



初めて化学療法を受ける就労がん患者の役割遂行上の困難への対処を促す看護ケアプログラムの開発と評価：

乳がん患者に対する看護ケアプログラムの評価

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要約

【目的】 就労世代のがん患者の増加を背景に、がん治療時の離職予防のための支援が求められている。本研究では初めて化学療法を受ける就労がん患者の役割遂行上の困難に関する実態を明らかにし、「役割遂行上の困難への対処を促す看護ケアプログラム(以下、看護ケアプログラムと略す)」を開発すること、および看護ケアプログラムの有効性および実用性を検討することを目的とした。

【方法】

1. 初めて化学療法を受ける就労がん患者の役割遂行上の困難に関する実態 (予備研究)

初めて化学療法を受ける就労がん患者の役割遂行上の困難に関する実態を明らかにすることを目的に 14 名の就労がん患者に半構成的インタビューを実施し、質的に分析した。その結果、病気や治療が仕事上や家庭内の役割に及ぼす影響がわからないこと、体力的な負担によるつらさや心配があること、家族や他者につらさを言えないこと、役割遂行上の困難に対する家族や他者の支援が不十分であること、心配や不安や恐れなどの情動反応という困難を抱えていることが明らかになった。就労がん患者が役割遂行上の困難に対処するには、患者自身が病気や治療が仕事上や家庭内の役割に及ぼす影響を理解した上で先の見通しをもち、家族や他者との関係の調整や支援を求める方略について考えること、患者のつらさを看護師が受けとめながらプロセスをともにすることの必要性が示唆された。

2. 看護ケアプログラムの開発

文献検討および予備研究の結果をもとに、「就労しているがん患者が初めて化学療法を受けることにより抱える役割遂行上の困難に対処しながら役割を継続することができる」ことを目標とし、副作用の発現時期に合わせて役割遂行ができるような教育的支援、病名を開示してサポートを受けながら役割を継続することの意味を見出すことができるような教育的支援、自分の役割を整理・分析してサポートを得る方策を練ることができるような教育的支援、役割遂行に関わる情緒的支援を構成要素とする看護ケアプログラムを開発した。介入は、治療決定日、治療 1 サイクル目初日、治療 2 サイクル目初日の計 3 回の対面式個別介入とした。教材として役割遂行上の困難と対処に関する情報、役割分析シート、役割選定カード、治療カレンダーを含んだ役割分析のための冊子を作成した。

3. 初めて化学療法を受ける就労がん患者に対する看護ケアプログラムの有効性と実用性の評価

1. 対象: 外来および短期入院で根治目的の化学療法を初めて受ける 60 歳未満の就労乳がん患者。対象者は介入群および対照群の 2 群とし、介入群は通常ケアと看護ケアプログラムを行い、対照群は通常ケアのみとした。2. 研究デザイン: 事前-事後テストコントロールを伴う準実験研究デザイン。3. データ収集期間: 2013 年 6 月～2016 年 5 月。4. 研究協力施設: がん診療連携拠点病院 3 施設。5. データ収集内容・方法: 1) 患者背景として性別、年齢、臨床病期、治療内容、Performance States、雇用形態、家族構成などについて記録調査を行った。2) 有効性の評価; ①〈work-family-conflict〉work-family-conflict scale (以下、WFCS と略す)、②〈役割遂行状態、役割遂行に対する満足状態〉役割遂行状態・満足状態測定尺度(以下、役割遂行・満足と略す)、③〈不安と抑うつ〉Hospital Anxiety and Depression Scale (以下、HADS と略す)、④〈QOL〉Functional Assessment of Cancer Therapy-General version4 (以下、FACT-G4 と略す)について、ベースライン(T₀: 治療決定日)、介入中(T₁: 治療 2 サイクル目初日)、介入後(T₂: 治療 3 サイクル目初日)の

3 時点で、質問紙調査を行った。T₂ の時点で役割遂行に対する主観的評価の面接を行った。3) 実用性の評価; T₂ の時点で看護ケアプログラム評価質問紙を用いて介入群に行った。6. 分析方法: 両群の属性比較には t 検定または χ^2 検定を、T₀-T₂ の変化量の群間比較には Mann-Whitney の U 検定を行った。SPSS19.0 for Windows を使用し有意水準は 5% とした。面接結果は質的帰納的方法で分析した。7. 倫理的配慮: 大阪府立大学大学院看護学研究科研究倫理委員会の承認(承認番号: 24-61) および研究協力施設の倫理委員会の承認を得て実施した。

