

Table 3 Factors related to special areas of competence 2001

Item	G1				G2				G3				G4			
	W	P	T	C	W	P	T	C	W	P	T	C	W	P	T	C
1 Identifying health issues					*							*				
2 Clarifying community needs					*	*	*			*						
3 Listening to one's true feelings					*							*				
4 Health education techniques	*															
5 Care coordination										*				*		
6 The viewpoint of living in the community				*												
7 Techniques for home care	*		*							*	*	*				
8 Leadership of community participation					*				*			*				
9 Development of community health groups							*		*			*		*		
10 Evaluation of health policy and programs					*			*								
11 Development of the health care system				*				*								
12 Making health policy			*						*							
13 Evaluation of public health nursing activities			*		*		*		*		*	*	*	*	*	*
14 Processing information												*				
15 Research																

Official approval: χ^2 (Significance Level *: $p < 0.05$)

W: Work place, P: Position, T: Transfer, C: Conference

PHNs were strongly encouraged to improve their competence in policy making, and it is thought that they began to recognize that policy making, community intervention and evaluation competence based on analysis of community health issues were activities that should be treated as a continuous process. It is considered that since the idea of health promotion penetrated into community health activities, PHNs were able to combine community health programs with policy making^{7, 8)}.

2. Factors related to self-evaluation of practical competence

In G1, there were significant differences in items regarding PMC in the city, town and village group. We don't declare why self-evaluation in the city, town and village group in 1996 was high. In G2 and G3 in prefectural groups, the items regarding interpersonal health support competence were high in 2001. It is thought that PHNs may need a higher level of competence in interpersonal healthcare since prefectural public health centers deal with many difficult and complicated cases, such as mentally handicapped persons, abuse cases, and multi-problem

families. In G4, there were differences between 1996 and 2001 in both groups. However, "care coordination" in 2001 was higher than in 1996 in the city, town and village group. It is considered that PHNs had increased opportunities to manage cases after Long-Term Care Insurance, so they progressed in the care coordination competence⁹⁾.

Educational background had no relation to competence. This is thought to be because public health nurse training is currently switching over from being carried out at training schools to being carried out at universities, there are still too few university-graduate PHNs. Fundamental education for public health nursing is currently in transition from a 1-year professional course at a special vocational school, to an integrated course in health and nursing, resulting in a decline in the practical ability of junior PHNs. In the future, it will be necessary for us to study the changes in the development of practical competence after fundamental education and graduation constantly.

The persons who had experience presenting at conferences evaluated highly some items. In order to make a presentation, nurses must evaluate their own

activities. It is thought that performing this process trains up their intellectual competence and results in a positive attitude towards their duties.

It is an important issue under decentralization for someone engaged in community health to develop competence in administration¹⁰⁾. As seen in care coordination, practical competence develops through experience. Thus, even with competence in administration, it is important to develop it 'on the job' on a daily basis.

Therefore there is reasonable evaluation of action, and it may be said that it is important to show Public health nurse action result in inhabitants and a relation organization¹¹⁾.

This research is limited in the fact that subjects were chosen in the same area but the sampling method was different. This may have influenced the results of the factor analysis and the self-evaluation. In addition, the transformation of community health care systems and community activities might alter the meaning of words describing activities.

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行政機関に働く保健師の実践の能力－1996年と2001年の比較－

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要 旨

目的：日本における地域保健の環境の変化は著しく、保健師に求められる能力は変化している。保健師の実践能力の自己評価を1996年と2001年に調査したので報告する。
方法：対象は一都道府県内の行政機関に勤務する保健師である。1回目の調査は1996年に層化抽出法で対象を選択し、2回目は全数に郵送調査を行った。有効回答は1回目277 (70%)、2回目1131 (61%)であった。調査項目は、日本看護協会が抽出した保健師の実践能力15項目である。15項目の因子構造を主因子分析により行った。県と市町村別に96年と01年の比較にはt検定を行い、4群間の比較は一元配置分散分析を行った。
結果および考察：15の保健師の実践能力は、96年と01年ともに2つの因子から構成され、対人支援能力と施策化能力であった。しかし、96年と01年の因子を構成する項目は異なっていた。保健師経験年数による4群間の比較では15項目すべてに有意差が認められた。市町村の1-5年目グループでは、施策化に関する項目で01年のほうが有意に低い自己評価であった。県の6-10年目グループと11-20年目グループでは、対人支援の項目が高くなっていた。

The image of the public health nurse that beginner public
health nurses have at the time of employment
—The career choice motive, and the image
of the public health nurse—

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ABSTRACT

The purpose of this study is to clarify the image of the public health nurse(PHN) and the motive for selecting the profession that Beginner public health nurses, who will be engaged in work in the administrative organization, have at time of employment. Semi-structured interviews and observations were conducted on 14 Beginner PHNs by four interviewers.

As a result of content analysis, 3 categories were found for PHN's image, which were ; one, focusing on details of the activities of the PHN, two, focusing on the relationship to residents, and three, concerning social image. Concerning Conviction level of PHN's image, Beginner PHNs eloquently stated text-bookishly but scarcely referred to specific episodes or own thoughts, and had no confidence in own expressions. In addition, there were 2 Career choice motives. Beginner PHNs had some interest in the cherished praise, and they came to some vague reasons.

It will be important to approach Beginner PHNs by presenting effective model of the PHN, and by having them go through actual experiences.

