患者の家族が受けるソーシャルサポートと対人ストレスに関する研究

著者	青柳　道子
学位名	博士（看護学）
学位授与機関	北海道医療大学
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Summary

Study of social support and interpersonal stress
experienced by patients' family caregivers

1. Objectives

The purpose of this study was to develop a model of nursing care to maintain and improve the mental health of patients' family caregivers. In particular, I first developed scales for evaluating the levels of social support and interpersonal stress experienced by these individuals, and then evaluated the relationships between these factors and family caregivers' mental health.

2. Development of scale for evaluating the level of social support received by patients' family caregivers

Subjects

Subjects were family caregivers of patients with physical diseases requiring continuous treatment or follow-up who were receiving inpatient or outpatient treatment in two hospitals that agreed to participate in this study. Questionnaires were given to 307 family caregivers, either directly or via the patients, and 184 responded. The mean age of caregivers was 60.6 ± 11.6 years, and the majority (133, 72.3%) were patients' spouses. Patient diseases included cancer in 83 cases (45.1%), chronic diseases other than cancer in 80 cases (43.5%), and concomitant cancer and chronic diseases in 3 cases (1.6%); no specific disease was reported in 18 cases (9.8%).

Ethical considerations

This study was approved by the Institutional Ethics Committee of the Graduate School of Nursing and Social Services of the Health Sciences University of Hokkaido. I explained the purpose of the study and its ethical considerations to patients and their family caregivers, either verbally or in writing. Family caregivers who responded to the questionnaires were regarded as having agreed to be included in the study.

Methods and Results

1. Creation of evaluation scale: I prepared questions based on interviews of patients' family caregivers and analyses of books written by patients' family members. I finalized the evaluation scale after conducting a preliminary survey.
2. Exploratory factor analysis (EFA): Of the 184 family caregivers who responded, 142 who completed answers to all relevant questions were included in an EFA. After confirming ceiling and floor effects in item analysis, I implemented the EFA with the maximum-likelihood method and promax rotation, yielding seven factors with 27 items..
3. Confirmatory factor analysis: I confirmed the seven factor structures. Model and data fitness was acceptable.
4. Evaluation of reliability: Overall Cronbach's α was 0.917, confirming the internal consistency. Test–retest reliability was confirmed, with correlation factors of 0.617–0.809 for individual factors and the entire scale.
5. Evaluation of validity: The evaluation scale score that I created were negatively correlated with

the General Health Questionnaire (GHQ)-28 score and the depression-dejection score of Short Form of the Profile of Mood States (POMS-FS). These results confirmed the concurrent validity of my evaluation scale. On the other hand, each factor of my evaluation scale was positively correlated with the support-level evaluation of each support resource using a 5-point Likert scale, confirming construct validity.

6. I identified the following seven factors: 1) "empathic support by physicians," 2) "support to encourage family caregivers by nurses," 3) "practical support by friends," 4) "backup support in non-care related daily life by other family members," 5) "sympathetic support by friends," 6) "patient's positive reaction to his/her family caregiver," and 7) "sympathetic support by family members."

3. Development of scale for evaluating the level of interpersonal stress experienced by patients' family caregivers

Methods and Results

1. Creation of evaluation scale: I prepared questions based on interviews of patients' family caregivers and analyses of books written by patients' family members. I finalized the evaluation scale after conducting a preliminary survey.
2. EFA: Of the 184 family caregivers who responded, 159 who completed answers to all relevant questions were included in an EFA. After confirming ceiling and floor effects in item analysis, I implemented the EFA with the maximum-likelihood method and promax rotation, yielding six factors with 26 items.
3. Confirmatory factor analysis: I confirmed the six factor structures. Model and data fitness was acceptable.
4. Evaluation of reliability: Overall Cronbach's α was 0.918, confirming internal consistency. Test–retest reliability was confirmed, with correlation factors of 0.477–0.784 for the individual factors and the entire scale.
5. Evaluation of validity: The evaluation scale score that I created were positively correlated with the GHQ-28 score and the depression-dejection score of the POMS-SF. These results confirmed the concurrent validity of my evaluation scale. On the other hand, each factor of my evaluation scale was positively correlated with the interpersonal stress-level evaluation of each support resource using a 5-point Likert scale, confirming construct validity
6. I identified the following six factors: 1) "witnessing patient suffering," 2) "failure of nurses to perform their duties," 3) "unsolicited interest by friends," 4) "difficulty in communicating with the patient," 5) "lack of understanding by other family members," and 6) "lack of sufficient attention by physicians."

Taken together, these findings indicate that the scales for evaluating social support and interpersonal stress of patients' family caregivers satisfied standards of reliability and validity. Based on this result, I considered these scales to be applicable in the clinical setting.

4. Social support and interpersonal stress experienced by patients' family caregivers, and the development of mental health models

Methods

I analyzed the relationship between the social support and interpersonal stress experienced by patients' family caregivers, as well as their individual characteristics and mental health. In addition, I evaluated the relationships between variables using conceptual models that I developed based on a literature review, and then performed structural equation modeling (SEM).

Results

Of the 184 subjects, 105 who completed answers to all relevant questions were included in this portion of the study. Model A, using the POMS-SF depression-dejection score, revealed that "seriousness of disease," "difficulty in communicating with the patient," and "lack of understanding by family members" directly affected depression. "Seriousness of disease" was correlated with "witnessing patient suffering," which in turn affected "difficulty in communicating with the patient." "Difficulty in communicating with the patient" affected "lack of understanding by family members," which itself was negatively correlated with "practical support by friends." Model B, using the GHQ-28 score demonstrated that the relationship between "lack of understanding by family members" and GHQ-28 was not significant, whereas "hardship in providing care for the patient" affected GHQ-28; these results differed from those of Model A. In both models, CFI, GFI, and AGFI were all ≥ 0.9 (standard value) and RMSEA was 0.000, indicating high validity. These findings showed that the models that I developed are applicable in the clinical setting. Note that the social support subscales did not significantly affect mental health.

5. Discussion and suggestions for nursing

SEM revealed that seriousness of disease, witnessing patient suffering, difficulty in communicating with the patient, and lack of understanding by other family members worsened the mental health of family caregivers who provided care for a patient. The analysis also suggested that nurses should try to relieve patient suffering and actively participate in coordinating the relationship between family members, as needed, by encouraging communication between family members to improve mutual understanding. I believe that the two scales that I developed here could be used in the clinical setting to assess the social support and interpersonal stress experienced by patients' family caregivers. In addition, these scales can be used in family nursing studies and to measure the effects of psychological education on patients' family caregivers.

6. Future Tasks

Further evaluation of the two scales developed in this study should be continued in order to improve

their validity. In addition, self-efficacy, which is thought to mediate between social support and mental health, should be studied by developing suitable models.