裝置永久性心律調節器病患其疾病不確定感與身體活動度之相關性探討 The relationship between uncertainty of illness and physical activity in patient with permanent pacemaker

中文摘要

本研究旨在了解裝置永久性心律調節器病患其疾病不確定感對身體活動度的影響。以中文版疾病不確定感量表、七日身體活動回憶量表探討其相關性。採描述性、相關性研究,以結構式問卷及訪談方式對研究對象進行橫斷式的研究。本研究以北部某醫學中心心臟科裝置永久性心律調節器病患爲母群體,共收案 71 名,研究資料分析以 SPSS 15.0 統計軟體進行次數、百分比、平均值、標準差等描述性統計,再以 t-test、Chi-aquare、Fisher's exact test、ANOVA、pearson's correlation、Multiple Regression with stepwise 進行相關性分析。

研究結果發現 ICD 組在不明確因素單項「他們沒有給我一個明確的診斷」中,顯著高於非 ICD 組(t=-2.41, p=.01);在複雜性因素中,ICD 組得分顯著高於非 ICD 組(t=-2.03, p=.04) ,其中在複雜性因素單項「醫師和護士的說明很簡單,我可以聽得懂」中,ICD 組亦顯著高於非 ICD 組(t=-3.91, p=.001)。在植入永久性心律調節器後的疾病不確定感分數趨勢,ICD 組其整體疾病不確定感分數隨時間增加而增加,而非 ICD 組其整體疾病不確定感分數卻隨時間增加而遞減。此外,在疾病不確定感預測上,年齡愈高者則疾病不確定感愈低;有工作者其疾病不確定感不過分數比無工作者低,有工作者在疾病不確定感總分(F=-2.76, p=.007)顯著低於無工作者。

在身體活動方面,教育程度愈高,其每週絕對中等強度以上活動量(r=.41, p<.000) 及每週相對中等強度以上活動量(r=.42, p=<.000)愈高。男生在每週絕對中等強度以上活動量(t=3.55, p=.001) 和每週絕對中等強度以上活動量(t=3.51, p=.001) 皆顯著高於女生。有工作者在每週絕對總身體活動量(t=3.12, p=.003) 顯著高於無工作者。在植入永久性心律調節器後的中度以上活動量趨勢,ICD 組整體趨勢在每週絕對及相對中度以上活動量隨時間增加而遞減;而非ICD組,整體趨勢在每週絕對及相對中度以上活動量隨時間增加而遞減;而非ICD組,整體趨勢

整體而言,疾病不確定愈高,則每週絕對總身體活動量(r=-.29, p=.015)、每週絕對中重度活動量(r=-.35, p=.003)、每週相對總身體活動量(r=-.31, p=.008)及每週相對中重度活動量(r=-.35, p=.003)也愈低。

目前國內並無研究探討裝置永久性心律調節器病患其疾病不確定感對身體活動 度的影響,故本研究結果可了解心律調節器病患之疾病不確定感與身體活動度之 相關程度,藉此以作爲依據,進而提升臨床裝置永久性心律調節器病患之照護品 質及進一步做爲教育及研究之參考。

英文摘要

The purpose of this correlative, descriptive study was to investigate the level of

impact on physical activity caused by the uncertainty of patients who receive permanent pacemaker implantation in a cross-sectional period. Two questionnaires including the Uncertainty of Illness Scale and Seven-day Physical Activity Recall were used in 71 participants from out-patient clinics of department of cardiology with permanent pacemaker implantation (PPM) in one hospital in this study. Data were presented by percentage, frequency, and mean±standard deviation, and analyzed by t-test, Chi-aquare, Fisher's exact test, one way ANOVA, Pearson's correlation and Multiple regression with stepwise .

The major findings of this study were following: One of unclear factor items as "they don't give me an definite diagnosis" in ICD group scores significantly higher than non-ICD group (t=2.41, p=0.01). Complexity factor in ICD group scores significantly higher than non-ICD group (t=2.03, p=0.04). One of complexity factor items as "The interpretations of doctors and nurses are so simple that I realize" in ICD group scores significantly higher than non-ICD group (t=3.91, p=0.001). The overall uncertainty of illness scores in ICD group increase followed by prolonging time, while non-ICD group decrease followed by prolonging time among the trend of scores of uncertainty post implantation of PPM. Otherwise, in the prediction of uncertainty of illness, the older the age is, then the lower uncertainty of illness scores are. The average score of uncertainty of illness in workers was lower than umployment, the scores in total for uncertainty of illness (t=-2.76, p=.007) in unemployment are significantly higher than workers.

In physical activities, the higher the education level is, the higher absolutely amount of moderate to vigorous physical activity per week (r=.41, p<.000) and relatively amount of moderate to vigorous physical activity per week (r=.42, p=<.000) perform. Men in absolutely amount of moderate to vigorous physical activity per week (t=3.55, p=.001) and relatively amount of moderate to vigorous physical activity per week (t=3.51, p=.001) were significantly higher than women. In work status, workers in absolutely total amount of physical activity per week (t=3.12, p=.003) was significantly higher than people without work. In the trend of moderate to vigorous physical activity per week post implantation of PPM, overall trend in ICD group decrease followed by prolonging time, but non-ICD group increase followed by prolonging time.

In summary, the higher the uncertainty of illness is , the lower absolutely total amount of physical activity per week (r=-.29, p=.015), absolutely amount of moderate to vigorous physical activity per week (r=-.35, p=.003), relatively total amount of physical activity per week (r=-.31, p=.008) and relatively amount of moderate to vigorous physical activity per week (r=-.35, p=.003) perform.

There is no research about the relationship between uncertainty of illness and physical

activity of patients with permanence pacemaker in Taiwan. The results of this research may have strong impact on medical education and clinical evidence, in addition, that would be valuable enhancing the quality of health care of patient with permanent pacemaker in the future.