

要約

がん診断後の心理的ケアにおけるコミュニケーション・スキルの評価尺度開発とその関連要因に関する研究

緒言

がん看護面談は、がん診断を受け心理的苦痛の強い状態にある患者を心理的に支え、がんの治療や療養生活に関する情報を提供する、継続的な看護支援である。日本では、主に外来でがん看護関連の専門看護師や認定看護師が担い、急速に支援の頻度が増している。しかし、がん看護面談の先行研究から看護師の心理的支援の質の課題が指摘され、効果的な面談をするための面談方法・評価方法の開発や人材育成が急務となっている。

心理的ケアといった看護師と患者の治療的な関係の上に成り立つコミュニケーション・スキルは、意図的に使うことで効果的な高度看護実践となる。しかし、看護師ががん患者に対して行うカウンセリングを含むコミュニケーションで用いられるコミュニケーション・スキルの活用の実態やその促進・阻害要因は先行研究では明らかでない。

目的

本研究の目的は、以下の 2 点とした。

- 1) 看護師のがん診断後の心理的ケアにおけるコミュニケーション・スキルの活用を評価するための、有効かつ信頼性の高い尺度を開発する。
- 2) 看護師のがん診断後の心理的ケアにおけるコミュニケーション・スキルの活用に関連する要因を明らかにする。

方法

事前に、がん診断後の心理的ケアでのコミュニケーション・スキルの評価項目案を作成した。文献レビューに基づき、がん診断後の心理的ケアでのコミュニケーション・スキルの 9 つの初期次元を特定し、32 項目を抽出した。がん看護面談を実施するがん看護関連の専門看護師と認定看護師へのフォーカスグループインタビューとパイロット調査から、表面的妥当性、内容的妥当性、項目を確認し、コミュニケーション・スキル尺度(試案) 32 項目を確定した。本調査として看護師対象の無記名自記式質問紙調査を 2018 年 1 月～3 月に実施した。対象施設は対象看護師が 3 名以上勤務し、診療報酬のがん患者指導管理料 1・2 (現イ・ロ) の算定病院で、対象者は外来でがん看護面談を実施しているがん看護関連の専門看護師と認定看護師とし、1 施設につき 2 名まで回答を依頼した。対象施設の院長と看護部長に説明文書を送付し、承諾施設には対象者に、研究の説明文書、同意書、質問票等を配布するよう依頼し、対象者から質問票と同意書を郵送法で回収し

た。倫理的配慮として、名古屋大学大学院医学系研究科観察研究専門審査委員会の承認（承認番号：17-129）を得た。調査項目は、コミュニケーション・スキル活用評価尺度 32 項目（5 段階評価）、がん看護面談での話題の頻度（5 段階評価）、緩和ケアに関する医療者の実践尺度の 2 下位尺度、対象者背景とがん看護面談の状況とした。統計解析は、SPSS を用い、両側検定、有意水準 5%と設定した。目的 1 に対して、がん診断後の心理的ケアでのコミュニケーション・スキル活用評価尺度の因子妥当性を探索的因子分析、併存妥当性を「緩和ケアに関する医療者の実践尺度」の 2 下位尺度との相関分析、構成概念妥当性は収束的相関と弁別的相関から尺度化成功率を算出した。信頼性は、内的整合性を Cronbach の α 係数と Good-Poor 分析で評価した。目的 2 に対して、がん診断後の心理的ケアでのコミュニケーション・スキル活用評価尺度の下位尺度得点と、がん看護面談での話題や対象者の背景との関連を単変量解析と多変量解析で検証した。多変量解析は、単変量解析で有意であった項目を説明変数に用い、変数減少法で変数選択した重回帰分析を行った。

