

論文要旨

重症心身障害児と家族の在宅生活維持における

母親の認知モデルの構築

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1.背景

医療技術および医療機器の進歩により、入院期間が短縮化され、複雑なニーズを持っている重症心身障害児の生活の場が病院から家庭へと移行している。在宅生活のサポートには、夫や友人(牛尾ら,2006)、訪問看護(大須賀,2007a)、一時的にケアを代替するレスパイトケア(泊ら,2006)、受診・入院時の助言および指導(笛木ら,2008)などがあるが、母親は高いストレスや養育負担感を抱えている(松岡ら,2005;山口ら,2005;久野ら,2006)。在宅生活において、子どもの状態を安定させるだけではなく、在宅生活を担っている母親自身も健康であることが重要であるが、そのような現状から、母親の対処行動としての保健行動が日常生活行動に優先されにくいことを推察できる。対処行動に先行するものとして、状況の認知があり、認知の仕方がそれに続く対処行動に影響していると考えられ、母親の対処行動を改善していけるようなケアの提供のために、認知の状況を把握する必要がある。

そこで、本研究では、母親の重症心身障害児と家族の在宅生活維持における母親の認知モデルを構築し、看護への示唆を得ることを目的とする。

2.研究目的

母親の重症心身障害児と家族の在宅生活維持における母親の認知モデルを構築し、看護への示唆を得ることを目的とする。

3.概念枠組み

本研究において、重症心身障害児と家族の在宅生活維持における母親の認知モデルは、Lazarus ら(Richard S. Lazarus et al.,1984)のストレス認知理論モデルおよび宗像(1978)の保健感覚モデルを基盤として、文献的考察と予備調査の結果より作成した。重症心身障害児との在宅生活は、母親が、母親、児、家族それぞれの状態を、「子どもに対する思い」や「サポートとその認知」の影響を受けながら、認知的評価および対処を積み重ねることで、児の状態の安定、母親のストレス反応の軽減、家族の関係性の向上をはかり、維持されている。母親のストレス反応は、「養育の大変さ」の変化、「母親の体調の認知」としてとらえられる。

このモデルに示された「重症心身障害児との在宅生活の維持における母親の認知」は、母親が、母親、児、家族の状態を「子どもに対する思い」「サポートとその認知」に影響されながら、認

知的評価および対処を行い、その結果を「養育の大変さ」「母親の体調の認知」「家族とのかかわりあいの認知」の関係性で捉えるものとする。

4.研究方法

1)研究デザイン

本研究は、在宅生活をしている重症心身障害児の母親を対象に質問紙を配布し回収する横断的調査研究である。

2)研究対象

19歳までの重症心身障害児と在宅生活をする母親で、本研究へ参加する承諾が得られたものとした。標本抽出には、便宜的標本抽出法を用いた。

3)調査内容および測定用具

(1)母親の体調の認知

研究者自身が作成した「重症児の母親の体調に関する質問紙」を使用した。質問項目は、関連文献の検討と予備調査によって得られた結果を基盤とし、「身体的状態」と「精神的状態」の2つの下位尺度で構成される。本調査に先立って、内容妥当性および表面妥当性の検討を行った。

(2)養育の大変さ

久野ら(2006)の開発した養育負担感尺度を使用した。養育負担感尺度は、「日常生活上の大変さ」「養育上の不安」「社会的役割制限」の3つの下位尺度からなるもので、重症心身障害児の母親を対象にして作成されたものである。信頼性および妥当性が確認されている。

(3)子どもに対する思い

子どもを他者に預けることに対する思いを問うもので、関連文献の検討と予備調査によって得られた結果を基盤とし、研究者自身が作成した。「母子分離困難」および「自立への希望」の2つの下位尺度からなる。

(4)サポートとその認知

サポートの必要時のアクセス可能性および内容を問うもので、関連文献の検討と予備調査によって得られた結果を基盤とし、研究者自身が作成した。下位尺度は「サポートの少なさ」の1つである。

(5)家族とのかかわりあいの認知

家族との時間が持てている、家族のつながり、を問うもので、関連文献の検討と予備調査によって得られた結果を基盤とし、研究者自身が作成した。下位尺度は「家族とのかかわりあいの少な

