

## How To Use Turnitin

The Office of Library and Information Service of KMU

Division of Readers' Services

Evelyn Chang

(07)3121101#2133#73

erm@kmu.edu.tw

#### What is Turnitin?

- A plagiarism detection system
- Checks submitted papers for text matches to following sources:
  - Current and archived internet content
  - Professional, academic and commercial journals and publications
  - Student previously submitted papers



### How to get a Turnitin account?

#### KMU professor/ student

- Already imported personal account
- Use KMU/KMUH email to login

# KMU adjunct professor/research assistant; KMUH doctor

- Apply for an account
- Please mail your name, ID, department and KMU/ KMUH email to <a href="mailto:erm@kmu.edu.tw">erm@kmu.edu.tw</a>

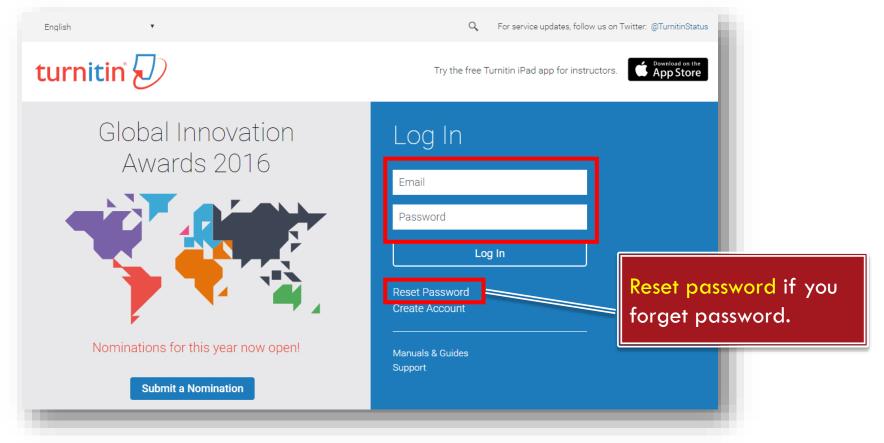
### Process of using Turnitin





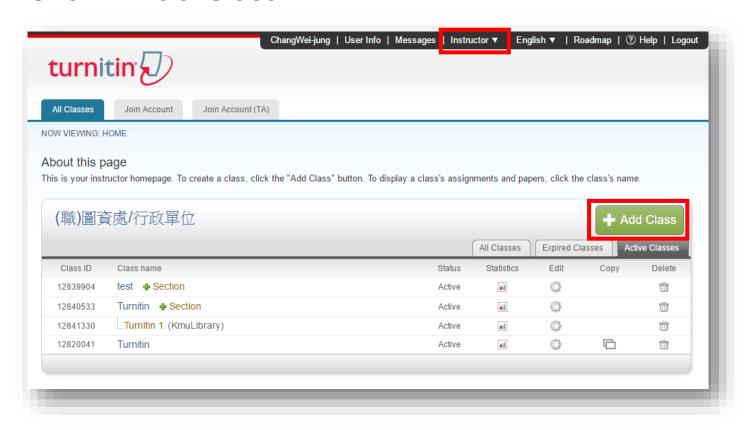
### Login Turnitin <a href="http://www.turnitin.com">http://www.turnitin.com</a>

- □ Email: xxx@kmu.edu.tw/xxx@kmuh.edu.tw
- Password: Click link in active email to set password



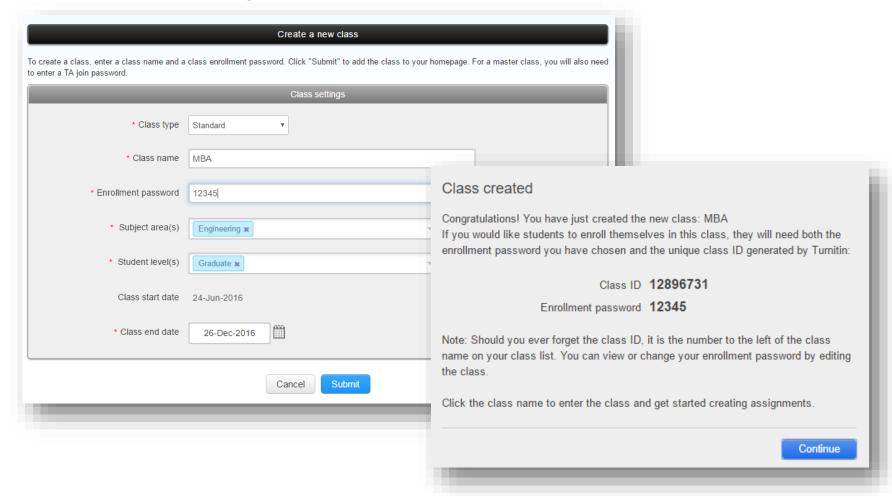
### Create a class (1/2)

