

The survey on the role of the Nursery Nurse : Comparison of employment statuses of nursery nurses that support children with special care needs

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The survey on the role of the Nursery Nurse

— Comparison of employment statuses of nursery nurses that support children with special care needs —

Akiko Tsuda, Rumiko Kimura

KEY WORDS

nursery nurse, children with special care needs, employment status, role of nursery nurse

Introduction

Against the backdrop of an increase in childcare needs for less than 3 year olds children and the accompanying improvement of women's social status^{1,2)}, the employment of nursery nurses has been going on in small numbers for a quite long awhile but the real increase has been seen only since recent years. It is reported that although nursery nurses hold a nurse national qualification, they in fact often do the same work as nursery teachers and they, therefore, have not been able to fully apply their expertise^{3,4)}.

In order to address the diversifying childcare needs such as lifestyle habit changes, allergy increases and child abuse, the trend of nurse placement has been gradually increasing in nursery school^{4,5)}. In Nursery School Childcare Guidance Revision of 2009⁶⁾, the role of nursery in the health promotion of children that includes corresponding to disease is clearly stipulated. To that end, the nursery nurse is required to exert their role. In reality, however, the induction and role of nurses at the nursery, is thought to be highly dependent on their employment status (i.e. the employment type and the placement type).

The purpose of this research, therefore, was to determine the environment and conditions required for nursery nurses to fully support the development of children in various state of health. In this paper, by analysing the actual situation against the nursery nurses' contractual working arrangements and role definitions, and focusing on those working for the children with

special care needs with the possibility of a developmental disorder we evaluate the role the nurses must play in the nursery.

Definition of terms

- Nursery nurse : Nurse works at the nursery and also has a nursing national qualification .
- Placement status : Types of nurses' working arrangements. "Class placement" means a placement where the nurse is in charge of a nursery class similar to that of nursery teacher. "Free placement" means a placement where the nurses work freely, without being assigned to a nursery class.
- Children with special care needs : A child where their Nursery teacher senses a difficulty in childcare regardless of the existence or nonexistence of a developmental disorder diagnosis, a child with behavioural and reactionary problems or the child's guardian has reported problems raising their child.

Methods

Subjects of study are the nurses working at authorized nurseries. The survey was carried out with anonymous self-administered questionnaires in January-March 2010. Questionnaires were distributed to nurseries after having obtained permission from supervising personnel or the nursery unit president from the selected 10 prefectures using the snowball sampling method. From the nurseries without a nursery nurse they replied as not having

received such a request. Responses were returned by individuals using the enclosed response envelope, and it was determined that the reply to the survey should be construed as consent.

Survey contents were : foundation of the nursery (public or private), nurses' employment status (full time or part time), age of the subjects, years of employment, placement status (class or free placement), presence or absence of child with disease and/or disorder and whether such a child is currently an outpatient and the specific content of involvement, nursery staff and the parents of the child, the frequency of cooperation with other organizations, self-assessment of work satisfaction and so forth.

Data analysis

Responses about the relationship with children, frequency of consult and cooperation with other organization were aggregated and analyzed as a percentage. For percentage comparison by employment status and placement status, χ^2 test was conducted. Statistical analyses were performed using IBM SPSS Statistics software (version 23.0) for Windows. A level of significance less than 5% was considered statistically significant.

Ethical consideration

The subjects were explained It explained, a) the purpose of the research, b) that it is anonymous and thus individuals cannot be identified, c) that no disadvantage is incurred by not participating to the research, d)

that consent will be construed by the return of the questionnaire, e) that the results are used only for the purpose of research, f) that the data is stored in a lockable location. The study was approved by the ethical committee of the Graduate School of Medical Sciences and College of Medical, Kanazawa University (approval No. 243).

Results

Received replies from 265 nurseries (response ratio of 77.3%). Among them, the nurseries that had nurses were 141 (placement ratio of 53.2%) and this ratio was significantly higher in private nurseries than public ones ($p<.001$). Replies from nurses were 107 (response ratio of 73.8%).

1. Background of the subjects

Seventy-eight (75%) nurses worked at the private nurseries and 26 (25.0%) nurses worked at the public ones. Employment status: 55 (52.9%) nurses were fulltime and 49 (47.1%) nurses were part-time. Placement status: 74 (71.2%) nurses were class placements and 30 (28.8%) nurses were free placements. In case of the class placement, 0-year-old classes were most common with 89.2%.

All the nurses were female, and the ages of nurses were 43.2 ± 9.6 (average \pm standard deviation). The nursery experience was 5.9 ± 5.8 years, and work experience at the hospital was 9.1 ± 7.2 years, within that the working experience in paediatrics was 2.3 ± 5.5 years.