さ」の1つである。

(6)重症児・母親・家族の状態

対象者の個人的特性を把握するために、児の「重症度」、「児のコミュニケーションの難しさ」、母親自身の健康に対する気遣いの難しさ、を含む属性を問う質問紙を作成した。

4)データ収集および分析方法

データ収集は、重症心身障害専門病院、通園施設、訪問看護ステーション、親の会を通して紹介を受けた重症児の母親 853 名を対象に郵送法にて質問紙の配布および回収を行った。データの分析には、記述統計量の算出、多変量解析、共分散構造分析を行い、重症心身障害児と家族の在宅生活維持における母親の認知モデルについて検討した。

5)倫理的配慮

本研究は、計画段階で聖路加看護大学研究倫理審査委員会の審査を受け、承認(承認番号 09-003)を得た後実施した。また、依頼書には対象者の保護、自由意思での参加の保証を記載し、その参加を持って同意の了承を得たものとした。回収は、対象者自身が回答用紙を密封し、郵送または Fax にて行い、匿名性の保持に努めた。

5.結果

1)対象者の特性

対象は、研究協力に対して賛同した母親 604 名(回収率 70.8%)であった。そのうち研究対象基準を満たした母親 506 名を分析対象とした。重症児の平均年齢は 11.26 ± 5.26 歳、超重症児の占める割合は 25.9%であった。また、母親の年齢区分別では、40-44 歳が最も多く全体の 28.9%であった。さらに、重症児の所属施設への付き添い待機(以下、付き添い)をしている母親は、児の「重症度」が高く、ケア代替時間および自分の時間が有意に少なかった。加えて、「母子分離困難」が高いほど、児の「重症度」が高く、「コミュニケーションの難しさ」があり、ケア代替による児の体調変化が大きく、ケア代替者への安心感が少なかった。

2)最適モデルの適合度

最適モデルの適合度は、GFI=0.962、AGFI=0.945、CFI=0.969、RMR=0.685、RMSEA=0.037、AIC=237.393 であり、すべての採択基準を満たし、モデルとしての有効性が示された。

3)「重症児・母親・家族の状態」と「子どもに対する思い」および「サポートとその認知」との関連

「母親の健康への気遣いの難しさ」「家族とのかかわりあいの少なさ」で構成される「重症児中心の生活」が、「自立への希望」および「サポートの少なさ」で構成される「サポートの希求」に、正の

影響を与えていた。反対に、「働きかけへの反応がみられにくい」などで構成される「児のコミュニケーションが難しい」という状況は、「母子分離困難」を高め、「サポートの希求」を抑制する方向に影響していた。

4)「サポートとその認知」と「母親の体調の認知」および「養育負担感」との関連

サポートが十分ではない状況は、母親の「体調不良」および「養育負担感」の増大をもたらしていた。また、「体調不良」は、「養育負担感」の増幅を介しても生じることが明らかになった。さらに、サポートの獲得は「養育負担感」のある段階ではなく、「体調不良」に至った段階で、半数の母親のみが得られている状況であったことが明らかになった。

5)児の重症度別による母親の認知の状況

「超重症児」は「その他」の重症児と比較して、「児のコミュニケーションが難しく」、「夜間のケアが多い」児が多い傾向があり、また、「働きかけへの反応が見られにくい」児が多い傾向があることが明らかとなった。

6)付き添いをしている母親の認知の状況

「付き添いをしている母親」は「付き添いをしていない母親」と比較して、「養育負担感」を経由し「体調不良」に至るものが有意に少なく、「サポートの希求」の高まりは「体調不良」へ直接影響する方が強いことが明らかにできた。

6.考察

重症心身障害児と家族の在宅生活維持における母親の認知モデルから、母親のストレス反応の軽減には、「サポートの希求」がかかわっていることが明らかにできた。「サポートの希求」を抑制する要因には「母子分離困難」があり、「母子分離困難」の高さは「児のコミュニケーションの難しさ」と関連していた。このことから、母親がケア代替者には児とのコミュニケーションは難しいのではないかと感じていることが伺える。児とのコミュニケーションのとり方は個別性が大きく、母親から学んでいくことが多い部分であると考ええる。ケア代替者が児のかすかな反応に対しても、気持ちを向ける姿勢をもち、児とのコミュニケーション方法を獲得していく過程で、ケア代替による児の体調の不安定さの改善が得られ、それに伴い母親の母子分離への安心感が増大していくことが、「母子分離困難」の軽減につながると考えられる。

