

科技部補助專題研究計畫成果報告 期末報告

從探討接受加護照護之創傷病人經驗的性別差異來發展適性的
心理社會介入措施

計畫類別：個別型計畫
計畫編號：MOST 106-2629-B-016-001-
執行期間：106年08月01日至107年10月31日
執行單位：國防醫學院護理學系

計畫主持人：廖珍娟
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報告附件：出席國際學術會議心得報告

中華民國 108 年 01 月 28 日

中文摘要：台灣衛生福利部統計處報導事故傷害為1至24歲死因居首位，25至44歲除了惡性腫瘤外，事故傷害則居第二位。意外事故創傷在這個年齡層造成很大的影響及生命轉變，而這個年齡發展階段往往是他們人生最能生產的階段，不僅對病人造成身心創傷，同時對整個家庭也會造成極大的衝擊。本研究為二年期之計畫，此為第一年僅就探討接受加護照護之創傷病人經驗的性別差異的研究補助的研究結果，主要以描述性現象學之研究方法探討不同性別之病人在經歷急性創傷後的生命經驗與急性創傷事件對不同性別病人的影響。分析不同性別急性創傷的病人的經驗差異，以發展適性的心理社會支持介入措施。本研究以描述性現象學（descriptive phenomenology），透過長期參與創傷者照護之中，以互動式觀察和描述現象訪談進行資料的收集，並以Lincoln與Guba的質性研究品質判斷標準，來評價資料的嚴謹度。

研究者訪談了14位急性創傷年輕成人個案，他們進加護中心接受重症加護照護。參與者平均年齡為28歲，分別男性9位、女性5位。採用Colaizzi 描述現象學分析步驟，研究結果顯示男性創傷的機率較高也較女性嚴重，且發生創傷的原因大多為尋找刺激與車禍；女性則因執行家務或工作中而受傷較多，女性較不嚴重且住院天數較短。整體而言，急性創傷年輕成人之急性創傷經驗之軌跡，創傷事件使得生命受到死亡威脅，在接受照護中建構創傷的意義，創傷導致了失去生命的控制，也無法抗拒痛苦和困擾。本研究也表明了適時的心理社會支持措施可以幫助創傷者發揮自己力量面對生活。治療過程中重新澄清了他們的混亂想法，察覺並認知了生活中的變化，引發了創傷後增長，增強了他們的調適和正向情緒以及復原力，並找到了人生目的和目標。

創傷之年輕成人經驗建構了急性創傷經驗有：創傷事件的發生經驗-自我世界與命運的改變：無法預期的人生災難和莫名災難後的殘酷；創傷加護中心經驗-生命挽救與考驗：走在逆境上：自動門後的生命奮戰、痛苦掙扎中的陽光和治療與照護的反應；創傷事件的困擾經驗-生命坎坷：承受與面對之刻骨銘心-浩劫過後；創傷事件中感受到的支持經驗-生命關懷與共織療癒：自我與他者交織的復原力量和被關懷及愛護的渴望；創傷事件個人深刻印象經驗-人生困境與內心對話：驚魂與抗拒交織和存活的痛苦與愧疚；創傷事件未來的期望-人生目標與生存意義：掌握人生方向盤：重傷恢復的擔憂和重生與啟程的展開。

本研究結果可作為醫護人員照護急性創傷年輕成人之性別差異護理的參考，並根據其性別的不同提供需求照護。了解急性創傷之經驗軌跡，有助於醫護人員識別急性創傷年輕成人的需求，提供適切、適性的照護與支持，以強化他們從創傷中復原。

中文關鍵詞：急性創傷、年輕成人、性別差異、心理社會支持、急性創傷後成長現象學、生活經驗

英文摘要：The acute trauma is the leading cause of death in children and young adults from 1 to 24 years old based on the statistics of the Ministry of Health and Welfare. The accident trauma creates a great impacts and life transition in the developmental stage that is the most productive. The

accident trauma does not only have great impacts on the patient's life, but also influence his/her family. This is a two-year study proposal. The purpose of the first year study is to explore gender-different life experiences in young adults with acute trauma through using descriptive phenomenology. Based on the gender differences in life experiences, we will develop gender-tailored psychosocial support interventions for the young adults.

This research used descriptive phenomenology to collect data through long-term involvement in the care of traumatic patients, interactive observations and descriptive phenomenon interviews. The study used Lincoln and Guba's qualitative research criteria to evaluate the rigor of the data.

The investigator interviewed 14 young adults with acute trauma who received intensive care in the critical care unit. The average age of the participants was 28 years old. There were 9 males and 5 females participating in this study. The study results demonstrate the trajectory of the traumatic patients' experiences, traumatic events threatening their life, the meaning of the traumatic injury, and the inability to control their life and resist the suffering and distress caused by the traumatic. The study also suggests that the timely psychosocial support interventions could help the traumatic patients exert their strengths to face their life. The patients re-clarified their chaotic thoughts during the treatment, perceived and cognized the changes in life, induced the post-traumatic growth that enhanced their adjustment with positive emotions and resilience, and found the purpose and goals of their life.

The study results demonstrated the following themes: (1) the experiences of the traumatic events in young adults: self-world and destiny changes: unpredictable life catastrophe, the cruelty after unexplained disasters; (2) experiences while stay at the traumatic center: life saved and tested-walking on adversity: life struggle behind the automatic door, the sunshine in the suffering and struggling, and reactions to care and treatment; (3) the suffering experiences most disturbed the traumatic patients: life is bumpy: bear and face-unforgettable - after the havoc; (4) perceptions of support during the traumatic events: life care and co-woven healing: the intricate interactions between self and others that generate resilience, eager of caring and being loved; (5) deep impressions from the traumatic events: difficulties in life and dialogue with Heart: intertwined frightening and resisting, pain and suffering to survive, guilt feelings of

depending others; (6) future expectations: life goals and meaning to life- mastering the steering wheel in life: worries about the recovery from the traumatic injury, rebirth and unfolding a new life.

The study findings can be used to enlighten nurses to consider gender different experiences and perceptions in traumatic patients, and take care of the young adults with acute trauma based on their gender different needs.

英文關鍵詞： acute trauma, young adults, gender tailored, psychosocial support, posttraumatic growth, phenomenology, lived experience

科技部補助專題研究計畫成果報告

(期中進度報告/期末報告)

(從探討接受加護照護之創傷病人經驗的性別差異來發展適性的心理社會介入措施)

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計畫參與人員：陳昱廷、曾惠如

本計畫除繳交成果報告外，另含下列出國報告，共 ____ 份：

- 執行國際合作與移地研究心得報告
- 出席國際學術會議心得報告
- 出國參訪及考察心得報告

中 華 民 國 108 年 01 月 28 日

中文摘要

台灣衛生福利部統計處報導事故傷害為 1 至 24 歲死因居首位, 25 至 44 歲除了惡性腫瘤外, 事故傷害則居第二位。意外事故創傷在這個年齡層造成很大的影響及生命轉變, 而這個年齡發展階段往往是他們人生最能生產的階段, 不僅對病人造成身心創傷, 同時對整個家庭也會造成極大的衝擊。本研究為二年期之計畫, 此為第一年僅就探討接受加護照護之創傷病人經驗的性別差異的研究補助的研究結果, 主要以描述性現象學之研究方法探討不同性別之病人在經歷急性創傷後的生命經驗與急性創傷事件對不同性別病人的影響。分析不同性別急性創傷的病人的經驗差異, 以發展適性的心理社會支持介入措施。本研究以描述性現象學 (descriptive phenomenology), 透過長期參與創傷者照護之中, 以互動式觀察和描述現象訪談進行資料的收集, 並以 Lincoln 與 Guba 的質性研究品質判斷標準, 來評價資料的嚴謹度。

研究者訪談了 14 位急性創傷年輕成人個案, 他們進加護中心接受重症加護照護。參與者平均年齡為 28 歲, 分別男性 9 位、女性 5 位。採用 Colaizzi 描述現象學分析步驟, 研究結果顯示男性創傷的機率較高也較女性嚴重, 且發生創傷的原因大多為尋找刺激與車禍; 女性則因執行家務或工作中而受傷較多, 女性傷不嚴重且住院天數較短。整體而言, 急性創傷年輕成人之急性創傷經驗之軌跡, 創傷事件使得生命受到死亡威脅, 在接受照護中建構創傷的意義, 創傷導致了失去生命的控制, 也無法抗拒痛苦和困擾。本研究也表明了適時的心理社會支持措施可以幫助創傷者發揮自己力量面對生活。治療過程中重新澄清了他們的混亂想法, 察覺並認知了生活中的變化, 引發了創傷後增長, 增強了他們的調適和正向情緒以及復原力, 並找到了人生目的和目標。

創傷之年輕成人經驗建構了急性創傷經驗有: 創傷事件的發生經驗-自我世界與命運的改變: 無法預期的人生災難和莫名災難後的殘酷; 創傷加護中心經驗-生命挽救與考驗: 走在逆境上: 自動門後的生命奮戰、痛苦掙扎中的陽光和治療與照護的反應; 創傷事件的困擾經驗-生命坎坷: 承受與面對之刻骨銘心-浩劫過後; 創傷事件中感受到的支持經驗-生命關懷與共織療癒: 自我與他者交織的復原力量和被關懷及愛護的渴望; 創傷事件個人深刻印象經驗-人生困境與內心對話: 驚魂與抗拒交織和存活的痛苦與愧疚; 創傷事件未來的期望-人生目標與生存意義: 掌握人生方向盤: 重傷恢復的擔憂和重生與啟程的展開。

本研究結果可作為醫護人員照護急性創傷年輕成人之性別差異護理的參考, 並根據其性別的不同提供需求照護。了解急性創傷之經驗軌跡, 有助於醫護人員識別急性創傷年輕成人的需求, 提供適切、適性的照護與支持, 以強化他們從創傷中復原。

關鍵字: 急性創傷、年輕成人、性別差異、心理社會支持、急性創傷後成長現象學、生活經驗

Abstract

The acute trauma is the leading cause of death in children and young adults from 1 to 24 years old based on the statistics of the Ministry of Health and Welfare. The accident trauma creates a great impacts and life transition in the developmental stage that is the most productive. The accident trauma does not only have great impacts on the patient's life, but also influence his/her family. This is a two-year study proposal. The purpose of the first year study is to explore gender-different life experiences in young adults with acute trauma through using descriptive phenomenology. Based on the gender differences in life experiences, we will develop gender-tailored psychosocial support interventions for the young adults.

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cruelty after unexplained disasters; (2) experiences while stay at the traumatic center: life saved and tested-walking on adversity: life struggle behind the automatic door, the sunshine in the suffering and struggling, and reactions to care and treatment; (3) the suffering experiences most disturbed the traumatic patients: life is bumpy: bear and face-unforgettable - after the havoc; (4) perceptions of support during the traumatic events: life care and co-woven healing: the intricate interactions between self and others that generate resilience, eager of caring and being loved; (5) deep impressions from the traumatic events: difficulties in life and dialogue with Heart: intertwined frightening and resisting, pain and suffering to survive, guilt feelings of depending others; (6) future expectations: life goals and meaning to life- mastering the steering wheel in life: worries about the recovery from the traumatic injury, rebirth and unfolding a new life.

The study findings can be used to enlighten nurses to consider gender different experiences and perceptions in traumatic patients, and take care of the young adults with acute trauma based on their gender different needs.

Key words: acute trauma, young adults, gender tailored, psychosocial support, posttraumatic growth, phenomenology, lived experience.

Developing the Gender Tailored Psychosocial Interventions from the Analysis of Lived Experiences of Trauma Patients Receiving Intensive Care

(從探討接受加護照護之創傷病人經驗的性別差異來發展適性的心理社會介入措施)

壹、研究背景及重要性

所謂的急性創傷病人是指因車禍，槍傷或摔跤或其他的天災與人禍而遭受嚴重的或危及生命的損傷。外傷性損傷可能影響身體的許多部分功能，包括腦，四肢和內臟，傷害的嚴重程度可以從輕微到危及生命。創傷性損傷是全球重要的大眾健康問題，是美國兒童青年及成人期(1-46歲)死亡及罹病的首要原因(Centers of Disease and Prevention, 2014)。創傷性損傷影響每個人的生活，而台灣衛生福利部統計處也報導104年事故傷害為十大死因之第六位，其中為1至24歲死因居首位，25至44歲除了惡性腫瘤外，事故傷害則居第二位(衛生福利部，2015)。足見意外事故創傷會使這個年齡層造成很大的影響及生命轉變，而這個年齡發展階段往往是他們人生的生產階段，這群年輕成人也是認為疾病與殘障是最不可能發生在他們身上的；因此，意外事故突然發生不僅對病人造成身心創傷，同時對整個家庭也會造成極大的衝擊急與持久性的影響。因此，在遭受任何類型的嚴重和危及生命的事務傷害之後能夠接受完整性的身心照護將有助於創傷病人及家庭的恢復(Benjet et al., 2016)。尤其因創傷所造成心理衝擊與壓力也對創傷病人的傷口和疾病恢復也有明顯的影響(Christian, Graham, Padgett, Glaser, & Kiecolt-Glaser, 2006; Gouin & Kiecolt-Glaser, 2012)。

近年來許多天災、人禍等災難的發生頻繁，大量傷患湧入醫療機構，急性創傷約佔美國每年41百萬的急診病人及2.3百萬的住院病人數，大部分的病人都遭受生命的威脅而須接受加護照護，以維持生命的存活(Committee on Military Trauma Care's Learning Health System and Its Translation to the Civilian Sector et al., 2016)。因此，急性創傷往往會耗掉極大的醫療成本，由於其臨床結果是不確定的，故帶給個人及家庭很大的壓力及威脅。醫護人員為了搶救生命處理生命垂危的創傷病人，首先穩定病人生命徵象，病人病況需要緊急處置，可能需急手術或插管治療，密切監測病人生命徵象，加護照護之重點往往以生命救治為主，注重生理層面的穩定，而卻忽略病人在急性創傷後的心理壓力反應，而有些研究已證實壓力在傷口與疾病的恢復上扮演著重要的角色，研究結果顯示高度生活壓力傷口的癒合較慢，特別是在術後的急性傷口(Christian, Graham, Padgett, Glaser, & Kiecolt-Glaser, 2006; Gouin & Kiecolt-Glaser, 2012)，為提升醫療照品質，落實整體性的照護及促進創傷病人的身心恢復，縮短住加護病房的時間，節省國家的醫療成本，各醫療機構的急性創傷照護團隊有必要去發展減低創傷病人壓力的心理社會支持介入措施來促進創傷病人傷口的療癒與疾病的恢復，以作為輔助醫療救治成效的有意義介入措施，藉此生理治療及心理的療癒而幫助病人盡早脫離險境，恢復身體的功能及縮短

住加護病房的時間，以節省不必要醫療成本耗損。

而根據照護經驗顯示男女性別病人皆有可能發生急性創傷，照護需求性別也不相同，對急性創傷的壓力反應與壓力來源亦有性別的不同。依照現今的社會趨勢強調性別平等概念，及聯合國的永續發展目標，也非常的強調落實性別平等的健康照護目標 (gender equality health care)，雖然已有文獻報導在急性創傷的發生率當中，男性約占 63%，女性約占 37% (Morrongiello & Dawber, 2000)。這些性向的差異，可能來自於男性較女性在成長過程中所受到的社會期待及文化教育有所不同所致 (Morrongiello & Dawber, 2000)；此外，男女性別在生物及生理上亦非常的不同，如：男性受男性荷爾蒙的影響有更高的衝動和活動量，而女性則較穩定。男性天性受到鼓勵去從事冒險的活動，而女性被提醒小心或禁止嘗試冒險的活動 (Morrongiello & Dawber, 2000)。然而目前卻缺少有文獻去探討男女性別急性創傷的病人經歷急性創傷的經驗與對創傷的反應有何差別？男女性別所遭遇到的急性創傷類型及創傷的嚴重度是否有不同？且男女性別急性創傷的壓力感受是否有差異？男女性別病人對加護病房的照護感受是否有不同？藉此研究資料我們期望能根據這些實證而為創傷病人發展符合性別期待的心理社會支持介入措施，以幫助不同的性別病人能達到充分的舒壓，而促進疾病的恢復。

本研究探討接受加護照護之創傷病人經驗的性別差異的研究補助的研究結果，主要以描述性現象學之研究方法探討不同性別之病人在經歷急性創傷後的生命經驗與急性創傷事件對不同性別病人的影響。藉此研究，期望護理人員對創傷病人的照護不僅是身體照顧，且對於創傷後心理反應亦能多加關注與提供適性的介入措施，增進創傷病人的身心療癒。

貳、研究目的與問題

依據上述，本研究目的依年度分別敘述如下：第一年以現象學之研究方法探討男女性別之創傷病人在創傷事件發生後接受加護照護的經驗

1. 探討男女性別急性創傷的病人在經歷急性創傷後的生命經驗。
2. 探討經歷急性創傷事件對男女性別急性創傷的病人的影響。
3. 探討男女性別急性創傷的病人對於照護與介入措施的想法，那些措施與照護是最有幫助的。
4. 分析男女性別急性創傷的病人的經驗差異，以發展適性的心理社會支持介入措施。

根據上述研究目的，本研究問題依年度分別敘述如下：第一年探討男女性別之創傷病人在創傷事件發生後接受加護照護的經驗為何？

1. 探討男女性別急性創傷的病人經歷急性創傷後的生命經驗為何？
2. 探討經歷急性創傷事件對男女性別急性創傷的病人的影響為何？

3. 探討男女性別急性創傷的病人對於照護與介入措施的幫助想法為何？
4. 分析男女性別急性創傷的病人的經驗差異為何？

參、文獻探討

依研究目的及研究主題做相關文獻查證，共分三節做進一步探討。分述如下：急性創傷與壓力；急性創傷病人的心理社會支持介入；急性創傷病人心理社會支持與家庭復原力之關係。

第一節 急性創傷與壓力

一、急性壓力症候群(Acute Stress Disorder, ASD)

因急性創傷的突發性、不預期性、緊急性與對未來結果的不確定感，急性創傷帶給個人及家庭很大的壓力，而易產生急性壓力症候群(Stress Disorder) (Li et al., 2017)。一些常見類型的創傷性損傷包括但不限於下列型態：如：創傷性的腦部損傷、脊髓損傷、脊柱骨折、創傷性截肢、面部創傷、聽覺創傷、心肌挫傷、肺塌陷、壓傷、腦部震盪、骨折、燒傷、電傷和兇殺等。而這些創傷的發生率與盛行率，每年至少有170萬Traumatic Brain Injury (TBI)發生在美國（所有年齡群），並且它們是占有所有與傷害相關的死亡的約三分之一（30.5%）的促成因素（Faul, Xu, Waldo & Coronado, 2010）。青少年（15至19歲），老年人（65歲及以上）和所有年齡群的男性最有可能罹患創傷性的腦部損傷（Faulet al., 2010）。而脊髓損傷(spinal cord injury, SCI)在美國的盛行率則是每百萬人約有20人，主要造成脊髓損傷的原因為車禍所致(Singh, Tetreault, Kalsi-Ryan, Nouri, & Fehlings, 2014)。

一個人暴露於創傷事件(死亡威脅、嚴重傷害或性侵犯)最初的一個月內容易發生急性壓力反應，其遭受襲擊或遭受嚴重身體損傷的病人特別是需要重症加護病房監測的病人易罹患急性壓力障礙及創傷後壓力障礙(Center for Substance Abuse, 2014)。急性壓力症候群(Stress Disorder)的主要核心症狀，為焦慮及伴隨焦慮而來的一系列自律神經失調症狀，例如煩躁、易怒、注意力不集中、記憶力下降、頭痛、頭暈、身體不適、失眠等；較嚴重者更會有心跳加快、呼吸困難、莫名其妙地發抖、盜汗、胸痛、腸胃不適，甚至還可能誘發各種不同的心理症狀（如：心身症、恐慌症等）。急性壓力症候群的類型主要有三種型態(Frances, 2011):一、急性壓力症狀（Acute Stress Disorder, ASD）以美國精神醫學會出版的精神疾病診斷與統計手冊分類系統而言，急性壓力症一直到 DSM-IV〔Diagnostic and Statistical Manual of Mental Disorder 4th edition, 1993〕〔美國精神醫學會出版的精神疾病診斷與統計手冊第四版〕才被定義為一獨立之診斷，強調急性期之症狀，有失眠、頭痛、沮喪、驚嚇、恐懼等情緒等情況持續時間為兩天以上，在事件發生的一個月內產生的症狀。二、創傷後壓力疾患（Posttraumatic Stress Disorder, PTSD），則是在巨大壓力及創傷事件後出現之心理症狀。依照目前 DSM-IV（美國精神醫學會出版

的心理疾病診斷與統計手冊第四版，1993年)的定義如下：一個人經歷極度的創傷壓力事件而且出現害怕、無助感、或恐怖感的反應；這樣的壓力事件如戰爭經驗、天災、意外事故及強暴等；隨後表現下列三大類症狀 (Frances, 2011)：(1)此創傷壓力事件經由夢境或回憶持續被再度體驗。(2)對創傷相關的刺激產生逃避反應及對一般的反應麻木。(3)警覺性持續升高。以上的症狀須造成人際社會功能的受損，而且持續一個月以上才能做此診斷。三、慢性疲勞症候群:連續或間歇性的疲勞感達六個月以上，且無法因臥床休息而緩解，而且要排除所有可能造成疲勞的慢性病因（如癌症、自體免疫疾病、慢性感染等），日常活動力降低到正常狀態一半以上，並且符合六項以上症狀，加上兩項以上的徵象(Frances, 2011)。

研究顯示急性壓力反應具有的特徵有：外傷精神疾病史、最近有創傷暴露史、女性性別、創傷嚴重度、神經質及逃避性(Suliman, Troeman, Stein, & Seedat, 2013)。同時研究顯示對壓力性反應有個別性差異，有些病人表現出明顯學習能力困難，有些病人之前曾經暴露於大災難中，會聯想到很糟糕的結果(Guthrie & Bryant, 2005)。在急性創傷病人中，發生急性壓力的症狀，恐慌扮演了重要角色，恐慌是一種焦慮性疾病。恐懼調節模式假設在每一創傷事件發生期間導致焦慮反應產生與 PTSD 神經病理傳導路線相似 (Rauch, Shin, & Phelps, 2006)，這個模式提出，在創傷事件時的極度交感神經喚醒可能導致壓力神經化學物質（包括正腎上腺素和腎上腺素）的釋放，導致創傷記憶的過度(Shin & Handwerker, 2009)。根據這個模式，大多數的創傷倖存者在創傷後的數天或幾週中會受到沒有訊號傳導的進一步威脅。

二、急性壓力症狀與創傷後壓力症候群

Bryant 等人(2008)研究發現，在急性創傷期有許多症狀最終發展成創傷後壓力症候群出現心率升高現象，且呼吸頻率升高的人更容易發生創傷後壓力症候群，這說明了心率增加、呼吸頻率升高是後續發展 PTSD 的預測因子(Ehlers & Clark, 2000; Kleim et al., 2013)。這個結果可最為發展預防 PTSD 策略的參考，以避免急性壓力持續演變成 PTSD。急性壓力症狀也與 PTSD 最相關。急性壓力症狀(ASD)也涉及認知過程，認為對創傷事件極為負面和不切實際的評價者常會有更大程度的症狀反應，及對未來可能產生危害，而增加發展為 PTSD 的程度(Ehlers & Clark, 2000; Kleim et al., 2013)。

急性壓力疾病除了回想創傷的可怕景像、逃避和過度警覺外，特別強調麻木這一類解離性(身心脫節)症狀，只要具備下列五項中的三項急性壓力疾病的診斷就可以成立。(1)主觀感到麻木、疏離或缺乏情緒反應。(2)對週遭環境的覺察力降低(恍惚失神、頭昏眼花)。(3)失真感(有如置身夢中，週遭景物變得陌生或不真實)。(4)失我感(depersonalization)(有如靈魂出竅，旁觀其身)。(5)解離性失憶(想不起創傷經驗的重要情節)。這些症狀只要持續兩天以上，診斷就可以成立，但持續超過四週，診斷就需改成 PTSD(Bryant, Creamer, O'Donnell, Silove, & McFarlane, 2008)。

三、急性創傷壓力之相關研究

吳、宜(2008)指出人在環境中受到家庭與生態系統的影響，突然發生的意外災害可能導致一個人生活失衡，甚至會失去生命動力與樂趣，而個人特質例如：抗壓力、因應力及認知結構等方面與生活支持系統卻能影響一個人的復原，也提出研究分析發現，年紀越輕者感受到創傷經驗影響越小，女性較男性承受較嚴重的創傷影響，以婚或衿寡者比其他入經歷更嚴重的創傷感受，需較長時間經歷復原階段。陳、邱、吳、鄧、杜、周(2003)針對經歷創傷後的反應及其相關因素之研究中發現，女性比男性病人感受到較強烈的創傷後反應，另外，創傷後反應與侵入性創傷反應、逃避性創傷反應呈正相關，創傷嚴重程度與創傷後反應、侵犯性反應、逃避性反應、自覺嚴重度、傷口大小呈正相關，藉由其相關因素可提供臨床照護者協助病人預知及減輕創傷後反應，提供更適合病人的照護措施，以應付疾病帶來的衝擊及適應。林、陳、洪、曾(2005)在九二一大地震後三個月至半年間參與災後心理重建的田野觀察研究發現，在心理症狀層面女性呈現較高的身心症狀，不論性別其受創者在身體健康與心理精神健康狀態層面有逾 50% 普遍變差趨勢，在人生態度層面，受創者自我察覺改變發現悲觀變化部分女性不比男性悲觀。經歷壓力生活事件例如：醫療診斷(疾病)、失去心愛的人、身體傷害、意外事故及自然災害，青少年會有脆弱的心理及情緒狀態(Buckner, Beardslee, & Bassuk, 2004)。相反的，面臨生活壓力事件的個體會引起積極的心理社會變化，此變化稱之為創傷後的成長(Lustig et al., 2004)。

