



[原著]

Shaping Identity of Skilled Male Nurses with Aiming at Administrators of Psychiatric Home-Visit Nursing Station

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Summary

The purpose of the study was to clarify factors to influence shaping identity as a nurse until skilled male nurses Administrators a psychiatric home-visit nursing station. The subjects were 11 male nurses who started the home-visit nursing station in Kyushu, Kanto, Hokuriku, Shinetsu and Touhoku region. Using interview guides, semi-structured interviews were conducted. As one sentence shows one idea, contents of subject's talking were encoded. The encoded contents were classified into similar ones and different ones. Following similarity of meaning contents, sub-categories were created, then categories were made in the same way. In addition, core-categories which had a high level of abstraction were crated with following the similarity. Factors which stimulated shaping the identity as a nurse were "pride as a psychiatric nurse", "limits of nursing in hospital organizations" and "establishment of a trust relationship with female nurses".

Consequently, the study suggests that it is important to form interpersonal-relationships with female nurses in the case of working in a workplace with many women, and to take pride as a nurse for shaping the identity.

Keywords: Skilled Male Nurses, Shaping Identity , Psychiatric Home-Visit Nursing Station

Introduction

Psychiatric home-visit nursing has an important role as the service which helps mentally disabled persons to live in a familiar community. Although the psychiatric home-visit nursing and its guidance were Administrators and started as Medical Fee System in 1986, the range of the service was limited to activities of medical institutions. On the other hand, in home-visit nursing stations, the home-visit nursing for

elderly people with a mental disorder was institutionalized since 1990, and the one for mentally disabled adults was also done since 1992.

According to the survey of hospitalization in mental hospitals¹⁾ in 2004, it became clear that days of hospital stay significantly decreased after the start of home-visit nursing. After that, the implementation system of psychiatric home-visit nursing was Administrators as "basic medical

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treatment costs for psychiatric home-visit nursing” since 2012. According to “investigative committee report on the future of mental health care and welfare”²⁾ presented by Ministry of Health, Labour and Welfare in February, 2017, the system which comprehensively secured healthcare; welfare, nursing care, social involvement, residences, community support and education, was Administrators in order to enable mental disabled people to live their own lives in peace as a member of the community. The role of psychiatric home-visit nursing stations has been expected because the necessity of establishment of community-based integrated care systems which can accommodate for people with a mental disorder was indicated in the report.

Though most places of employment of nursing professions are hospitals, the number of employees in the home-visit nursing stations has been increasing from 24,000 (in 2002) to 68,000 (in 2020)³⁾. Additionally, the number of male nurses in the whole nursing professions has been gradually increasing, but the number of the male visiting nurses engaging in home-visit nursing is 4,029 in the minority, which is about 6 % in the entire visiting nurses⁴⁾.

In this context, we could not find any previous study that identified the factors that promote the identity formation of nurses until skilled male nurses who have built up their careers set up a psychiatric-specific home health care nursing station, and we thought that this would help support their careers.

Although community-based integrated care systems are being promoted in order to respond to progress of a super-aging society in Japan, current status and issues for nurse administrators such as “reality forcing hardships between difficulty of retaining nursing staffs and assurance of quality”, “dilemma of not dealing well” and “issues concerning role division and relationship with other occupations”, are revealed⁵⁾. Besides, Hoshi et al⁶⁾ mentioned human resources development; transition support for community life, care management and leadership or awareness of the role of nursing professions in the community-based care system, etc. as competency that is necessary for the professions who

can contribute to the community-based care system. Previous studies about clinical nursing competence, current status or issues in each office or facility configuring the community-based integrated systems, are found here and there. However, there has been no study about identity of male nurses engaging in home-visit nursing. Thus, the study aimed to reveal factors which influenced shaping the identity as a nurse until skilled male nurses set up the psychiatric home-visit nursing station by themselves.

Definition of terms

In this study, skilled male nurses were defined as the nurses who could conduct a precise assessment and exercise clinical judgement according to patient’s situations with over 20 years of experience.

They are male nurses who have acquired nursing knowledge and skills and have formed an identity.

