

Medical childcare staff -Their potential role in hospitals-

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What is it like for a child to
get severely sick?

nauseousness

pain

wooziness



distress

anxiety

uncertainty

What do children experience
in hospitals/clinics?

Unfamiliar
environment

Checkups

Surgery

Treatments

Medicines

Sleep alone (without mom)

distress
anxiety
uncertainty
fear



What is
“medical childcare staff”?

Medical childcare staff
(病棟保育士; MCS)
are childcare staff
working in child hospitals
and pediatric ward





Art craft activity



NICU



Birthday party

What is the history of
“medical childcare staff”?

Background

- 1954年 Childcare staff first started working in hospitals to provide playing experience to pediatric patients
- 1994年 123 facilities had childcare staff (帆足, 1995)
- 2002年 National Health Insurance (NHI) started adding points "when having one childcare staff per one play room" points are added (保険点数加算)
- 2005年 300 facilities had childcare staff
- 2007年 Qualification system 「医療保育専門士」 started

the # of childcare staff is increasing!

However.....

✓ No guidelines / schools for MCS

- Everything depends on the hospital/ ward
- Therefore, many differences exists

(e.g., 末成他, 2003; 原田, 2007)



✓ Differences between other co-medical professionals are unclear

- Nurses, CLS, HPS, CCS.... (e.g., 伊藤他, 2008; 深谷他, 2008)



The necessity of MCS has been questioned

(e.g., 高橋, 2011; 穂高, 2013; 山田他, 2009)

Well then, do we not need
“medical childcare staff”?

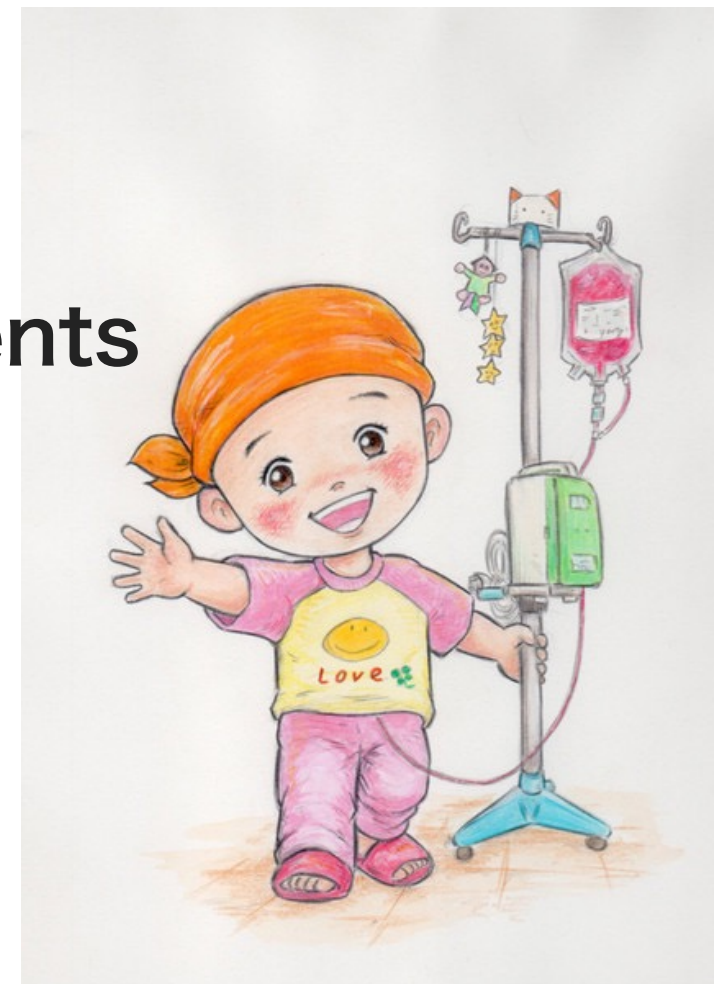
Do we not need MCS??

Today, more pediatric patients are able to live into adulthood

e.g.) In Japan, 5-year survival rate of acute lymphatic leukaemia (ALL; 急性リンパ性白血病) has increased from...

1960: 30% → 2000~ : 70~80%

= Today, the majority of pediatric patients become adults



Background

HOWEVER research indicates that not all survivors are being able to live a life of high QOL.



…some are experiencing psycho-social issues



Depression



Difficulty in getting a job

- ✓ There is high demand for far-sighted care during their hospitalization period
- ✓ MCS might be the key??

Objective of the study

Find out the potential role MCS has in hospitals

RQ:

What beliefs does MCS members have, and how does it affect their work?