一般創傷性損傷後導致持續性中度至重度疼痛是相當常見 (Rivara et al., 2008)。研究顯示疼痛、恐懼運動、憂鬱症狀及身體健康之間的有顯著關係。早期識別心理社會危險因子，以避免引發創傷後病人不良後果(Archer, Abraham, & Obremskey, 2015)。

四、壓力對健康的影響

在過去的十年中已經可以清楚確定壓力會促使傷口減緩癒合，傷口大小及修復傷口時間在人與動物有明顯影響。對於手術和自然發生的傷口，壓力對傷口癒合的影響具有重要的意義，特別是在具有高風險和慢性病人群中(Christian, Graham, Padgett, Glaser, & Kiecolt-Glaser, 2006; Gouin & Kiecolt-Glaser, 2012)。最近的研究顯示，設計介入措施於減少壓力及其他方法(例如：運動及社會支持)，可以防止壓力所誘發的傷口癒合障礙 (Detillion, Craft, Glasper, Prendergast, & DeVries, 2004; Emery, Kiecolt-Glaser, Glaser, Malarkey, & Frid, 2005)。

壓力對人類健康和社會行為也同樣有很大的影響，許多疾病例如：心血管疾病、癌症、損傷的傷口癒合及糖尿病都與壓力相關，壓力引起神經內分泌免疫失衡而破壞健康 (Guo & Dipietro, 2010; Olf, 1999)。壓力提升糖皮質激素(glucocorticoids: GCs)並減少傷口上的促發炎細胞因子 IL-1 β 、IL-6 和 TNF- α (Boyapati & Wang, 2007)。壓力會減少

IL-1 β 、TNF- α 的釋放，此兩種趨化因子是傷口癒合的初始炎症階段；糖皮質激素會去抑制細胞分化和增值，調節基因轉錄以及細胞粘附分子的表達，減少參與免疫細胞運輸 (Vodovotz, 2014)。因此，心理壓力會損傷正常細胞去調節免疫力，破壞健全的炎症反應 (發炎引起前趨物質產生→損傷→觸發抗發炎反應)，從而導致在癒合過程顯著延遲健全的炎症反應對於創傷後傷口的復原力扮演極重要角色 (Godbout & Glaser, 2006)。

第二節 創傷後成長

創傷後成長的定義

創傷後成長 (post-traumatic growth; PTG) 由於逆境和其他挑戰而產生積極的心理變化，以提升更高的功能水平。維基百科中指出這些情況對個人的適應資源構成重大挑戰，對他們了解世界及其地位的方式構成重大挑戰。也被指出不同的情境下 PTG 為一種態度或認知或積極正向的行為，也是一種調適反應，對抗暴露於創傷的負面影響，或者作為挑戰生活環境的積極結果 (Cerde, 2014)。創傷後的成長並不是恢復與創傷痛苦的時期之前相同的生活，而是在於思考與世界有關的重大“生活變化”心理轉移，有助於個人成長過程的變化，這是非常有意義的。

數千年前就已經理解了痛苦與苦難可能會產生積極變化，例如：古早想法及寫書的古希伯人、希臘人及早期基督徒，以及教導的印度教、佛教、伊斯蘭教和巴哈伊都包含潛在變革力量的元素。嘗試了解和發現人類苦難的意義是一個很多哲學探究的中心主題，出現在小說家、劇作家和詩人的作品中。創傷後成長的學術風氣在 20 世紀 1990 年代開始受到研究健康人類行為的興趣，也證實個人面對各種困難情境的經驗，使得生活有重大變化的結果，這樣的改變許多人認為是積極的現象。許多國家也在不同文化的背景下紀錄了 PTG 的普遍現象，也表現出一些文化差異，創傷的成長不僅對個人而且對家庭也是系統性的概念。

創傷後的成長發生在嘗試適應高度負面的情況，可能引起高水平的心理困擾，例如生活危機，這通常會引起不愉快的心理反應。成長不是直接造成創傷的結果，而是個人在創傷後在現實環境中的奮鬥努力，這對確定創傷後成長的程度至關重要。在創傷發生後的成長經驗報告遠多於精神疾患，因為持續性的個人痛苦與成長往往都是共存的。靈性宗教信仰及社會支持已被充分紀錄精神疾病和壓力反應，接受不能改變情況的能力對於適應創傷性生活事件至關重要，稱之為“接受調適”，並且已經確定與現實相關的條件是創傷後成長的重要預測因素。

創傷後成長特徵

感知到威脅和傷害程度之間是一曲線關係，創傷事件必需足夠重要，才能對自己的世界觀產生影響，但並不是那麼嚴重或無法處理及恢復。事件的主觀經驗，例如事件期

間感到無奈或事件的可控制性，而不是事件的本身(Fontana & Rosenheck, 1998)。經歷創傷後成長有幾項特徵:更好的生活體悟；溫暖和親密關係；更強大的力量；認識到人們重新生活及精神發展的可能性或路徑。創傷事件後有兩種人格特徵可能採取較正向積極去面對經驗，包括外向的及開放性特質(Tedeschi & Calhoun, 1996)。樂觀主義者會將專注力在資源上和更重要的事物上，脫離不可控制或不能解決的事情。逐漸有能力去接受創傷後的悲傷，也可能促進成長。有利於支持一個人去描述事件發生的變化，並提供可以整合到模式變化的觀點。創傷和生存的敘事是在創傷後成長很重要的部分，因為這些敘事的發展迫使倖存者面對具意義性問題，如何重建這些問題的答案。因應策略中因個人差異使得一些人處於適應不良的螺旋狀態，而其他人則採取適應性螺旋式。一個人的信心也扮演很重要的角色，使得個人有能力去堅持成長，或者缺乏信心而放棄。

創傷成長的內涵

創傷事件引起的積極變化稱為創傷後成長或壓力相關成長。創傷後的成長是與重大生活危機對抗產生的重大而積極的變化的經驗。雖然創傷後的成長可能並不能完全消除創傷的心理影響，一些創傷經驗導致他們積極的個人變化後，有些人可能會發現新的意義和目的(Smith & Cook, 2004)。曾、簡學者(2016)指出創傷後成長在於個體歷經創傷事件之後，可能嘗試因應後續生活而導致的正向改變，雖然是指一種正向經驗，但卻不一定能夠使人遠離一切煩憂，也表明因其依附於創傷事件所帶來的負面困擾，而在創傷過後的煎熬搏鬥，也不表示一定會苦盡甘來。創傷後成長是一個複雜而多向的構念。創傷後的正向改變在事件之後使人需要找人談心、體認到與人關係的重要，也更加珍惜他人的社會支持與社會資源，或是對於同是天涯淪落人產生憐憫之心，而提升了與人關係的親近感，或許可能是一個人生轉戾點，可為人生開啟新的可能與不同的方向，創傷過後的正向改變其中包括個人能力感的提升，使人在面對未來變得更加堅強且有自信，另外，也可能帶來心靈上的成長，使人領悟生死有命、禍福旦夕，投入宗教信仰或探索生活目的與基本的存在問題，對於人生價值系統的優先順序之重新規劃，重新體認一切事物其意義與重要性，更懂得欣賞人生的美好(曾、簡，2016；謝淑敏，2013；Cerda, 2014; Jin, Xu, & Liu, 2014; Peterson, Park, Pole, D'Andrea, & Seligman, 2008; Royse & Badger, 2017; Schubert, Schmidt, & Rosner, 2016; Tedeschi & Calhoun, 1996)。

創傷後成長理論

Tedeschi & Calhoun(1996)已經確定 PTG 有五種形式:這些包含了對生活的賞識及重要的改變:溫暖、與他人關係更密切、更強烈的個人力量、接受新的可能和精神靈性的發展。O'Leary 和 Ickovics(1995)強調人類經驗蓬勃發展的重要性，最重要的是了解創傷背景以及傳統心理學的復原力理念，因此，創建了四項目的人類對逆境的反應譜圖，其可

能性包括：屈服逆境、倖存和生活品質下降、復原力（恢復基本生活品質）和蓬勃發展。蓬勃發展不僅包括復原力，而且還包括不良事件發生前的生活品質受到進一步改善。

整體來說，創傷事件可能會有三種不同的心理反應，包括壓力、彈性和成長。創傷後壓力症候群（PTSD）是對創傷的反應，涉及很多壓力；復原力在一個人恢復了正常生活，沒有嚴重的精神創傷，但創傷後的成長不僅包括恢復到創傷事件之前存在的正常狀況並適應它，還包括成長和發展的個人經驗超出了事件之前存在的普通生活哲學。

創傷後成長相關報告

脊髓損傷所造成的殘疾對患者生活造成重大的影響，不僅產生負面心理後果：如抑鬱、焦慮、疲勞、憤怒、PTSD 和自殺，而且由脊髓損傷引起的脊髓損傷可導致破壞性影響(Post & van Leeuwen, 2012)；脊髓損傷的結果通常是損傷水平以下的肌肉永久性癱瘓，社會交流和職業活動減少，並可能對身體系統（如呼吸道、心血管、泌尿、消化和感覺）產生負面影響情況。因此，針對脊髓損傷個案研究出促進創傷後成長的主要概念有：支持資源的存在、脊髓損傷協會的接觸、精神信仰、面對傷害的積極態度、獲得適當的設備、增強知識及體認和積極參與社會活動(Khanjani, Younesi, Khankeh, & Azkhosh, 2017)。

2004 年東南亞海嘯的成年挪威遊客中，縱向調查了創傷後壓力症候群、抑鬱和創傷後成長以及生活質量之間的關係，得知災後不久人們被要求疏散到遠離災區地方，逃逸的過程中面臨了二次壓力源，如物質損失。也證實了海嘯遊客的 PTSD 發生率，事件對人群很顯然產生心理影響。也如預期地創傷後壓力與抑鬱症及生活品質成顯著負相關，而創傷後成長與生活品質沒有顯著相關性，因此，災難帶來積極的個人變化，但沒有提高生活品質(Siqveland, Nygaard, Hussain, Tedeschi, & Heir, 2015)。

燒燙傷個案可能會有負向情緒，也常見燒傷後對人的改變，研究普遍 PTG 及相關性結構，包含：社會支持、調適方式、樂觀、功能性、創傷後壓力症候群以及燒傷後的嚴重程度與時間，結果得知燒傷嚴重程度、燒傷後功能及創傷症狀與 PTG 具有關連性，而積極調適、認知社會支持及逃避適應是 PTG 重要預測因子。結果理論支持痛苦及創傷症狀作為 PTG 催化劑，調適風格及社會支持有助於這一過程(Baillie, Sellwood, & Wisely, 2014)。

女性比男性更容易出現 PTG 的情況，女性可能更願意或更好地表達自己的個人成長經歷。這可能部分是由於文化因素。中國傳統社會中的女性往往傾向較依賴，對他們的家庭的情感依戀比男性更大(Jin, Xu, Liu, & Liu, 2014)。

第三節急性創傷病人的心理社會支持介入

一般而言，在創傷後第一個月是為急性期，心理衛生之工作重點為心理支援及衛教；創傷後第二至六個月為復原期，工作重點為危機及哀慟反應處理；第六個月後為重建期，著重發覺並追蹤罹患精神疾病之高危險群、心理輔導、以及精神醫療。

壹、創傷與心理社會支持相關概念

社會關係對健康所產生的影響是深遠的，暴露在創傷之中會擾亂社會網絡和破壞支持關係的建立，我們可以了解社會支持對心理健康的好處可能是更大，可以緩衝創傷帶來的影響(Charuvastra & Cloitre, 2008; Guay, Billette, & Marchand, 2006)。社會支持是一種個體與他人之間的互動，個體透過這種互動歷程，來取得他人所給予的各項心理或實質上的協助與支持，並藉由這些協助與支持，減緩壓力對身心健康所產生的負向影響，進而增進個人生活適應。統合分析 77 篇文章中說明創傷後缺乏社會支持是發展 PTSD 最強的預測因子(Brewin, Andrews, & Valentine, 2000)，而 PTSD 症狀中的解離情感會加深影響與他人交往的能力，最後影響創傷後恢復的能力(Schumm, Briggs-Phillips, & Hobfoll, 2006)。

