癌症疼痛生理感覺特質與疾病不確定感關係之探討癌症.

The Relationship between Physio-Sensory Characteristics of Cancer Pain and Uncertainty in Illness

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摘要

疼痛爲影響癌症病人身心層面的主要問題這一，文獻及臨床上發現癌痛可能造成病人心理上的不確定感，而影響其生活品質，然而目前國內外對此方面的研究相當有限，故本研究目的在探討癌症患的疼痛生理－感覺層面特質（疼痛強度、持續時間、型式、部痤總數）與疾病不確定之間的相關性。研究採橫斷式相關設計，以立意取樣的方式於臺北市四所教學醫院進行資料收集，並以疼痛估量表、Mishel 疾病不確定感量表、Karnofsky 功能狀況量表及基本資料表，分別測量疼痛生理感覺特質、不確定感、身體功能狀況及人品學特質，研究結果以描述性統計、t-test、後向選取法回歸與分層回歸方法分析。本研究共記得有癌痛及無痛病患各 60 名，結果顯示：(1)有疼痛的癌症病患其疾病不確定感程度顯著較無癌痛組高；(2)身體功能狀況愈差（即疾病狀況愈嚴重）、年齡愈輕及疼痛最痛強度愈高時，疾病不確定感程度愈高；(3)進一步再以分層回歸控制年齡及身體功能狀況的變異量後，疼痛最痛強度仍可有意義地預測疾病不確定感。本研究結果有力地證實疼痛最痛強度爲造成病人不確定感的重要因素，臨床上應策極病人適當的護理措施，減輕病人的疼痛強度，以減低疼痛帶給病人心理上的不確定感，並提昇其生活品質。

Abstract

Pain is one of the major problems faced by cancer patients. From clinical observation, pain may induce uncertainty and therefore affect patients quality of life. However, limited research examines this issue. The purposes of this study are to (1) compare the level of uncertainty between cancer patients with and without pain; and (2) examine the relationship between the characteristics of cancer pain (pain intensity, duration, pattern and number of pain sites) and uncertainty after controlling for performance status and demographic factors. A cross-sectional correlation design with purposive sampling was used in the study. Uncertainty was measured by the Mishel's Uncertainty in Illness Scale - Adult (MUIS-A), Chinese version. Performance status was measured by the Karnofsky Performance Scale (KPS). Characteristics of cancer

pain was measured by a standardized pain assessment. The MUIS-A demonstrated acceptable content validity and acceptable internal consistency reliability with a Cronbach's alpha of .77. 120 cancer patients, 60 with pain and 60 without pain, were recruited from four teaching hospitals in Taipei. The results showed (1) a significant difference in uncertainty levels between cancer patients with and without pain; (2) patients with lower performance status (more severe), lower age and higher level of worst pain intensity had significantly higher uncertainty levels; and (3) after controlling for performance status and age, the worst pain intensity could still predict uncertainty with a significantly increased R2, analyzed by hierarchical regression. The results strongly support the proposition that sensory characteristics of cancer pain, especially, the worst pain intensity, can predict the development of uncertainty. Nurses need to carefully assess and control cancer patients' worst pain intensity within an acceptable level, and therefore to decrease patients' psychological uncertainty and to improve their quality of life.