

令和5年度 山口県立大学大学院健康福祉学研究科

健康福祉学専攻（博士後期課程）【追加】英語試験問題（8枚の1）

共通問題（全員が解答用紙の所定欄に解答しなさい）

共通問題 以下は、ある研究論文の英文抄録である。これを読んで、設問1～設問4に答えなさい。

COVID-19 accelerated a decade-long shift to remote work by normalizing working from home on a large scale. (A) Indeed, 75% of US employees in a 2021 survey reported a personal preference for working remotely at least one day per week, and studies estimate that 20% of US workdays will take place at home after the pandemic ends. Here we examine how this shift away from in-person interaction affects innovation, which relies on collaborative idea generation as the foundation of commercial and scientific progress. In a laboratory study and a field experiment across five countries (in Europe, the Middle East and South Asia), we show that videoconferencing inhibits the production of creative ideas. (B) By contrast, when it comes to selecting which idea to pursue, we find no evidence that videoconferencing groups are less effective (and preliminary evidence that they may be more effective) than in-person groups. Departing from previous theories that focus on how oral and written technologies limit the synchronicity and extent of information exchanged, we find that our effects are driven by differences in the physical nature of videoconferencing and in-person interactions. Specifically, using eye-gaze and recall measures, as well as latent semantic analysis, (C) we demonstrate that videoconferencing hampers idea generation because it focuses communicators on a screen, which prompts a narrower cognitive focus. Our results suggest that virtual interaction comes with a cognitive cost for creative idea generation.

出典：Brucks MS, et al. Virtual communication curbs creative idea generation. Nature 605:108, 2022. より抜粋、一部改変。

設問1 下線部 (A) を日本語に訳しなさい。

設問2 本研究の目的に相当する一文を日本語に訳しなさい。

設問3 下線部 (B) By contrast の前後で対比して説明されていることは何か。前後の2つのことについて、それぞれ日本語で簡潔に説明しなさい。

設問4 下線部 (C) を日本語に訳しなさい。

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健康福祉学専攻（博士後期課程）【追加】英語試験問題（8 枚の 2）

選択問題（選択問題 1～選択問題 3 の中から 1 つを選択し、解答用紙の所定欄に解答しなさい）

選択問題 1 以下の英文を読んで、設問 1～設問 4 に答えなさい。

(A) Quality of life is a multidimensional and broad concept closely linked to the concept of both the physical and psychological health of individuals and their community. Age is a non-modifiable risk factor during which the worsening of functional capacities and the increase in the diseases' risk is an expected and natural phenomenon. The results of previous studies showed that regular long-term physical activity prevents the occurrence of several diseases in the elderly, and there is a general consensus that physical activity plays a key role in promoting a "successful ageing". This concept not only includes avoiding diseases and disabilities but also promotes a healthy lifestyle in terms of maintaining good physical and cognitive abilities and being involved in daily life activities with a willing acceptance of the conditions related to old age. The WHO's 'Global Recommendations on Physical Activity for Health' state that "adults 65 and older should engage in 150 min of moderate- or 75 min of vigorous-intensity aerobic activity and two or more days of muscle-strengthening activity per week". Maintaining correct healthy habits throughout life allows for successful aging. Main lifestyle factors include the number of calories ingested and the composition and quality of diet, physical exercise, active social contacts, social communication, and avoiding stressful situations. The potential protective role of an active lifestyle could be obtained both by an increase in household activity and engagement in recreational and sportive activities by older people. Ngandu et al. showed that multi-intervention programs based on diet, exercise, and social interaction promotion, could improve or maintain cognitive functioning and good quality of life. Moreover, gradual multi-sensory deterioration, by providing less stimulation to various areas of the brain, accelerates the decline in the elderly. Environmental factors linked to active lifestyles seem to positively influence the neurodegenerative processes, promoting adherence and compliance and, consequently, improving the quality of life perception.
and illnesses.

注：WHO；世界保健機関。

出典：Fiorilli G. et al. Long Term Physical Activity Improves Quality of Life Perception, Healthy Nutrition, and Daily Life Management in Elderly: A Randomized Controlled Trial. *Nutrients* 14: 2527, 2022. より抜粋、一部改変。

設問 1 下線部 (A) を日本語に訳しなさい。

設問 2 WHO が高齢者に勧めている健康のための身体活動はどのようなものか、日本語で説明しなさい。

設問 3 健康維持のための生活習慣因子を 6 つ挙げ、日本語で答えなさい。

設問 4 下線部 (B) を日本語に訳しなさい。

選択問題（選択問題1～選択問題3の中から1つを選択し、解答用紙の所定欄に解答しなさい）

選択問題2 以下は、ある研究論文の英文抄録である。これを読んで、設問1～設問4に答えなさい。なお、①～④のパラグラフは、この研究の Background and purpose、Methods、Results、Conclusions のいずれかの内容を示している。

① The study included 744 adults (452 women; 35.9 ± 12.4 years; 21 underweight, 326 normal weight, 221 overweight, 176 obese) referred to Metabolic Management Center and volunteers. Body size perception and body dissatisfaction were assessed based on Stunkards' Figure Rating Scale (FRS). Additionally, participants' were asked: 'Do you think you are: underweight/normal weight/overweight/obese?' to assess perception of weight status. Participants' weight and height were measured to calculate body mass index (BMI) after completing the FRS.