對社會支持操作性方式時，大多數研究是採用感知的社會支持(perceived social support)概念，強調個體主觀知覺的社會支持，一般又分成社會支持功能及社會支持來源。社會支持類型包括情緒支持、訊息支持、評價支持及工具支持(Faulkner & Davies, 2005)。情緒支持是指個人感受到有意義他人的關心、鼓勵及接納；訊息支持為重要他人提供有效的建議、知識和消息，及處理方法等資訊；評價支持是個人感受到有意義他人的肯定和尊重；工具性支持(或稱實質支持)則指來自家屬、重要他人或朋友給予具體的金錢、物品或工作上的協助(Williams, Barclay, & Schmied, 2004)。社會支持來源的分類方式乃是正式社會支持與非正式社會支持。正式社會支持是指政府機構人員或專業組織提供的協助、支援；非正式社會支持則是指家人、親戚、朋友、鄰居提供的協助、支援(Tilden & Weinert, 1987)。

陳、龔、潘、劉(2007)指出社會支持和災難或創傷後的情緒安撫及復原有關，和他人連結較好的個體，相對來說會從事比較多有助於災難後復原的支持性活動，透過社會支持可以提供個體所需的資源，能重新獲得力量，並且重拾希望及尊嚴，社會支持有許多不同的形式，包括：情感支持、社會連結、被需要的感覺、自我價值的再保證、可靠的支持、提供建言和資訊、物資上的協助，以上各種社會資源，對於災難創傷後個體復原的重要關鍵，可以明顯增加個體因應痛苦與災後困境的能力。

貳、心理社會支持的來源及類型

支持系統(支持網路)指能滿足個人需求的不同種類及深度的人際關係，也被認為是幫助每個人壓力調適和適應危機的重要系統，當個人有滿的支持網之後，心理上自然有歸屬感、安全感及被接受感，而這些支持系統詳述如下：

(一)同儕支持 (peer support)

青少年的同儕支持系統主要包括:同學、同輩及朋友,適當的同儕支持可降低青少年沮喪、焦慮及暴躁等現象的發生,減輕身心症狀,黃(2003)指出國中生的社會支持網絡以朋友為最多,然而負面影響亦以朋友為最多。少年在社會化過程中,需要學習有效參與社會所需的知識、技能與態度,個體在向家庭外尋求獨立、自主的同時更需要同儕的支持。患者到了青少年時期,同儕、學校乃至整個社會對個人的影響愈來愈大。對於青少年而言,家人、同儕與學校教師的支持仍是最為直接貼切的;學校內的同儕及認識的朋友則是另一個具體提供青少年社會化發展的環境。

(二)社會支持 (organization support)

一篇中國紋川大地震後青少年創傷壓力症候群中及其應對技巧與控制研究中指出 PTSD 是青少年地震倖存者常見症狀之一,強烈的地震造成數千人傷亡,對於倖存者產生長期的生理及心理很大影響,且罹病率從 20.7%~70.3%(Zhang, Liu, Jiang, Wu, & Tian, 2014),也有些研究 Sahin 等人(2007)也報告 PTSD 症狀在地震後初步評估三個月後顯著減少。Chen 和 Wu(2006)觀察到地震後 1~2 年學生症狀的變化,所有 PTSD 症狀的患病率顯著降低。目前的結果可能是由於政府和其他保健提供者實施的相對較好的生活條件和有效的社會和健康恢復計劃。以前的研究皆已經驗證了社會支持的利益,可以減輕地震的心理影響(Zhang et al., 2014)。

(三)宗教支持 (religion support)

盧、鄺(2016)指出我國各式宗教肯定愛和慈悲其會帶來內心的寧靜,其中的情感因素不僅會深深影響內心的運作,使我們的行為更健全、更有情義,它甚至會影響到個人的健康和身體上的安危福祉等等。宗教可以催化、陶冶助人愛人的情感,淨化治療自己,使人身心健康,利他也同時利己。心理人類學家 James Waldram (Waldram, 2013) 的觀點認為宗教療癒可以改善身心,發展新的人際關係網絡,情感狀態趨於積極正面,甚至開發靈性。因為「轉念」看待事物,「化解」過去的煩惱,往往帶動「新生」。因此,宗教信仰可以撫慰人心,陪伴病患渡過艱辛、困苦的疾病過程,而獲得心理的舒適安詳。

(四)家庭支持 (family support)

家庭是一種社會系統,個人不論是在成長或發展上,從孩童至成人時期都受其影響。家庭健康是一種動態的生活經驗,透過對家庭的最佳運用去持續因應內外環境中的壓力源,以達到日常生活的最大潛能。家庭是提供個案渡過困難階段資源,個案也可從家人處獲取力量。2009 年哥斯達黎加大地震後 3 年期間針對倖存者在資源喪失、自我效能及家庭支持預測創傷後壓力症狀發現對於來自親屬間的家庭社會支持系統是很重要的調適資源,因為能減輕資源損耗和創傷壓力反應的嚴重度程度之間的關聯,對自我效能缺陷補償,提升自我效能,對於災後三年的自我調適有相關(Warner, Gutierrez-Dona, Villegas Angulo, & Schwarzer, 2015)。黃(2003)指出家庭功能如無法有效發揮,將可能會影響青少年的生活適應與偏差行為,當家庭成員愈能彼此關懷、支持並鼓勵直接與開放

的情感表達時，其子女的焦慮、自殺、攻擊或犯罪與藥物濫用等偏差行為之頻率愈低。因此，適當的家庭支持對青少年處理壓力事件，有主要的減緩壓力效果。

(五)專業支持 (professional interventions)

臨床醫護人員和病人的關係可以是提供安全感和緩和減輕痛苦不適，為患者及其家庭的重要來源，如果病人不信任臨床醫護人員，或者如果他們之間的溝通狀態不良或者彼此間已經變得緊張，則臨床醫療人員將難以在疾病進展時判斷患者的改善狀況，並且提供所需的支持和安全感。醫療專業團隊運用跨專業團隊合作 (inter-professional Collaborative Practice)，臨床上許多急救、創傷意外、重大手術、癌症、多重慢性病或安寧照護等高風險或複雜的醫療情境，藉由團隊專業成員醫師、護理師、藥師、呼吸治療師、營養師、復健師、社工師等不同領域的專業人員與病人及家屬組成團隊攜手合作照顧病人，以病人為中心進行溝通與協調。因此，即使是簡單例行性的醫療照護工作，經由良好的團隊合作提供病人最適宜的照護，不僅針對患者生理層面上的照顧，在心理層面的不適給予得到紓解。

參、急性創傷壓力病人的心理社會支持探討

Bass 等人(2016)以創傷信息支持、技能及心理教育介入對伊拉克北部庫爾德斯坦遭受酷刑和相關創傷倖存者研究，測試在主要結果憂鬱症狀及功能障礙及次要結果急性壓力反應、創傷性悲痛及焦慮的結果中顯示支持性諮詢方案對於憂鬱症狀及功能障礙有顯著影響，而焦慮情形有較小的影響。這項研究增加了關於心理健康和心理社會支持的全球性文獻，也表明其計畫是有很好的訓練及監督的程序，創傷知情支持、技能和心理教育中也強調治療性關係有很大的成效。其介入措施培訓及活動規劃如下：心理教育 (Psychoeducation):向病人、家屬或社區提供有關心理問題的信息。減少對問題和治療的恥辱。解釋談話療法給予如何幫助；治療規劃(Treatment planning):與病人安排開始治療、同意如何繼續治療及解釋治療未來結束的方式。如果需要，在會談結束後描述後續援助；授權(Empowerment):幫助病人培養技能並使用積極的行動和態度。從小的地方開始改變，幫助他們專注於生活的更好的部分，而不僅僅是問題。從自己的視角成長為依賴，更好地照顧自己。經過更積極和參與家庭和社區，減少無助感覺；動機(Motivation):鼓勵病人定期接受治療，並對他們的行為和思考做出建議性的改變，使用治療關係給予情感支持與同情傾聽和反思技巧；危機管理(Crisis management):評估自殺或自我傷害，如果需要使用安全計劃，包含家庭或其他資源，獲得更多的諮詢和監督；藥物管理 (Medication management):解釋藥物治療可以與談話療法結合，以幫助減少負面情緒，改善睡眠和其他問題；建立力量(Strength building):確定病人已經擁有的技能，提醒他們如何解決問題。關注病人的生活的消極部分，但更多地關注積極。強調病人照顧自己的方式；減輕壓力(Stress reduction):評估和鼓勵病人的興趣在正向活動中（例如，祈禱，運動）。教授放鬆技巧，如深呼吸和專注自己。諮詢時規則練習放鬆和鼓勵病人每天可以

在家裡練習；支持(Advocacy):確定家庭或社區中可用的資源，提供更多病人的支持，幫助病人獲得額外的必要服務（例如醫療或法律援助）。促進人權、平等保護、尊重和利益給每個人，與其他政府機關、社區計劃和非政府組織聯繫，以提高公眾對心理健康問題的認識，並找到解決方案。

研究方法、進行步驟

採現象學研究法實際觀察事件的發生，回到事物本身，對於既有的預期、解釋、理論，先要置入括弧中(bracketing)，避免先入為主的論斷，重視人際間的互為主體性，互為主體性是指我的經驗受到生活世界中其他人傳達的訊息所影響，彼此的生活經驗是相互交流著，構成一個現象場(phenomenological field)或是經驗場域(field of experience)(Cohn, 1988)。這個經驗場，同時影響著存在於其中的病人及治療者、觀察者與被觀察者。彼此不是獨立存在著，而是在關係中存在著。對於人際互動的研究，是其本身保持一種不預設立場的開放性態度，基於其互為主體性對話所呈現的現象，進行分析與探討，正是現象學的分析方法。資料分析的步驟為：(1)語言互動的蒐集，(2)資料的閱讀，(3)將資料加以歸類，(4)按照護理學的觀點，將資料組合並表達之，(5)將資料綜合摘要之，以供與學術團體溝通之用(蔡，2006；Giorgi, 1997)。

收案對象

將以醫療場域的創傷加護中心的男女性病人為研究對象，收案條件為：(1)經歷急性創傷者；(2)創傷嚴重度需住家護中心者；(3)年齡介於 20-40 歲之間；(4)除創傷的疾病外，無其他的長期慢性疾病者；(5)病情穩定，意識清楚，同意接受錄音訪談者。排除條件：急性創傷個案之排除條件如下：(1) 意識昏迷(glasgow coma score ≤ 3 分)者；(2) 嚴重感染者；(3) 罹患複雜的慢性疾病者；(4) 言語無法溝通者；(5) 本身有精神疾患者。

以立意取樣地預計選取符合收案條件之急性創傷病人的訪談內容，主題分析能達飽和狀態。本研究樣本數共有 14 位病人，本研究樣本數會依照訪談的內容是否達飽和而略加調整，女性病人確實較少，只有五位，遲遲未有女性病人入院，而男性病人已達飽合。

資料收集步驟與分析

在取得研究場域之機構人體試驗委員會審核通過後，依照本研究的目的是胡賽爾的描述現象學，將從急性創傷病人的觀點去了解他們的生活經驗及意向性經驗，研究者將藉由與個案一對一的訪談並經由主動傾聽、互動與觀察而創造真實的顯現急性創傷病人的經驗，主要以半結構式的訪談方式，以下列的開放式的問題來引導本研究的訪談：(1) 這個事件對你的生命及生活造成麼影響？(2) 這個事件帶給你的感受為何？你最感到懼怕的是甚麼？你最感到焦慮的是甚麼？你最感到壓力的是甚麼？(3) 你覺得甚麼樣的照顧是最能幫助你的？藉由這些問題而引導急性創傷病人去描述經歷這個急性創傷事件

的經驗。資料收集前會先向個案解釋本研究的目的及預期成效，取得個案的同意後再進行資料收集，訪談前也會徵求個案的同意，以錄音的方式進行資料收集，此外，每次訪談也訓練一位研究助理協助檢視錄音筆功能及執行錄音，同時也進行田野式的紀錄重要訪談內容及訪談的情境脈絡，同時研究者於每次訪談後也撰寫訪談心得，以協助研究資料的比對與分析。每次訪談研究者選擇一個單獨且安靜的房間，會談情境為急性創傷病人病情穩定準備轉出傷加護中心之前，每次訪談以 40 分鐘為原則，由研究者及研究助理來進行。訪談結束後訓練研究助理聆聽訪談錄音內容並撰寫成逐字稿。之後採用描述現象學分析步驟(Colaizzi, 1978)：(1)仔細傾聽訪問紀錄以對整個經驗有一整理性的了解，將錄音的訪談內容逐字謄寫已獲得個案生活經驗的原始資料。(2)由錄音謄寫的內容形成有意義的句子，其可作為分析的基本資料。(3)由有意義的句子粹取出意義。(4)組合意義中所存有的共同特性，形成主題。(5)將調查此一現象所得的結果做一整合，並做詳盡描述。(6)經由詳盡描述形構此現象的本質結構。(7) 將所得結果拿回給受訪者檢視，已確認研究結果是否反映出個案的經驗。資料分析如下圖一：

