Development of care for minimization of after-effects on mothers who donate organ to their children for pediatric liver transplants

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Development of care for minimization of after-effects on mothers who donate organ to their children for pediatric liver transplants

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Abstract

We undertook a study to develop care to lessen the after-effects on the mother of becoming a liver donor to one's child. The care was created based on previously-noted "Experiences perception by living donors who are mothers of patients in pediatric liver transplants"[1]. The care method was composed of three interview scenarios. The scenarios were developed sequentially, with the first scenario being the assurance of a "place to be" through pro-active listening, then promoting the mother's interpretations through "narrative", and finally to supplement "problem-solving". The care trial was carried out over two years with the cooperation of fifteen donor mothers who had become donors. The effects of the care were taken from the changes in the interpretation of the mothers who underwent the care, and through the comparison of the "after-effects on mothers who become donors to their children," drawn qualitatively during the trial; and the "current life of mothers who become donors to their children" drawn qualitatively after the trial. The mothers interpreted the after-effects as [Do show a little concern], [Cannot be parted from my child], and [Lack of support from my husband], but in the current life, we saw a positive change to [No need to only endure], [Can now have hope for my child], and [Husband helps in his own way]. The developed care promoted this positive change in interpretation, and, through the promotion of stress management, was judged to be a care that reduced the after-effects on the mother. Through care development, as the problems of living donors are increasingly becoming a concern, it is possible to provide care for mothers who have donated liver to their children.

Key words

development of care, mother, living donor, liver transplant, pediatric transplant

Introduction

Since the first report of the death of a live liver transplant donor in 2003, interest in donors has been increasing. However a nationwide survey concerning donors has yet to be implemented, so there has been no understanding of their health and psychological situation. Therefore, we have described the experiences of mothers who have become live liver donors for their children, through a qualitative and inductive method[1]. The common concept derived from the mother's experience was 【Never mind about me】. The experiences at the time of the decision to transplant are categorized as 【Transplant to my child through sympathy caught up in the flow of events】 and are idiosyncratic in that the decision to transplant does not display decisiveness as a mother. The experiences at the time of the decision to donate ones own organs are seen as an 【Organ donation that satisfies self】, and the donation of organs has a

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different idiosyncrasy as compared to the theoretical danger of loss. The experience at the time of the extractive surgery is seen as that of a 【Surgery experience focused only on my child】, and is notable for the fact that the donor does not play the role of a patient despite undergoing extractive surgery. We additionally discuss the possibility of such experiences having negative effects on the mother after the donation.

Concerning the effects of live transplant donors, Narita[2] notes the feelings of physical desecration, the expectation of collateral donation, post-surgical depression, and feelings of being scapegoated. Yoshiuchi[3] notes adaptation disorder, Fukunishi[4] notes mother-child separation anxiety disorder, and mother-child coexistence relations, and adaptation disorder. Additionally, Fukunishi[5] points out fear of death, stress of choosing a donor, the complexity of hope and anxiety before and after the operation, and that separation anxiety disorder and unburdening depression are deeply connected to paradoxical psychological trauma. These are some of the many influences noted in the literature, but, while there are issues raised concerning care of donors with problems regarding the need for care and current care, we have not seen any discussions from the point of view of developing care for the mothers.

This research, aimed at developing a care method for the minimization of after-effects on mothers, is an attempt to devise and experiment with a care based on trials of the 【Never mind about me】experience of mothers described previously. The care evaluation was considered from the "After-Effects" and aspects of "Current Life" of the mothers that were developed qualitatively[6-9] after the trials.

The process of development of a care

1. The Design of Care

Focusing on the【Never mind about me】that the mothers give meaning to, we designed the care goal to be: "mothers have a 'place to be'." The intervention methods were designed on a basis of "paying attention, sympathy, and acceptance" and were care interviews drawing on counselling techniques[10] that allowed "self-opening" and through active paying of attention, was a method to ensure the "place to be" that allowed the mothers to be noticed.

2. The Testing of Care

The participants were fifteen volunteers chosen from a number of mothers undergoing medical care after donating livers to infants at one particular transplant hospital. Their ages ranged from 30 to 48 (average age: 38) and their family background was: 14 had other children besides the one who had undergone the transplant, one was an only child. Seven lived with their parents or parents-in-law, seven did not. One mother refused to become a participant;: she was refusing to undergo tests despite it being suggested on several occasions. Their children were diagnosed as having biliary atresia, the most common underlying illness in child liver transplants, and had already received a liver transplant and outpatient medical examinations once in one or two months for a follow-up in a transplant hospital., According to a 2005 national survey by the Japan Liver Transplantation Society's Donor Investigation Committee Concerning[11] follow-up after the donor operation, the proportion receiving regular examinations was 20.2%, but the participants for this present investigation followed a system in which they also underwent regular checkups along with their children for a period of one year, and then after that a checkup at any time if there was anything abnormal.

