

Experiences of women undergoing prolonged admissions for high-risk pregnancies, and their meanings

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Abstract

Aim: Earlier overseas studies have found that the experiences of women admitted to hospital for high-risk pregnancies are stressful and mostly negative. In Japan, however, there have been almost no studies elucidating the experiences of these women, or the meaning of their experiences. The aim of this study is to elucidate the experiences and meaning of hospital admissions for high-risk pregnancies.

Methods: I conducted semistructured interviews with 10 women admitted to hospital for at least 4 weeks continuously due to high-risk pregnancies after the second trimester. Interview data was collected between 75 and 296 days after delivery. Analyses were performed using the continuous comparison method with reference to the grounded theory approach.

Results Six categories were confirmed from the interviews about the meaning of women's experience in hospitalization with HRP; "Wishes for their fetus' development and for recovering their own daily life," "Setting a goal," "Strategies for coping," "Replenishing energy levels," "Opportunity of self-growth," and "Family cohesion." "Wishes for their fetus' development and for recovering their own daily life" category included 5 sub-categories; 'Anxiety,' 'Loneliness,' 'Feeling of being controlled,' 'Loss of usual roles,' and 'Sense of non-patient.' "Setting a goal" category included 3 sub-categories; 'The baby's development,' 'Freedom from distress,' and 'Limited hospitalization.' "Strategies for coping" category included 5 sub-categories; 'Passing the time,' 'Enjoyments,' 'Gather information,' 'Asserting their own opinions,' and 'Entrusting.' "Replenishing energy levels" category included 4 sub-categories; 'Maintaining of communications,' 'feeling of supported,' 'Sense of solidarity,' and 'Feeling of being comforted.' "Opportunity for self-growth" category included 4 sub-categories; 'Self-observation,' 'Enlargement of their world,' 'Gaining self-confidence,' and 'Having a sense of self-efficacy.' And finally, "Family cohesion" category included 3 sub-categories; 'Readjustment of family roles,' 'Rethinking of the family life,' and 'Strengthening of the family bond'

Conclusion: The experiences of women admitted to hospital with high-risk pregnancies involved a purposeful response, striking a balance between conflicting feelings of "myself as the baby's mother" and "myself not as the baby's mother". The meaning of this experience in long-term hospitalization with high-risk pregnancy was not only negative responses but also purposeful ones in order to get over their hospitalization period. Moreover, the meaning was an expression of the ability of the mother and family to live with confidence.

Key words

Experience in hospitalization, High-risk pregnancy, Meaning,
Pregnant woman, Qualitative study

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Introduction

Although the birth rate in Japan has declined over the past 10 years, the reported rate of premature birth has risen over the same period¹⁾. This is thought to be related to the increase in high-risk pregnancies. Women with high-risk pregnancies are generally treated the world over with admission to hospital for bed rest and intravenous therapy^{2)~4)}.

Most overseas studies of women admitted to hospital for high-risk pregnancies have sought to elucidate their emotional responses^{5)~7)}. These studies have found that hospital admission elicits emotional responses of boredom and powerlessness, and reported that these responses are exacerbated if admissions become prolonged^{8)~9)}. Women admitted for high-risk pregnancies are also reported to have attempted to overcome a variety of difficulties during their hospital stays^{10)~11)}.

Most Japanese studies of women with high-risk pregnancies have concentrated on anxiety on the part of the woman in hospital concerning their baby or the birth, and debate has centered on the care needed to prolong the pregnancy^{12)~13)}. This is thought to be because the focus of nursing attention is on the progress of the pregnancy and the fetus, and the mother's presence is only registered through the fetus. It is the women that experience the admission, however. It should therefore be a major focus of nursing care to ensure the quality of the pregnant woman's maternity life while in hospital. For that purpose, it is first necessary to elucidate what sort of experiences these women have during their hospital stays. By further elucidating the meaning of their experiences, we can obtain glimpses of their internal world, making possible a deeper understanding of the women who will require nursing in the future.