Table 1. Relationship with children who have special care needs

	Total (n=104)	Employment status		p-value	Placement status		p-value
		Full time (n=55)	Part time (n=49)		Class (n=74)	Free (n=30)	
Early detection was important							
Yes(Important)	90(86.5)	48(87.3)	42(85.7)	.816	63(85.1)	27(90.0)	.752 [†]
Not sure	14(13.5)	7(12.7)	7(14.3)		11(14.9)	3(10.0)	
Addressed themselves for the early detection							
Addressed	68(65.4)	41(74.5) *	27(55.1)	.037	49(66.2)	19(63.3)	.779
Have not addressed	36(34.6)	14(25.5)	22(44.9)		25(33.8)	11(36.7)	
Relation with children suport ^a	(n=70)	(n=39)	(n=31)		(n=48)	(n=22)	
Proactively involved	24(34.3)	15(38.5) *	9(29.0)	.112	14(29.2)	10(45.5)	.005
Passive involved (Grasping only)	17(24.3)	12(30.8)	5(16.1)		8(16.7)	9(40.9) *	
No involvement	29(41.4)	12(30.8)	17(54.8)		26(54.2) **	3(13.6)	

Note1. Number (%), n=104, a; n=70.

Note2. Chi-square test, [†]; fisher's exact test. Statistically significant association by adjusted residual analysis *: ($p<.05$), **: ($p<.01$)

2. Relationship with children who have special care needs (Table 1)

Seventy-five percentages responded that they had children with diseases at the nursery, which required follow-up care at the hospital, and 87.5% responded that they had the children with special care needs, which could possibly be developmental disorder.

Regarding the children with special care needs, while 86.5% of those who answered said that early detection was important, 65.4% answered stated that they themselves addressed early detection. The ratio of those who answered that they addressed early detection themselves was significantly higher with the fulltime nurses than the part-time nurses. Thirty-four point three percentages used specific methods of intervention including advising the nursery teachers, involving parents and proactively cooperating with a organization such as specialized hospital, child consultation center or child health center. Nurses, that continued to observe the children's behaviour and gather information from the nursery teachers, were 24.3%, and those who responded that they were hardly involved were 41.4%. The ratio of those who were proactively involved was significantly higher with the fulltime nurses, and those who replied no involvement was significantly higher with the class placement nurses.

3. Coordination with others inside and outside the

nursery (Table 2)

Frequencies of nursery teachers requesting the nurses' consultation were, "received frequent requests for consultation" was 36.5%, "occasionally received" was 56.7% and "hardly received" was 6.8%. As far as the frequency of consultation is concerned, "Occasionally received" and "Hardly received" were combined and assessed as Group 2. As for the rate of "frequently received" was significantly higher with the fulltime and free placement nurses.

Answers that stated the frequency that parent of the children request for the nurse, "received frequent requests for consultation" was 13.5%, "received occasionally" was 66.3% and "hardly received" was 16.3%. "Frequently received" was significantly higher for fulltime nurses.

Proactive cooperation with other organizations was 18.3%, those who cooperated when requested were 35.6% and those who did not were 46.2%. Those who did not cooperate with other organisations were significantly higher with the part-time nurses.

4. Satisfaction level and challenges of involvement with children who have diseases or disorders (Table 3)

Regarding the self-assessment of involvement with children with diseases "adequate" was 27.1% and "neither" was 38.6% and "inadequate" was 34.3%. Also, towards the children with special care needs, "adequate" was 21.5%, "neither" was 37.1% and "inadequate" was 41.4%.

Table 2. Coordination with others inside and outside the nursery

	Total (n=104)	Employment status		p-value	Placement status		p-value
		Full time (n=55)	Part time (n=49)		Class (n=74)	Free (n=30)	
Frequency of receiving consultation							
From nursery teacher ^a							
Received frequent consultation	38(36.5)	27(49.1)	11(22.4)	.005	22(29.7)	16(53.3)	.024
Occasionally received	59(56.7)	27(49.1)	32(65.3)		45(60.8)	14(46.7)	
Hardly received	7(6.8)	1(1.8)	6(12.3)		7(9.5)	0(0.0)	
From parents ^b							
Received frequent consultation	14(13.5)	12(21.8)	2(4.1)	.008	7(9.5)	7(23.3)	.063
Occasionally received	69(66.3)	38(69.1)	31(63.3)		51(68.9)	18(60.0)	
Hardly received	17(16.3)	5(9.1)	16(32.6)		16(21.6)	5(16.7)	
Cooperation with other organizations ^c							
Proactively cooperated	19(18.3)	13(23.6)	6(12.2)	.004	12(16.2)	7(23.3)	.109
Passive cooperated (inactive; Grasping only)	37(35.6)	25(45.5) *	12(24.5)		23(31.1)	14(46.7)	
Not cooperated	48(46.2)	17(30.9)	31(63.3) **		39(52.7) *	9(30.0)	

Note1. Number(%), n=104.

Note2. a; Combining the groups of "occasionally received" and "hardly received", 2×2 chi-square test.