The care was trialed from April 2003 to February 2004. The care interviews were carried out in a private outpatient room after examination or while waiting for an examination. The number of times a given mother was interviewed was determined according to her wishes. A given care interview would typically last between thirty to seventy-five minutes.

For mothers who had had no opportunities to talk about their feelings, thus who continued experiencing the 【Never mind about me】 problem, the first five minutes of an interview would typically be marked by hesitation and unwillingness. Nevertheless, 'narratives' spilled out from the

very first interviews. All mothers were observed to break into tears at some point during the interview.

3. The Evaluation of Care

The evaluation of Care is to show that in the attribution of significance as donor after-effects, 〈a mother was able to have a "place to be"〉. The after-effects for mothers who were donors were described qualitatively through data gained from the fifteen mothers in the trial, through participant observation in an outpatient consultation room, as well as through semi-structured questions added at the time of the care interviews, analyzed according to Grounded Theory Approach and with supervision by experienced researchers from February 2004 to July 2004. One outpatient examination took between twenty to forty minutes.

4. The Growth and Development of Care

Pro-active listening was continued discretely. However, just to continue listening carefully to the mothers in order to guarantee them a "place to be" and waiting patiently for a change in the mother, even though the experience of the mother may be already described, contains contradictions and ethical problems from the point of view of nursing.

1) From "Waiting Care" to "Prompting Care"

In order to grow and develop from "Waiting Care" to "Prompting Care," positive intervention was required. Attention was paid to chronic stress in the mothers' previously noted experiences, and 〈pro-active stress management〉 was added to the care goal. The method involved the pro-active intervention of stress management, centering on intervention in emotion centre management, particularly in cases of the mother's chronic stress being complex and widespread. The strategy, referring to techniques of narrative approach[12] that clarified the results of "narrative", prompted meanings according to the "narrative", and was a positive approach for the mothers to begin to adapt. Also, in addition to the mothers' wishes, we decided to carry out the judgments of the caregivers as well.

2) Supplemental Intervention to Problem-Solving Management

Furthermore, through the wishes of the mother, we supplemented intervention of the "family support method" because it has been noted that it "is necessary to use problem-centered management and emotion-centered management together for difficult situations"[13]. The Development and Growth Care was trialed from July 2004 to December 2005.

5. Evaluation of Care after Growth and Development

The evaluation of Care after growth and development allowed us to show that within the giving of meaning to the mother's current life, it was possible for 〈the mother to pro-actively manage the stress〉. The aspect of the current life of mothers who had become donors were qualitatively demonstrated through further semi-structured questioning from September 2005 to December 2005 the same fifteen volunteer mothers underwent, analyzed according to Grounded Theory Approach and with supervision by experienced researchers in addition to participant observation of outpatient consultation and care interviews.

In order to confirm the appropriateness and reliability of the care prototype, three of the nurses in charge of the hospital transplant and one doctor in charge of the transplant were shown the care prototype, and asked through focus interviews to confirm whether it had suitability, persuasiveness, and if they could trust it.

The care prototype was also shown to three nurses in charge of transplants, but actually confirmed in its usefulness by four.

6. Ethical considerations

We gained the approval of the medical ethics screening committee of the Kanazawa University School of Medical Science. We also received the consent of the chief physician and senior nurse. The research subjects had the purpose of the research explained and gave their permission to become participants. Interviews were conducted in places where privacy was assured. Participants could stop the interview process at any time. All

personal identification was removed from the data.

Results

1. "After-Effects" on mothers

As a result of our examination of the after-effects of mothers who became liver donors to their children, we were able to show the structure of continuing experience influences (Fig. 1, Table 1). This structure is formed of the three aspects of "concerning self", "concerning my child", and "concerning my husband". As far as the "concerning self" aspect is concerned, it is taken to mean that even though the mother's physical condition may be almost back to normal, her interpretation of it is of wanting to be worried about just a little. For the "concerning my child" aspect, even though the child may be living an almost completely normal life, she interpreted it as not being able to leave her child. And for the aspect of "concerning my husband", even though there was no notable change in the family relationships, her interpretation is that her husband had never been supportive.

1) Concerning self－what can be termed the [Do show a little concern] idea－falls into the following categories related to the after-effects:

[Do show a little concern] is made up of the category 【Feeling somewhat depressed】 and the sub-categories [Always holding back], [Occasional stomach and scar pain], and [Ignored by doctors]

2) Concerning her child－what can be termed the [Cannot be parted from my child] idea－falls into the following categories related to the after-effects:

[Cannot be parted from my child] is made of the category 【Special attention paid to my child】 and the subcategories [The least little thing makes me nervous], [I treat other children differently], [Only the parent can understand], and [I cannot leave it a hundred percent up to the doctors].

