論文内容要旨

論文題目
回復期脳卒中患者の排尿に対する心理反応尺度の開発に関する研究

教育・研究領域：生涯生活支援看護学

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背景と目的
脳卒中患者には、急性期以降、脳損傷による排尿抑制の遅延から、橋排尿中枢の排尿反射が生じやすく、頑尿、尿意切除感、切迫性尿失禁が増加する。しかし、患者、看護職者とも、同症状が脳卒中による病的状態とは気づきにくい現状がある。同症状は、患者のADL、IADLの改善に関連及び影響するとともに（阿部，佐藤他，2007；Tibback S et al，2009）、排尿の失敗や不安を招きやすく、排尿作業の再獲得に取り組む患者の回復意志を阻害する。回復期脳卒中患者の排尿に対する心理反応の尺度の開発は、患者自身が排尿の不安やつらさを伝え得る手段を得ることにつながる。さらに、患者の排尿に対する心理反応を評価された排尿ケア、リハビリテーション支援の提供、評価が可能となることから、排尿作業、ADLの再獲得の促進が期待される。よって本研究では、回復期脳卒中患者の排尿に対する心理反応を客観的に測定できる尺度を作成し、妥当性、信頼性を検討した。

方法
予備尺度の作成：文献、事例の検討、排尿ケアの専門知識をもつ看護学研究者2〜4名によるブレーンストーミングを重ね、「回復期脳卒中患者の排尿に対する心理反応」に該当すると判断される内容を抽出した。抽出した内容を、回復期リハ病棟の看護職、理学療法士、作業療法士と検討し、尺度を構成する質問項目を作成した。質問項目の内容は、排尿ケアの専門知識をもつ看護学研究者4名、回復期リハ病棟の専門職3名に対する質問紙調査で確認した。また、回復期リハ病棟脳卒中患者10名を対象にした面接調査で反応性を確認し、予備尺度を作成した。

尺度の妥当性・信頼性の検討：予備尺度を用いて、2県7か所の回復期リハ病棟脳卒中患者123名を対象にした調査を行い、尺度の妥当性、信頼性を検討し、最終的な尺度を作成した。調査は、学術組の倫理委員会、調査実施の病院管理者、担当医師、看護管理者の了承を得て、実施した。

結果
予備尺度は4因子18項目から作成された。尺度の妥当性、信頼性は、既存のない120名の回答で検討した。尺度の重問項目の構成概念妥当性は、因子分析によって、予備尺度から3因子12項目が選択され、累積寄与率は68.1%だった。3因子は「介助を受けるにつらさ」「下部尿路症状による不安」「尿漏れの心配」と命名した。3因子12項目を用いて、最終的な「回復期脳卒中患者の排尿に対する心理反応」の構成概念モデルを作成し、2因子分を検討した結果、測定データと高い適合度を示した(GFI0.90, AGFI0.85, CFI0.96, RSEA0.08)。外部基準妥当性は、尿便症状の評価であるOABSS（Overactive Bladder Symptom Score）(r=0.44)と、排尿作業の含むFIM(Financial Independence Measure) (r=−0.54)との強い相関関係で確認された(p<0.01)。内部整合性は、尺度のCronbach’sα係数が0.90であり、保たれていた。

結論
作成された尺度は、回復期における脳卒中患者が、脳卒中に伴う排尿機能、排尿作業の低下から体験している、排尿に対する心理反応を測定する尺度として、妥当性と信頼性を有していることが明らかになった。
Summary

Study on the Development of Psychological Response Scale for Urination of Patients with Stroke in Recovery

Comprehensive Nursing for Healthy Growing and Aging of People
Momoko Abe

Background and Purpose: For micturition reflex at pontine micturition center is accelerated by brain damage, urinary frequency, urgency, and urge urinary incontinence tend to occur frequently. However, it is difficult for patients and nurses recognize that these symptoms are caused by stroke. These symptoms associate with and influence improvement in ADL and IADL of patients (Abe, Sato et al, 2007; Tiback S et al, 2009). In addition, they cause failure of and anxiety for toileting, and discourage patients from making an effort to reacquire toileting. If nursing staff use a measure of psychological response to micturition due to aftereffects of stroke, patients can have means to conveniently show anxiety and discomfort concerning micturition. In addition, it leads to provision of urinary care and rehabilitation taking into account psychological response of patients to micturition, and is expected to promote reacquisition of toileting and ADL. Therefore, in this study, we have constructed a measure of psychological response of convalescent stroke patients to micturition, available to nursing staff, and examined its validity and reliability.

Methods: Preparation of the preliminary measure: Review of former studies and cases, and brainstorming by 2-4 nursing researchers who possess expertise in urinary care were repeated to extract contents interpreted as "psychological response of convalescent stroke patients to micturition". We examined the extracted contents together with nursing staff and physical and occupational therapists in the convalescent rehabilitation ward to prepare question items to construct the measure. The content relevance of the question items was confirmed by a questionnaire survey for six professionals in the convalescent rehabilitation ward, and four nursing researchers who possess expertise in urinary care. In addition, responsiveness was confirmed by an interview survey for 10 stroke patients in the convalescent rehabilitation ward to prepare a preliminary measure.

Examination of validity and reliability of the measure: Using the preliminary measure, we carried out a survey for 123 stroke patients in seven convalescent rehabilitation wards in two prefectures, and examined validity and reliability of the measure to prepare the definitive measure. In advance, the survey was approved by the ethics committee in our faculty, and hospital administrators, doctors in charge and nursing administrators in each institution.

Results: The preliminary measure was constructed of 18 items of 4 factors. Validity and reliability of the measure was examined using replies from 120 patients that had no missing values. Regarding the construct validity of the question items in the measure, the factor analysis selected 12 items of 3 factors from the preliminary measure, and the cumulative contribution ratio was 68.1%. The three factors were named "bitterness to receive assistance", "anxiety due to lower urinary tract symptoms" and "anxiety for urinary incontinence". Using the 12 items of the 3 factors, we prepared the definitive construct model of "psychological response of convalescent stroke patients to micturition", and examined by the second-order factor analysis; the result showed high goodness-of-fit with measured data (GFI=0.90, AGFI=0.85, CFI=0.96, RMSEA=0.08). The external-criterion validity has been confirmed by strong correlation between OABSS (overactive bladder symptom score) (r=0.44), which evaluates storage symptoms, and FIM (functional independence measure) (r= -0.54), which includes urinary activity (r=0.01). Cronbach's alpha coefficient of the measure was 0.90 and thus the internal consistency was maintained.

Conclusion: It has been revealed that the constructed measure is valid and reliable as a measure of psychological response to micturition which convalescent stroke patients experience because of decline of lower urinary tract function/toileting due to stroke.