探討影響慢性精神病患及其主要照顧者於照護品質滿意度之相關因素

To Explore The Related Factors From Chronic Mental Illness Patients' and Primary Caregivers' Perspective on Satisfaction With Mental Health Services

中文摘要

論文摘要

論文名稱：探討影響慢性精神病患及其主要照顧者於照護品質滿意度之相關因素

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研究目的：比較慢性精神病患及其主要照顧者於精神醫療服務使用時，照護品質滿意度之差異性和相關因素之探討。

研究方法：本研究為探索性研究，以結構式問卷調查法採立意取樣方式，以大台北地區某兩家精神科醫院的慢性精神病患及其主要照顧者為主要研究對象，完成收案共 309 位（包含：病患 160 名和家屬 149 名）。研究工具：包括：1.個案與主要照顧者基本屬性資料，2.病患疾病和整體整體功能評估量表（Global Assessment of Functioning Scale; GAF） 3.照顧機構特性，4.威洛納精神醫療照護品質滿意度調查表-54 （Veroa service satisfaction scale, Vsss-54），此工具進行驗證，具有良好信度、內在一致性和建構效度。統計方法以 SPSS 15.0 版套裝軟體進行描述性和分析性統計（包含 t 檢定、ANOVA、皮爾森積差相關和無母數分析）。

研究結果：

1.慢性精神病患年齡平均 41.52 歲，女性多，自我健康評價尚可，主要疾病診斷為精神分裂症，平均患病時間為 15.13 年。

2.主要照顧者平均 50.68 歲，以女性和高中畢業為主，照顧平均 10.39 年，自我健康評價尚好。

3.慢性精神病患對照護品質滿意度平均得分，以專業技能、服務效率、服務可近性等排序前三位，但對介入種類、訊息提供之滿意度較差；而主要照顧者對照護品質滿意度之排序相似。但當統計分成滿意與不滿意兩組時，於六個項度間皆具有統計顯著的差異。

4.主要照顧者對照護品質滿意度得分顯著高於慢性精神病患，且二者具有顯著性統計正相關。且當主要照顧者與病患感情愈好、與醫生、護士互動愈佳，則其照護品質滿意度愈高（r= .22, .58, .49; p< .05）。

5. 慢性精神病患對照護品質滿意度不受整體功能評估與疾
病因素影響。
6.因收案單位異質性不足，無法分析機構特性對受試者照護品質滿意度之相關因素，此為重大研究限制。
研究建議：透過此研究所呈現精神醫療服務使用者的照顧滿意度差異性，未來可做為增強照顧滿意度和提升精神醫療服務品質的參考；且於『以病患和家屬為中心』提供精神護理服務時，可針對滿意度各項度內涵，發展具有個別性的介入策略。

關鍵字：慢性精神病患、主要照顧者、照護品質滿意度、整體功能評估

英文摘要

Abstract

Title of Thesis: To Explore The Related Factors From Chronic Mental Illness Patients' and Primary Caregivers' Perspective on Satisfaction With Mental Health Services

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Objective: To compare the satisfaction of chronic mentally ill patients and their primary caregivers with the healthcare quality, and to investigate the differences and related factors on satisfaction.
Method: This exploratory investigation was conducted using purposive sampling and structured questionnaires. The research participants were chronic mentally ill patients and their caregivers from two psychiatric hospitals in Taipei,. Data was collected from 309 participants (160 patients, 149 family members). The following data were collected: 1) the basic demographics; 2) the patient disease and global assessment of functioning scale (GAF); 3) the facility characteristics of mental health services; and 4) The Verona Service Satisfaction Scale (VASSS-54). All the scales had good reliability, consistency, and validity. The descriptive and analysis data of statistical methods were performed using SPSS 15.0 software (included the t-test, ANOVA, pearson's correlation, and mann-whitney u test analysis).
Results:
1. The chronic mentally ill patients had a mean age of 41.52 years, a mean disease duration of 15.13 years, and were predominantly female and schizophrenic diagnosis. Their self-assessed level of health was satisfactory.

2. The primary caregivers were mostly female and had graduated high school. The caregivers had a mean age of 50.68 years, worked as a caregiver a mean of 10.39 years, and reported a satisfactory level of health via self-assessment.
3. The rank of satisfaction for patients were mostly satisfied with the specialized skills, the efficiency of service, and the service accessibility of the healthcare delivered, but the types of interventions and information provision with a low level of satisfaction. The primary caregivers exhibited similar ranks of satisfaction. However, there were significant differences between the two groups in all six dimensions of VSSS-54 when participants were limited to responding as "satisfied" or "not satisfied".
4. The primary caregiver satisfaction score was significantly higher than the patient satisfaction score, and their relationship had significant positive correlation in statistical analysis. Higher levels of caregiver satisfaction with healthcare quality were correlated with closeness to the patients and the quality of interactions with the medical staff ($r = .22, .58, .49$; $p < .05$).
5. Patient satisfaction levels were not associated with the score of global assessment of functioning scale and the factors of chronic disease.
6. A major limitation of this study was healthcare facility homogeneity, which hampered the analysis of the effect of facility characters tics on satisfaction level.
Recommendation:
The results of this study contribute to the understanding of factors that improve levels of satisfaction and the quality of mental health care. When providing "patient-and-family-centric" mental healthcare, individual intervention strategies may be developed in accordance to the satisfaction level for each dimension.