3) Concerning her husband－what can be termed the [Lack of support from my husband] idea－falls into the following categories related to the after-effects:

[Lack of support from my husband] is made up of the category 【There's no point in even asking】

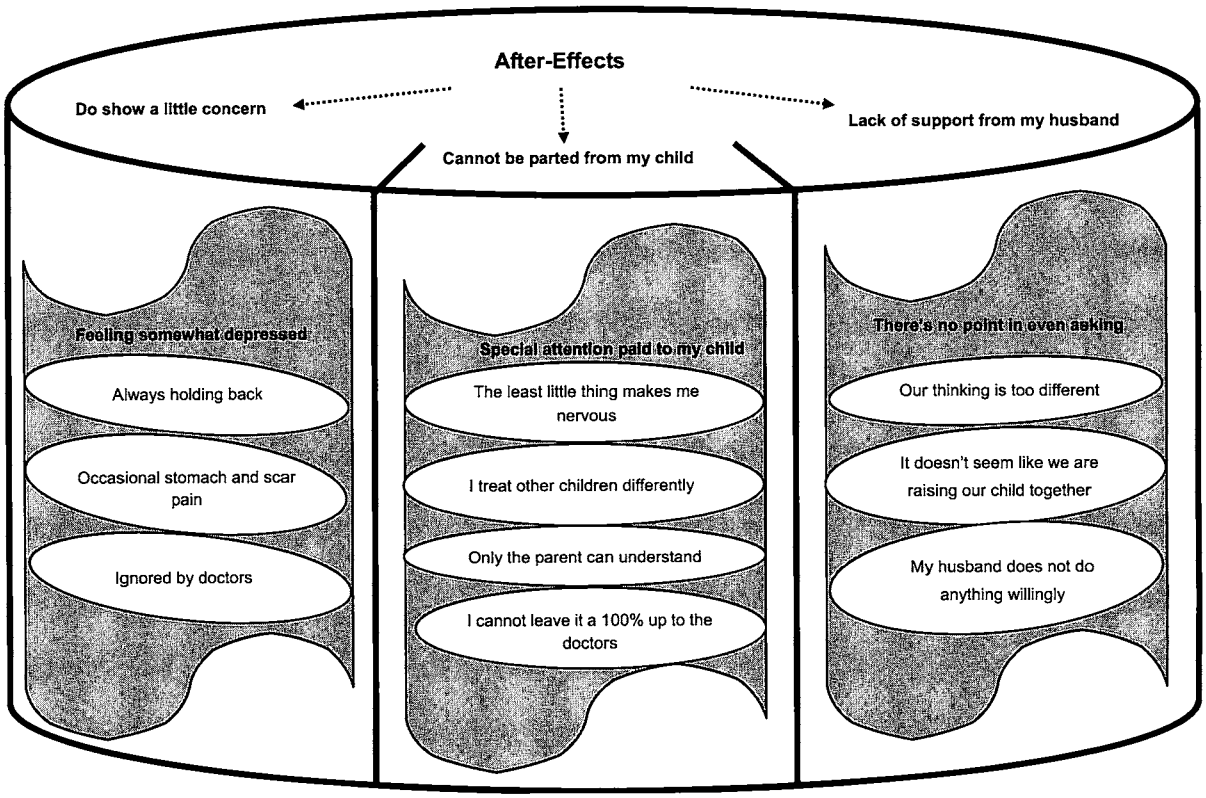

Fig1. Explanatory diagram of "After-Effects" on mothers who become donors for child to liver transplants

Table 1. "After-Effects" on mothers who become donors for children to liver transplants
Category Definitions and Specific Examples for Sub-Categories

