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| E- ③ -12 | Huang ME. Wartella JE. Kreutzer JS. | Functional outcomes and quality of life in patients with brain tumors: a preliminary report. | Archives of Physical Medicine & Rehabilitation. 82(11):1540-6, 2001 Nov. | To determine the relationship between functional outcome and quality of life (QOL) in patients with brain tumors receiving inpatient rehabilitation, and to assess the sensitivity of 4 assessment tools in measuring changes in that population. Prospective study using longitudinal data collected from consecutively admitted patients. Acute inpatient rehabilitation unit. Ten patients with primary brain tumors admitted to an acute inpatient rehabilitation unit. Patients participated in an inpatient interdisciplinary rehabilitation program that used the following disciplines: occupational therapy, rehabilitation therapy, recreational therapy, speech therapy, physical therapy, rehabilitation nursing and case management. MAIN The FIM instrument, Disability Rating Scale (DRS), Karnofsky Performance Status Scale (KPS), Functional Assessment of Cancer Therapy-Brain (FACT-BR). Improvement in total functional outcome was indicated by all 3 functional measures (FIM: F = 46.84, p < .05; DRS: F = 19.25, p < .05; KPS: F = 10.11, p < .05). Significant improvements were found between admission and discharge scores for the FIM and DRS. The KPS revealed significant improvement between admission and 3-month follow-up scores. All admission and discharge functional scales (FIM, DRS, KPS) correlated significantly with each other. No significant change was noted in the FACT-BR between admission and discharge scores, but FACT-BR scores did improve at 1- and 3-months postdischarge relative to admission. The FIM, KPS, and DRS did not show significant correlation with the FACT-BR. Ninety percent of patients were initially discharged to a home environment. Although patients make functional gains during and after inpatient rehabilitation, gains in QOL are not significant until 1 month postdischarge. QOL does not appear to correlate well with functional outcomes. Further, the KPS is less sensitive than the FIM and DRS in detecting change in functional status. |
| E- ③ -13 | Curtis K. Lien D. Chan A. Grove P. Morris R. | The impact of trauma case management on patient outcomes. | Journal of Trauma-Injury Infection & Critical Care. 53(3):477-82, 2002 Sep. | Previous investigations demonstrate that nursing case management in the acute care setting improves patient outcomes. However, these findings provide limited information specific to trauma patients. The effect of trauma case management (TCM) was measured using practice-specific variables such as in-hospital complications, missed injury rates, and length of stay. Other measures included staff satisfaction and use of allied health services. Data from 148 patients with an Injury Severity Score < 16 in the 5 months after the introduction of TCM were compared with 327 patients from the previous 12 months. Results demonstrated a trend toward reduced length of stay overall, more so in the older and more severely injured. TCM greatly improved missed injury detection rates (p < 0.0015) and coordinated allied health use more efficiently (p < 0.0001). Staff surveys exhibited a perceived dramatic improvement in the effectiveness of patient care (p < 0.0001). The introduction of TCM improved the efficiency and effectiveness of trauma patient care in our institution. |
| E- ③ -14 | Kaiser KL. Hays BJ. Cho W. Agrawal S. | Examining health problems and intensity of need for care in family-focused community and public | Journal of Community Health Nursing. 19(1):17-32, 2002 . (27 ref) | The purpose of this study was to advance evidence-based family-focused community and public health nursing (C/PHN) practice by examining 2 important indicators of health need, family health problem labels, and intensity of need for care, and their relationship to each other. The Omaha System (OS; Martin & Scheet, 1992) was the framework used to classify the most common family health problems. Intensity of need for care was determined using the Community Health Intensity Rating Scale (CHIRS; Hays, Sather, & Peters, 1998). Secondary analysis of C/PHN clinical data was done using a descriptive |

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| E- ⑧ -15 | Slusarska B. | health nursing. | Caring in nursing—conditioning of realisation. | Annales Universitatis Mariae Curie-Sklodowska – Sectio d – Medicina. 57(1):513-21, 2002. | <p>correlational design (n = 205). An investigator scored the CHIRS and assigned OS family problems based on clinical record data. The mean number of family health problems per person was 4.40 (+/- 2.06). The mean CHIRS total score was 33.9 (+/- 6.34). The total number of OS problems was significantly correlated with CHIRS total scores (r = .586, p < .001). Family problem labels and intensity of need for care both provide essential information for health need determination in C/PHN practice.</p> <p>Caring manifested by the concern of a nurse, attention and carefulness of activities with respect to a human being in need is the essence of nursing care, while caring actions constitute the most independent scope of nurses' activities. The aim of the study was to determine whether the nurses in their everyday occupational practice understand the core of caring actions and perceive the conditioning of their realisation. The study covered 130 nurses employed in inpatient health facilities. The survey was conducted by means of a questionnaire form containing variously constructed questions. The results of the study showed that nurses undertook caring actions 'willingly' more often than 'very willingly', the percentage of respondents undertaking caring actions in category 'very willingly' increasing with the duration of employment. Over 86% of nurses in the study independently undertook caring actions, as soon as they recognized patients' demand; however, only 7% of respondents admitted that caring actions determine the distinct character of the nursing profession. According to the greatest number of respondents the following factors determined the quality of caring services: organization of work in the ward, provision of material and means for nursing, personality-related factors, incentives for work, and supervisor's requirements. Nurses applying the method of individual work with a patient undertook caring actions more often than those working by the method of traditional nursing.</p> |
| E- ⑧ -16 | Gasquet I. Dehe S. Gaubebout P. Falissard B. | Regular visitors are not good substitutes for assessment of elderly patient satisfaction with nursing home care and services. | Journals of Gerontology Series A-Biological Sciences & Medical Sciences. 58(11):1036-41, 2003 Nov. | | <p>Due to physical and psychological impairments, elderly patients residing in homes are often unable to participate in studies on satisfaction with care services. While their regular visitors provide interesting information, patient-visitor response concordance requires study. Our objective was to measure patient-visitor agreement on quality of care and accommodation. A survey was conducted on elderly people in 13 nursing homes and their visitors. The 125 patient-visitor pairs completed the same Nursing Home Satisfaction Questionnaire (NHSQ) independently, for which reliability and internal validity have previously been explored. Satisfaction scores for room comfort, meal provision, information, and medical/nursing care were calculated. To estimate patient-visitor concordance, intraclass coefficients, a bias index, and Pearson's correlation coefficients were calculated. Patient satisfaction scores ranged from 57.8 (information) to 78.6 (room comfort), and visitor satisfaction from 67.9 (meal provision) to 85.9 (medical/nursing care). Mean visitor scores were higher for all scales, with a small-to-moderate index bias statistically significant for medical/nursing care (p < .001), information (p < .001), and meal provision (p = .006). Intraclass correlation coefficients were low for room comfort, information, and medical/nursing care scales (0.08 to 0.18), and nearly acceptable for the meal provision scale (0.46). Visitors were not able to provide information on elderly patients' satisfaction with nursing home. Their assessments were milder than patient assessments. The NHSQ is reliable for use in either population, but patient and visitor assessments should not be merged in satisfaction studies.</p> |

