

琉球大学学術リポジトリ

日本人がん患者家族介護者のケアリング文化に関する研究：介護経験に対する認識とレスポンス

メタデータ	言語: 出版者: 琉球大学 公開日: 2015-11-05 キーワード (Ja): キーワード (En): Family caregiver, cancer, caring culture, Japanese 作成者: 山口, 智美, Yamaguchi, Satomi メールアドレス: 所属:
URL	http://hdl.handle.net/20.500.12000/32354

論文要旨

論文題目 日本人がん患者家族介護者のケアリング文化に関する研究：介護経験に対する認識とレスポンス

氏名 山口智美

要旨

本研究の目的は、日本に在住する日本人がん患者家族介護者の日々のケア経験を記述することであり、その文化的価値観を明らかにすることである。

2011年から2012年の間、倫理委員会承認後に日本の南西部地区の大学・公立病院のがん患者の主家族介護者を対象に質的記述的研究を行った。家族ががんと診断されてからの介護者としての生活の回顧、患者及び周囲との人間関係等の経験について半構成的面接を実施し、逐語録を作成した。帰納的分析過程では前後の文脈や背景を重視し、対象の思いや感情表現の解釈と意味づけをした。更にそれらの思いに影響する日本文化的価値観や社会的規範に着目して解釈し、サブ・カテゴリー抽出、グループ化及びカテゴリー化した。

40から70代の家族介護者13人の同意が得られ、93のサブ・カテゴリー及び15のカテゴリーが抽出された。特に日本文化的価値観を反映する6つのカテゴリー；**恩**—患者が与えてくれたことに報いる（恩を返す）；**社会的役割として担わされた介護役割**；**遠慮/迷惑**—助けを求める事を躊躇する；**強い絆としての家族意思決定**；**思いやり**—患者の思いに共感する（寄添う）；**祈り**—八百万の神と祖先に祈る、に着目した。これら6つの文化的価値観は介護者の日常実践の至るところに浸透していた。介護は患者から受けた愛情への感謝や借りを返す、或いは配偶者や長男の嫁等の**社会的に担わされた主介護者役割**を遂行する場と捉えられていた。必要な社会資源や協力者を得ながら、量と質の均衡が保たれた状態での介護が可能な場合は受けた**恩**や愛情を返す好機になるが、均衡が崩れると過剰負担や介護燃え尽きとなる可能性が示唆された。他者を**思いやり**、**遠慮**し、**迷惑**を掛けることを好まず、家族内で問題解決しようとする傾向にある日本人介護者は、家や家族の外に向かって助けを求める事を躊躇していた。主介護者としての責任感が強い場合には他の家族や親族であっても外と見なされ、主介護者が問題を抱え込む事態が危惧された。**家族の絆**と**思いやり**は強く、**家族意思決定**を選択し、患者を守りたい思いから正確な病状や予後の告知を避けるような、西洋文化圏では個の権利を奪う行為にも映るこの行為は文化的に容認されていた。患者

もまた介護者を思いやり問わない場合も予測され、直接言語的表現が比較的少なく、見えな
い言葉を用いる日本人特有の意思疎通が明らかとなった。八百万の神や祖先に祈る介護者の
思いは日々の介護生活の拠り所であり、家族の重要さの特殊性が浮彫りとなった。これら文
化的価値観は介護の有り様や日常実践に強く影響し、可視化し難い複雑な問題を内包する介
護者問題の深奥にあると考えた。過去と未来の血縁家族とのスピリチュアルな強い結び付を
指す家の概念はこれら結果の理解を深めると考えた。日本文化とケアに関する本研究結果
は、異なる場所、文化、社会において柔軟で個別性のあるケアを提供することの重要性を示
唆した。

Abstract

T i t l e The Caring Culture of Japanese family caregivers of people with cancer: perceptions of and responses to caregiving experiences in Japan

N a m e Satomi Yamaguchi

Abstract

The objectives of this study were to describe caregiving experiences of Japanese cancer caregivers in Japan and to more specifically identify cultural values underpinning their perception of and responses to their day- to- day caregiving lives.

Data was collected in 2011-2012, after obtaining ethical approval from the human research ethics committee of a university in Japan and participating hospitals. Participants were recruited from public municipal hospitals and university hospitals in southwestern Japan.

The first author conducted one semi-structured interview with each participant. Interviews were audio-taped and transcribed verbatim. Using an open-ended approach, the interviewer asked family caregivers to talk about their experiences, feelings and thoughts, including reflections on difficulties, life changes, and interactions with the patient and people surrounding them since the diagnosis of cancer; the effects of being a caregiver on their perceptions and attitudes were explored. Within inductive analytic process, contexts of their ideas were highly focused, and interpretation and implication of the subjects' feelings were carefully analyzed in order to lead sub-categories and categories.

13 caregivers of people with cancer, in their 40's to 70's, in Japan were participated. Qualitative transcript-based content analysis was selected as the inductive approach to reviewing and analyzing interview data, and 93 sub-categories and 15 categories were extracted. 6 categories which highly reflected specific Japanese cultural values were focused. *On* -repayment for what the patient has given; *Caregiving as performing a socially expected role*; *Enryo/meiwaku* -restraint in asking for help; *Family decision making reflecting strong bonds*; *Omoiyari* -empathizing with the patient's feelings; *Inori* -praying to myriad gods and ancestors. 6 cultural values were permeated in everyday caregiving practices of the caregivers. Caregiving was seen as repayment for what the patient has given to the caregiver

as love and affection or place to perform their socially expected roles. With sufficient support and resource, caring was seen as a great opportunity to return debts-*on* owed to care recipients and to act on their *socially expected roles*, performing as a good wife, daughter-in-law, primary caregiver, and so on, if the tasks were manageable. However, there is a risk of caregivers falling into burden if they do not have access to such resource. It was observed that the Japanese caregivers in this study were hesitant to ask for help outside of the *ie*/family and tried to resolve issues internally. Cultural values such as *omoiyari*, *enryo*/*meiwaku* were thought to factors relating to those behaviors. It was concerned that when the caregiver feels strong responsibility of being a primary caregiver in his/her family, other family members and siblings might be considered to be outsiders and, as a result, the caregiver may hold burdensome feelings and choose not to ask for help. Strong *family bonds* and *omoiyari* seemed the reasons behind of them choosing family decision making on, for example, not selling the truth to the patients about his/her prognosis and diagnosis. This might be seen as depriving patients of their rights in the West, however, families reported doing this as a way of protecting their loved ones from potential psychological suffering and pain, and it was culturally accepted. It might be the case that the patient also does not ask his/her family about own prognosis by *omoiyari*, specific communication style of Japanese with nonverbal language were evident. Praying for and clinging to something beyond human power was described as a natural response from caregivers facing difficulties in the course of their caregiving experiences. *Praying to myriad gods and ancestors* also indicated the strong family bonds of Japanese in a specific way. Those cultural values influenced caregivers everyday life and their perceptions and it is a key to understand complex as well as invisible issues related caregivers in Japan. The Japanese concept of *ie* (the strong relationship to family lineage and spiritual connection to past and future generations) would be helpful in understanding these categories. Invisible yet powerful cultural values permeated caregiving practices. Insights from Japanese cultural concepts may foster sensitivity and individualized care in diverse settings, cultures, and societies.