- 1. Switch to "Instructor"
- 2. Click "Add Class"



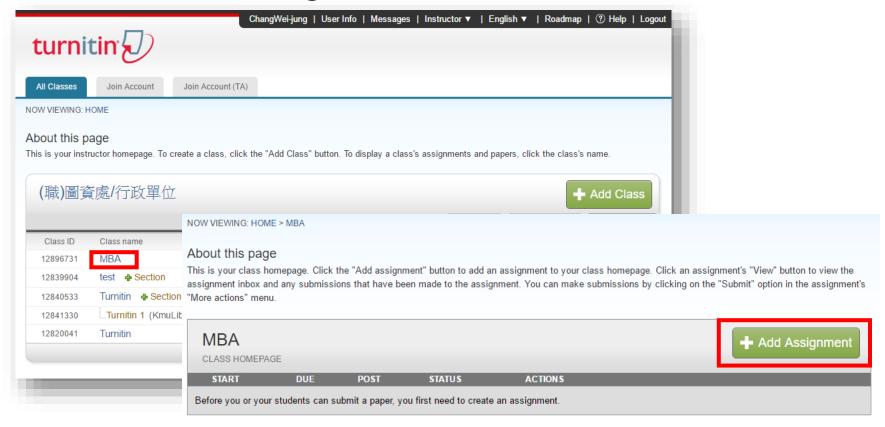
### Create a class (2/2)

#### 3. Class settings



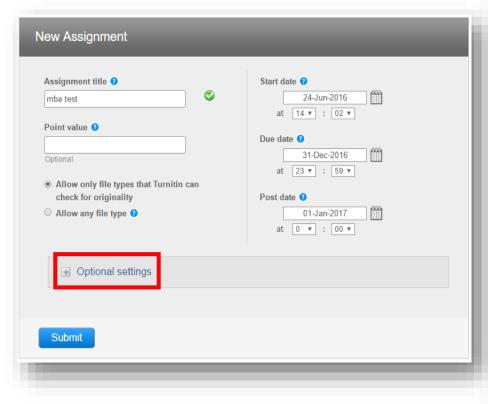
### Create an assignment (1/2)

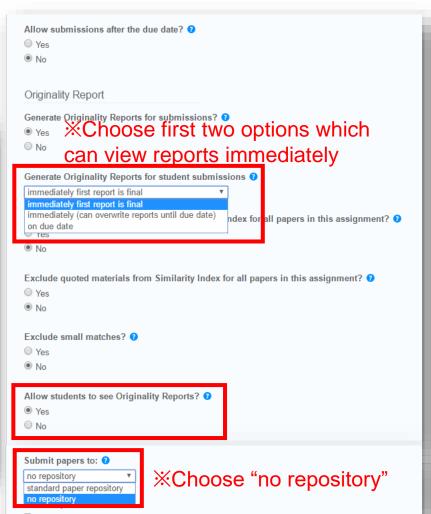
- 1. Click class name
- 2. Click "Add Assignment"