Category	Sub-Category	Examples
【Feeling somewhat depressed】 Definition: While the procedure was a major one for them, it appears that to others it was nothing serious or increasingly forgotten, which is unacceptable to the mothers.	〔Always holding back〕	"Like I've left something behind, I feel unsatisfied. I can't run free. I'm always holding back, putting the brakes on." "I don't regret it, and think it was a good thing, but I can't help wondering, nevertheless"
	〔Occasional stomach and scar pain〕	"I feel back to normal, but my scar still hurts sometimes." "My stomach was sore so I went to a doctor. He said nothing was wrong, but it hurts. What am I supposed to do if it hurts?"
	〔Ignored by doctors〕	"Donating is not an illness, but (since I have had part of my liver extracted) I am not the same as everyone else. But the doctor still says I don't need it and won't examine me."
【Special attention paid to my child】 Definition: Even after undergoing the transplant and getting back to normal life, tiny symptoms bring back the troubles suffered up to now, and so the mothers feel it is natural to pay special attention to their child.	〔The least little thing makes me nervous〕	"I'm told I am thinking too much, but every time my child gets a fever, or something happens, it makes me nervous."
	〔I treat other children differently 〕	"With normal children you can usually imagine what would happen. But not with my child. I treat him/her differently to other children."
	〔Only the parent can understand〕	"I see him/her every day, so as a parent, sometimes I can see the little differences that other people cannot see."
	〔I cannot leave it a 100% up to the doctors〕	"(The doctor) just looks at the data briefly and says we'll be fine, even though it is dangerous to overlook this change. If I ask the doctor if we really are okay, he/she just suggests increasing the tests or the dosage. That worries me. I've got to keep up."
【There's no point in even asking】 Definition: In this time of great stress for mother and child, the one who should be expected to stand the closest to the mother as her partner disappoints her, and the thoughts of reproach of the distant husband and the thoughts of giving up worrying about it are confused and muddled.	〔Our thinking is too different〕	"If you ask me if he understands how I feel, I would say yes, but we have fundamental differences in our thinking. Yeah, it might be just because he's a man of course."
	〔It doesn't seem like we are raising our child together〕	"If he doesn't understand, (when there is a doctor), he should ask, but instead he tells me later than he doesn't understand and pressures me." "I was in the hospital for ages, and hardly ever at home. I was there together with the child, so I don't feel as if we are raising him/her together."
	〔My husband does not do anything willingly〕	"Other men (husbands) are not like that, yet in our house it always me that thinks, me that has to take the lead." "I did all I could. I waited, but he (the husband) took no action."

and the subcategories [Our thinking is too different], [It doesn't seem like we are raising our child together], and [My husband does not do anything willingly].

2. "Current Life" of mothers

As a result of describing the life of mothers who have become liver donors to their children along the three aspects of the "After-Effects", we were able to show the structure of life led with renewed hope. (Fig. 2, Table 2). Concerning self, it found expression as [No need to only endure]. Concerning the child, it was expressed as [Can now have hope for my child], and concerning the husbands, it found expression as [Husband helps in his own way].

1) Concerning self－what can be termed the [No need to only endure] idea－falls into the following categories related to the current life:

[No need to only endure] was composed of the category【Can return to normal】and the sub-categories of [Thinking of self], [True to self], [Normal life] and [Express feelings].

2) Concerning her child－what can be termed the [Can now have hope for my child] idea－falls into the following categories related to the current life:

[Can now have hope for the child] was composed of the category【I'm glad I underwent the transplant】and the sub-categories of [I feel a weight taken off my shoulders], [It is easier to care for my child], [Our life changes], and [We can worry about the future].

3) Concerning her husband－what can be termed the [Husband helps in his own way] idea－falls into the following categories related to the current life:

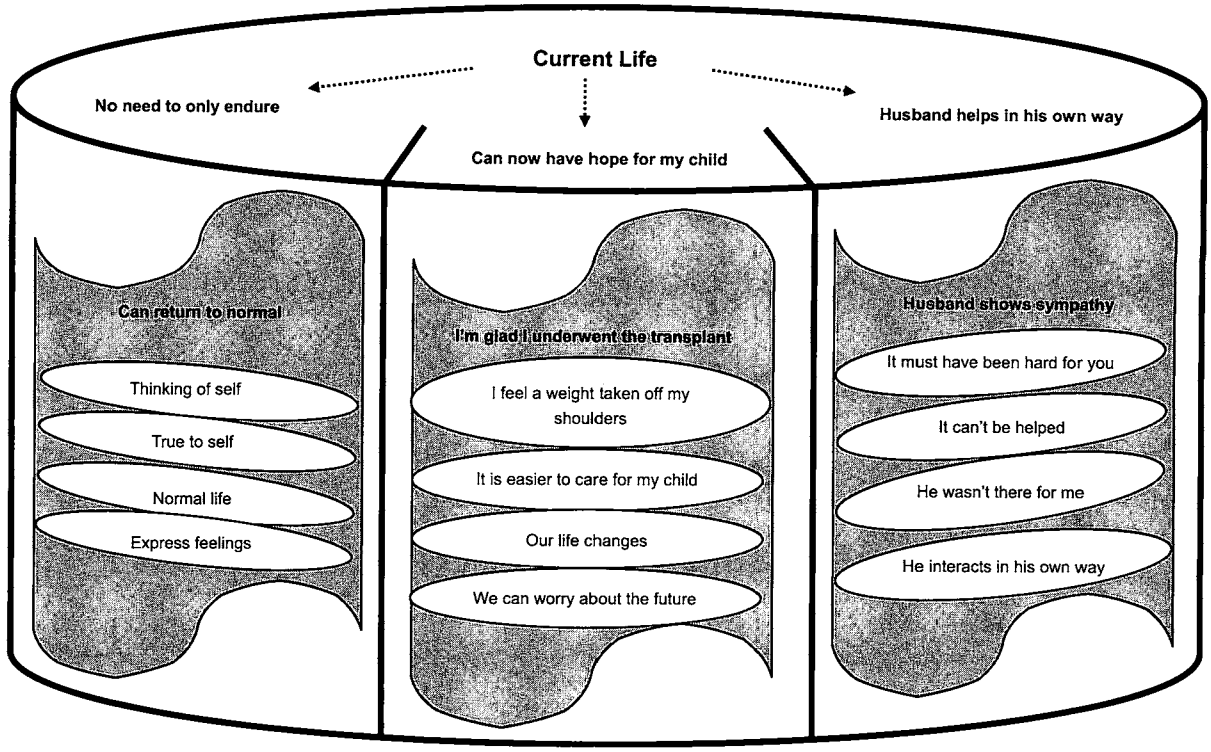

Fig2. Explanatory Diagram of "Current Life" of mothers who become donors for children to liver transplants

[Husband helps in his own way] was composed of the category 【Husband shows sympathy】 and the sub-categories of [It must have been hard for you], [It can't be helped], [He wasn't there for me], and [He interacts in his own way].

3. Care to reduce the "After-Effects"

The structure of care to reduce the "After-Effects" on mothers who become liver donors to their children is composed of three care scenarios (Fig. 3).

In the first scenario, through the development of "pro-active listening" care, the mother can find a "place to be". We are also able to understand the after-effects through the mother's "narrative". Along with being able to promote positive stress recognition evaluation for the mother, we are able to find a starting-point for introducing stress management for the mother.

In the second scenario, through the development of care that supports the interpretation through "narrative", it is possible to understand that mother's interpretation from the threads of her "self as story" narrative[12]. Through understanding the interpretation, it becomes possible to share that interpretation, and furthermore to collaborate in feeling out new interpretations. These processes work on all interpretations of the factors－〈time, situation, human〉[13]－that affect the mother's stress recognition evaluation, and support the mother's recognition evaluation. Also, through promoting recognition evaluation, it becomes possible to promote the mother's coping process.

In the final scenario, through the development of care that "assists problem-solving" for problems that the mother finds hard to solve alone, a solution that they think is possible is searched for from each person around the mother. First, the family support methods are investigated, and then methods of using social support are introduced, all of which are investigated for the possibility of application, and then added. These processes, moreover, make it possible to promote positive recognition evaluation for the mother, and promote stress management.

Through the progression and sequential development of the three care scenarios, we multiply effects that promote stress management and promote positive recognition evaluation of the

Table 2. "Current Life" of mothers who become donors for children to liver transplants
Category Definitions and Specific Examples for Sub-Categories

Category	Sub-Category	Examples
【Can return to normal】 Definition: The idea that the possibility of ones major experience returning to normal, while still seen as an experience.	〔Thinking of self〕	"I think I could think about working in the near future." "Lately I have begun to think about myself as well."
	〔True to self〕	"I can't go to extremes. I guess I should just live as myself." "All I can do is go on as myself."
	〔Normal life〕	"There's still all sorts of things, but as seen from before the operation, it's a normal life."
	〔Express feelings〕	"Maybe I was waiting for them to make the first move. I think I should be more expressive of my feelings." "I kept it a secret until now. But I think I'm going to talk about it, and get everyone around me to be supportive."
【I'm glad I underwent the transplant】 Definition: There would have been no hope without the transplant. However even after the transplant, it was hard to say it was a good thing. This definition refers to the feeling of finally being able to evaluate it positively.	〔I feel a weight taken off my shoulders〕	"I now have hope for the future, and feel much easier in my mind." "When I think about how I was able to be there for my child, I feel relaxed."
	〔It is easier to care for my child〕	"After the operation, there were no tubes sticking out (of the body). Caring for the child was easier." "It was an continuous cycle of measuring the amount of bile that came out of the tube, and returning it to the system. Now there is none of that, and things are much easier."
	〔Our life changes〕	"Before the operation, I was always looking at (my child's) skin tone. But now he/she is running around happily. My life is different." "He/She goes to school. Can exercise as well."
	〔We can worry about the future〕	"There was no hope before the operation. After the operation, there was hope, and I can start to worry about adolescence and marriage and the birth of grandchildren."
【Husband shows sympathy】 Definition: The idea that as a partner, there are still feelings of something lacking, but there is a recognition of the husband's own ways of being there.	〔It must have been hard for you〕	"He's doing what he can in his own way." "We left the child with his/her grandmother, and all my husband did was take him there and back, but I suppose it was pretty hard on him even so."
	〔It can't be helped〕	"It wasn't enough, but since he's a man, it can't be helped." "Guys are like that."
	〔He wasn't there for me〕	"I worried about it on my own as I figured there was no point in saying anything." "I didn't think he would be supportive, so I didn't ask for his support."
	〔He interacts in his own way〕	"When I think about it now, I think that perhaps he was involved in his own way, and wanted to help in his own way."

mother's stress.

Considerations

Considerations were based on the effects and meaning of care to reduce "After Effects" on mothers who become donors as well as understanding the "After-Effects" on mothers who become liver donors to their children and "Current Life" of mothers who become liver donors to their children.

1. Understanding "After-Effects" on mothers

1) Concepts of "After-Effects"

When their child has received the donated liver and returned to normal life, and the mother has recovered her condition, we would expect a situation whereby pre-existing chronic problems rapidly lessen or vanish[14]. However, we believe that the concept of "After-Effects" detailed in this research can explain the after-effects of the mother.

This concept is the phenomena regulated as the effects caused by daily life from the three aspects of being a partner in a couple whose child has received a transplant, and as a mother of a child who has received a transplant, and as an individual who has experienced donation. These phenomena are also understood as results that include the effects of "pro-active listening" interview care undergone after transplant.

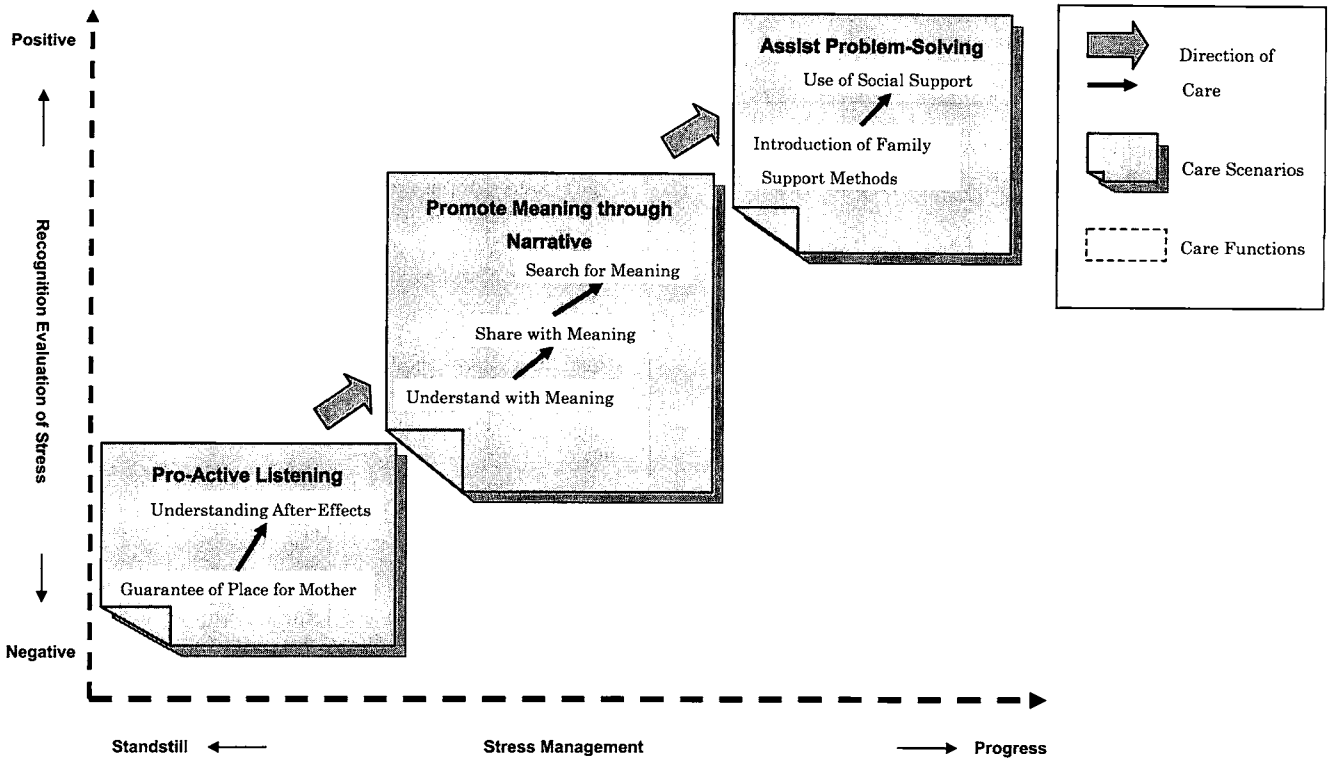

Fig 3. After-Effects-Reducing Care on mothers who become donors for children to liver transplants

2) Regarding the interpretation of "After-Effects"

In actual practice, many problems are noted when the child returns to a normal life and the mother's condition recovers. These problems include: donor feelings of being scapegoated, post-operative depression, expectations of reward from the transplant, feelings of physical damage, paradoxical depression, mother-child coexistence relations, mother-child inseparability disorder, adaptive disorder, and many others. This research describes these qualitatively. It is clear there is a further continuation of the pre-transplant feelings of 【Never mind about me】 into the post-transplant stage, as seen in the expression by the interpretation of a mother who has donated a liver to her child who feels, concerning herself, [Do show a little concern], concerning her child, [Cannot to parted from my child], and for her husband [Lack of support from my husband], which clearly shows that the pre-transplant experience of 【Never mind about me】 carries on into the post-transplant stage.

Recognition evaluation regarding the after-effects of the mother is shown in the stress management theory of R.S. Lazarus et al[13], and is similar to the "stressfulness" that threatens the individual's stability. However this can be understood as the mother being able to discuss her thoughts if listened to pro-actively, and, through this "narrative", gaining her own "place to be".

Additionally, the contents－the "self as narrative"－of the interpretation the mother has put into words finds meaning through a structured "plot" rather than a simple "story."[12] That is, it can be understood as: the 【Feeling somewhat depressed】 towards oneself of the category that makes up the "After-Effects" finds its meaning in the thought that the mother is unable to gain attention. The [I treat other children differently] regarding her child finds its meaning in the greater than normal attention paid to her child. The 【There's no point in even asking】 from the husband feeling finds its meaning the keeping of a certain psychological distance from the husband, and not worrying about that which worrying will not help.

2. Understanding "the Current Life" of mothers

1) Concepts of "Current Life"

The current life of the mother is considered to be explained by the concept of "Current Life" noted by this study. That concept is the phenomenon defined as the aspects of daily life that continuously drag on the experience of being a donor afterwards. These phenomena can also be treated as results that include the effects of 〈promoting interpretation of narrative〉 care and 〈assisting problem-solving〉 care.

2) Regarding interpretation of "Current Life"

The interpretations of self as [No need to only endure], of child as [Can now have hope for the child], and husband as [Husband helps in his own way] by mothers who have become liver donors to children is understood as giving hope to the future and overcoming the previous 【Never mind about me】experience and "After-Effects" which can be seen objectively as experiences.

Additionally, the 【Can return to normal】 regarding self of the category that makes up the "Current Life" is interpreted as the idea that one can return to the previous state. The 【I' m glad I underwent the transplant】 re her child, is interpreted as a positive evaluation of the transplant. The 【Husband shows sympathy】 re her husband, can be interpreted as an acceptance of her husband' s state.

These again can be understood as signifying the appearance of interpretation by the mother attempting to actively integrate stress management.

3. Significance and Effects of "Care" for reducing the "After-Effects"

The notable aspect about care for the reduction of after-effects on mothers who become donors is that, for mothers who become donors in pediatric liver transplants, using on-going interviews when the busy mother accompanies her child on regular checkups, it allows the support of stress management through guaranteeing the mother' s "place to be," encouraging interpretation of the mother' s "narrative" and positive stress recognition evaluation.

In order to reduce the ongoing after-effects of the experience of mothers who become donors in pediatric liver transplants that continues on after the transplant, it is important to guarantee a "place to be" for the mother who has lost her "place to be" during the 【Never mind about me】 experience. Mothers who have a "place to be" guaranteed through the interview process[10] find it possible to express in words a "narrative" of the feelings they have suppressed, and their subconscious ideas can be uncovered as well. Through "narrative", the mother can alleviate her psychological pain, regain breathing space, and can realize her own potential to recover her previous life.

Concerning "narrative," Trisha Greenhalgh et al[12] note that, based on the ideas of social constructivism, human existence changes depending on the situation the person is in, or their personal relationships, and the catalyst is "narrative" . They also show that verbalizing ones experiences through "narrative" allows one to reconstruct the experience, and allows a chance to introspectively look at it.

