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Objective

the letter of consent or the returning of questionnaires was treated as an agreement to participate in the research.

Methods

Results

The average age of subjects was 70.8 years (ranging from 39 to 95 years, the lower quartile is 65 years old). 90.7% of subjects were male. Those who underwent laryngectomy more than 5 years ago were 562 (65.8%). The subjects who had occupation were 263 (31.4%) and who lived alone were 75 (8.6%). The main methods of communication (multiple answer) were as follows: those who used esophageal speech, TE shunt speech, electrolyticnx, conversation by writing, and gesture were 565 (63.3%), 20 (2.2%), 244 (27.3%), 189 (21.1%), and 99 (11.1%), respectively. There were also a few people who used PCs, cellphone's email, fax machines, and the movement of lips as medium of communication. On participation in SHG, participation was 274 (33.4%) and nonparticipation was 547 (66.6%). The average age of participation and non-participation was 69.7 years old and 71.2 years old, respectively. 568 subjects (69.2%) used esophageal or shunt speech and 253 subjects (30.8 %) used other communication methods. Those who had occupation were 250 (31.2%) and those who live alone were only 69 (8.3%). A t-test showed that the average age of those who participated in SHG was younger than those who did not ($p = .020$). A χ^2 test showed that the former were more likely to use esophageal speech or TE shunt speech than the latter ($p = .001$). There was no statistically significant relationship between the participation in SHG and occupation. On family structure those who lived alone were less likely to participate in SHG than those who lived with family ($p = .033$).

		Age		The main methods of conversation				Occupation		Family structure		
				esophageal or TE short speech		others		in employment out of employment		live-alone live with family		
		mean	p value	N (%)	N (%)	p value		N (%)	N (%)	p value		
Participation in SHG	participation	69.7	.020	211 (77.0)	63 (23.0)	.001		181 (67.3)		15 (5.4)	263 (94.6)	.033
	non-participation	71.2		357 (65.3)	190 (34.7)		162 (30.5)	370 (69.5)	54 (9.8)	496 (90.2)		

Conclusion

level. This suggests that although patients are likely to participate in SHG for gaining communication skills with others by esophageal speech for rehabilitation in society, participation in SHG does not necessarily promote their extensive social participation such as their reemployment or the recovery of their previous vocational status. Therefore, we need to examine factors which promote their social participation in future research.

This research also found out that patients who lived alone were less likely to participate in SH than patients who lived with family members, implying that the level of daily exchange with family members might promote their social We consider that laryngectomized patients who lived alone were less likely to gain support not only from their family but also peers. It will be necessary to examine the support system for laryngectomized patients who live alone.