Original Article

Journal of the Tsuruma Health Science Society Kanazawa University Vol. 30(2)
81～91 2006

Intervention Process by Experienced Nurses for the Improvement of Self-Efficacy in Patients Suffering from Depression

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Abstract

This study was started for the purpose of 1) clarifying the "intervention process by experienced nurses for patients suffering from depression" and 2) investigating the changes in self-efficacy of "the patients suffering from depression". The subjects of 1) were 15 females and 3 males whose average age was 40.9±5.7 years and whose working experience in nursing was 15.4±6.4 years. As a result of analysis by the M-GTA method, intervention processes were divided into 3 major steps. The 1st step was **[pursuing the source of the exhaustion of strength]**, the 2nd step was **[confirming fledgling strength]** and the 3rd step was **[accumulating strength and considering the road for leaving hospitals]**. When nurses felt responses in approaching the source of the exhaustion of strength (listening to the voice from the patients' hearts), they moved from the 1st step to the 2nd step. This revealed the importance of the measure of approaching the source of the exhaustion of strength (listening to the voice from the patients' hearts) which was reducing "anxiety" in order to increase patient self-efficacy. In addition, experienced nurses were aware of being supported by working environment, collaboration with patients' doctors, and the flow of experience devoting themselves to care. The subjects of 2) were 4 females and 4 males, 3 females and 1 male who were in their 20－40's, 1 female and 3 males who were in their 50－60's. The relationship between GSES and HADS scores for each patient was examined. Cases revealing low GSES when entering hospitals and leaving hospitals without improvement showed a strong reverse correlation with HADS anxiety scores. The result also shows the efficacy of a strategy centering on anxiety reduction that experienced nurses employ.

Key words

self-efficacy, patient education, experienced nurses,
flow of experience devoting themselves to care,
patients suffering from depression

Introduction

Bille, et al.[1] described the role of the nurse as teacher 20 years ago stating: "Nurses are obligated to communicate the appropriate information at the appropriate time to patients regardless of conditions" (Kojima & Sasaki Trans.). Cole and Raju, et al.[2] reported the effect of instructional intervention on patients suffering from depression, and the number of patients suffering from depression is increasing, including patients with cancer[3]. Given such a background, we initiated "Fundamental research on education and training for patients suffering from depression[4]" in 2002. The study revealed that experienced nurses

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exhibited a tendency to understand patients suffering from depression more positively than younger nurses. This suggested that the approach of experienced nurses to patients contained a characteristic of intervention that increased the "self-efficacy[5]" of patients suffering from depression.

Therefore, this study was started for the purpose of 1) obtaining suggestions on instructional intervention with patients with lowered self-efficacy utilizing "nursing intervention to patients suffering from depression" by experienced nurses as a model (qualitative and inductive study), and 2) clarifying changes in the self-efficacy and HADS scores of patients suffering from depression (quantitative study).

Method 1

Reveal the intervention process employed by experienced nurses for the increase of the self-efficacy of patients suffering from depression (qualitative and inductive study).

Subjects of Research

26 nurses with more than 7 years' working experience at 4 national and public mental hospitals and mental wards who had given their informed consent to participate in this study. In accordance with the M-GTA analysis method[6], 18 nurses who described having felt a solid response to "their pursuit of the source of the exhaustion of patient strength (self-efficacy)" were selected as analysis-focused subjects[7]. Subjects included 15 females and 3 males. The average age of the subjects was 40.9±5.7 years and their work experience was 15.4±6.4 years.

Data Collection Method

Semi-structured interviews were conducted for 8 months between June, 2005 and March, 2006. The interviews included 5 major points regarding the strongest impression nurses have of their approaches to patients suffering from depression: 1) what motivates them to work with the patients; 2) the content of their efforts for the patients; 3) the reason for their choice of method; 4) the changes that actually occurred; 5) what supports them. The length of each interview was 60 minutes and interviews were recorded with the participants' consent.

