

가 , .

가

50 60 , 70

. Davis(1978)

. 80

가

(, 1991).

가 , 가

가

Van Kaam

(Parse, 1985).

2.

가 가

가 가

가 가

20% 가

Benson(1996) (Brewer, 1990).

가 가

가 가

가 가

(Brodish MS, 1981).

(high risk pregnancy)

가 . Mercer(1990) 가
 가 , , 가
 (sense of mastery), 가
 가 가
 , 가 , 가

1.

2.

S (Colaizzi, 1978),
 Neeson May(1990)

가 ,
 (Coyne, Parse & Smith, 1985).

25 40

3

3.

1997 9 21 10 6

가 (face to face)

가
 Toco
 가

30 1

가 (Oiler, 1982)

가 가 가 가

- 가 가 ? ?
- 가 가 ? ?
- ? ?
- ?

4.

Van Kaam(1969)

- 1)
- 2) . 8
- 3) 187
- 4) (theme)
- 5) 1 1 , 1 ,

8 가 187 1 42가
 가 가 2
 , , , , , , , ,
 , 가 , 8가 (themes,
 cluster) (themes) (categorize) , 3

< 1 >

가

가

가 ,

1 :

가

：“ 가 , “
가 ” , “

2 :

가

：“ 가 가 3 4
.” , “ 가 가 10 20
가 가 ”

3 :

가

：“ ” , “

...

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5 :

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가

: “ 가 3

가

”, “

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가

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6 :

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7 : 가

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가

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가

”, “

가

가

”

8 :

:

body image

: “

”, “

14- 15kg.”, “

”

1. :

< 2>

가

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가

가

. Waldron Asayama(1985)

가

가

가

, Sherenshefsy (1973),

(1984)

(1987)

가

가

. 가 가

(1995)

가

(1995)

가

McDonald Lederman(1984)

가

(1983)

가

(crisis)

가 가

가?

가?

가

(1995)

가

가 가 가

가

가?

., ‘ 2
., ‘ 가 8

., ‘ 가 ...’, ‘
?’

가

Lynam Miller(1991)

(1995)

. Kaplan & Marson(1980)

(1983) 가 가
2 가 가 가
가 가
가
(, 1968)
(, 1980) 가

(Cassel, 1976 ; Dean & Lin, 1977). Ensel Simeone(1979) 가

가

2. :

가 가

(Bibirng, 1959 ; Grossman, 1980 ; Lederman, 1984 ; Nichols & Humenick, 1988 ; Nadelson, 1973).

가 (Lederman, 1984 ; Willmuth, 1975).

가 Robertson(1974)

Bryant(1964)

, Mitchell(1973)

가 , Lieberman Mulan(1978)
가

가 가

“ ”, “ ”

Lederman(1984) 가 Levin(1973)
, Rano(1954)

가 가

가 가 가

“ ?” 가 가

(1993)

(1993) 가 가

(1993) 가 가

“ ” 가 가

Wenner(1969) Leifer(1980)

(Gossman, 1980 ; Lederman, 1984)

Brown(1986)

가 가
가

(1978) 가

3. :

가 Body Image , “
.”
. Mercer

Mercer(1981)

, 가

가

가

(1994)

가

?

가 가 가 ,

3가

, ' ?', ' 가
, ?'

가

가

가 가

가

(1980). _____.

, (1993). _____, 23(4),
511-527.

(1983). _____.

(1996). _____.

(1987). 가 _____.

17(2), 153- 161.

(1983). _____.

_____, 13(3), 75- 85.

(1994). _____ 가 _____.

(1990). _____, 2(), 48- 64.

, (1994). _____, 24(2),
157- 174.

(1995). _____.

(1992). 가 _____.

(1984). _____, 24(2),
133- 140.

(1981). _____ : _____.

(1994). _____,
24(3), 432- 447.

(1991). _____.

(1968). _____, 14(4), 316- 324.

(1991). _____ : _____.

(1995). _____.

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- Abstract -

Womans experience of Risk Situation on the High-Risk Pregnancy

Kim, Kyung Won · Lee, Kyung Hye

In spite of the great progress of the theory and skill of the Nursing Care & Medical area in relation to pregnancy, nurses in clinics face up to many challenges in maternity nursing care areas. The reason is that the mobility and mortality of mothers was sharply decreased and the unknown high-risk diseases of pregnancy woman in the past is made public. That's why it is difficult to meet the pregnancy woman in natural process from pregnancy to delivery in recently. Admission rooms are filled with high-risk pregnancy women.

As a matter of fact, we have done nursing care into the surface symptoms and diseases of high-risk pregnancy women so far. We have been indifferent to a long period hospitalization, separation from family, and conflict of repeated examination. Therefore, it is widely spread to understand the emotional conflict experienced by high-risk pregnancy women and to need for nursing intervention to bring up about emotional support and the ability of perception in psychological crisis.

Although the pregnancy woman judged in high-risk should carry out normal task of pregnancy, she have to be confronted with secondary risk situation. The health of self & fetus threatened by the risk situation could be decreased through care plan, but psychological stress increases. Therefore, the pregnancy brings into non-control state.

It is important to ask that what the hospitalized pregnancy women in high-risk think of themselves status. Because misunderstanding or serious anxiety of themselves status put into mother and fetus in danger. And adaptation mode makes all the difference.

I would like to consider how nurses could deal with this high-risk circumstances in the position of pregnancy woman on the basis of the above fact.

This study uses phenomenological method to suggest the basis material for nurses to do nursing intervention in view of pregnancy woman. Because this method understands the nature of true life of pregnancy woman throughly. The phenomenological method is the sources to describe or explain affluently the process generated in confirmation areas and environment and is the application for readers to understand and recognize clinic reality and then apply this method to reasoning study place or other places. Specifically, the phenomenon study method, one of the phenomenological method, is applied. The use of that method is to describe and generalize the experience in environment exactly.

The study of this study is as follows :

Among 187 descriptive stamens from 8 study participants are classified into 42 theme cluster at the stage of the first analysis. Those theme is categorized into 8 sub-subjects such as anxiety of uncertainty, foreknowledge about risk circumstance, will power about overcome, unsettled feeling about hospital, relief, optimistic thought, family support, and indifferences. At the last stage of analysis, those things are categorized into 3 subjects.

When high-risk pregnancy woman foretell the situation, they feel unsettlement about uncertainty and untrust feeling about hospital. But they are ease with family support and hospital support. On the other hand, they express indifferent 3-way structure response to the situation having will of overcome and exceeding optimistic thought.

In those statements, the experience by pregnancy woman shows 3 respect subjects.

1. They are anxious of this situation and are in desperation and don't recognize their role to be carried out
2. They think of this situation as normal process of pregnancy and are not concerned that this can give themselves and fetus fatal damage.
3. The pregnancy women will never confront this situation.

This study shows the pregnancy woman has anxiety and optimistic relief about the situation, and ignores and optimistic relief about the situation, and ignores many things.

Therefore, nurses in clinic should give pregnancy woman knowledge and information about the high-risk and help them to deal with the situation spontaneously. High-risk pregnancy woman should have the care plan in respect of the right perception. And the nurse know that their support help out pregnancy woman overcome the crisis in this respect of the special nursing intervention.