また、付き添いがある群において、「養育負担感」から「体調不良」に至る母親が有意に少なかった。付き添いの必要な児は、「母子分離困難」とも関連する要因である、児の「重症度」および「児とのコミュニケーションの難しさ」が有意に高く、ケア代替時間および自分の時間が有意に少な

かった。これらのことから、付き添いをしている母親は、「サポートの希求」が難しい状況にあり、直接「体調不良」に至ると考えられる。さらに、付き添いをしていない母親は「自立への希望」が有意に高かったことから、付き添いを強いられない環境に身を置けることが、他者からのケアを受けることの抵抗感を少なくし、それが児の成長や発達においても必要な時間と認識しやすいと考える。これらのことから、学校や通園施設などにおける看護師の必要人員の確保ならびに看護師の力量を上げ、母親が付き添いをしなくてもよい環境を整備する必要性が示唆された。

最後に、本研究では、母親は、「体調不良」を呈した段階で、サポートを獲得するという状況が明らかにされ、母親が「体調不良」に早めに気付くための援助が必要であることが示唆された。研究者が作成した「重症児の母親の体調に関する質問紙」は、重大な体調不良に至る前の段階の、普段気付かないうちに抱えている状態を中心にしたものであり、日常の母親の健康状態のアセスメントに有効であると考えられる。母親の支援につなげていくため、児の外来受診時や、訪問看護などの場で定期的に活用されることが望ましい。

7. 研究の限界

本研究は、無作為標本抽出を行っていない 51 箇所における調査である。今回の調査では、親の会などの組織だけではなく、通園施設にも調査を依頼し、就学前の低年齢児の確保にも努めた。しかし、重症児の年齢区分に偏りが見られ、とくに、0-4 歳の重症児が少なかった。今後は、対象者の選定にも注意を払いながら進めていく必要がある。

また、横断的研究であったため、一時点の結果を表したに過ぎず、「体調不良」という帰結ののち、在宅生活に関わるどのような帰結が最終的にあるのかについては検討できていない。今後は、在宅生活の継続という現象やそれにかかわる要因の変化について継続的に見ていく必要がある。

さらに、「重症児の母親の体調に関する質問紙」については、今後さらに質問項目の精選、項目数の厳選により、臨床現場および家庭での活用しやすさ、測定の容易さを求めていく必要がある。

8. 結論

1) 最適モデルの適合度は、GFI=0.962、AGFI=0.945、CFI=0.969、RMR=0.685、RMSEA=0.037、AIC=237.393 であり、すべての基準条件を満たし、重症心身障害児と家族の在宅生活維持における母親の認知を説明するモデルとしての有効性が示された。

2) 重症心身障害児と家族の在宅生活維持における母親の認知モデルから、「重症児中心の生活」は、「サポートの希求」への思いに強い影響を与えるが、「児とのコミュニケーションの難しさ」が「サポートの希求」を抑制していることがいえた。また、「サポートの希求」があるが、サポートが十分

ではない状況は、母親の「体調不良」および「養育負担感」の増大をもたらし、解消されない「養育負担感」は「体調不良」へ影響していた。

3)「児のコミュニケーションの難しさ」が「母子分離困難」の高さに影響していたことから、ケア代替者が児とのコミュニケーションを獲得していくことの重要性が示唆された。

4)「付き添いをしている母親」は「付き添いをしていない母親」と比較して、「養育負担感」を経由し「体調不良」に至るものが有意に少なく、「サポートの希求」の高まりは「体調不良」へ直接影響する方が強かったことから、付き添いをしなくてもよい環境の整備の必要性が示唆された。

5)研究者が作成した「重症児の母親の体調に関する質問紙」を定期的にご利用しながら、母親の健康状態のアセスメントおよび支援につなげていくことが必要である。

Abstract

Building a Cognitive Model for a Mother of Children with Severe Motor and Intellectual Disabilities to Allow All Her Family to Live at Home

Michiko Hase

1. Background

Following recent advances in healthcare technology and devices, the hospital stay of patients has become shorter and children with severe motor and intellectual disabilities and having complex needs have been shifted from hospital-based care to home-based care. Forms of support to disabled children living at home include supports by father or mother's friends (Ushio et al., 2006), home-visit nursing services (Osuga, 2007a), respite care for temporary reprieve to caregivers (Tomari et al, 2006), advice and guidance on hospital/clinic visits and hospitalization (Fueki et al., 2008), etc. Despite the availability of such support systems, the mothers of disabled children are exposed to high levels of mental stress and a feeling of being burdened by the care of their disabled children (Matsuoka et al., 2005; Yamaguchi et al., 2005; Kuno et al., 2006). Therefore, in daily domestic life, it is essential not only to stabilize the condition of the children, but also to maintain the health of the mothers who play a significant role in assisting in the daily lives of their disabled children. Under the current situation, it is plausible to imagine that the health-promoting activity of mothers as a coping behavior is unlikely to receive priority during daily living. Cognition of the situation is a step

that precedes coping behavior, and the manner of cognition seems to affect the subsequent coping behaviors. So that care to improve the mother's coping behaviors can be provided, it is essential to assess the cognitive status of individual mothers.

2. Objectives

The objective of the present study is to build a cognitive model for mothers of children with severe motor and intellectual disabilities to allow all family members to live at home, and to collect information and data useful for providing nursing care to these mothers.

3. Conceptual framework

In the present study, a cognitive model for a mother who has children with severe motor and intellectual disabilities to allow her to continue to live at home with her children was created by combining the results of a review of the literature and preliminary surveys utilizing the theoretical cognitive model of stress reported by Lazarus et al. (Richard S. Lazarus et al., 1984) and the Health Sense Model proposed by Munakata (1978). When a mother lives at home with a severely disabled child, the mother repeatedly appraises and deals with her own condition, that of the disabled child and that of other family members, all the time while she is under the influence of her "emotions towards the child" and "support and cognition of this support". By doing this, mothers are maintaining their family life with a child with severe motor and intellectual disabilities at home, achieving stabilization of the child's condition,

alleviation of the mothers' stress reactions and improvement in the relationships among family members. The stress reaction of mothers may be viewed as a change in "difficulty involved in childcare" and "cognition of the mother's own physical condition."

The "mother's cognition of maintenance of living at home with a child with severe motor and intellectual disabilities," presented in this model, involves: (1) mother's appraisal and dealing with her own condition, of the disabled child and of other family members under the influence of "emotions towards the child" and "support and cognition of the support" and (2) understanding of the results of such appraisal and dealing in relation to "difficulty involved in childcare," "cognition of mother's own physical condition" and "cognition of interactions with other family members."

4. Methods

1) Study design

This study was designed as a cross-sectional investigation, involving posting of a questionnaire to and collecting the responses to the questionnaire from mothers living at home with their children with severe motor and intellectual disabilities.

2) Subjects

The subjects of this study were mothers living at home with children with severe motor and intellectual disabilities aged under 19 years old who gave consent for this study. The sampling method adopted was convenience sampling.

3) Surveys and tools

(1) Cognition of mother's own physical condition

The “questionnaire on the physical condition of the mothers of children with severe motor and intellectual disabilities” prepared by the author was employed. This questionnaire, based on the results of a review of the literature and preliminary surveys, is composed of two subscales, “physical condition” and “mental condition.” Prior to the main study, the content validity and superficial validity of the questionnaire were evaluated.

(2) Difficulty involved in childcare

The scale of sensation of burden related to childcare developed by Kuno et al. (2006) was used. This scale is composed of three subscales, “difficulties in daily life,” “anxiety about childcare” and “social role restriction.” It was developed for the assessment of mothers of severely disabled children. Its reliability and validity have been confirmed.

(3) Emotions towards the child

This pertains to how the mother feels about temporary assignment of the care of the child to other people. This scale was prepared by the author on the basis of the results of a review of the literature and preliminary surveys. It is composed of two subscales, “difficulty of mother-child separation” and “desire for independence.”

(4) Support and cognition of the support

This pertains to the accessibility and contents of the necessary supports. This scale was prepared by the author on the basis of the results of a review of the literature and preliminary surveys. It is composed of one subscale, “scarcity of support.”

(5) Cognition of interactions with other family members

This pertains to assessment of the time shared with family members and the closeness among family members. This scale was prepared by the author on the basis of the results of a review of the literature and preliminary surveys. It is composed of one subscale, “scarcity of interactions with other family members.”

(6) Condition of children with severe motor and intellectual disabilities, mother and family members

To assess the personal characteristics of each subject, the author prepared a questionnaire containing questions related to the “severity of the disability in the child,” “difficulty in communicating with the child,” “difficulty in the mother’s taking care of her own health,” etc.