### Create an assignment (2/2)

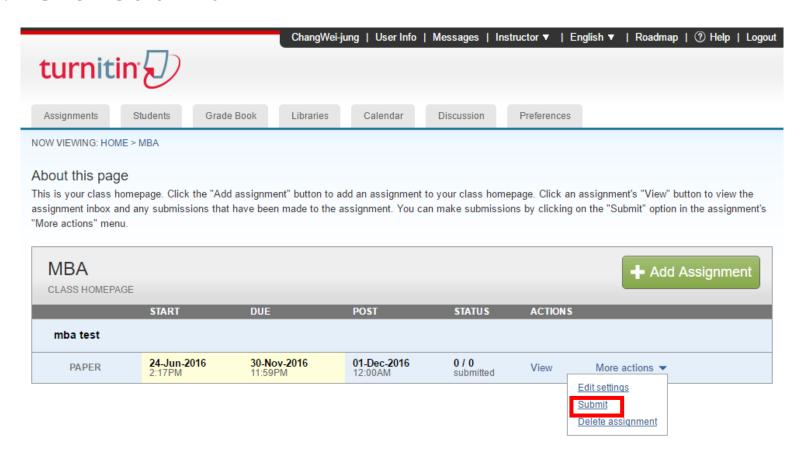
- 3. Assignment settings
- 4. Optional settings





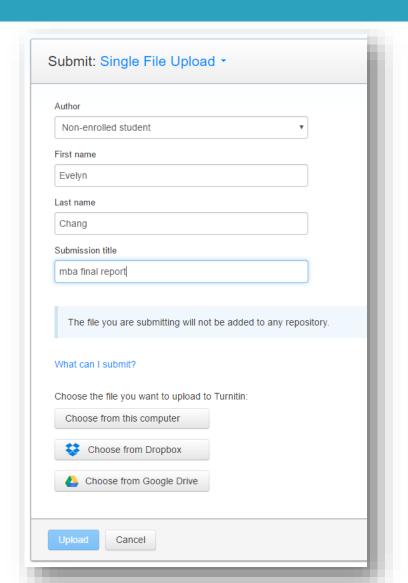
### Submit papers (1/2)

#### 1. Click Submit



## Submit papers (2/2)

- File must be less than 40 MB
- The maximum paper length is 400 pages
- File types allowed: PDF,
   Word, Excel, PowerPoint,
   HTML, RTF, Open Office
   (ODT), Google Docs, txt

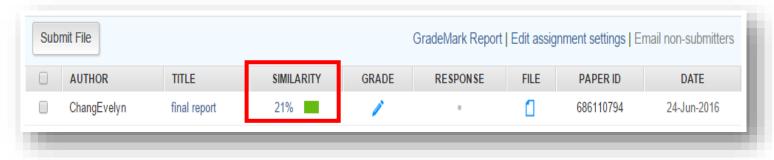


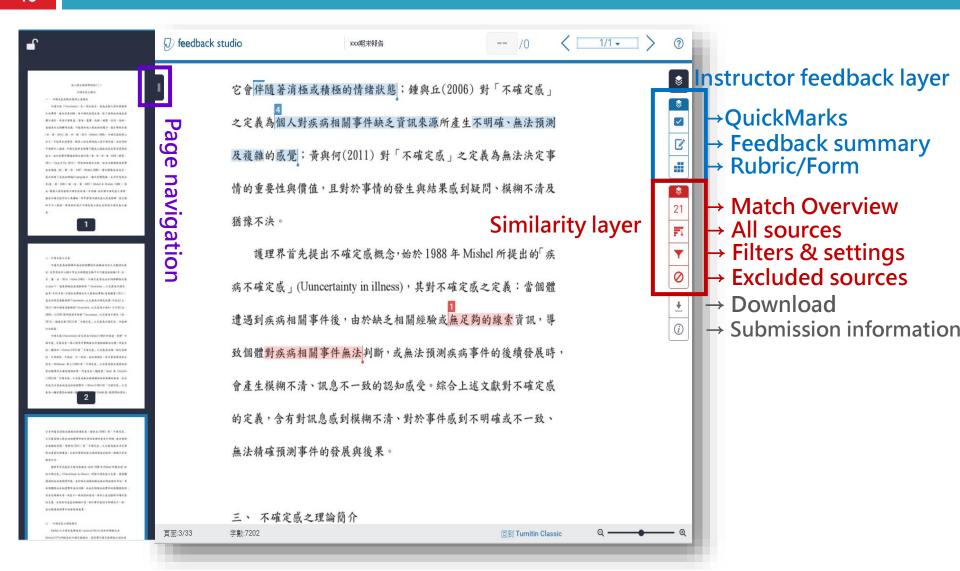
### View originality report

- Wait for 5-10 minutes
- Click "view "

