運用衛生服務利用行爲模式探討影響主要照顧者對長期照護服務利用及滿意度之相關因素

Factors Related to the Long- Term Care Utilization and Satisfaction among Caregivers ：Use of the Behavioral Model of Health Services Utilization

中文摘要

論文名稱：運用衛生服務利用行爲模式探討影響主要照顧者對長期照護服務利用及滿意度之相關因素
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相關老人安養及照護問題，政府單位雖已規劃全面性的長期照護服務方案來因應，然對功能障礙、需要協助的老人而言，主要照顧者是經常扮演老人所需照護服務的代言者之重要角色。本研究運用 Andersen 提出之衛生服務利用行爲模式，藉以探討大台北地區長期照護服務使用的主要照顧者之傾向、能力、需求因素是否將影響服務利用及滿意度，以提升長期照護服務的品質。

本研究爲橫斷式相關性研究設計，以結構式問卷進行電話訪談，研究對象來源先依機構的分類及所位於的行政區，採隨機分層取樣，經抽樣機構的同意，再以方便取樣，每個服務單位提供 10 位使用者，最後完成收案 125 位(回收率爲 57%)。研究發現主要照顧者的特質，以女性、中年、爲被照顧者的子女，且與其生病前的關係多爲良好。被照顧者以女性罹患腦中風佔多數，日常生活功能及工具性日常生活功能失能狀況屬完全依賴，需要協助的項目各以「洗澡」與「煮飯」的失能狀況最爲嚴重。在照顧資源方面，僅有四成與被照顧者同住，住家與服務提供單位之間以 30 分鐘以下單程交通時間較多。選擇該照護服務類型的原因有 45.6% 是以減輕家人照顧負擔，40%爲醫護人員推薦。平均利用服務時間爲 2 年 5 月，期望利用的服務方案，以養護中心爲主，其次爲居家照護服務。對所使用服務的滿意度部份，以可近性層面得分最高(M=3.36, SD=0.52)，可負擔性得分最低(M=2.64, SD=0.55)。

影響服務利用相關因素中，女性的主要照顧者利用居家式服務所佔比率最高；採用機構式照護服務者則多數不會影響工作情形。四成聘用傭工者是利用居家式照護。有多數是因「白天在家無人照顧」及會「比家屬照顧的更好」而選擇利用機構式服務，同時也會以「服務機構的口碑」及所「提供的服務內容」做爲衡量服務品質的標準。透過醫護人員推薦者，有七成五是偏向利用居家式服務。利用機

構式服務的主要照顧者其自覺健康得分較高，且利用機構式及居家式服務的被照顧者其失能狀況均較社區式使用者嚴重。而目前服務利用方案與主要照顧者期望服務利用方案並無不同。主要照顧者的性別(OR=0.21)，及以「白天在家無人照顧」(OR=8.45)和「比家屬照顧的更好」(OR=2.27)爲接受服務原因，主要照顧者的自覺健康狀態(OR=1.79)等項目爲預測利用機構式服務與否的主要因素。
影響服務滿意度相關因素中，住家與服務提供單位之間距離在「30 分鐘以下」者對服務的可近性爲最滿意。與被照顧者生病前的關係爲「良好」者在可用性、可近性、適度性及整體滿意度上，均較於關係「非常良好」與「不好」者滿意。選擇接受服務原因中，未以「減輕家人照顧負擔」、以「照顧機構的環境、設備」爲理由者對可接受性有較高的評價。以「比家屬照顧的更好」爲考量者，對可用性有較高的滿意情形。以「收費較合理」爲主因者，對服務之可用性、可近性及適度性有較高的評價。以「醫護人員建議推薦」原因者，在服務的可近性及可負擔性是呈現較高的滿意度。沒有罹患任何疾病的主要照顧者，對適度性有較高的滿意情形。接受不同長期照護服務方案與服務之可近性有統計上顯著意義，但事後比較分析則無法顯示出組間差異。主要照顧者與被照顧者生病前的關係、住家與服務提供單位之間距離及收費較合理，此三變項可解釋服務滿意度之總變異量達 24%。
藉由本結果對主要照顧者在長期照護服務之利用上有更深入的瞭解，並對服務之滿意情形進行評價，同時探究其影響因素，以提供確切的依據，作爲未來相關政策計畫之參考，進而提昇長期照護服務的品質。
關鍵詞：主要照顧者、長期照護服務利用、滿意度、衛生服務利用行爲模式

