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報告

外来における外国人患者の看護 — 緑内障患者の看護における成功例 —

長松 康子¹⁾ 佐居 由美²⁾ 長松 淳一³⁾

Providing Successful Nursing Care to the Foreign Patient with Glaucoma, a Case Study

Yasuko NAGAMATSU, RN, PHN, MPH¹⁾

Yumi SAKYO, RN, PHN, MN²⁾

Junichi NAGAMATSU, MD³⁾

[Abstract]

Purpose: To recommend what is necessary for successful nursing care for a foreign patient from the ophthalmologic clinic who had glaucoma.

Methodology: A qualitative case report using data from an open ended interview and the client's medical and nursing records.

Case: A South-East Asian female married to a Japanese in her 40's.

Diagnosis: Glaucoma left eye.

History: 2004, June In "B" clinic, glaucoma was informed as 'high pressure' which she did not understand. Eye drops were prescribed without explanation. 2005, January She visited B clinic again with left eye pressure 21 mmHg. She understood her diagnosis by the translator she brought. Because she became frightened by the side effects and at the same time the discomfort in her right eye remained, stopped her eye drops. 2005, February After her ophthalmologist scolded her badly for stopping her eye drops, she was scared to return to him. March, 2005 she attended "C" clinic with left eye pressure 22 mmHg.

Nursing problems: 1 Poor understanding glaucoma, 2 Anxiety about side effect of eye drops. 3 Confusing the symptoms of glaucoma and dry eye. 4 Cannot ask question because of fear of doctor.

Nursing Care: 1 Educate about glaucoma. 2 Explain the purpose for eye drops including side effects. 3 Clarify the differences between glaucoma and dry eye. 4 Treat her with empathy, openness, and respect. 5 Advocate for her during her consultation with the doctor and support her when she wants to ask questions.

Outcome: she understood her diagnosis and treatments and applied eye drops regularly. Her eye pressure dropped to normal.

[Key words] outpatient department, chronic disease, foreigner

[要 旨]

外国人患者の中でも、自覚症状に乏しい慢性疾患患者の治療継続は難しいといわれている。本稿では、無症状の緑内障患者において看護介入によって治療継続に成功した外国人症例について報告する。

ドライアイによる不快感を主訴に他院受診した際に左緑内障を診断され、点眼薬を処方されるも、疾患・薬剤についての説明が不十分であったために点眼が中断され、緑内障が進んだ状態で受診した東南アジア出身の女性である。1) 緑内障についての知識不足, 2) 点眼薬の副作用への不安, 3) ドライアイと緑内障の混同, 4) 日本人医師への不信感が問題となった。そこで、1) 緑内障の病態・予後・治療についての説明, 2) 点眼薬の効用と副作用の説明, 緑内障, ドライアイの症状と治療についての整理, 3) 傾聴し, 受容的な態度と希望時

1) 聖路加看護大学 国際看護学 St. Luke's College of Nursing, International Nursing

2) 聖路加看護大学 基礎看護学 St. Luke's College of Nursing, Fundamentals of Nursing

3) 氷川台眼科 Hikawadai Eye Clinic

質問などの代弁などの看護活動を行った。

その結果、疾患への理解が高まり、不安なく治療と受診が継続され、緑内障のコントロールに成功した。

〔キーワード〕 外来, 慢性疾患, 外国人

I. Introduction

There are more than 1,970,000 registered foreigners in Japan¹⁾. Among those, 200,000 foreign workers who have over-stayed their visas and are thus illegally living in Japan. There are a number of difficulties facing foreigners, such as cost and language, when they need to seek health care²⁾. It is reported that especially those who have over-stayed have difficulties visiting hospitals³⁾. As a consequence foreigners intend to delay visits to the hospital⁴⁾.

In attempts to ameliorate the barriers to health care some hospitals try to reduce the burden on foreign patients by offering them a special payment system²⁾ and some NGOs offer them free medical consultation³⁾. To reduce the language barrier, some local governments and NGOs provide voluntary translators and offer medical consultation in several languages over the telephone. Maternal-child health care is the most advanced medical care for foreigners. Tokyo metropolitan government offers an English health care book for mothers and children and maternity class in English⁵⁾. However, the services that foreigners can afford depend on where they live. Therefore, unfortunately not all foreigners have affordable access to care.

The gap in affordable care is especially true, in the area of Ophthalmology where the medical needs of foreign patients are seldom reported. Some adult diseases, due to the stress and inappropriate diet among foreign residents in Japan have been reported⁶⁾. As foreigners tend to stay longer in Japan¹⁾, young foreign residents may eventually develop eye problems such as farsightedness, cataracts or other problems related to their advancing age such as diabetes. There exists a real potential for chronic untreated disease among foreign population in Japan. Finding avenues for successful treatment is very important.

II. Purpose

We developed nursing care specifically for a foreign patient from the ophthalmologic clinic who had glaucoma to be able to recommend what is necessary for successful nursing care.

III. Methods

This study is designed as a qualitative case report using data from an open ended interview and the client's medical and nursing records.

The interview was conducted in July of 2006, in English. The participant was asked to freely talk about her experiences with the Japanese health care system as she sought treatment for her health problem. The interview was recorded and transcribed. The data was analyzed using the themes of experience with health problems and nursing care in Japan. The interview data combined with the medical and nursing record enriched the data, providing a more comprehensive perspective of the participant's experience.

The research was first approved by the director of the clinic.