Note3. b; Combining the groups of "occasionally received" and "hardly received", 2×2 fisher's exact test.

Note4. c; Chi-square test, Statistically significant association by adjusted residual analysis *: (p<.05), **: (p<.01)

Table 3. Satisfaction level and challenges of involvement with children who have diseases or disorders

	Total	Employment status		p-value	Placement status		p-value
		Full time	Part time		Class	Free	
Children who have diseases	(n=70)	(n=42)	(n=28)		(n=46)	(n=24)	
Self-assessment of the relation (level of satisfaction)							
Adequate	19(27.1)	13(31.0)	6(21.4)	.635	12(26.1)	7(29.2)	.809
Neither	27(38.6)	16(38.1)	11(39.3)		19(41.3)	8(33.3)	
Nearly-inadequate	24(34.3)	13(31.0)	11(39.3)		15(32.6)	9(37.5)	
Children with special care needs	(n=70)	(n=39)	(n=31)		(n=48)	(n=22)	
Self-assessment of the relation (level of satisfaction)							
Nearly enough	15(21.5)	9(23.1)	6(19.4)	.571	12(25.0)	3(13.6)	.036
Neither	26(37.1)	16(41.0)	10(32.3)		13(27.1)	13(59.1) *	
Nearly-inadequate	29(41.4)	14(35.9)	15(48.4)		23(47.9) *	6(27.3)	

Note. Number (%), n=70. Chi-square test, *: Statistically significant association by adjusted residual analysis ($p < .05$).

Regarding the self-assessment of involvement with children with special care needs, the “inadequate” was significantly higher with the class placement nurses than the free placement nurses.

Barriers to improve the self-assessment of involvement are: the “lack of cooperative mechanisms with other organizations” was highest at 47.1%, followed by the “lack/inadequacy of the support structure within the nursery” at 44.2%, “lack of specialized knowledge and experience as a nurse” was 39.4% and “lack of understanding of the nurse’s role by the director and staff” was 21.2%.

Discussion

This research found nursery nurse placement rates at 53.2%, which is higher than the result from the national research carried out in 2009⁵⁾. Furthermore, as far as the employment status is concerned half of the nurses are part-time, and fulltime employment as a nurse is currently less than 30%. There is indication that this difference is affecting the quality of the nurses’ involvement with children with diseases or disorders. This research shows that the ratio of those addressing early detection of the children with special care needs was lower with the part-time in comparison with the fulltime. Regarding class placement, more than half replied saying they are “hardly involved with the children with special care needs”.

“Children with special care needs” are defined as such when nursery teachers suspect a child has a developmental disorder. In actual fact, however, such ‘awareness’ of the suspected disorder by nursery teachers does not correlate with early support to the children⁷⁻⁹⁾. The reason is that the nursery teacher can often only pay special attention to the developmental delay and

problematic behaviour but lacks the expertise to address this multi-faceted problem facing the children⁷⁾. Another factor is, insufficient multidisciplinary collaboration and information sharing for detailed problem assessment. Unlike the medical field where the nurse plays a key role in patient problem solving by cooperating with multiple disciplines, from this research, we can see that the opportunity to receive consultation from the nursery, parents and other organizations depended on the nurse placement status and the reality is that nurses could not fulfil their role fully at nurseries.

Therefore, it is important that fulltime and dedicated placements are provided at nurseries to secure an environment where nurses can fully apply their expertise. In January 2015, the Labour and Welfare from Public Interest Incorporated Japan Nursing Association sent a petition to the Ministry of Health, stating that the nurse should not be regarded as “Nursery Teacher”, which indicates that there is an increasing demand for nurses as a specialized role in nursery¹⁰⁾.

In the Nursery School Childcare Guidance Revision that has been revised in 2009⁶⁾, the role that the nursery in the health promotion of children, such as infection prevention, enforcing safety measures, health management, assessment and care of unwell-children, health education in the nursery and parents, are clearly stated. Therefore, nursery nurses are expected to apply more specialized role. Furthermore, it is considered that with regard to the specialized role of the nursery nurses isn’t fully exploited in the support of “children with special care needs” at present, by means of the information exchange and the planning of training, the cooperation with external organizations etc. and by the nursery nurses’ proactive

involvement they will be able more extensive role than now.

Limitation and Challenge

Selection of the subjects was carried out by snowball-sampling and the targeted prefectures are only 10, which does not exhaustively represent of all Japan, thus there is a limitation to generalize.

Conclusion

1. Half of nurse was part-time, and only 28.8% was the free placement.

2. The ratio of those who answered that they addressed themselves for the early detection was significantly higher with the full time nurse than the part-time nurse. The ration of those who replied no involvement was significantly higher with the class placement nurses.

3. The difference of such deployment status is affecting the activity of nurses' involvement of the children with problem.

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保育所看護師の役割に関する実態調査 —問題を抱えた子どもへの支援の雇用状況による比較—

津田 朗子, 木村留美子