

排泄の自立に向かう幼児の学ぶ力を育む
看護介入プログラムの開発

Development of Nursing Intervention Program
to Nurture the Power to Learn Toileting for Toddlers and Preschoolers

関西医科大学大学院看護学研究科
博士後期課程
生涯発達看護分野
鈴木千琴

主指導教員：片田範子教授
副指導教員：加藤令子教授
副指導教員：及川郁子教授

論文要旨

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研究目的

排泄が自立する時期は、幼児の排泄の健康問題が生じやすく、養育者が子どもの対応に困難を抱えることがある。本研究は、幼児の自律的な排泄への移行に伴う幼児の排泄の健康問題や養育者の育児上の困難を予防・早期発見/介入するために、幼児が学ぶプロセスに着眼し、看護介入プログラムを開発することを目的とした。

研究方法

研究デザインは事例研究を選定し、移行理論を基盤とした。縦断的に半構成的面接法を用いてデータ収集を行った。データ分析は、事例内の変化を記述し、その後、事例間の共通点と相違点を比較し、幼児の学びのプロセスとそれに対する養育者の認識・関わりを見出した。この学びのプロセスで幼児が課題を抱えたり、養育者が子どもの学びを捉えられず困難を抱いた事例に、役割を補完する看護介入を実施し、評価した。

結果

研究対象者は22組の母子で、子どもの月齢は生後20か月から60か月であった。

分析の結果、幼児の自立に向けた排泄の移行は、【共有される世界で自己の身体を知る】【繰り返す中で自分のコツを掴む】【生活の中でタイミングを捉える】の3つの学びを通して促進された。【共有される世界で自己の身体を知る】は幼児が新たな排泄方法と出会うこと、排泄物が皮膚に接触する不快から排泄物が出てくる内臓感覚へ幼児の注目が変化し、これら二つが統合され、用具での意図的な排泄を学ぶことである。【繰り返す中で自分のコツを掴む】では、幼児が新たに用具、オムツ、パンツと選択肢を持ち、排泄を失敗するフラストレーションにはその選択肢から“自分で”決めることで対処し、失敗と成功を繰り返す中で、膀胱や直腸の充満した感覚と随意的な括約筋運動の協調を学ぶ。【生活の中でタイミングを捉える】では、排泄したい・したくないが分かることで、排泄のためにトイレに行く程よい時を掴み、自己の身体を生活に合わせてコントロールすることを学ぶ。これらの幼児の学びを支えた母親のケアは、新たな世界に子どもを惹きつけたり、子どもと目的を分かち合うと母親が子どもに近づきながら子どもの身体の体験に意味を付与していく段階と、子どもが自己決定する環境を作り、子ども自身で身体を調整するための支持的なケアの段階があった。

看護介入は22例中8例に実施した。母親の子どもへの対応に課題があった事例は母子で生じたずれが母子のみでは修正できなかった。ずれが生じやすい側面は、『子どもの関心』『お漏らし』『オムツの存在』『排泄のタイミング』『子どもの言葉の対応』に対する母親の認識や関わりであった。排便に問題が生じた事例では、排便後の爽快感がない、排便中にう

まく気張れず便が出切らない、便意が切迫しているなどその感覚に課題があった。看護介入により、母親が子どもとのずれに気づき、子どもの対応性が高まったり、排便の感覚が分かることで、幼児が排便を自分事として取り組むようになった。

考察

幼児が学びを通して排泄が自立に向かうプロセスでは、2つの重大なポイントと3つの重要な変化があった。重大なポイントは、幼児が用具を使用して意図的に排泄する、他者に聞かれた際に排泄したい・したくないを答えるの二つである。意図的な排泄は、幼児が用具やトイレの空間に馴染み、排泄物が直腸や尿道を通過する感覚に合わせて身体を使うことで体得される。幼児は排泄物の溜まった感覚がわかることで排泄したい・したくないを答えられるようになる。幼児は排泄が上手く行く時と失敗してしまうことを繰り返すことで、この溜まった感じを獲得した。用具での排泄が社会的に承認されることと分かることで、その社会とつながりたい気持ちが幼児の取り組む意欲を支え、自分で決めることで、失敗のフラストレーションにも対処する力となった。移行の重要な変化は、排泄用具が導入されること、オムツ以外にパンツという選択肢を持つこと、オムツとのつながりを断つことの3つであった。この変化のタイミングを養育者が第一義的に判断していけるよう支援することが、育児支援を行う上で重要な視点として示唆された。

本研究の結果より、「幼児が排泄する身体を学ぶ力を育む看護介入プログラム」を開発し、小児プライマリケア領域での活用を提案した。

結論

幼児は、排泄する身体を感じ、排泄するために身体を使い、社会的に承認される排泄方法がわかり、それらを統合することで排泄が自立に向かい移行した。これらの学びの視点から行った看護は、幼児は排泄を自分事として取り組むようになったり、養育者の子どもを捉える視野を広げることにつながり、幼児の学ぶ力が育まれる環境が整った。

本研究は幼児の自律的な生活に向け、幼児がどのように環境と相互作用しながら学び、発達の移行を遂げていくか、また、養育者が子どもの発達の移行に関与する方略について示唆を得た。

Abstract

Development of Nursing Intervention Program to Nurture the Power to Learn Toileting for Toddlers and Preschoolers

Aim

The acquisition of toileting skills is an important developmental task for toddlers and preschoolers. Sometimes, health problems related to elimination, such as functional constipation and voiding dysfunction, occurs when children learn to toilet. Furthermore, some parents feel that it is too burdensome to toilet-train their children.