Ethical Considerations

After receiving approval from the medical ethics committee of the Kanazawa University Graduate School of Medical Science (Approval No. 18 Kanazawa University No.1), we consulted with the ethics committees of the facilities employing participants through the head nurse of those facilities. After that, we asked for cooperation in writing through the outpatient department chief, and obtained written consent. The purpose of the study, freedom of refusal to participate, discontinuation of participation and protection of privacy were also explained at the same time. We prepared for any potential psychological impact on patients suffering from depression that might arise by mentioning to patients that 1) we would contact the patient's nurse immediately in the event they felt sick while they were responding to the questionnaire, 2) we prepared a support system for such cases.

Method of Analysis

M-GTA was used in accordance with the purpose of this study. This is a modified version of the Grounded Theory Approach[8] (hereafter referred to as GTA) designed by medical sociologists, Glaser and Strauss in the 1960's and proposed by Kinoshita[9][10]. This method utilizes and modifies the theory drawn by the results of the study at work sites in order to avoid the interference of investigator subjectivity. This was also an excellent method that provides a strong explanation in the field of research regarding social interaction, and it is methodologically definitive; therefore, we determined that it was useful for analysis in this study.

We describe the accuracy of the analysis procedures as follows: 1) Analysis-focused subjects were selected and analyzed in order that the analysis would be from the viewpoint of the person in the position; 2) We read data focused on the theme of analysis and analysis-focused subjects. 3) When we found significant data, we recorded it on

the worksheet as a concrete example (variation). 4) We identified concepts considering definitions that explained other similar concrete examples. A worksheet was created for identification of the concepts, and concept title, definition and concrete examples on which attention was focused were recorded on the sheet. One worksheet per concept was used. 5) Other examples were recorded concurrently on worksheets by successive comparison method, and concepts were rejected when concrete examples were lacking. 6) Similar examples of identified concepts were confirmed and opposite examples of the identified concepts were also confirmed in order to assure that such examples were not interpreted arbitrarily. 7) The relationship between each identified concept and other concepts was examined and a correlation chart was created. 8) Categories containing several concepts and core categories containing multiple categories were identified and a chart was generated to clarify the results in order to complete the picture of the process. In addition, this study received supervision during the process from planning, production of concepts and creation of result chart, by clinical nursing teachers and M-GTA researchers, including Professor Inagaki.

Presentation of Concept Production

The process of concept production is shown here. This is a portion of the interview of a 50-year-old female with 24 years' work experience in psychiatric nursing.

"I watch patients from a distance and send signals to them by nodding to say 'it's fine' or making sounds of agreement. When we make eye contact with patients, we receive signs from them, too, including nods or other signs saying 'it's fine.'"

The researchers defined this aspect as an interaction between experienced nurses and patients suffering from depression, in other words, [feeling at ease by detection of interaction that makes us feel that we were connected, just fine and just a little more], and gave it the title, detecting the interaction and conceptualized it. Others were conceptualized as well, and a total of 18 concepts were produced.

Method 2

Change of self-efficacy (quantitative study)

Subjects of Research

14 patients suffering from depression who were scheduled to enter the same hospital as those in Method 1 and who cooperated with the research. 8 out of 14 patients had complete data and became subjects of this study.

Investigation Tools

The investigation took place over 10 months between August, 2005 and June, 2006 utilizing the following two types of tools whose reliability and validity had been verified: 1) General Self-Efficacy Scale[11] (hereafter referred to as GSES); 2) Hospital Anxiety and Depression Scale, Japanese Version[12] (hereafter referred to as HADS).

GSES measures 16 items employing a 2-point scale (yes－1 point, no－0 points) (0－16 points). As the point value increases, self-efficacy becomes higher. The standard for rating is 0－4 (Very Low), 5－8 (Rather Low), 9－11 (Moderate), 12－15 (Rather High) and 16 (Very High). HADS measures 14 items: 7 items for anxiety and 7 items for depression, and employs a 4-point scale (Frequent: 3 points; Present: 2 points; Infrequent: 1 point; Absent: 0 points) (0－21 points). As the point value increases, anxiety or depression becomes higher.