英文摘要

Title of Thesis: Factors Related to the Long-Term Care Utilization and Satisfaction among Caregivers Use of the Behavioral Model of Health Services Utilization

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Responding to the fast growing elder population, the government of Taiwan has already developed the comprehensive long-term care service programs. However, for those with functional disability, their family caregivers frequently play the vital role to advocate the elder's needs. This study applies Andersen's Behavioral Model of Health Service Utilization to explore the relationships among predisposing, enabling and needs factors of caregivers with their long-term care service utilization and satisfaction toward long-term care service they used in Great Taipei area.
The correlational research design was used in is study. The structural questionnaire was developed for telephone interview. The stratify random sampling was applied to selecting participating institutions based on their service types and location. Then,

convenient sampling was used for every participating institution to recommend 10 users and their caregivers. A total of 125 subjects completed the interview (response rate 57%).

The study indicated that caregivers were mostly female, middle age, client's children, and had good relationship with clients. The elder client's characteristics were mostly female, CVA diagnosis, totally disabled as measured by ADL and IADL, and need most assistance on "taking bath" and "cooking". Only 40% of caregivers lived with the elderly, and most used service was just located within 30 minutes from their homes. Regarding reasons for selecting types of service, 45.6% of them were due to "it can reduce family people's burden", and 40% of them are "recommended by health care providers". The average length of service utilization was 2 years and 5 months. The most needed service types were care center and home care service respectively. The caregivers were most satisfied with service accessibility (M=3.36, SD=0.52), and lowest on service affordability (M=2.64, SD=0.55).

Among factors related to service utilization, results indicated that female caregivers utilized more home care; most institution users would not affect their work because of caring work. There were 40% of caregivers hired aids using home care. The major reasons for caregivers to select institution care was "nobody at home to take care client during daytime", and "it care better than family members", at the same time, they use "public praise of service" and "service content provided" as the standard for measuring service quality. Among those selecting home care, 75% was due to "health care providers' recommendation". Caregivers utilized institutional care has a relatively higher score on perceived health status than other service users. Clients using institutional and home care services have higher functional disability than community service users. Types of service client used were not significantly different from their caregiver expected. Result of logistic regression indicated that female caregiver (OR=0.21), reasons for selecting service such as "nobody at home to take care client during daytime" (OR=8.45), and "it care better than family members" (OR=2.27), and caregivers' perceived health status (OR=1.79) can predict the use of institutional care.

Among factors related to service satisfaction, those who lived close to service they used (less than 30 minutes) were more satisfactory with service accessibility. Caregivers with "good" relationship with their cared before they became ill were more satisfied in availability, accessibility, accommodation, and overall satisfaction than those with "excellent" and "not good" relationship ones. When the reason was not based on "reducing care burden of family member" and "environment, equipments of caring institutions", caregivers would have higher score on service acceptability. Those who consider the reason as " it care better than family members"

had relatively high satisfaction towards availability. Those with “relatively more reasonable expenses” as major reason had relatively higher appraisal towards availability, accessibility, and accommodation of service. Those for “recommended by health care providers” had relatively higher satisfaction towards accessibility and affordability of service. Caregivers without any chronic disease had relatively higher satisfaction towards accommodation. Although accessibility is statistically different among types of service utilization, post hoc analysis could not detect the exactly group difference. Results of multiple regression indicated that the relationship between the caregiver and their client before getting ill, the distance of service providing unit and relatively reasonable expenses were three significant predictors of service satisfaction. A total of 24% of variance on service satisfaction was explained by these three variables.

Since this results provide a better understanding about the utilization and satisfaction towards long term care, recommendations will be made to policymaking to improve the quality of long term care services

Keywords: family caregiver, long-term care service utilization, satisfaction, behavioral model of health service utilization