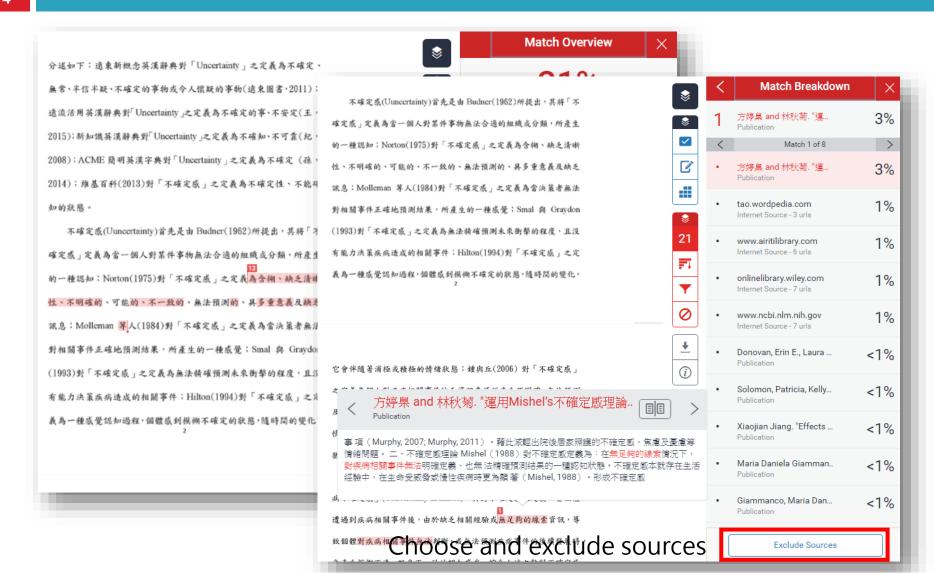


Click "similarity" to view originality report





### **Match Overview**



### **All Sources**

之不確定成呈中等程度,且住院接受治療之病人不確定成程度高過於 門診病人; Mitchell 與 Courtney (2004) 針對 162 位住加護病房非臨 终病人之家屬調查發現,非預期轉入加護病房之病人家屬不確定感程 度高於預期轉入加護病房者。

#### (三) 其他相關因素

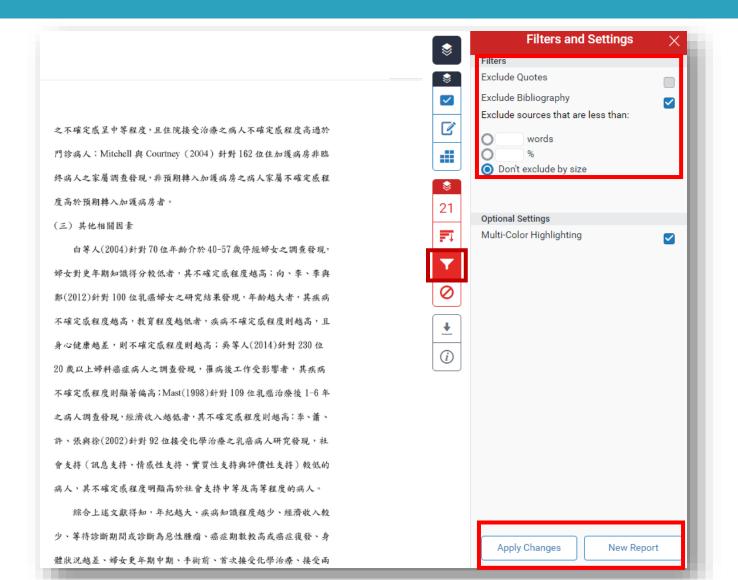
白等人(2004)針對70位年齡介於40-57歲停經婦女之調查發現, 婦女對更年期知識得分較低者,其不確定感程度越高;向、李、李與 鄭(2012)針對 100 位乳癌婦女之研究結果發現,年齡越大者,其疾病 不確定感程度越高,教育程度越低者,疾病不確定感程度則越高,且 身心健康越差,則不確定感程度則越高;吳等人(2014)針對 230 位 20 歲以上婦科癌症病人之調查發現,罹病後工作受影響者,其疾病 不確定感程度則顯著偏高; Mast(1998)針對 109 位乳癌治療後 1-6 年 之病人調查發現,經濟收入越低者,其不確定感程度則越高;季、蕭、 許、張與徐(2002)針對 92 位接受化學治療之乳癌病人研究發現,社 會支持(訊息支持、情感性支持、實質性支持與評價性支持)較低的 病人,其不確定感程度明顯高於社會支持中等及高等程度的病人。

