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論文題目　重症心不全患者の特性に応じたクリティカルケア看護師の意思決定支援
―シェアード・ディシジョンメイキングを志向する看護師の役割―

Decision Support by Critical Care Nurses According to the Characteristics of Advanced Heart Failure Patients: The Role of Nurses Oriented to Shared Decision-Making

関西医科大学大学院看護学研究科

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治療看護分野

学籍番号：20183101

氏　名：稲垣　範子

主指導教員：　林　優子　　教授

副指導教員：瀬戸　奈津子 教授

副指導教員：　李　錦純　　准教授

副指導教員：中山　健夫　　教授

論文要旨

背景

重症心不全では通常を超えた治療を要し治療結果も不確実であることから，患者の価値や意向に沿った治療を患者・家族と医療者が共に考えるシェアード・ディシジョンメイキング（Shared decision-making：以下，SDM）が推奨される（Allen et al., 2012）．稲垣（2020）の急性・重症患者看護専門看護師（Certified Nurse Specialist in Critical Care Nursing：以下，CCNS）10 名への調査では，看護師の SDM 参画が不十分で，多職種が関わるなかでの看護のアイデンティティの再構築が必要と認識されていた．

そこで，稲垣（2020）の調査を再分析し，①クリティカルケア領域で治療選択が必要となる重症心不全患者の特性，②クリティカルケア看護師が担う意思決定支援における役割を明らかにし，意思決定支援の枠組みの示唆を得ることを目的とした．

研究方法

稲垣（2020）の調査結果を質的統合法（KJ 法）にて再分析した．対象者 10 名（元ラベル 962 枚）の各個別分析 3 段階のラベル 276 枚を用いて，「患者の特性」，「看護師の役割」それぞれ 1 つの意味内容が含まれるようにラベルを作成した．「患者の特性」と「看護師の役割」それぞれで総合分析を行い，最終的に 5～7 グループに集約されるまで展開し，集約されたグループ間の関係を表した．再分析結果について，対象者からのメンバー・チェック（10 名中 9 名）と，クリティカルケア看護学を専門とする大学教員 2 名にピア・デブリーフィングを受け，信用可能性の確保に努めた．

結果

「患者の特性」は，ラベル 108 枚での総合分析の結果，6 つに集約された．【不確かさの中での苦渋の選択：目指せる状態も不確かで，混沌のなかで求められる治療の選択】と【緊迫した関係：真実に触れ傷つけあうことを恐れる患者，家族，医療者の緊張関係】の両面から患者不在となりやすく，【決断を通して揺らぐ感情：生命を左右する重すぎる決断を通して揺れ動く感情】，【悪化する病状への対処の難しさ：悪化する病状やリスクの高い治療選択に対して自分でうまく対処できない】，【実現や推定が困難な患者の意思：患者の根底にある死生観からなる望みを治療に結びつける難しさ】が悪循環となり，患者・家族の内面が閉ざされやすく，治療選択に十分に関われない．地域社会とは，【地域社会での療養を叶える難しさ：重症患者が地域で生きる/死を迎えることの難しさ】もあった．

「看護師の役割」は，ラベル 111 枚での総合分析の結果，6 つに集約された．まず，【探求：病気や治療によりもたらされた状況の意味や価値の探求を支援する】が基盤にあり，患者・家族を擁護する立場として，【パートナーシップ：厳しい現実を見据えて信頼関係を築き，治療の過程で何が起ころうと闘病を支援する】と【権利擁護：患者，家族が

抱えている疑問や要望について声を上げて議論につなげ，権利を擁護する】があり，全体をみて調整する立場として，【状況アセスメント：治療選択における課題を認識し，検討するための情報をそろえ提示する】，【仲介：事象の外側から問題を捉え，患者，家族，医療者の間に入って共通理解や合意形成をすすめる】があり，様々な境界を超えて【共創：患者，家族，関係者と共に，治療を継続しながら叶えたい療養生活を創りだす】役割を，看護チームで連携協働し実践されていた．

考察

重症心不全患者の特性と，意思決定支援における看護師の役割を患者-看護師関係から捉えたところ，閉ざされやすい患者・家族の内面を少しでも開けるよう，普遍的価値がなくなった時でさえ見出せる「意味」の探索（Frankl, 1972）を糸口として，患者・家族と医療チームとの SDM を志向する看護師の役割が示されていると考えられ，患者の特性に応じた意思決定支援の枠組みとして有用である可能性が示された．

重症心不全患者の意思決定では，選択肢があってないようなもの（Schou, Mølgaard, Andersen, Holm, & Sørensen, 2021）や，長期的な介護を選択する患者家族関係の難しさ（Magasi, Buono, Yancy, Ramirez, & Grady, 2019）などがこれまでに報告されている．今回はさらに，時間のなさと重症度の高さゆえに患者不在で治療が決断されやすく，地域社会への移行も困難である重症心不全患者の特性が導きだされた．

意思決定を支援する看護師の役割には，治療後も厳しい現実が続くことを見据えた支援（Swetz et al., 2014）や，苦難のなかにある患者との間に踏み込むストレスを乗り越えて支援するために看護コミュニティが必要であること（野並, 2020）が今回の研究でも明らかにされた．さらに，看護チームとして意味や価値の探求を中心に，患者・家族を擁護する立場と全体をみて調整する立場で相互に補いあい，様々な関係者と共創し，現状でできる最大限の支援を生みだす構造が新たに明らかにされた．