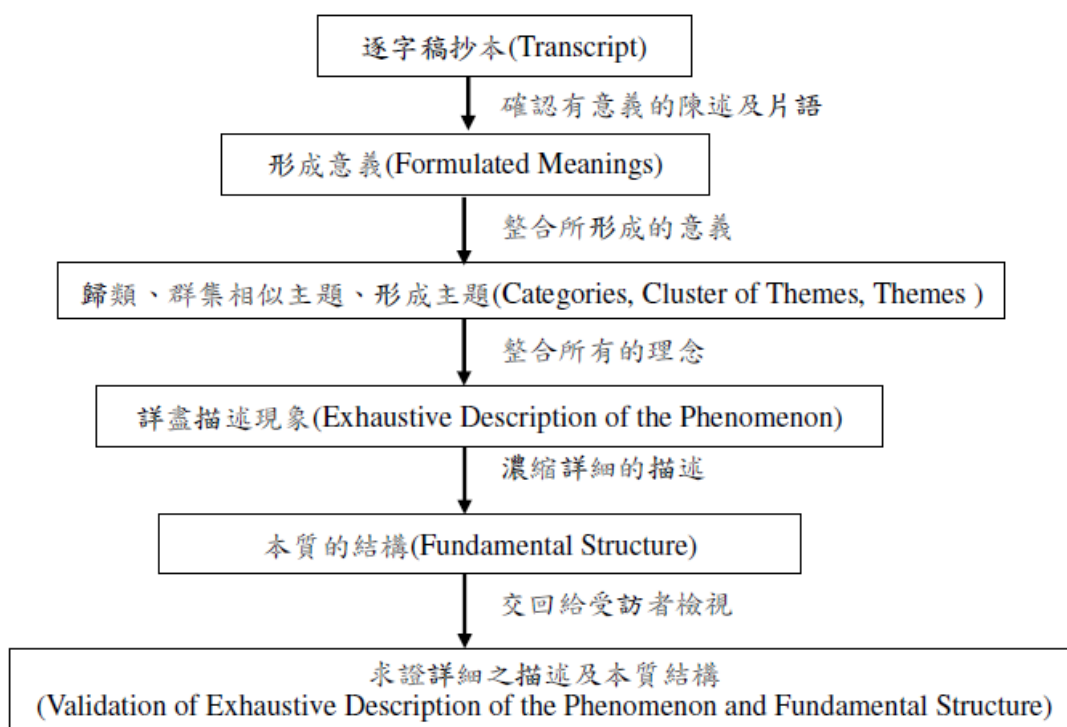


圖 1.：描述現象學分析的過程(Colaizzi, 1978)

資料收集與分析的嚴謹度

質性研究並非如量性研究以統計數據呈現研究結果，曾被質疑有過於主觀、代表性不足的缺陷。本研究信度及效度之測定基於 Lincon and Guba(1985)所提出的嚴謹度的四個原則：真實性(credibility)、可轉換性(transfereability)、可靠性(dependability)及可確認性(conformability)，研究者在資料的收集過程中，將盡可能掌握研究的嚴謹度，以確保本研究結果之品質，原則分述如下：

(一)確實性(credibility)

增加資料確實性的方式包括：長期參與、持續觀察、綜合研究、同儕辯證、研究成員檢核與個案檢視。質性研究以研究者為研究工具，故研究者對研究過程的影響比量性研究更明顯。研究者選修一學期的質性研究課程，身為臨床第一線照護醫療人員，經歷急診加護中心、燒傷中心及綜合外科暨創傷重症加護中心逾十年，歷經了豐富的外科臨床經驗，照護處理過無數的創傷個案，因為觀察體會了創傷個案在度過生命危險期後的心理層面是相關複雜及脆弱，這樣的情境，似乎是人生的跑馬燈一幕一幕的過去，更令我想要藉由自己具備現象學訓練後的能力，以直觀態度深入探討了解急性創傷個案經歷人生重大傷害後的生命經驗，與受訪者的生活融為一體，細細體驗受訪者的生命世界。

研究者在資料收集的過程中會持續參與創傷個案的臨床照護工作，以增加觀察的機會與增進護病關係的距離。受訪者在加護中心接受治療期間，因有訪客時間限制，而與家人相處的時間相對減少，反而是增加與醫護人員相處的時間，研究者經由照護的過程建立了信任感，另一方面也更認識受訪者，讓受訪者感受到研究者真誠的關懷，這樣的因緣際會下受訪者很快的願意加入研究，展開了正式訪談，以獲得較深入真實且豐富的資料。資料收集過程中會運用觀察法、病歷記載與訪談筆記為輔，以多方收集方式提升本研究的確實性。

(二)可轉換性(transfereability)

質性研究主要是深入探討現象，不做因果推論。故本研究會秉持不推論性的描述原則，避免以偏概全之情形發生。此外，藉由訪談資料、觀察法、病歷記載與訪談筆記以增加資料的厚實度，呈現在主題分析的結果中，盡可能提供詳盡且豐富的情境脈絡與意義描述提升研究的轉移性。

(三)可靠性(dependability)

質性研究強調研究者與受訪者間的信任關係，受訪者才能以真實的一面呈現，並可藉由詳實記錄及合理解釋，來提高研究之可靠性。本研究皆由研究者親自進行訪談，在碩二專題實習時採用現象學方式訪談八仙塵爆個案家屬面臨重大創傷事件的心路歷程探討完成一篇小型質性研究文章，受過訪談技巧訓練及自行多次模擬訪談情境及設計訪談大綱，善用錄音設備、訪談記錄等輔助工具，真實記錄訪談內容與非語言動作皆納入研究結果的真實依據，且於訪談後三日內完成逐字稿與資料分析，力求資料收集過程的

一致性。研究過程中的訪談、文本的抄謄或主題的分析，將依循現象還原的程序進出文本，以提高研究的可靠性。

(四)可確認性(conformability)

質性研究強調重視受訪者的主觀經驗，故資料收集過程中須身歷其境，而研究結果與受訪者的次文化背景及研究者價值觀有關。主題分析後進行同儕驗證，將邀請一位質性研究護理學專家與三位共同在臨床照護創傷個案的護理人員共同對研究結果進行確認，避免陷入個人主觀思想。研究者經過多年外科部加護中心臨床服務經驗，能設身處地站在對方的觀點及處境去體會個案的感受，自我要求屏除主觀思維進行觀察及記錄，且排除本身價值觀及文化背景下的預設想法，力求中立性之外，更對於訪談內容也謹守如實呈現，在輔以多方收集資料方式並藉由厚實的描述以提升資料之可確認性。

預期完成之工作項目及成果

- 1.分析男女性別急性創傷的病人在經歷急性創傷後的生命經驗
- 2.分析經歷急性創傷事件對男女性別病人的影響差異
- 3.分析能幫助男女性別急性創傷的病人緩解壓力的照護措施的差異
- 4.依據上述分析之結果男女性別急性創傷的病人的經驗差異，發展適性的心理社會支持介入措施。

研究結果

本研究主要是在探討急性創傷之年輕成人經驗之性別差異。首先於第一節介紹急性創傷之年輕成人的基本資料及背景資料，透過此社會人口學的資料描繪，作為對創傷之年輕成人社會文化背景及創傷事故的理解基礎。再者，第二節中將展現研究歷程中，現象學深入訪談呈現急性創傷之年輕成人的生命經驗與意義，並分析經驗之性別差異。

一、案基本資料

依據本研究收案條件、研究目的與方法，研究者從2017年05月至2018年01月共進行14次個別性的深入訪談，每次訪談時間至少40分鐘。

整體研究對象年齡分布20~40歲，其中以20~25歲居多，佔7人(50%)，以男性最多，佔9人(64%)，未婚達9人(64%)，教育程度高中/高職(含)以下佔7人(50%)，職業含括有學生、服務業、軍人及工、商業等每種職業佔3人(22%)，宗教信仰有佛教、道教及基督教，以道教居多，佔8人(57%)，過去曾經有創傷經驗和住加護中心經驗各佔3人(21%)(其中一位男性個案因小時候罹患血液疾病住加護中心)，此次創傷事件有車禍、工作意外、摔落/墜落、暴力及燒傷意外，以意外車禍居多，佔7人(50%)，加護中心治療天數分別≤7天、8~14天及≥15天，以8天以上最多，佔8人(58%)，疾病嚴重度APATH-II ≥15分，佔7人(50%)，Therapeutic TISS >25分，佔11人(79%)。詳見(表4-1-1、表4-1-2基本資料表)個案人口學基本資料表。

分析男、女性基本屬性差異發現，男性平均年齡27歲，男性年齡層大多20~25歲，佔5人(56%)，其男生暴力傷害佔40%，其次男性年齡層26~30歲，佔2人(22%)，發生車禍意外佔100%，整體男性發生車禍意外佔最多，為男性全部意外事件佔4人(44%)；女性平均年齡29歲，女性年齡層20~25歲與36~40歲，各佔2人(40%)，其中女性20~25歲發生車禍意外，佔2人(100%)，女性36~40歲發生火災傷害，佔2人(100%)，整體女性發生車禍意外佔最多，為女性全部意外事件佔3人(60%)。婚姻狀況男性未婚佔5人(56%)、同居佔4人(44%)，女性未婚佔4人(80%)，女性已婚佔1人(20%)；教育程度男性以大學(含)以上最多，佔5人(56%)，女性以高中/職(含)以下最多，佔3人(60%)；職業分布男性以軍人、工商業最多，各佔3人(33%)，女性以學生、服務業最多，各佔2人(40%)；宗教信仰男性以道教最多，佔7人(78%)，女性以無信仰最多，佔3人(60%)；男性未有曾經創傷經驗，佔6人(67%)，女性未有曾經創傷經驗，佔4人(80%)；男性未有曾經住ICU經驗，佔6人(67%)，女性未有曾經住ICU經驗，佔5人(100%)；本次住ICU天數男性平均天數13天，其中以 ≥ 8 天以上，佔5人(55%)，本次住ICU天數女性平均14天，其中 ≥ 8 天以上，佔3人(60%)；疾病嚴重度男性APATH-II平均分數13分，其中APATH-II ≥ 15 分之男性，佔2人(22%)，男性TISS平均分數29分，TISS >25 分之男性，佔6人(67%)，女性APATH-II平均分數19分，其中APATH-II ≥ 15 分之女性，佔5人(100%)，女性TISS平均分數29分，TISS >25 分之女性，佔5人(100%)。詳見(表1性別之基本屬性差異) 急性創傷之年輕成人男、女性之基本屬性差異。

根據世界衛生組織統計數據，2014年道路交通傷害死亡人數達到了125萬人，預計到2030年全球傷殘率其車禍將上升至第三致傷因素，而導致死亡比例的創傷類型因地而異，例如因穿刺傷而死亡在殺人事件頻繁的洛杉磯死亡人數佔了45%，但在挪威只佔死亡人數的13%(Demetriades et al., 1998)，另外，創傷大約有一半死亡原因為中樞神經受損，接續是失血過多、氣道異常和多發性器官衰竭(Evans et al., 2010)。台灣衛生福利部統計處(2018)統計2016年十大死因第六位為事故傷害，其中事故傷害是男性十大死因第五位，女性則是位於第八位，歷年男性事故傷害死亡人數高於女性。就傷害事故死因人數觀察，2016年運輸事故死亡居冠佔45.0%、跌倒(落)致死佔21.4%、意外中毒佔7.5%、意外溺死佔5.1%、火或火焰所致佔1.8%。男性之死亡率分別運輸事故為第一名佔38.5%、其次意外墜落佔9.9%和其它佔7.7%，女性之死亡率分別首位為運輸事故佔14.4%，其次其它佔4.1%和意外墜落佔3.2%。可見國家有必要針對意外事故汽機車意外行車安全及規範加強宣導，將可大大降低醫療耗費成本及傷殘率發生。

參與受訪之急性創傷年輕成人之背景資料，簡單扼要說明創傷事件的事發原因、傷勢狀況及手術或治療。詳見(表2 背景資料) 參與受訪之急性創傷年輕成人之背景資料。
表 1 參與研究之急性創傷年輕成人的基本資料 (N=14)