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| E- ⑧ -17 | Linhorst DM. McCutchen TA. Bennett L. | Recidivism among offenders with developmental disabilities participating in a case management program. | Research in Developmental Disabilities. 24(3):210-30, 2003 May-Jun. | This study examined recidivism, defined as arrests, among 252 clients who were accepted into a case management program for offenders with developmental disabilities. Overall, 40% of clients were arrested while participating in the program, and 34% were arrested within 6 months after case closure. The crimes for which clients were arrested tended to be minor: 21% were for probation or parole violations not associated with new criminal acts, 39% were for misdemeanors, 27% were nonviolent felonies, and 12% were for felonies against persons. Clients who completed the program (N=115) were less likely to be arrested after case closure than those who dropped out of the program (N=112), 25 and 43%, respectively. Other factors associated with arrests after case closure included having a developmental disability other than mental retardation, living in an urban area, being referred to the program by a criminal justice agency or through a private referral rather than a social service agency, and being arrested while in the program. Implications are discussed for service provision and evaluation of programs that work with offenders with developmental disabilities. |
| E- ⑧ -18 | Vinton L. Crook WP. LeMaster K. | Factors related to frustration among aging services case managers. | Care Management Journals: Journal of Case Management, The Journal of Long Term Home Health Care. 4(1):2-7, 2003 Spring. (23 ref) | Although researchers have studied burnout as a condition that can affect the ability to effectively serve clients, little has been written about frustration as a potential contributor to burnout. This study examines factors associated with frustration among case managers who work in aging services. Data from a sample of 103 case managers are analyzed, with type of job frustration categorized as agency-based (internal to the agency) or community-based (external to the agency). A model of individual, organizational, and community factors that may relate to job frustrations is developed. Data from a sample of 103 case managers are analyzed, with type of job frustration categorized as agency-based (internal to the agency) or community-based (external to the agency). Community-based frustrations were cited by 78% of respondents; moreover, these were related to geographic regions in the state, with case managers in rural regions identifying these significantly more often than those in urban regions. The study indicates a need to attend to the lack of resources available in the environments in which case managers work as a potential source of frustration, especially in rural communities. |
| E- ⑧ -19 | Becker C. Bjornson DC. Kuhle JW. | Pharmacist care plans and documentation of follow-up before the Iowa Pharmaceutical Case Management program. | Journal of the American Pharmacists Association: JAPhA. 44(3):350-7, 2004 May-Jun. | To document drug therapy problems and their causes and assess pharmacist follow-up of patients with identified drug therapy problems. Cross-sectional analysis. Iowa. 160 pharmacists who submitted 754 pharmaceutical care plans in an effort to qualify for participation in the Iowa Pharmaceutical Case Management program. Care plans were assessed for drug therapy problems and causes and for documentation of pharmacist follow-up (actual, none, or intent to follow up). Pharmacists documented a wide variety of drug therapy problems and causes, including adverse drug reactions (20.1% of care plans), need for additional drug therapy (18.9%), lack of patient adherence to therapy (16.3%), incorrect medication being prescribed (14.1%), and drug dose too high (10.0%). Pharmacist follow-up with patients was not optimal, with 31% of care plans providing documentation of actual follow-up. Another 42.2% of plans indicated that the pharmacist intended to contact the patient for follow-up but either did not do so or did not record the intervention. No actual follow-up or intent to follow up was recorded in 26.8% of care plans. Pharmacists practicing in independent pharmacies followed up with patients more frequently |

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| | | | | <p>than those in other settings (36.4% of care plans, compared with 22.7%, 23.2%, and 28.4% for chain, clinic, and franchise pharmacies). Pharmacists were more likely to follow up when the identified problem involved drug safety rather than effectiveness (36.2% versus 28.3% of care plans). Documentation of pharmacist follow-up with patients was less than optimal. In addition to identifying drug therapy problems and causes, pharmacists must complete the care continuum through documentation of patient monitoring and follow-up to transform the philosophy and vision of the pharmaceutical care concept into a practice of pharmacy recognized and rewarded by patients and payers.</p> |
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表 9. ⑨質的研究

| No | Authors | Title | Source | Abstract |
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| E- ⑨ -1 ☆ | Conti RM. | Nurse case manager roles: implications for practice and education. | Nursing Administration Quarterly. 21(1):67-80, 1996 Fall. | Clients with highly complex or extended term health care needs are a major focus in cost containment. Case management is proposed as the approach of choice for these clients. Qualitative fieldwork and survey methods were used to identify role behaviors, attendant roles, and sources of learning of nurses practicing in the Broker Model of Case Management. Of the 16 roles identified, 9 have received little or no mention in the nursing literature. The source of learning for the majority of roles was on the job. Implications for nursing education and recommendations for future research are included. |
| E- ⑨ -2 | Hilgendorf PM. | Profile of the successful home health nurse case manager. | Nursing Management. 27(10):32Q-32R, 32U-32V, 1996. | Nurse case managers in four California Kaiser Permanente Home Health Care Agencies were surveyed to create a profile of the successful home health nurse case manager. Most nurses scored high on the surveys, met the educational and experience requirements, had been employed as managers for at least 2 years, had a high degree job of satisfaction and intended to work in this field indefinitely. |
| E- ⑨ -3 | Glickman LL. Stocker KB. Caro FG. | Self-direction in home care for older people: a consumer's perspective. | Home Health Care Services Quarterly. 16(1/2):41-54, 1997. (11 ref) | Telephone interviews were conducted of 883 home care clients in the Massachusetts Home Care Program which is administered through 27 local, private, non-profit Home Care Corporations (HCC) and which currently serves 33,000 clients. Interest among elder home care consumers in playing a stronger role in planning and supervising their own care was examined. Elder home care consumers were surveyed to determine their willingness to assume more responsibility for their home care such as in the hiring, paying, scheduling, supervising and/or firing of their home care worker. Respondents reported high levels of satisfaction with their home care services and home care worker. However, a substantial minority of respondents reported a willingness to assume more responsibility for their own home care services. A quarter to a third of the respondents indicated that they could take greater responsibility for supervising a home care worker and needed less assistance from a case manager. Multiple regression analyses revealed that prior experience in directing an in-home worker, greater length of receipt of home care services, greater current involvement in directing a home care worker, and lower levels of satisfaction with home care services were associated with a willingness to assume responsibility for directing a home care worker. Pilot projects are needed that develop and test options for older people with disabilities to exercise greater control over their own personal assistance. |
| E- ⑨ -4 | Tolley G. Prevost S. | Case management of critically ill elders: a case study. | AACN Clinical Issues. 8(4):635-42, 1997 Nov. | As the number of elderly increase, new challenges for the management of their health care arise. Elders who become critically ill are one of the most complex subsets of this population. Their special needs, risk factors, and diminished resources create a demand for comprehensive and creative approaches to care management. The purpose of this article is to explore the needs of the critically ill elderly and the role of nursing case management in meeting these needs. A case study approach is used to illustrate typical needs, interventions, and outcomes. |

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| E- ⑨ -5 | Briones J. Carlino M. | A case study in interdisciplinary care of the critically ill. | AACN Clinical Issues. 9(3):409-15, 1998 Aug. | The special care unit (SCU) of University Hospitals of Cleveland was established in 1989 specifically for case management of critically ill patients who require long-term habitation in an intensive care setting, usually because of ventilator dependency. This case study exemplifies the interdisciplinary involvement in caring for a patient with complications who was a long-term, critically ill resident of the unit. The discussion shows the importance of the use of the nurse case manager coordinator and an interdisciplinary approach to patient care for successful outcomes in the chronically critically ill population. |
| E- ⑨ -6 | Brines J. Salazar MK. Graham KY. Pergola T. Connon C. | Injured workers' perceptions of case management services. A descriptive study. | AAOHN Journal. 47(8):355-64, 1999 Aug. | This article describes the findings from a study of injured workers conducted as part of a multifaceted evaluation study of a case management program. The sample consisted of workers who filed a workers' compensation claim between January 1 and September 30, 1995. Data collection consisted of written surveys (n = 45), personal interviews (n = 27), and telephone interviews (n = 16). The findings from this study provided many insights into the injured workers' personal and work experiences, and, in particular, their perceptions of their experience with the nurse case management program. Workers satisfied with services described the nurse case manager (NCM) as having the ability to see the "big picture," to develop appropriate goals, and to anticipate client needs. Dissatisfied workers reported feeling unimportant in terms of service provision. They reported feeling that "the system" did not respond to their needs, and that the NCM was uninterested and disrespectful. This vivid portrayal of workers' experiences and perceptions of case management services provides valuable information about the world view of the injured worker. |
| E- ⑨ -7 | Crumbley DR. Ice RC. Cassidy R. | Nurse-managed wound clinic. A case study in success. | Nursing Case Management. 4(4):168-77; quiz 178-80, 1999 Jul-Aug. | The wound Care Clinic at Naval Hospital Charleston is a nurse-managed ambulatory clinic that has demonstrated the successful application of nursing case management in caring for patients with chronic and complex wounds. Nursing case management is an outcomes-based system of assessment, planning, provision of nursing services, coordination of interdisciplinary efforts, education, and referral. Nursing case management has been shown, in the literature and at Naval Hospital Charleston, to be an extension of role of professional nursing practice and results in decreased costs, improved quality of care, faster wound healing times, decreased complications, and greater coordination of care between specialty disciplines. These positive results are illustrated in several case studies. Nursing case management has many implications for the successful implementation of any healthcare delivery system where decreased costs and improved quality of care are valued, and it has special benefit in the complex management of chronically ill patients. |
| E- ⑨ -8 | Tsai JH. Salazar MK. Graham KY. Brines J. | Case management for injured workers. A descriptive study using a record review. | AAOHN Journal. 47(9):405-15, 1999 Sep. | A record review was used to examine case management services provided to 36 workers who sustained a catastrophic or medically complex injury, and who were referred to a case management program. The aims of this phase of the evaluation were to identify and describe: Workers' demographics and personal attributes. The structures and processes that affected the course of these cases, and The role of the nurse case manager (NCM). A data collection instrument was developed to collect quantitative and qualitative information. Structural factors that emerged as most consequential included the quality and quantity of the injured worker's social support and the employment situation, including the availability of a job post-injury, employer support, and worker motivation. Process variables identified included the interactions of service providers including communication, and collaboration. The NCM was described as a monitor, coordinator, supporter, and advocate |

