

学位論文の要旨

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論文題目	摂食・嚥下機能が低下した在宅要介護高齢者と家族の希望する経口摂取への多職種による支援モデルの構築		
<p>目的：要介護高齢者（以下，療養者）は，嚥下機能低下から経口摂取が困難となる．しかし，経口摂取を希望する療養者や家族も多く，多職種による支援が必要である．そこで本研究では，摂食・嚥下機能が低下した療養者と家族の希望する経口摂取への多職種による支援の現状を明らかにし，支援モデルを構築することを目的とした．</p> <p>方法：療養者の支援に携わる訪問看護ステーション職員（看護師，理学療法士，作業療法士，言語聴覚士：以下，職員）25 名と訪問系サービスの多職種（医師，歯科医師，歯科衛生士，管理栄養士，介護支援専門員：以下，専門職）12 名に，療養者と家族の経口摂取への支援の現状についてインタビュー調査を行った．インタビュー内容は逐語録で文字化し，内容分析の手法でカテゴリー化した．生成したカテゴリーを内容の類似性で分類し，支援モデルの構成要素とした．構成要素で支援モデルの図の素案を作成した後，専門家会議によって専門的視点を加え，支援モデルの精度を高めた．</p> <p>結果：調査から経口摂取への支援として 18 カテゴリー（以下，【 】）が生成された．カテゴリーは【多職種は療養者の経口摂取の希望と生活の満足を受け止める】，【看護師は療養者の全身状態と摂食・嚥下機能をアセスメントする】，【専門職は看護師のアセスメントや嚥下機能評価から療養者の状態を把握する】，【看護師は療養者と家族の希望する経口摂取に向けて多職種に働きかける】，【療養者と家族と多職種で経口摂取の進め方と誤嚥時の対応を確認する】，【経口摂取を試みた結果への療養者と家族の受け入れを多職種は見守る】等であった．カテゴリーから分類した構成要素（以下，[]）は 8 つあり，モデル図は支援のきっかけ，具体的支援，支援のゴールで構成した．支援のきっかけを「療養者の摂食・嚥下機能の低下の把握」とし，具体的支援は，「療養者と家族の経口摂取への希望と思いの受け止め」，「療養者の全身状態と摂食・嚥下機能の情報収集と療養者と家族の生活の全体像のアセスメント」，「医師からの経口摂取の同意」，「療養者と家族と多職種での経口摂取と誤嚥に対する共通理解」，「摂食・嚥下機能回復と誤嚥予防のため多職種間での相談とケアの依頼」，「摂食・嚥下機能回復と誤嚥予防のため多職種間でのケアの提供」とし，支援のゴールは「療養者と家族の経口摂取への受け入れの見守り」とした．</p> <p>考察：多職種での経口摂取への支援には，支援のきっかけがあり，療養者と家族の納得を見守るというゴールがあった．これらの一連の支援には看護師から多職種への発信が多く，看護師のマネジメント力が重要であると考え．三澤ら¹⁾の調査においても在宅における多職種連携のきっかけは「訪問看護ステーションからのアプローチ」と示されており，経口摂取への支援に本モデルが活用され，看護師が中心的な役割を担うことで，実用性や有効性が高まると考えられる．</p> <p>1) 三澤麻衣子，上原任，山崎春美，他：要介護高齢者への歯科保健医療提供に関する研究 訪問看護ステーションにおける摂食・嚥下への対応状況について．日本歯科医療管理学会雑誌，48(4)，277-282，2014．</p> <p>キーワード：在宅要介護高齢者，家族，経口摂取，支援，多職種</p>			

Abstract

Object:Frail older adults have difficulty in oral intake owing to eating disorders. However, many frail older adults prefer oral intake so that they can receive support from interprofessionals. This study aimed to determine the current state of interprofessional support in case of frail older adults with dysphagia and their family's preferred oral intake and create a support model.

Method:The author interviewed 25 visiting nursing station staff members including nurses, physical therapists, occupational therapists, and speech language hearing therapists and 12 home visiting service professionals including doctors, dentists, dental hygienists, registered dietitians, and care managers.The interviews focused on oral intake support required by frail older adults with dysphagia and their families.The contents of the interview were transcribed, and data were analyzed using the content analysis method. The generated categories revealed the current state of support by interprofessionals.The categories were merged into similar ones; furthermore, they were generated as elements. These elements are shown in one figure as they were used to create a basic support model, which improved the accuracy by obtaining opinions from feeding and swallowing experts.

Results:From this survey, 18 categories were generated for the current state of support for oral intake. The categories were: “interprofessionals catch the wishes of the frail older adults for food and their satisfaction with life,” “nurses assess the general condition and eating and swallowing functions of frail older adults,” “home visiting service professionals grasp the condition of the frail older adults through nursing assessments and swallowing function evaluations,” “nurses contact with interprofessionals to achieve the oral intake desired by the frail older adults and their families and confirm how to proceed with oral intake and what to do in case of aspirations of the frail older adults, their families, and interprofessionals,” “interprofessionals make sure whether the frail older adults and family are consented with oral intake attempt results,” and so on .From the categories, eight elements were generated. The model diagram comprised the trigger for support, specific support, and the goals of support. As the beginning of support, “interprofessionals grasp the decline in eating and swallowing functions of frail older adults.” The specific support is “interprofessionals catching the thoughts of the frail older adults and their families about oral intake,” “collecting information on the general condition and eating and swallowing functions of the frail older adults,” “assessing the overall lives of the frail older adults and their families,” “taking consent for oral intake from a doctor,” “achieving a common understanding of oral ingestion and aspiration among the frail older adults, their families, and interprofessionals,” “consultation and requesting care by an interprofessional for recovery of eating swallowing function and prevention of aspiration,” and “care provided by an interprofessional for recovery of eating swallowing function and prevention of aspiration.” As a goal of support , “making sure whether the frail older adults and their family are consented with the results of the oral intake,”

Discussion:Interprofessional support model diagram comprises the trigger for support, specific support, and goals of support.We believe that management skills of nurses are important because the flow of support was often communicated by nurses to interprofessional . Misawa et al investigated and reported “being approached from visiting nursing station staff.” Considering the feasibility and effectiveness of using this model when nurses play a central role .

key word:frail older adults, family, oral intake, support, interprofessional work