行政院國家科學委員會專題研究計畫成果報告

比較放鬆治療與問題解決訓練對乳癌病患術後三個月內焦慮及常見症狀困擾改善之成效

Comparison of the effects of using relaxation and problem-solving skill training in decreasing anxiety and symptom distress in early staged breast cancer patients

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一、中文摘要

本研究目為檢試放鬆治療與問題解決訓練對乳癌病患術後三個月內疼痛、焦慮及常見症狀困擾改善之成效，採縱貫式類實驗法進行研究，採方便取樣隨機分派法，將 53 位符案病人分派至控制組及實驗組，控制組病患接受病房的乳癌常規衛教 、實驗組 I 於病患住院中接受完整的基本衛教，而實驗組 II、III 除了接受基本衛教，並分別加上放鬆治療法及問題解決法訓練，個案於手術前至手術後三個月期間接受七次訪談及填寫問卷。問卷中研究工具包括“0-10 疼痛數字評估量表”、“0-10 焦慮數字評估量表”、“症狀困擾量表精簡版”。而問題解決訓練之實驗組 III 因個案流失率高，人數太少，故暫不列入本研究分析討論。

研究資料以平均數、卡方檢定、單因子變異數(One –way ANOVA)及重複測量變異數(Repeated Measure ANOVA)分析。結果顯示三組同質性高（$p>0.05$），術後三個月內的焦慮、症狀困擾比出院前增加，實驗組的疼痛、焦慮和症狀困擾均顯著減少，不同的護理處置和時間對疼痛及症狀困擾之影響皆無交互作用（$F=0.994$, $p>0.05$; $F=2.043$, $p>0.05$），但不同的護理處置和時間對焦慮之影響有交互作用（$F=4.706$, $p<0.001$）。

但不同的護理處置對改善手術後三個月內疼痛、焦慮及症狀困擾之主要效果影響，均有顯著意義（$F=7.043$, $p<0.05$；$F=5.094$, $p<0.05$; $F=5.845$, $p<0.001$）。

從本研究得知完整的基本衛教、衛教併用放鬆治療皆能改善乳癌手術後病患三個月內之疼痛、焦慮及症狀困擾強度。

關鍵詞：乳癌、症狀困擾、基本衛教、放鬆治療法

Abstract

The major purpose of this study is to examine the effects of holistic basic-teaching , relaxation training and problem-solving skill training on decreasing breast cancer patients' pain, anxiety and common symptom distress during postoperative three-month period. Fifty-three eligible patients were randomly assigned to the control group and treatment groups. Every patient received 7 time nursing intervention and response to a questionnaire during the period from preoperative day to postoperative three month. The research instruments included “0-10 Numeric Pain Intensity Scale”, “0-10 Numeric Anxiety Intensity Scale”, “Symptom Distress Scale–Brief version (SDS-B)”. Because the treatment III group patients

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照護成效。

五、參考文獻

行政院衛生署（1998）。中華民國八十四年癌症登記。台北：行政院衛生署編印。

向肇英 (2001)。探討衛教護理處置對乳癌婦女焦慮及術後疼痛改善之成效。新臺北護理期刊，3（1），91-102。

蔡宜樺、楊銘欽、季璋珠(1998)。乳癌確診後之初期罹病成本與相關因子之探討以臺大醫院病患為例。中華衛誌，17(3)，242-251。

賴裕和 (1998)。門診接受化學治療病人之症狀困擾及居家護理需求探討。護理研究，6(4)，279-289。

鄭素月 (2002)。探討乳癌病人的症狀困擾、自我效能、社會支持與生活品質之關係。新臺北護理期刊，4（1），9-22。

Barlow, JH., Williams B, Wright CC.(1999). Learning to become an arthritis self-manager through an adult education program. Health Education Research,14 (4),533-544.

Coward, D. D. (1999). Lymphedema prevention and management knowledge in women treated for breast cancer. Oncology Nursing Forum. 26 (6), 1047-1053.

Denton, S. (1996). Breast cancer nursing. New York: Chapman & Hall.

Eimer, B. N. & Freeman, A. (1998). Pain management psychotherapy: A Practical guide. New York: John Wiley & Sons.

Good, M. (1995). Relaxation techniques for surgical patients. American Journal Nursing, 5, 39-43.

Gross, R. E., Walsh, A., davis, J. H., Russo, J., & Baron, R. H. (1999). A flowsheet for Documenting independent nursing visits after breast surgery. Oncology Nursing Forum, 26(4), 775-777.

Miaskowski, C., & Dibble, S. L. (1995b). The problem of pain in outpatients with breast cancer. Oncology Nursing Forum, 22(1), 791-797.

Palsson, M. E., & Norberg, A. (1995). Breast cancer patients' experience of nursing care with the focus on emotional support: The implementation of a nursing intervention. Journal of Advanced Nursing, 21, 277-285.

Payne, D. K., Sullivan, M. D. & Massie, M. J. (1996) Women's psychological reaction to breast cancer. Seminars in Oncology Nursing, 23(1), 89-97.

Pompe, G. V., Antoni, M., Visser, A., & Garssen, B. (1996). Adjustment to breast cancer: The psychobiological effects of psychosocial interventions. Patient Education and counseling, 28, 209-219.

Sloman, R. (1995). Relaxation and the relief of cancer pain. Nursing Clinics of North America, 30(4), 697-709.

Wallace, K .G. (1997). Analysis of recent literature concerning relaxation and imagery interventions for cancer pain. Cancer Nursing, 20 (2), 79-87.