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Uncertainty in beginners of public health nurse who work for local governments when providing mother-and-child health service

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Abstract

To date, beginner public health nurses have centered on mother-and-child health related activities to which they can correspond comparatively by basic knowledge and ability. However recent beginner public health nurses often experience confusion. This research carried out semi-structured interviews and analysis for 20 public health nurses via a Grounded Theory Approach to reveal confusion experienced by beginner public health nurses working for local governments and obtain suggestions for a method of in-service training and fundamental education that is beneficial to the beginner public health nurses of today.

The results showed the following: (1) The core category of, "*I am convinced that the deficiencies in my health guidance abilities are caused by a lack of experience with childbirth and child raising, which causes barriers and confusion in facing mothers,*" was extracted from categories such as, "*Although synchronicity is important to establish a good relationship with mothers, I cannot achieve synchronicity because I have no personal experience in delivery or child care.*" (2) The core category of, "*I feel confused because I cannot answer questions concerning life skills,*" was extracted from categories such as, "*I cannot give good guidance based on the mechanisms of child development.*" (3) The core category of, "*I am afraid of losing credibility as a professional,*" was extracted from categories such as, "*I do not want to be forced to make a decision because I am afraid of missing an abnormality.*" Accordingly, it became clear that the uncertainty in beginner public health nurses when providing mother-and-child health service includes (1) the excessive believe that their insufficient ability of instructing public health comes from no experience of child birth or child care, (2) difficulties with building interpersonal relationships, (3) an absence of guidance standards, (4) difficulties with holistic decisions which encompass the living environment, and (5) the burden of being expected as specialists.

Through this research, as above, the necessity of activities as an organization is suggested such as supporting by experienced public health nurses and preparing the feedback structure at their routine workplaces for in-service training to raise abilities of beginner public health nurses so that they can confidently carry out such mother-and-child health services.

Key words

beginner public health nurse; mother-and-child health; health guidance; fundamental education for public health nurses; in-service training

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Introduction

To date, beginner public health nurses (PHNs) has centered on mother-and-child health related activities to which they can correspond comparatively by basic knowledge and ability. Even today it is common for beginner PHNs with fewer than 5 years of experience to be put in charge of mother-child health guidance at the work site.[1] However, with a large change in the social environment concerning child raising, it is a fact that instead of linking to self-confidence, this system often induces confusion for beginner PHNs of today. Such beginner PHNs are not very confident about dealing with personal health services in general.[1-3] Furthermore, at 3-5 months after starting work, beginner PHNs are usually confounded by the reactions of the recipients of support, and fluctuate between hope and despair when performing personal service activities.[4] PHNs with <5 years of service experience also often have problems in regular health check-ups and/or health counseling for children and/or health guidance on home visits. This problem is caused by a lack of fundamental knowledge and skills, such as, "counseling skills and knowledge about child growth and development," and, "insufficient experience in practical childcare".[5] Students in public health nursing courses also have rarely had much experience or contact in their own lives with babies and children in their immediate communities.[6-7]

In this report, the feelings of uncertainty faced by beginner PHNs when providing mother-and-child healthcare are defined as the inner conflict and hesitation experienced when providing delivery and mother-and-child healthcare guidance, or when facing personal relationships including not only a mother but her family members.

Several programs have been developed for in-service training of beginner PHNs who work for local governments, including a group training program at the prefecture level[8], continuous remote education programs[9] and human resource development programs[10]. However, few programs have been established for continuous, practical and systematic education for mother-and-child health services. Furthermore, few programs have analyzed the problems and the present condition in mother-and-child health guidance by qualitative research.

The purpose of this study is to identify the uncertainty faced by beginner PHNs (≦3 years service experience) who work for local governments when providing mother-and-child health guidance and to obtain suggestions for the ways of providing in-service training and fundamental education for PHNs so that they can provide appropriate mother-and-child health services with confidence.

Subject and method

1. Study design

The study is comprised of descriptive research and uses the grounded theory approach, a qualitative study method established by Strauss and Corbin[11].

2. Participants

Initially, 40 PHNs from 2 prefectures and with ≦ 3 years experience with a public institution were invited to participate in the study. Participants were comprised of 20 PHNs who agreed to the purposes of the study.

3. Data collection

Participant candidates were referred from sections in charge of public health service in each prefectural office, and participants were selected from among these. When necessary, a researcher went to see a supervisor of each workplace to which the participants belonged, outlined the study and made a request to send the participants to participate in the study. After obtaining agreement from the supervisor, a suitable time for interview was specifically arranged.

