

ORIGINAL ARTICLE

Midwives' Training Needs for Providing Support to Japanese Childbearing Women and Family Members

Akemi ISOYAMA ¹⁾ Saeko KINUGAWA ²⁾

1) Graduate Program of Midwifery, Dokkyo Medical University, Japan

2) Division of Nursing, Tachikawa Faculty of Nursing, Tokyo Healthcare University, Japan

ABSTRACT

Midwives can be important sources of support for childbearing women and their families. This study aimed to investigate midwives' training needs regarding the provision of this support type in Japan. A descriptive, observational survey study was conducted. We randomly selected 200 out of 1294 hospitals with an obstetrics department from a total of eight regions; sixty hospitals agreed to participate. An anonymous, self-administered questionnaire was distributed to midwives working in the hospitals. Descriptive statistics were used for analysis. All the participants were aware of the importance of providing support to the family of a childbearing woman in acquiring new roles within the family. Meanwhile, the majority of midwives were concerned about whether the current support met families' needs and would like to know the needs of the families, as well as the characteristics and methods of appropriate support, as part of their training. The results highlighted that it is necessary to provide midwives with opportunities to reflect on their concept of family, share their experiences of providing support to the families with other colleagues, and learn from their colleagues' experiences.

<Key-words>

Specialist education, midwife, family roles, training needs, childbearing

a-isoyama@dokkyomed.ac.jp (Akemi ISOYAMA, Japan)

Asian J Human Services, 2022, 22:1-17. © 2022 Asian Society of Human Services

Received
September 30, 2021

Revised
December 28, 2021

Accepted
January 25, 2022

Published
April 30, 2022

I. Introduction

Giving birth is an opportunity for a woman and her family members to acquire new roles within the family, and they are all required to adapt accordingly. However, even in recent years, issues related to acquiring these new roles continue to exist, such as postpartum depression and suicide among childbearing women¹⁾, and an increasing number of child abuse cases in dysfunctional family situations²⁾. To ensure the healthy growth of babies, it is necessary to provide support designed to prevent issues such as suicides of childbearing women and infant abuse.

In particular, Family members are key factors in supporting the mental health of childbearing women. People who welcome a new family member begin a process of growth and development³⁾. Families face the following needs while in this process: having family members understand their new roles, adjusting roles within the family, and expanding the functions and relationships of the family. In addition, a family may experience a crisis when there is a change to its members' roles. Among families, fathers, in particular, have many opportunities to be involved in parenting. Therefore, it can be presumed that this would also impact the mental health of involved fathers in the postnatal period⁴⁾. Paternal postnatal depression is a significant public health issue^{5,6)}. Given fathers' increased involvement in parenting, support that focuses on the active roles of fathers is needed to help new fathers ease their stress in the early postpartum period⁶⁾. Overcoming such a crisis and adapting to new roles within the family are also issues that a family faces while it is growing⁷⁾. The role of midwife has an important task in health counselling and education, not only for the woman, but also within the family and this work should involve antenatal education and preparation for parenthood⁸⁾. Moreover, A midwife is the most readily accessible specialist to families when they welcome a new member; a midwife is, in fact, expected to support family members experiencing significant changes in their roles.

It is important to support the family right from the pregnancy period, which is the preparatory period for the birth of a child. Therefore, midwives are required to inform fathers, siblings, and grandparents about their roles and the corresponding responsibilities during the pregnancies the preparatory period for a new family even before the child is born.

In the U.S., the importance of providing a comprehensive education program for the perinatal period, designed for family members to play a role throughout pregnancy, birth, and puericulture, is specified in the ten principles of family-centered maternity care⁹⁾.

Therefore, in the U.S., it is common for family members to take part in pregnancy, birth, and puericulture, and childbirth education specialists intervene when families are to acquire new roles as they welcome a new baby^{9,10)}. Men's participation in perinatal care is a key factor in the promotion of maternal and neonatal health¹¹⁾. The effect of the methods for training men in knowledge and attitudes related to participation in perinatal care have

been studied¹²⁾. Rominov et al,¹³⁾ revealed midwife recognitions and experiences of fathers engaged in perinatal services. Survey results indicated that midwives unanimously agreed that engaging fathers is part of their role and acknowledged the importance of receiving education to develop knowledge and skills about fathers¹³⁾.

However, in Japan, studies have found that midwives face a conflict in providing such support, even when the midwives recognize the importance of providing it. The conflict is caused by midwives' lack of understanding and clarity regarding appropriate methods to provide support³⁾¹⁴⁾. Thus, it is necessary to provide midwives with opportunities to reflect on their concept of family, share their experiences of providing support to the families with other colleagues, and learn from their colleagues' experiences. The authors suggest introducing a systematic training program for midwives to support families in acquiring new roles. However, to develop a training program, the current situation of providing support, and the training needs of midwives to provide such support should first be clarified. Moreover, every family needs to receive support of a certain quality, regardless of midwives' interest in providing support.

Thus, the aim of this study was to examine midwives' training needs related to providing support to childbearing women and their family members in Japan.

Term Definitions

Supporting childbearing women and their family members in acquiring new roles within the family means providing support and assistance to the father, siblings, and grandparents of a newborn baby so that they can adapt to their new roles within the family. The term "training needs" refers to what degree midwives wish to know the following aspects: the needs of fathers, siblings, and grandparents; the characteristics of the support they need to provide; and the appropriate methods for providing such support. The term also refers to what kind of training methods are preferred by midwives.