受訪 編碼	性 別	年 齡	婚 姻	教 育 程 度	職 業	宗 教 信 仰	曾 經 創 傷 經 驗	曾 經 ICU 經 驗	創 傷 事 件	此 次 ICU 天 數	APATH -II 分 數	TISS 分 數
A	男	24	未 婚	大 學	軍	道 教	否	否	墜 落	≥15	10	20
B	男	33	未 婚	高 中	商	基 督 教	是	是	車 禍	≥15	17	26
C	男	23	未 婚	大 學	無	道 教	否	否	車 禍	8~14	6	20
D	男	24	未 婚	大 學	軍	道 教	否	否	工 作 意 外	8~14	12	18
E	男	22	未 婚	大 學	學 生	道 教	是	是	暴 力	≤7	13	46
F	男	34	同 居	高 中	工	道 教	否	否	工 作 意 外	≤7	12	27
G	男	29	同 居	大 學	軍	道 教	否	否	車 禍	≤7	9	30
H	男	30	同 居	高 中	服 務 業	道 教	否	是	車 禍	≥15	9	31
I	男	21	同 居	高 中	商	無	否	否	暴 力	≤7	27	41
J	女	26	未 婚	高 中	服 務 業	無	否	否	車 禍	≤7	19	26
K	女	20	未 婚	專 科	學 生	無	是	否	車 禍	8~14	22	28
L	女	40	未 婚	高 中	服 務 業	佛 教	否	否	燒 傷	≥15	18	35
M	女	21	未 婚	大 學	學 生	道 教	否	否	車 禍	8~14	21	27
N	女	37	已 婚	高 中	無	無	否	否	燒 傷	≤7	17	29

表 2 參與研究之急性創傷年輕成人的基本資料 (N=14)

變項	人數	百分比(%)	
性別	男	9	64
	女	5	36
年齡	20~25 歲	7	50
	26~30 歲	3	22
	31~35 歲	2	14
	36~40 歲	2	14
婚姻	未 婚	9	64
	已 婚	1	7
	同 居	4	29
教育程度	高 中/職(含)以下	7	50.0
	專 科	1	7
	大 學(含)以上	6	43
職業	學 生	3	22

	服務業	3	22
	軍、警、公、教	3	22
	工、商、農	3	22
	無業/待業	2	12
宗教信仰	佛教	1	7
	道教	8	57
	基督教	1	7
	無	4	29
曾經創傷經驗	是	3	21
	否	11	79
曾經 ICU 經驗	是	3	21
	否	11	79
創傷事件	車禍	7	50
	工作意外	2	14
	摔落/墜落	1	8
	暴力	2	14
	燒傷	2	14
此次 ICU 天數	≤7 天	6	42
	8~14 天	4	29
	≥15 天	4	29
APATH - II ≥15 分	是	7	50
	否	7	50
TISS >25 分	是	11	79
	否	3	21

表 3 急性創傷之年輕成人男、女性之基本屬性差異 (N=14)

變項	男		女		
	N	%	N	%	
性別	9	64	5	36	
年齡	20~25 歲	5	56	2	40
	26~30 歲	2	22	1	20
	31~35 歲	2	22	0	0
	36~40 歲	0	0	2	40
	平均年齡	27		29	
婚姻	未婚	5	56	4	80
	已婚	0	0	1	20
	同居	4	44	0	0
教育程度	高中/職(含)以下	4	44	3	60
	專科	0	0	1	20
	大學(含)以上	5	56	1	20
職業	學生	1	11	2	40
	服務業	1	11	2	40

	軍、警、公、教	3	33	0	0
	工、商、農	3	33	0	0
	無業/待業	1	11	1	20
宗教信仰	佛教	0	0	1	20
	道教	7	78	1	20
	基督教	1	11	0	0
	無	1	11	3	60
曾經創傷經驗	是	3	33	1	20
	否	6	67	4	80
曾經 ICU 經驗	是	3	33	0	0
	否	6	67	5	100
創傷事件	車禍	4	44	3	60
	工作意外	2	22	0	0
	摔落/墜落	1	11	0	0
	暴力	2	22	0	0
	燒傷	0	0	2	40
此次 ICU 天數	≤7 天	4	45	2	40
	8~14 天	2	22	2	40
	≥15 天	3	33	1	20
	平均天數	13		14	
APATH - II	是	2	22	5	100
≥15 分	否	7	78	0	0
	平均分數	13		19	
TISS >25 分	是	6	67	5	100
	否	3	33	0	0
	平均分數	29		29	

表 4 參與研究之急性創傷年輕成人之背景資料

個案	A	B	C	D	E	F	G
性別	男	男	男	男	男	男	男
年齡	33	24	23	24	22	34	29
ICU 天數	29	19	8	8	5	5	7
事發原因	騎重機與聯結車相撞	極限運動爬貨櫃屋(跑酷)約四層樓高摔落	駕駛農用車翻覆壓傷	部隊搬運籃球框被倒下的籃球框壓傷	吵架鬥毆，刀子穿刺左胸。	工作時被鋸子鋸斷左手食指	開車自撞民宅圍牆
傷勢狀況	雙肺部挫傷、右肩胛骨、骨盆腔、左股骨骨折、右脛骨、腓骨、左肱骨、右尺骨橈骨、左側顱底骨、雙側顱骨骨折及氣腦。	顴骨、上頷骨、鼻骨、下頷骨開放性骨折，左、右足顱骨骨折，右股骨開放性骨折，左腳第四趾骨閉鎖性骨折，右足大姆指骨折。	雙側骨盆骨折、直腸撕裂傷。	右手食指斷指，中指及無明指骨折。	左側嚴重血胸，肺部及橫隔膜損傷。	左手肌腱、神經及血管斷裂。	右側氣胸及第3~5肋骨折、鼻骨骨折、左食指一分公分撕裂傷。
手術或治療	左股骨內固定術、左手肱骨內固定術、右腳脛骨+腳踝內固定、右手尺骨及橈骨內固定術。	氣切、右腿清創併右膝行骨骼牽引、右側顱顎關節內固定術、拔牙治療，上、下顎間鋼釘固定術，右股骨、顱骨內固定術。	橫結腸造口及直腸修補術，左腹結腸造口，骨盆外固定術。	傷口清創術併內固定術，食指斷指接合術，中指打鋼釘，無明指縫合，右腳第1~3趾甲受傷拔除，高壓氧。	開胸手術。	手指重建手術，肌腱、神經及血管修補術（接動脈、神經及肌腱）。	右側氣胸插胸管、鼻骨骨折鼻孔各填塞止血棉，插氣管內管。

表 4 參與研究之急性創傷年輕成人之背景資料 (續)

個案	H	I	J	K	L	M	N
性別	男	男	女	女	女	女	女
年齡	30	21	26	20	40	21	37
ICU 天數	30	3	4	12	36	11	7
事發 原因	大卡車追撞	旅館服用毒品被人 持刀刺傷	騎重機被載車禍、 拋飛。	騎車車禍	民宅失火	兩輛機車互撞車禍	民宅失火
傷勢 狀況	右側小腿脛骨、腓 骨骨折。	被人拿刀捅傷，左 腹穿刺傷，後腹腔 出血。	右側第 2-6 肋骨(血 胸)、右側鎖骨、右 耳顱突骨骨折、L4 壓迫性骨折、T8-L3 脊突及橫突骨折。	右側肺挫傷、右側 肋骨、骨盆骨折、 右側氣胸。	油鍋過熱起火協助 滅火，導致雙下 肢、左手前臂、腹 部及右手零星燒傷 傷口。	右眼顱底、顴骨、 鼻骨、側篩板及上 頷骨骨折、輕微 SAH 和 SDH，右 前額輕微氣腦。	火場被救出呼吸道 吸入性灼傷。
手術 或 治療	脛骨及腓骨內固定 術，右膝蓋撕裂傷 縫合，右下肢傷口 清創術，右小腿及 右踝補皮術。	放置氣管內管，開 腹手術左側腎臟縫 合，大量輸血治 療。	氣、血胸插胸管， 右中耳損傷棉球填 塞，雙手臂大片擦 傷，雙膝及後背大 片擦傷。	左足背清創術，左 足背和雙膝補皮 術、骨盆內固定 術、雙側骨盆及薦 椎固定術。	急性期多次植皮、 清創手術及水療， 後期高壓氧治療、 傷口照護。	雙鼻道填塞止血 棉，顏面、嘴唇及 鼻樑撕裂傷縫合。	氣管內管插管治 療、高壓氧治療。

二、急性創傷主要研究結果

本研究依現象學研究法探討急性創傷之年輕成人創傷經驗，分別有六大項目：壹、創傷事件的發生經驗；貳、創傷治療加護中心經驗；參、創傷事件的困擾經驗；肆、創傷事件中感受到的支持經驗；伍、創傷事件個人深刻印象經驗；陸、創傷事件未來的期望，以及根據男女性別差異彙整資料結果，詳見(表5主題一覽表)。

表 5 急性創傷年輕成人經驗之主題一覽表

範疇	主題	次主題
壹、 自我世界與命運的改變	一、無法預期的人生災難	(一)重創人生歷程
		(二)快樂生傷悲
		(三)疏忽遇劫難
	二、莫名災難後的殘酷	(一)失憶重創
		(二)無妄之災降臨
		(三)殘酷的烈火
貳、 生命挽救與考驗:走在逆境上	一、自動門後的生命奮戰	(一)接近死亡之路
		(二)孤獨漫長的生命奮戰
		(三)晝夜無休止的紊亂聲「Chaos」
		(四)受限於病床之不便
	二、痛苦掙扎中的陽光	(一)生命交瘁中的暖陽
		(二)療癒劇痛的良藥
	三、治療與照護的反應	(一)難以下嚥的飲食
		(二)照護活動產生的不適
		(三)殘缺的身體心象
參、生命坎坷-承受與面對	刻骨銘心-浩劫過後	(一)難以忍受的劇痛
		(二)身心靈折磨
		(三)殘缺的身體心象

表 6 急性創傷年輕成人經驗之主題一覽表 (續)

範疇	主題	次主題
肆、生命關懷與共織療癒	一、自我與他者交織的復原力量	(一)走下去的動力
		(二)親人凝聚愛的力量
		(三)撐起一片天
	二、被關懷及愛護的渴望	(一)看見一道光芒
		(二)等待真誠的對待

伍、人生困境與內心對話	一、驚魂與抗拒交織	(一)驚魂的波折
		(二)難以接受事實
	二、存活的痛苦與愧疚	(一)萌生放棄的念頭
		(二)失能後對家人的愧疚
陸、人生目標與生存意義:掌握人生方向盤	一、重創恢復的擔憂	(一)傷害產生的不確定感
		(二)擔憂傷害的後遺症
	二、重生與啟程的展開	(一)傷害發生的警惕
		(二)走過傷痛更懂珍惜
		(三)盼望來日能回饋
		(四)回歸生活的準備

壹、創傷事件的發生經驗-自我世界與命運的改變

創傷事件的發生經驗之性別差異

男性在創傷事件的發生經驗，其特徵有：

(一)生命摧毀

中國傳統文化觀念中，成年男性正為事業、夢想打拼，如願當廚師正逢貴人幫助創業；學業努力不懈如願考上軍官學校，正要展開人生成功的旅程，卻被一場車禍摧毀，造成了破碎的身體及心理。

(二)挑戰刺激

E世代新開發的時尚活動，極限運動是一項人與自然融合過程中，透過對技術的掌握和控制，以最大的限度去發揮人的生命潛能，並且不斷的從挑戰自我的中得到身心愉悅和健康的新興體育項目。對時下的年輕成人不僅是年輕好勝、血氣方剛還有永遠秉持一股追求極致的毅力與勇氣，但追求刺激的同時若操作不當，一不慎導致遍體鱗傷，不堪設想的嚴重後果。

(三)接觸毒害

毒品具有成癮性、濫用性等，成隱性為一旦使用者對這些物質產生心理及生理依賴，當停止使用便會產生不舒服的戒斷症狀，造成使用者無法輕易遠離傷害。使用後會讓人產生幻覺、妄想，或有精神亢奮、興奮等效果，但一時的快感，卻有可能造成身體一辈子的傷害。

(四)正義挺身

黑社會組織之首為了保護他人而與惡勢力對抗發生打架衝突，經常為了正義挺身而出，因而受到組織內的人敬重，除了受到更多人追隨，也會獲得大家的認同，勢力越來越大，成為組織中的領導人物，但也時常身陷危險之中，生命受到威脅。