The aim of this qualitative study was elucidate the experiences and meaning of hospital admissions for Japanese women with high-risk pregnancies.

Methods

Design

Interviews were conducted between September

2000 and June 2001. Data was collected through semistructured interviews that were taped with the consent of the subjects. One subject refused to be taped, so notes were taken during the interview. Each subject was interviewed once. Interviews were conducted between 75 and 296 days after delivery, at the subject's home, their parents' home, or at their workplace after work.

The interview comprised the following 3 open-ended questions, focusing on the subject's experience during their admission to hospital.

1. What did you think and feel when you were admitted to hospital?
2. What did you think and feel during your stay in hospital?
3. What sort of meaning do you think your admission to hospital during your pregnancy had for you?

Sample and Setting

The 10 subjects for this study were women admitted due to a high-risk pregnancy to the obstetric ward of a hospital in A city between January 2000 and March 2001. The inclusion criterion was an admission of at least 4 continuous weeks during their pregnancy

Prior to the interview, I first made contact with the potential subject via telephone, introducing myself and explaining that they had been introduced by the charge nurse from the obstetric ward to which the subject had been admitted. I then outlined the aims and methods of the study. Moreover they were given a explanation that their involvement was voluntary, they were free to withdraw at any time, their anonymity would be protected, and the results of this study would be published before they were asked the potential subject to participate. All 10 potential subjects agreed to participate in the study. On the day of the interview, the aims and methods of the study were again explained, and written consent was obtained, confirming that all subjects participated in the study of their own free will.

Analyses

Analyses were performed using the continuous

comparison method with reference to the grounded theory approach¹⁴. The process of theoretical sampling was used. Comparing interview date, date collection, coding, and analysis occur simultaneously in theoretical sample. Labels were first attached to the individual data, generalized as they were examined for similarities and differences, and then categorized. Correlations were then sought between categories, and core categories, categories, and subcategories were extracted. To confirm the validity of the analysis, stories were reconstructed using the categories extracted from the raw data. I then confirmed with each participant whether the story corresponded to their experience. A supervisor was present at each stage of the analyses to ensure their reliability.

Results

A total of 10 women were the subjects of this study. All were married Japanese women, with ages ranging from 23 to 31 years, average 28. Four were primgravida, and 6 multigravida. (Table 1). All babies were developing normally.

Six categories were confirmed from the interviews about the meaning of women's experience in hospitalization with HRP; "Wishes for their fetus' development and for recovering their own daily life," "Setting a goal," "Strategies for coping," "Replenishing energy levels," "Opportunity of self-growth," and "Family cohesion." "Wishes for their fetus' development and for recovering their own daily life" category included 5 sub-categories. "Setting a goal" category included 3 sub-categories. "Strategies for coping" category included 5 sub-categories. "Replenishing energy levels" category included 4 sub-categories. "Opportunity for self-growth" category included 4 sub-categories. And finally, "Family cohesion" category included 3 sub-categories.

1. Women's experience of hospitalization in HRP

1) Wishes for their fetus' development and for recovering their own daily life

This indicated two wishes that women expected their fetus' development and that they also at once wanted to go back home. Women's mood was sometimes swinging or restless between these two

Table 1 Description of subjects

Case No.	Age	Previous Pregnancy & Birth	Diagnosis	Gestational Age at Admission (weeks)	Duration of Hospitalization (days)	Type of delivery	Gestational Age at Delivery (weeks)	Birth Weigh (g)	Time of Interview After Delivery (days)
1	28	0G/0P	placenta praevia	27	49	CS	35	2100	193
2	23	0G/0P	cervical atony	27	70	ND	37	2444	75
3	29	0G/0P	threatened premature delivery	24	103	V	37	2820	216
4	28	0G/0P	placenta praevia	26	78	CS	37	2306	296
5	27	1G/1P	cervical atony	23	98	ND	37	2280	209
6	31	1G/1P	Gestational toxicosis	16	90	CS	37	2320	164
7	27	1G/1P	threatened premature delivery	31	47	ND	36	2970	87
8	29	2G/1P	threatened premature delivery	24	56	ND	39	3540	75
9	29	2G/2P	cervical atony	20	78	ND	31	1428	97
10	27	3G/1P	cervical atony	23	97	ND	32	1966	270
Mean	28			24	77		36	2417	168

ND=Normal Vaginal Delivery, V=Vacuum Extraction, CS=Caesarian Section

thoughts, or one wish had priority over the other as a stronger wish. However, these conflicting two wishes always existed in their mind.

