住院腸胃道癌症病人主要照顧者的負荷及相關因素

Family Caregiver Burden and Its Correlates in Hospitalized GastroIntestinal Cancer Patients

中文摘要

當病人被診斷爲癌症時，病人和家屬都會受到衝擊，若主要照顧者產生照顧負荷，會影響照顧者之角色功能，進而使病人照顧成效變差，因此照顧者負荷已是家屬照顧的一個重要議題。本研究以橫斷式研究法，探討台北某醫學中心之腸胃道癌症病人之主要照顧者之照顧負荷。共收集 78 位病人及其主要照顧者，資料包括病人人口學資料、病人之症狀嚴重度、病人焦慮及憂鬱情形及照顧者之人口學資料、照顧照顧型態與社會支持，再以照顧者反應評估量表（CRA）測量家屬之照顧負荷程度。資料分析以描述性統計、t 檢定、單因子變異數分析、皮爾森積差相關檢測與逐步迴歸分析。結果發現：(1)主要照顧者負荷的嚴重程度依序爲時間安排、健康負荷、經濟負荷及家人支持。（2）病人的性別與主要照顧者之健康負荷有關，病人的年齡與主要照顧者時的經濟影響呈負相關，病人的身體功能狀態與主要照顧者時的時間安排有關，罹病時間長短與時間安排呈負相關，病人的整體症狀困擾、焦慮狀態與憂鬱狀態與主要照顧者的身體健康、時間安排均呈正相關。而憂鬱狀態對主要照顧者的家人支持負荷亦呈正相關。（3）照顧者的性別、年齡、教育程度、病人關係及有無慢性疾病和健康影響有關，照顧後職業狀況時間安排、家人支持有關，照顧類型與時間安排及家人支持有關，而照顧者的社會支持與時間安排、經濟影響、家人支持均爲負相關。（4）時間安排的重要預測因子爲病人的憂鬱程度、獨立且需全天照顧的照顧類形及病人身體功能狀態爲 KPS 評分 70 分者，其解釋時間安排總變異量爲 39.7% （$p< .000$）。健康影響的主要預測因爲有無慢性疾病、病人焦慮程度及女性主要照顧者，其解釋之總變異量爲 32.8% （$p< .000$）。經濟影響之重要的預測因子爲社會支持與照顧者爲子女，其解釋總變異量爲 29.3% （$p< .000$）。家人支持的重要預測因子爲社會支持與照顧類形爲輪班照顧者，其解釋家人支持總變異量爲 55.6% （$p< .000$）。照顧者的社會支持與主要照顧者自尊感受有關。本研究結果可見照顧者受到不同層面負荷，建議提供照顧者支持措施，以緩解其照顧負荷，增進對癌症病人及其家屬之照顧品質。

英文摘要

Both patient and family suffered a great impact when be diagnosed for the cancer. If the care burden is over the caregiver's tolerance, it might change the caregiver's role function and decrease the quality of patient care. For this reason, the care burden for a cancer patient's family is an important issue today.

The cross-sectional study was designed to understand the care burden on the primary caregiver of cancer patients when hospitalization. 78 dyads of patients and families participated in the study. Data collection included patient and family's demographics, disease-related information, patient's performance status (measured with Karnofsky Performance Status, KPS), patient's psychological distress (measured with The Hospital Anxiety and Depression, HADS), care pattern, social support (measured with Medical Outcome study Social Support), and the caregiver's burden (measured with the Caregiver Reaction Assessment, CRA). Data were analyzed by descriptive statistics, independent t-test, one-way ANOVA, Pearson's correlation, and multiple stepwise regressions. The results revealed that 1). The severity of care burden on the primary caregiver was in the order: Time arrangement, health status, economics situation, and other family's support. 2). Patient's sex was related with primary caregiver's health status, patient's age was negatively related with primary caregiver's economics situation, patient's performance was related with primary caregiver's time arrangement, the length of illness was negatively related with caregiver's time arrangement, patient's symptom distress, anxiety and depression status were positively related with caregiver's health status, time arrangement, patient's depression status was related with other family's support. 3). The primary caregiver's sex, age, education, relationship with patient were related with the health status; caregiver's employment, time arrangement, and care pattern were related with other family's support; there was a negative relations in caregiver's social support, time arrangement, economic situation, and other family's support. 4). The main predictors of time arrangement were patient's depression status, dependent, and that patient's performance level was 70; the main predictors of caregiver's health status were with/without chronic disease, patient's depression status, and female; the main predictors of other family's support were social support and the shared care pattern; caregiver's social support was related with caregiver's feeling of self esteem. The results suggest that the caregivers should be concerned and be supported to release their burden, and then, to increase the quality of cancer patients care.er.