II. The Study Methods

1. Study Design

We conducted a descriptive, observational study using a questionnaire survey.

2. Study Participants and Time Period

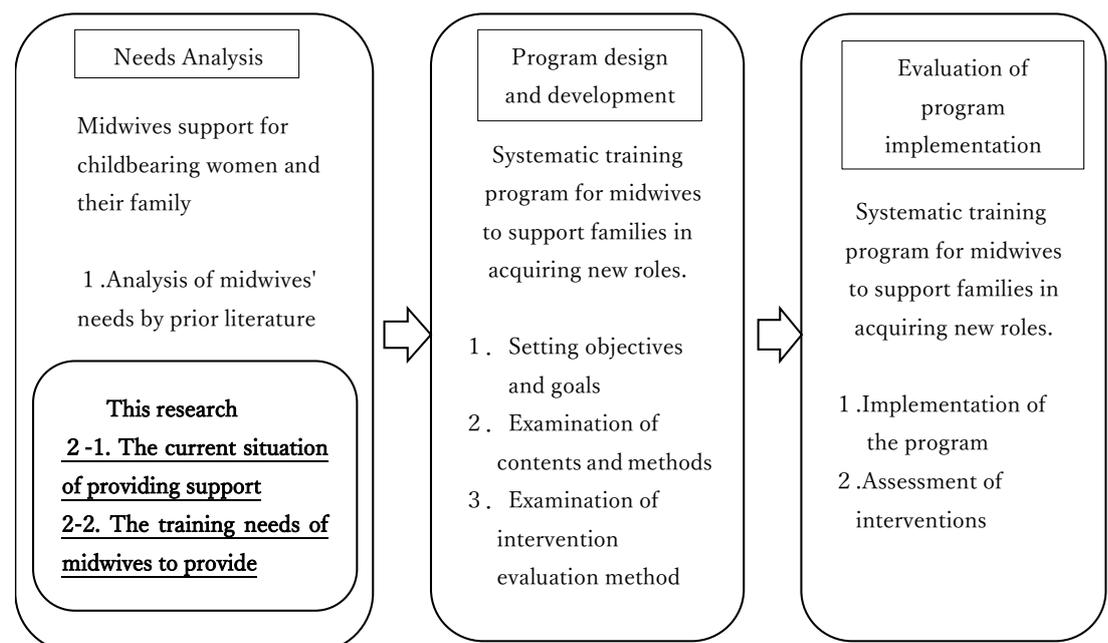
We randomly selected 200 hospitals out of the 1294 hospitals with an obstetrics department in the Kanto, Koshinetsu, Tohoku, and Hokkaido regions in Japan. Ultimately, 60 hospitals agreed to participate in this research. The survey form was distributed to 172 midwives in these hospitals who agreed to participate in this study.

The sample size was determined using a statistical power analysis program, G*Power3. The statistical test method used as the reference for the sample size was the χ^2 test.

The sample size was determined to be 88 under effect size $w = 0.3$, α err prob = 0.05, and power (1- β err prob) = 0.8. Data were collected from February 2017 to April 2017.