綜合上述文獻得知,年紀越大、疾病知識程度越少、經濟收入較

少、等待诊斷期間或診斷為惡性腫瘤、癌症期數較高或癌症復發、身 Choose and exclude sources 體狀況越差、婦女更年期中期、手術前、首次接受化學治療、接受的



### Filters & Settings



### **Excluded Sources**

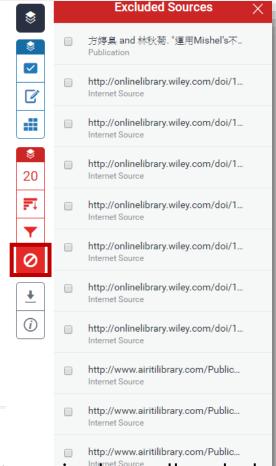
選擇不百先提出个確定數概念,始於 1988 年 MISNEI 所提出的 澳 病不確定感」(Uuncertainty in illness),其對不確定感之定義:當個體 遭遇到疾病相關事件後,由於缺乏相關經驗或無足夠的線索資訊,導 致個體對疾病相關事件無法判斷,或無法預測疾病事件的後續發展時, 會產生模糊不清、訊息不一致的認知感受。綜合上述文獻對不確定感 的定義,含有對訊息感到模糊不清、對於事件感到不明確或不一致、 無法精確預測事件的發展與後果。

#### 三、 不確定感之理論簡介

Mishel 之不確定感理論受 Lazarus(1966)之認知評價模式及
Norton(1975)所提出的不確定感概念,並影響不確定感理論之認知及
因素分析,且受 Moos(1977)以疾病治療情境(Illness treatment situation)
之「不明確性」、「複雜性」、「實訊缺乏」及「不可預測性」為理論基礎,及 Lazarus 與 Folkman(1984)所提出之壓力調適理論等所影響,進而於 1981 年發展出「疾病不確定感知覺模式(Model of perceived

uncertainty in illness)」(圖一),並根據其理論發展出「疾病不確定感量表(Mishel's Uncertainty in Illness Scale; MUIS)」。

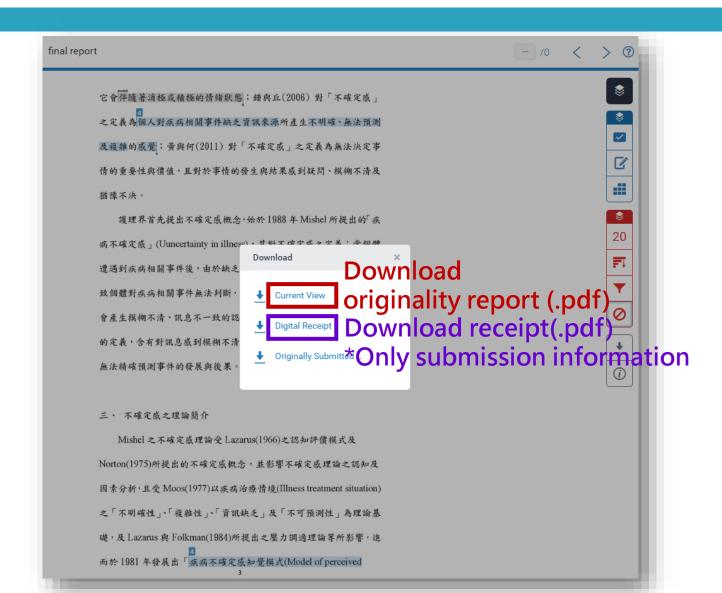
PERCEPTION OF ILLNESS RELATED EVENTS



Restore single or all excluded sources

Restore (0)

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### **Q & A**

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