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博士論文の要約

報 告 番 号	甲第 1472 号	氏 名	坂上 哲可
<p>論文題名（日本語） 地域在住高齢者の主観的健康感を規定する要因について ー作業バランスと身体活動量の観点からー</p> <p>論文題名（英語） Determinants of Self-Rated Health among Community-Dwelling Older Adults :From the Viewpoints of Occupational Balance and Amount of Physical Exertion.</p> <p>I. 研究目的 本研究の目的は、地域在住高齢者における主観的健康感が身体活動量と作業バランスとの間にどのような関係にあるのかを明らかにすることである。</p> <p>II. 研究方法</p> <p>1. 研究対象と調査期間 対象者は A 市及びその近郊の市町村在住の高齢者（65 歳以上）とした。同意の得られた参加者 66 名の内、最終的な解析対象者は 59 名であった。本研究は札幌医科大学倫理委員会の承認（承認番号 29-2-28）を受けた後、2017 年 11 月中旬から 12 月中旬の 1 ヶ月間に実施した。</p> <p>2. 調査方法 対象者には基本属性、主観的健康感及び作業バランスを測定するための作業質問紙（Occupational Questionnaire：以下、OQ）の記入と身体活動量を測定するための身体活動量計（以下、ライフコーダ）の装着を依頼した。測定期間はライフコーダが9日間、その内3日間をOQの記録期間とした。OQは1日の活動を時間軸に沿って記録するもので、各活動内容の作業認識（有能感、価値、興味）を主観的に5件法で評価することが出来る。</p> <p>3. 分析方法 主観的健康感の回答から、健康群、良好群、非健康群の 3 群に分類し目的変数とした。説明変数として年齢、性別、治療中の疾患数、教育歴、経済状況、外出頻度等の基本属性並びに身体活動量（歩数、中強度活動時間）、作業バランス（多様性指数、作業内容、作業時間、作業認識）を設定し、統計的解析を実施した。</p>			

Ⅲ. 研究結果

対象者の主観的健康感の内訳は健康群が17名、良好群が36名、非健康群が6名であった。身体活動量（歩数、中強度活動時間）の比較では、非健康群は他群に比べ明らかに減少していた。作業バランスでは、主観的健康感と多様性指数との関係は認められなかった。一方、健康群に比較して非健康群は作業内容のバリエーションや1日の活動時間、社会活動への参加時間が明らかに減少していた。また、食事時間は非健康群が他群に比較し増加していた。作業認識における日中の休憩の価値は低く、食事に対する価値は高かった。

Ⅳ. 考察

本調査から、主観的健康感と作業バランスの関係では多様性指数との関連は認められなかった。この原因として、高齢になるほど作業の選択肢が狭小化し、先行研究で確認した若年者のような多様な価値を伴った活動を行っていないため、多様性指数として捉えることが困難であったと推察できる。作業内容、活動時間、作業認識の視点から見た作業バランスでは、非健康群の特徴として、活動内容ではバリエーションの減少、活動時間では社会参加時間の減少と食事時間の増加、作業認識では日中の休憩の価値の低下が認められ、作業バランスが崩れていることが考えられた。作業バランスの崩れは活動の多様性の縮小と活動時間の配分、認識の変化により進むものと考えられ、その変化を捉えることで健康の維持、介護予防に寄与するものと思われる。

後期高齢者が今後もますます増加する中、身体活動量の維持が徐々に難しくなる高齢者においては、社会背景や身体活動量のみならず、作業バランスによる視点から作業の自由な選択と自発的な参加を促すアプローチを考えていく必要があると考える。

Ⅴ. 結論

本研究では地域在住高齢者における主観的健康感と身体活動量及び作業バランスの関係を検証した。その結果、作業バランスは主観的健康感を規定する一要因であることが示唆された。このため作業バランスの崩れを捉えることは主観的健康感の変化を捉えることに繋がり、高齢者の健康の維持に寄与すると考える。

キーワード：主観的健康感、作業バランス、身体活動量、地域在住高齢者

I. Study objective

The objective of the present study was to evaluate the association between self-rated health (SRH) and the amount of physical exertion and occupational balance in community-dwelling older adults.