結論

重症心不全患者が苦渋の決断をする際には，十分に検討する時間と明確な価値観を前提とした意思決定支援モデルでは，現実の時間制限のなかで機能しない可能性がある．本研究は，完璧でなくても十分によい選択を目指し活動する CCNS の認識から，患者の特性に応じた看護師による意思決定支援の枠組みを明らかにした．

キーワード： 重症心不全患者，患者の特性，クリティカルケア看護師，意思決定支援，shared decision-making

Abstract

Objective: Shared decision-making (SDM), in which patients, families, and healthcare providers work together to determine a plan of treatment consistent with a patient's values and wishes, is recommended in the case of advanced heart failures because of unusual treatment requirements and uncertain outcomes (Allen et al, 2012). Inagaki's (2020) survey of ten certified nurse specialists in critical care nursing (CCNS) found that nurses' participation in SDM was insufficient, and that there was a need to reconstruct the nursing identity in the context of interdisciplinary involvement. Therefore, the purpose of this study was to reanalyze the survey in the previous paper (Inagaki, 2020) to (1) clarify the characteristics of patients with advanced heart failure and in need of making treatment choices in the critical care area, (2) clarify the role of critical care nurses in decision support, and (3) obtain suggestions for a framework for decision support.

Methods: The results of the survey in the previous paper (Inagaki, 2020) were reanalyzed using the qualitative integration method (KJ method). Using 276 labels from each of the three levels of individual analysis of 10 participants (962 original labels), labels were created to include one piece of semantic content for each of the "characteristics of patients" and the "roles of nurses." A comprehensive analysis was conducted for these "characteristics" and "roles"; the results were expanded until they were finally aggregated into five-to-seven groups, and the relationships between the aggregated groups were expressed. The results of the reanalysis were member-checked by the participants (9 of 10) and a peer debriefing was undertaken by two university faculty members specializing in critical care nursing to ensure credibility.

Results: The "characteristics of patients" were consolidated into 6 themes after a comprehensive analysis of 108 labels. These 6 themes included the following: (1) painful choices in the midst of uncertainty—treatment choices required in the midst of uncertainty about what condition can be achieved; (2) tense relationships—tension among patients, families, and medical professionals who were afraid of hurting each other by revealing the truth; (3) wavering emotions through decisions—through life-altering decisions; (4) difficulties in handling worsening medical conditions—patients' inability to manage worsening medical conditions and high-risk treatment choices on their own; (5) patients' wishes

that were difficult to realize or estimate— patients' difficulties linking their treatment with underlying wishes which were based on their views of life and death ((1) to (5) become a vicious circle, and patients and their families tend to be isolated from the inside and cannot be fully involved in the selection of treatment), and (6) the difficulty of realizing treatment in a community—the difficulty of seriously ill patients living and dying in the community.

As a result of the comprehensive analysis of 111 labels, the "roles of nurses" were summarized into six themes. (1) Seeking: to support the search for the meaning and value of a situation brought about by the disease and treatment, (2) partnership: to support patients and families amidst the harsh reality, by building a relationship of trust, and supporting the fight against the disease despite eventualities in the process of treatment, and (3) advocacy: to raise the questions and requests of the patients and families. Regarding examining and coordinating the entire process, the roles included (4) situation assessment: to recognize issues in the treatment selection and present information for consideration, (5) mediation: to perceive issues from outside the event and promote common understanding and consensus-building between patients, families, and medical professionals, and (6) co-creation: to create a setting for life that patients, their families, and other concerned parties wanted to achieve while continuing the treatment, beyond various boundaries.

Discussion: The characteristics of patients with advanced heart failure and the role of nurses in decision-making support were examined from the perspective of the patient-nurse relationship as well as from the perspective of" the search for meaning" (Frankl, 1972) which can be found even when universal values have disappeared and has been used as a starting point to open up the inner lives of patients and their families, who are isolated (Frankl, 1972). This search-for-meaning perspective may be useful as a framework for decision support according to the characteristics of patients. These characteristics include the tendency for treatment decisions to be made without the patients' consent due to the severity of the disease, the tendency for patients and their families to be isolated from their inner world, and the difficulty of transitioning to the community. In decision-making for patients with advanced heart failure, there are no options (Schou, Mølgaard, Andersen, Holm, & Sørensen, 2021) considering difficulties in the patient-family relationship to choose long-term care (Magasi, Buono, Yancy, Ramirez, & Grady, 2019), with similar results. Nurses' roles require a nursing community to overcome the

stress of stepping into the shoes of a patient in distress (Nonami, 2020), with a focus on the search for meaning and value, complementing each other and various stakeholders in the nursing team from the standpoint of supporting patients and their family, and coordinating the entire process. The content of co-creation with various stakeholders is also mentioned. In addition, support for the harsh reality that continues even after treatment is considered to be common with previous research on decision support for ventricular assist devices (Swetz et al., 2014).

Conclusions: When patients with advanced heart failure make difficult decisions, decision support models that assume adequate time for consideration and clear values may not work within the limits of real-world time. This study clarified the framework of decision support by nurses who work for imperfect but good enough choices according to the characteristics of patients and based on the perceptions of CCNS.

Keywords : advanced heart failure, patient character, critical care nurse, decision support, shared decision-making