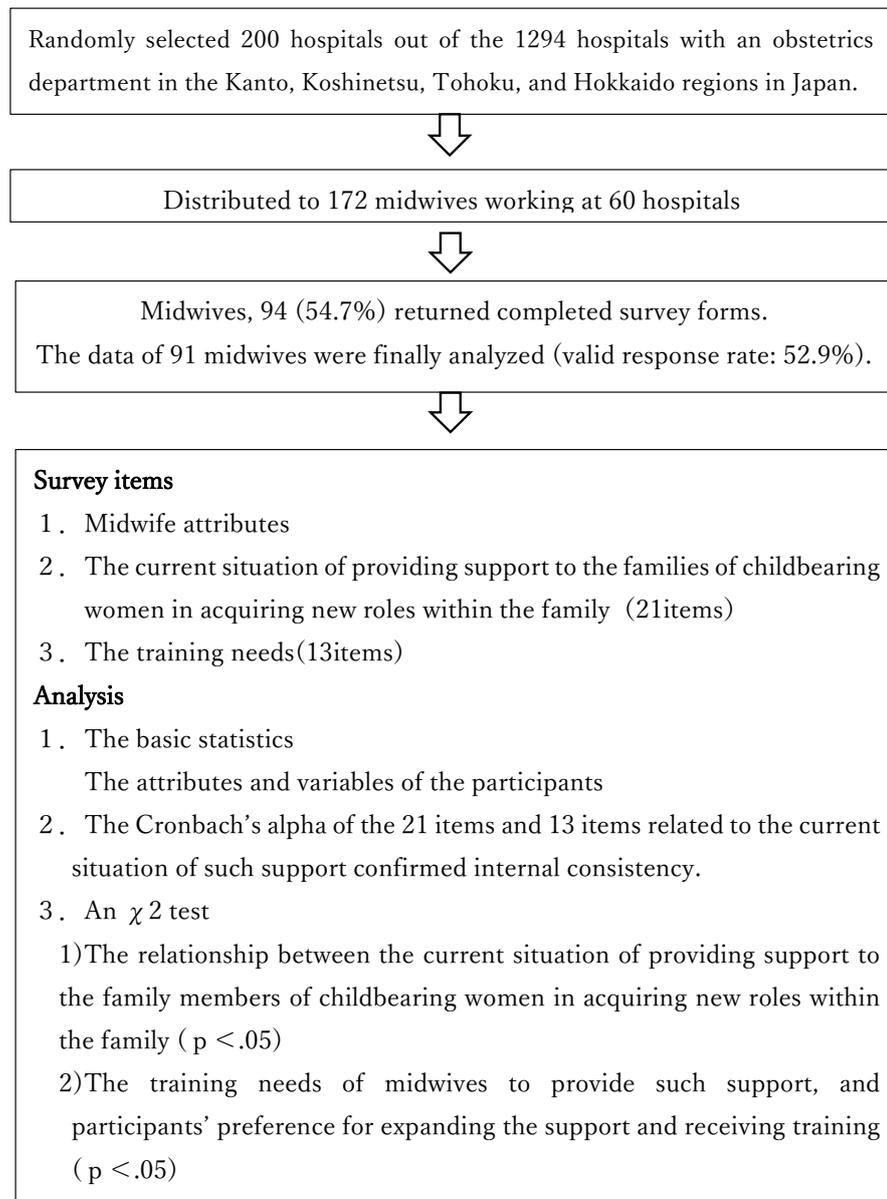
3. Study Items and Methods

The positioning of this study is shown in Fig 1 . Also, the flowchart of this study Fig 2. The following attributes of participants were surveyed: age, number of years of experience as a midwife, completed midwifery education, preference for expanding support to the families of childbearing women in acquiring new roles, and preference for receiving training to provide such support. Survey items on the current situation and details and methods of such support were independently created with reference to preceding studies³⁾¹⁴⁾. The superficial validity of the survey items was checked by the authors and two midwifery researchers. In particular, the researchers focused on whether the items helped shed light on the training needs of midwives to support the families of childbearing women in acquiring new roles within the family. A pre-test was conducted with five midwives. The items were then amended and finalized. After all the procedures, the survey consisted of the following items: 21 items related to the current situation of providing support to the family members of childbearing women in acquiring new roles as per midwives' perception of family support, and 13 items related to the training needs. The 21 items of the survey were based on midwives' perception and understanding of family support, and the ingenuity and difficulty of family support that midwives experience on a daily basis. As the responses of the selected items were supposed to be provided as per the midwives' subjective assessment, a 4-point Likert scale was adopted for responses as follows: 1 (completely disagree), 2 (somewhat disagree), 3 (somewhat agree), and 4 (completely agree).



<Figure 1> Positioning of this study

Regarding the survey methods, a letter of invitation to the study was mailed to the managers of potential participating facilities. The letter delineated the objectives and methods of the study, as well as the ethical considerations. If a facility agreed to participate in the study, copies of the letter of invitation to the study for midwives and the survey form, and return envelopes were mailed to the responsible person at the participating facility, who handed them to the midwives working there. Candidate participants were notified of the objectives, significance, methods, and ethical considerations of this study. If they agreed to participate, they were requested to complete the survey form and send it back using the return envelope.



<Figure 2> The flowchart of this study

4. Analysis

The basic statistics of the attributes and variables of the participants were calculated. Cronbach's α was calculated for the items related to the current situation regarding providing support to the family members of childbearing women in acquiring new roles within the family, and internal consistency was then verified. Preferences for expanding support and receiving training were considered as independent variables. The 21 items related to the current situation of providing support to the families of childbearing women in acquiring new roles within the family and the 13 items related to the training needs were considered as dependent variables. The response options provided for the independent variable of preference for expanding the support were "would like to expand" and "satisfied with the current situation," while those for the independent variable of preference for receiving the training attendance were "would like to receive" and "do not mind either receiving or not receiving." For the dependent variables, responses provided on the 4-point Likert scale were classified into two groups: "agree" group and "disagree" group and were then analyzed.

An χ^2 test was performed to analyze the relationship between the current situation of providing support to the family members of childbearing women in acquiring new roles within the family, the training needs of midwives to provide such support, and participants' preference for expanding the support and receiving training; the level of significance was set at or below 5%. When a rate per cell was below 5, Fisher's exact test was adopted. SPSS ver. 25.0 was used for the analysis.

5. Ethical Considerations

Study participants were midwives working at the participating hospitals. It was determined that participants were capable of making informed decisions regarding participation in this study. Written explanations of the following aspects of ethical considerations were provided to the head of the department to which participating midwives belonged, as well as to the participating midwives: the objectives and methods of the study, safety assurance, voluntary participation, the protection of privacy, anonymity, and personal information, how data would be handled following the completion of the study, and the details of external funding. Participants were deemed to have given their written consent to participate in this study upon returning the survey form. This study was approved by the Sophia University Research Ethics Review Committee (2016-71).

III. Results

1. Outcome of Survey Form Collection

The survey form was distributed to 172 midwives working at 60 hospitals, who agreed to participate in this study. Of these midwives, 94 (54.7%) returned completed survey forms. A large number of data items for attributes and questions were missing in responses from three participants, whose data were excluded from the analysis. The data of 91 midwives were finally analyzed (valid response rate: 52.9%).

2. Participants' Attributes

The attributes of the participants are shown in Table 1. The highest percentage of participants were in their 30s (31 participants, 34.1%), followed by those in their 40s (26 participants, 28.6%). For the number of years of work experience as a midwife, the highest proportion of participants had worked as a midwife for 11–20 years (28 participants, 30.8%). Moreover, 55 (60.4%) participating midwives responded that they would like to receive formal training for providing support to the families of expectant mothers in acquiring new roles within the family, following the birth of a child, while 73 (85.9%) indicated that they would like to extend support to the families of expectant mothers.

