

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書籍名	出版社名	出版地	出版年	ページ
	なし						

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
宮下光令,加藤雅志,清水恵,森田達也,佐藤一樹,藤澤大介.	日本のがん患者のQOL:受療行動調査を用いた全国調査	Annals of Oncology	24 (Supplement 9)	ix35	2013
宮下光令,加藤雅志,清水恵,佐藤一樹,藤澤大介,森田達也.	全国のがん患者のQuality of Life:平成23年度受療行動調査と一般市民の比較.	日本癌治療学会誌	48(3)	1089	2013
村上義孝,松山裕,上原里程	厚生労働省受療行動調査による患者満足度に影響を与える医療施設特性の探索	日本公衆衛生雑誌	10	323	2014
Murakami Y, Uehara R, Matsuyama Y, Kashiwabara K, Miyashita M.	Distribution and twelve years' time trends of patient satisfaction in Japan using the national statistics database.	WPA Section on Epidemiology and Public Health -2014 Meeting	1	132	2014

## 研究成果の刊行物・別刷

宮下光令, 加藤雅志, 清水恵, 森田達也, 佐藤一樹, 藤澤大介. 日本のがん患者の QOL : 受療行動調査を用いた全国調査 . *Annals of Oncology* 2013;24(Suppl9): ix35.

*Annals of Oncology* 24 (Supplement 9): ix31–ix65, 2013  
doi:10.1093/annonc/mdt459.19

### Oral Session

O1-054 **QUALITY OF LIFE OF JAPANESE CANCER PATIENTS: A NATIONALLY REPRESENTATIVE SAMPLE SURVEY USING PATIENT'S BEHAVIOR SURVEY**

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**Background:** In the Japanese basic plan to promote cancer control, which is based on the Cancer Control Act, one of the primary aims is the maintenance and enhancement of the quality of life of cancer patients. However, quality of life in a nationally representative sample has not been assessed. We developed an innovative method to assess quality of life in a nationally representative sample of cancer patients in outpatient and inpatient settings.

**Methods:** In October 2010, the Ministry of Health, Labor and Welfare conducted a national Patient's Behavior Survey of 485 stratified, randomly sampled hospitals. The survey included a newly added quality of life question. Data for cancer patients were extracted by linkage with the national Patient Survey. As part of the quality of life measure, pain, physical distress, psychological distress and overall quality of life were surveyed.

**Results:** Of 150,620 respondents, about 9,000 cancer patients (5,000 inpatients and 4,000 outpatients) were identified. Of the respondents with cancer, pain was reported in 47% of inpatients and 28% of outpatients, 56% (inpatients) and 28% (outpatients) had physical distress and 51% (inpatients) and 31% (outpatients) had psychological distress. Overall quality of life was reported as "bad" by 37% of inpatients and 33% of outpatients.

**Conclusions:** This is the first survey about quality of life of Japanese cancer patients in a nationally representative sample. Responses indicated that quality of life was poor in a significant proportion of patients. First, we need to set target values for cancer control. Then, we need to help improve the quality of life of cancer patients to target levels with comprehensive cancer treatments and supportive and palliative care.

Murakami Y, Uehara R, Matsuyama Y, Kashiwabara K, Miyashita M . Distribution and twelve years' time trends of patient satisfaction in Japan using the national statistics database. 2 WPA Section on Epidemiology and Public Health -2014 Meeting: 132.

**P1-17 Distribution and twelve years' time trends of patient satisfaction in Japan using the national statistics database**

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**Aims:** Patient satisfaction is an important information to assess patients' care in hospitals, but seldom had been investigated on nationwide level. The aims of this study is to examine the distribution and time trends for patient satisfaction in Japan (1999-2011) using the national statistics database.