KEY WORDS

PHN's image, Career choice motive, Professional identity, Beginner PHNs

INTRODUCTION

Through the integration of the curriculum for general nurses and public health nurses (PHNs), caused by a rapid increase in Nursing Universities, the time for practical training was relatively reduced, and the level achieved at the time of graduation could not be evaluated as adequate enough to perform work as a public health nurse (PHN) in the community¹⁾.

Moreover, through changes in the social climate surrounding the PHN, such as the enactment of the Community Health Law and the Health Promotion Law, and the implementation of a nursing-care insurance system, the social ethics of administrative organization employees who engage in the administrative organization are rigorously questioned, with an emphasis on accountability and privacy pro

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Table1. Public health nurse's image

Category	Sub-Category
I had a PHN's image of performing prevention and health promotion activities for individuals, groups, and communities.	I had a PHN's image that PHNs have working to be involved with a broad range of people in terms of both age and physical condition.
	I had a PHN's image that PHNs have working to perform prevention and health promotion activities.
	I had a PHN's image that PHNs have working to do on creating changes in groups, communities, and whole towns.
I had a PHN's image of being partners with residents.	I had a PHN's image that PHNs have working to provide proper information the residents through consulting with that person.
	I had a PHN's image that PHNs have working as someone close to the residents in community and closely related to their life.
	I had a PHN's image that PHNs have working to bring out the strengths of a person.
	I had a PHN's image that PHNs have working together as partners of the residents.
I had a PHN's image as a highly skilled professional.	I had a PHN's image that PHNs have working to supervise the residents and to lead the community.
	I had a PHN's image that PHNs have working to need more high skill than general nurses.

tection, and promotion of community participation activities¹⁾, etc. Against the backdrop of such a social climate, over half of Beginner PHNs made a response that the majority of administrative organization employees "have no conviction" in their competencies as an administrative officer, in regard to their conviction in personal health services¹⁾.

Meanwhile, the systemic continuing education program and consulting system are not yet set up at present¹⁾. However, no matter how the systems for knowledge and technology acquisition and the surrounding environment are put into place, no results can be expected if they are accompanied by no will and desire on the part of Beginner PHNs. What is important in educating Beginner PHNs is how the PHNs themselves clarify the meaning and positioning of their profession, how PHNs see their so-called professional identity, and how PHNs can facilitate the development of their career. Moreover, what is needed first when forming their professional identity is an understanding of the current circumstances as their starting point.

Therefore, the purpose of this study is to clarify the image of the PHN and the motive for selecting the profession that Beginner PHNs, who will be engaged in work in the administrative organization, have at time of employment.

METHODS

1. Subjects

The subjects were 14 Beginner PHNs with 1~3 years of experience who are employed by municipal governments in three prefectures, who agreed to participate in the study project : "Development of distance learning and continuing education for Beginner PHNs," Health Scientific Study Project, in-aid for Scientific Study, Ministry of Health, Labour and Welfare. The subjects belonged to the 22~27 age group and have 1~5 years of professional experience, and 7 of them were public health training facility educated or junior college educated, with 7 being university educated or graduate school educated.

2. Data collection and analysis method

Interview dates were scheduled in July to August of 2003 whenever was convenient for the subjects, and the interview time was approximately 1 hour. 4 interviewers conducted a semi-structured interview and observation. All interviewers have done qualitative study in the past, but we held meetings several times with them in advance until a common understanding on the intent and details of the interview questions was obtained, and interviews were then conducted based on certain guidelines. Details of the interview concerned the subjects' image of the PHN prior to employment(PHN's image) and their motive for selecting this profession(Career choice motive).

Using content analysis, the sentence of the interviews were coded and classified into type of content, with consideration for Career choice motive or PHN's image, and categories and sub-categories were then built. Furthermore, with regard to the subjects' level of conviction in the PHN's image (Conviction level of PHN's image), with due consideration for the observations and statements in the interview, categories and sub-categories were then built.

The period of reflection since time of employment differed in years of experience of Beginner PHNs ; however, no difference was found in the analyzed interviews, so the findings were treated as one.

3. Ethical considerations

Prior to conducting the study, the gist of the study was explained in writing and verbally to the subjects, based on the study plan that was approved by the ethical committee on medicine of Kanazawa University, and agreement was obtained with a consent form. Furthermore, subjects were assured that they could freely decide whether to participate in the study or not, and they would not be affected negatively by not participating, they would be free to terminate their participation, their data would be kept confidential, findings would be announced without disclosure of their identity, and assurance was given in regard to the method of disposal and data management.

RESULTS

A result of analysis on PHN's image is presented in Table 1, and categories in this paper are shown in one side parenthesis as a subhead and a thick letter, with sub-categories as tilt letter, and open-code as in single quotes.

1. PHN's image

PHN's image has 3 categories : One focuses on the details of the activities of the PHN, one focuses on the relationship with residents, and one focuses on social image.

1) Performing prevention and health promotion activities for individuals, groups, and communities

With regard to this first category that I had a PHN's image of performing prevention and health promotion activities for individuals, groups, and

communities, the focus of this category was placed upon the activities of the PHN, this included those of sub-categories which *PHNs have working to perform prevention and health promotion activities, PHNs have working to be involved with a broad range of people in terms of both age and physical condition and PHNs have working to do on creating changes in groups, communities, and whole towns.* The depth and broadness of these expressions was expressed in terms of the impressive characteristics of the interpersonal services, compared to primarily general nurses ; however, no reference was made to the specific activities of the PHN and their methodologies.