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| E-9 | Aubry T. Farrell S. O'Connor BV, Kerr P. Weston J. Elliott D. | Family-focused case management: a case study of an innovative demonstration program. | Canadian Journal of Community Mental Health. 19(1):63-78, 2000 . (27 ref) | for the worker. Additionally, the NCM served as a consultant to other service providers and played a key role in the implementation of cost containment strategies. Using results from a formative evaluation, the paper describes family-focused case management (FFCM). FFCM is an innovative community mental health service designed to support both consumers/survivors and their families. The formative evaluation used a multi-informant, multi-method approach to describe FFCM services and assess their quality. Focus groups with program stakeholders produced a "program-logic model" and identified minimum standards for FFCM. Service activities and outcomes defined in the program-logic model were typical of those offered to consumers/survivors in intensive case management programs, but were supplemented with support being offered to their families. Monitoring of service activities showed that the case manager had regular contact with families and offered them a mix of direct and indirect services that corresponded, in most cases, to defined program standards. Interviews with 14 family members and 8 consumers/survivors receiving FFCM services revealed high levels of satisfaction with most aspects of the program. Overall, evaluation findings suggest that intensive case management can be expanded to include providing support to families. Future directions for developing FFCM are discussed. |
| E-10 | Abbott S. Johnson L. Lewis H. | Participation in arranging continuing health care packages: experiences and aspirations of service users. | Journal of Nursing Management. 9(2):79-85, 2001 Mar. | This paper examines patients' and carers' experiences of receiving community health services, and considers the degree of patients' participation in the management of their continuing care. Care management, advocated for many years as a way of ensuring appropriate and coordinated care, emphasizes the involvement of patients and carers in care planning. Evidence suggests that such involvement is unusual. Semi-structured interviews were carried out with 99 continuing health care patients and/or their carers. A few informants had willingly chosen to be active in arranging and coordinating their care, and a few others, who did not take an active role, were very satisfied with the services which they received. The majority, however, were not satisfied, feeling unclear about how their needs had been assessed and how services had been arranged. They were mostly disappointed by the absence of information and by the lack of regular contact with NHS and/or Social Services personnel. Some had felt compelled to become proactive in order to ensure that the care provided was adequate. Community nurses are valued by patients, and are well placed to be care managers. However, less qualified staff are also able to offer the regular support and information which patients want and value. |
| E-11 | Blakeman TM. Harris MF, Comino EJ. Zwar NA. | Evaluating general practitioners' views about the implementation of the Enhanced Primary Care Medicare items. | Medical Journal of Australia. 175(2):95-8, 2001 Jul 16. | To investigate the issues for general practitioners surrounding the implementation of the Enhanced Primary Care (EPC) Medicare items for health assessments, care planning and case conferencing. Qualitative study of GPs' responses to a semistructured face-to-face interview. 30 GPs in the South Western Sydney Area. MAIN GPs' perceptions regarding barriers to coordination of care; use of the EPC items; difficulties with implementation; suggestions for improving EPC implementation; and coordination of care in general practice. Five main categories of response were identified to each area of questioning: time, organisation, communication, education, and resources. GPs expressed difficulties incorporating use of the items into their daily practice without support. Implementation of the EPC items not only facilitates integration between GPs and other healthcare professionals, it also depends upon other forms of integration to succeed. A facilitator and a structured framework to address issues are required to assist their implementation. |

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| E- ⑨ -12 | Pinfold V. Bindman J. Thornicroft G. Franklin D. Hatfield B. | Persuading the persuadable: evaluating compulsory treatment in England using Supervised Discharge Orders. | Social Psychiatry & Psychiatric Epidemiology. 36(5):260-6, 2001 May. | Supervised Discharge Orders (SDOs) were introduced in 1995, as an amendment to the Mental Health Act in England and Wales. They require patients to abide by specific conditions on discharge from hospital, but can not enforce medication compliance. On introduction, SDOs were received with scepticism by the psychiatric profession. The purpose of this study was to describe the use of SDOs in England and the characteristics of patients made subject to these orders, and to evaluate the effectiveness of the order in securing treatment compliance on discharge from hospital. A survey was conducted of 170 mental health provider Trusts in England. Interviews with senior managers in 12 Trusts and associated Local Authorities were subjected to qualitative analysis, and a cohort of patients subject to SDOs in 56 randomly sampled Trusts was described. SDOs were being used for 596 patients (1.2 per 100,000 total population) at the survey date in 1999, and use had been increasing steadily since its introduction. The order is not systematically considered for all potential cases. The majority of the 182 patients in the cohort had complied, if sometimes intermittently, with conditions of the order. For patients compliant with SDOs, the pressures necessary to treat effectively need not involve powers to enforce medication compliance. |
| E- ⑨ -13 | Skillen DL. Anderson MC. Knight CL. | The created environment for physical assessment by case managers. | Western Journal of Nursing Research. 23(1):72-89, 2001 Feb. | Maximizing health and confronting functional impairments. Neuman's concept of the created environment provided a factor-organizing framework. Nineteen continuing-care facilities in 1 of 17 provincial health regions participated (N = 189). Registered nurse case managers reported use of assessment skills. After expert review and pilot testing, questionnaires were distributed to two independent groups: nurse administrators/staff development coordinators and case managers (response rate = 73%). Qualitative data were subjected to descriptive, interpretive, and pattern coding. Reported are factors constraining or facilitating physical assessment in continuing care. Goals of gerontological nursing include maximizing health and confronting functional impairments. The health of older adults is often fragile because of age-related change, complicated by chronic illnesses. Identification of changes in health status permits responsive care and consultation but requires proficiency in physical assessment. In 1995, research was conducted in Alberta, Canada, on registered nurse case managers' reported use of assessment skills. Nineteen continuing-care facilities in 1 of 17 provincial health regions participated (N = 189). After expert review and pilot testing, questionnaires were distributed to two independent groups: nurse administrators/staff development coordinators and case managers (response rate = 73%). Qualitative data were subjected to descriptive, interpretive, and pattern coding. Reported are factors constraining or facilitating physical assessment in continuing care. Neuman's concept of the created environment provided a factor-organizing framework. A holistic view of environment and data source triangulation increased confidence in the comprehensiveness and credibility of results. |
| E- ⑨ -14 | Anderson DL. | The impact of case management on the elderly in a managed care environment: member | Duquesne University School of Nursing ** Ph.D. (133 p) 2002. | The aim of this study was to explore the experiences of elderly, chronically ill, Medicare eligible health care consumers within a managed care system with regards to their knowledge of, and expectations for, case management. Subjects were recruited from a local health maintenance organization with an enrollment of 20,000 Medicare-eligible members. The study was conducted using a purposeful convenience sample of 15 participants who were chronically ill with heart failure and/or diabetes mellitus. Focus groups were conducted to collect data regarding the subjects' knowledge of case management. Subjects were also asked what they identified as the role of the case manager within the managed care organization. A total of 3 focus groups were conducted |