【結果】 1. 対象の概要: 介入群は 15 名、対照群は 23 名で、全員が女性であった。対照群のみ T₀-T₁ 間で治療中止により 4 名が脱落した。その結果、分析対象者は介入群 15 名、対照群 19 名となった。平均年齢は介入群 47.0±9.25 歳、対照群 46.6±7.37 歳で、ベースライン (T₀) で HADS の抑うつ得点は介入群が有意に高かった(両群とも正常範囲内)が、患者特性、WFCS などの得点には両群間の差はなかった。2. 看護ケアプログラムの有効性: 介入群では T₂ の時点で全員が就労を継続していたが、対照群では T₁-T₂ 間で 3 名が退職、4 名が休職し、有意な差があった ($\chi^2=6.96$, $df=2$, $p<0.05$)。仕事を継続していた介入群 15 名と対照群 12 名の T₀-T₂ の変化量を両群で比較すると、WFCS の下位尺度 FIW-S (Strain-based family interference with work) が介入群で有意に低くなり ($p=0.031$)、家庭内役割遂行状態は介入群が高い傾向 ($p=0.081$) であった。その他の指標には差はなかった。3. 看護ケアプログラムに対する実用性の評価: 看護ケアプログラムの負担感(情報量、時間)、内容、介入時期や回数、働きかけについて全員が概ね適当～適当と回答した。介入の開始時期と看護師と一緒に考えるという働きかけの適切性の得点が特に高かった。

【考察】 治療 2 サイクル目から 3 サイクル目の間に対照群では退職もしくは休職する対象者がいたが、介入群では全員が就労を継続していた。また介入群において、家庭内役割遂行状態を維持しつつ FIW-S が有意に低くなったことは、患者が家庭内の役割を遂行しながらも感じるストレス反応が仕事上の役割期待を阻害する場合に生じる葛藤が少ないことを意味する。これらの結果から、本看護ケアプログラムは、役割遂行上の困難へ対処しながら役割を継続することができるという点において効果があったと考えられた。治療開始前から介入を行ったことは、体力のある時に余裕をもって調整する行動ができることに繋がり、治療による身体・生活面での影響について見通しをもつことは、今後の自分の生活をイメージ化させることとなり、患者に心の準備をさせることに繋がったと考える。また自分の役割をカードに整理し代行可能か不可能かを分析したことは、自分の仕事上や家庭内の役割を意識化することとなり、体調に合わせた役割の移譲や一部代行の調整行動へと繋がった。さらに介入時に患者の対処した内容について確認しながら患者の努力を認め、対処方法を修正したことが患者の自己効力感を高めることへと繋がり、治療初期の退職、休職を予防することができたと推察される。そして看護師が相談相手になることを伝えたこと、患者のつらさを汲み取ったこと、役割を継続する際に周囲の支援を得てよいこと、周囲の支援を得る方法を伝えて励ましたことにより、他者へ役割調整を行う際の負担感を下げることができたと考える。

今回は全員が女性乳がん患者であったため、今後は他のがん種や男性を対象として有効性を確認することが課題である。

キーワード: 就労がん患者、化学療法、役割遂行、work-family-conflict、対処

Abstract

[Objectives] As the number of working cancer patients increases, support is required to prevent unemployment during cancer therapy. This study aims to clarify the actual difficulties in role performance in working cancer patients receiving initial chemotherapy, develop a nursing care program to encourage to cope with difficulties in role performance (hereafter referred to as a "Nursing Care Program"), and to examine the effectiveness and practicality of the nursing care program.

[Methods]

1. Actual Difficulties in Role Performance in working cancer patients Receiving Initial Chemotherapy (Preliminary Study)

To determine the actual difficulties in role performance that working cancer patients might experience after receiving initial chemotherapy, a semi-structured interview was performed for 14 working cancer patients. The data were analyzed qualitatively and the analyses revealed the struggles of the patients were as follows : (1) the impact of the disease and the treatment on a patient's role in their workplace and home is unclear; (2) suffering from stress and anxiety due to their physical burden; (3) not being able to discuss their fears with their family or others; (4) support from their family or others is insufficient; and (5) experiencing difficulties in emotional responses such as worry, anxiety or fear. To deal with their difficulties in role performance for working cancer patients three solution were indicated after the initial understanding of the impact of disease and treatment on their role in the workplace and at home.: (1) having a goal to achieve a balance of relationships between the patients and family and/or others, (2) considering how to receive support from their family and others, and (3) letting nurses experience the process together with the patients for a better understanding of the patient's anxiety.

2. Development of the Nursing Care Program

Based on the findings from previous studies and the preliminary results from this study, a nursing care program was developed in order to allow working cancer patients to overcome work-related difficulties resulting from receiving chemotherapy for the first time and to continue their employment. The program consisted of the following features: educational support for role performance the onset of the side effects from chemotherapies: educational support to continue their role while disclosing their diseases; educational support to for receive support by analyzing their own role; and emotional support for their role performance. Face-to-face individual intervention was provided for the patients three times: on the day of the therapy decision, on the first day of the first cycle of the treatment, and on the first day of the second cycle of the treatment. As teaching materials, we prepared a booklet for role analyses that included information on difficulties in role performance and coping process, a sheet for role analysis, a role-selection card, and a treatment calendar.