Data Collection and Analysis

Data was collected a total of 5 times: the 1st time within 1 week of hospitalization; the 2nd time about 1 month after hospitalization; the 3rd time about 2 months after hospitalization; the 4th time on discharge from the hospital; and the 5th time on the 1st visit to the hospital after discharge, and the change was examined. Next, we analyzed the correlation of the scores between self-efficacy and HADS for each case.

Results & Discussion

1. Intervention process by experienced nurses for the improvement of self-efficacy in

patients suffering from depression

18 concepts, 7 categories and 3 core categories were produced utilizing the M-GTA analysis method. A chart of the results (Fig.1) and the overall process are shown. In the text, **【 】 indicates core categories,** 〈 〉 indicates categories, underline indicates concepts, [ ] indicates definitions and " " indicates concrete examples.

1) Overall process

As is shown in Fig.1, the experienced nurses in this study executed three steps and increased the self-efficacy of patients suffering from depression.

The key concept of this process is approaching the source of the exhaustion of strength (listening to the voice from the patients' hearts); and the experienced nurses, utilizing this activity as a springboard, jumped from the 1st step **【pursuing the source of the exhaustion of strength】** to the 2nd step **【confirming fledgling strength】** in increasing patient self-efficacy. They increased the self-efficacy of the patients suffering from depression by **【accumulating strength and considering the road for leaving the hospital】** at the 3rd step. The nurses recognized that working environment, collaboration with their doctors and the experience of devoting themselves to care.

2) Characteristics of each step

1st step: 【Pursuing the source of the exhaustion of strength】

The experienced nurses 〈assessed the conditions of strength〉 of the weakened patients who were suffering from depression and they developed actions for approaching the source of the exhaustion of strength (listening to the voice from the patients' hearts). Therefore, we named the core category of this step **【pursuing the source of the exhaustion of strength】**. In the 1st step, the nurses revealed the following measures watching patients positively.

〈Assessing the conditions of strength〉

The experienced nurses were [observing the physical status, facial expressions and attitude of patients in order to assess their weakened conditions] at the beginning of the intervention.