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| E- ⑨ -15 | Bigby C. Ozanne E. Gordon M. | Facilitating transition: elements of successful case management practice for older parents of adults with intellectual disability. | Journal of Gerontological Social Work. 37(3/4):25-43, 2002. (38 ref) | before saturation was achieved. Content analysis was used to analyze the data. Emerging themes were identified that included: (a) difficulty with understanding and interpreting the ongoing changes in health plan benefits; (b) displeasure with the quality of health plan benefits/services; and (c) a perceived disconnect in health care services and providers. Themes emerged that support previous research done by Paterson (2001), in which participants reported needing or expecting different services at different times based upon their illness perspective—whether the illness was foregrounding or backgrounding. The study revealed that subjects have limited knowledge of the fact that case management is an available service within their health care organization. Further analyses revealed that subjects had little understanding of the role of a case manager. In this group of patients in a managed care system, it is interesting that only 3 of the 15 subjects were aware of what a case manager is. The findings may prompt health care systems to determine the strategies needed to enhance treatment plan engagement of chronically ill elders across the continuum of care. |
| E- ⑨ -16 | Gallagher E. Alcock D. Diem E. Angus D. Medves J. | Ethical dilemmas in home care case management. | Journal of Healthcare Management. 47(2):85-96; discussion 96-7, 2002 Mar-Apr. | The increased life expectancy of people with intellectual disability raises the dual issues of supporting aging parental carers to continue in their role and ensuring a smooth transition for middle-aged adults with intellectual disability to non-parental care. However, few services are specifically designed to respond to these issues and older carers are not generally disaggregated from other groups. Examined the characteristics of these families, the outcomes for carers and adults, and the strategies adopted to achieve these. Two pilot programs, "Options for Older Families," were funded by the Victorian Department of Human Services in 1995 to work with older carers on immediate needs and planning for the future. The pilots utilized intensive case management with access to discretionary funds. The elements of successful case management practice with older carers demonstrated in the programs were proactivity and prevention with a dual emphasis on maintenance and change for both the carer and their adult child with intellectual disability. Demands on carers were reduced by the introduction of formal services such as "recreation as respite" whilst the environmental demands for adults were increased, thus effecting change and providing vital ingredients for preparation for the future. The pilots did not duplicate the type of support offered or the clients targeted by more traditional generic case management programs operating in Victoria. |
| | | | | The role of case manager is fraught with challenges in a healthcare environment characterized by rapid aging of the population, a move against institutionalization of seniors, and the need to contain healthcare costs. This study examined experiences of 89 case managers through focus groups in five urban and five rural regions of Canada to identify ethical dilemmas and issues encountered in their role. Overall, the case managers expressed frustration for the lack of support for their work as evidenced by inadequate resources and few agency policies. The analysis of the focus group data revealed four main themes in relation to ethical concerns and dilemmas: (1) issues related to equity, (2) beneficence, (3) non-maleficence, and (4) autonomy and power imbalances. The situation facing these workers is grave and steps must be taken to provide them with ongoing training, support, and resources to continue in this vital role. System changes that would reduce some of the ethical conflicts experienced by case managers include funding for long-term care to keep pace with growing demands, better management of client waitlists to ensure that the most needy are given the highest priority, more supportive housing options that provide for some on-site coordination of services, better opportunities for health |

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| E- ⑨ -17 | Spiers JA. | The interpersonal contexts of negotiating care in home care nurse-patient interactions. | Qualitative Health Research. 12(8):1033-57, 2002 Oct. | <p>promotion, and better interdisciplinary teamwork so that case managers are not left making decisions in the absence of other key service providers.</p> <p>In this article, the author describes six interpersonal contexts within which care is negotiated between home care nurses and their patients, based on qualitative analysis of 31 videotaped visits. The interpersonal contexts were negotiation of (a) territoriality, (b) shared perceptions of the situation, (c) an amicable working relationship, (d) role synchronization, (e) knowledge, and (f) taboo topics. Analysis of moment-by-moment communication explored how social identity related to care activities is constructed, challenged, or threatened in the flow of events in the encounter. This approach does not problematize negotiation by assuming negative connotations of inequality of power; rather, it examines the therapeutic consequences of specific communication acts. It demonstrates how both nurse and patient are, paradoxically, both empowered and made vulnerable through everyday conversation.</p> |
| E- ⑨ -18 ★ | Jennings-Sanders A. Anderson ET. | Older women with breast cancer: perceptions of the effectiveness of nurse case managers | Nursing Outlook. 51(3):108-14, 2003 May-Jun. | <p>There are many challenges that an older woman and her family face when diagnosed with breast cancer. Utilizing community-based nurse case managers may influence the older client and her family to adapt to the many challenges associated with the diagnosis and treatment of breast cancer. The purpose of this qualitative study is to describe how older breast cancer clients perceive community-based nurse case managers. From findings generated, recommendations were developed to improve the practice of community-based nurse case managers. Older women (>65 years of age) newly diagnosed with breast cancer cared for by 60 surgeons practicing at 13 community and 2 public hospitals in southeast Texas. A randomized prospective trial to evaluate the effect of nurse case management on the treatment of 106 older women with breast cancer provided data for this content analysis. Older women (>65 years of age) newly diagnosed with breast cancer cared for by 60 surgeons practicing at 13 community and 2 public hospitals in southeast Texas were invited to participate. Community-based nurse case managers made a positive impact on older women with breast cancer by helping in managing coexisting medical conditions, providing support, providing education, giving assistance with activities of daily living (ADLs), and helping to navigate through the health care system. To increase their effectiveness, it was recommended that nurse case managers communicate well, be well educated about breast cancer, have standard gerontology nurse case management training, and integrate multiple support systems when caring for older clients with breast cancer. There are unique challenges that an older woman and her family face when diagnosed with breast cancer. Utilizing community-based nurse case managers may influence the client and her family to adapt to the many challenges associated with the diagnosis and treatment of breast cancer. Community-based nurse case managers can make a positive difference on the outcomes of older women with breast cancer.</p> |
| E- ⑨ -19 | Badger T. Gelenberg A.J. Berren M. | Consultative intervention to improve outcomes of high utilizers in | Perspectives in Psychiatric Care. 40(2):53-60, 69, 2004 Apr-Jun. | <p>To examine the effectiveness of an academic consultation on outcomes among consumers in a public mental health system and to compare outcomes between high-cost/high-utilizer and midcost consumers. Participants (N = 36) completed all questionnaires during three semistructured interviews. Using a repeated-measures experimental design, the outcomes of global functioning, quality of life, service use and need, costs, and consumer satisfaction were examined. The hypothesis that consultation would change medication practices and</p> |

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| | | <p>a public mental health system.</p> | | <p>reduce costs was supported. Consultation with a senior clinician helped change medication practices and reduced costs. Consultation may lead to recognition of a new diagnosis (medical, neurologic, or psychiatric) or suggestions for modifying a treatment regimen that could improve functioning and QOL in a busy public mental health system, there is often little time for consultation and little thought to second opinions. For clients who cost the system the greatest amount, the small additional cost of a consultation is a good potential investment.</p> |
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表 10. 和文