3. Assessment of Effectiveness and Practicality of the Nursing Care Program for working cancer patients Receiving Initial Chemotherapy

1. Subjects: The subjects were employed breast cancer outpatients and short-term hospitalized patients younger than 60 years of age who received initial chemotherapy with curative intent. They were assigned to one of two groups: the intervention group or the control group. Usual care and nursing care program procedures were provided for the intervention group, while usual care alone was provided for the control group. 2. Study design: Quasi-experimental study design with pre- and post-test control group. 3. Data collection period: Between June 2013 and May 2016. 4. Study institutions: Three designated regional cancer centers and hospitals. 5. Contents and method of data collection: 1) Patient background was characterized based on their age, clinical stage, treatment regimen, performance status, employment type, and family structure. 2) Assessment of effectiveness: Data were collected via a questionnaire survey at baseline (on the day of decision of therapy; T₀), during intervention (on the first day of the second cycle of treatment; T₁), and after intervention (on the first day of the third cycle of treatment; T₂). Scales used for the characterization of this data were as follows: (1) Work-Family-Conflict Scale (WFCS); (2) Scale of the State and Satisfaction with Role Performance (SSSRP); (3) Hospital Anxiety and Depression Scale (HADS); and (4) Functional Assessment of Cancer Therapy-General version 4 (FACT-G4). A subjective assessment via interview was

performed for role performance at T₂. 3) Assessment of practicality: A questionnaire for the nursing care program was conducted in the intervention group at T₂. 6. Analysis method: A *t*-test or chi square test was performed for comparison between two groups. A Mann–Whitney U test was performed for comparison between groups to determine the amount of change from T₀ to T₂. SPSS19.0 for Windows was used for statistical analysis. The level of significance of the statistical test was set at 5%. The results of the interview were analyzed with a qualitative and inductive approach. 7. Ethical considerations: This study was performed after the approval of the research ethical committee of the Graduate School of Nursing, Osaka Prefecture University (Approval number: 24-61) and the ethical committee of the study cooperated institutions.

[Results] 1. Summary of the subjects: All the subjects were female patients there were 15 and 23 patients in the intervention group and the control group, respectively. Four patients were not included in the control group due to discontinuation of the treatment during the transition from T₀ to T₁. As a result, the analysis was conducted with 15 patients in the intervention group and 19 patients in the control group. The mean age was 47.0 ± 9.25 years and 46.6 ± 7.37 years in the intervention group and the control group, respectively. Although the HADS depression score at baseline (T₀) was significantly higher in the intervention group (within normal limits in both groups), there was no difference in WFCS scores and patient characteristics between both groups. 2. effectiveness of the nursing care program: All the patients continued working at T₂ in the intervention group while three patients retired and four patients were laid off between T₁ and T₂ in the control group, This showed a significant difference ($\chi^2 = 6.96$, $df = 2$, $p < 0.05$). The amount of change was compared from T₀ to T₂ for 15 patients who continued work in the intervention group and 12 patients in the control group: The Strain-based family interference with work (FIW-S) as the subscale of the WFCS was significantly lower in the intervention group ($p = 0.031$), while the state of domestic role performance tended to be higher in the intervention group ($p = 0.081$). Other indicators showed no difference. 3. Assessment of practicality of the nursing care program: All members responded with “it is generally appropriate” or “for the burden to participate the nursing care program, such as (information, time), contents, timing and frequency of the intervention, and approach. Specifically, the score was high for the appropriateness of the timing of the intervention and the approach in which patients think together with nurses.

[Discussion] Between the second and the third cycle of the treatment, although some patients retired and four patients were laid off in the control group, all patients continued working in the intervention group. In addition, the FIW-S score was significantly lower while maintaining the state of domestic role performance in the intervention group, implying that less conflict occurred when stress responses during domestic roles inhibited role expectation in work. Based on these results, the nursing care program might be considered effective from the viewpoint that they could continue their employment while coping with difficulties in role performance. The intervention was provided before the initiation of the treatment, which seemed to allow patients to adjust their role performance when they had physical strength. Obtaining a perspective for the effects from the treatment on their health and their quality of life led the patients to imagine and prepare for their future. By organizing their own role and analyzing whether they could find someone else to replace their roles, they became aware of their existent role at workplace and home and were able to transfer their role partially or fully depending on their condition. Moreover validating their efforts to cope with various difficulties during intervention in the early period of treatment, and modifying their coping behavior, might lead to elevate their self-efficacy and prevent unemployment and leaves of absence. We assume the patient’s burden might be reduced when adjusting their roles by advising them that nurses can be good advisors and that nurses care about patient’s anxiety together with them. In addition, their burden would be reduced by advocating patients that it is reasonable to get support from outside to continue their roles, by educating the way to get support from outside, and by encouraging them to continue their work.

The cohort of this study consisted of female patients with breast cancer. To generalize the results, we need to expand the study for male patients and patients with different types of cancer in the future.

Keywords: working cancer patient, chemotherapy, role accomplishment, work-family-conflict, coping