結果

236 施設 338 名が調査参加を承諾し、有効回答は 216 施設 301 名であった。

目的 1 では、項目分析の選択基準に則り類似性から 2 項目、因子負荷量が低かった 1 項目を削除した。探索的因子分析により因子の解釈可能性に応じて 6 因子を抽出した（累積寄与率 58.9%）。6 因子は第 1 因子「探索」（項目数 8）、第 2 因子「傾聴」（6）、第 3 因子「受容」（6）、第 4 因子「沈黙」（4）、第 5 因子「保証」（3）、第 6 因子「共感」（2）と命名した。併存妥当性は順位相関係数 $\rho = 0.26 \sim 0.43$ 、構成概念妥当性は尺度成功率 97.2~100%であった。信頼性は、尺度全体 $\alpha = 0.95$ 、下位尺度 $\alpha = 0.83 \sim 0.88$ で、Good-Poor 分析では Good 群の得点が有意に高かった（ $p < 0.001$ 、Cohen's $d = .42 - 1.12$ ）。

目的 2 では、多変量解析の結果、第 1 因子「探索」は、専門看護師であり（ $\beta = .18$ 、 $p < .001$ ）、面談場所で専用個室があり（ $\beta = .11$ 、 $p = .03$ ）、がん看護面談で「自分らしい向き合い方」（ $\beta = .40$ 、 $p < .001$ ）、「がんの検査・治療の補足説明と療養生活のアドバイス」（ $\beta = .21$ 、 $p < .001$ ）を話題にする頻度が高いほど活用頻度が高かった。第 2 因子「傾聴」は、面談のための活動時間を保障され（ $\beta = .11$ 、 $p = .04$ ）、がん看護面談で「自分らしい向き合い方」（ $\beta = .32$ 、 $p < .001$ ）、「がんの検査・治療の補足説明と療養生活のアドバイス」（ $\beta = .24$ 、 $p < .001$ ）を話題にする頻度が高いほど活用頻度が高かった。第 3 因子「受容」は、専門看護師であり（ $\beta = .13$ 、 $p = .02$ ）、がん看護面談で「自分らしい向き合い方」（ $\beta = .38$ 、 $p < .001$ ）、「がんの検査・治療の補足説明と療養生活のアドバイス」（ $\beta = .23$ 、 $p = .001$ ）を話題にする頻度が高いほど活用頻度が高かった。第 4 因子「沈黙」は、看護師経験年数が長く（ $\beta = .15$ 、 $p = .01$ ）、がん看護面談で「自分らしい向き合い方」（ $\beta = .27$ 、 $p < .001$ ）、「社会支援制度や経済的なこと」（ $\beta = .23$ 、 $p < .001$ ）を話題にする頻

度が高いほど活用頻度が高かった。第 5 因子「保証」は、専門看護師であり($\beta=.17$ 、 $p<.001$)、面談場所で専用個室があり($\beta=.10$ 、 $p=.04$)、がん看護面談で「自分らしい向き合い方」($\beta=.43$ 、 $p<.001$)、「がんの検査・治療の補足説明と療養生活のアドバイス」($\beta=.21$ 、 $p<.001$)を話題にする頻度が高いほど活用頻度が高かった。第 6 因子「共感」は、面談の研修経験があり($\beta=.11$ 、 $p=.04$)、がん看護面談で「自分らしい向き合い方」($\beta=.42$ 、 $p<.001$)、「がんの検査・治療の補足説明と療養生活のアドバイス」($\beta=.15$ 、 $p=.01$)を話題にする頻度が高いほど活用頻度が高かった。

考察/結論

全国の施設でがん看護面談を実施するがん看護関連の専門看護師と認定看護を対象に質問紙調査を実施し、がん看護面談で用いるがん診断後の心理的ケアでのコミュニケーション・スキルの評価尺度を開発し、関連要因を明らかにした。主な知見は以下の 2 点である。