**Methods:** Data from 1999 to 2011 on the Patient's Behavior Survey were used for the analysis. This survey is self-administered and designed to assess patients' perceptions, behaviors, and satisfaction with medical services throughout Japan (total of 500 general hospitals). Patient satisfaction was measured for six items for both inpatients (overall satisfaction, doctor's diagnosis, doctor's consultation, service from healthcare professionals [except doctors], privacy in a hospital ward, hospital meals) and outpatients (overall satisfaction, time in waiting room, time in examination room, doctor's diagnosis, doctor's consultation, privacy in doctor's office). Each item was measured on a 4-point scale (great, OK, poor, other). We plotted the score distributions of each year and examined the hospital-specific time trends for patient satisfaction.

**Results:** Increasing trends of overall satisfaction were observed in both university and small hospitals. This trend was more apparent in inpatients than in outpatients. In inpatients, specific items ('doctor's diagnoses, 'doctor's consultation') showed increasing trends of satisfaction in all hospitals; 'hospital meals' showed an increase only in university and small hospitals. A relatively low proportion of satisfaction was observed in outpatients, particularly for 'time in waiting room' and 'time in examination room'. These results indicated that some items for patient satisfaction differed by hospital type.

**Conclusions:** We investigated a nationwide distribution of patient satisfaction in Japanese hospitals over a 12-year span. Improvements in patient satisfaction were observed in some elements of satisfaction.

村上義孝，松山裕，上原里程．厚生労働省受療行動調査による患者満足度に影響を与える医療施設特性の探索．日本公衆衛生雑誌 2014;10:323.

#### P-0105-4 厚生労働省受療行動調査による患者満足度に影響を与える医療施設特性の探索

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【目的】受療行動調査・患者調査・医療施設調査を統計法第33条に基づく申請により入手・突合し、患者満足度に影響する医療施設調査の項目の探索を実施した。

【方法】平成23年受療行動調査の基本集計データ (n=150,620) を用い、受療行動調査の患者満足度は「全体としてこの病院に満足していますか (以下、全体満足度)」の項目を使用した。探索に使用した医療施設調査の項目は、病院種別、開設者、医育機関、委託の状況、保守点検業務、受動喫煙防止対策、医療安全体制、緩和ケアの状況、研修の実施状況など27項目である。はじめに全体満足度を満足、ふつう、不満、その他の4カテゴリに分け、無回答は除外した上で各調査項目に検討した。外来・入院別に満足割合 (集団全体の中で満足と回答した人の割合)、不満足割合 (集団全体の中で不満足と回答した人の割合) に着目し、カテゴリの割合の最大値、最小値から範囲を算出することで、項目カテゴリ間で回答 (患者満足度) が大きくばらつく項目を探索した。便宜上、満足割合は7%以上、不満足割合は3%以上のものを項目内で回答が大きくばらつく項目と判定した。

【結果】病院種別をみると入院で特定機能病院、大、中、小病院、療養病床の順に満足割合が低下、不満割合が上昇する傾向がみられ、それらの差は満足割合で9.4%と大きく、不満割合で1.8%であった。開設者別では、外来で開設者が国のとき高い満足と低い不満が、反対に公的医療機関のとき低い満足と高い不満の傾向がみられた。入院では満足・不満割合はともに開設者が国・その他のとき高い満足と低い不満が、医療法人・個人で低い満足と高い不満の傾向がみられた。他に満足割合に差がみられた項目として入院では医育機関、委託 (給食、滅菌、保守・医療機器、検体検査)、研修の実施状況が、外来では受動喫煙防止対策、医療安全体制 (全般)、院内感染施設内回診、緩和ケア病棟の有無、研修の実施状況などがあつた。

【考察】受動喫煙防止対策、医療安全体制 (全般)、研修の実施状況でみられた満足・不満足の違いは個々の医療施設特性の影響というより、その上流にある医療施設規模・機能によるところが大きいと考えられる。今後は医療施設特性が患者満足度に与える影響について、施設間差に着目し、その規定要因・大きさの評価を進める所存である。