2) Being partners with residents

With regard to this second category that I had a PHN's image of being partners with residents, the focus of this category was placed on relationships with residents wherein this included those of sub-categories which *PHNs have working to bring out the strengths of a person, PHNs have working as someone close to the residents in community and closely related to their life.* The relationship between PHNs and residents was expressed in terms of comparisons to relationships with general nurses and patients. However, there was little on specific details such as meaningfulness, fun, complexity, and hardship, which derive from those relationships, and Beginner PHNs were unable to escape textbook responses, being unable to express themselves in words of their own choosing.

3) Highly skilled professional

With regard to this third category that I had a PHN's image as a highly skilled professional, the focus of this category was that Beginner PHNs tended to perceive the social image of the PHN as *PHNs have working to supervise the residents, and PHNs have working to need more high skill than general nurses.*

2. Conviction level of PHN's image

When the content was something that Beginner PHNs thought they could describe using textbook-like responses like an honor student, their response was eloquent and their confidence was high ; however, when asked about specific episodes and their own thought, their responses were short, became vague,

and their confidence was low ; therefore the difference between the two types was big.

In regard to categories for the Conviction level of PHN's image, the following 2 were obtained (Table 2).

1) Eloquently stated text-bookishly but without referring to specific episodes, own thoughts

This Conviction level of PHN's image was expressed by the following Beginner PHNs' telling ; 'I used words and expressions found in texts, with no expression deeper or broader', and 'I responded while searching for words, mindful of standard answers'. Although, interviewers asked Beginner PHNs why, how, when, who, and to whom, or how Beginner PHNs felt at the various times, and how they perceived those events. In other words, we asked specifically using the so-called 5Ws1H.

So, first type was that I described eloquently stated text-bookishly but without referring to specific episodes, own thoughts.

2) Having no confidence in own expressions

Furthermore, 'That's how it may be expressed in words', 'I think it happens in some parts', and 'I think I felt like that' were *I added to the front and end of*

expressions, making overall description vague, and 'Is this kind of explanation okay?' was used to ask for consent at the end of the conversation.

So, second type was I had no confidence in own expressions.

3. Career choice motive

In regards to categories for the Career choice motive, the following 2 were obtained (Table 3).

1) Aspiring a little to being an attractive role model

This first motive was included in the next sub-category. 'I explained the lively atmosphere of activities as if the job was a lot of fun', and 'I listened empathically to us with a positive attitude', and 'I felt that the PHN was not a job but a personality', and *felt my liveliness to be attractive, based on the attitude of the PHN towards activities and stories of instructors*. Furthermore, 'I was allowed to freely do things how I wanted to, and they supported me', and this *I had a lot of fun and fulfilling practical training* was a deciding factor in their becoming a PHN. Or, the deciding factor was *I felt the importance of preventive activities, from my experience with the illness*

Table2. Conviction level of public health nurse's image

Category	Sub-Category
I described PHN's image eloquently and text-bookishly but without referring to specific episodes and own thought.	I was able to describe PHN's image eloquently through textbook-like responses like an honor student.
	My responses was very short of description of specific episodes, own thoughts and feelings.
I had no conviction in own expressions.	I added to the front and end of expressions, making overall description vague.

Table3. Career choice motive

Category	Sub-Category
I aspired a little to being an attractive role model.	I felt my liveliness to be attractive, based on the attitude of the PHN towards activities and stories of instructors.
	I had a lot of fun and fulfilling practical training.
	I felt the importance of preventive activities, from my experience with the illness of someone close to me and encounters with difficult cases.
I partly somehow thought of the PHN as a job that helps people.	I were recommended to become a PHN from my family.
	I thought of the PHN as a profession that is close to home and helps people and is not as harsh as general nursing.
	I had somehow become a PHN.

of someone close to me and encounters with difficult cases.

2) Partly somehow thinking of the PHN as a job that helps people

The second motive was that I partly somehow thought of the PHN as a job that helps people, and this was included in the next sub-category. 'There was an employment ad near my parent's home', and 'I also wanted to return home where I grew up', and *I were recommended to become a PHN from my family.*

Or, 'being a nurse is a job that requires you to work quickly and efficiently, and I felt a nurse is in a fidget', and 'I thought of the PHN as a nursing-type job that I, who don't have stamina, could do, and there are no night shifts', and *I thought of the PHN as a profession that is close to home and helps people and is not as harsh as general nursing.*

And, 'I started to feel a little like perhaps I should try out being a PHN', and 'I received a PHN license so I decided to at least take the employment examination', and when I took the examination 'I was lucky enough to be able to find employment', and 'my employment was gone smoothly', and when I look back 'there was no particular episode where I wished to be a PHN', and *I had somehow become a PHN*, which included other forces as part of the process of achieving their wish.

DISCUSSION

1. PHNs' image and their Conviction levels

With regard to PHN's image of performing prevention and health promotion activities for individuals, groups, and communities and the PHN's image of being partners with residents, the emphasis is placed on relationships with residents, which are recipients of their care ; however, the level of specificity that expresses those relationships is low, and it is believed that Beginner PHNs at the time of pre-employment are only able to perceive the PHN's image from a comparative viewpoint, that is, in terms of the PHN's activities described in textbooks, such as the state of superficial activities or communities as subjects of activities.

Meanwhile, there is a trend in which social image of PHN is perceived as a highly skilled profession, and such an elite consciousness would create a

distance from residents or many other occupations. Furthermore, what is needed to become a supporter who can be there for and support people as a caregiver is first to listen humbly to the thoughts of that person, and know, feel, and learn that person as a whole³⁾. It creates the concern that the ethical foundation of nursing care professionals may go askew. Therefore, improvements are needed in education relating to attitude and value perspectives concerning the formation of personal relationships from when basic education is started.