| No | 著者 | 題名 | 出典 | 目的・対象・方法 | 結果・考察 |
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| J-1 | 中谷久恵 (島根医科大学看護学内節) | 利用者満足度による在宅ケアマネジメントの評価に関する研究 | 日本在宅ケア学会誌 4 巻 1 号 Page39-46 (2000.12) | 在宅ケアマネジメントによって提供されたサービスを利用者が評価し、介護保険制度におけるケアマネジメントの有効な方法を検討した。介護保険シミュレーション実践に参加することに同意した在宅療養者の内、3 ヶ月以上在宅ケアを継続してサービスを利用した 73 名を調査対象とした。評価にはケアマネジメントを構成する概念とケアマネジメントのプロセス別業務にそったケアマネージャーの行動評価項目をもとにして、信頼性、妥当性が示された利用者満足度尺度を作成した。 | その結果、利用者満足度尺度の全体得点の平均は 80.2 点で、これを満足度として率に換算すると 89.2% であり、利用者満足度は 100~40% に分布していた。利用者満足度に関連を及ぼす要因として関連性が認められた変数は、1) 利用者の年齢、2) ケア会議の開催、3) ケア会議への利用者の参加、4) 利用者によるケアプランの確認であった。 |
| J-2 | 橋本久子 (九州看護福祉大学) | 高齢者虐待に対する介護支援専門員(ケアマネジャー)の意識アンケート調査をもとに | 看護研究 33 巻 4 号 Page343-350(2000.08) | 高齢者虐待に関する意識調査。介護サービス計画研修会に参加したケアマネジャー 175 名。量。意識調査。過去 2 年以内に虐待事例を把握したと報告した 41 名の回答内容について分析 | 虐待の種類は、身体的虐待が全体の 41% を占め、次いで放任・放置、情緒的・心理的虐待、金銭的・物的詐取の順であった。虐待を受けた場所は、高齢者入所施設が 16 ケース、自宅が 23 ケースと家庭内虐待が多かった。また、介護度が高く、中等度以上の痴呆のある者に虐待の被害を多く認めた。以上の結果を踏まえ、老人虐待の発見・予防に関する意識研修の意義と今後の課題について言及した。 |
| J-3 | 松井妙子 (大阪府立看護大学医技短大)、 牧野裕子 | 在宅介護のケアマネジメントに必要な知識・技術の自信に対する看護職資格と経験による相違。在宅介護支援センター職員への意識調査から | 日本看護学会誌 10 巻 1 号 Page25-34 (2001.01) | 在宅介護支援センター職員看護職 1026 名。意識調査 | 「病気に関する知識」に対しては、「准看護婦(士)」より「看護婦(士)」の方が自信の程度が高かった。「生活理解の知識」に対しては、「准看護婦(士)」より「保健婦(士)」の方が高かった。「相談技術」に対しては、看護婦(士)より「保健婦(士)」の方が自信の程度が高かった。また、経験年数別に見ると、「相談技術」および「病気に関する知識」において、経験年数が「25 年以上」の職員が他の経験年数の職員よりも自信の程度が高かった。今後、より質の高い相談業務を提供するためには、ケアマネジメントの相談業務に関する知識・技術の向上が不可欠である。 |
| J-4 | 鷹居樹八子 (長崎大学医技短大)、他 | 在宅事例における介護ケアに関連した看護職と介護職の思考・行為過程の一考察 | 日本在宅ケア学会誌 4 巻 3 号 Page62-71 (2001.03) | 看護職と介護職の思考・行為過程を中心に協働のあり方を検討した。在宅療養者の 9 事例。聞き取り調査。看護職と介護職の代表的な教科書を参考に、「標準到達基準」を作成し、それを分析指標とした。 | 両職種共に 6 割以上の比率で「標準到達基準」を充足していた。又、思考・行為過程の健康障害に関する内容の比率が高かった。相違点は看護職は在宅療養者と家族介護者の健康の維持・増進を基盤として、安全・安楽を考慮した実践過程を展開していたのに対し、介護職は在宅療養者の健康障害が日々の生活に与える影響を基盤に個別の事例に関する具体的な観察をしながらのケアを提供していた。 |

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| J-5 | 岡本玲子 (神戸大学 保健), 中 山貴美子, 沖田裕子, 松原三智 子, 植田 恵子 | 在宅高齢者二 ズとサービス利用 者に関する利用者 とケアマネジャーの 認識の違い | 神戸大学 医学部保 健学科紀 要 17 卷 Page61-73 (2001.12) | 介護保健制度導入後の利用者支援のあり方を 検討する。ケアマネジメント提供者と利用者 対 象は保健センターと在宅介護支援センター職員 (ケアマネジャー)と利用者 481 組。量。本人・家 族・在宅環境ニーズの項目とサービス項目につ いて、双方の認識の一致率を調べた。介護保健制 度導入前のケアのニーズとサービス利用につ いて、ケアマネジメント提供者と利用者の認識の違 いを調査した。 | 介護保健制度導入後の利用者支援のあり方を 検討する。ケアマネジメント提供者と利用者 対 象は保健センターと在宅介護支援センター職員 (ケアマネジャー)と利用者 481 組。量。本人・家 族・在宅環境ニーズの項目とサービス項目につ いて、双方の認識の一致率を調べた。介護保健制 度導入前のケアのニーズとサービス利用につ いて、ケアマネジメント提供者と利用者の認識の違 いを調査した。 | ケアマネジャーは多くのニーズを把握し、利用者の認識と一致した。サ ービス利用や社会的交流のニーズについてはケアマネジャー単独 の把握が多く、保健婦・士は利用者より、インフォーマルなサービ スや 助成金について認識が多かった。ケアマネジャーは、利用者のケ アへの 主體的参加と支援を適切な選択肢を提示できるように、幅広い 情報管理と情報提供の技術能力を高める必要があると思われた |
| J-6 | 橋本恵美 子(産業医 科大学産 業保健), 正野逸子, 大田直実 | 終末期まで在宅 で療養していた患 者の苦痛や介護 上の困難に対す る看護職・医師・ 介護職の対応と 療養評価 | 千葉看護 学会誌 7 卷 1 号 Page50-58 (2001.06) | 家族とケア提供者の両方から回答の得られた 12 事例。量。作成した調査票と野口・正野の QOL 判定表を用いて、家族へは面接調査を行い、ケア 提供者に対しては郵送法によりデータを収集し た。有効回答について分析 | 患者の問題としてとりあげた職種が必ずしも問題へ対応している は限らず、他の職種が介入していたり協働で対応しており、結果として 全体的に問題が解決され、QOL が維持されている。身体症状につ いての対応は医師だけでなく、同時に訪問看護婦や看護婦が協働で対 応することが患者の QOL を高める。利用している社会資源が 1 年間 365 日体制で利用できず、また患者の身体症状が強いと、社会資源導 入によっても家族の介護技術だけでは困難を解決できないため、結 果として患者の日常生活上の問題は解決されずに残る。主介護者に ついての問題を解決する為には、社会資源をタイムリーに、必要な種 類のサービスを、必要な量、提供する為の問題を解決することが必要 である | 訪問看護業務とケアマネジメント業務の兼務は、利用者の身体的、心 理的変化を適切にアセスメントし、ADL の拡大の可能性を最大に引き 出すことにより、社会復帰のきっかけを作り、自立支援の効果を得ら れた。これは、患者の身体状況や意欲の変化および家族の介護状況 を適切にアセスメントし、必要時に必要なサービスを導入できたことが 成功の要因となったと思われる |
| J-7 | 白石美奈 子(小見川 総合病院 (国保)介 護保険事 業部) | 訪問看護師として のケアマネジメン ト業務を考える ADL が拡大し自 立支援が図れた 1 事例をとおして | 癌と化学 療法 29 卷 Suppl.III Page461-4 64(2002.12) | 1 事例を紹介し、居宅介護業務について考察した。 訪問看護師がケアマネジメントしたことにより ADL が拡大し、自立支援が図られた 1 事例。事例 紹介 | 訪問看護業務とケアマネジメント業務の兼務は、利用者の身体的、心 理的変化を適切にアセスメントし、ADL の拡大の可能性を最大に引き 出すことにより、社会復帰のきっかけを作り、自立支援の効果を得ら れた。これは、患者の身体状況や意欲の変化および家族の介護状況 を適切にアセスメントし、必要時に必要なサービスを導入できたことが 成功の要因となったと思われる | ケアマネジャーの大半は仕事に働く意義を感じ、仲間からのサポー トがあると感じていた。収入、時間外労働、担当件数においては不満を 感じ、半数以上の者が難職の意志や仕事に対する理想と現実のギャ ップを感じていた。ケアマネジャーの Burnout 得点は看護師や対人 サービス職者より高かった。Burnout 得点を高めた要因として、個人的 要因では仕事に対する適性が無いと思うこと、ストレスに対して効果 的な行動が取れないこと、現在何らかの病気で悩まされているこ と、対人的要因では職場のサポートが無いことであった。職場や利用 者とその家族からの存在価値の無さが Burnout 得点を高めており、 男よりも女が高かった |
| J-8 | 池田妙子 (川崎医療 福祉大学 医療福祉 学部保健 看護学科), 岡村千代 子, 田中 恵, 野村 栄架, 太 | ケアマネジャーの Burnout 症候群と 仕事上の問題点 | 川崎医療 福祉学会 誌 12 卷 1 号 Page 169-1 74(2002.06) | ケアマネジャーの仕事上の問題点を Burnout との関連から検討した。対象は、岡山県下で働 いているケアマネジャー | ケアマネジャーの大半は仕事に働く意義を感じ、仲間からのサポー トがあると感じていた。収入、時間外労働、担当件数においては不満を 感じ、半数以上の者が難職の意志や仕事に対する理想と現実のギャ ップを感じていた。ケアマネジャーの Burnout 得点は看護師や対人 サービス職者より高かった。Burnout 得点を高めた要因として、個人的 要因では仕事に対する適性が無いと思うこと、ストレスに対して効果 的な行動が取れないこと、現在何らかの病気で悩まされているこ と、対人的要因では職場のサポートが無いことであった。職場や利用 者とその家族からの存在価値の無さが Burnout 得点を高めており、 男よりも女が高かった | ケアマネジャーの大半は仕事に働く意義を感じ、仲間からのサポー トがあると感じていた。収入、時間外労働、担当件数においては不満を 感じ、半数以上の者が難職の意志や仕事に対する理想と現実のギャ ップを感じていた。ケアマネジャーの Burnout 得点は看護師や対人 サービス職者より高かった。Burnout 得点を高めた要因として、個人的 要因では仕事に対する適性が無いと思うこと、ストレスに対して効果 的な行動が取れないこと、現在何らかの病気で悩まされているこ と、対人的要因では職場のサポートが無いことであった。職場や利用 者とその家族からの存在価値の無さが Burnout 得点を高めており、 男よりも女が高かった |