3. Current Situation of Providing Support to the Family Members of Childbearing Women in Acquiring New Roles within the Family and the Training Needs of Midwives for Providing Such Support

Results of survey items related to the training needs of midwives for providing support to the families of childbearing women in acquiring new roles are shown in Table 2. The Cronbach's alpha of the 21 items related to the current situation of such support confirmed internal consistency. A large proportion of participating midwives gave positive responses, including "agree" to questions related to the current situation of support to the families of expectant mothers in acquiring new roles within the family. Ninety-one participants (100%) gave a positive response to the statement, "it is important to start providing support to the families of expectant mothers in acquiring new roles within the family while the mother is still pregnant"; 90 (98.9%) did so to the statement, "an education support system is required that includes the families of expectant mothers"; 84 (92.3%) did so to the statement, "I provide support to the families of expectant mothers as necessary"; 81 (89.0%) did so to the statement, "I feel that it is necessary to provide support to the families of expectant mothers"; and 76 (83.5%) did so to the statement, "I have been providing support to the families of expectant mothers so that they can also participate in child-rearing."

Table 3 shows the results for the 13 items related to the training needs of midwives for providing support to the families of childbearing women in acquiring new roles within the family. In this case too, Cronbach's α confirmed the internal consistency.

<Table 1> Participant attributes

		n	%
Age	20s (≤ 29)	25	(28)
	30s (30–39)	31	(34)
	40s (40–49)	26	(29)
	50s or older (≥ 50)	9	(10)
Number of years of experience as a midwife	≤ 5 years	21	(23)
	6–10 years	23	(25)
	11–20 years	28	(31)
	≥ 21 years	19	(21)
Level of midwifery education completed	Post-graduate level	2	(2)
	A dedicated college at an undergraduate level	8	(9)
	Undergraduate level	18	(20)
	Pre-degree certificate from a college	15	(17)
	Vocational certificate from a technical college	48	(53)
Situation of providing support to The family members of childbearing women in acquiring new roles within the family	Proactively providing	11	(12)
	Providing to the extent required for the job	75	(82)
	Not providing	5	(6)
Preference for expanding support to the family members of childbearing women in acquiring new roles within the family	Would like to expand	73	(80)
	Satisfied with the current situation	18	(20)
Preference for receiving training for support to the family members of expectant mothers in acquiring new roles within the family	Would like to receive	55	(60)
	Do not mind receiving or not receiving	36	(40)

<Table 2> Current situation of providing support to the family of women in the perinatal period (n = 91)

Measurement variable		agree		disagree	
		N (%)			
Current situation of providing support to the family of childbearing women in acquiring new roles within the family Cronbach's $\alpha = 0.71$					
1	It is necessary to provide support to the family members of childbearing women in acquiring new roles within the family while the mother is pregnant	91	(100)	0	(0)
2	An education support system is required that includes the family of childbearing women	90	(99)	1	(1)
3	I provide support to the family of childbearing women as necessary	84	(92)	7	(8)
4	I feel that it is necessary to provide support to the family of childbearing women	81	(89)	10	(11)
5	The current situation does not make it easy to provide support to the family members of childbearing women in acquiring new roles within the family while the mother is pregnant, although such care is important	77	(85)	14	(15)
6	I have been providing support to the family of childbearing women so that they can also participate in child-rearing	76	(84)	15	(17)
7	The methods of providing support vary depending on the perception of the involved midwife	75	(82)	16	(18)
8	I feel that sufficient support has not been given from a family perspective	74	(81)	17	(19)
9	I am concerned whether the support is meeting the needs of the families	73	(80)	18	(20)
10	Limited opportunities are available to provide family support as the duration of interaction with the families is short	72	(79)	19	(21)
11	I cannot find the time to interact with the family of childbearing women	71	(78)	20	(22)
12	The question is to what extent can health professionals be involved in the family	70	(77)	21	(23)
13	Sufficient support has not been provided to the family of childbearing women	68	(75)	23	(25)
14	I cannot provide support to siblings due to the risks of infection	64	(70)	26	(29)
15	It is difficult for a young midwife to also pay attention to family support	60	(66)	31	(34)
16	I am too busy to provide support to the family of childbearing women	55	(60)	36	(40)
17	The details of support to the family are not transparent	52	(57)	39	(43)
18	I do not understand the needs of the families	50	(55)	41	(45)
19	It is difficult to incorporate new ideas	49	(54)	42	(46)
20	I have never thought deeply about care for family	24	(26)	67	(74)
21	I cannot introduce it as doctors do not understand	16	(18)	75	(82)

Meanwhile, a large proportion of participating midwives indicated that they were aware that it is difficult to provide such family support. 77 participants (84.6%) responded that “the current situation does not make it easy to provide support to the families of expectant mothers in acquiring new roles within the family while the mother is pregnant”; 72 (79.1%) responded that “limited opportunities are available to provide family support as the duration of interaction with families is short”; 71 (78.0%) responded that “I cannot find time to interact with the families of expectant mothers”; and 68 (74.7%) responded that “sufficient support has not been provided to the families of expectant mothers.”