The following characteristics and background must be considered in interpreting Conviction level of PHN's image.

As the first characteristic and background on Beginner PHNs, in addition to reduction in hours of practical training prior to employment, and for reasons of the rise in residents' awareness of rights and ethical considerations, it has become difficult for students, who have yet to acquire licenses, to perform services directly to communities, and it is believed that there is insufficient preparation, i. e., actual experience of activities are not gained.

As for the second characteristic and background on Beginner PHNs, it is believed that in this world today young people lack care and consideration for the feelings of others, as well as deep relationships with siblings, friends, and neighbors, which foster the ability to imagine a living.

As the third characteristic and background on Beginner PHNs, the addition of modifiers by Beginner PHNs like 'I feel like', and 'I seem to feel so', which escape making a definitive statement, is believed to be a reflection of their worries about how others would see them, and these impacts on their own value as a Beginner PHNs.

It is believed that what is important is to consider these characteristics and backgrounds of Beginner PHNs, and for the experienced PHNs around them to present through actual experiences a strong model of the PHN, and prevent them from losing confidence. That is, it is believed that by providing Beginner PHNs with a wide range of experiences, and having them become aware of and express what was felt and learned from those experiences, the role and functions of the PHN can be clarified, and this itself will lead

Beginner PHNs to have a strong PHN's image with clearer conviction.

2. Career choice motive

This concerns all nursing professions. More nursing students than general nurses selected because it is "a job that creates feeling of fulfillment" as the motive for selecting the nursing profession, and there are study findings that suggest that they were selecting the nursing profession more proactively⁴⁾, and it is believed that, when they are students, they have dreams and desires in the nursing profession. These study results are believed not to reflect the nursing profession as a whole but particularly general nurses, who comprise the biggest part of the nursing profession. However, Beginner PHNs, as part of this study, selected the profession not through proactive selection but through a process of elimination, such as 'it was recommended by family' and 'I selected without conviction'. Therefore Beginner PHNs met an attractive role model, they went no further than having only some admiration. As a background to this, compared to general nurses, the extent of the range of activities, size and complexity of health issues that they handle are difficult to understand for beginners who have not studied about the PHN, and it is believed that, compared to the general nurse profession, the role and function of the PHN may be difficult to picture in detail.

Moreover, before a rapid increase in Nursing Universities, education that pursues in depth the expertise of the PHN was believed to be possible for students who clearly and proactively selected 'I want to become a PHN' at the time of admission into the basic education program at junior colleges or public health nurse training centers. However, the current state of education in the university departments for nursing education is that nursing and public health education are offered basically as comprehensive education, that is, as a set⁴⁾, and it is believed that the curriculum places its focus on facilitating a general understanding of nursing in communities. That is, it is believed that the difference in the level of intention of the student towards becoming a PHN at the start, and the difference in the fulfillment of public health nurse education in the basic education period affect

the Career choice motive.

That is, generally Beginner PHNs have become to have no firm professional selection.

Schein⁵⁾ said that the entry of organizational career is the following four steps of issues. At a first, a person will do a certain sort of preparatory career choice, then it will decide how need a kind of training or education. At a second, a person should develop a possible to become the realization of "dream"; useful occupational and organizational image as showing measure of own ability, value and hope. At a third, a person should practice the preparation of the career beginning through "expecting socialization". At a fourth, a person will be faced the real of searching a job. So, Beginner PHNs had become to remain a lack of second and third step.

3. Relation to Career choice motive, PHN's image and their Conviction level

When the consistency of various data was studied in all Beginner PHNs, and the relationship between Career choice motive and Conviction level of PHN's image were examined, and whether the motive was 'I had some admiration for the PHN as an attractive role model' or 'I think of the PHN as a kind of job that helps people', the Conviction level of the PHN's image was mixed, and no unique relationship was observed. Furthermore, the results were the same on the relationship between Career choice motive and PHN's image, and no unique relationship was observed in the data. That is, whatever the Career choice motive, no difference was found at the time of pre-employment in their Conviction level of the PHN's image, or the details.

There is an attractive image but no definitive image within Beginner PHNs, so there ultimately is little admiration toward the PHN, and they unable to have a specific PHN's image, and this is believed to be related to their textbook-like responses when asked 'what is a PHN'.

However, with regards to how the later Career choice motive relates to identity growth, additional studies are needed at the same time as considering their experiences after employment.

4. Future prospects in the early stages for a desirable formation of the PHN identity

There is a need to understand the current situation, which is that Beginner PHNs are not fully able to grasp a specific PHN's image, and a need to define a departure point for continuing education forwarding the future. That is, career growth and career development would be facilitated by incorporating Management by Objectives(MBO)⁶⁾ to achieve consistency with the objectives of the organization, and utilizing the "Individual-Organization Conformity Theory"⁷⁾. It is, therefore, necessary to seek out where one stands with respect to the PHN's image by establishing an atmosphere wherein experienced PHNs can communicate the objective, the meaning, the effect and expected role of PHNs' activities, and so Beginner PHNs can speak out, and enforce the training program to improve their ability to execute operations.

