やケアの根拠、考えや思いについて半構成的面接を実施した。本研究は事例研究とした。

分析は、女性のがん患者の子どもへの実際のケアとケアに至るまでの考えを文脈ごと抜き出し、「ケアの経緯や根拠の看護の認識」と「これまでの実際のケア」の視点から解釈しカテゴライズした。

結果として以下の4点が明らかになった。1. 患者や家族のライフステージを見通した関わり 2. 病院外での子どもと他者の関係性をイメージした関わり 3. 子どもからの視点を持った関わり 4. 専門看護師としての高い役割意識と内省を生かした関わりであった。看護師は、がん患者の子どもにまでケアの視点を広げることによって、患者としての困りごとだけではなく、患者が持つ母親という役割、またその子どもが必要とする家族や学校などの社会の状況まで視野に入れて関わっていた。

本研究の結果から、がん患者の家族の一員である子どもへの関わりとして、急性期、慢性期、ターミナル期と治療期をある期間で区切った関わりではなく、母親ががんと告知されたその時から様々な進行状況を想定した見通しのある関わりをいかに看護者が想定できるかが必要であると考えられた。がん患者は、家族の中で様々な役割を持っており、その人の家族での役割にまで思いを及ぼせることによって、看護師の一方方向の看護でなく、患者や家族と協力することができ、様々に起こりうる患者や家族の問題について良い方向に導くことに繋がると考えられる。

以上より、がん患者の看護として患者の家族である子どもにも見通しをもって関わっていくことが重要である。