We explained the purpose of the study and provided assurance of confidentiality, using an anonymous process whereby research findings are used only for research and academic presentations. After we explained to her that she had complete choice to decline to participate, and that it would never cause her any inconvenience or disadvantage in receiving health care, she agreed to participate. We then asked her to complete the agreement sheet.

IV. Results

1. Case

Ms. A 40-yr-old, female

Nationality: South-East Asian married to a Japanese for 8 years.

Language: English. Could speak basic Japanese conversation, read and write HIRAGANA and KATAKANA.

Health Insurance: National health insurance.

Diagnosis: Glaucoma left eye

History:

June of 2004 A lowering of her eyesight and discomfort in her right eye prompted her visit to the “B” clinic. The attending ophthalmologist informed her she had “high pressure” but she did not understand what that meant. Eye drops were prescribed but no explanation or directions were given to her.

January of 2005 This client needed to visit “B” clinic again because her symptom had not improved. At this time her eye pressure on her left eye was abnormally high at 21 mmHg. This time she had some translation of her situation and understood her diagnosis. She thus, started using the prescribed eye drops. However, she became frightened by the side effects of the eye drops and at the same time the discomfort in her right eye remained. Therefore, she stopped her eye drops.

February, 2005 Her ophthalmologist scolded her badly for stopping her eye drops. After that experience, she was too scared to return to that Japanese ophthalmologist.

March, 2005 she attended “C” clinic. Her left eye pressure had increased to 22 mmHg. Now, there was optic nerve damaged. It was critical that she maintain a strict adherence to the eye drop regime. The right eye discomfort which was her main complaint was due to dry-eye. For dry eye, Hearain (eye drops) was started.

2. Nursing problem

- 1) Poor understanding of glaucoma
- 2) Anxiety about side effect of eye drops
- 3) Confused with the symptoms of glaucoma and dry eye
- 4) Cannot ask question because of fear of doctor

3. Goals

- 1) She can understand the glaucoma and its convalescence and treatment.
- 2) She gains knowledge about eye drops including side effects and will persist in using eye drops according to the directions.
- 3) She can understand the symptoms and their causes.
- 4) She can visit hospital without anxiety and is comfortable enough to ask questions and express her concerns to the health care staff.

4. Nursing Care

- a. Educate about glaucoma: pathophysiology, treatment and convalescence
- b. Explain the purpose for eye drops including side effects
- c. Clarify the differences between glaucoma and dry eye including diagnoses, symptoms, and treatment so she is able to understand both diseases.
- d. Treat her with empathy, openness, and respect.
- e. Advocate for her during her consultation with the doctor and support her when she wants to ask questions.

5. Outcome

April 2005: Ms. A understood her diagnosis and treatments. She applied eye drops regularly. Her eye pressure dropped to normal (12 mmHG). There was no further damage to her optic nerve. The discomfort in her right eye

disappeared.

August 2005: She visited a clinic in her home country with her medical records from C clinic. Her home country ophthalmologist agreed with the Japanese physician's diagnosis and treatment, which made patient feel confident in the treatment she had received in Japan.

Interview July 2006:

“It is not easy to find a good doctor in foreign country. I do not know which one is good. Even I found one, I feel nervous to visit hospital. For the serious disease, I rather go back to my country. But for minor problem, I go to a local hospital here. The problem is language. I totally did not understand what was happening to my eyes. The doctor gave me an eye drop for glaucoma which did not have any symptoms. My complaint was due to dry eye. I stopped medication because it did not work for my complaint. It was dangerous. I was frightened at the Japanese doctor. I thought they get angry when I ask question. It is easier to ask nurses. I wish I could talk more to nurses before and after seeing doctor. Now I ask anything about my eye problems to nurses because they can answer them and arrange if I need further assistance.”

V. Discussion

It is well known that language barriers cause many problems for patients within the health care arena⁶⁾. If the patient had understood Japanese, she may have understood glaucoma and the necessity for treatment and perhaps she would not have mixed up glaucoma and dry eye. If that had been the case then she would not have felt so anxious when visiting the hospital. For this case, we worked as interpreters as well as nurses. Some of our work with this patient was usually the role of other professionals such as doctor, social worker, interpreter or clerk. However, in the usual health care scenario, there is no guarantee that the most suitable professional is available. Although medical interpretation service is available in some Japanese health care institutions, the number is very limited⁴⁾. Since medical interpretation requires medical expertise as well as language skill⁷⁾, the supply does not meet the demands.

As there was both a language barrier and a culture difference, good relationships between medical staff and patient became a very important factor in providing good care for the patient. Developing trust can actually solve the disadvantage of language and culture gap. This case exemplifies how a small misunderstanding between the health care provider and the foreign patient may cause the patient to terminate her treatment. Nakamura says, “It is essential to establish a relationship of mutual trust between medical staffs and chronic invalids who need long term treatment even though they have fewer symptoms. For foreign patients, it is even difficult because they have language barrier and different culture.”⁴⁾ As our patient said, nursing can take an important role in coordinating patients' care for one's health problems. Nurses can act as a mediator between a foreign patient and a physician, answer patient's questions, and using their professional communication skills makes patients comfortable.

VI. Conclusion

For successful treatment and nursing care of foreign patients with chronic conditions, it is important to decrease the language barrier and establish relationships based on mutual trust. Nurses can and should contribute to the care of foreign patients by empathically asking questions, assertively coordinating health care and respectfully providing comfort.

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