

要旨（和文）

慢性疾患がある子どもに対する養護教諭の復学支援

1. 背景

近年、医療技術の進歩により慢性疾患がある子どもは、入院生活を経た後、継続的に外来で治療を受けながら学校生活や社会生活を送ることが出来るようになった。一般に子どもの入院が長期になると、病院内にある院内学級や特別支援学校に学籍を移し、教育の機会を維持され、退院後は再び元の学校に学籍を戻すことになる。しかし、入院生活や療養生活による生活リズムや学習習慣の変化から、退院後、学校生活にスムーズになじめない子どもがいる（横田，1997；谷川，2000）。そのため、子どもが元の学校に戻る復学支援について、復学支援に関わる職種が連携するための体制作りと復学後も継続的に支援し、評価していくことの必要性が示唆されている（星野，2012）。

しかし、医療者側から子どもの復学について、学校関係者と積極的に連携する行動を起こすことは、家族の意向も確認しなければならず、難しい状況である（大見，2010）。一方、学校教育の場でも、慢性疾患がある子どもへの対応は、医療機関という異なる文化との連携を含む難しい課題であり、健康面の管理を担う養護教諭に任されている現状がある（津島，2010）。実際には教育現場で優れた復学支援を行っている経験豊富な養護教諭も多くみられるが、学校生活の中で養護教諭が慢性疾患の子ども達の心身の問題をどのような方法で捉え、その問題をどのように把握し対処したのかについて養護教諭自身の語りを通して質的に分析した研究報告はほとんど見当たらない。そこで、養護教諭が入院している慢性疾患がある子どもの復学に際し、入院中から復学後にかけて、どのような対応をしたのかについて明らかにする必要があるのではないかと考えた。

2. 研究目的

本研究の目的は、入院生活を経験した慢性疾患がある子どもに対して、養護教諭がどのような復学支援を行っているのかを記述することである。

3. 研究方法

本研究のデザインは、インタビューによる養護教諭の語りを通した質的記述的研究である。研究参加者は、地域の小中学校において、慢性疾患がある子どもに対し、復学支援の経験を持つ養護教諭 8 名であった。養護教諭の免許更新講習を受講したことがある、経験年数 10 年以上の者とした。

データ収集方法は、スノーボール式サンプリングの手法を用いて研究参加者を募り、半構成的面接法でデータを収集した。データの分析は、語られた内容から、復学支援を行う際に、養護教諭は子どもが抱える課題をどのように把握し対処したのかに焦点を当てて分析をし、養護教諭が行った復学支援の意味づけを行い、テーマを抽出した。

倫理的配慮は、平成 18 年度首都大学東京荒川キャンパス研究安全倫理委員会の承認（受理番号 06077）を得た後、研究を開始した。研究参加者に対する研究依頼は文書を用いて研究の趣旨や方法、プライバシー保護等の倫理的配慮について説明し、同意を得た。

4. 結果

インタビューのデータを分析した結果、入院生活を経験した慢性疾患のある子どもの復学支援に対する養護教諭の関わりについて以下の 5 つのテーマが見いだされた。

1) 学校生活の中で、慢性疾患がある子どもが生きていく場を作り、みまもる

入院中から子どもに対して手紙を送り、みんなと同じ教室に戻る場所があると思える関わりを継続的に行った。また復学直後は、体調が整わない子どもに対して、「いつでも待っているよ」というスタンスで、保健室に子どもの居場所を作った。さらに、病気や体調管理を自分で考え、出来る力が身に付くように促した。

2) 母親の心を支え、一緒に歩む

入院中から母親と話をするきっかけをつくり、気持ちが楽になるように声をかけ、悩みを聞き、保健室を拠り所とするように関わった。また、学校側から母親に協力を依頼する時には、母親の心理状態を踏まえ、タイミングや口調を工夫して後押しをした。

3) 健康管理の専門家として学校全体で子どもをみまもる組織をつくる

子どもが入院した時、まず管理職に働きかけ、自らのコーディネーターとしての役割を明確にした。実際に復学支援を行う際には、クラスの子どもの一人ひとりに対して責任を持っている担任の立場を尊重して動き、病気の説明を行うことで周囲の子ども達も取り込んで、学校全体の組織をつくった。

