

失智症病患主要照顧者的壓力源、評價和因應行爲與健康
之相關性探討

**Exploring the Relationship between Stressors,
Appraisal,
Coping and Health among the Family Caregivers of
Elderly Dementia Patients**

謝佳容

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摘要

本研究以壓力和因應行爲的互動理論爲基礎，研究目的在探討失智症病患主要照顧者的壓力源、評價與因應行爲和健康之關係。研究採立意取樣，研究對象來自北區某三所醫院門診之 65 歲以上的失智症老人及其主要照顧家屬，研究工具爲結構式問卷，共計訪視 71 位有效樣本，研究結果如下：

1. 在 71 位失智症病患中，男女約各佔半數，平均年齡 77.7 歲，教育程度以不識字居多，平均發病時間爲 4 年，有 67.6% 的個案有其他慢性疾病狀況；在 71 位主要照顧者中，以女性居多，平均年齡 49.3 歲，與病患的關係主要爲子女。
2. 失智症病患主要照顧者壓力源包括：個案記憶行爲問題、日常生活功能、認知功能及個案經濟來源，這些壓力源影響家屬的健康狀況。
3. 失智症主要照顧者對個案記憶行爲問題評價及日常生活功能評價和主要照顧者的健康互相影響。主要照顧者對個案記憶行爲問題和日常生活功能評價受困擾程度越高，及處理記憶行爲問題自我效能愈低，則家屬整體健康愈差；相對的，若家屬健康狀況愈差，則主要照顧者對

個案的記憶行為問題和日常生活功能評價受困擾程度愈高，且處理記憶行為問題之自我效能越低。

4. 主要照顧者因應行為和健康互相影響：主要照顧者運用情緒因應行為頻率愈高者，則健康較差。

本研究提供失智症家屬實證研究的相關資訊，能供未來臨床實務、衛生教育、研究和社會政策之參考。

Abstract

This study was based on the transactional model of stress and coping. The purpose of the study was to explore the relationship between stressors, appraisal, coping and health among the family caregivers of elderly dementia patients. The study used purposive sampling. The samples came from among patients of three outpatient clinics of hospitals for dementia patients aged 65 and over, and their families. The study tool was a structured questionnaire. The total effective sample size was 71. The results were as follows:

1. Among the 71 dementia patients, about half were male and half female and they had an average age of 77.7. The majority, as far as educational level was concerned, were illiterate. The average length of illness was 4 years, and 67.6% of the patients also suffered from other chronic conditions. As far as family caregivers were concerned, a majority were female, average age 49.3, and relationship with patient mostly either son or daughter.
2. The stressors for family caregivers of the elderly dementia patients included: patients' memory and behavior problems, daily living functions, cognitive functions and patient's financial resources; these stressors indirectly affected the family caregivers' health status.
3. There were some associations between family caregiver's health on the one hand, and the dementia patient's memory and behavior problems appraisals on the other. Patient's daily living function

appraisals also had an impact on family caregiver's health. The more the family caregiver perceived pressure from the patient's memory and behavior problems and daily living function appraisal, and the lower the self-efficacy to handle the patient's memory and behavior problems, the poorer the overall family caregivers' health. On the other hand, the poorer the family caregivers' health status, the greater the stress effect perceived by family caregivers, and the greater the stress effect with the memory and behavior problem and daily living function appraisal, and hence lower self-efficacy for the patient's memory and behavior problem.

4. Mutual influences between the family caregivers' coping and health status: The higher the frequency with which family caregivers applied emotional coping, the poorer their health. The information gleaned from this evidence based research could contribute applications in clinical practice, health education, and research and social policy field of family caregivers with elderly dementia patients.