The category included 5 sub-categories.

(1) Anxiety

Most of all the women feared their fetal death and fetal handicaps which might be caused by immaturity. At the same time, they worried about their childcare after delivery because of their baby's immaturity. Women described as follows;

"Would my baby, after delivery, be able to live or die, if she or he was born at that time? She or he might die. If she or he could live, my baby would have handicaps because her or his weight was only 500g at that time. If she or he was born with severely multiple handicaps, I couldn't take care of her or him, I thought."

(2) Loneliness

This is an emotional response caused by the hospital environment. Women were separated from their family or friends, and they felt lonely. Women expressed as follows;

"I have never been alone for such a long time like this in my life, and so I felt lonely. I was weeping and weeping everyday at my private room in the hospital because such hospitalization like this was too heavy for me." "My son was growing day by day during my hospitalization, but I couldn't see it."

(3) Feeling of being controlled

Before their admissions, subjects had led normal lives as full-time housewives. On admission, however, their freedom was taken away due to enforced bedrest or pharmacotherapy, and felt that they were being controlled. They put it as follows.

"I had no freedom, because I couldn't do what I wanted to do." "My freedom was taken away from me. I could walk to the toilet, but I wasn't allowed to. Because I was under treatment, and complete bedrest, I couldn't even turn on a light or pull back the curtain. This was very difficult for me."

(4) Loss of usual roles

Subjects were concerned that they were unable to fulfill their usual roles, such as doing the

housework and looking after the children. They expressed this in the following ways.

"I was always in bed, so even if my own son comes to visit me in hospital I couldn't give him a hug. I couldn't get ready for the baby, or do baby shopping. I couldn't do anything."

(5) Sense of non-patient

All the women didn't realize that hospitalization was required for their own illness, because they didn't feel sick. In other words, none of them thought they were sick. Even if they felt they were patients, the sense was associated with a hospital environment or their temporary situation, not with their illness. The examples were as follows;

"I didn't think I was a patient nor sick during hospitalization." "I was admitted to the hospital, but it was for my fetus, because I was not sick."

2) Setting a goal

Confirming their fetus' development and changes of their own symptoms after hospitalization, women established their own goals. There were two aspects: one was for their fetus' and the other was for themselves. After the accomplishment of one goal, a new goal was established. The category included 3 sub-categories.

(1) The baby's development

Subjects set goals related to the baby's development, as they fervently wished for the fetus to develop physically and gain weight. They explained in the following way.

"The first goal was to reach 28 weeks, the next 30 weeks, and the next after that 32 weeks. This was because respiratory problems become less after 30 weeks, and you don't need the incubator as much after 32 weeks."

(2) Freedom from my distress

Another goal was to be freed from their own distress. This goal did not disregard (the baby's development), but rather was set with consideration of the balance with the goals for the baby. Some examples are given below.

"I thought that it would be alright to have my baby when it reached 32 weeks, because it would be able to breathe on its own." "The indwelling urinary catheter was a real source of discomfort for me, so a goal for me was to have it removed as

soon as possible."

(3) Limited hospitalization

Women thought the period of hospitalization would certainly be finished. It was a firm belief that after delivery they would be able to go back home and return to their daily life. Examples from women were as follows;

"I could certainly be discharged from the hospital. The period of hospitalization would be limited, not unlimited."

3) Strategies for coping

Strategy for coping was the ways women had to spend time in the hospital. In addition, they had their way to cope with it. The category included 5 sub-categories.