This study aimed to focus on child toilet learning to develop nursing intervention program, preventing, finding early and intervening in the health problems related to toileting of children and the parental difficulty of approaching children for toilet learning.

Methods

This is a collective case study informed by the transition theory. The longitudinal semi-structured interviews were conducted. The transition process in each case was identified based on the description of each case. After within-case analysis, an across-case analysis was undertaken to identify commonalities and differences in the toilet learning process and the parental perceptions and engagement in the child toilet learning process. The nursing intervention based on role supplementation was performed for some children and parents who had problem in this learning process. Effectiveness was evaluated for each case. Based on these findings, a nursing intervention program is proposed.

Results

A total of 22 children and their mothers participated in this study. The children were aged 20-60 months.

The data revealed the transition of the child toilet learning process and maternal care for it. The three phase of child learning facilitated the child's transition: perceiving their body by sharing their sensuous experience, getting the knacks for using their body through trial and error, capturing the trimming to go to the toilet in daily life. Perceiving their body by sharing their sensuous experience consisted of three elements: encountering and becoming familiar with the new approach to eliminate, transition in child attention from the uncomfortable tactual sense after elimination to the visceral sensation in elimination, and realizing the elimination skills in the toileting kit by integrating the two elements described above. The unstable phase—getting the knacks for using their body through trial and error, was initiated. It consisted of three elements; frustration by failing toileting, holding diapers

for security, and willingness to decide what to wear and when to go to toilet. Children coped with frustration using their self-determination ability. By going back and forth in toileting and diaper use, children learned to coordinate the sensation-related elimination and the voluntary use of sphincters. By discerning whether they needed to go to the toilet or not, they got the physical and social skills in capturing the timing to go to the toilet in their daily life. Maternal care facilitates learning. In the first phase of learning, maternal care approached the child to make adjustments from mothers. It included attracting the child to the new toileting world, capturing the timing when the child eliminates, and giving meaning to the child's body sense and behavior. In the second phase of learning, maternal care supported the children to regulate themselves. It included preparing for sharing the responsibilities of care with the child and setting an environment where the child can choose and decide on themselves.

The nursing intervention was conducted in eight of 22 cases. The cases were categorized into groups. Four cases needed nursing intervention to adjust the mother's interpretation gap regarding their child and how the mother captured the child. Additionally four cases had problems with child bowel habits. The aspects of the gap between the child and their mother were how the mother interpreted "Child interest," "Toileting accident", "How diapers exist in their daily life," "Timing of elimination," "How to respond to their child verbal expression." Children who had problems with bowel habits had issues related to the sensation of defecation before, in, and after. Through nursing intervention, some mothers were aware that their child was not what they wanted to be. Some children noticed their sensation related to defecation, which led to work on elimination as their own.

Discussion

The transition process of toileting through learning had two critical period and three essential changes. Two critical periods are 1) children learn to eliminate intentionally, and 2) children can tell whether they need to go to the toilet or not. Children need to acclimate themselves to the toilet and feel the excrement passing through the rectum or urethra to lean intentional elimination. Children need to feel that excrement has accumulated their cystitis or rectum to know whether they need to go to the toilet or not. In these two periods, the care balance between the child and mother transited from the stage where the mother adjusted mainly to the stage where child regulate body to care for her/himself. In this transition period, the care balance becomes unstable, which is like a child wants to do by her/himself but also wants to rely on their parents. Three are three significant changes: 1) introducing a new tool for elimination, 2) introducing underwear that gives a child choice between diaper and underwear, and 3) disconnecting the diaper. For these changes, parents need to anticipate their child's passage to independence, assist children in coping with frustration, and trust their child's ability to care for themselves. In this study, some parents transfer the responsibility of deciding when to change to a nursery or preschool. It is suggested that it is vital for nurse to support parents to handle the

responsibility to determine changes in the child's developmental transition.

Finally, "Nursing Intervention Program to Nurture the Power of Toddlers and Preschoolers to Learn the Body for Elimination" was proposed, which can utilize in pediatric primary care setting. This study provided a critical child learning stage, which informed what readiness sign was needed for each stage. The strategies to approach children and parents are population-based and high risk approaches.

Conclusion

The child transition of toilet learning consisted of three phases: to sensate their body, to use their body, and to be aware of the social expectations. With supplemental nursing intervention for children and parents, the environment of child learning was established by their significant others.

This study provides some opportunities to gain perspectives about some of the resources on which toddlers and preschoolers acquire life skills through their bodies and how parents can take responsibility for child developmental transition.