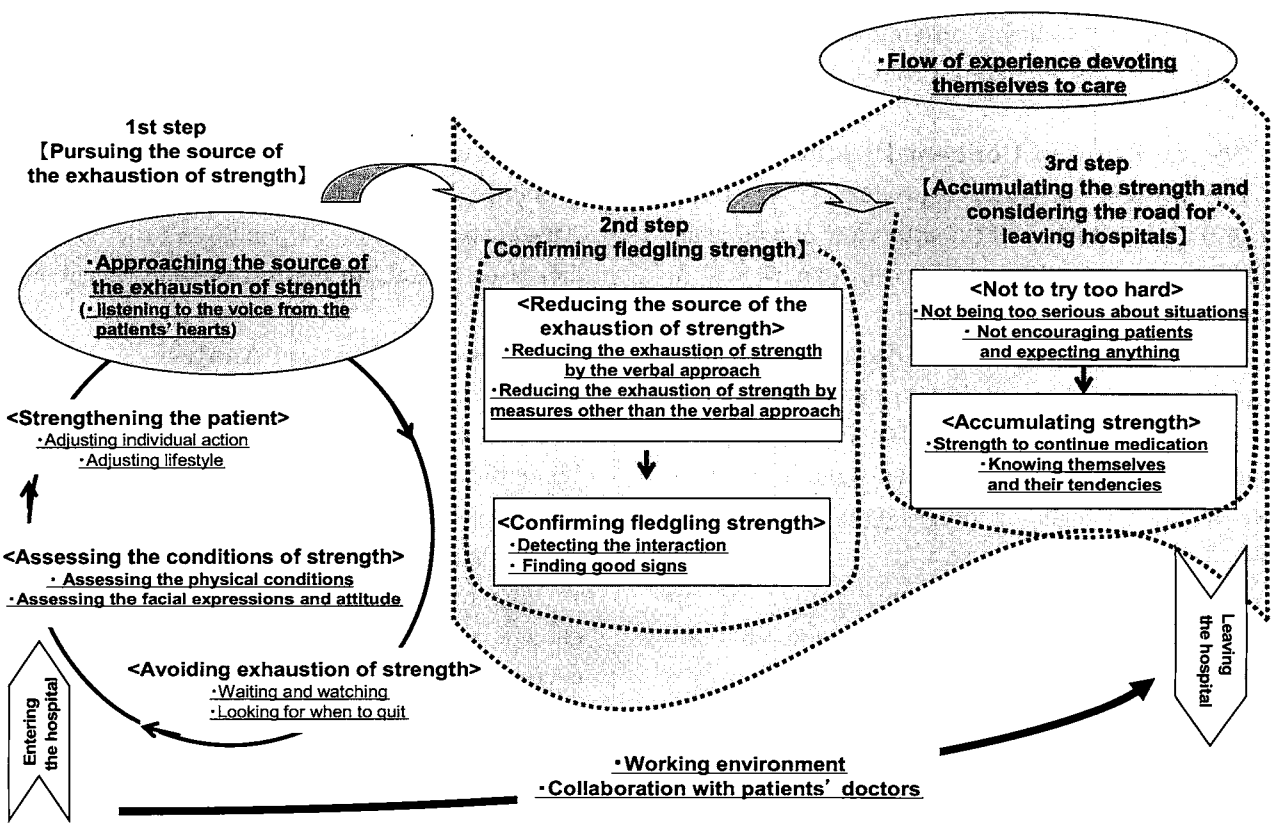

Fig.1 Intervention process by experienced nurses for the improvement of self-efficacy in patients suffering from depression

We produced 2 concepts: 1) assessing the strength through physical conditions and 2) assessing the facial expressions and attitude, and categorized them as 〈assessing the conditions of strength〉. The following are the variations of this category:

1) "A patient in his 70's came to our hospital because of a serious condition. The acceptance of the patient was carried out in an extraordinary atmosphere. However, in such situations, I try not to rush, try to be calm and assess the physical condition of the patient."

2) "Knocking on the door, going into the room and introducing myself and saying, 'Hello,' if it is the first time to see each other, I usually check the patient's facial expression and the angle of the neck."

As stated above, the experienced nurses assessed the conditions of strength utilizing two measures when facing weakened patients (in self-efficacy).

〈Strengthening the patient〉

Nurses were assessing the conditions of strength and [strengthening the patient's daily lifestyle without rushing and getting involved with their weakened strength]. There were 2 measures in this action: 1) adjusting individual action and 2) adjusting overall rhythm. We categorized these as 〈strengthening the patient〉. The following are the variations of this category:

1) "Sometimes patients go out of their mind and fall into a panic; however, I remain calm and adjust their sleep and diet considering the symptoms a temporary thing."

2) "Patients, especially those who are suffering from depression, tend to have a mistimed daily rhythm. I hope that I can improve that condition by taking care of the patients with a belief in their improvement."

The characteristic of this category is that nurses observe patients' conditions positively and take action. Generally speaking, individuals with positive care can increase their self-efficacy.

Approaching the source of the exhaustion of strength (listening to the voice from patients' hearts)

The experienced nurses observed patients positively and listened to the voice from patients' hearts in order to [approach the source of the exhaustion that weakened the strength of patients.] This action was categorized as approaching the source of the exhaustion of strength.

This connects to the definition of Evidence-Based Nursing, in other words, the reasons for the approach. Nurses used their own measures that were totally different from those of the doctors (examinations). One example is as follows:

"First, I ask patients at the early stage after hospitalization if they have the desire to commit suicide or not. I think it is my job to ask if they would like to die or not, I know I should do it. It is strange to ask if they would like to die; however, if we do not do it, nobody can do it."