4) 病院と学校がつながるように自ら動く

子どもの病状や治療について知識がないために、学校の教員に子どもへの配慮を欠く行動がみられる場合には、一緒に病院に出向いて医師から説明をしてもらうなど、積極的に動いて病院と学校のつながりをつくった。

5) 元気な子どもも病気の子どものも、みんな主役として生きていけるように関わる

学校中の子ども達の健康を守る立場として、日ごろから学校中を回って、子ども達の様子を観察し、手助けが必要な子どもに声をかけ、みんなが主役として生きていけるように関わっていた。

5. 考察

慢性疾患の子どもがスムーズに復学し、安心して学校生活を送るために、養護教諭は自らを健康管理の専門家であるコーディネーターと位置づけ、入院中から復学後も一貫して、子どもと学校のみんなをつなげ、必要に応じて病院と学校をもつなげる「つながりをつくる」支援を行っていた。慢性疾患がある子どもが増加する中、医療的ケアにも対応できる専門職の導入など複雑に変化する学校現場で、養護教諭にはコーディネーターとしての役割がさらに求められると考えられる。また、復学後も子どもの体調を「みまもりながら、待つ」支援は、子どもの不安や焦りなどをすべて受け入れる姿勢の養護教諭と、学校生活の中で「がんばりたい」という希望を持つ子どもとの間の信頼関係の上に成立していたと考えられた。さらに、養護教諭は「みまもりながら」、子どもが病気と向き合う力を育てていた。慢性疾患の子どもが学校社会の中でみんなと一緒に生きていくために、そして慢性疾患の子どもに限らず全員の子どもの、自分自身を主役だと感じて生きていくために、どのような支援が必要かを常に養護教諭は判断し、行動していたと考えられた。

以上のことから、慢性疾患のある子どもに関わる医療者と学校関係者双方に、復学支援についての課題が示された。それは、1) 子どもの入院早期から医療者側も学校関係者とのつながりをつくる努力をすること、2) 養護教諭による復学支援における優れた判断と行動について、学校内の一般教員や他の学校の養護教諭に伝えていく工夫をしていくこと、である。

要旨（英文）

Abstract

Yogo Teachers' Support for Children with Chronic Disorders to Return to School

1. Background

In recent years, advance of medical technologies has made it possible for children with chronic disorders to have a school life and a social life as well while continuously receiving treatments as an outpatient after experiencing hospitalization. In general, opportunity of education for children in prolonged hospitalization is maintained by transferring their school registers to in-hospital schools or special support education schools and the school registers are transferred back to schools they had gone to previously after they were discharged. Due to changes in life rhythm and study habit during hospitalization and recuperation, however, some children are unable to smoothly familiarize themselves to school life (Yokota, 1997; Tanigawa, 2000). Therefore, it has been suggested to be necessary to establish a system for those who are involved in support for such children to return to school to cooperate with as well as to continuously support and evaluate them after they returned to schools (Hoshino, 2012).

However, in addition to required confirmation of family's intention, medical providers have been put in a difficult situation to take actions for positively cooperating with school officials to support children to return to school (Ohmi, 2010). On the other hand, with a difficult problem for schools to cooperate with medical institutions having a different culture compared with that of schools, it is a reality that response to children with chronic disorders has been left to Yogo teachers who are responsible for health management (Tsushima, 2010). Even though there are a lot of well-experienced Yogo teachers indeed who provide excellent supports in returning children to school in the field of education, few study reports have been observed which qualitatively analyzed through stories obtained from Yogo teachers on how they recognized physical and mental problems of children with chronic disorders through their school life and how coped with such problems. Then, we considered it necessary to clarify how Yogo teachers responded to children with chronic disorders from their hospitalization to returning to school and thereafter.

2. Purpose of Study

The purpose of the study is to clarify how Yogo teachers have been working on support of children who have experienced hospitalization due to chronic disorders to return to school.

