

影響呼吸器依賴患者家屬對居家照護服務滿意度之相關因素

Factors Affecting the Satisfaction for Home Care Service of the Families of ventilator-dependent Patient's

中文摘要

健保局 2002 年開放「全民健康保險呼吸器依賴患者整合性前瞻性支付制度」之第四階段居家照護，希望藉此改善呼吸照護病房過高的佔床率，鼓勵適合居家照護的病人返家，減少病患入住呼吸治療機構，及呼吸照護上龐大的醫療費用支出。但 2002 年開放至今，並無呼吸器依賴患者家屬居家照護服務需求及滿意度之研究報告。故本研究目的除瞭解家屬對居家照護服務需求及滿意度的現況外，並探討影響家屬居家照護服務滿意度的相關因素，並以影響家屬居家照護服務滿意度之顯著變項，提供政府推動相關政策參考的建言。

本研究乃一橫斷式量性研究，選取台北縣、市三家呼吸照護所之呼吸依賴病患之家屬為研究對象研究，工具採自填式結構性問卷，以 Likert 量表五點尺度衡量，經信度及效度檢定後，收案時間自民國 98 年 04 月 01 日至民國 98 年 05 月 10 日，共收集有效問卷 254 份，有效樣本回收率 72.5 %。所得研究資料利用 SPSS12.0 版統計套裝軟體進行平均值、標準差、獨立樣本 t 檢定、單因子變異數分析、皮爾森積差相關及複迴歸等統計方法進行資料分析。

結果發現，呼吸器依賴患者家屬對居家照護服務需求部份以「環境設備」排名第一，其餘依序是「居家服務」、「醫護照護」、「心理及社會支持」。而滿意度部份，則以「居家服務」排名第一，其餘依序為「醫護照護」、「環境設備」、「心理及社會支持」。且「整體需求」與「整體滿意度」相關係數($r=.860$ ， $P<0.001$)呈現顯著高度正向相關，而影響呼吸器依賴患者家屬居家照護滿意度之因素：家屬「教育程度」高中 ($P<0.05$)、「與病人關係」中媳婦或女婿 ($p<0.05$)、「部分經濟困難」($p<0.01$)、「完全沒有經濟困難」($p<0.05$)、「病患入院次數」6-10 次($p<0.05$)、「病患入院次數」11-15 次($p<0.05$)、「醫護照護」需求($p<0.001$)、「心理及社會支持」需求($p<0.001$)、「環境設備」($p<0.05$)，可解釋 52%之變異量(Adjusted R² = 0.52)。

呼吸器依賴患者家屬對居家照護服務之需求，與滿意度呈現顯著高度正向相關，並為解釋「滿意度」變異量最重要變項，因此建議有關單位在家屬「環境設備」需求上，給予添購呼吸器相關設備之諮詢，而在「心理社會支持」上，給予喘息服務，讓家屬在照顧病患之餘，能獲有更大的休憩空間，並安排固定諮詢志工，或同儕團體進行經驗交流分享，使家屬在心理及社會支持能獲致更大的滿足。

英文摘要

In order to reduce the Respiratory Care Ward occupancy rate and huge medical expense for respiratory care in Taiwan, since 2002, the Bureau of National Health

Insurance (NHI) has implemented the home care services for suitable ventilator-dependent patients which was on the 4th stage of the NHI Integrated Deliver System (IDS) Project. However, the evaluation of home care services whether met and satisfied the ventilator-dependent patient families' needs were not done yet. Therefore, this study aims to investigate the home-care services needs for the ventilator-dependent patient families, and explore the factors which influence their need and satisfaction for the IDS Project further improvement.

This study is a cross-section quantitative study. Our subjects are the families who took care of the ventilator-dependent patient and got the home-care services from three respiratory care institutions from April 1 to May 10, 2009 in Taipei area. The research tool was a structured self-filled questionnaire examined by reliability and validity test and measured by five levels Likert Scale. The numbers of effective respondents are two hundreds and fifty-four (72.5%), SPSS 12.0 statistics software was used and all data were analyzed in mean, standard deviation, independent-sample T-test, one-way ANOVA, Pearson correlation, and multiple regression.

The results show that the most need home service care for ventilator-dependent patient families is "environment equipments", followed by "homecare service", "medical care", and "social and physical supports". Moreover, the "homecare service" was most satisfied by ventilator-dependent patient families, followed by "medical care", "environment equipments", and "social and physical supports". The correlation between total needs" and "total satisfaction" is highly positive related($r=0.860$, $P<0.001$). The factors which influence the satisfaction of of ventilator-dependent patient families are: families' education high school ($P<0.05$); relations to patients-daughters in law ($P<0.05$);economic condition some difficulty ($P<0.01$),no difficulty ($P<0.05$); times of hospital admission -six to ten ($P<0.05$), eleven to fifteen ($P<0.05$); need of "medical care" ($P<0.001$), "social and mental supports" ($P<0.001$), and "environment equipments" ($P<0.05$), which totally explained fifty-two percentage of variety (Adjusted $R^2 = 0.52$).

Ventilator-dependent patient families' needs are highly positive related with their satisfaction, and was also the most significant variable to satisfaction in multiple regression analysis. Therefore, we suggest Bureau of NHI providing consultations to families on choosing suitable respirator and related devices., offering respite care services which families can take a break after a period of time they taking care of patient. Social workers or peer groups periodically consultations and experience sharing can offer families mental and social supports.