

平成 22 年 5 月 31 日現在

研究種目：基盤研究（C）
 研究期間：2007～2009
 課題番号：19592529
 研究課題名（和文）小児がんの子どもの将来にむけての弾力性とその支援：小児がん長期生存者を中心に
 研究課題名（英文）Resilience and intervention in adolescents with cancer; Childhood cancer survivors
 研究代表者
 石橋 朝紀子（ISHIBASHI AKIKO）
 福岡県立大学・看護学部・特任教授
 研究者番号：80305838

研究成果の概要（和文）：小児がんを経験した思春期にある長期生存者の弾力性（ストレスをはね返す力）について、面接調査を行った。結果は、自ら病名を親友へ告知していた者は、人の為になることなど明確な目的を持ち、交友関係も良い傾向にあった。告知していない者は、身体的な回復を希望していたが、交友関係は良好ではない傾向にあった。前者が将来への目的を実行できるための看護支援を立案中である。後者については、弾力性を高める看護支援に繋げていくためにも継続調査が必要である。

研究成果の概要（英文）：The purpose of this study was to explore how to develop resilience in adolescent survivors of pediatric cancer. As a result, the adolescents who told closed friends about the diagnosis seemed to have clear purposes as doing something for others and have close friendships. On the other hand, the others who did not inform seemed to have hope of good body condition and had few friendships. We have planed an intervention program for the former one to do their purpose. For the latter one, it is needed to continue this research to develop nursing support.

交付決定額

(金額単位：円)

	直接経費	間接経費	合計
2007 年度	700,000	210,000	910,000
2028 年度	600,000	180,000	780,000
2009 年度	500,000	150,000	650,000
年度			
年度			
総計	1,800,000	540,000	2,340,000

研究分野：医歯薬学

科研費の分科・細目：看護学・臨床看護学

キーワード：resilience, adolescent survivors of pediatric cancer, psychosocial strengths, purposes, social support

1. 研究開始当初の背景

Resilience helps adolescents with cancer to be more positive about their

future. This study explored the methods of enhancing resilience in adolescents diagnosed with cancer. In

the United States, the Institute of Medicine survivorship reports the 6 recommendations for health care policy and practice, and it includes evidence-based guidelines for follow-up care and standards and models of care. The Adolescent Resilience Model has been developed as a guide to psychosocial interventions in adolescents with cancer (Haase, 2004).

In Japan, the follow-up is needed for late effects of cancer such as psychosocial problems because of the true-telling (Naraya et al, 2004). The effective environment for adolescents with cancer and their parents is also needed to support them (Okuyama et al, 2009).

2. 研究の目的

The purpose of this study was to explore the methods of enhancing resilience in adolescent survivors of childhood cancer and to help them have an improved quality of life. The previous study was continued in this study to explore how they developed resilience improved during the inpatients to 2 years after discharge.

3. 研究の方法

A case study research method was used with semi-structured interviews. Pattern-matching logic using a 4-stage Self-Sustaining Process model of Hinds and Martins (1988) was applied to arrive at a comparative analysis. The Weekes' and Kagan's semi-structured interview guide and a social network map modified the Five Field Map were used.

After being approved by the institutional review board, we obtained the permission to work with adolescent groups from the administrators. Physicians identified potential participants from the appointment list. Participants were included based on the criteria that they should be survivors of childhood cancer, be 12 to 30 years old, and had been outpatients over 1 year. Nine adolescents and their mothers agreed to meet the researchers, and after a detailed description of the study, signed the written informed consent to

participate. The interviews lasted between 30 to 50 minutes and were audiotape-recorded and transcribed verbatim. One of them had been for 7 months after discharge. The 8 final participants comprised 6 males and 2 females.

Of the 8 adolescents, 4 had been outpatients for between 3 and 15 years, and 2 of them were newly diagnosed and 2 had experienced relapse. The rest of 4 newly diagnosed had been outpatients for between 1 and 2 years.

Each interview was coded for themes over 3 days by the investigators. Line by line coding of the transcripts was performed to categorize data into themes through a careful and restrictive review. Common themes were grouped together to know the lived experience of the adolescents and to validate the analysis of the findings. Data were analyzed to compare with the self-sustaining process.

