

<Abstract>
Concerns of Middle-aged Women as a Social Existence When Unavoidably Hospitalized

[1. Objectives]

The objectives of this study were to clarify concerns of middle-aged women as a social existence when unavoidably hospitalized and its mutual interactions among their coping actions, people around them and many other surroundings. An additional objective was to draw informative suggestions through this approach, for the future of nursing care of middle-aged women as a social existence.

[2. Method]

The participants were; 1) patients hospitalized for the first time with a particular disease; 2) ex-patients discharged from the hospital two months to a year before; 3) ex-patients with no plan for any additional hospitalization and 4) women between the ages of 25 to 65. As a result 21 participants were recruited by a support-providing organization in Tokyo targeting citizens of Kanto region. The one-time semi-structured interviews (60-min.) were recorded by an IC-recorder with their prior agreement. A grounded theory constant comparative analysis was applied to the analysis.

[3. Results]

Average age of participants were 46.6, 10 were diagnosed with cancer. The purposes of their hospitalization were surgical operation (20) and internal therapy (1). The number of days for the hospitalization was two to 24 (ave.=7.7 days).

Two explicit concerns were expressed: 1) fear for loss of the current possessions, and 2) sense of betrayal to others. In the former, the patients were shocked by a sentenced of hospitalization and felt in crisis about time, self-image and functions which they had been fulfilling in the society. In the latter, the patients felt a sense of betrayal to others by having ceased their role(s) in everyday life such as job, housework, care for the elderly and/or child. In other words, the former was a concern focusing on the patients themselves, and the latter was one focusing on the other person(s).

These two types of concern made the patients maintain their current life style prior to being sentenced to a hospital and they did not dare to change it. After recognizing the unavoidable nature of the disease and hospitalization, however, they understood the reality that they could not keep playing their roles in the same way as before, then resignation of their current lifestyle arose. Between these lingering two types of concern, the patients were seesawing from adherence and resignation to the former lifestyle, from which they started to change and to build a new lifestyle; kept on re-building their lifestyle as a social existence so to speak. They noticed in the end that they remained themselves as a wife, someone's child, worker, and more importantly a woman even if the lifestyle totally changed. Those who reached this recognition could actively participate in a surgical operation or internal therapy even when unavoidably hospitalized.

[4. Conclusion]

Unavoidance of the hospitalization is definitely a crisis for middle-aged women. Their concerns were classified as two types: "fear for loss" of their current possessions and "sense of betrayal to others" by ceasing their role(s) in the society. These concerns arose with an intense shock at the sentence of the disease but they kept rebuilding their lifestyle seesawing between adherence and resignation to the former lifestyle, through which process, they finally achieved an active participation in the respective medical treatment. Nurses should understand these concerns in detail and empathetically provide support to the patients so that the patients themselves can feel in an affirmative way that they can rebuild their lifestyle as a social existence, which must enhance the patients' concentration on the medical treatment per-se.