

林熊慢性疾病不確定感量表之發展 熊恒琄 林志聖

本研究主要為發展一個適合台灣慢性病患者之標準化評量工具，以利諮商相關或相關領域人士評估慢性病患之疾病不確定感，提供心理諮商介入的資訊。

研究方法為調查研究法，初試問卷包含翻譯「疾病不確定感量表」(Mishel Uncertainty in illness Scale, MUIS) 共 30 題及以半結構式訪談蒐集 15 位慢性病患者之資料 (8 位糖尿病、5 位腎臟病及 2 位心臟病)，增訂與疾病不確定感相關的 42 個題項，共形成 72 個題項原型 (Item prototype)。經過預試與正式施測，並運用心理計量的技術建立標準化「疾病不確定感量表」。

正式問卷施測於台北市 5 家醫院門診或住院之糖尿病、心臟病及腎臟病患者，發出 210 份問卷，回收 202 份問卷，回收率為 96.2%，其中 15 份問卷因樣本身份不符本研究而剔除，符合研究之問卷共為 187 份，研究結果經由統計的主成份分析可清楚建構疾病不確定感的五個向度 (1) 心理情緒反應 (2) 治療不明確性 (3) 醫療資訊匱乏 (4) 疾病不可預測性 (5) 經濟困難。依序分別解釋 27.489, 7.122, 4.042, 3.540 及 2.872 的變異量百分比，總共解釋了 45.020% 的變異量。另外，此量表顯示了高的內在一致性 (α 係數為 0.954)。

此外，根據疾病不確定感標準化量表，若受試者總分高於 225 (含) 分者為高危險群，醫療及心理相關人員需特別注意以能適時介入以改善慢性病患者適應不良狀況。因此「疾病不確定感量表」可做為評量慢性病者的疾病不確定感的標準工具，不但可瞭解其不確定感之程度，更可做為醫療機構或心理諮商人員介入輔導的指標，以減少因病而適應不良之狀況及提昇醫療品質。

關鍵字：慢性病患者、疾病不確定感、量表

Abstract

In this research, the standard 'Mishel Uncertainty in illness Scale' (MUIS), measuring the level of uncertain on sickness, has been localized for suitably being used in the Taipei area.

The initial interview was given to 15 inpatients (8 Diabetes, 5 Dialysis and 2 Cardiopathy) based on the translation of 30-item MUIS, which resulted in adding another 42 items to the original scale, and then the 72-item prototype Taiwanese MUIS (TUIS) has been developed. There were 202 inpatients within 5 hospitals in the Taipei area, who completed the TUIS (response rate is 96.2 %). Principal Component Analysis with direct oblimin rotation has been used, and the final 60-item scale revealed the following five dimensions: *(1) emotional response, (2) treatment uncertainty, (3) insufficient information (4) unpredictability and (5) financial problem*. These accounted respectively for the following percentages of the scale variance: 27.489, 7.122, 4.042, 3.540 and 2.872. The internal reliability meets the acceptable requirement ($r = 0.954$).

The development of standard TUIS can provide related medical staff an instrument to probe the uncertain level of inpatients for exploring inpatients' anxiety and fear in order to take care of inpatients' psychological needs and to promote the quality of medical services.

Key Words Illness uncertainty, scale development, factor analysis