Additionally, approaching the source of the exhaustion of strength (listening to the voice from patients' hearts) is the key concept of this process. In other words, whether or not nurses feel a response in this stage determines whether they go on to the 2nd step or circulate around in the 1st step.

Incidentally, Wilkinson[13] reported that "nurses were using 50% of their time having conversation with cancer patients suffering from depression for blocking behavior." The experienced nurses in this process were trying to listen to the voice from the subjects' hearts, the opposite of blocking behavior, utilizing the measures of listening to the voice from patients' hearts.

This concept, as described above, has become a key concept in the analysis of "the intervention process for the improvement of self-efficacy."

26 experienced nurses participated in the interviews and theoretical sampling. However, 8 of the nurses reported not feeling any response to their efforts in this step. Therefore, in accordance with the M-GTA method[14], these nurses were excluded from the analysis.

〈Avoiding exhaustion of strength〉

The experienced nurses who could not feel any response took the action of [staying with patients

and wondering what to do, watching them from a distance and considering when to quit] without confirming what the source was. These actions included 1) waiting and watching and 2) looking for when to quit. Because this was understood to be consideration for not exhausting weakened strength, it was produced as a category of 〈avoiding exhaustion of strength〉. Concrete examples of this are as follows:

1) "I feel time passes slowly. I just watch patients without saying anything when they seem to be in deep thought about something or think about talking to them when I feel they are waiting for my words."

This stance of waiting and listening was defined as the actions of 〈preventing exhaustion of strength〉 in this process. It is likely that these are the measures to be used while nurses circulate in the 1st step when they cannot jump up to the 2nd step.

2) "Patients sometimes seem to feel like being hospitalized ... because they think of it as a safety zone ... so, when we mention to go to the next step, for example, they do not move to the open ward of the hospital from their accustomed environment, or they would like to stay for 3 months if they were told so at first. When they are like that and do not seem to want to think about realistic issues, I stop pushing anything."

This variation is a concrete example of the difficulty of moving to the 2nd step. This variation shows an example of nurses' feeling the difficulty in pursuing the source of the exhaustion of strength even if they listen to the patients or open their hearts to the patients.

2nd step :[Confirming fledgling strength]

The experienced nurses utilized the relationship and looked toward the direction of 〈confirming fledgling strength〉 through the action of the key concept, pursuing the source of the exhaustion of strength (listening to the voice from patients' hearts). Therefore, we named the core category in this step **[confirming fledgling strength]**. In the 2nd step, the following measures or actions were revealed.

〈Reducing the source of the exhaustion of strength〉

The experienced nurses who felt a certain response in the key concept, pursuing the source of the exhaustion of strength, tried to [reduce the source of the exhaustion of strength through the verbal approach] using this result as a clue. This action included the measures of 1) reducing the exhaustion of strength by the verbal approach and 2) reducing the exhaustion of strength by measures other than the verbal approach. These were categorized as 〈reducing the source of the exhaustion of strength〉. The variations were as follows:

1) "I tell patients that they will be better, and, after that, they do not need to worry. I take time to meet with patients and tell them that "I care about you" in order to make them realize that there is somebody who cares about them and show them that emotional support for them is here."

The experienced nurses were intentionally employing the verbal approach, including "you will be better." Bandura propounds "Verbal Persuasion[15]" as a stimulating factor in self-efficacy. The verbal approach such as "you will be better" was suggested as one of the "Verbal Persuasions".

2) "The patient seemed to have increasing anxiety. He held the nurse's hands and did not want to let her go. He seemed to want to have someone next to him. It looked as if he clung to any person who came close to him and never wanted to let the person go. When we went out together, he was leaning over to the nurse pressing himself against her."

As Ashley[16] stated, the touching is a way of establishing human bonding from ancient times (e.g. a handshake). It is also used often between parents and children. Although we could not find any documents regarding nursing actions, experienced nurses seemed to use touching experientially as one of the detoxification measures that reduces the source of the exhaustion of strength.