To prepare question items for the interview, beginner PHNs with <1 year service experience underwent preliminary interviews and findings from these interviews were used to prepare guidelines for interviewing methods.

Semi-structured interviews were conducted for participants. Questions asked about: a) areas in which participants felt uncertain or had a problem in general pertaining to healthcare activities and mother-and-child health service activities; b) measures taken when the participant felt uncertain or had a problem; c) experiences of childcare and/or

delivery in the immediate community; d) existence of model mother; e) motivation to become a PHN; f) opportunities for in-service training in the workplace and self-development methods. The interview was recorded using a tape recorder after obtaining permission from the participant. Interviews were conducted in a conference room of facilities such as public halls. Every participant was interviewed once, and the mean interview duration was 64 min (range: 40-70 min). Interviews were conducted between March 2004 and November 2005, and data collection was continued until saturation was achieved by performing constant comparisons.

4. Data analysis

Interview contents were documented as word-by-word transcriptions after the interview was concluded. Each document was read thoroughly and any expressions concerning feelings of uncertainty in mother-and-child health service were modified, although within a certain range to maintain the original context and meaning, by removing unnecessary words for open coding. From the expressions and contexts about feelings of uncertainty, patterns of recognition by participants were identified and codes with the same meaning were graded as final codes. Codes that were considered to be similar were grouped as sub-categories, and categories were extracted by exploring relationships between each sub-category and labeled to appropriately describe common concepts. Constant comparison was performed throughout all processes.

5. Maintenance of reliability

To assure reliability, the process of analysis to reach the results was recorded, and participants were requested to acknowledge and confirm the study results.

The main guidance teacher is 1 specialist in qualitative research of this field. Furthermore, the research results were discussed with 5 to 6 teachers with practical regional activity experience, master's degrees, and qualitative research experience.

6. Ethical considerations

Participants were informed of the study purposes in writing and by oral communication. At the same time, participants were provided with information such as: 1) freedom of cancellation and withdrawal; 2) freedom to discontinue interviews; 3) assurance of not receiving any occupational disadvantages; and 4) confidentiality of data. Participants then agreed to join in the study by signing a letter of consent.

Result

1. Background of participants

The mean participant age was 24 years (range: 23-26 years) and all participants were women. The work experience of 13 participants as a PHN for a local government was less than 1 year. The employer was a municipality for 18 and prefectural government for 2. Previous work experience was absent in 13, and of the 7 with previous work experience, 6 had worked as medical nurses and 1 had no experience in the health and medical sector. The mean duration of work experience as a medical nurse was 2 years. 13 were mainly in charge of mother-and-child health services and 7 were mainly in charge of adult and elderly health services. For each 14, a specific personnel for beginner training was appointed by the workplace in the in-service training system. 10 were graduates from a university nursing course and 10 were graduates from a training school for PHNs.

2. Uncertainty when providing mother-and-child health service

In the results, core categories and categories are provided in *italics*, sub-categories are singly quoted and final codes doubly quoted. Comments for each core category are given using the expressions used for subcategories and final codes.

Regarding such feelings, the following 3 core categories were extracted: "*I am convinced that the deficiencies in my health guidance abilities are caused by a lack of experience with childbirth and child raising, which causes barriers and confusion in facing mothers,*" "*I feel uncertain because I cannot answer questions concerning life skills,*" and, "*I am afraid of losing credibility as a professional.*"

1) I am convinced that the deficiencies in my health guidance abilities are caused by a lack of experience with childbirth and child raising, which causes barriers and confusion in facing mothers

(1) Although synchronicity is important to a establish good relation with mothers, I cannot achieve synchronicity because I have no experience in delivery or childcare

When facing mothers during mother-and-child health service, participants reported, 'I feel as if I do not have a realistic perception of the situation because, "I do not have a clear picture of the hard work involved in delivery and childcare," and therefore, "I cannot share the feeling of delivery and childcare because I am not experienced," and therefore most participants stated, 'I can understand theoretically the conditions of mothers, but cannot feel synchronicity because I do not have any experience in delivery or childcare.' Since training at nursery schools and pediatric and obstetric practice represented the first opportunities for participants to encounter children, provide childcare and observe delivery, participants could not really be said to have experience in childcare and delivery support.

(2) I cannot persuade mothers because I have no experience in childcare

Participants stated, "I cannot be confident in my health guidance because I have no childcare experience," so most participants thought, 'If I had childcare experience, this would be a great help in providing mother-and-child health guidance.' They also stated, "Mothers want me to say that their way and policy of childcare is not wrong," but, "As I have no experience in childcare, I cannot be confident when talking to mothers." In addition, participants felt uncertain providing health guidance, stating, "I cannot answer questions that are not in textbooks," and, 'I cannot provide health guidance beyond the operation manual to mothers who are seeking care. Participants thought, "As I have no experience in delivery or childcare, mothers might think that I do not know anything," indicating that they doubted their ability to persuade mothers because they had no experience in childcare.

2) I feel confused because I cannot answer questions concerning life skills

(1) I cannot give good guidance based on the mechanisms of child development

Participants stated that, 'I cannot provide appropriate guidance based on physiological development associated with monthly age,' because, "I cannot determine whether the child's physical development is normal or abnormal." Statements of participants included, "I cannot answer questions about development of eyesight, listening, verbal skills or sense of self," and, "I cannot answer questions about how to deal with night crying, finger sucking, behaving like a baby, potty training and weaning." Most participants felt, 'I cannot provide appropriate guidance based on the mechanisms of development,' indicating that the knowledge acquired is insufficient.

(2) I cannot give appropriate guidance associated with life skills

Participants stated, "I cannot answer questions concerning how to deal with everyday life, such as frequency of diaper and/or clothing changing and number of spares, time to send the child to bed, or what to do about constipation," and felt uncertainty, stating, 'I cannot provide health guidance based on the mother's lifestyle.' Conversely, most participants stated that, 'I can provide health guidance on diseases because there are standard manuals for each disease.'

(3) PHNs should not enter into the mother's private life

As participants reported, "Conversation with mothers is only superficial and does not proceed to real communication," and, 'I cannot assume what the words of mothers actually mean.' Statements included, "I have difficulty in dealing with family members who are not cooperative with childcare," indicating difficulties in being consulted about private life.

3) I am afraid of losing credibility as a professional

(1) I do not want to be forced to make a decision because I am afraid of missing an abnormality

Participants stated, "I am preoccupied with checking, "baby can do," or, "baby cannot do," items," and recognized in themselves an, 'Insufficient ability for overall assessment.' Participants stated, 'I feel a sense of responsibility and the risk that my decision might affect the child's future,' at the time of health guidance. They stated feeling afraid of missing any abnormality, indicating a desire to avoid making decisions.

(2) I am afraid of losing the confidence of the mother

Participants stated that, "Health guidance for adults and elderly is not so difficult, because most guidance concerns improving life based on a disease state," but, "Guidance for mothers and children is difficult because a person-to-person relationship is not present." Participants felt uncertainty because, 'Building a support system with mothers is difficult.' Furthermore, they stated that, 'I cannot show mothers a standard model of dealing with children.' They also stated that, in recent days, "As some mothers are nervous about childcare, I need to carefully choose my wording to provide health guidance." "PHNs are expected to choose appropriate information and provide more specific and useful information and evaluations." Participants reported strong, 'Pressure to deal with expectations for health guidance.' Furthermore, participants felt that, "I have to go and do home service on my own, I have nobody to ask questions when I do not know the answer," so, "I am afraid mothers may think I am useless." Participants thus became anxious that, 'If I cannot accomplish my responsibilities as a professional, mothers might lose confidence in PHNs.'

Discussion

1. *I am convinced that the deficiencies in my health guidance abilities are caused by a lack of experience with childbirth and child raising, which causes barriers and confusion in facing mothers* (Figure1)

Difficulty in building good relationships with mothers is part of the background behind this uncertainty. Beginner PHNs actually considered synchronicity as the most important factor to support mothers. Synchronicity means to have had the same experiences (that is, delivery and childcare), and to share the feelings of experienced mothers. PHNs thought that they could establish good relationships with mothers more easily if they could achieve synchronicity. If PHNs had abundant human relationships, they could have thought and acted sympathetically to mothers even without personal experience. The characteristics of the current young generation that has been raised without abundant human relationships may be common to both beginner PHNs and mothers.

Beginner PHNs attached greater importance to having personal experience in delivery or childcare when discussing the providing of mother-and-child health guidance. In comparing advice given by PHNs, the persuasion effect is considered to be higher when the informer has higher authenticity, which consists of the two elements of specialty and reliability, even if the message content does not differ[12]. Thus, beginner PHNs feel that a senior PHN who is also a mother has persuasive power in advising and executing tasks. Cases might exist in which the senior PHN can positively use her own childcare experience within the framework of health guidance for mothers and the mothers might be happy to listen to such guidance. Another PHN seeing such cases may come to think that she could be a good PHN if she had personal experience with childcare. And beginner PHNs have been likely to receive some guidance from senior PHNs who are also mothers.

First of all, the most important thing for them in providing guidance is to comprehend the situation of mothers and children. Knowledge and theoretical comprehension are important, but practical experience of actively meeting with and talking to mothers and children should be more important.

In addition, although it is required that the PHN takes the stance of a person who adjusts difficulties or problems, and who considers and worries together with the mother when performing health guidance, the stance of having to persuade the mother was established. This stance is

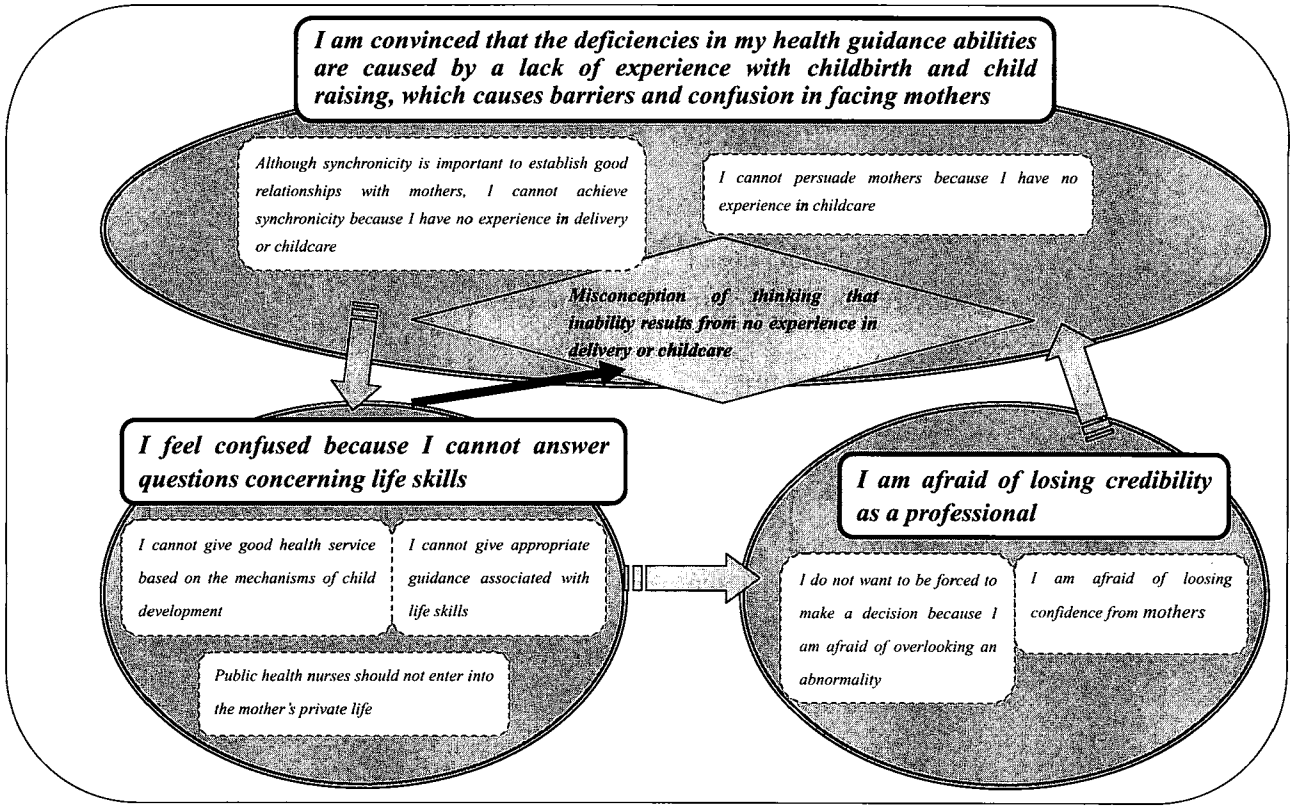

Figure. 1 Uncertainties in beginner public health nurses

inconsistent with the feeling of beginner PHNs of wanting to provide health guidance understanding the difficulty of childcare and meeting life situations. Although they want to take the stance of a person who considers and worries together, they are considered to be in conflict with themselves over not being able to take the stance technically.

