

# 出院準備服務對中風老人主要照顧者生活品質的影響

## The effect of discharge planning on the quality of life of primary caregivers of elderly stroke patients

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### 摘要

本研究主要目的是探討「出院準備服務計畫」之介入措施，對於中風老人主要照顧者返家後一、三、及六個月生活品質的影響。採縱貫式類實驗性研究設計法，以便利取樣的方式，總共收案人數為 103 位，以北台灣某醫學中心之四個同質性高的神經內科病房為研究場所，採用隨機分派的方式，其中控制組有 56 位、實驗組有 47 位，控制組只接受醫院常規治療與照護，實驗組除接受醫院常規治療與照護外，還依據徐 (2000) 所發展的出院準備服務計畫，在病患住院期間開始給予介入措施，內容包括 (一) 住院第三天的照顧需求評估，並依據個別需求於住院期間提供衛教及照護技能指導；(二) 出院前三天的諮詢、照護技能再加強、及必要時提供轉介；及 (三) 出院後一、三、及六個月的追蹤訪視這三部分。運用 SF-36 (short form-36) 健康生活品質量表為測量工具，主要以獨立樣本 t 檢定 (unpaired t-test) 及廣義估計方程式 (Generalized Estimating Equation; GEE)，以確立出院準備服務計畫的效益。

研究結果發現：(一) 在主要照顧者的生活品質概況方面，於返家後一、三、及六個月都是以「身體功能」得分最高，「活力狀況」得分最低，比較兩組生活品質的差異，結果顯示實驗組於六個月的「整體健康感受」較控制組好；(二) 在生活品質進步量方面，結果顯示：(1) 一至三個月控制組在「社交功能」及「整體健康感受」的進步量比實驗組多；(2) 一至六個月控制組在「社交功能」的進步量比實驗組多；及 (3) 三至六個月實驗組在「身體功能」的進步量比控制組多；及 (三) 在出院準備服務對生活品質的效益方面，結果顯示於三個月時主要照顧者「社交功能」及「整體健康感受」之生活品質，在組別間的得分差異會隨著時間的變化而不同；於六個月時「身體功能」及「社交功能」之生活品質，在組別間的得分差異會隨著時間的變化而不同；在控制「時間」因素之後，出院準備服務對主要照顧者返家後的生活品質，並沒有造成組別間的差異；在控制「組別」因素之後，於六個月時「身體疼痛」，會隨著時間的變化，對於生活品質造成負向的影響。

綜合以上的研究結果發現主要照顧者的生活品質，以心理層面的生活品質較差，出院準備服務計畫對主要照顧者生活品質，需要較長久的時間才能獲得較明顯的效益，建議往後的研究除了運用縱貫性的追蹤方式之外，並能增加支持團體與社

工師的參與，以促進主要照顧者心理層面之生活品質的提昇。

### **Abstract**

The purpose of this study was to examine the effect of discharge planning on quality of life in primary caregivers of stroke elderly on the first, third, and sixth month after discharge. This study used longitudinal quasi-experimental design. Convenient sampling was used. One hundred and three caregivers from four neurological wards of a medical center located at northern Taiwan were recruited. Random assignment was used. Fifty-six caregivers were in the control group and forty-seven caregivers were in the experimental group. Caregivers in the control group received regular treatment and care. Caregivers in the experimental group received not only regular treatment and care, but also the discharge planning program in the hospital period, which was developed by doctor Shyu in 2000. The discharge planning program included: (1) assessing the care needs on the third day after admitted to the hospital and providing health education and skill instructions according to the individual needs; (2) consultations, strengthening skills, and referral services as necessary on the third day before discharge; (3) follow-ups on the first, third, and sixth month after discharge. Short form-36 (SF-36) health status was used to measure quality of life. The data were analyzed to evaluate the effectiveness of the discharge planning program by unpaired t-test and generalized estimating equation (GEE). The results showed that the highest scores of quality of life of primary caregivers were physical function and the lowest were vitality on the first, third, and sixth month after discharge. Comparing the difference of caregivers' quality of life between two groups, the results indicated that caregivers' general health was better in the experimental group than in the control group. The results showed that caregivers' social function and general health had much improvement in the control group than in the experimental group from the first month to third month. Caregivers' social function had much improvement in the control group than in the experimental group from the first month to sixth month. Caregivers' physical function had much improvement in the experimental group than in the control group from the third month to sixth month. The results showed that caregivers' scores of social function and general health were different between two groups on the third month. Caregivers' scores of physical function and social function were different between two groups on the sixth month. After the 'time' factor was controlled, the discharge planning did not have any effect on caregivers' quality of life between two groups after discharge. After the 'group' factor was controlled, the discharge planning had a negative effect on caregivers' body pain on the sixth month after discharge. In conclusion, the result showed that caregivers' mental dimension of quality of life was worse and significant improvement took longer time by the discharge planning

program. This study suggested that the discharge planning program should not only involve longitudinal follow-ups, but also support groups and social workers to promote the caregivers' mental dimension of quality of life.