(1) Passing the time

Subjects wanted the time they spent resting in bed to pass quickly. An example of how to pass the time with no clear aim is given below.

"I spent the time relieving the boredom by reading books and talking to the other pregnant women. Sometimes I just passed the time not thinking about anything."

(2) Enjoyments

Subjects found some enjoyments that helped to pass their time in hospital. These included such small pleasures as talking to the medical staff and eating things they liked. Sometimes they found pleasure in improvements in their physical or mental condition, or just in resting in bed. Some examples are given below.

"I found little pleasures each day. For example, I was pleased to be able to get to the toilet by myself, even if my legs were shaking. I put my feet on the floor for the first time in 3 months. It felt good, thinking I was like an astronaut standing on the ground after a trip into space." "I was happy reading books that I wouldn't normally be able to, and spending time with the baby in my tummy. The time in hospital was a special time for just the baby and me."

(3) Gather information

Subjects set out to gather information about their present state, and what would happen after the baby was born. This was important in solving the problems they faced. Some examples are given

below.

"I did some study, because I wanted to know how big my baby was at that time." "My lack of knowledge made me anxious, so I asked the midwives and doctors how big my baby was, and how many weeks it had to be before it could survive." "I was at high risk of giving birth prematurely, so I asked about breastfeeding and hospitals for after I went home."

(4) Asserting their own opinions

Subjects made clear their opinions regarding their treatment regimens, and made the decisions themselves. They spoke along the following lines.

"I asked the doctor about the possible treatments, and then chose bedrest instead of surgery." "The doctor said that my condition was too bad for surgery, but after some discussion I decided to have surgery."

(5) Entrusting

Women complied with absolute bed rest and the treatment. That had two meanings; one was that they were just passive and the other was that they relied on the medical staffs and their treatment. Examples from women were as follows;

"I thought I would defer to my doctor when something happened." "I thought that when a state of emergency happened, I would entrust myself to the medical staffs in this hospital."

4) Replenishing energy levels

Their family and friends supported women to continue their pregnancy. That helped women to cope with the environment of a hospital and to reduce their stress. This category included 4 sub-categories, which were interwoven with each other.

(1) Maintaining of communications

Their family, friends, and coworkers constantly came to the hospital or sent letters to them to maintain their relationship. That made them comfortable. Examples from women were as follows;

"I was looking forward to their visits and their mails or letters everyday. When my family or friends came to see me, I felt as if I were at home and talked with them there, and so I was so much relaxed."

(2) Feeling of being supported

Subjects were encouraged and felt supported during their hospital stays by their families and the people around them, and were thus able to carry on. Some examples are given below.

"My husband said to me he was doing his best, so I should hang in there, so I thought again that I couldn't be the only one to feel sorry for myself." "Friends encouraged me through e-mail and letters. Everyone said, hang in there. That gave me a lot of strength to carry on."

(3) Sense of solidarity

The pregnant women in the hospital at the same time recognized each other as comrades. Moreover, the existence of their comrades itself had a significant effect on each of them, because they shared their experiences. Examples from women were as follows;

"It made me easy to feel that my comrades with the same condition as mine stayed beside me and had a talk together with me. I could get over my long term hospitalization with it." "I found my neighbor getting a continuous intravenous drip. After I thought she underwent the same experience as mine, I felt myself much stronger."

(4) Feeling of being comforted

Women realized that medical staffs made the environment from which they could feel a sense of security. Examples from women were as follows;

"Midwives were always kind to me." "Medical staffs were polite and affectionate to me, and so I could stay here for a long time without a nervous temperament."

2. The meaning of women's experience in hospitalization with HRP

1) Opportunity for self-growth

Women expressed that the experience in hospitalization meant a good opportunity to recognize themselves as those who had got over the hospitalization, and to make themselves grow, and, that is, it had a significant meaning, that is, they had got the energy to live for the future. This category included 4 sub-categories.