However, it is important as a premise to understand the characteristics of Beginner PHNs-that Beginner PHNs are unable to express themselves because they are worried about how others would evaluate them, and that the background of Beginner PHNs is that they have little practical work experience, and moreover little life experience. It is, therefore, important to work on becoming a mentor/role model, and to make arrangements to enable intentional accumulation of experiences towards which, through actual work in PHNs' activities, positive satisfaction can be felt.

In the case of general nurses, the longer the years of experience, the more professional identity heightens, and, the higher professional adaptability is, as a result of self assessment, the higher self-education ability becomes ; and a relationship, therefore, was found between the formation of professional identity and self-education ability⁸⁾. The results need to be examined to see whether they would be the same for PHNs ; however, improvement in self-education ability is one of the guidelines on professional ethics that is needed to guarantee quality⁹⁾.

Moreover, what is important in the formation of an image in the early stages is, for basic education, that the instructors communicate to the students the thoughts and passion towards the PHN that the

instructors themselves have experienced, and that they clarify the meaning and positioning of the profession of the PHN by utilizing the valuable experience of practical training.

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就業時に新任保健師が抱いている保健師像 — 職業選択動機と保健師像 —

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要 旨

新任保健師が就職時に抱いている保健師像を明らかにするため、14名を対象とし、4名の面接者によって半構成面接と観察を実施した。

内容分析の結果、‘保健師像’のカテゴリーは保健師の活動内容に着目したもの、住民との関係性に着目したもの、社会的イメージに関するものの3つが抽出された。その‘確信の程度’は、テキスト通りならば雄弁に語るが、具体性に乏しく、自信がないというものであった。また、魅力的な保健師のモデルに淡い憧れを抱いたもの、何となく思いついたものという2つの‘職業選択動機’があった。

今後の新任保健師に対するアプローチとしては、実体験を通して豊かな保健師モデルを示すことが重要であると示唆された。

新任者が安心して成長していくために
～遠隔継続教育プログラムをとおして～

城辺町役場保健課 ○前川美奈代 本田 光
鈴木 美香 根間 京子
前里 和彦 池村 直記

1. はじめに

沖縄県は多くの離島、小規模町村を抱え、保健師の人材確保・定着が問題となっている。6市町村からなる宮古島の中の城辺町においても、平成8年から平成15年の7年間で8人の保健師の入れ替えがあり、中堅者・管理者がいない中、新任保健師のみが業務を行うという状況が毎年のように続いていた。

平成15年度に新卒者が1名採用となり、町として行う保健師の新任者教育システムが求められていた中、保健所の支援の他に、琉球大学の研究事業として「新任者遠隔継続教育プログラム」へ参加する機会があった。

今回、「新任者が安心して成長していくために」必要な支援とは何かを検討するため、平成15年度に新採用になった保健師が、約1年間、プログラムに沿って実施してきた新任者教育の結果についてまとめたので報告する。

2. 地区概況

城辺町は、沖縄本島の南西約320kmの距離にある宮古島の南東部に位置している。保健所から町まで車で20分である。面積は宮古島の約半分を占め、人口約7,700人、高齢化率32%、年間出生率50人程の、農業を基盤とした町である。

3. 保健師の体制

所属課・・・保健課

保健師数・・・4人(平成15年7月～10月まで産休1人)

保健師の経験年数等・・・1年目2人、4年目1人、8年目1人で、地区分担制に加え、業務分担制も行っている。

4. 新任者遠隔教育プログラムの概要

参加した新任者の教育プログラムは次のとおりであり、職場での日常業務としての人材育成がなされるために作成されたものである。

1) 対象 就職して1年～5年までの新任期の保健師

- 2) 体制
- 新任保健師・・・1年～5年目
 - 中堅指導者・・・5年～10年目
 - 管理者・・・ベテランの保健師

新任保健師に対し、中堅指導者がプリセプターとなり、管理者が新任者と中堅指導者の総合的な相談役、指導者となる。プリセプター制をとるのは1年間である。

3) 目的

- ①対人支援能力の育成
- ②保健師としてのマインドの育成
- ③自己学習能力の育成
- ④思考分析判断能力の育成

4) 行動目標

- ①住民の視点で、住民の生活に属したニーズを理解できる
- ②住民とともに健康課題を考え、協同で課題解決ができる
- ③対人支援能力に必要な地域の資源を理解し、支援に導入できる
- ④様々な方法を用いて、地域で生活する個人家族への看護支援を実施し、評価できる
- ⑤保健師としてのアイデンティティを持つことができる
- ⑥自己の対人支援についての課題を探索し、当面の目標を設定できる

⑦専門職業能力向上のために、設定した目標達成に向けて自己学習し自己評価できる
これらを達成するために、定期的なレポート提出 {発達評価票 (表3)、事例体験票 (表5)
関係機関体験票 (表6)、自己学習行動評価票 (表7)、自己目標の評価票 (記述式)}、中堅指導
者によるプリセプター制の導入、研修会及び事例検討会を実施する。

プログラムの特色としては

- ①対象が新任期の保健師の継続教育に限られていること
- ②プログラムの内容として、対人支援能力に焦点をあてていること
- ③継続教育の方法として、集合研修とフォローアップの個別教育プログラムを組み合わせ
ていること
- ④個別教育において、遠隔通信システムを活用すること
- ⑤新任期の教育に対し、中堅者や管理者を含めた総合的なプログラムであること
- ⑥新任期を取り囲む多層の教育支援システムを構築すること

があげられ、特に新任期における対人支援能力の向上に力を入れたプログラムである。

5. 城辺町での取り組み

1) 実施体制

- 新任者・・・2名 (4ヶ月、11ヶ月)
- 中堅者・・・1名 (8年目)
- 管理者・・・1名 (宮古福祉保健所 課長)