女性在創傷事件的發生經驗，其特徵有：

(一)殘酷無解

發生車禍過程完全沒有記憶，身體靈魂隨著感覺飄遊，誤以為自己還在騎車，周邊人來人往，感覺似乎不太對勁，恢復意識原來是被送到醫院，栩栩如生並不是一場夢，慢慢查覺身體受了傷，面對殘酷的現實。

(二)無辜受害

發生車禍的因素是閃避臨停汽車、逆向行駛車輛衝撞，即使遵守交通規矩但能被波及受到嚴重傷害，身體多重組織受損、損毀外觀，必須忍受身體劇痛，還要面對心理創傷，無辜遭殃受害。

(三)烈火燃燒

用火處理不當，引發猛烈的火災，導致身體大面積的燒燙傷或呼吸道灼傷，經歷漫長的傷口治療，傷疤的產生；夜裡突然無預警的火災，淪陷在熱火沸騰的空間，猛烈的火勢迎面而來，熱氣竄入呼吸道，令人感到窒息，場景的驚魂，留下恐懼的惡夢。

綜合以上分析，男性通常被期待冒險進取，導致男性常從事高危險的活動或接觸高危險的職業，表現較多危害健康的行為，例如：酗酒、藥物成癮、抽菸、嚼檳榔、吸食毒品、加入黑道幫派、暴力行為等，男性也扮演著是提供家庭經濟來源，多屬於與能力、成就及果斷有關的工具性或主動性特質，較女性容易發生意外事件；而女性的責任在於照顧家中老幼，多屬於服從、溫馴與較感性表達有關的特質，多從事較靜態及喜愛具安全的環境，例如：閱讀、聆聽音樂、逛街、旅遊等，從事職業大多是辦公、不費體力的業務，而其常見的意外大多是無法控制外在的車禍或火災受波及，意外突然發生，產生心理重大衝擊。

貳、創傷加護中心之經驗：生命挽救與考驗—走在逆境上

創傷加護中心之性別差異經驗

男性在創傷加護中心經驗，其特徵有：

(一)恐懼死亡

個案認為進入加護中心就有著不祥的預兆，代表嚴重程度與傷勢會更加惡化，自己也會走向死亡之路。形容自己靈魂出竅看見另一世界的冰冷的臉、戰士格鬥及經常惡夢，身邊鬼魂環繞，心生恐懼，似乎冥冥之中告訴自己即將接近死亡。嚴重的傷勢，生命卻僥倖的保留下來，激動的情緒隨之潰堤。這樣治療的環境，無一不令人與死亡連想在一起。

(二)失眠孤獨

發生創傷事件是人生休息最長的一段時間，全日臥床充足休息來休養身體，以致夜間不容易入眠，尤其在安靜的夜裡，時間顯得更漫長，清醒的自己孤獨寂寞，不自主地會胡思亂想，腦海中湧出許多負面想法，交錯的情緒令自己更難受。

(三)雜音壓力

加護中心充滿了許多雜音，除了許多吵鬧的雜聲容易勾起傷心的回憶，最擔憂的是監測生命徵象的儀器發生作響，對個案是種莫名的壓力，聲響代表的意義攸關生命安全，憂心突發狀況發生。

(四)抗拒適應

住院期間個案不能接受病床上解便，因為潔癖及心理因素抗拒排泄物沾染臀部，並且需要依賴護理師協助清潔，平日習以為常的生理動作，卻變的非常困難，無法作好的事情，引起悲傷難過的情緒。

(五)全方位的照護

治療期間必須忍受疼痛所帶來的痛苦，鬧脾氣發洩情緒，醫護人員接受個案情緒宣洩，不放棄照護病人，日常生活照顧感受到用心、細心，大家不分你、我共同一起為病人健康照護，猶如家人般地呵護，做對自己有幫助的護理。每次手術後最需要頻繁的照護，總是不厭其煩地協助。心煩意亂的時候能穩定人心，人生遭遇低潮階段願意給予溫暖的心靈教師。接受來自不同創傷個案的需求，提供全

方位的照護。

(六)重視個別性

醫護人員遵循照護常規，提供個案重症照護，傾聽個案想法及需求，針對個別性的問題，提供具個別性照護，適度調整護理常規，同時教導個案自我照顧技巧，調適創傷所帶來的困境。

女性在創傷加護中心經驗，其特徵有：

(一)接受死亡。(二)時間凍結。(三)安全聲響。(四)接受適應。(五)絕對性安心。(六)無耐的照護。

參、創傷後的困擾經驗:生命坎坷-承受與面對

創傷事件的困擾經驗之性別差異

男性在創傷事件的困擾經驗，其特徵有：(一)激烈行動反應疼。(二)無奈的悲傷。(三)失去健全的功能

女性在創傷事件困擾經驗，其特徵有：(一)意志力控制疼痛。(二)只能選擇面對。(三)不完美的瑕疵。

綜合以上分析，男性對於無法受到適當控制的疼痛，容易產生激烈的情緒反應，藉由行為動作表達對疼痛的難受，給予情緒安撫或心理支持似乎不能降低其疼痛感受，而女性面對創傷帶來的疼痛，其會尋找降低疼痛感的方式，或以較和緩的表達方式如:流淚、哭泣及訴說痛苦來發洩對疼痛的焦慮，自我調適情緒及意志力去應付疼痛。男性遭遇創傷事件，破壞了人生計畫及安定的生活，治療期間難以忍受的疼痛、身體多處傷口、家人

照顧負擔以及長時間臥床治療，造成不穩定的情緒困擾，而女性面對創傷事件，調適心情克服疼痛感或擔心後遺症發生，相信專業醫療可以治癒傷害，也了解恐懼與擔憂必須以時間來淡化不堪回首的意外。男性對於身體評價主要來自自主內在對身體的功能感覺，而女性的身體自我評價大多建立在外在社會、文化及媒體所設定標準。普遍男性在外表及身體各部位的滿意度均高於女性，若因傷害導致外觀受到影響，對於男性的衝擊是擔憂失去功能性障礙來的強烈，而女性對外表的取向及重視程度高於男性，但對自己外表及身體各部位的評價和滿意度反而低於男性，可能是女性對外表的看法較男性敏感及關注，也常是個體表達個人形象的方式，對於外觀的改變造成女性內心更大衝擊的傷害。

肆、創傷中所感受到的支持經驗:生命關懷與共織療癒

創傷中所感受到的支持經驗之性別差異

男性在創傷中所感受到的支持經驗，其特徵有：(一)拉進彼此距離。(二)決心選擇歧路。(三)重新認識護理。

女性在創傷中所感受到的支持經驗，其特徵有：(一)凝聚強大力量。(二)家人般的待遇。(三)渴望真心重視

伍、創傷事件個人深刻印象經驗:人生困境與內心對話

創傷事件個人深刻印象經驗之性別差異

男性在創傷事件個人深刻印象經驗，其特徵有：(一)突發意外插曲。(二)不輕易放棄。(三)惦記未了責任。(四)不該給的痛楚。女性在創傷事件個人深刻印象經驗，其特徵有：(一)虛驚一場。(二)極端的手段。(三)照顧的負擔。

陸、創傷事件未來的期望:人生目標與生存意義-掌握人生方向盤

創傷事件未來的期望之性別差異

男性在創傷事件未來的期望，其特徵有：(一)後遺症纏身。(二)走過更明白。(三)實質的回饋。(四)原始生活接軌。女性在創傷事件未來的期望，其特徵有：(一)未知的一切。(二)康復回饋家人。

綜合以上分析，男性經歷創傷事件後肢體結構受到損傷，導致日常活動功能障礙，自從受傷之後以往喜歡的運動就受限許多，也較容易全身疼痛，擔憂傷害的後遺症無法治癒。意外傷害的發生已成事實，親身經歷身心交瘁的痛苦時光，能從意外發生中反思經驗學習成長，凡事要謹慎、行事要小心，避免未來再發生創傷事件，從中受到許多專業醫護人員的幫助，期盼親手料理美食給幫助過自己或已簽妥器官捐贈給正遭受苦難的人，以實際行動回饋社會大眾。當傷害症狀改善，傷勢日漸穩定，盡早回歸社會、職場及家庭，與原來規律的生活接軌，接續往夢想前進。女性在獲取健康資訊的模式上，更在意是否有鉅細靡遺的說明治療過程與後續的自我照護相關事宜，期待自己能知道更多的知識和技能。且臺灣女性大多以「關係」來界定自己，生活經驗多以「家人」來串聯，自我價值也緊密與家人需求相結合，從家人中獲得關懷及愛，希望藉一己之力來為家人盡一份心。

柒、討論

創傷之年輕成人經驗涵蓋六種處境樣貌，包括：創傷事件的發生經驗：自我世界與命運的改變之無法預期的人生災難和莫名災難後的殘酷，創傷加護中心經驗：生命挽救與考驗-走在逆境上之自動門後的生命奮戰、痛苦掙扎中的陽光和治療與照護的反應，創傷事件的困擾經驗：生命坎坷-承受與面對之刻骨銘心-浩劫過後，創傷事件中感受到的支持經驗：生命關懷與共織療癒之自我與他者交織的復原力量和被關懷及愛護的渴望，創傷事件個人深刻印象經驗：人生困境與內心對話之驚魂與抗拒交織和存活的痛苦與愧疚，創傷事件未來的期望：人生目標與生存意義-掌握人生方向盤之創傷恢復的擔憂和重生和啟程的展開。

林、梁和陳(2017)學者指出不論是有無宗教信仰或宗教活動參與度和健康生活品質之關聯性，在性別間有顯著不同之結果，有宗教信仰及宗教活動參與度愈高男性，其一般健康較佳。本文男性個案大多信仰道教和基督教，其中因家人都是信仰道教，所以跟隨信仰道教，活動大部份皆以燒香拜神為主，藉由神靈的保佑讓自己更平安，而信仰基督教徒時常藉由詩經歌頌讚揚上帝，藉由聖詩歌頌上帝來賜予自己面對苦難的力量；另外文獻也指出有信仰宗教女性的生理、心理及一般健康狀況均較無宗教信仰者差，並且隨宗教活動參與度的增加，其生理及心理層面的健康狀況易顯著較差，其推測女性通常在遭遇困境時才尋求宗教協助與本研究情境相符，反觀本研究大多女性無信仰宗教，個案過去不曾有過宗教信仰的協助經驗，大多等到遭遇困難或煩憂的狀況，藉由他人或家人求得平安符放置繫在身上象徵性的解苦、解難地度過難關，顯示遇到苦難時才會藉由宗教力量尋求慰藉及解脫，因此原本健康較差女性反而更積極接觸宗教信仰相關事物。Swickert 與Hittner (2009)學者研究了社會支持對性別及創傷後成長的相關性，表明社會支持對於性別整體都有大幅增加創傷後的成長，也增強家庭的親密度和靈性感。社會支持是中介影響因子，女性倖存者較易產生壓力事件去尋求他人支持，也報導了當應付壓力源時，其女性的家人會更頻繁接觸宗教信仰，女性也更熱衷參與宗教活動，同時受到家庭支持的滿意度也高於男性。

一項研究說明女性中，PTSD和PTG的關係間存在U形曲線關係，也就是說，PTSD高的受試者其PTG較低，而PTSD低的則出現中等程度的PTG。相反的，男性是S形曲線關係之 PTSD程度高的受試者出現較更高的PTG(Jin, Xu, & Liu, 2014)。本研究的女性大多是車禍和燒傷個案，其受到很大的創傷衝擊，

在住院接受治療的尾聲中，對於未來的不確定感和自我照顧能力缺失以及擔憂成為家人的負荷，種種表現出較低的PTG，男性在創傷的經驗中，PTSD症狀表現比女性少，且呈現較積極正向的態度面對問題，治療過程不輕易放棄任何希望，藉由自己的創傷經驗學得成長，以實際行動回饋社會，惦記自己角色未了的責任，盡早與原始生活接軌，展現出較佳的PTG。對於女性的PTSD主要三個症狀：重新體驗、逃避、麻木和覺醒，其PTSD風險增加的原因不是因為某些類型的創傷暴露率較高，而是因為其他因素，例如：創傷性事件的認知有更高威脅感和失控感或則情感處理方面的差異(Tolin & Foa, 2006)。