Subjects and methods

1. Survey periods: From May to July in 2023.

2. Subjects: 11 Skilled male nurses who Administrators a psychiatric home-visit nursing station in Kyushu, Hokuriku, Kanto-Koshinetsu and Touhoku region. They were recruited by author’s snowball sampling.

3. Study methods: Using interview guides, semi-structured interviews were done. Contents of the interviews were question items below.

(1) The number of years they had worked as a nurse, and which clinical department they had worked.

(2) Good things as being a male nurse.

(3) Things they felt difficult as a male nurse.

(4) The reason why they Administrators the psychiatric home-visit nursing station.

(5) Differences between care in hospital wards and the one in home-visit nursing.

(6) How they had adjusted in the work place with many women.

4. Analysis methods: Inductive content analysis was conducted. First, verbatim records were made via taped audio data, then parts of them about factors to shape the identity as a nurse were extracted. As one sentence shows one idea, the contents of subject’s talking were

Table.1 Outline of subjects

Participants	Age (y)	Nursing Experience (y)	Psychiatric Nursing Experience (y)	Home health Nursing experience (y)	Last educational	Other Qualifications	Non-psychiatric experience
A	62	35	35	10	Nursing school	Certified Expert Psychiatric Nurse	-
B	54	30	30	12	Nursing school	Certified Expert Psychiatric Nurse	-
C	51	30	30	9	Nursing school	Certified Expert Psychiatric Nurse	Emergency room
D	50	30	30	23	Master's degree	Certified Nurse Specialist	-
E	50	28	28	18	Nursing school	Certified Public Psychologist	-
F	49	26	26	18	Nursing school	Certified Expert Psychiatric Nurse	-
G	47	20	20	6	Nursing school	-	-
H	45	25	25	9	Nursing school	-	-
I	45	20	7	2	Nursing school	-	Internal medicine ward, etc.
J	44	20	19.5	4	Master's degree	Certified Nurse Specialist , Certified Public Psychologist	Surgical ward
K	43	23	22	13	Nursing school	Certified Public Psychologist	Internal medicine ward

encoded. The encoded contents were classified into similar ones and different ones. Following similarity of meaning contents, sub-categories were created, then categories were made in the same way. In addition, core-categories which had a high level of abstraction were created with following the similarity of the meaning contents. They were verified repeatedly in order to ensure authenticity or objectivity of the analysis.

Ethical consideration

The subjects received oral and written explanations below.

1. Participation in the study is optional,
2. Do not incur any disadvantages by joining the study,
3. Do not use information obtained for anything other than the study,
4. Data has to be discarded after the study finishes,
5. Achieved results must be announced to associations, etc.

After that, consents were obtained via sending agreement forms by post and receiving the signatures. The study was conducted with the approval of the ethical committee in Matsumoto College of Nursing (2022-C01).

Results

Attributes of subjects (table 1)

The average age of subjects (average±SD) was 49.1±5.0 years old. Their average years of experiences of a nurse was 26.1±4.8 years, the average one of a psychiatric nurses was 24.7±7.3 years, the average one of a home-visiting

nurse was 11.2±6.2 years. Although eight subjects worked in a psychiatric ward only, three ones had an experience of working in other than the psychiatric ward. Three subjects had the qualification as a licensed psychologist, and six ones had a certification as a certified expert psychiatric nurse.

1. Factors to influence shaping identity as a nurse

[1] Three core-categories such as [pride as a psychiatric nurse], [limits of nursing in hospital organizations] and [establishment of trust relationships with female nurses], were extracted.

[2] Classification of codes

Transcribing contents of the interview into verbatim records, they were documented. As a result of coding contexts that one sentence shows one idea from the contents of talking about shaping the identity as a nurse until male nurses set up the psychiatric home-visit nursing station by themselves, total number of codes were 107. As a result of making sub-categories in accordance with similarity of meaning contents, 19 sub-categories were made. Additionally, after making of a high level of abstraction, seven categories were extracted and three core-categories were created. Categories, core-categories and sub-categories belonging to codes, were illustrated in table 2.

Hereinafter, the analysis results were written below with describing core-categories as [], categories as { }, sub-categories as < >, and the content of the talking as “ ”.