〈Confirming fledgling strength〉

As mentioned above, experienced nurses who

attempted the detoxification of patients' mind employing the verbal approach, touching and taking a walk [To detect some change in interaction and other good signs beyond the interaction] with relief from the patients whose strength was weakened. This was interpreted as nurses trying to find signs of recovery of strength; therefore, it was categorized as an action of 〈confirming fledgling strength〉. This action included the measures of 1) detecting change in interaction and 2) finding good signs. The variations are as follows:

1) "It was like getting feedback. When we were checking how the situations were by asking questions and receiving answers regarding emotional changes, I could just feel..."

2) "I could feel that patients' symptoms were diminishing. Obvious symptoms, including loss of appetite, insomnia, physical symptoms, dizziness and headache, seemed to be lighter all of a sudden."

Measures at this step are the assessment of self-efficacy for the move to the next 3rd step. Self-efficacy can promote behavior modification combined with outcome prediction[17] (if you do A, B will happen). It was found that experienced nurses confirmed patients' self-efficacy as fledgling strength when moving toward the 3rd step, **[considering the road for leaving hospitals]**.

3rd step : [Accumulating the strength and considering the road for leaving hospitals]

After 〈**confirming fledgling strength**〉 at the 2nd step, experienced nurses started actions to 〈accumulate the strength of patients for leaving the hospital〉 as well as persuading them 〈not to try too hard〉. Therefore, the core category of the 3rd step was named **[accumulating the strength and considering the road for leaving hospitals]**. This action included the following actions or measures:

〈Not to try too hard〉

Experienced nurses who confirmed patients' fledgling strength were [telling the patients and their families not to try too hard in considering the road for leaving hospitals] in order to build the strength for leaving the hospital. At this step, the measures of 1) not being too serious about situations [persuading the patients to do so] and 2) not encouraging patients and expecting anything [persuading the families to do so]. The variations of each of the measure are as follows:

1) "Well, patients suffering from depression are often serious persons. So, that 'not being too serious about things' is important for them. When they are told not to be too serious about house keeping, they probably want to know what to do concretely..."

What distinguishes this step is instruction on how to not to be too serious about anything, including the concrete procedures. This concreteness was thought to be carried out with the same measures as 6 step method[18] by experienced nurses who obtained this learning method experientially.

2) "When the patients' families visit them, patients sometimes seem to feel pressure of 'what am I doing? I have to get better and go home soon,' even thought families did not say anything. In such cases, I tell families not to encourage patients."

In this step, doctors evaluate the strength of patients suffering from depression with measures including staying home overnight. Experienced nurses sensed this painful hope of the families, understood the "difficulty and inconsistency" within the family. It was found that nurses told families that "it is impossible to go back to the life before the depression developed" in order to imply to families that they should not to weaken the fledgling strength of patients.

〈Accumulating strength for leaving hospitals〉

Experienced nurses started the action of [making patients accumulate the ability to assess dangers, including continuing medication, knowing their abilities and tendencies] at the same time they took action to persuade patients 〈not to try too hard〉. There were 2 measures at this step: 1) the strength to continue medication and 2) knowing themselves and their tendencies.

Variations are as follows:

1) "I tell patients that they will be cured by medications. I tell them that we also use medications for colds, and we are providing them with medical treatment with the belief that they will experience a complete cure. Confirming that the bad conditions at the beginning have become better, I tell patients that it is not something to be pessimistic about; therefore, they should take medicines."

This intervention for accumulating strength to continue medications, known as drug adherence[19], is an already established methodology in cognitive therapy. However, the discovery here is that experienced nurses instruct patients about the effect of drugs, indicating symptoms that patients can fully understand. Such methodologies increase outcome prediction and self-efficacy efficiently[20]. It was suggested that experienced nurses are using the educational method for increasing the prediction effect in this process.

The variation of 2) is as follows:

"Yes, when patients get well and are going to leave the hospitals soon, they are used to the medications and sleeping very well, too. What the patients need to do under the situation where they just need one more step forward to go back to their lives is to have courage. And what we need to do is to believe in the strength of the patients."