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| 湯好子 | J-9 | 福井貞亮 (大阪市立 大学 大学院 生活科学研究科) 他 | 要援護在宅高齢者の基礎的日常生活行為を困難にする要因 基本動作, 認知, 問題行動 要因に焦点をあてて | 生活科学研究誌 1 巻 Page201-208(2002.12) | 要援護在宅高齢者。ケアマネジメント研究会が収集したアセスメント用紙によるデータを使用して二次分析 | 生活基本動作の質と認知機能及び年齢は排泄行為の可否に有意に関連していることが示唆された。又、入浴・清潔保持及び食事の能力は生活基本動作の質と認知機能の良否に関連していると判断できた |
| J-10 | 白井由里子(八幡医師会訪問看護ステーション), 正野逸子, 鷹居樹八子, 岡崎美智子 | 医療行為の必要な在宅事例にみる訪問看護師からみた協働のあり方 | 日本看護福祉学会誌 9 巻 1 号 Page31-32 (2003.06) | 医療行為が必要となった在宅事例(79 歳女性)を担当した訪問看護ステーション管理者。事例紹介。研究者 2 名でインタビューを実施し, 他職種との連携場面における訪問看護師の役割と他職種との協働の在り方について分析した。 | 1)業務内容についての法的根拠を理解し, 専門性に応じた役割分担を基本とするが, 医療行為の担当は医療に関する知識や技術を習得している看護師が担当するのが望ましい。2)何らかの原因でその行為が期待できないとき, 看護師が医師やケアマネージャーと連携をとり, 安全性を考慮しつつ可能な方法を検討し, 関係職種に働きかける責任がある。3)ヘルパーが医療行為を担当せざるを得ない場合は, 看護師が必要な知識や技術を現場でヘルパーに指導し, 不安や疑問に即座に対応できる連携システムの確保が課題である。4)医師と介護職の調整役を担う。5)生活の視点からケアマネージャーを通じて情報提供を行い, ケアプランの作成につなげる | ヘルパーの不安とジレンマに関しては, 法的制約があり医療行為を行えないことを認識しつつも, 目前で利用者の状態が悪化することに対するジレンマがあった。利用者, 家族, 医師, 看護師, ケアマネージャーなどの了解と指導と助言が得られる環境では, 医療行為に関わることの罪悪感を軽減できた。医療行為の必要な事例における協働のあり方については, 各専門職間の責任の明確化が必要である。医療行為に関する知識や技術に関して研修を受ける必要がある。ヘルパーができることの限界を理解し, 医療職にタイムリーに連絡し, 指導・助言を受けられる連携体制の整備の 3 点が課題であると思われた |
| J-11 | 白石タ子(医事ヘルパー), ステーション HOT), 篠原直隆, 江頭祥恵 | 医療行為の必要な在宅事例にみるホームヘルパーからみた協働のあり方 | 日本看護福祉学会誌 9 巻 1 号 Page29-30 (2003.06) | 看護職と介護職が協働して医療行為を必要があった在宅事例(78 歳女性)へのヘルパーの思考や実施内容。事例紹介。質。経時的に記述し, ヘルパーが医療行為に関わることの不安とジレンマ, 他職種との協働のあり方についてヘルパー 2 名, ヘルパー管理者 1 名で分析 | 看護職と介護職が協働して医療行為を必要があった在宅事例(78 歳女性)へのヘルパーの思考や実施内容。事例紹介。質。経時的に記述し, ヘルパーが医療行為に関わることの不安とジレンマ, 他職種との協働のあり方についてヘルパー 2 名, ヘルパー管理者 1 名で分析 | ヘルパーの不安とジレンマに関しては, 法的制約があり医療行為を行えないことを認識しつつも, 目前で利用者の状態が悪化することに対するジレンマがあった。利用者, 家族, 医師, 看護師, ケアマネージャーなどの了解と指導と助言が得られる環境では, 医療行為に関わることの罪悪感を軽減できた。医療行為の必要な事例における協働のあり方については, 各専門職間の責任の明確化が必要である。医療行為に関する知識や技術に関して研修を受ける必要がある。ヘルパーができることの限界を理解し, 医療職にタイムリーに連絡し, 指導・助言を受けられる連携体制の整備の 3 点が課題であると思われた |

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| J-1 2 | 高見千恵 (川崎医療 福祉大学 医療福祉 学部保健 看護学科) 他 | 在宅高齢者の介 護保険サービス 利用状況の実態 | 川崎医療 福祉学会 誌 13 巻 2 号 Page369-3 74(2003.12) | 介護保険サービス(サービス)についての利用状 況を把握すると共に、利用者の生活満足度に影 響を与える要因を明らかにした。 | 制度やサービス、利用料の説明と生活満足度とに有意な関連を認め た。ケアマネジャーが居宅サービス計画書を用いてケアプランについ ての説明を5割しかしていないかった。ケアマネジャーに対する信頼、ケ ア提供の一貫性、スタッフへの好感の3項目と生活満足度との間に 関連がみられた。サービスの種類・組み合わせ・内容の満足、サービ スの時間帯・回数・回数の満足、希望や意見に沿ったサービス利用の3項 目と生活満足度との間に有意な関連が認められた |
| J-1 3 | 古瀬みど り(山形大 学 医学部 看護学科) | 介護支援専門員 のバーンアウトと 関連要因 | 日本在宅 ケア学会 誌 7 巻 1 号 Page61-67 (2003.12) | ケアマネジャー226名(男性37名,女性189 名,26~61歳,平均年齢39.7歳)。Maslackの Burnout尺度を用いてバーンアウトの状況を調 査し、勤務状況及びソーシャルサポートの状況と の関連を検証した。 | 情緒的消耗感は36歳以上のケアマネジャーより35歳以下の若い ケアマネジャーに、看護職より看護職以外に、より強く認められた。ま た、地域ケア会議やサービス担当者会議の効果について否定的な回 答をした者に、より強い脱人権格化が認められた |
| J-1 4 | 生野繁子 (九州看護 福祉大学 看護福祉 学部看護 学科)、竹 園辰巳 | K県A地域におけ る介護保険サー ビス利用に関する 現状と評価 居宅 サービス利用者 に焦点をあてて | 九州看護 福祉大学 紀要 5 巻 1 号 Page167-1 75(2003.03) | 介護保険の居宅サービス利用者414名(男32.7%、 女67.3%)。要介護度は、要介護1が35.2%、2が 18.7%、3が11.0%、4が11.9%、5が9.5%、要支援が 13.7%であった。 | サービス事業者を選ぶ上で重視することは「職員の対応」「サービス 内容」「所在地」「介護支援専門員からの推薦」の順に多かった。現在 利用のサービス事業者に望むことは「職員の対応」「他の医療機関 との連携」「施設設備が整っている」「施設が清潔」の順であった。利 用に当たっての相談窓口は「ある」が91.7%で、その相手は「介護支援 専門員」64.0%、「事業所のスタッフ」40.5%、「家族・友人」31.8%、「市町 村」6.0%であった。自分のケアプランを「理解」が97.8%であった。ケアプラン ケアプランに対して「満足～ほぼ満足」が86.8%であった。ケアプラン に自分や家族の意見が「取り入れられた」は86.8%であった。介護保 険開始後にサービス利用が「増えた」は33.7%、「以前利用していなか った」が20.2%で、「利用してよかった」は97.3%であった |
| J-1 5 | 近森栄子 (大阪市立 大学看護 短期大学 部)、鈴木 学美、熊 谷佳代、 畑中活子、 宮田さお り、岡本祐 三 | 病院勤務看護師 の介護保険制度 に対する関心度 の職位による違 いと連携に関する 調査 | 看護学雑 誌 67 巻 9 号 Page899-9 05(2003.09) | 看護師401名。職位はスタッフナース(A群)が 64.3%、主任(B群)が19.2%、師長(C群)が15.0%であ った。 | 介護保険制度に興味・関心があるのは88.0%で、A群84.8%、B群 92.2%、C群98.3%であった。ケアマネジャーの仕事に関心があるのは 75.1%で、A群71.4%、B群81.8%、C群86.4%であった。在宅ケアに関連す る研修に参加ありは20.0%で、A群12.2%、B群28.8%、C群46.7%であっ た。いずれもA群がB群、C群に比較して有意に少なかった。日頃から 地域で利用できる社会資源に関心が「ある」は47.4%、「なし」が7.5%、 「どちらとも言えない」が44.9%で、職位が高いほど有意に肯定回答率 が高かった。介護保険による社会資源を必要とした患者を受け持っ た経験があるのは39.6%で、職位による有意差はなかった。退院時に ケアマネジャーへ連絡調整を行った経験があるのは25.4%、在宅介護 支援センターへ連絡を行っていないのは77.8%であった。専門職種で 構成される調整会議に参加したことがあるのは13.5%であった |