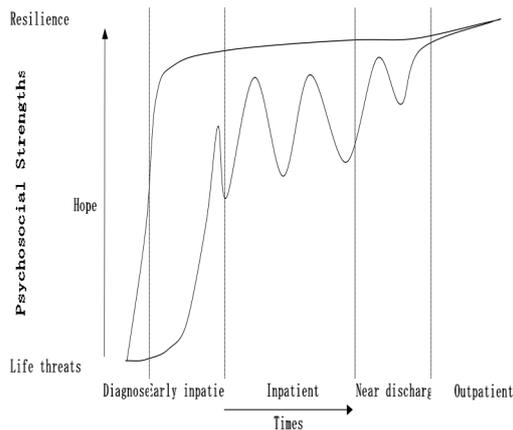
First, Case 1 data was separated into 3 periods: inpatient (included early inpatient), near discharge, and outpatient. The outpatient period was mainly asked in this study. Second, data in each period were grouped based on the core phases such as cognitive discomfort, distraction, cognitive comfort, and personal competence. Third, data in core phases were classified into categories of thought stopping, thought reflection, doing something, and so on. Finally, data in each category were grouped into subcategories, coded using keywords such as shock and recovery. Additionally, social support was identified into 5 areas: friends, family, healthcare professionals, teachers, and others. The grouping and coding of data were checked strictly using the same process by three researchers. These analytic processes were replicated in all cases. Data that did not fit the categories and subcategories were also identified.

4. 研究成果

On analysis of all the interviews, they had similar experiences to the previous one. For example, the survivors moved through the

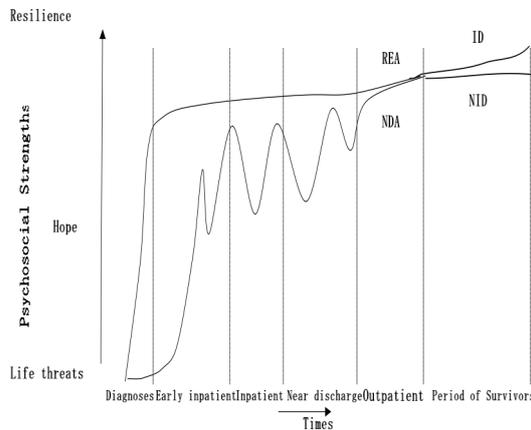
self-sustaining process and were competent for resolving health related threats. A new category called psychosocial strengths was also identified. It consisted of positive attitude, purpose, connection with friends, confidence, and more understanding of life. The survivors showed that the differences from the previous study were seen in the process of psychosocial strengths. The development of psychosocial strengths in the previous study is summarized and illustrated in Figure 1.

Figure 1. Waves of Developing Psychosocial Strengths in Newly Diagnosed and Experienced Adolescents



NDA = Newly Diagnosed Adolescents; REA = Relapse-Experienced Adolescents
 NDA: From an initial period of life threats, the strengths gradually peak in the inpatient. However, the peak line becomes unstable from the inpatient to the near discharge. The strengths gradually develop after the discharge. REA: From life threats, the strengths rapidly increase in the early inpatient and gradually develop after the discharge.

Figure 2. Waves of Developing Psychosocial Strengths in Adolescent Survivors



NDA = Newly Diagnosed Adolescents; REA = Relapse-Experienced Adolescents; ID = Informed Diagnosis
 Informed Diagnosis: From an initial period of life threats, the strengths gradually peak in the inpatient. However, the peak line becomes unstable from the inpatient to the near discharge. The strengths gradually develop after the discharge. REA: From life threats, the strength increased in the early inpatient and gradually develop after the discharge.

The development process seemed to be unsteady in the newly diagnosed

adolescents. The psychosocial strengths developed individually as early or late. After an initial life-threatening period, a positive attitude gradually became important. The patients hoped for recovery through support from their mothers and spent their time coping with the therapy as inpatients. A positive attitude to cope with the therapy, a purpose, and confidence increased as inpatients, but it was difficult for them to have the hope of going back to school and they began to study as they neared discharge. Friendship was also a hope in the near discharge period, but was usually achieved as an outpatient. Even though they had friendship, some of them never spoke to their friends about their experiences in the hospital. They attended school and tried to have an adolescent's life as an outpatient.