Experience nurses never forgot expressing at the end of this process their hope for the courage, strength and self-efficacy of patients suffering from depression.

3) What supports experienced nurses

Experienced nurses reported that [they appreciate their working environment and collaboration with doctors, and that they are satisfied with their current conditions] looking back on these processes, described above, 3 concepts were extracted: 1) working environment that supports nurses [relationship with co-workers and supervisors, learning experience at training sessions]; 2) collaboration with patients' doctors [working partners]; 3) flow of experience devoting themselves to care [looking back on past experience and being confident and certain of themselves]. The variations of each concept are as follows:

1) "I had great chances to learn. I feel that I can concentrate on my work. I am not distracted and I do not need to care about other things at work. I can talk about whatever I am proud of, and people around me listen to it naturally. We sometimes discuss and argue about [what we learned at school]. There is also competition, including tests for promotion. However, there are almost no bothers. Many workers here work hard together. We admit not knowing certain things, investigate later and discuss such things with one another. We can express what we would like to say at conferences and meetings."

2) "We have good collaboration with patients' doctors. Therefore, we can concentrate on the care. Doctors listen to our opinions on medications. We exchange opinions with doctors on a daily basis. Before they visit their patients, they always ask us the patients' conditions if they see us."

3) "I begin to feel confidence that patients will recover from depression when I deal with patients. I sometimes feel that patients recognize this and accept me."

The concept 3) was interpreted as a similar experience of "flow experience"[21] described by Csikszentmihalyi and conceptualized. Experienced nurses looked back on past challenges and perceived competence. Or looking back on their painful experiences in the past, they had confidence and certainty in the current circumstances.

2. Change in self-efficacy

1) Correlation of GSES and HADS scores

In Fig.2, the GSES scores of 8 patients (hereafter referred to as A-H), and in Table 1, individual correlation of GSES and HADS scores were shown. Representative cases in accordance with the purpose of this study will be described as follows:

A was an unmarried female who was in her 20's, hospitalized for 3 months. H was an unmarried female who was in her 40's, hospitalized for 5 months. The GSES scores of these two patients

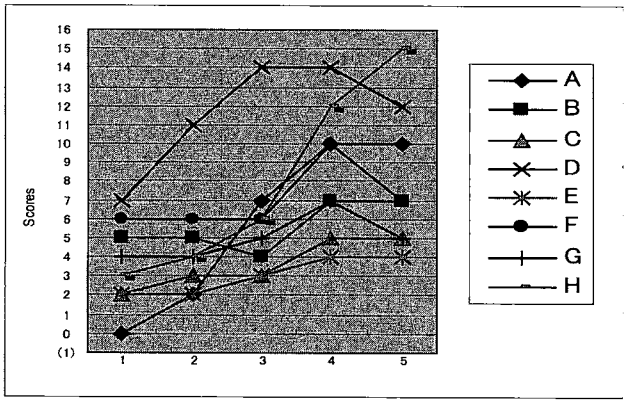

Fig.2 The Change in Self-Efficacy

Table 1 Correlation coefficient of GSES and HADS scores

Case	Anxiety	Depression
A	−0.96	−0.92
B	−0.49	−0.05
C	−0.88	−0.44
D	−0.80	−0.29
E	−0.75	−0.19
F	−0.97	−0.97
G	−0.91	−0.29
H	−0.88	−0.72

were low (4 points or less) when they entered hospitals; however, the score of both patients increased to the normal range (9 points or more) when they left hospitals.

As is shown in Table 1, the correlation of GSES and HADS scores of both patients indicated an inverse correlation of approximately 0.9. On the other hand, three patients, C, E and G showed low GSES scores when they entered hospitals (4 points or less) and left hospitals (5 points or less), and increasing points were also low (3 points). These three patients showed a strong correlation with anxiety scores. C was a male in his 50's, hospitalized for 3 months, E was a male in his 50's, hospitalized for 2 months, and G was a female in her 50's, hospitalized for 3 months.

