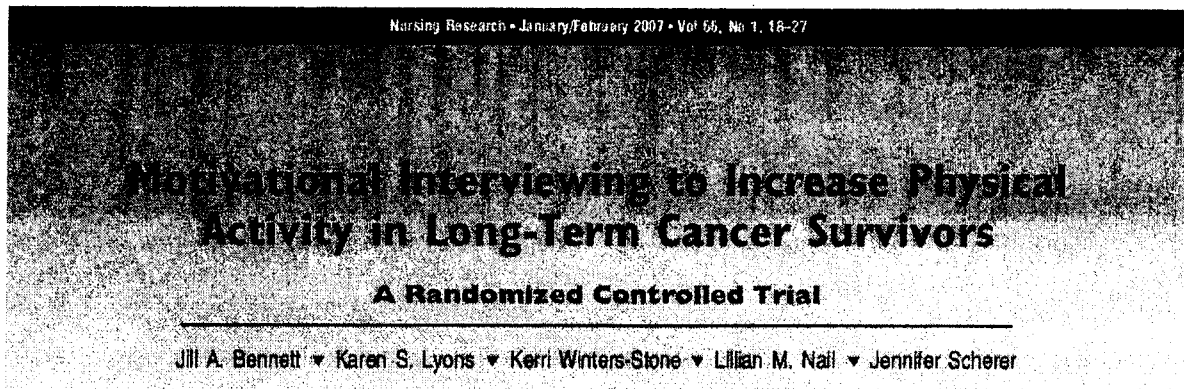


本試題是否可以使用計算機：可使用，不可使用（請命題老師勾選）

一、請仔細閱讀下列研究論文摘要，請問該文章之關鍵詞(5%)、研究變項(5%)、研究族群(5%)、研究設計(5%)、與主要的研究結果為何(10%)：30%



**BACKGROUND:** Physical activity can confer many benefits on cancer survivors, including relief of persistent symptoms related to cancer treatment. **OBJECTIVES::** To evaluate the effect of a motivational interviewing (MI) intervention on increasing physical activity (Community Healthy Activities Model Program for Seniors questionnaire) and improving aerobic fitness (6-minute walk), health (Medical Outcomes Study Short-Form 36), and fatigue (Schwartz Cancer Fatigue Scale) in cancer survivors. A secondary purpose was to evaluate whether the effect of MI on physical activities depended on self-efficacy. **METHODS:** Fifty-six physically inactive adult cancer survivors (mean = 42 months since completion of treatment) were assigned randomly to intervention and control groups. The MI intervention consisted of one in-person counseling session followed by two MI telephone calls over 6 months. Control group participants received two telephone calls without MI content. Outcomes were measured at baseline, 3 months, and 6 months, and were analyzed using multilevel modeling. **RESULTS:** The results of the MI intervention explained significant group differences in regular physical activities (measured in caloric expenditure per week), controlling for time since completion of cancer treatment ( $p < .05$ ). Aerobic fitness, physical and mental health, and fatigue were not different between groups. In the intervention group, individuals with high self-efficacy for exercise at baseline increased their physical activity more than those with low self-efficacy ( $p < .05$ ). In the control group, increases in physical activity did not depend on self-efficacy. **DISCUSSION:** Use of MI may increase physical activity in long-term cancer survivors, especially in persons with high self-efficacy for exercise. Multilevel modeling analysis revealed individual changes that would not have been shown by analysis of group means. Future studies with larger samples or more intense MI interventions may show changes in aerobic fitness, physical and mental health, and fatigue.

(背面仍有題目,請繼續作答)

本試題是否可以使用計算機：可使用，不可使用（請命題老師勾選）

二、以題目一為例，請說明該研究之介入措施(intervention)為何 (5%)，解釋何謂 Randomized Controlled Trial (5%)及測量此介入措施的成效變項為何(5%)：15%

三、請將下列表格之空白處填空 (4%)，並解釋說明何為 Type I error and Type II error (6%)：10%

	In Reality, The NULL hypothesis is	
	TURE	FALSE
DATA analysis indicates Result significant Null hypothesis is rejected		Correct decision
Result not significant Null hypothesis is NOT rejected	Correct decision	

四、請簡述現象學研究法 (Phenomenological research)的特色(5%)，且試舉一例說明適合運用現象學之研究題目、研究對象、資料收集方法、分析策略及研究結果(10%)：15%

五、請仔細閱讀下列研究論文摘要及表格，請解釋說明該表格的研究結果(15%)及如何將此結果運用在臨床照顧(15%)：30%

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## Quality of Life and Related Factors for People Living With HIV/AIDS in Northern Taiwan

Meel-Hong Yang • Yi-Ming Chen\* • Benjamin In-Tian Kuo\*\* • Kwua-Yun Wang\*\*\*

**ABSTRACT:** The purpose of this study was to identify the variables related to quality of life in the population of individuals living with HIV/AIDS (PLWHA) in Taiwan. Purposive sampling was used to identify subjects from the outpatient departments (OPD) of three teaching hospitals and one sexually transmitted disease (STD) clinic in the Taipei area. For this study, the questionnaire included a demographic data sheet, physical-symptom distress and mood-disturbance scales, a personal-resource questionnaire (PRQ85-II) and a quality-of-life index (QLI). A total of 114 subjects completed the questionnaire. The results revealed that higher quality of life was associated with less mood disturbance ( $r = -.72; p < .001$ ), reduced physical-symptom distress ( $r = -.47; p < .001$ ), and higher levels of social support ( $r = .57; p < .001$ ). PLWHA life quality was reflected accurately by mood disturbance, social support, physical-symptom distress, self-perceived mode of HIV transmission, and major source of financial support. These variables accounted for 60.9% of QOL variance. As mood disturbance was the strongest predictor of quality of life, psychosocial intervention for mood disturbance should be emphasized and developed in future studies.

**Key Words:** HIV/AIDS, quality of life, physical symptom distress, mood disturbance, social support.

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編號：498

系所：護理學系乙組 丙.丁組

科目：護理研究

本試題是否可以使用計算機： 可使用， 不可使用（請命題老師勾選）

**Multiple Regression Analysis for PLWHA-QOL Prediction (N = 114)**

Model Variables	B	$\beta$	t
(Constant)	15.28		6.71***
Mood disturbance	-0.12	-.41	-4.71***
Social support	0.056	.28	3.82***
Physical-symptom distress	-0.003	-.17	-2.39*
Self-perceived mode of HIV transmission (Coagulant factor product transfusion and accidental blood contamination/ sexual contact)	-3.79	-.18	-2.68**
Source of financial support (others/self)	3.80	.16	2.42*
Self-perceived mode of HIV transmission (Unknown/sexual contact)	1.90	.15	2.51*

Note:  $F_{(8,107)} = 30.30$ ,  $R^2 = .63$ , adjusted  $R^2 = .609$ .  $p < .001$ ; \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .