

Abstract of Doctoral Thesis

The historical background of facilities for children with severe motor and intellectual disabilities (SMIDs) and state of nursing care at these institutions **—— Redefining nursing care that collaborates with welfare professions in daily life ——**

Doctoral Program in Core Ethics and Frontier Sciences
Graduate School of Core Ethics and Frontier Sciences
Ritsumeikan University

クボタ ヨシエ
KUBOTA Yoshie

Facilities for children with severe motor and intellectual disabilities (SMIDs) were legislated in 1967 through the Medical Service Act and the Child Welfare Act. Over the half century since then, however, there has been a continuous shortage of nurses at these facilities. In addition to there being few nurses who seek employment at these facilities, many of those who are hired quit immediately. On the other hand, there are also some nurses dedicated to caring for children with SMIDs who continue working for several decades. The questions examined in this study are what working in facilities for children with SMIDs is like for nurses, why they choose to work in these facilities and are able to continue to do so, and what the difference is between nurses who stay in these positions and those who resign right away.

The methodology of the study was as follows. Interviews were conducted with sixteen nurses who had been working at facilities for children with SMIDs for between one and forty-one years, and their narratives were categorized a posteriori. Eleven elements were extracted as a result of this analysis: “history of and reasons for workplace selection,” “social/legal changes,” “relationship to organizational structure/workplace culture,” “relationship to children with SMIDs,” “relationship to parents,” “relationship to other professions,” “relationship between nurses,” “nursing practice,” “ethical dilemmas,” “sense of self affirmation,” and “sense of mission.” These elements were then divided into three generations in accordance with the history of facilities for children with SMIDs and changes in the law.

In addition, two other points were made clear by this analysis. First, the deciding factor in nurses choosing to work at facilities for children with SMIDs was their point of contact with these children. Second, the deciding factor in nurses who work at facilities for children with SMIDs continuing in this role is the occurrence of a “redefining of nursing care in daily life” that includes collaboration with

welfare professions at some point in their career.

The following characteristics emerged regarding the way the “redefinition of nursing in daily life” occurred for nurses in each generation. In the era of the first generation of nurses, all of those entering the facilities were children. In an era in which nurses created *ryūiku* by trial and error alongside nursery school teachers, support with no border between professions was enjoyable and the nurses felt “this is how it should be.” This care was the essence of care as defined by the care theory that advocated independence from the medical model. In the era of the second generation of nurses, the age of individuals inside the facilities extended to adulthood, and the degree of their disability became more severe. For this generation of nurses, role models in daily life existed, and like the first generation it was quite easy for the “redefinition of nursing care in daily life” to occur. These nurses also had a clear view of nursing care in which “nursing care is supporting daily life,” and collaboration between nurses and welfare professions was a given.

In the era of the third generation, those inside the facilities had become even older, and their disabilities even more severe. With the revision of medical care reimbursement, the number of nurses also increased. Among nurses hired during this period, it had become difficult for the redefinition of nursing care to occur through “the expansion of medical care in daily life.” This was because of reduced feelings of self-affirmation brought on by difficulties in adapting to their working environment. These new nurses, however, possessed the foundation of nursing care for children with SMIDs, namely, “liking nursing care in daily life,” “love for children with SMIDs,” and “a sense of mission.” As a result it seems possible that “redefinition of nursing care” could occur with the support of more experienced nurses and supervisors. It was found that if the “redefinition of nursing care in daily life” occurs it is possible for nurses to continue in their job, and if it does not occur they quit.

Until now research concerning the nature of nursing care for children with SMIDs and the expertise of providing nursing care to these children has not been conducted. The data obtained in this study is important as narratives given by some of the few practitioners of this kind of nursing care. This study is significant in the history of research on this topic because on the basis of this valuable data it verbalizes things related to nursing care for children with SMIDs that had not been put into words before. It also has practical significance for three reasons. First, it can be connected to securing human resources for nursing in facilities for children with SMIDs and improving the quality of care. Second, it can provide insight concerning how cooperation between different professions should be implemented. Third, in the current era in which children with extremely severe and sub-extremely severe disabilities are increasing, it is significant in enabling the utilization of nursing care for children with SMIDs within their local communities, as well as of course the ongoing provision of care for these children within facilities.