2) 参加組織

- 城辺町・・・教育プログラムの実施、研修参加
- 保健所・・・管理者、大学と町との調整、研修の支援
- 本 庁・・・研修の支援
- 琉球大学・・・研修実施、スーパーバイザー、まとめ

3) 実施結果

①プログラムの流れと実施経過 (表1)

プログラムの流れと実施経過について表1に示した。プログラムの流れとして、準備期のオリエンテーション研修会で『研究概要について』の説明があり、7月より実施となった。保健所の現任教育とのからみもあるため、保健所と町で役割分担を行ってから始めた。

実施期間を初期、中期、後期の3つに分けて示した。職場内実習は中堅指導者による指導であり、初期から後期まで継続実施された。新任者研修3回、事例検討会3回、レポートの提出3回と、各時期に1回ずつ実施された。

事例検討会は、自分の支援を認めてもらったり、いろいろな意見を聞くことで、視野が広がり今後の方向性が見えた。また、他の町村の新任者の事例報告を聞くことで、自分だけが悩んでいるのではないと思えて安心できた。

テレビ電話は、表情が見えることで親近感が生まれ、相談しやすかった。相談内容は、レポートの記入のしかたの確認、職場での人間関係の悩みや近況報告が主であった。複数での対話も可能なので、構えずに相談できた。

対人支援においては、各時期で目標を設定した。目標達成を確認しながら、段階をふんで次の目標を設定した。

訪問の形態においては、準備期では単独訪問が多かったが、プログラム実施初期は、中堅指導者や現任教育担当との同行訪問の機会が多く得られ、先輩保健師の支援の仕方を実際に見て学んだ。中期になると支援に自信の無いケースに対しての同行訪問となり、後期では、単独訪問が増えてきた。

新任者の気持ちの変化を見てみると、やる気をもって新卒で赴任してきたものの、実践力が無く、知識・技術不足から混乱・あせり・不安で自信喪失し、モチベーションの低下が見られる。しかし、教育プログラムをとおして支援を受けることで、疑問がすぐ解決でき、すっきりした気持ちで仕事ができること、訪問のおもしろさを感じられたこと、訪問への緊張がやわらぎ、安心できたことから、後期には少しずつ自信がつき、楽しく、抱え込まないで仕事ができる。それに伴いモチベーションも徐々に上昇してきた。

この表1からは、新任者が1年のプログラムの中で、対人支援に関して不安を持った自信の無い状態から、少しずつ自信をつけて楽しく仕事ができるようになった経過がみられる。

表1 プログラムの流れと実施結果

時期		準備期	実施初期	実施中期	実施後期
平成15年度		4月～6月	7月～9月	10月～12月	平成16年 1月～3月
プログラムの流れ		<ul style="list-style-type: none"> ・オリエンテーション研修会『研究の概要について』 ・新任者/中堅者/管理者を決定 	<ul style="list-style-type: none"> ・職場内研修 ・新任者研修:会議『新任期の目標設定について』 ・事例検討会① ・レポートの提出① ・保健所との役割分担 	<ul style="list-style-type: none"> ・新任者研修:グループワーク『新任保健師として考えること』 ・事例検討会② ・レポート提出② 	<ul style="list-style-type: none"> ・新任者研修:インタビュー『プログラムをとおしてのまとめ』 ・事例検討会③ ・レポート提出③ ・プログラムのまとめ、振り返り
<p>遠隔教育 毎週木曜日に、30分程度の大学とのテレビ電話</p>					
対人支援	自己目標 訪問形態	単独訪問が主	対象者の話をしっかり聴き、ニーズを引き出すことができる 中堅保健師との同行訪問 現任教育担当との同行訪問 支援の仕方を実際に見て学ぶ	ニーズを受け止め、そのまま動くのではなく、気持ちの部分にも焦点をあてる 訪問件数もふえ、単独での訪問も苦にならない 自信のないケースに対して同行訪問	対象者の現在だけでなく、今後どうなっていくとよいかと見通しの視点ももつ 同行訪問と、単独訪問を使い分ける 単独訪問が増える
新任者の気持ち	混乱 あせり 不安 訪問がこわい	→ 孤独感	疑問がすぐに解決できる すっきりした気持ちで仕事できる 訪問への意欲が湧く	安心 訪問時の緊張がやわらぐ	少しずつ自信がづ 楽しい 抱え込まないで支援できる
新人のモチベーション曲線図	やる気 自信喪失				

②新任者にとっての関係者の存在

プログラムの中で、新任者にとっての関係者の存在について表2に示した。それぞれが、新任者にとっての支援者としてプラスの方向に機能していた。

表2 新任者にとっての関係者の存在

他の新任者	横の存在として、相談しながら支えあう 励ましあい、お互いが成長し合える関係
中堅者	タイムリーにアドバイスがもらえる 見守ってもらえることの安心感、支えてもらっていることで自信がもてる 新任者のタイプにあわせた指導法を実践してくれる 迷ったとき、不安なときに「これでいいんだよ」と安心させてくれる 同行訪問で、実際に支援の仕方を学べる—モデル的存在 上司との関わり方、仕事の順序を学べる
管理者	保健所との距離が近くなり、職場環境の調整について助言してくれる いつでも相談にのってくれる 職場の課長との調整や保健師が理解してもらえるように働きかけてくれる
本庁	研修について支援してくれ、事例検討会では具体的なアドバイス、保健師としての支援の仕方の方向性を示してくれる
大学	テレビ電話をとおして相談にのってくれる 職場環境の悩みについて、解決法を導いてくれる 事例検討会、研修会等をとおして、自分をふりかえる機会を与えてくれる
職場の上司	保健師が働きやすい職場環境の調整 ※新庁舎の建設に伴い、保健師を保健センターから庁舎へ移動させてくれた 気にかけてくれて、声をかけ、相談にのってくれる