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| J-1 6 | 森下安子 (高知女子 大学看護 学部看護 学科), 他 | 介護予防に関わ る要因の特徴 | 高知女子 大学紀要 (看護学部 編)52巻 Page15-29 (2003.03) | 高知県内の5ヶ所のモデル市町村から各々要介 護者事例を10例ずつ提供を受け,計50事例 | 要介護者に特徴的なハイリスク要因として,高血圧,肥満,飲酒,不眠, 糖尿病が多くみられ,症状や状況による特徴的な要因として膝関節 の疼痛による歩行困難,転倒,独居,痴呆,疾病に対する不安感が強い こと等が挙げられた.その他に,「要介護状態認定以後の本人の特徴 的な要因」「要介護状態以後の家族に関する要因」「介護予防に関 わる地域・専門職に関する特徴的要素」といったカテゴリーに分けら れる要因が要介護者を取り巻いていることが明らかとなった |
| J-2 0 | 吉澤みど り(渋谷区 役所福祉 部) | 援助困難ケース の全体像 実態 把握票作成とそ の集計分析より | 地域保健 34巻3号 Page81-89 (2003.03) | 援助困難ケースへの理解を深める。「実態把握 票」の紹介と,その集計・分析,援助困難ケースの 全体像について報告 | 援助困難ケースについて,渋谷区の介護保険制度下で関係機関に 理解されやすくなった.痴呆性高齢者の問題が大きく,特に独居の場 合は半数近くが痴呆の問題であった.援助困難ケースに関する課題 整理が簡素になり,「老人虐待」「青年後見制度利用」といった側面に ついて,更に深い分析を行うことができた |
| J-2 1 | 豊嶋三枝 子(国際医 療福祉大 学保健学 部看護学 科),須佐 公子,城ヶ 端初子 | T県北部における 介護支援専門員 の職業上ストレス の実態 | 日本看護 福祉学会 誌8巻2号 Page57-64 (2003.03) | T県北部の122施設の介護支援専門員318例。 自作の質問紙を用い,郵送による調査 | 職業上ストレスの程度は高く,ストレス認知が高いことや仕事への満 足度が低いと,離職意思が高いことが明らかになった.ストレス内容は, 「量的労働負荷」「利用者・家族への対応の葛藤」「介護保険制度実 施上の不備・不満」「職場環境への不満」「介護支援専門員業務に 対する理解不足」「連絡・調整の負担」「自己の能力不足」の7つのカ テゴリーが抽出された.介護支援専門員のストレスを軽減するために は,介護支援専門員自らの努力のみならず,適切なスーパーバイザ ーの設置,研修制度の充実,社会資源を増やすといったこと等,行政 側,職場の長が積極的にその環境改善をはかることが大切であ ることが示唆された |
| J-2 2 | 福井貞亮 (大阪市立 大学 大学 院生活科 学研究科 後期博士 課程),岡 田進一, 白澤政和 | 要介護在宅高齢 者の基本的生活 行為の困難さとそ の介助に関連す る要因 | 日本在宅 ケア学会 誌7巻2号 Page58-66 (2004.03) | 介護支援専門員が,要介護高齢者の日常的な生 活行為の困難さや,その介助が必要となる状況 を,要介護高齢者の状態から理解する際に留意 すべき点を明らかにした。 | 特に,日常生活をおくるうえで最も基本となる,排泄,入浴,清潔保持,食 事行為を基本的な生活行為として位置付け,それらの「生活行為の困 難な状態」と,それらの行為について「介助を受けている状況」との2 つの側面を取り上げた.行為が困難な状態には,基本動作と認知の 状態,介助状況には,基本動作と問題行動の状態が強く関連した.介 助状況には,基本動作や認知,問題行動要因以外にも強く関連する 要因の存在が示唆された |

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| J-2 3 | 木村裕美 (佐賀大学 医学部地 域・国際保 健看護学 講座)、小 野ミツ | 介護支援専門員 の業務に関する 課題と役割認識 | 日本看護 福祉学会 誌9巻2号 Page64-74 (2004.03) | 佐賀県のケアマネジャー80名(男性15名、女性65 名、27~63歳、平均年齢42.2歳)。業務の問題点と 役割認識についてアンケートによる実態調査を 実施した。 | 勤務形態は業務が6割、専任が4割であった。調査の結果、以下のこ とが分かった。業務上の問題点として、「利用者や家族の生活状況を把 握する時間がない」(47.5%)など、業務に充てる時間が不足しているこ とが認められた。生活・健康状況については、9割以上が健康上の問 題を抱えていた。ケアマネジャーの役割認識の不明確さの内容とし て、「不明確なゴール」(85.0%)、「利用者の理解のあいまいさ」(82.5%)な どが認められた。具体的業務の実施状況では、45項目の平均点は 5点満点で3.2点と低く、「モニタリングと評価」の過程において 低かった |
| J-2 4 | 櫻井孝(神 戸大学大 学院医学 系研究科 老年内科 学)、宋秀 珍、横野 浩一 | 介護保険 老年 医学と介護保険 | 日本老年 医学会誌 41巻2 号 Page189-1 92(2004.03) | 1996~2002年に発表された介護保険に関する 論文・会議録 3606編 | 著者の職業では行政、ケアマネジャー、理学療法士、医師が多かつ た。内容は50%以上が在宅に関するものであった。「制度/行政」、「地域 保健」、「意見書/要介護認定」、「ケアマネジメント」、「ケアマネジャー 一」、「リハビリテーション」などをキーワードとするものが多かった。経 年的変化を検討したところ、「ケアマネジャー」は介護保険施行後に は出現頻度が減少したが、「サービス資源」、「痴呆」、「老年症候群」 、「看護師」、「施設医療」、「病院介護」、「高齢者医療」、「終末期医療・安 楽死」、「透析」、「老人虐待」、「介護負担」などは介護保険施行後に増 加した。介護保険実施を契機に論文・会議録の内容は変化し、老年医 学の役割も変化しつつある。高齢者の包括的な理解、地域での他職 種との連携、また、高齢者特有の疾患・問題に対してより積極的な貢 献が求められていると思われる |
| J-2 5 | 長谷部史 乃(日本赤 十字武蔵 野短期大 学)、他 | 介護支援専門員 の訪問看護サー ビス活用の実態と 課題 | 保健師ジ ャーナル 60巻1号 Page50-56 (2004.01) | 東京都S区の介護支援専門員全員。介護保険 における訪問看護活用の実態をアンケート調査 | 199名(回収率97.1%)から回答を得た。回答者の専門領域は医療職 20.2%、看護職26.3%、福祉職17.7%、介護職35.9%などであった。訪問看護 をケアプランに導入した経験があるのは、87.9%であったが、必要性を 感じながら導入できなかった経験も92.7%に及んだ。その理由として、 「本人や家族が希望しない」(55.7%)、「限度額におさまらない」(19.8%) 等が挙げられた |
| J-2 6 | 豊嶋三枝 子(国際医 療福祉大 学保健学 部看護学 科)、須佐 公子 | 介護支援専門員 のバーンアウトと 関連要因 | 日本看護 福祉学会 誌9巻2号 Page127-1 35(2004.03) | バーンアウトの実態と関連要因を明らかにするこ と。関東地方の3県(埼玉、群馬、栃木)の介護支援 専門員。アンケートを実施 | 192名より回答を得た(有効回答率41.1%)。回答者は、男性33名、女性 159名で、経験年数は2年以上が124名(64.6%)で最も多かった。調査 の結果、徴候群(33.3%)、バーンアウト群(39.6%)をあわせると72.9%がバ ーンアウトと認められた。また、バーンアウトの要因として、「経験年数」 「担当件数」「利用者・家族の対応の負担感」「量的労働負荷」「仕事 の困難性」との関連が認められた。これらの結果から、人員の増強や 適切なスーパードクターの設置、研修制度の充実など職場環境の 整備が必要であることが示唆された |