A large proportion of participating midwives responded that they agreed with statements as to whether midwives provide support to and address the needs of the families of expectant mothers. In total, 74 participants (81.3%) responded, “I am concerned that sufficient support has not been given from the perspective of the family”; and 73 (80.2%) responded, “I am concerned whether needs are met.”

<Table 3> Details and methods of support and training methods (n = 91)

Measurement variable		agree		disagree	
		n (%)			
Training needs of midwives for providing support to the family of expectant mothers in acquiring new roles within the family. Cronbach's $\alpha = 0.91$					
Training needs: Details and methods of support to the family					
1	I would like to know the <u>methods</u> for providing support to expectant fathers	88	(97)	3	(3)
2	I would like to know the <u>details</u> of providing support to expectant fathers	88	(97)	3	(6)
3	I would like to know the <u>methods</u> for providing support to grandparents	87	(96)	4	(4)
4	I would like to know the <u>needs</u> of expectant fathers	86	(95)	5	(6)
5	I would like to know the <u>methods</u> for providing support to siblings and their family	85	(93)	6	(7)
6	I would like to know the <u>details</u> of providing support to grandparents	85	(93)	6	(7)
7	I would like to know the <u>needs</u> of siblings and their family	84	(92)	7	(8)
8	I would like to know the <u>details</u> of providing support to siblings and their family	84	(92)	7	(8)
9	I would like to know the <u>needs</u> of grandparents	84	(92)	7	(8)
Training needs: Training methods					
1	Attending a lecture	85	(93)	6	(7)
2	Discussing with peers	84	(92)	7	(8)
3	Developing a program	67	(74)	24	(26)
4	Self-learning online	66	(73)	25	(28)

4. Relationships between the Current Situation of Providing Support to the Families of Childbearing Women in Acquiring New Roles within the Family, the Training Needs of Midwives for Providing Such Support, and the Participants' Preference for Expanding the Support and Receiving Specific Training

There was no significant difference in the relationship between the current situation of providing support and preference for expanding the support (would like to expand/satisfied with the current situation) and receiving specific training (would like to receive/do not mind receiving or not receiving).

Table 4 shows the relationship between the training needs of midwives to provide support to the families of childbearing women in acquiring new roles within the family and midwives' preferences for expanding support and receiving training. There was no significant difference in the relationship between the needs and the preferences for expanding support (would like to expand/satisfied with the current situation). The results for the analysis of the relationship between the midwives' needs for training to provide support to the families of expectant mothers in acquiring new roles within the family and midwives' preferences for receiving training (would like to receive/do not mind receiving or not receiving) indicated that there was a significant difference between the following statements: "I would like to know the methods of providing support to grandparents" ($\chi^2=6.392$, $p=0.022$), "I would like to know the details of providing support to grandparents" ($\chi^2=5.148$, $p=0.034$), "attending a lecture" ($\chi^2=5.148$, $p=0.034$), "developing a program" ($\chi^2=4.805$, $p=0.028$), and scores were high in midwives who responded that they "would like to receive" training.

<Table 4> Relationship between the training needs and preference for expanding support and receiving training

Training needs of midwives for providing support to the family of childbearing women in acquiring new roles within the family		Preference for expanding the support				Preference for the training				
		Would like to expand	Satisfied with the current situation	χ^2	p-value	Would like to receive	Do not mind receiving or not receiving	χ^2	p-value	
Training needs: Details and methods of support to the family										
1	I would like to know the methods of providing support to expectant fathers	disagree	1	2	4.298	0.099	1	2	0.953	0.329
		agree	-2.1	2.1			-1	1		
2	I would like to know the details of support to expectant fathers	disagree	2	1	0.359	0.488	1	2	0.953	0.56
		agree	-0.6	0.6			-1	1		
3	I would like to know the methods of providing support to grandparents	disagree	2	2	2.408	0.174	0	4	6.392	0.022*
		agree	-1.6	1.6			-2.5	2.5		
4	I would like to know the needs of expectant fathers	disagree	4	1	0	1	3	2	0	1
		agree	0	0			0	0		
5	I would like to know the methods of providing support to siblings and their family	disagree	4	2	0.744	0.339	2	4	1.974	0.209
		agree	-0.9	0.9			-1.4	1.4		
6	I would like to know the details of support to grandparents	disagree	3	3	3.697	0.089	1	5	5.148	0.034*
		agree	-1.9	1.9			-2.3	2.3		
7	I would like to know the needs of siblings and their family	disagree	5	2	0.369	0.42	2	5	3.221	0.109
		agree	-0.6	0.6			-1.8	1.8		
8	I would like to know the details of support to siblings and their family	disagree	5	2	0.369	0.42	2	5	3.221	0.109
		agree	-0.6	0.6			-1.8	1.8		
9	I would like to know the needs of grandparents	disagree	5	2	0.369	0.42	2	5	3.221	0.109
		agree	-0.6	0.6			-1.8	1.8		
Training needs: Training methods										
1	Attending a lecture	disagree	4	2	0.744	0.339	1	5	5.148	0.034*
		agree	-0.9	0.9			-2.3	2.3		
2	Discussing with peers	disagree	5	2	0.369	0.42	3	4	0.98	0.428
		agree	-0.6	0.6			-1	1		
3	Developing a program	disagree	17	7	1.81	0.179	10	14	4.805	0.028*
		agree	-1.3	1.3			-2.2	2.2		
4	Self-learning online	disagree	18	7	1.468	0.226	13	12	1.027	0.311
		agree	-1.2	1.2			-1	1		
			1.2	-1.2			1	-1		