③レポート記入からの評価

プログラムを実施してみて、初期・中期・後期のそれぞれの時点で記入した評価表をまとめた。

(1) 対人支援能力発達評価表(表3)の推移をみると、評価表の判定の合計数(表4)では初期～後期とすすむにつれ、A・Bが増えており、だんだん自信を持って対人支援を行っている様子が分かる。初期から後期を比べると、向上した項目は25項目、下がった項目は1項目であった。

表3 対人支援能力発達評価表の推移

		初期	中期	後期	向上項目
個人家族の アセスメント: 総合	個人の発達や疾病管理が主となる事例	D	D	C	↑
	家族関係の調整が必要な事例、心理社会的問題の大きい事例	D	C	C	↑
	ケース援助が必要でマネジメントを行う事例	D	C	C	↑
母 子	基本的な事例(新生児等)	C	B	A	↑
	継続支援の必要な事例(障害児や保育場での問題がある児等)	D	C	C	↑
	複雑な事例(虐待等)	D	D	D	
成人	基本的な事例(健診の事後指導の事例等)	C	B	A	↑
	疾病管理が安定している事例				
	行動変容が困難な事例	D	D	C	↑
高齢者	ターミナル期の事例	D	D	D	
	独居や健康な高齢者の事例	C	A	A	↑
	寝たきり等の事例	C	C	C	
精神	痴呆を伴う事例、ターミナル期の事例	D	D	D	
	回復期にある安定した事例	C	A	A	↑
	家族関係の調整が必要な複雑な事例	D	D	C	↑
感染症	多くの問題をもつ事例	D	D	D	
	結核等管理体制に則って支援する事例	D	D	D	
	複雑な問題の事例(AIDS等)	D	D	D	
難病	病態の安定した事例	D	D	C	↑
	医療依存度が高い事例	D	D	D	
	状態が不安定の在宅の事例、ターミナル期の事例	D	D	D	
個人家族の 支援計画立案:総合	基本的な簡単な事例	D	B	A	↑
	個人家族の課題解決のためにチームでのケアの調整計画	D	C	C	↑
個人家族への 健康相談:総合	頻出課題については、相談の場で健康課題を抽出し、相談できる(乳幼児、成人等)	C	C	A	↑
	複雑な問題に対し、継続の判断と支援ができる	D	B	B	↑
個人家族への 在宅での援助:総合	保健師が単独で支援できる課題	C	A	A	↑
	他機関、他職種との連携の下に行う在宅支援	D	C	C	↑
援助関係の構築	受け入れに問題のない事例との関係	C	A	A	↑
	複雑な家族関係、困難な課題を抱える事例との関係	D	D	C	↑
家庭訪問	受け入れに問題のない事例への訪問	C	A	A	↑
	訪問を拒否しているが、支援が必要な事例への関係	C	D	D	↓
家族指導・調整	解決が容易な課題についての支援	B	A	A	↑
	複雑な家族関係、困難な課題を抱える事例との関係、解決が困難な問題の調整	D	D	D	
チームの調整	他機関紹介等調整が簡単な課題	D	A	A	↑
	複雑な問題で、チーム内の調整が困難な課題	D	D	D	
個人家族への 援助の評価:総合	事例の反応を観察し、支援の継続の必要の有無が判断できる	D	B	B	↑
	地域全体の中に支援事例を位置づけて、事例の評価ができる	D	C	C	↑

A: 自信を持って自立して判断や行動ができる

B: ほぼ自立して判断や行動ができる

C: 判断や行動に指導者の支援が必要

D: 疾病や発達の知識が不十分で判断や行動が困難

表4 評価表の判定の合計数

	合計数		
	初期	中期	後期
A	0	7	11
B	1	5	2
C	10	8	12
D	25	16	11

(2) 対人支援能力発達のための事例の体験票(表5)では、見学のみの事例数は初期・中期後期と変化はない。多保健師と一緒に受け持ちの事例と、単独で受け持ちの事例数は、中期、後期と増えている。この票で、確実に増えている訪問数を確認することができ、次はまだ体験していない事例に訪問しようという意欲にもつながった。

表5 対人支援能力発達のための事例の体験票

	事例数	初期	中期	後期
1) 見学のみの事例	家庭訪問事例数	2～5事例	2～5事例	2～5事例
	健康相談事例数	なし	なし	なし
2) 他保健師と一緒に受け持ちの事例	家庭訪問事例数	1事例	1事例	2～5事例
	健康相談事例数	なし	なし	2～5事例
3) 単独で受け持ちの事例	家庭訪問事例数	1事例	6事例以上	6事例以上
	健康相談事例数	なし	6事例以上	6事例以上

(3) 対人支援能力発達のための地域関係機関体験票(表6)の推移では、この票があることで、どの関係機関に顔を出していないか一目で分かり、気兼ねなくプリセプターに見学へ行きたいと話することができた。