Table 2. Factors related to the identity of skilled male nurses

Core Category	Category	Subcategory	Number of codes	
Discover the appeal of nursing	Maintenance of motivation	Being relied on from female nurses at the time of dealing with excited patients	9	
		Having male nurses to consult around Japan	6	
		Having co-workers to take counsel around one	5	
		a word from others that supports nurse's life	2	
	Independence as a visiting nurse	Feeling attracted to nursing	9	
		Dispelling doubts	8	
	Having a belief as a nurse	Independence as a nurse	5	
		Hoping for patients to live in the community	4	
	Limits of nursing in hospital organizations	Limits of nursing in hospitals	Difficulty in human relationships	11
			Doubts about nursing in wards	6
Doubts about long-term hospitalization			2	
Doubts about hospital organizations		Prioritizing opinions of doctors or bosses	6	
		Emphasis on manuals or tasks	4	
		Thoughts on reform of mental healthcare	3	
		Emotional control	8	
Establishment of trusting relationships with female nurses	Efforts to collaborate with female nurses	Understanding of gender differences	5	
		Keeping an appropriate psychological distance with female nurses	5	
		Being acknowledged from female nurses over time	5	
	Bridging the gender gap	Not to be conscious of gender	4	

(1) Pride as a psychiatric nurse [Discover the appeal of nursing] comprised three categories such as {maintenance of motivation}, {independence as a visiting nurse} and {having a belief as a nurse}.

[1] {Maintenance of motivation} contained four sub-categories such as <being relied on from female nurses at the time of dealing with excited patients>, <having male nurses to consult around Japan> and <having co-workers to take counsel around one> and <a word from others that supports nurse's life>.

{1} <Being relied on from female nurses at the time of dealing with excited

patients> included the talking such as "I felt glad that I was a male nurse because sometimes an only man could respond to the acute stage of the patient in a psychiatric hospital", "I felt that a male nurse was suitable for responding the acute stage due to strength and physique" and "I was called every house-visit when I was a rookie in early twenties because of being a male nurse" and so on.

{2} <Having male nurses to consult around Japan> contained the talking: "I have co-workers to take counsel around me", "I can keep my point of view because of the existence of seniors I can consult", and "As a result that Japanese

Association of `Psychiatric Hospitals focused on establishment of home-visit nursing, I managed to teach a lecture on a certified nurse and to make male co-workers", etc.

{3} In <having co-workers to take counsel around one>, there were talking like "I often consult co-workers or old friends who are a nurse", "I exchange views with my friends, and think my friends feel same things I do in the drinking party" and so on.

{4} As for <a word from others that supports nurse's life>, two were "I had realized that I liked communication when I was a nursing student. One day, when I communicated with patients in the way, the nurse leader admitted my communication skills and praised me. It became my motivation", "I sometimes remember my father's words that nurses here didn't see him as a human during he was alive in the hospital", and so on.

[2] {Independence as a visiting nurse} consisted of two sub-categories such as <feeling attracted to nursing> and <dispelling doubts of nursing by considering independence>.

{1} <Feeling attracted to nursing > included "charm of home-visit nursing is that a look-back on emotional changes can be done in a daily life", "keeping the environment that users of the home-visit nursing could live without any restrictions in their community or home, is the charm of the nursing" and "effects of my own nursing can evaluate myself positively", etc.

{2} <Dispelling doubts of nursing by considering independence> contained "When I was working in other station, I worked with considering how to start a psychiatric home nursing station and how I operate the station after the start up", "I noticed that I could establish home-visit nursing if there was a support system", etc.

[3] {Having a belief as a nurse} consisted of two sub-categories such as <being hesitant to rely on others>, <hoping for patients to live in the community>.

{1} <Being hesitant to rely on others> contained the talking such as "I can deal with problems at work by myself without consulting others", "I can't complain to staffs or family" and so on.

{2} <Hoping for patients to live in the

community> included "I have started to think that I want long-term hospitalized-patients to live in the community, not in the hospital" and "I have begun to hope for long-stay patients to discharge from the hospital", etc.

(2) Limits of nursing in hospital organizations

[Limits of nursing in hospital organizations] comprised two categories such as {limits of nursing in hospitals} and {doubts about hospital organizations}.

[1] {Limits of nursing in hospitals} consisted of three sub-categories such as <difficulty in relationships>, <doubts about nursing in wards> and <doubts about long-term hospitalization>.