3. Methods of Study

This study was designed as a qualitative and descriptive research based on stories of

Yogo teachers collected through interviews. Participants in the study were eight Yogo teachers in regional elementary and junior high schools who had experiences in supporting children with chronic disorders to return to school. Those who have ever received a license renewal course with experience for 10 years or longer as a Yogo teacher were determined to be qualified for the study.

Recruiting participants in the study by a snowball sampling approach, data was collected by semi-structured interview approach. Based on an analysis of the data focusing on how Yogo teachers recognized and coped with problems with which the children were facing when supporting them to return to school, we have extracted themes by creating meanings of Yogo teachers' supports for children to return to school.

Upon an approval obtained from 2006 Research Safety and Ethics Committee of the Arakawa Campus, Tokyo Metropolitan University (No. 06077) regarding ethical considerations, the present study was commenced. We have obtained consents from participants in the study upon explanation about purpose, methods, and ethical consideration such as privacy protection using documents for requesting participation.

4. Results

As a result of analysis of the data obtained from interviews, the following five themes have been extracted regarding involvement of Yogo teachers in supporting children with chronic disorders and experience of hospitalization to return to school:

- 1) Create an environment for children with chronic disorders to live in a school life and keep a close eye on them.

They sent letters to children even during their hospitalization keeping a relationship with them to make them feel there were spaces for them to return in the classroom to share with their classmates. In addition, for children who did not recover their physical condition enough immediately after returned to school, a place for them to stay was secured in an infirmary based on a standpoint, "We're waiting for you to be back." Moreover, they urged children to acquire capability to manage their disease and health condition by considering on their own.

- 2) Move hand-in-hand with their mothers while supporting them mentally

Creating opportunities to talk with mothers even from during their children's hospitalization, the Yogo teachers kept relationships with mothers so as to make them rely on the infirmary while approaching the mothers to listen to their problems and to make feel better. In case of requesting cooperation to mothers from school, they assisted them while considering timing and tone of voice with recognition of their mental state.

- 3) Establish an organization to keep a close eye on children by the whole of school as a specialist of health management

When a child was hospitalized, they made their own role as a coordinator clear by reaching out to their supervisory person at first. When actually supporting a child to return to school, they acted respecting status of the teacher in charge of every single child of his or her class and built up a school-wide organization including surrounding children by explaining the disease of the child.

4) Move voluntarily to connect hospitals with school

In such a case that any behavior lacking in consideration for children is observed in teaching staff of a school due to lack of knowledge about children's disease state and treatment, relationships with hospitals were built up by aggressive activities such as to visit hospitals with children to listen to explanation from the doctor.

5) Have involvements with both healthy children and those who have disease in such a way that every one of them may live their life as a center player

From a standpoint to secure health of all children in schools, they usually walked around in the school to observe how students went about and had involvements with them giving advices to some of them who seemed to need assistance so as to make all of them live their life as a center player.

5. Discussion

With a positioning of themselves as a coordinator specialized in health management, Yogo teachers were working on support activities to "create a connection" between children and school as well as hospital and school, as required, consistently from their hospitalization to even after returning to school, in order for children with chronic disorders to be able to return to school smoothly and to live a school life at ease. Amid a trend of increase in children with chronic disorders, it is believed that Yogo teachers are increasingly required to play a role of coordinator in school settings with complicated changes including introduction of specialist personnel capable of responding to medical care. It was also believed that such a support to "wait and see" children's physical state even after their returning to school had been established based on a trustworthy relationship between Yogo teachers based on a stance to accept all anxiety and patience of children and children with a desire to "keep trying" in the school life. Furthermore, Yogo teachers were cultivating capability of children to cope with disease "while watching for them". The Yogo teachers were always taking actions by judging what kinds of support was needed for children with chronic disorders to live with everybody in a school society as well as for all children not just for those who have chronic disorders to live their life feeling themselves as a center player.

From those mentioned above, some problems have been suggested to both medical providers and school officials who are related with children with chronic disorders regarding how to support them to return to school. These include 1) efforts by medical

providers' side to build up a relationship with school officials from early stage of children's hospitalization, and 2) consideration of better ways to convey excellent judgments and activities performed in supporting children to return to school by Yogo teachers to other teaching staff in the school as well as to Yogo teachers in other schools.