In care to reduce after-effects, the mother proactively promotes interpretation through the "narrative." This is not a waiting for the changes that the passage of time would be expected to produce in the mother, but rather a promotion of the realization in the mother herself of the leaving behind of the meaning of the series of experiences of becoming a donor after the eventual transplant after a long series of hospitalizations since the disease was first diagnosed, and the different grasp of problems related to chronic stress. In addition, the care-giver can understand the meaning given to the after-effects, share them, and assist in new explorations of them, giving in itself the possibility of relaxed care. Finally the changes in interpretation of stress cause changes in the positive recognition evaluation of stress, promote stress management actions, suggest new stress management choices, widening the options.

Through the mother' s own "narrative", we can understand her interpretation of the after-effects, share them, and find them anew, which we believe allows the possibility of it itself being an alleviating care. Again, if stress and the understanding of it change, then the stress management environment

also changes, showing the possibility of suggesting or giving rise to a choice of a new self-management.

However stress is very complex, and sometime the mother's own emotional coping is not enough. In these cases, it is important to add problem-solving and supplement the mother's stress management. In Lazarus[13], management is defined as a cognitive and active effort to treat internal and external demands of a stress situation, and its unique concepts taken as a process, intervening to cause specific action for problem-solving of stress encountered in daily life. As a necessary introduction method for problem-solving, there is intervention of family support and the use of social support. It is important that through information, or through actual action, the mother can have her family and her community close by to support her.

The above care to reduce the after-effects of becoming a donor on mothers adding sequentially the three scenarios of "pro-active listening", "promote meaning through narrative", and "assist problem-solving" creates a multiplication of effects and promotes coping by the mother. This, the active promotion of stress management for the mother, is a method of care to reduce the after-effects on mothers that has not previously been seen. We can therefore suggest a hypothesis that the interpretation of [Can now have hope for my child] in the mother's current life is a method that allows us to see that this care has the effect of reducing the after-effects for mothers who have become liver donors for their children.

4. Future Prospects

This research is an attempt at developing a care for mothers who have become donors in liver transplants by creating a care based on a qualitative description of the mother's experience. We quantitatively described the mother's "After-Effects" and "Current Life" as evaluation, and conducted theoretical analysis. And from there we developed care to reduce the after-effects on mothers who become liver donors to their children. At present, living donor issues are often being noted by doctors and nurses, yet there is no certainty about the care methods. The proper care of mothers, who become donors during a transplant after having given birth to a child who was sickly from birth, and having taken care of him/her for a considerable time, is as yet an unknown. The development of a care to reduce the after-effects on mothers has considerable significance for the future development of donor care. It is necessary to apply the care developed by the study widely and consider application and effectiveness. The object of the "Care" developed in this research was a single transplant institute. There are limitations to its possibilities as a care model, and there is a need to increase the number of institutes at which the model is tested, and to examine its applicability and functionality. However the development of a care for the reduction of after-effects in mothers has significant meaning for the development of future post-transplant care.

Conclusion

We attempted to create a care for mothers who have become donors in liver transplants. The care assures the mother of a "place to be", assisted interpretation of "narrative", and furthermore supplemented "problem-solving". This was a care to assist in positive stress recognition evaluation, promote stress management, and reduce the after-effects on mothers. The Care was evaluated through interpretation of the mother's "After-Effects" and "Current Life", and is seen as one that can reduce the after-effects on mothers who become donors in pediatric liver transplants.

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小児生体肝移植においてドナーとなった母親のその後の影響を軽減するケアの開発

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要　旨

小児生体肝移植においてドナーとなった母親のその後の影響を低減させるケアの開発を目的として研究を行った。ケアの作成は、既に研究者により描き出された『小児生体肝移植においてドナーとなった母親の経験』を基盤としてなされた。ケアの方法は、面接における3つの場面で構成された。場面は順次に展開され、最初の場面では積極的な傾聴により母親の「居場所」を保障し、次に母親の「語り」を通して母親の意味づけを促し、最後に問題解決を補足する、とされた。ケアの試行は、ドナーとなった15人の母親に協力を得て約2年間実施された。ケアの効果は、ケアを受けた母親の意味づけの変化から捉えられ、試行中に質的に描き出された『小児生体肝移植においてドナーとなった母親のその後の影響』、および試行後に質的に描き出された『小児生体肝移植においてドナーとなった母親の現在の生活』の2点を対比してなされた。母親はその後の影響を〔ちょっとくらいは心配してほしい自分〕〔子供からは離れられない〕〔一緒に歩んでくれない夫〕と意味づけていたが、現在の生活では〔我慢ばかりすることはない〕〔子供に希望が出てきた〕〔それなりにやっている夫〕と、意味づけに肯定的変化が見られた。開発されたケアは母親の認知評価を肯定的に促し、ストレス・コーピングを促進することによって、母親のその後の影響を低減するケアであると評価された。生体ドナーの問題が多く指摘される中、ケアの開発により、小児生体肝移植においてドナーとなった母親へのケアが可能となった。