χ^2 test rate per cell is below 5; Fisher's exact test *p<.05; upper row: frequency, lower row: adjusted residual

IV. Discussion

We found that all 91 participating midwives recognized that it is important to start providing support to the families of childbearing women in acquiring new roles within the family while the mother is pregnant, and that the midwives should provide such support on a daily basis. Antenatal education needs to be renewed and adapted to the needs of women¹⁵). However, an antenatal education program, focused only on women, will fail to take into account other elements that are essential for women's wellbeing, such as women's partners, families, and communities¹⁵). Additionally, participating midwives achieved high scores for the statements "an education support system is required that includes the families of childbearing women," and "I feel that it is necessary to provide support to the families of childbearing women." According to the results, participating midwives understand that, for women in the perinatal period to perform their role as mothers well, it is also necessary to provide support to their family. Midwives normally provide support to the family members of childbearing women in acquiring new roles within the family, possibly because support to the women's partners and other family members during the perinatal period is associated with postpartum depression in these women, according to a study¹⁶). Additionally, terms such as iku-men (family-centered fathers), iku-boss (family-centered boss), and iku-ji and iku-bah (family-centered grandparents) are increasingly being adopted in the community¹⁷¹⁸). Additionally, the necessity of involving family members such as fathers and grandparents in childrearing is of increasing interest to the community; the role of family members is recognized as important and indispensable.

Meanwhile, at least 70% of participating midwives affirmed that it is difficult to provide such family support. This response was given in relation to the following items: "the current situation does not make it easy to provide support to the family members of childbearing women in acquiring new roles within the family while the mother is pregnant," "limited opportunities are available to provide family support as the duration of interaction with families is short," "I cannot find time to interact with the families of childbearing women," and "sufficient support has not been provided to the families of childbearing women." Midwives have limited time to directly interact with the families of childbearing women during the period from pregnancy to the postpartum phase. During this period, midwifery care is mainly provided to the mother and baby, although their family should also receive care. Possibly, the above-mentioned factors led to participating midwives affirming that they find it difficult to provide support to the families of childbearing women.

Our results show that the following are the feelings most commonly held by midwives about the support they currently provide: "I am concerned whether the needs are met," "the details of support to the family are not transparent," and "I do not understand the needs of families." Additionally, at least 90% of the participating midwives showed their

preference as “would like to know” for all the items about the characteristics and methods of appropriate support, which are related to the training needs. In a study by Rominov et al,¹⁴⁾ a majority (83%) of the 106 participating midwives reported that they did not receive any formal training for working with the father. All midwives also agreed that they needed to undergo additional training for working with the fathers on their perinatal mental health and parenting skills¹⁴⁾. A study that investigated the current situation of the provision of family nursing education as part of basic nursing education in Japan has found that, among participating schools, 31.6% offered subjects that focused on family nursing education, 43.2% incorporated family nursing in other subjects, and 25.3% did not offer any subjects dedicated to family nursing¹⁹⁾. Another study examined the situation of family nursing education as part of continuing education for hospitals with at least 500 beds. The study found that family nursing education was provided at 32 (22.7%) out of 141 such facilities²⁰⁾. Hence, it can be assumed that systematic education in family support is not provided in continuing education for midwives. The present study highlights the necessity of systemized and specialized education regarding the characteristics of and methods to provide appropriate support to the family members of childbearing women.

There was no relationship between the current situation of providing support to the families of childbearing women in acquiring new roles, and midwives' preferences for expanding the support and receiving training. A previous study on nurses' perception of family nursing showed that the nurses recognized the importance of familial support and preferred to provide expanded support regardless of their training status²¹⁾. Another study showed that regardless of midwives' recognition of the importance of providing support to families, they unconsciously provided support beyond their regular professional duties by applying their own experiential knowledge²²⁾.

The relationship between the training needs of midwives to provide support to the family members of childbearing women in acquiring new roles within the family, and midwives' preferences for receiving training was analyzed, which indicated that there were significant differences among participants for the following statements: “I would like to know the methods for providing support to grandparents,” “I would like to know the details of providing support to grandparents,” “attending a lecture,” and “developing a program.” The scores for these items were high among midwives who responded that they “would like to receive” training. Thus, we can affirm that, while the current situation for providing support did not relate to the preference for expanding the support and receiving training, the need for training did relate to the preference for receiving training.

Previous studies on family nursing reported that the situation of providing support for families can be improved by gaining skills with training; though, the training does not work sufficiently when it is not conducted continuously and does not consider contextual issues²²⁾.

Therefore, it is necessary to examine the characteristics of training that are designed to increase the interest of midwives regarding the necessity of support to the families of

childbearing women. The training should consider contextual issues. Hori et al.²³⁾ suggested that nurses who are aware of their own perception of family and values and have acquired practical nursing skills may perform further effective practices in family nursing. Hence, the concept of family and values held by midwives may also affect their practice when they provide perinatal support to the families of childbearing women in acquiring new roles within the family; hence, training for midwives to understand the concept of family and values may be effective. Additionally, the participants of this study were practicing midwives who considered it necessary to provide support not only to mothers but also to their families, and had the experience of providing family support in line with family needs on a daily basis. It can be said that these participants were adult learners. Knowles²⁴⁾ claimed that it is necessary for adult learners to remind themselves of the importance of respecting their own personal, community, and professional experiences, and to use their own experience as a resource for learning. Possibly, midwives understand the significance of their practice by discussing their own daily experiences of and thoughts on family support with their colleagues. Findings from this study suggest that to expand support for the families of childbearing women, it is necessary to provide midwives with opportunities to reflect on their own concept of family, share experiences of being involved in tasks of providing family support with colleagues, and learn from colleagues' experiences.

