

## 論文題目

家族の意思決定を支援する退院調整看護師の「折り合いをつける」実践知の記述的研究

## 要 約

### 1. 研究背景

超高齢社会を迎えた日本では、2025年には団塊世代が75歳以上となり、これまで国の財政を支えていた世代が給付を受ける側になるため、社会保障財政のバランスの崩れが懸念されている。政府はこの問題の対策の1つとして、医療機能の分化と地域社会との連携を推進するために、2025年までに地域包括ケアシステムを構築していくことを目標としている。これにより、現在では在院日数の短縮化が加速しており、病院から地域社会への患者のスムーズな療養生活の移行のために、様々な意思決定が必要となっている。高齢社会においては、患者本人による意思決定が困難なケースが増えており、家族が代理で意思決定をしている現状がある。近年では、退院調整部門の設置が診療報酬に直結するようになり、退院調整看護師が配置され、退院支援の重要な役割を担っている。

### 2. 研究目的

本研究の目的は、患者の代理意思決定者としての家族を支援する退院調整看護師の看護実践のなかで、「折り合いをつける」という実践経験に注目し、退院調整看護師の語りから実践知を明らかにし、言語化することである。リサーチクエスションは、退院調整看護師は代理意思決定者としての家族をどのように認識し、どのような判断をしながら退院支援という看護実践を行っているのか、とした。

### 3. 研究方法

東海地方の一般病床に区分される急性期病院の退院調整部門に勤務する、退院調整看護師6名と退院調整看護師の経験のある者1名を対象に、半構成的対話式インタビューを個別に複数回行った。本研究は、インタビューデータから離れない、推論の少ない解釈にて率直に記述するため、質的記述的デザインを採用し、質的内容分析を行った。

研究対象者が代理意思決定を行う家族との間に葛藤を感じながらも、折り合いをつけていった場面を抽出し、それぞれの実践の類似性に着目し、分類を行った。分類されたデータは、記述的要約を行うことによって抽象度を上げ、個々の事例の多様な実践の普遍的・本質的な部分の解釈をし、概念化した。最後に概念間の関連性を考察し、退院調整看護師

の実践知として明示した。

本研究は、名古屋大学大学院医学系研究科生命倫理審査委員会の承認を得て行った（承認番号：13-147）。

#### 4. 研究結果と考察

代理意思決定をする家族を支援する退院調整看護師の「折り合いをつける」実践のなかの認識や判断の中心には、「患者はどうしたいと思っているのか」ということを考える視点があった。データは退院調整看護師の実践の類似性に注目して分類し、「折り合いをつける」看護実践の仕方を記述した。退院調整看護師の認識や判断を構成する中心概念として、【退院後の選択肢について相互にイメージしあういとなみ】、【患者の意思の代弁者としての家族を援助すること】、【利害が相互に最も影響しあう間柄としての家族を理解すること】という3つが導き出された。

自ら意思決定をすることが困難な患者の意思について考えることは、代理意思決定をする家族にとっても、家族を支援する退院調整看護師にとっても、労力を要することであった。そのうえ、在院日数の問題がさらに押し掛かってくる現状がある。このような状況のなかで退院調整看護師は、家族だけに意思決定を委ねるのではなく、時間をかけて家族と共に意思決定に関わるという、いわば逆説的とも言える実践を行っていた。

#### 5. 結論

在院日数の短縮化のためには、家族による意思決定を、患者のことを最もよく知る者による、私的で自律的な決定とし、家族以外の他者が介入しないということは、家族の意思を尊重した合理的な意思決定と言えるのかもしれない。それに比べて、家族と相互にイメージしあい、話しあうことは、家族の自律性を脅かし、一見、医療者にとっては手間のかかることとしてとらえられがちである。

退院支援のあり方は、国の法制度の影響を大きく受けている。本研究で記述した共同的な意思決定という看護実践の仕方は、在院日数の短縮化に対応するように実践を積み重ねるなかで、よりスムーズな移行のために退院調整看護師が生み出した知恵であると考えられる。

## **Title**

A descriptive study on practical wisdom for making compromises among discharge planning nurses providing support for decision-making by families

