

冠狀動脈繞道術後病患身體症狀困擾、身體活動功能及其自我效能相關之探討

Physical Symptom Distress, Physical Function and Self-Efficacy in Patients Who Had Undergone Coronary Artery Bypass Grafting Surgery

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摘要

冠狀動脈繞道術後病患因身體症狀困擾及對活動能力缺乏信心影響其身體活動功能的進展，故本研究乃探討冠狀動脈繞道術後病患之身體症狀困擾、身體活動功能及其自我效能間的變化及相關性。本研究以立意選樣的方式，樣本選自某醫學中心初次接受冠狀動脈繞道術病患共 74 人，並以病患基本屬性量表、身體症狀困擾量表、身體功能狀態量表與身體功能之自我效能量表，於術前一日、術後十日內、術後一個月及三個月收集資料。結果顯示病患之身體症狀困擾、身體活動功能及其自我效能於術後雖逐步進展，然術後三個月仍有 2.7%病患身體活動功能處於失能狀態。女性、功能狀態分級屬第三級以上、及術後十日內者，其症狀困擾分別較男性、功能狀態分級屬第三級以下、及術後一個月以上者高。年紀愈大、功能狀態分級愈高者，其身體活動功能及其自我效能亦分別較年紀愈輕、功能狀態分級愈低者差。此外，無運動習慣、住院日數愈長者，其身體活動自我效能亦較有運動習慣、住院日數愈短者差。身體症狀困擾與身體活動功能間無統計上之顯著差異($p = .36$)，然病患之身體活動自我效能與身體活動功能呈正相關($p < .0001$)。因此，期望藉由運動促進病患之身體活動自我效能，增進其術後身體活動功能之進展。

Abstract

Most patients who undergo coronary artery bypass graft (CABG) surgery continue to experience physical symptom distress and lack confidence in their ability to be physically active. This situation limits the potential to improve physical functions. The purposes of this study were 1) to explore changes over time in physical symptom distress, physical function self-efficacy and physical functions in patients following CABG surgery and 2) to examine relationships among these three variables. Seventy-four patients who had undergone CABG surgery at one medical center were selected by purposive sampling. Instruments for this study included a demographic questionnaire, symptom distress scale, in physical function

self-efficacy survey, and functional status questionnaire. Data were collected from each participant at four different times: the day before surgery and ten days, one month and three months following surgery. Results of this study revealed progressive post-surgery improvement in physical symptom distress, physical functions and physical function self-efficacy. However, 25.7% of patients continued suffering from functional disabilities 3 months after surgery. Higher average symptom distress was observed in females above New York Heart Association (NYHA) class III at 10 days following surgery than observed in males below NYHA class III at over one month following surgery. Physical function and physical function self-efficacy scores were lower in elderly patients and those in higher NYHA classifications than in younger patients and those in lower NYHA classifications. Self-efficacy in physical function scores were significantly lower for those who could not exercise or had lengthy hospital stays than for those who exercised regularly or had shorter hospital stays. Although correlation between symptom distress and physical function was not statistically significant ($p = .36$), a significantly positive relationship was found between physical function self-efficacy and physical function ($p < .0001$). In conclusion, nurses can help patients improve postoperative physical function and enhance patient self-efficacy in physical function by encouraging exercise.