1. がん看護面談で用いるがん診断後の心理的ケアでのコミュニケーション・スキルの活用評価尺度 6 因子 29 項目は十分な妥当性と信頼性を有し、これまで心理学で強調されてきた「探索」「傾聴」「受容」「共感」の 4 因子に加え、「沈黙」「保証」の 2 因子を重要な因子として見出した。
2. がん看護面談で用いるがん診断後の心理的ケアでのコミュニケーション・スキルの活用は、看護師のがん看護の幅広い知識と実践能力、十分な専門職としての臨床経験、がん患者と面談するための十分な時間と専用個室の確保、面接の内容の違いに対応していることが示唆された。

Abstract

Development of an assessment scale for communication skills in psychological care after cancer diagnosis, factors related to communication skills

Introduction

Cancer nursing consultation is an ongoing nursing care that provides psychological support to patients in a state of high psychological distress following a cancer diagnosis and information about cancer treatment and recovery care. In Japan, it is mainly provided by oncology-certified nurse specialists (CNSs) and certified nurses in the outpatient units and is rapidly increasing in frequency. However, previous research on cancer nursing consultation has identified problems with the quality of psychological support provided by nurses. Therefore, development of consulting and assessment methods and improvement of the consulting environment in the hospital to train staff to ensure effective consulting is necessary. Using communication skills in therapeutic nurse – patient relationships in psychological care is an effective advanced nursing practice when performed consciously. However, previous studies have not identified the current use of communication skills in oncology nursing consultations nor the factors that promote or inhibit their use.

Objective

The objective of this study was twofold.

- 1) Develop a valid and reliable instrument to assess nurses' communication skills in psychological care after cancer diagnosis.
- 2) Identify factors related to nurses' use of communication skills in psychological care after cancer diagnosis.

Method

A draft assessment instrument for communication skills in psychological care after cancer diagnosis was developed. Based on a literature review, nine initial dimensions of communication skills in psychological care after cancer diagnosis were identified, and 32 items were extracted. Focus group interviews and a pilot survey with oncology CNSs

and certified nurses confirmed face validity and content validity. A self-reported questionnaire survey of nurses was conducted from January to March 2018. The target institutions were hospitals where at least three eligible nurses worked and where medical fees for the health management of cancer patients were calculated. The target nurses were oncology CNSs and certified nurses who conduct cancer nursing consultations in outpatient units, and two respondents per institution were asked to respond. The explanatory documents were sent to the director and nursing director of the target institutions and, consenting facilities were asked to distribute the explanatory documents, consent forms, and questionnaires to the subjects. Finally, the questionnaires and consent forms were collected from the subjects using the postal method. This study was approved by the Bioethics Review Board for Observational Research, Nagoya University Graduate School of Medicine (approval number: 17-129). The survey items included the assessment scale for communication skills in psychological care after cancer diagnosis (32 items, 5-point scale), frequency of topics discussed in the cancer nursing consultation (6 items, 5-point scale), two subscales of the Medical Practice Scale on Palliative Care (6 items, 5-point scale), target nurses' background and states of cancer nursing consultation, and an overview of the hospital. Statistical analysis was performed using SPSS, two-tailed, with a significance level of 5%. For the first aim, the factorial validity of the assessment scale for communication skills in psychological care after cancer diagnosis was determined using a criteria-based item analysis followed by an exploratory factor analysis (EFA). Concurrent validity was determined using correlation analysis of the two subscales of the palliative care self-reported practices scale. Construct validity was determined by comparing the convergence and discriminant validity values and calculating the scale success rates. Reliability was determined using Cronbach's alpha coefficient for internal consistency and good-poor analysis. For the second aim, univariate and multivariate analyses were used to examine the correlation between subscale scores on the assessment scale for communication skills in psychological care after cancer diagnosis and frequency of topics discussed in the cancer nursing consultation, two subscales of the Medical Practice Scale on Palliative Care, target nurses' background and states of cancer nursing consultation, and an overview of the hospital. The multiple regression analysis was performed using items that were significant ($p < .05$) in the univariate analysis as explanatory variables, with variable selection using the variable reduction method.