## **Abstract**

### ***Background***

Japan will soon become a super aged society, as the members of the baby-boom generation reach 75 years old. By 2025, the baby-boom generation, which has always supported government expenditures, will become recipients of government support. Consequently, there is growing concern that this shift in demographics could lead to a collapse in the financial balance of Japan's social security system. As one measure to resolve some of the difficulties that will be faced due to the increasing elderly population, the national government is developing an integrated, community care system targeted for completion by 2025. The accelerating trend toward shorter hospital stays has made modes of decision making essential for effective patient transition from the hospital to recuperation in the community, and the aging of the population has resulted in an increase in surrogate decision making by the families of patients lacking decision making ("self-decision") capacity. In recent years, the establishment of discharge planning departments (DPDs) has been directly linked to the medical fee system and has proceeded quickly, with assignment of discharge planning nurses (DPNs) as key staff members.

### ***Aim***

The aim of the present study was to verbalise and elucidate the practical wisdom of DPNs in their practice of assisting families acting as surrogate decision makers for patients. In particular, this study focuses on those cases on which the DPN sensed discord with the family and achieved a resolution in performing discharge assistance. This study focuses on two questions: how do DPNs view families as surrogate decision makers, and what type of judgements do they form when conducting the nursing

practice of discharge assistance?

### ***Research method***

Participants were six discharge planning nurses and one person with previous experience as a discharge planning nurse. All participants were working at DPDs of acute care hospitals in the Tokai region of Japan. Separate, semi-structured, interactive interviews were conducted with each participant.

It was essential to derive straightforward descriptions with interpretation that did not depart from the purpose of the interviews and to avoid inference from the interviewer. Therefore, the study design was qualitative descriptive in form with qualitative content analysis. The resolutions achieved by the study participants with the families performing surrogate decision making, even where the participant sensed discord with the family, were extracted from each interview. Subsequently, similarities in DPN practices were noted and categorised. The abstraction level of the classified data was increased by descriptive summarisation, and interpretation and conceptualisation of universal or intrinsic parts of the various practices applied in each case were then performed. In the final step, relationships among the concepts were considered and individual concepts were identified as elements of DPN practical wisdom.

This study was conducted with the written approval of the Ethics Review Committee of Nagoya University Graduate School of Medicine (Approval No. 13-147).

### ***Results and Discussion***

At the centre of the DPNs' perception and judgement in their practice of assisting families acting as surrogate decision makers for patients was their consideration of "what are the thoughts of the patient?" Data analysis revealed similarities in DPNs' practices and these differences were categorized based on their descriptions of their sense of discord with the family in following their practice. The following three concepts were extracted as the basis for the DPNs' perception and judgement at acute care hospitals: working for mutual envisionment of the available postdischarge options; helping the family to act as spokesperson(s) for the patient's wishes; and understanding

the family inclusive of the patient as a relationship of strongly interaffecting interests.

Thinking about the wishes of a patient who cannot confirm his or her wishes is a heavy burden for family surrogates and DPNs. Furthermore, the length of hospitalisation is also an issue. The DPNs indicated that with knowledge of these circumstances they worked toward smooth and effective achievement of early discharge by engaging the family with care and consideration rather than simply leaving the family to make the decision on their own. Although it may seem paradoxical, the DPNs indicated that they gained this wisdom through their day-to-day experiences with the families, and thus their practical wisdom developed in the course of practicing their profession.

### ***Conclusion***

Due to the further shortening of hospital stays, surrogate decision making may become a private and autonomous process carried out by family members alone, who best know the patient, without including any “other” except them. This may seem to be preferable as a rational mode of decision making that respects the family’s wishes, as involving DPNs in the family’s work and in discussions with those who know the patient could be considered a threat to the family’s autonomy.

The approach to discharge assistance is strongly affected by the laws and regulations of the country in which it is implemented. The wisdom of the nurses described in the present study may be regarded as a response to their environment, in which they developed their collaborative decision making approach through their cumulative experience in their practice as DPNs. This approach effectively responds to the need for shorter hospital stays while contributing to smoother, more effective patient transitions.