In the cases mentioned above, GSES correlated more with anxiety scores than with depression scores. This suggested the effectiveness of reducing anxiety scores, which reflects the process of intervention to reduce anxiety, in order to increase GSES scores.

2) Relation to the "intervention process by experienced nurses for the improvement of patient self-efficacy"

The action of approaching the source of the exhaustion of strength (listening to the voice from patients' hearts) in the "intervention process by experienced nurses for the improvement of patient self-efficacy" was the key concept. The definition of this concept is [listenng to the voice from the patients' hearts (feelings of guilt and anxiety) wondering what causes the weakening of the strength], and the variation is the reduction in anxiety expressed in how they feel. "They might still feel depression, blaming themselves and becoming more depressed. They still have pain in their hearts. I sometimes feel that I can hear their voices asking for help". Experienced nurses who felt a response to this action moved to the 2nd step and provided support for **[feeling fledgling strength]**, in other words, the step for improving GSES. It is thought that cases A and D are examples of this, and that C, E and G are cases of circulating in the 1st step. This suggested that the characteristics of intervention by experienced nurses for the patients suffering from depression can play the role of model in this study area.

Conclusion

This study examined the characteristics of the nursing intervention process by experienced nurses for patients suffering from depression, found 3 major processes utilizing the M-GTA. The 1st step was **[pursuing the source of the exhaustion of strength]**, the 2nd step was **[confirming fledgling strength]** and the 3rd step was **[accumulating strength and considering the road for leaving hospitals]**. When the nurses felt responses in approaching the source of the exhaustion of strength (listening to the voice from the patients' hearts), they moved from the 1st step to the 2nd step. This revealed the importance of using the measure of approaching the source of the exhaustion of strength (listening to the voice from the patients' hearts), in other words, reducing anxiety in order to increase patient self-efficacy. In addition, the efficacy of this process was

indicated by the strong correlation between GSES and HADS anxiety scores. Experience nurses were aware of being supported by working environment, collaboration with patients' doctors and the flow of experience devoting themselves to care.

Study limitations and future issues

This study attempted to clarify the characteristic of the instructional intervention process by experienced nurses for patients with weakened self-efficacy utilizing "nursing intervention for patients suffering from depression" as a model. As a result, this intervention model was suggested to be effective for improving the self-efficacy of patients suffering from depression. An issue for future study is an examination of the efficacy of this process for patients suffering from depression whose self-efficacy is reduced, especially patients suffering from cancer.

The GSES subjects are 8 patients, and the change of the self-efficacy should be verified through subsequent and ongoing follow-up.

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熟練看護師によるうつ状態にある患者の自己効力感向上へ向けた介入プロセス

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要　　旨

本研究では，①「熟練看護師によるうつ状態にある患者への介入プロセス」を明らかにすること、②「うつ状態にある患者」の自己効力感の推移を調査する、ことを目的に研究に着手した。①の対象者である熟練看護師の性別は女性15名・男性３名、年齢40.9±5.7歳、勤続年数15.4±6.4年であった。M-GTAの分析技法に従い分析した結果、介入プロセスは３つの主要な段階に収斂された。第１段階は【力の消耗源を探す】、第２段階は【力の芽生えを確認する】、第３段階は【力をつけ、退院の道筋を考える】であった。また第１段階から第二段階へは力の消耗源に迫る（心の声に耳を澄ます）ことに手ごたえを感じたとき移行していた。このことから自己効力感を高めるには力の消耗源に迫る（心の声に耳を澄ます）方略、すなわち「不安」を軽減する方略の重要性が確認された。また熟練看護師は職場環境、主治医との連携およびケアにはまるフローな体験は自分を支えていることを自覚していた。②の対象者は男女各４名で年代は20～40代各1名、50代３名60代１名であった。個人別にGSESとHADS得点との関連をみた。入院時GSES得点が低く、向上しないまま退院したケースはHADS不安得点との間に強い逆相関が見られた。

不安軽減を軸足とする、熟練看護師の介入方略の有効性は、この結果からも支持されることが示唆された