Results

A total of 236 institutions agreed to participate in the survey, with 301 valid responses

from 216 institutions. For aim 1, two items were deleted due to similarity, and one item had low factor loadings according to the selection criteria for item analysis. Six factors were extracted according to factor interpretability by EFA (cumulative contribution 58.9%) and were named; factor 1 “Exploring” (8 items), factor 2 “Listening” (6 items), factor 3 “Acceptance” (6 items), factor 4 “Silence” (4 items), factor 5 “Approval” (3 items), and factor 6 “Empathy” (2 items). Concomitant validity ranged from the Pearson correlation coefficient $r = .26-.43$ ($p < .001$), and construct validity ranged from 97.2–100% of the scale success rate. Reliability was $\alpha = .95$ for the overall scale and $\alpha = .83-.88$ for the subscales, with significantly higher scores for the good group in the Good-Poor analysis ($p < .001$, Cohen's $d = .42-1.12$). For aim 2, multiple regression analysis showed that the first factor, utilization of “Exploring,” was associated with being a CNS ($\beta = .18, p < .001$), having a private room dedicated to nursing consultations ($\beta = .11, p < .03$), the consultation topic focusing on “facing illness in your own way” ($\beta = .40, p < .001$), and “additional explanations and advice on cancer tests and treatment” ($\beta = .21, p < .001$). The utilization of factor 2, “Listening,” was associated with guaranteed time for nursing consultations ($\beta = .11, p = .04$), the topic of nursing consultations on “facing illness in your own way” ($\beta = .32, p < .001$) and the topic of nursing consultations “supplementary explanations and advice regarding cancer tests and treatments” ($\beta = .24, p < .001$). The utilization of factor 3, “Acceptance,” was associated with being a CNS ($\beta = .13, p = .02$), the topic of the nursing consultation on “facing the illness in your own way” ($\beta = .38, p < .001$), and supplementary explanations and advice about cancer tests and treatments ($\beta = .23, p = .001$). The use of factor 4, “Silence,” was more frequently associated with being a nurse with years of experience ($\beta = .15, p = .01$), the topic of the cancer nursing consultation on “facing the disease in your own way” ($\beta = .27, p < .001$), and “social support systems and financial matters” ($\beta = .23, p < .001$). The utilization of factor 5, “Approval,” was associated with being a CNS ($\beta = .17, p < .001$), having a private room dedicated to nursing consultations ($\beta = .10, p = .04$), the topic of the nursing consultation on “facing the illness in your own way” ($\beta = .43, p < .001$), and supplementary explanations and advice about cancer tests and treatments ($\beta = .21, p < .001$). The utilization of factor 6, “Empathy,” was slightly associated with consultation training experience ($\beta = .11, p = .04$), the nursing consultation topic on “facing the illness in your own way” ($\beta = .42, p < .001$), and supplementary explanations and advice about cancer tests and treatments ($\beta = .15, p = .01$).

Discussion/Conclusion

A questionnaire survey was conducted among oncology CNSs and certified nurses who conduct cancer nursing consultations in institutions nationwide to develop an assessment scale of communication skills in psychological care after cancer diagnosis for oncology nursing consultations and to identify relevant factors. The two main findings are: 1. The six factors and 29 items of the assessment scale for the use of communication skills in psychological care after cancer diagnosis used in oncology nursing consultations had sufficient validity and reliability, and in addition to the four factors, "Exploring," "Listening," "Acceptance," and "Empathy" being emphasized in psychology, two factors, "Silence" and "Approval," were found to be important factors. 2. The utilization of communication skills in psychological care following a cancer diagnosis in oncology nursing consultation requires extensive knowledge and practical competence in oncology nursing, sufficient professional clinical experience, enough time for the interview and the dedicated private room for the consultation. It was then suggested that the utilization of each of these skills was a response to the different nature of the consultation.