The development of psychosocial strengths seemed to be steady in the relapse-experienced adolescents. As early inpatients, they did not feel positive about recovery, but became positive and developed the purpose of getting discharged. Their purpose helped them cope with the therapy, think about life after discharge, and study in order to go back to school. During the inpatient period, they interacted with their best friends who encouraged them to achieve their purpose. After discharge, they tried to achieve hope and purpose with the psychosocial strengths.

In this study, the survivors did not show the similarity to the previous one. We found differences between them who informed to their friends and those who did not (Figure 2). All of 5 who informed to their friends had a clear purpose such as doing something to help for others. They included 3 who were for 3 to 15 years after discharge and 2 were for 1 to 2 years. They also had good friendships. On the other hand, the others had their hope of being in good body condition and getting jobs, but did not satisfy their friendships. They were 1 who was for 3 to 15 years and 2 were for 1 to 2 years after discharge. There were no differences in telling the diagnosis to their

friends between period of 1 to 2 years and 3 to 15 years.

Discussion and Implications

This study explored the methods of enhancing resilience in adolescent survivors. Psychosocial strengths may influence the resilience of the patients, and they may gain strengths while experiencing the self-sustaining process. The strengths of positive attitude, purpose, connection with friends, confidence, and more understanding of life were the buffers for them to feel that they were leading quality of life.

During the inpatient period, the development process seemed to be 2 types. One of them was unsteady in the newly diagnosed patients. A positive attitude may lead them to have their hope for recovery and gain strengths in the future. On the other hand, the process appeared to be steady in the adolescents who had experienced relapse. Purpose may be an important guide for them to connect with friends and cope with cancer, and may lead to improve their other strengths. To enhance resilience, 5 factors may be important for them at certain stages and to the individual with social support. As early inpatients, friends are important for the newly diagnosed adolescents, while emotional support is significant for the relapse-experienced adolescents. For them, their mothers and friends were considered the key persons. Additionally, a cultural variation between the US and Japan may be a cause of some of the differences in the categories.

After discharge in this study, survivors showed that improving resilience seemed to be depend on whether they informed diagnosis to their friends. It may lead them to have clear purpose and good friendships. On the other hand, the survivors who were not telling diagnosis to their friends seemed not to have clear purpose and good friendships. Adolescents who had their clear purpose seemed not to have an idea to act. However, this summary is needed to study in the future. Nursing intervention by using a

portfolio method may be a good idea for them to take action to satisfy their purpose. This plan may be variable for them to improve resilience.

We need to study in the future to know about: some relationships between informing to friends and having a clear purpose; some differences between the duration of outpatients; and newly diagnosed adolescents and those who had experienced relapse.

Limitations

There were several limitations to this study. The limited interview time and techniques might have affected the data. When outpatients relayed their inpatient experiences, their poor recall might have also been a cause of inaccuracy. Besides, data were collected while the subjects were waiting for a blood test result. Anxiety may have therefore affected the accuracy of the information. Moreover, teenagers often feel shy to disclose intimate information. Additionally, the self-sustaining process focuses only on adolescents with cancer; hence, family perspectives are also needed for childhood cancer care.

Conclusion

This study explored the methods of enhancing resilience in adolescent survivors using the self-sustaining process. They developed psychosocial strengths by achieving purpose during the self-sustaining process. Equipping nurses to manage individual care for the adolescents has the potential to improve their strengths and enhance resilience. Further studies are still needed to determine the methods of enhancing resilience in adolescent survivors and in those with a poor prognosis of quality of life. The results of these studies will help adolescents with cancer to enhance their resilience and quality of life.

5. 主な発表論文等

(研究代表者、研究分担者及び連携研究者には下線)

〔雑誌論文〕 (計 0 件)

〔学会発表〕 (計 0 件)

6. 研究組織

(1) 研究代表者

石橋 朝紀子 (ISHIBASHI AKIKO)
福岡県立大学・看護学部・特任教授
研究者番号：80305838

(2) 研究分担者

なし

(3) 連携研究者

内田 雅代 (UCHIDA MASAYO)
長野県看護大学・看護学部・教授
研究者番号：70125938

岡村 純 (OKAMURA JUN)
日本赤十字九州国際看護大学・看護
学部・教授
研究者番号：60316213