4) Data collection and analysis

The questionnaire was posted to and recollected from 853 mothers of children with severe motor and intellectual disabilities accessed via hospitals for patients with severe motor and intellectual disabilities, day care facilities, home-visit nursing stations and parent organizations. The data collected were subjected to descriptive statistical

analysis, multivariate analysis and covariance structure analysis. In this manner, a model of cognition model for mothers who maintain daily living at home with children with severe motor and intellectual disabilities and other family members was explored and evaluated.

5) Ethical consideration

The protocol of this study was checked by the Ethics Committee of St. Luke's College of Nursing and the study was implemented after obtaining its approval (Approval No. 09-003). The letter of request, sent to the participating subjects, included a statement about protection of the privacy of the subjects and a guarantee stating that the subjects were free to choose whether or not to participate in the study. Returning the questionnaire was construed as indicating consent of the subject to participate in the study. The filled-in questionnaire was returned by each participating mother by mail (in an envelope sealed by the author) or by FAX. Best efforts were made to ensure anonymity.

5. Results

1) Characteristics of the subjects

The subjects of this study were 604 mothers who provided consent for participating in this study (recollection rate: 70.8%). Of these mothers, 506 mothers satisfied the inclusion criteria and were included in the analyses.

The mean age of the severely disabled children was 11.26 ± 5.26 years. The

percentage of very severely disabled children was 25.9%. In the analysis of the age of the mothers, the 40 to 44 years age group was predominant (28.9%). For the mothers who were attending to their severely disabled children accommodated in facilities (hereinafter called “attending mothers”), the severity of their children’s disabilities was greater and the period of time for which the mother was temporarily free of the necessity to take care of the child and the free time of the mother were significantly shorter. In addition, as the mother-child separation became more difficult, the children’s disabilities became more and more severe and communication became more difficult. For attending mothers, the potential for negative change in the child’s condition during care by a substitute caregiver is greater and the mothers tended to feel little comfort in assigning the care to other persons temporarily.

2) Goodness of fit of the optimum model

Goodness of fit of the optimum model yielded the following results: GFI=0.962, AGFI=0.945, CFI=0.969, RMR=0.685, RMSEA=0.037, AIC=237.393. Thus all the inclusion criteria were satisfied, endorsing the validity of the model.

3) Association among the “condition of the severely disabled child, mother and other family members,” “emotions towards the child” and “support and cognition of the support”

The “daily living giving priority to the severely disabled child,” composed of the features of “difficulty in taking care of mother’s own health” and “scarcity of

interactions with other family members,” was found to have a positive impact on the “desire for support” composed of the “desire for independence” and “scarcity of support.” Conversely, the situation, “difficulty in communication with the child,” composed of features such as “unlikelihood of the child to respond to the mother’s actions,” tended to increase the “difficulty in mother-child separation” and suppressing “the desire for support.”

4) Association of “support and cognition of the support” with “cognition of mother’s own physical condition” and “sensation of burden with childcare”

Lack of availability of adequate support caused intensification of “poor physical condition” and “sensation of burden with childcare” in the mother. It was also shown that “poor physical condition” arises also through amplification of the “sensation of burden with childcare.” In addition, for mothers who were in the stage in which they have a “poor physical condition” but who were not in the stage in which they have the “feeling of being burdened by childcare,” it was shown that only half were able to acquire support.”

5) Mother’s cognition analyzed by the severity of the disability in the child

Very severely disabled children tended to cause “difficulty in communication with the child” and “frequent need of care at night” as compared to children with less severe disabilities. In addition, very severely disabled children tended to show “less response to surrounding people.”

6) Cognition by attending mothers

In mothers who had not to attend to the child at a facility, the situation triggering “desire for support” affected the “sensation of burden with childcare,” leading significantly more frequently to “poor physical condition.”

6. Discussion

Analysis of the cognitive model for a mother who has children with severe motor and intellectual disabilities, to allow her to continue to live at home with her children revealed that the “desire for support” is involved in the improvement of the coping capabilities of mothers. As a significant factor suppressing the “desire for support,” “difficulty in mother-child separation” was identified, and the intensity of “difficulty in mother-child separation” was found to be associated with “difficulty in communication with the child.” This finding suggests that mothers feel that communication with the child is difficult for a substitute caregiver who would temporarily assume the mother’s role. The optimum method of communication with disabled children varies among individual children and there is much we professionals have to learn from the mothers in this respect. If the substitute caregivers make more effort to pay close attention even to the subtle responses of a child and better learn the correct way of communicating with a child, it is expected that instability of the child’s physical condition arising while under the temporary care of a substitute caregiver will reduce, with resultant increase the mother’s confidence in mother-child separation, resulting in reduction of

“difficulty in mother-child separation.”