II. Study methods

1. Study subjects and study period

Subjects included elderly adults (aged 65 years or older) living in City A and neighboring municipalities. Of the 66 individuals who provided written informed consent via forms, 59 were included in the final analysis. This study was conducted for a period of one month between mid-November and mid-December 2017 following approval from the Institutional Review Board of Sapporo Medical University.

2. Survey method

Subjects were administered an occupational questionnaire (OQ) for collecting their basic characteristics and for measuring their SRH and occupational balance. Furthermore, subjects were asked to wear a physical activity meter (hereinafter, life coder) for quantifying the amount of physical exertion extended during physical activity. This amount was measured using a life coder for a period of nine days. Furthermore, three days were set during the measurement period as the recording period for the OQ. We used OQ for subjectively recording daily activities during each consecutive day along a temporal axis for evaluating the occupational perception (competence, value, and interest) for respective activities using a five-point scale.

3. Analytical methods

Subjects were classified into the following three groups according to their SRH responses that were consequently used as an objective variable: the healthy group, the favorable group, and the non-healthy group.

Statistical analysis was performed using basic characteristics such as age, sex, the number of diseases being treated, educational history, economic status, and the frequency of going out. In addition, the amount of physical exertion (the number of steps, the duration of moderate-intensity activity) and occupational balance (diversity index, work content, work duration, and occupational perception) were selected as explanatory variables.

III. Study results

17 subjects were included in the healthy group, 36 subjects in the favorable group, and 6 subjects in the non-healthy group. When comparing the amount of physical exertion (the number of steps, the duration of moderate-intensity activity) among these groups, we noted that the non-healthy group exhibited significantly reduced values and rates when compared with the other two groups. Moreover, no statistical correlation was noted between SRH and the diversity index in terms of occupational balance. However, the non-healthy group demonstrated markedly lower variation with respect to their work content, the duration of daily activities in one day, and the duration of participation in social activities compared with those in the healthy group. The duration of meals was also increased in the non-healthy group compared with the other two groups. Lastly, the value placed by subjects on the number of breaks taken during the day was lower than the value placed by them on meals.

IV. Discussion

The results of this survey demonstrate that there is no correlation among SRH, occupational balance, and the diversity index. We speculate that this finding is biased by the fact that the changes in occupation become lesser with increasing age as elderly subjects tend to engage in activities of varying values more rarely unlike in younger adults as per previous studies. In terms of occupational balance from the standpoint of work content, work duration, and occupational perception in the non-healthy group, we observed significant decrease in the variation of work content, decrease in the duration of participation in social activities and increase in the duration of meals. Furthermore, we established decreases in the value of breaks taken during the day in terms of occupational perception, whereas occupational balance was considered to be disrupted. The disruption in the occupational balance progressed with the decrease in diversity of work and the allocation of work duration, and there was also a change in the awareness. In fact, the identification of this change contributed to the maintenance of health and long-term care barrier (prevention).

Considering approaches to encourage voluntary participation and freedom to select occupations not only from the standpoint of social background and amount of physical

exertion but also with respect to occupational balance in elderly adults who find it increasingly difficult to maintain the amount of physical exertion, is extremely essential as the population elderly individuals will increase in the future.

V. Conclusions

In the present study, the associations between SRH and the amount of physical exertion and occupational balance in community-dwelling older adults was evaluated. Our findings indicated that occupational balance is indeed an essential factor that regulates SRH. Thus, the identification of disruptions in occupational balance is intrinsically connected with identifying changes in SRH, and this is regarded a major contribution maintaining both the health and well-being in older adults.

Key words : Self-Rated Health, Occupational Balance, Amount of Physical Exertion, Community-Dwelling Older Adults