Methods

- * semi-structured interview
- * **participants: 8 MCS members (now 15)**
 - MCS who works in hospitals in Tokyo,
 - Who decides his/her work his/herself (and not the director of nursing),
 - Who actually is required to work as MCS (and not a nursing assistant)
- * **About the interview**
 - time : 70~190 minutes
 - location : conference room of each hospitals

Results

Goals of MCS

“I want them to become healthy”

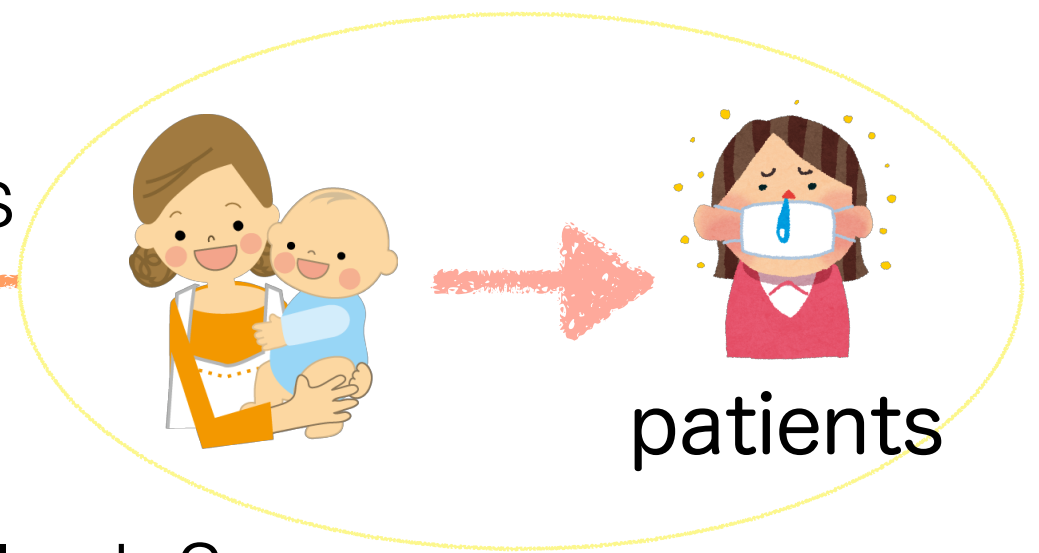
- “fun time”
- “lively hospitalization”
- “forget about the bad time”

hopes for the children to have a fun and cheerful time in the hospital

- “so children could demonstrate their ability
- “so children could proactively live inside the hospital

hopes for the children to fully face their treatment and experience growth during hospitalization

Results Relations with patients



What do they actually do?

Does their goals affect the way they get involved with the children?

① **Build relationships with child/families**



② **After determining the child's physical, psychological situation**



③ • • • **they get involved with the child in many ways**

their actual practice
≠ their purpose and intentions

How they get involved with children

E.g. Reasons to provide play

joy & pleasure

Reduction of stress
and anxiety



Regulation of life rhythm
(abundant play
→ good night sleep)

Reward and goal
before and after
treatments

development support

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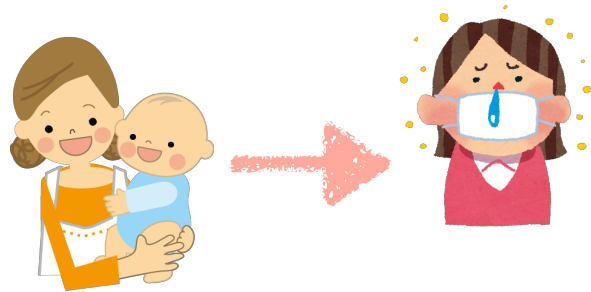
Reward and goal
before and after
treatments

結構、点滴とかつながれたりとか、思うように動かなくてイライラしたりとかする子もいるので、**遊びで気分転換**をしたりとか

その**豊かな遊び**というか、豊かな、その日中があれば、夜は、ま具合が悪くてぐずることとかもちろんあるけれど、**眠りにつながる**っていうふうに思うな

今の年齢だったら、おもちゃをいろいろ触って、口に入れてとかでも遊びたいから、じゃあ、そういう時間をつくろうとか、

How they get involved with children



determine the child's physical,
psychological situation



build relationships

reduction of
negative emotion
Amplification of
positive emotion

present

enjoyable time

**developmental
support**
(seeing beyond
hospital discharge)

future

chance to develop

encouragement for the
child to **proactively
undertake treatments**

treatment

Future Direction

- * What do we really need to improve pediatric patients' QOL?
→ see how what MCS could provide correspond with the needs
- * Examinations of individual differences behind each MCS member's beliefs and goals
- * Observation study to actually see what they are doing, and to examine the spontaneous, unconscious beliefs

Take Home Message



- ✓ The number of medical childcare staff is rapidly increasing
 - ✓ However, their necessity has been questioned
- ✓ This research indicates that MCS could potentially work towards child's present emotions, future (development), and medical treatment