影響肺癌病人疲憊、憂鬱與睡眠品質之相關因素探討

Fatigue, Depression, and Sleep Quality in Patients With Lung Cancer

中文摘要

本研究目的主要探討肺癌病人之疲憊、憂鬱與睡眠品質情形、影響之相關因素、其彼此間相關性及其預測因素。研究對象來源爲北部一所醫學中心及一所區域教學醫院之胸腔內科及腫瘤科病房，以立意取樣方式收集 147 位肺癌病人，採用相關性及橫斷式之研究設計，研究工具包括「基本資料問卷」、「台灣版簡明疲憊量表」、「醫院焦慮憂鬱量表」、「匹茲堡睡眠品質量表」等四部分，資料分析包括描述性統計分析、t-test、單因子變異數分析、皮爾森相關、多元迴歸分析等。

研究結果發現：（1）肺癌病人疲憊嚴重程度方面，平均值爲 5.85 分，屬於中度；憂鬱情形方面，平均值爲 9.87 分，爲疑似憂鬱情形；睡眠品質方面，平均分數爲 10.86 分，屬於睡眠品質不良情形。（2）性別、職業與疲憊嚴重程度在統計學上有顯著差異，婚姻狀況、宗教信仰、居住情形、主要照顧者、年齡、教育年資方面與疲憊之間，則無顯著差異存在；有無職業與憂鬱程度有統計學上顯著差異，性別、婚姻狀況、宗教信仰、居住情形、主要照顧者、年齡、教育年資方面與憂鬱之間，則無顯著差異；性別、職業、主要照顧者方面與睡眠品質在統計學上有顯著差異存在，婚姻狀況、宗教信仰、居住情形、年齡、教育年資方面與睡眠品質之間則無差異存在。（3）KPS 分數、肺癌症狀指標（Pain, Dyspnea, Cough）與疲憊、憂鬱、睡眠品質三者個別之關係，結果皆呈現顯著負相關。腫瘤形態、是否轉移、是否程接受手術及治療方式與疲憊、憂鬱、睡眠品

質三者個別之間，在統計學上無顯著差異存在；罹病時間及三頭肌皮層厚度與疲憊、憂鬱、睡眠品質三者個別之間，無顯著相關。而 Albumin 值與疲憊、憂鬱之間，在統計學上無顯著差異存在，但與睡眠品質之間則呈現顯著負相關（$r=-.293$, $p<.05$）。（4）肺癌病人疲憊嚴重程度、憂鬱情形與睡眠品質三者彼此之間呈現顯著正相關。性別、KPS 分數及憂鬱嚴重程度等爲疲憊之重要預測因子；KPS 分數、疲憊程度及睡眠品質爲憂鬱的重要預測因子；憂鬱嚴重程度爲睡眠品質之重要預測因子。

由研究結果得知，疲憊、憂鬱與睡眠品質不良情形，爲大多數肺癌病人皆有之問題，並多達中等以上之嚴重程度。期藉由本研究發現，能提供臨床醫護人員對於肺癌病人有更多的瞭解，使肺癌病人在照護品質上更臻完美。

英文摘要

The purpose of this study is to explore the related factors, correlations, and predictors of fatigue, depression, and sleep quality in patients with lung cancer. The research subjects originate from the chest medicine department and oncology ward of a medical center and a regional teaching hospital in the North. Purposive sampling was used to collect 147 lung cancer patients who were evaluated according to research design of descriptive correlational and cross-sectional design. Research instruments included “Brief Fatigue Inventory-Taiwan form,” “Hospital Anxiety and Depression Scale,” “Pittsburgh Sleep Quality index.”The data are analyzed by descriptive statistical analysis, t-test, one-way ANOVA, Pearson’s correlation, and multiple regression.The findings are as follows:

1. The seriousness of fatigue in lung cancer patients had a mean value of 5.85 points, the degree of fatigue was medium. As for depression, the mean value was 9.87 points, constituting a state in which depression was suspected. Regarding sleep quality, the mean score was 10.86 points, in the category of poor sleep quality.

2. Gender, occupation, and seriousness of fatigue showed a significant statistical difference, but there was no significant statistical difference between fatigue and marital status, religion, residency, main caregiver, age, and years in education. Gender, occupation, main caregiver showed a significant statistical difference with respect to quality of sleep, but there was no significant statistical difference between sleep quality and marital status, religion, residency, age, and years in education.

3. KPS score, the lung cancer symptom scale (pain, dyspnea, and cough) had a significantly negative correlation with fatigue, depression, as well as sleep quality. Cancer type, whether metastatsis, occurred, whether the patient had underwent an operation, and treatment method did not show a statistically significant different with respect to fatigue, depression, and sleep quality. The time of suffering from the illness and skin fold did not show a significant correlation to fatigue, depression, and sleep quality. Albumin value did not have a significant statistical difference with respect to fatigue and depression, but it had a negative correlation to sleep quality.

4. Fatigue seriousness, depression, and sleep quality in cancer patients showed a positive correlation. Gender, KPS score, and seriousness of depression were important predictive factors for fatigue. KPS score, fatigue seriousness, and sleep quality were important predictive factors for depression. The seriousness of depression was an important predictive factor for sleep quality.

The research results showed that the majority of lung cancer patients had the problems of fatigue, depression, and poor sleep quality, many of whom had at least a seriousness level of medium. The results of the study provide more understanding and greater care quality of lung cancer patients.