{1} <Difficulty in relationships> included talking such as "I was tired of looking good for everyone, so that I couldn't find ways to cope with problems", "I became isolated when I didn't join the factions" and "Things I told someone I trusted were known to others in the ward", etc.

{2} <Doubts about nursing in wards> contained "Some nurses don't do discharge support because they leave it to caseworkers", <Although I thought it was not right that some nurses didn't touch on the topic about one medicine which had made some patients crazy, my opinion couldn't be accepted", "Though it is necessary to adjust family processes towards discharge from a hospital, nurses let patients and their family move forward the process of discharge without any contact because their family is unfriendly" and so on.

{3} In <doubts about long-term hospitalization>, there were "When I was in charge of taking care of the patient who had been hospitalized for about 26 years, I felt doubt why the patient admitted to the hospital so long" and "I found myself that I couldn't answer the purpose of hospitalization of long-stay patients", etc.

[2] {Doubts about hospital organizations} consisted of three sub-categories: <prioritizing opinions of doctors or bosses>, <emphasis on manuals or tasks> and <thought on reform of mental healthcare>.

{1} <Prioritizing opinions of doctors or bosses> contained the talking like "When

I clashed with a female doctor, the hospital prioritized the doctor's opinion and demoted me. So I chose to quit", "I felt the limit of hospital organizations because doctors were in the top of the position in the hospital and the directors who only cared about management were in more senior position", "As a result that middle managers in the hospital had to prioritize the instruction from the boss, a gap between nursing they want to do and the real one was born" and so on.

{2} <Emphasis on manuals or tasks> included "In the ward, safety control is generally done and awareness of management is strong, and it is likely to be paternalism", "I think the ward takes care of the manuals so much", etc.

{3} As for <thoughts on reform of mental healthcare>, there were "I had a thought to change the community I was living", "I had strong feelings to change nursing, mental health, and intended to reform the hospital first. However, I thought it was impossible due to the position as a nurse" and "The conclusion I came up with was that home-visit nursing could be also the way to change psychiatric care" and so on.

(3) Establishment of trusting relationships with female nurses

[Establishment of trusting relationships with female nurses] comprised two categories such as {efforts to collaborate with female nurses} and {bridging the gender gap}.

[1] {Efforts to collaborate with female nurses} included three sub-categories such as <emotional control>, <understanding of gender differences> and <keeping an appropriate psychological distance from female nurses>.

{1} <Emotional control> contained the talking such as "It is necessary to dodge well if something is said", "I try not to get emotional because I think women tend to be emotional", "I realize negative emotions become a sense of intimation, so that I can control myself", etc.

{2} <Understanding of gender differences> included "I try to understand feelings of female nurses", "Sometimes I become irritated due to female nurses, but I try to understand their mental state including their family matters or hormonal balance, etc." and so

on.

{3} In <keeping an appropriate psychological distance from female nurses>, there were "I try to keep physical or psychological distance for female nurses, and to be careful with words that can be harassment from the beginning", "On the condition that I work in the workplace with many women, I behave with considering good manners and read the situation around me", etc.

[2] {Bridging the gender gap} consisted of two sub-categories: <being acknowledged from female nurses over time> and <Not to be conscious of gender>.

{1} <Being acknowledged from female nurses over time> contained the talking: "There was a time when female nurses were hard on me, but they accepted me over time" and "It is necessary to dodge well if something is said".

{2} <Not to be conscious of gender> included "I had treated female nurses normally without recognizing them as opponent gender", "Although I didn't do any efforts to get used to a female-centered workplace, female nurses adjusted for me", "I am aware of the culture that is becoming gender free", etc.

The factors to influence shaping the identity as a nurse until male nurses set up the psychiatric home-visit nursing station by themselves, were to get used to the workplace with many women via [establishment of trust relationships with female nurses] in order to work there. However, the male nurses faced [limits of nursing in hospital organizations] and decided to leave their workplace. Skills and knowledge they had built up were their [pride as a psychiatric nurse].

Discussion

The purpose of the study was to clarify factors to influence shaping the identity formation as a nurse until male nurses Administrators a psychiatric home-visit nursing station. As a result of the analysis, three core-categories such as [pride as a psychiatric nurse], [limits of nursing in hospital organizations] and [establishment of trusting- relationships with female nurses], were extracted.

1. Pride as a psychiatric nurse
[Pride as a psychiatric nurse]

contained three categories such as {maintenance of motivation}, {independence as a visiting nurse} and {having a belief as a nurse}.

As the subjects said that “I was lucky to be a male nurse because sometimes only man could respond the acute stage of the patient in a psychiatric hospital” and “I felt that a male nurse was suitable for working in a psychiatric hospital due to his strength and physique” and so on, male nurses positively thought that they were suited for responding symptoms of the patient in the acute stage when the patient was excited. Chiba⁷⁾ pointed out that tall people could display higher basic athletic skills than short people in muscle strength, flexibility, agility, instantaneous power. Suzuki et al⁸⁾ stated that male nurses could exercise specialization in response to violent patients better than female ones. Yamada et al⁹⁾ declared that male nurses tried to incorporate gender difference into nursing positively and to display expertise. In psychiatric nursing, there were chances to take violence from patients, but male nurses actively dealt with difficult patients, and they positively felt lucky to be a male nurse. Besides, in order to advance career, nine of 11 subjects got a license of CEPN (Certified Expert Psychiatric Nurse), and three of them gained a qualification of certified public psychologists. Sasaki et al¹⁰⁾ reported that advancing the career was “to get qualified as certified or specialized nurses” for both male or female nurses. The subjects of the study also got the qualifications above and realized career advancement. Through the talking such as “I managed to teach a lecture on a certified nurse and to make male co-workers”; “I can have a hope for the future from seeing senior nurses acting professionally and extensively” and so on, it is considered that advancing career built a network of male nurses all over the country. It is also thought that the male nurses can keep their motivation and having pride as a nurse by receiving gender difference as a strength of nursing and by getting skills and knowledge with improving their career.

Besides, as for subject's satisfaction as a visiting nurse, they said, “I felt rewarding when I got closer and listened

carefully to one patient who couldn't go out from the house since young brother had committed suicide, and finally helped the patient go out” and “In the first time I visited the patient, I was turned away at the door. However, the patient accepted me after many visits and became able to go to hospitals. Then I was worthwhile”. Though psychiatric nursing is difficult to assess objectively, visiting nurses may feel satisfaction when they manage to evaluate home-visit nursing positively via changes of lifestyle behaviors of the users of the service or their expressed words by continuing home-visit nursing. It is considered that interaction with patients by male nurses having the satisfaction can contribute to the development of community psychiatric nursing. Although male visiting nurses are 3.86 %⁴⁾ of all male nurses, which is few in number, it is considered that the range of male nurse's career choice and increase in the number of the visiting nurses can be expected by conveying the appeal of home-visit nursing. In psychiatric care, supporting community life via home-visit nursing is necessary because it is the age requiring transition from hospitalization to the local life. The effects of home-visit nursing help mentally disabled persons continue their community life. If male nurses or students see other male visiting nurse being active as the supporter of those mentally disabled people, it can be expected that they will aim for the male visiting nurse (the model of a male visiting nurse) in choosing home-visit nursing.

2. Limits of nursing in hospital organizations

According to the survey of Japanese investigation labor unions¹¹⁾, it is reported that the reasons why nurses want to quit while working, are “complaint about salary, treatment” as the first place (49.3%), then “mentally exhausted” (43%) and “relationships in a workplace” (41.6%). As the subjects told about the stories when they were working in the ward such as “I was tired of trying to please everyone” or “I would be isolated if I didn't join functions” and “It was necessary to take a lot of effort to keep relationships in a group”, it is clear that they felt tired or stressed about

human relationships. Additionally, based on their comments such as “Things I told someone I had trusted were known to others in the ward”, it can be seen that having no one they can express their worry or complaint at ease, is the factor that invites a sense of distrust for the relationships.