2. *I feel confused because I cannot answer questions concerning life skills* (Figure 1)

According to a preliminary study by Ono et al.[13], evaluation of the ability of PHNs to evaluate sleep, maintain cleanliness, change clothes and play with children at 18-months-old at a regular health check was lower in general in university graduates than in PHN training facility graduates or junior college graduates. In this study, it was considered to be generally true for all the beginner PHNs, and no difference was identified between academic backgrounds. This basic knowledge might be improved by the reinforcement of education and learning. However, beginner PHNs felt uncertain that the mother-and-child health guidance does not follow a manual, as different from the health guidance for adults and the elderly. The reason for this is considered to be that support of and assistance for health connected to life is demanded more intensely for mother-and-child health guidance than for the health guidance of adults and the elderly, which is generally health guidance related to illness. The reason that beginner PHNs attached greater importance to having personal experience in delivery or childcare when discussing the providing of mother-and-child health guidance is considered to be because there are specific problems for mother-and-child health guidance that necessitate situation-judgment capability. Although the uncertainty in being unable to answer questions concerning life skills is considered to be caused by the insufficiency of education and learning, most beginner PHNs considered them to be caused by a lack of personal experience in delivery or childcare. This indicated the possibility of an obstacle to self-study.

3. *I am afraid of losing credibility as a professional* (Figure1)

Beginner PHNs, with the pride of educated expertise, believe that they must show mothers a

paradigm of how to deal with children. However, conflicting with the lack of the ability to do so, they worry that this "immaturity" might affect their credibility as overall PHNs. This way of thinking could also be interpreted as a signal of self-consciousness as a member of an organization and in the role of public health nurse.

About 60-70% of beginner PHNs have been required to give health interviews and check-ups[1], but usually were concerned only with checking for abnormalities. Tsukada et al.[5] reported that about a half of PHNs, either newly appointed or experienced, who experienced problems when providing baby and infant health check-ups were afraid of missing abnormalities when making general evaluations. Recently, government administrations have been accused of delayed detection of child abuse and inappropriate responses to mental retardation such as mild developmental disorder. Nurses are thus afraid of missing abnormalities probably because of nervousness about administrative responsibility. Fear of missing may be effective in making nurses cautious in decision-making. However, insufficient ability in assessment and evaluation might greatly affect the future of children. Organizations thus should be responsible for devising in-service training programs to improve such abilities.

Moreover, the uncertainty of being afraid of losing credibility as a professional is considered to be caused by the insufficiency of education, learning and experience in health guidance. Most beginner PHNs, however, considered this to be caused by lack of personal experience in delivery or childcare. This indicated the possibility of an obstacle to self-study or amassing job experience.

4. Suggestions on the course of education and training for PHNs

1) For fundamental education

While the problems faced in mother-and-child healthcare are changing rapidly, those in charge of fundamental education for PHNs should consider national trends toward a decrease in hours for classes and practices associated with mother-and-child health[14]. How to maintain the quality required for appropriate education about mother-and-child health remains an important issue.

In the fundamental education of PHNs, providing both fundamental knowledge such as mechanisms of development and training of nurses so that they can practically be aware of the possible difficulties encountered by mothers, children and other family members and their environment based on life models will be increasingly important. Such education includes simulations, practical experience and practice. Using such types of education, feelings of inadequacy may be reduced by actually spending time with mothers, babies and infants and by increasing the opportunities to talk and listen to their experiences[7].

Training should enhance not only basic communication skills, but also the ability to provide health service for mothers, children and their family members. Motivations including introduction of internships at an early stage should also be effective.

2) For in-service training

For in-service training, matters to be learned should be clearly defined and training programs for the development of abilities required for beginner PHNs should be established.

Education including communication skills and fundamental knowledge such as the mechanisms of child development should be continued during in-service training.[15,16]

To develop decision-making abilities and remove uncertainty, general evaluation results should be reviewed and follow-up service should be discussed during staff conferences. Organizational systems should be established so that previous evaluation results are referred to and progress can be identified at subsequent health-check sessions, and information obtained can be shared between relevant staff.

Allocating experienced PHNs as project managers for mother-and-child health services should help to develop back-up systems for beginner PHNs[17] and to reinforce mother-and-child health guidance.

Training and backup systems involving nurses equipped with higher expertise and the ability to confidently provide health guidance should be

provided systematically.

5. Limitations of the study and future issues

Since no men consented to participate in this study, male participants were not included. Follow-up studies will be conducted to identify number of years, number of sessions and level of skills when PHNs become able to provide mother-and-child health guidance with little uncertainty, and practical ways of educational intervention will be investigated.