Providing support to the families of expectant mothers in acquiring new roles within the family and perceptions of midwives vary depending on the structure of the hospital. Therefore, future studies need to consider this for more generalization.

The measurement items this time were limited to confirming surface validity and internal consistency. Therefore, there is a limit to generalization. It is also considered that to develop a training program, which aims to improve the competencies of midwives to provide support to the families of expectant mothers in acquiring new roles within the family, it is necessary to adopt a scale for measuring such competencies. In addition, the word "training" is comprehensive. Thus, the perceptions of the respondents may involve potential bias.

V. Conclusions

In conclusion, participating midwives were aware of the necessity of providing support to the families of childbearing women in acquiring new roles within the family. Meanwhile, they were concerned about whether the existing support being provided is meeting the needs of families. Midwives who responded that they would like to receive training to provide support to the families of childbearing women affirmed that they would like to know the needs of the families of childbearing women as well as the details and methods of support. We suggest that, to develop a training program for midwives in Japan to

support the families of childbearing mothers in acquiring new roles within the family, it is necessary to share experiences of being involved in tasks of providing family support with colleagues, and in turn, learn from the colleagues' experiences.

References

- 1) Mori R. The current situation of death during pregnancy and after delivery through the prism of demographic statistics (death, birth, stillbirth). A study of medical database linkages related to the perinatal period. Tokyo. 2018, National Center for Child Health and Development. Retrieved from:
<https://www.ncchd.go.jp/press/2018/maternal-deaths.html> (cited 2019 September 7)
- 2) Ministry of Health, Labour and Welfare of Japan. Number of child abuse counselling cases at child consultation centers in 2017. 2018a, Tokyo. Ministry of Health, Labour and Welfare. Retrieved from: <http://www.mhlw.go.jp/content/11901000/000348313.pdf> (cited 2018 September 21)
- 3) Isoyama A. Duty of midwives support to encourage the father role acquisition and its related factors. *Journal of Japan Academy of Midwifery*, 2015, 29, 230-239.
DOI: 10.3418/jjam.29.230
- 4) Wilson C.W. Paternal postpartum distress: A discourse analytic study. [Doctoral dissertation. 2008, University of Hull]. Retrieved from:
<https://hydra.hull.ac.uk/assets/hull:5742a/content> (cited 2020 October 19)
- 5) Philpott L F. Paternal postnatal depression: How midwives can support families. *British Journal of Midwifery*, 2016, 24(7), 470-476. DOI:10.12968/bjom.2016.24.7.470
- 6) Kim P & Swain J E. Sad dads: paternal postpartum depression. *Psychiatry*(Edgmont), 2007, 4, 35-47.
- 7) Hohashi N. *New family health care nursing: Theory, practice and research*. Tokyo: 2010, Medical Friend-sha.
- 8) International Confederation of Midwives, ICM Midwife Competencies. Retrieved from:
<https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html> (cited, 2021 December 22)
- 9) Phillips C R. *Family-centred maternity care* (1st ed). 2003, Burlington, MA: Jones and Bartlett Learning.
- 10) Chedid R A, & Phillips K P. Best practices for the design, implementation and evaluation of prenatal health programs. *Maternal and Child Health Journal*, 2019, 23, 109-119. DOI:10.1007/s10995-018-2600-4
- 11) Firouzan V, Noroozi M, Farajzadegan Z & Mirghafourvand M. A comprehensive interventional program for promoting father's participation in the perinatal care: protocol for a mixed methods study. *Reproductive Health*, 2018, 15, 1-7.
DOI:10.1186/s12978-018-0572-x.

- 12) Firouzan V, Noroozi M, Mirghafourvand M & Farajzadegan Z. Comparing the effect of group-based training along with text messaging and compact disc-based training on men's knowledge and attitude about participation in perinatal care: a cluster randomized control trial. *BMC Pregnancy and Childbirth*, 2020, 20, 1-9.
DOI:10.1186/s12884-020-03471-0
- 13) Rominov H, Giallo R, Pilkington P D & Whelan T A. Midwives' perceptions and experiences of engaging fathers in perinatal services. *Women and Birth*, 2017, 30(4), 308-318.
- 14) Isoyama A. Midwife influence and support in encouraging the acceptance of grandparent and sibling roles. *Journal of Japan Maternity Nursing*, 2016, 16, 67-74.
- 15) Artieta-Pinedo I, Paz-Pascual C, Grandes G & Espinosa M. Framework for the establishment of a feasible, tailored and effective perinatal education programme. *BMC Pregnancy and Childbirth*, 2017, 17, 1. DOI:10.1186/s12884-017-1234-7
- 16) Kobayashi S. Depressive symptoms, support from husbands, and controllability of stress among mothers of infants. *The Japanese Journal of Developmental Psychology*, 2008, 20, 189-197.
- 17) Ministry of Health, Labour and Welfare of Japan. About healthy parents and children 21. 2018b, Tokyo: Ministry of Health, Labour and Welfare. Retrieved from: <http://sukoyaka21.jp/about> (cited 2018 March 17)
- 18) NPO Fathering Japan. Promotion of grandchild care and multi-generational childcare. 2019, Tokyo: NPO Fathering Japan. Retrieved from: <https://fathering.jp/activities/magosodate.html> (cited 2019 September 7)
- 19) Asano M, Araki A, Ogino M, Torii H, Nagato K, Fujino T, Yamaguchi K & Yamamoto N. Family nursing education in basic nursing education 2014: A follow-up survey. *Japanese Journal of Research in Family Nursing*, 2016, 22, 48-59.
- 20) Nakayama M & Okamoto F. Current status and issues of family nursing education in continuing nursing education. *Osaka City University Journal of Nursing*, 2016, 22, 45-53.
- 21) Torii H, Mori H & Sugishita C. Recognition of nurse in family nursing - Based on a survey for members of Japanese Association for Research in Family Nursing. *Japanese Journal of Research in Family Nursing*, 2004, 9, 113-122.
- 22) Imai M & Yanagihara S. Judgments for appropriate commitment in family nursing practice based on ethnography of general ward. *Japanese Journal of Research in Family Nursing*, 2015, 20, 56-57.
- 23) Hori T, Kikuchi R & Yamazaki A. Literature review of factors affecting family nursing practice. *Osaka City University Journal of Nursing*, 2019, 25, 89-95.
- 24) Knowles M S. *The modern practice of adult education: From pedagogy to andragogy* (Hori S and Miwa K, Trans.). 2002, Tokyo: Otori Shobo (Original work published 1980).