In addition, it can be seen that they lost the passion for nursing because they weren't acknowledged even if they advanced career from their talking; “The reason why I quit a psychiatric hospital was that the hospital prioritized female doctor's opinion when she and I had a conflict of opinions, and demoted me” and “Nurses didn't do discharge support and left it to caseworkers”. Sakuma¹²⁾ pointed out that the future male nurses imagine came from thoughts as a man. Fujikawa et al¹³⁾ reported that the male nurses avoided outstanding behaviors and took passive actions according to the study based on new male nurses. According to Uesugi et al¹⁴⁾, it is reported that increase in the number of male nurses is negatively recognized such as that problems easily occur for the organization where there is little demand from patients. It is considered that the male nurses working in the ward started feeling a sense of crisis that they might have lost the value of their own existence, therefore they made a choice to establish a psychiatric home-visit nursing station to pursue nursing they really wanted to do. It is also thought that creating the organization which can appreciate their opinion about nursing from the point of view of male nurses, helps to make a good work environment for not only male nurses but female ones.

3. Establishment of reliable relationships with female nurses

According to the overview of the 2020 Report on Health Administration (Employment Medical Personnel), the percentage of female nurses was 90.9%, and the percentage of male nurses was 9.1%¹⁵⁾. Male nurses are still a minority in the nursing profession, and it has been pointed out¹⁶⁾ that they face difficulties in building their careers and forming their identities under conditions where it is difficult to obtain employment models when gender differences are taken into account in the professional environment and workplace culture. The subjects of

this study can be seen to be in a female-dominated workplace from their narratives, such as “In order to work with female nurses, I have to do my job well in front of me in order to improve our relationship” and “There were times when female nurses were very rough with me, but they accepted me with time.

Uesugi et al¹⁴⁾ stated that minorities were conspicuous within the group. Though the number of male nurses are on the rise, it is expected that there are few workplaces that are easy to work for them. It may be necessary to understand nursing jobs from the point of view of gender-free because professional identity improves the quality of nursing¹⁷⁾.

Besides, in order to work together with female nurses, the subjects said, “It is necessary to dodge well if something is said”, “I try not to return anger with feelings of anger” and “I sometimes feel stress about controlling emotions” and so on. It is considered that working in the workplace with many female nurses means that the male nurses have to keep their emotions, so that their mental stress are accumulated.

Satou et al¹⁸⁾ stated that taking good care of relationships or family ones considering gender difference also influenced career development for male nurses, and male nurses collaborated with female ones who were majority while deepening exchange among the male ones and establishing relationships with the female ones. Goto et al¹⁹⁾ reported that gender as a man was treated negatively, and the male nurses realized the female ones were in upper position in the workplace.

In those backgrounds, there is a history that certification of a nurse had to be a woman and their target were puerperants or patients in the provision in Public Health Nurse Regulation Administrators in 1915. Therefore, it is considered that the relationship with female nurses influences shaping the identity of a male nurse. It is also suggested that having pride as a nurse is important to shape the identity.

Conclusion

The study suggests that factors to influence shaping the identity as a nurse until male nurses establish a psychiatric home-visit nursing station, are [pride as

a psychiatric nurse], [limits of nursing in hospital organizations] and [establishment of trust relationships with female nurses].

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精神科特化型訪問看護ステーションの管理者を対象とする熟練男性 看護師のアイデンティティ形成要因

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要旨

本研究の目的は、熟練男性看護師が精神科特化型訪問看護ステーションを自ら立ち上げるまでの看護師としてのアイデンティティ形成を促す要因を明らかにすることである。対象者は、九州地方、関東地方、北陸地方、信越地方、東北地方で精神科特化型訪問看護ステーションを立ち上げた男性看護師の管理者 11 名とした。インタビューガイドを用いて半構成的面接を行い、帰納的内容分析を加えた。対象者の語り内容を一文章が一意味を示すようにコード化した。コード化した内容を類似するものと相違するものに分類し、意味内容の類似性に従いサブカテゴリを作成し、次に同様の手続きでカテゴリを作成した。さらに、意味内容の類似性に従い抽象度の高いコアカテゴリを作成した。看護師としてのアイデンティティの形成を促す要因は、【看護師の魅力発見】、【病院組織での看護の限界】、【女性看護師と信頼関係を築く】であった。

本研究から、女性が多い職場であるため女性看護師との人間関係形成は重要である。看護師としての誇りを持つことがアイデンティティ形成には重要であることが示唆された。

キーワード：熟練男性看護師、アイデンティティ形成要因、精神科特化型訪問看護ステーション