(1) Self-observation

Women said that during the hospitalization they could discover their ability that they had never

realized, and could calmly consider the relationship with their family and friends or the circumstances around them. Examples from women were as follows;

"I had ever thought only of myself. However, my hospitalization provided me with an opportunity to observe myself, and so I came to understand how my family, my friends, and many people helped me. And that understanding enabled me to think or behave from other persons' point of view. Hospitalization provided me with a good opportunity to think of what I am."

(2) Enlargement of their world

Subjects felt that their experience in hospital had broadened their outlook, making them more generous and mature. An example follows.

"Because of this child I have become more deep and generous of spirit. If I hadn't had the experience of being in hospital during this pregnancy, I don't think I would be like this."

(3) Gaining self-confidence

Delivery after a long-term hospitalization led to a sense of achievement. Therefore, they had confidence in themselves originated from self-affirmative feeling. Examples from women were as follows;

"It was very hard for me to endure my restricted life in the hospital. And so, getting over it brought confidence as a mother to me. Having endured led to my confidence."

(4) Having a sense of self-efficacy

Through their experience during hospitalization, women came to have a sense of self-efficacy to be able to do anything in the future even if it was very much difficult to do. Examples from women were as follows;

"I will have one more baby. Even at the time the symptoms of threatened premature labor appears to me, I think I can quickly notice and manage them." "I am a midwife. Through my experiences in the hospital during pregnancy, I came to understand more and take better care of pregnant women in our hospital."

2) Family cohesion

Hospitalization during pregnancy compelled the family to lead a daily life and have a good

relationship without the pregnant woman. Though they had a hard experience, intensification of the family bond resulted from getting over their situation. This category included 3 sub-categories.

(1) Readjustment of family roles

The admission of the subjects to hospital forced readjustments in the everyday roles of each family member. The new roles were continued following the subjects' discharge. In particular, their husbands had changed their thinking about their own roles.

"My husband now understands how difficult it is to look after the house and the children, so he has changed a lot. Before I went into hospital, he hardly ever used to do anything with the children, but now takes both children to the childcare center every day."

(2) Rethinking of family life

Subjects considered that happiness is being able to spend time with their family, and resolved to treasure that time. Some examples are given below.

"Because I was away from my children when I was in hospital, I now feel fortunate just to be with my family." "The time that all 5 of us will be together won't be all that long, so I plan to enjoy the time we are together."

(3) Strengthening of family bonds

Family bonds were strengthened by the subjects' experience in hospital, and they all gained confidence as a family.

"We got over being sad and lonely, and strengthened the family bonds. We gained confidence as a family."

Discussion

Until recently, the experience of women with high-risk pregnancy has been studied from its aspect of their emotional and physical responses associated with bed rest. In this study, it was revealed that women's experience in hospitalization with high-risk pregnancy had a peculiar world and that the meaning of the experience was positively grasped by the women.

One of the most significant categories of women's experience in hospitalization with HRP is "Wishes for their fetus' development and for

recovering their own daily life." From the first day of their admission to the day of their discharge from the hospital, their concerns about themselves and their fetus have consistently been the center to the women's experience as a core of their internal world. This is originated from a fear of parting. And this is different from a normal pregnant women's sense of the union of them and their fetus in their external world¹⁵. The women are confronted with a crisis of fetus' life, while they have sufferings about themselves, because hospitalization caused the quality of their life to decrease.

Compliance with treatment is significant for their fetus' survival, but the treatment, especially bed rest, is difficult for the women to endure. This feeling is influenced by a sense of non-patient. In other words, it suggests that they take a complex recognition that they themselves don't receive treatment but their fetus receives treatment. In addition, though previous studies say that a sense of time that pregnant women in hospitalization have is uncertain¹⁶, that in this study has a distinctive feature that it changes into being certain as gestational weeks increase in number. Moreover, the relationship between women in hospitalization with high-risk pregnancy and their family or friends is intensified even though they are away from each other. The relationship like this can lead to not only maintaining their emotional stability but also intensifying pregnant women's energy. Therefore, out of recognition that they themselves are supported by others, pregnant women can reconfirm their self-worth.