Asian Journal of Human Services

EDITORIAL BOARD

EDITOR-IN-CHIEF

Masahiro KOHZUKI Yamagata Prefectural University of Health Sciences (Japan)

EXECUTIVE EDITORS

LEE, In Jae Hanshin University (Korea)
Satoru EBIHARA Toho University (Japan)

EDITORS

HAN, Chang Wan
Shimonoseki City University (Japan)

Guo QI
Tianjin Medical University (China)

Hsintai LIN
National Taiwan Normal University (Taiwan)

Inkeri RUOKONEN
University of Helsinki (Finland)

LEE, Jae Won
Pukyong National University (Korea)

Jenyi LI
Nanyang Technological University (Singapore)

SONN, Jung Won
University College London (UK)

Kagari SHIBAZAKI
University of Huddersfield (UK)

Nigel A MARSHALL
University of Sussex (UK)

Osamu ITO
Tohoku Medical and
Pharmaceutical University (Japan)

Petr DOBŠÁK
Masaryk University (Czech)

LEE, Sun Woo
Inje University (Korea)

YOO, Tae Kyun
Soongsil University (Korea)

KIM, Young Choul
University of Evansville (USA)

Yuichiro HARUNA
National Institute of Vocational Rehabilitation
(Japan)

Zhongli JIANG
First Affiliated Hospital of Nanjing Medical
University (China)

EDITORIAL STAFF

EDITORIAL ASSISTANTS

Aiko KOHARA Shimonoseki City University (Japan)

KIM, Min Ji Shimonoseki City University (Japan)

KIM, Moon Jung Korea Labor Force Development Institute for the aged (Korea)

Natsuki YANO University of the Ryukyus (Japan)

Asian Journal of Human Services

VOL.22 April 2022

© 2022 Asian Society of Human Services

Presidents | Masahiro KOHZUKI & LEE, Sun Woo

Publisher | Asian Society of Human Services
#303, Kokusaiboueki Bld.3F, 3-3-1, Buzenda-cho, Shimonoseki, Yamaguchi, 750-0018, Japan
E-mail: ashhs201091@gmail.com

Production | Asian Society of Human Services Press
#303, Kokusaiboueki Bld.3F, 3-3-1, Buzenda-cho, Shimonoseki, Yamaguchi, 750-0018, Japan
E-mail: ashhs201091@gmail.com

CONTENTS

ORIGINAL ARTICLES

- Midwives' Training Needs for Providing Support to Japanese Childbearing Women and Family Members
Akemi ISOYAMA et al. p.1
- Mental and Physical Functions of Residents of Special Elderly Nursing Homes Providing Functional Recovery Care;
Relationships between Food Types and Mobility/Cognitive Function
Yuko FUJIO et al. p.18
- Caring in the Nursing Practice of Mid-Career Generalist Nurses at an Acute Regional Support Hospital
Michiko KENJO et al. p.33
- Wellbeing, Sense of Coherence, and Emotional Labor among Healthcare Professionals
Miho YAMADA et al. p.49
- Relationship between Physical Activity and Physical and Mental Functioning in Older Women Living in the Community
Yuji MARUYAMA p.62
- Effects of Reflection on Preschool Teacher Efficacy and Stress Related to Caring for Children with Special Needs
Yijie LIU p.76

SHORT PAPERS

- Awareness of Care Staff who participated in Bowel Dysfunction Care Training and the Actual State of Care -in the Tsugaru area of Japan-
Miwako HIRAKAWA et al. p.88
- Questionnaire Survey on the Prevalence of Selective Mutism at Special Needs Schools for Students with Intellectual Disability in Japan
Toru SUZUKI et al. p.101

REVIEW ARTICLE

- The Current State and Tasks of Employment Policy for Persons with Disabilities in Korea
In Jae LEE et al. p.108

ACTIVITY REPORT

- Research Practices for Managing Group Work Settings with Participant Groups Including Hearing-Impaired Students
Takuo SUGINAKA et al. p.126