Conclusion

To date, beginner PHNs have centered on mother-and-child health related activities to which they can correspond comparatively by basic knowledge and ability. Even today it is common for beginner PHNs to be put in charge of mother-child health guidance at the work site. However, with a large change in the social environment concerning child raising, it is a fact that instead of linking to self-confidence, this system often induces confusion for beginner PHNs of today. In this backdrop, it is thought that social factors such as an increase in the trend towards nuclear families and a lack of models for child raising and people to provide advice in the immediate vicinity are responsible for the issues with which this research is concerned. This research was conducted in order to obtain some idea for uncovering a method of in-service training and fundamental education which is beneficial to beginning PHNs through clarifying in certain terms what exactly causes confusion and lack of confidence in beginner PHNs when providing mother-child health guidance.

The targets were 20 PHNs who agreed to participate in the research. Semi-structured interviews and analysis via a Grounded Theory Approach was conducted.

The results showed the following: (1) The core category of, "*I am convinced that the deficiencies in my health guidance abilities are caused by a lack of experience with childbirth and child raising, which causes barriers and confusion in facing mothers,*" was extracted from categories such as, "*Although synchronicity is important to establish a good relationship with mothers, I cannot achieve synchronicity because I have no personal experience in delivery or child care,*" showing that the beginner PHNs excessively believed that their deficiencies in health guidance abilities are caused by lack of experience in childbirth and child raising and had confusion of building interpersonal relationships. Next, (2) the core category of, "*I feel confused because I cannot answer questions concerning life skills,*" was extracted from categories such as, "*I cannot give good guidance based on the mechanisms of child development,*" Holistic decisions and health guidance abilities that encompass the lifestyle environment surrounding the mother and child in response to health state conditions pertaining to child development and lifestyle were questioned amongst the beginner public heath nurses, and it was found that, focusing on illnesses, they felt a strong difference from the guidance involved in the arenas of elderly health and clinical nursing, which have guidance standards. However, (3) the core category of, "*I am afraid of losing credibility as a professional,*" was extracted from categories such as, "*I do not want to be forced to make a decision because I am afraid of missing an abnormality,*" showing that beginner PHNs felt to evade the burden of being expected as specialists. Accordingly, it became clear that the uncertainty in beginner public health nurses when providing mother-and-child health service includes (1) the excessive believe that their insufficient ability of instructing public health comes from no experience of child birth or child care, (2) difficulties with building interpersonal relationships, (3) an absence of guidance standards, (4) difficulties with holistic decisions which encompass the living environment, and (5) the burden of being expected as specialists.

Through this research, as above, the necessity of activities as an organization is suggested such as supporting by experienced public health nurses and preparing the feedback structure at their routine workplaces for in-service training to raise abilities of beginner public health nurses so that they can confidently carry out such mother-and-child health services.

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行政機関で働く新任保健師が母子保健指導で抱く戸惑い

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要　　旨

新任保健師は、従来、比較的基本的知識と力量で対応できる母子保健活動を中心に担当してきた。しかし、近年の新任保健師はその活動に戸惑いを感じる場合が多い。本研究は、行政機関で働く新任保健師が母子保健指導の際に抱く戸惑いを明らかにし、望ましい現任教育及び基礎教育のあり方の示唆を得ることを目的に、20名の保健師に対し、Grounded Theory Approachによる半構成面接と分析を行った。

その結果、①'母親との関係づくりには'Shinkuro（同調）'が重要だが、出産・育児経験がないからできない'等のカテゴリーから'自分の保健指導力の不足は出産・育児経験がないためと思い込み、母親に向き合うことへの障壁と困惑を引き起こしている'の中核カテゴリーが抽出された。②'発達のメカニズムを踏まえた指導が十分できない'等のカテゴリーから'生活に関連する質問に答えられないことに困惑している'の中核カテゴリーが抽出された。③'異常の見逃しが恐いから判断させないで欲しい'等のカテゴリーから'専門職としての信用失墜を恐れている'の中核カテゴリーが抽出された。すなわち、新任保健師が母子保健指導で抱く戸惑いは、①自分の保健指導力の不足は出産・育児経験がないためとの思い込み、②人間関係構築の困難さ、③指導基準がないこと、④生活環境を踏まえた総合的判断の困難さ、⑤専門職としての期待という重圧であることが明らかになった。

以上、本研究より、新任保健師が自信を持って母子保健指導ができるような能力を育成する現任教育について、ベテラン保健師によるサポートや日常の職場でのフィードバック体制の整備等組織として取り組むことの必要性が示唆された。