And through such experience like this, pregnant women find out the meaning for them and their family; 'Opportunity for self-growth.' and 'Family cohesion'. It shows that women's experiences in hospitalization were piled up, integrated and given a deep significance. And it suggests that the women didn't make themselves exist within their experience, but through their experience they created renewed themselves and renewed family relationship. These affirmative meanings may be associated with the time of interviews when women, after a certain period of hospitalization,

and giving birth to a child, who were normally growing, got back their daily life with their family.

In previous studies, the meanings of such experiences for these persons with cancer, chronic disease, or AIDS are accepted as 'Challenge,' 'Increased self-worth' and 'Inner strength,' or even 'Joy'^{17)~22)}. Both meanings of experience of disease and that in hospitalization are related to 'Self-Reconstruction' and 'Re-conceptualization of social relationship.' After the women and their family were confronted by threatening difficulty or crisis, they behaved themselves and found its meaning to recover the order and the purpose of their life and changed their life schemes. The findings of this study support the theory of a framework by Thomson & Janigian²³⁾. However, difference between the two meanings is found at the point that pregnant women's experience in hospitalization has a deep significance not only to themselves but also to their family.

The findings of this study can be used to understand the inner world of women with high-risk pregnancy in hospitalization and to give them the energy to get over their life in hospitalization. Furthermore, these can be used to let them find out the affirmative meanings from their restrained life in a hospital. Because women kept their balance with suffering conflict and found its affirmative meaning after their discharge from the hospital, interventions should focus on supporting women to search the strategies to get over their hospitalization and to appreciate women's efforts and their family's. Nursing staffs can understand the inner world of women with high-risk pregnancy who put in nothing but a complete rest, and can bring out their energy, power. And, moreover, yielding feedback about matching for such women's restrained experience in hospitalization, can lead to support women to gain the affirmative, positive meaning of their experience in hospitalization.

Limitations

This present study had 10 subjects who were admitted to a hospital in a city. In the future, the study should include more subjects who live in the various areas and gather data until each category

is saturated.

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ハイリスク妊婦の長期入院体験とその意味づけ

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要 旨

本研究の目的は、ハイリスク妊婦の入院体験とその体験の意味づけを明らかにすることである。

妊娠中期以降、ハイリスク妊娠のために4週間以上入院した10名に対し、半構成的インタビュー法を用いてデータ収集した。データ分析はグラウンデッド・セオリー・アプローチを参考にした。

ハイリスク妊婦の入院体験とその意味づけでは、6つのカテゴリーが抽出された。まずハイリスク妊婦の入院体験は、『胎児の成長と自己の日常性の回復願望』を持ちながら、自らは『目標の設定』と『適応の方略』で入院生活を乗り切ろうとするものであった。さらに周囲の人々は妊婦に対し『エネルギーの補給』を行っていた。そして入院体験は、妊婦にとって『自己成長の機会』であり、『家族としての凝集』となったと意味づけていた。

入院体験の『胎児の成長と自己の日常性の回復願望』では、胎児や自分に対し「不安」「孤独」「抑制感」「役割喪失感」を感じながらも、一方で「非病人感」も持っていた。そして『目標の設定』として「胎児の成長」「ストレスからの開放」「時限的入院期間」をあげていた。さらに『適応の方略』では、「時間をつぶす」「楽しむ」「情報を収集する」「自分の意見を主張する」「任せる」をあげ、周囲の人々は『エネルギーの補給』として、「交流の継続」「励まし」「連帯感」「快適感」を提供していた。体験の意味づけでは、『自己成長の機会』とは「自分を見つめる」「自己の世界の広がり」「自身感の獲得」「自己効力感の獲得」を示し、『家族としての凝集』では、「家族役割の再調整」「家族生活の捉えなおし」「家族の絆の強化」が行われたと語った。