VI. 文献検討レジュメ

文献 E-①-12

Lee, Diana T.F., Mackenzie, Ann E., Dudley-Brown, Sharon, Chin, T.M.

Case management: a review of the definitions and practices

Journal of Advanced Nursing, 27(5), 1998, 933-939

☆The Chinese University of Hong Kong, Hong Kong.☆

Keywords: case management, concept development, community nursing practice, Hong Kong

INTRODUCTION

- ☆ In Hong Kong, collaborative approach to goal-directed care, case management has been suggested as a way to facilitate the linking of quality and cost-effective care in both the hospital and community settings.
- ☆ The definition and component activities of case management have been subjected to a variety of interpretations in the literature. This absence of a clear understanding of case management has been suggested as an obstacle in the move to implement nursing case management in practice or to move forward case management research.

EMERGENCE OF CASE MANAGEMENT CONCEPTS

- ☆ This chapter states histories of case management in the United States and the United Kingdom. See the materials we studied before.

DEFINITIONS AND MODELS OF CASE MANAGEMENT

- ☆ There is considerable confusion about the nurse case manager role both within and outside of nursing.

Challis et al. 1990, Archer & Robertson (1990), primarily a matter of matching and coordinating services

Beardshaw & Towell (1990),

Ward (1990) [8,1,2,34]

Desimone 1988, Bryan et al. (1994) [14,6] an entire continuum of services from a referral network to supervised planning and provision of direct nursing services

Bergen (1992) [3]

two important factors;

① case management is still a novelty in the nursing world

②there is a lack of consistency in the literature with regard to the level of abstraction at which the issue is being addressed

Petryshen & Petryshen (1992), Laxade & Hale (1995) [30,24]. some case management programmes use case managers while others use clinical pathways to map client care

McKenzie et al. (1989), Cohen 1991 [28,11] Also, case management may be either carried out in the hospital setting

Franklin et al. (1987), extend beyond that boundary

Gibson et al.(1994)[17,18]

Conceptual-operational continuum

- ☆ Conceptually, it should be recognized that the use of case management is based on

the assumption that people with complex health problems need assistance in using the healthcare system effectively (Rheume et al. 1994) [31].

- ☆ Three frameworks for classifying case management have therefore been depicted by Beardshaw and Towell (1990) [2].

The brokerage framework is one in which advocacy is a prominent feature and the case manager acts to link services to needs through its role as an independent agent located outside the funding agencies.

In the social entrepreneurship framework resource and budgetary control are central and the case manager holds a budget for the purchase of care packages to provide individualized client care.

(no named) an extension of the keyworker/care co-ordinator function and entails the assumption of responsibility by members of multidisciplinary teams to arrange, deliver and monitor the care provided for specific clients.

- ☆ Case management can be seen to be operationally divided into five distinct phases that lead to the final phase of case closure or repetition of the cycle. ;①case finding, ②assessment and need identification, ③design and implementation of care packages, ④monitoring, ⑤evaluation or reassessment, (Bergen 1992) [2]
- ☆ In Hong Kong, case management in community nursing is operationally defined within this context as a systematic process of assessment, service co-ordination, referral, monitoring and evaluation through which the unique needs of clients are met (Hospital Authority 1995) [21].

CASE MANAGEMENT IN PRACTICE

- ☆ Case management aims at a controlled balance between quality and cost. Its goals are to: (McKenzie et al. 1989, Giuliano & Porter 1991, Bryan et al. 1994, Crawley 1994, Gibson et al. 1994) [28,19,6,12,18].
 - (a) Improve the quality of patient care through emphasizing the importance of health restoration and maintenance and increased continuity of care;
 - (b) Decrease the cost of care through empowering patients and their family to maximize self-care capabilities and prevent unnecessary or lengthy admissions;
 - (c) Improve patient, nurse and physician satisfaction and professional development through promotion of multi-disciplinary collaborative practice and coordinated care

Roles and responsibilities of case managers

- ☆ five roles for a nurse case manager (Meisler and Midyette 1994) [29]:
 - ① **Manager**; financial accountability in terms of evaluating and monitoring costs and resources,
 - ② **Clinician**; develops and manages a plan of care for a specific patient type or population through coordinating with hospital staff
 - ③ **Consultant**; collaborates with the multi-disciplinary team, serves as patient liaison, offers clinical support and expertise, coordinates consultations and encourages patient and family participation.
 - ④ **Educator**; explaining the use of a patient's care plan, involving the entire health care team in the total process of care and updating staff and involved disciplines of practice changes.
 - ⑤ **Researcher**; continuously monitors and evaluates the quality outcomes and cost.
- ☆ The case manager must possess strong clinical and managerial skills and have the ability to communicate and work well with others (Williams 1992, Lynn-McHale et al. 1993, Crawley 1994) [37,25,12].

- ☆ Educational preparation of case managers is important and it has been suggested that case managers should be prepared at the masters level (Meisler & Midyette 1994) [29] so as to meet the demands of today's health care system.

Case management models

- ☆ Three models of nurse case management in practice. (Lamb 1992) [23]

The hospital-based model Individual nurses or teams of nurses coordinate services for high-risk individuals and ease transitions across units within the hospital. Nurse case managers in this model usually do not follow patients outside of the hospital.
→mainly used in USA

The hospital-to-community model Nurse case managers work with high-risk people across acute care and long-term care settings.

The community-based model Nurse case managers work with individuals primarily in their homes and other community settings.
→mainly used in United Kingdom
→similar model used in Hong Kong

Two-tiered system in Hong Kong

- ☆ A two-tiered system

- ① The care co-ordinators; Registered nurses who have reached the status of nursing officer while the case managers are registered nurses in the existing community nursing service. Facilitate the implementation of case management in the community nursing services through working with a hospital based multidisciplinary team in order to develop critical paths, plan discharge and to transfer the patient to the care of the case managers in the community.
 - ② The case manager; Coordinates the pre-discharge planning, performs comprehensive assessment, and plans, implements and monitors the care through utilizing and managing the healthcare and social resources as appropriate. Responsible for case closure and referral if necessary.
- ☆ The findings of a survey designed to create a picture of current case management practices as they relate to community nursing in the United Kingdom (Bergen 1994) [5] →majority of the nurses were engaged in assessment/referral processes (97.5%), service delivery (94%) and case monitoring and review (88%).

MEASURING THE EFFECTIVENESS OF CASE MANAGEMENT

- ☆ It is worth noting that majority of the research that measured the effectiveness of case management has been conducted in hospital settings in the USA.

- ☆ The most common outcome measures used in these studies can be divided into the clinical and financial evaluation systems (Weilitz & Potter 1993) [35].

Clinical evaluation Based on an analysis of the success in delivering recommended interventions during the course of the patient's stay using evaluation of variances in the care pathway. Evaluation of variances in therapy, treatment and meeting patient outcome, is therefore the basis for the clinical evaluation of the care pathway.

Financial evaluation An analysis of key financial indicators such as length of stay, charge and cost per case. Financial performance comparisons can be made for patients placed on care paths with patients of the same case type not placed on a care path.

- ☆ Consumer satisfaction is also frequently measured and is considered to be the most appropriate method of data collection for reasons including the potential for a good