② (A) Normal-weight subjects less often than overweight and obese were dissatisfied with their own body size. The degree of body dissatisfaction was greater among women than among men. Adults subjects frequently underestimate their own weight status and body size. Women with overweight and obesity more often than men are dissatisfied with their own body size.

③ Self-perception of body size seems to be not always in line with clinical definitions of normal weight, overweight and obesity according to World Health Organization classification. The effect of self-perception of body size disturbances and body dissatisfaction may be the development of eating disorders, such as anorexia nervosa or binge eating disorder-a major risk factor of obesity development. Therefore, the study aimed to assess separately the perception of weight status and body size as well as body dissatisfaction in adults with normal weight, overweight and obesity.

④ Individuals within the overweight BMI range have rated themselves as underweight (1.4%), normal weight (30.8%) and obese (2.8%). Also individuals within the obesity BMI range have rated themselves as normal weight (2.6%), and overweight (41.6%). Compatibility of self-assessment of weight status with BMI category according to the measured values was moderate-Kappa coefficient was 0.59 (95% CI: 0.54-0.64). Underestimation of weight status was significantly more common among men than women. There were statistically significant differences in the distribution of body dissatisfaction according to the weight in both women and men.

注：anorexia nervosa；神経性やせ症（神経性無食欲症）

出典：Gruszka W, et al. Perception of body size and body dissatisfaction in adults. Scientific Reports. 2022. 1159.より抜粋、一部改変。

設問1 上記4つのパラグラフを Background and purpose、Methods、Results、Conclusions の順に並び替え、その順番を①～④で示しなさい。（例；④→③→②→①）

設問2 この研究の目的は何か。日本語で説明しなさい。

設問3 文章内で、体の大きさ（body size）の乱れや身体への不満の自己認識の影響は、健康上どのような弊害を生じる可能性があるかと述べているか。日本語で説明しなさい。

設問4 下線部 (A) を日本語に訳しなさい。

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選択問題（選択問題 1～選択問題 3 の中から 1 つを選択し、解答用紙の所定欄に解答しなさい）

選択問題 3 以下の英文を読んで、設問 1～設問 4 に答えなさい。

(A) In social work, empowering people is the process of helping individuals, families, groups, organizations, and communities increase their personal, interpersonal, socioeconomic, and political strength and influence through improving their circumstances. Social workers seek to develop the capacity of clients to understand their environment, make choices, take responsibility for their choices, and influence their life situations through organizations and advocacy. Social workers also seek to gain a more equitable distribution of resources and power among different groups in society. This focus on equity and social justice has been a hallmark of the social work profession. In recent years, social work education has had an increased emphasis on the concept of human rights—which will be discussed in this edition.

This book is designed to stimulate student interest in social work and (B) to provide an experiential “flavor” of what the fields of social welfare and social work are really like. (C) Using a social problems approach, the book describes how people are affected by poverty, child abuse, emotional difficulties, sexism, alcoholism, crime, AIDS, physical and mental disabilities, racism, overpopulation, sexual assault, and other problems. Information on the nature, extent, and causes of such problems is also presented. (D) In teaching introductory courses in social work, a number of my colleagues and I have found that students tend to be more interested when they come face to face with the tragic social conditions that people experience. This book also includes case examples through which the reader is able to identify with people in need of help.

出典：Zastrow C. Preface. In: Introduction to Social Work and Social Welfare: Empowering People, Twelfth Edition. Cengage Learning, 2015. xvii.より抜粋、一部改変。

設問 1 下線部（A）を日本語に訳しなさい。

設問 2 下線部（B）の文意を日本語で説明しなさい。

設問 3 下線部（C）を日本語に訳しなさい。

設問 4 下線部（D）を日本語に訳しなさい。

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共通問題（解答は左端より横書きで記入すること）
（共通問題は、全員が解答用紙の所定欄に解答しなさい）

設問 1

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設問 2

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設問 3

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設問 4

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選択問題 1（解答は左端より横書きで記入すること）

設問 1

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設問 3

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設問 4

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小計	
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小 合 計

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選択問題 2（解答は左端より横書きで記入すること）

設問 1

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選択問題 3（解答は左端より横書きで記入すること）

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設問 3

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設問 4

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