児童相談所と精神保健福祉センターは宮古地区に無いので、福祉保健所の福祉課児童担当や、宮古病院精神科病棟と連絡調整している。

課題として、民生委員や児童民生委員は、事例での関わりが無かったこともあり○がついておらず、意識しないと福祉系の分野とは連携が薄れがちだったことがある。

表6 対人支援能力発達のための地域関係機関体験票

	挨拶・見学	事例紹介			連絡・調整			短期研修			就業・長期研修		
		初期	中期	後期	初期	中期	後期	初期	中期	後期	初期	中期	後期
都道府県関連	保健所 サービス担当課	○											
	保健所 企画調整担当課	○											
	福祉事務所			○									
	児童相談所												
	精神保健福祉センター												
町	市町村 福祉部門					○							
	市町村 住民窓口担当課	○					○						
在宅	在宅介護支援センター			○									
	訪問看護ステーション			○									
	デイケア・デイサービス部門												
医療	中核病院	○				○							
	病院、医院、診療所	○					○						
地区	地区民生委員												
	地区児童民生委員												
学校	小学校						○						
	中学校							○					

(4) 新任者自己学習行動評価票(表7)の推移では、中期から後期とすすむにつれ、A:できた B:まあまあできたが増えており、積極的に学習していくようになっている。

表8より、11項目のうち10項目が上昇した。7番目の、対人支援に関して、困難を感じたときに先輩や上司の指導を積極的に受けるは、前期・中期・後期ともAだったのは、プリセプター制であったことで、遠慮なく指導を受けて良いという前提があり、何でも聞きやすかったからである。

表7 新任者自己学習行動評価票

小目標	評価		
	前期	中期	後期
1 自己のキャリア発達上の学習課題を設定できる	C	B	B
2 自己の段階的な目標を明確化できる	C	C	B
3 自己の目標到達状況を把握できる	D	B	A
4 自己の目標達成のための課題を把握し修正しながら教育計画を遂行できる	C	C	B
5 対人支援のために書物や資料、ITを活用して学習ができる	C	B	B
6 個別支援(家庭訪問)の記録を保健師の上司または指導者に提出し、指導を受ける	D	C	A
7 対人支援に関して、困難を感じたときに先輩や上司の指導を積極的に受ける	A	A	A
8 対人援助に関して、困難を感じたときに関係機関や援助チームのメンバーの指導を積極的に受ける。	C	B	B
9 対人援助の評価について先輩や上司の指導を積極的に受ける	D	A	A
10 相互学習の機会に自主的に参加する	B	A	A
11 自己の職務遂行能力の評価ができる	D	C	A

A:できた B:まあまあできた :あまりできなかった D:できなかった

表8 評価票の判定の合計数

	合計数		
	前期	中期	後期
A	1	3	6
B	1	4	5
C	5	4	0
D	4	0	0

6. 考察

各種評価票から、訪問の事例数が増え、各関係機関と連携がとれるようになっていくと、自信がつき、自己学習の意欲も高まることが確認できた。

また、気持の面からも、いつもプリセプターや管理者が見守ってくれることから、安心して対人支援を行うことが出来たと考える。

成田1)は、職業人としての成長において自発的にとりくむためには、「やってみよう」「できそうだ」という確認は重要であると述べている。新任者が自信を持ち、安心して業務を行うことは、成長していく過程で重要なことだと言える。

新任保健師は、看護系大学の増加で、保健師看護師統合カリキュラムでの実習時間が減少する等の理由から、実践力が不十分のまま就業せざるおえない状況にある。しかし、職場では、新任者であっても責任ある業務を分担され、即実践能力を求められる。

佐伯ら2)は、新任1年目の自己評価は非常に低く、業務に対する自信のなさを示し、特に自己評価の低い3年目までは十分なサポート体制が必要であると述べている。

今回、系統だった教育プログラムを実践してみて、新任期にこのような十分なサポート体制があると、安心して成長することができると思感した。教育プログラムは、新任者に対する支援として有効な手段であると確認できた。

プログラムが有効に機能していた要因として、以下の5つが考えられる。

- ①中堅者が同じ職場の先輩であり、役割モデルとして存在したこと
- ②同じ新任者の立場としての同僚がいたこと
- ③自己目標の設定やレポートの記入、事例検討会などで、自分の支援やその時点での考えを常に振り返ることができたこと
- ④悩んだらすぐに相談ができ、解決にあたるような教育体制ができていたこと
- ⑤プログラムに関わる機関が多かったが、それぞれの役割分担が明確になっていたこと

しかし、課題として、新任者教育が職場内で中堅指導者のみに任されがちということがあった。職場全体で新任者を育成するという共通理解のもとに実施する体制づくりが必要である。この反省から、平成16年度採用の新任保健師へは、町保健課長を中心として、採用初日に職員全体で新任者オリエンテーションを実施した。

また、テレビ電話の利用では、もっとITの良さを活用し、デジタルビデオを繋いで実際に新任者が対人支援をしている場面等を大学に見てもらい助言を得る等、活用しだいで遠隔教育は更に有効になると考える。

今後も、自分が見守られている、教育されているという安心感を土台に、いろいろな体験を重ね、学習を深めて成長していきたい。

7. まとめ

新任者が安心して成長していくために必要なことは

- ①プリセプターの存在
 - 必要なときに相談にのってくれる●役割モデルとして存在してくれる●「これでいいよ」と安心させてくれる
- ②働きやすい職場環境、上司の理解
- ③自分の成長が目に見えて図れる指標
- ④明確で具体的な課題、目標
- ⑤卒後における大学の継続支援

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