Mothers in poor physical condition arising from a sensation of burden with childcare were seen significantly more frequently among mothers who were required not to attend to their children at facilities where they had been accommodated. The necessity of the mother’s attendance in the child’s ward was also a factor associated with “difficulty in mother-child separation,” and it was associated with a significantly greater severity of the disabilities in the child, significantly greater difficulty in communication with the child, and significantly shorter period of care substitution and less free time for the mother. These findings suggest that it is difficult for attending mothers to express “desire for support” and tend to have a strong sensation of burden with childcare, leading to poor physical condition. In contrast, in non-attending mothers, “desire for independence” is shown to be significantly high. Therefore, if environments not requiring the mother’s attendance are arranged for the mothers, the mothers might feel less resistant to assignment of the child care role to other people and understand that the temporary assignment of child care to other people is necessary to facilitate the growth and development of the child. It seems therefore desirable that the number of nursing staff is secured at schools, day care facilities, etc., and that the skill and capacity of the nurses are improved to arrange for attendance-unnecessary environments for the mothers of disabled children.

Before closing this paper, the author would like to point out that the results of the

present study reveals a situation wherein mothers do not receive support until their physical condition becomes poor. This finding indicates the necessity of greater support for mothers so that they can become aware of their own poor physical condition earlier. The questionnaire on the physical condition of the mothers of children with severe motor and intellectual disabilities, prepared by the author, focuses on checking for conditions preceding serious physical disorders that the mother might still be unaware of. This questionnaire seems to provide a valid means of assessing the daily-living health status of the mothers. It would be desirable for this questionnaire to be periodically utilized at the time of visits of children to outpatient clinics, home visits by nurses and so on, with the goal of facilitating the availability of support for the mothers.

7. Limitations of the present study

This study involved a survey at 51 facilities that were not selected at random. Cooperation with the study was invited not only from organizations such as parent groups, but also to day care facilities, so that pre-school age children could also be covered by the study. However, the age distribution of the severely disabled children covered by the survey was biased, and the number of children aged 0 to 4 years was particularly small. It would be desirable to carry out additional studies while taking greater care in selecting the subjects.

Furthermore, since the present study was designed as a cross-sectional study, the

results reflect only those at certain points of time, and it remains unknown where or not what outcome related to daily living would eventually arise from the “poor physical condition” of the mother observed during this study. It is necessary to follow the daily living at home of these individuals in a continuous manner and analyze the changes in factors involved.

In regard to the questionnaire on the physical condition of the mothers of children with severe motor and intellectual disabilities, it would be desirable to optimize the contents and number of questions so that the questionnaire may be utilized more easily during clinical practice and at home, and the measurements involved may be done more simply.

8. Conclusion

1) Goodness of fit of the optimum model yielded the following results: GFI=0.962, AGFI=0.945, CFI=0.969, RMR=0.685, RMSEA=0.037, AIC=237.393. All criteria were satisfied, endorsing the validity of the cognitive model for a mother of children having severe motor and intellectual disabilities to maintain daily living at home with their children.

2) Analysis of the cognitive model for a mother of children having severe motor and intellectual disabilities to maintain daily living at home with their children revealed that “daily living giving priority to severely disabled children” has a strong impact on the “desire for support”, and that “difficulty in communication with the child”

suppresses the “desire for support.” It was also shown that the situation where “desire for support” is present, but adequate support is not available leads to intensification of “poor physical condition” and “sensation of burden with childcare” in the mother, and the unresolved sensation of burden with childcare also affected “poor physical condition.” This effect was significantly stronger in mothers who had not to attend to their children at the facilities where they had been accommodated.

3) “Difficulty in communication with the child” was found to affect the intensity of “difficulty in mother-child separation.” This suggests the importance for substitute caregivers acquiring better skills at communicating with the child they care.

4) The percentage of mothers with poor physical condition arising from the sensation of burden with childcare was significantly higher among non-attending mothers. This suggests the necessity of arranging attendance-unnecessary environments for the mothers.

5) It would be advisable to practice health assessment of mothers and support through periodical utilization of the questionnaire on the physical condition of the mothers of children with severe motor and intellectual disabilities.