另外，女性比男性更可能經歷對創傷的急性心理和生物反應，包括強烈恐懼、迴避、侵入性思維、恐怖、無助、恐慌和焦慮。尤其在本研究的女性燒傷個案，創傷事件發生後不斷重複經驗到恐怖的感受，引發強烈心裡困擾反應。當考慮到個人特徵時，據報導男性更具挑釁性，尋找刺激和挑戰，並傾向於從事危險活動，而女性對壓力或損失更敏感，並且增加本能(Dell'Osso et al., 2011)。本研究年輕男性成人個案模仿國外跑酷運動，勇於滿足自己的慾望，因不慎由高處墜落全身多處骨折，痛不欲生；部分個案加入幫派呈兇鬥狠以拳頭暴力相向評論輸贏，持刀槍器械鬥毆，服用毒品不良習性。女性對於創傷的發生容易感受到強烈的壓力及失落感，專注於本身自我身體及心理的感覺，但迫於現實的狀況，持著堅強的意志力去克服眼前的障礙，但對於急性期本能的發展是較少見，可能急性生理、心理及靈性還未平衡穩定下，本能的激發是較不容易產生。然而美麗的標準不是一成不變，在中國歷史上漢朝以瘦為美，但唐朝卻推崇豐腴的美感，可知美貌隨著時代文化而有所改變，創傷事件所致身體結構的變化，藉由支持力量來引導面對身體意象改變觀念、對抗外表或構造造成之負向影響，並建立內在對自我的認同。在過去，兩性差異被認為是兩個極端而且不會改變，現今男性和女性的性別特性卻被認為有許多重疊相似的部份，更接近的說法是，每個人都是由男性和女性這兩個性別特性所組成的複雜拼圖，而且無論是性別差異或個人行為都有可能隨著時間、空間、所在的團體和脈絡而改變，也就是說，會受到環境經驗互動的影響而處於動態發展的狀態。

綜合上述結果，一但不可預期、突發性地創傷事件發生，急性創傷歷程讓個體可以開放性的了解及深度檢視創傷所帶來的衝擊，以及對生命故事重新構築一個新的結局，在回憶敘說的過程，更容易揭露關於事件或個體本身的情緒。創傷使得身體結構受到破壞，隨時生命受到死亡威脅，身體受到重大創傷而接受重症加護照護，個體接受治療照護中建構創傷的意義，面臨創傷帶來的威脅和心理的情緒感受以及採個人對抗壓力的調適方法形成生命的意義，無法抗拒也難以逃避的創傷折磨以致身心俱疲，人生的最大苦難階段，此時幸有穩固的支持系統發揮力量，從雜亂的思緒之中重新釐清創傷對個人最深刻的經驗，更能去了解每件事背後的意義，或許對個體來說可能是具重大的影響或體悟的認知歷程，創傷後的成長以正向情緒來提升調適力，促使生活具有目的與目標，同時對人、事、物及環境間的互動產生正能量，開啟了具有彈力的人生，形成了急性創傷經驗軌跡，詳見(圖2. 研究成果概念圖)。

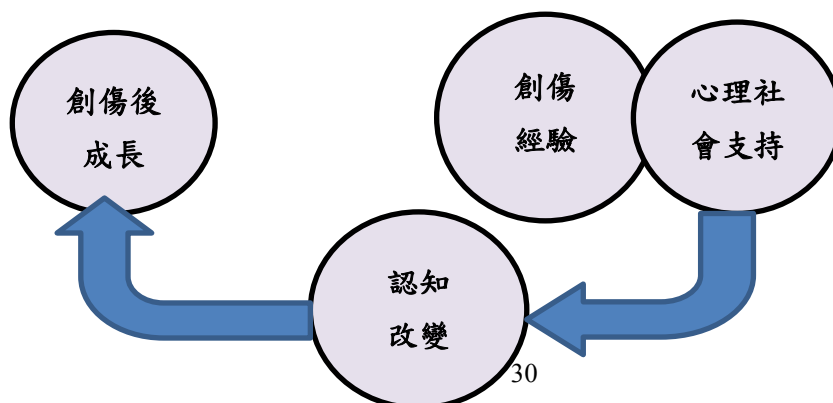


圖2. 研究成果概念圖-急性創傷經驗軌跡

捌、結論與建議

本研究主要目的是要探討急性創傷年輕成人於發生創傷意外的急性期歷程經驗之性別差異，於所處的重症照護環境脈絡情境下，與重要的他人、事物、環境互動中，其主觀的自我感受經驗和理解。本研究以本研究以描述現象學（descriptive phenomenology）的觀點，將研究發現進行聚集（aggregation of the findings）及萃取的方法，透過個案正處急性重症照護期接受訪談，倖存者在平靜、舒適不具有傷害性的空間中，在沒有任何期盼及預期下，以描述方法去認識創傷歷程的處境和自我如何面對困境挑戰，研究者去觀察其呈現在意識層面的具體經驗本質，由創傷個案的主觀資料來了解創傷經驗的基本結構，來幫助研究者能進入倖存者的內心世界，探討急性創傷個案的經驗與意向，同時深入分析性別上的差異，經由創傷經驗建構仍未被發掘的知識基礎。本研究共有14位，男性9位、女性5位參與研究，研究對象的平均年齡28歲，創傷事件中以車禍居多，其次為工作意外、暴力和燒傷事件。研究結果揭示年輕成人遭遇創傷之後，會經歷一段震驚、不可置信及悲傷低落階段，當描述創傷情境猶如歷歷在目的電影情節，似乎再度身歷其境，令當事者驚心動魄，創傷使得身體結構破壞，生命隨時受到威脅，冰冷的環境、吵雜的儀器、病床上的生活以及疼痛失去控制，重症照護的生活裡除了接受專業醫療的積極照護，也必須承受意外帶來的身、心、靈性創傷，急性壓力似乎一步步逼近即將壓垮自己，幸有家人、親友、醫護人員和重要他人給予溫暖的雙手及肩膀，意外的發生讓彼此間的關係更緊密，發揮極致的家庭力量和創造優質的護病關係，促使倖存者更有勇氣及自信去面對一切，去克服身體心象改變、後遺症和不確定感，展現良好的復原力展望未來。創傷之年輕成人經驗建構了急性創傷經驗有：創傷事件的發生經驗-自我世界與命運的改變：無法預期的人生災難和莫名災難後的殘酷；創傷加護中心經驗-生命挽救與考驗：走在逆境上：自動門後的生命奮戰、痛苦掙扎中的陽光和治療與照護的反應；創傷事件的困擾經驗-生命坎坷：承受與面對之刻骨銘心-浩劫過後；創傷事件中感受到的支持經驗-生命關懷與共織療癒：自我與他者交織的復原力量和被關懷及愛護的渴望；創傷事件個人深刻印象經驗-人生困境與內心對話：驚魂與抗拒交織和存活的痛苦與愧疚；創傷事件未來的期望-人生目標與生存意義：掌握人生方向盤：重傷恢復的擔憂和重生與啟程的展開。

本研究結果可作為醫護人員照顧急性創傷年輕成人的參考，倖存者遭遇意外創傷事件，使得身體、心理受到重大打擊，接受急重症照護承受死亡的威脅以及身、心理摧殘，失去家庭、社會的正常功能或運作，逢人生低潮階段，適時心理社會支持系統介入，促使倖存者有勇氣地重新振作，改變了自我認知及觀點，創傷經驗獲得自我成長。對於創傷或存活過程的敘說對於創傷後成長而言是重要的，也透過重複敘說，個體可以開放性的了解及深度檢視創傷所帶來的衝擊，以及對生命故事重新構築一個新的結局，在敘說的同時，容易揭露關於事件或個體本身的情緒，也可能促使述說者與支持者之間親密關係的增長。綜合以上的創傷歷程，創傷事件發生，接受心理社會支持系統，促使自我認知改變進而獲得創傷後成長，形成急性創傷經驗軌跡，以及年輕成人性別差異的特質需求。經由認識經驗軌跡及性別需求，可以幫助臨床照護者更能同理創傷個案的處境，提供適切的重症急性照護。

參考文獻

- 李雅玲、陳月枝、林國信(1993)·癌症兒童家庭主要照顧者對支持系統的感受·*護理雜誌*, 40(3), P59 - 69。
- 李明濱、廖士程(1999)·災後壓力症候群·*台灣醫學*, 3(5), P599 - 609。
- 吳慧菁、唐宜楨(2008)·人為性創傷壓力的因應歷程探討·*台灣醫學人文學刊*·9(1、2), P65-87。
- 林耀盛、陳淑惠、洪福建、曾旭民(2005)·差異的聲音:不同性別震災受創者心理社會反應之比較分析·*臨床心理學刊*, 2(1), P31-40。
- 高家常、林佑樺(2016)·癌症病人之創傷後壓力症狀·*護理雜誌*, 63(5), P27 - 32。
- 蔡錚雲.(2006). 現象學心理學的理論與應用: 實徵與詮釋兩種應用模式系譜上的對照. *應用心理學*, 29, 53-69.
- 陳淑真、龔怡文、潘元健、劉于涵(2007)·心理急救操作手冊第二版·台大心理系:台北市。
- 陳淑卿、邱素娥、吳名珠、鄧淑琴、杜素珍、周碧琴(2003)·創傷病患的創傷後反應及其相關因素之前趨性研究·*慈濟護理雜誌*, 2(4), P55-65。
- 常欣怡、宋麗玉(2007)·青少年復原力概念與相關研究之探究·*東吳社會工作學報*, 17期, P171-192。
- 黃俐婷(2003)·專題論述-探討青少年接受到的社會支持·*社區發展季刊*, 103期, P144-156。
- 黃龍杰(2010)·追蹤輔導與精神醫療·災難後安心服務, 張老師文化公司:台北。
- 盧蕙馨、鄺真泉(2016)·宗教療癒的「情入」與「理入」·*輔仁宗教研究*, 32期, P25-70。
- Archer, K. R., Abraham, C. M., & Obremskey, W. T. (2015). Psychosocial Factors Predict Pain and Physical Health After Lower Extremity Trauma. *Clin Orthop Relat Res*, 473(11), 3519-3526. doi:10.1007/s11999-015-4504-6
- Archer, K. R., Castillo, R. C., Wegener, S. T., Abraham, C. M., & Obremskey, W. T. (2012). Pain and satisfaction in hospitalized trauma patients: the importance of self-efficacy and psychological distress. *J Trauma Acute Care Surg*, 72(4), 1068-1077. doi:10.1097/TA.0b013e3182452df5
- Arpawong, T. E., Rohrbach, L. A., Milam, J. E., Unger, J. B., Land, H., Sun, P., . . . Sussman, S. (2016). Stressful Life Events and Predictors of Post-traumatic Growth among High-Risk Early Emerging Adults. *J Posit Psychol*, 11(1), 1-14. doi:10.1080/17439760.2014.994223
- Bass, J., Murray, S. M., Mohammed, T. A., Bunn, M., Gorman, W., Ahmed, A. M., . . . Bolton, P. (2016). A Randomized Controlled Trial of a Trauma-Informed Support, Skills, and Psychoeducation Intervention for Survivors of Torture and Related Trauma in Kurdistan, Northern Iraq. *Glob Health Sci Pract*, 4(3), 452-466. doi:10.9745/ghsp-d-16-00017
- Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., . . . Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychol Med*, 46(2), 327-343. doi:10.1017/s0033291715001981
- Boss, P. (2002). *Family stress management: A contextual approach* (2nd ed.). Thousand Oaks, CA: Sage.
- Boyapati, L., & Wang, H. L. (2007). The role of stress in periodontal disease and wound healing. *Periodontol 2000*, 44, 195-210. doi:10.1111/j.1600-0757.2007.00211.x
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *J Consult Clin Psychol*, 68(5), 748-766.
- Bryant, R. A., Creamer, M., O'Donnell, M., Silove, D., & McFarlane, A. C. (2008). A multisite study of initial respiration rate and heart rate as predictors of posttraumatic stress disorder. *J Clin Psychiatry*, 69(11), 1694-1701.
- Buckner, J. C., Beardslee, W. R., & Bassuk, E. L. (2004). Exposure to violence and low-income children's mental health: direct, moderated, and mediated relations. *Am J Orthopsychiatry*, 74(4), 413-423. doi:10.1037/0002-9432.74.4.413

- Committee on Military Trauma Care's Learning Health System., Its Translation to the Civilian Sector., Board on Health Sciences Policy., Board on the Health of Select Populations., Health, Medicine Division., Board on the Health of Select Populations, Health and Medicine Division., National Academies of Sciences., Engineering & Medicine. (2016). In D. Berwick, A. Downey, & E. Cornett (Eds.), *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*. Washington (DC): National Academies Press (US); 2016 Sep 12.
- Centers of Disease and Prevention (2014). Injury Prevention and Control: Ten Leading Causes of Death and Injury. Retrieved from: <https://www.cdc.gov/injury/index.html>
- Charuvastra, A., & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annu Rev Psychol*, *59*, 301-328. doi:10.1146/annurev.psych.58.110405.085650
- Christian, L. M., Graham, J. E., Padgett, D. A., Glaser, R., & Kiecolt-Glaser, J. K. (2006). Stress and wound healing. *Neuroimmunomodulation*, *13*(5-6), 337-346. doi:10.1159/000104862
- Detillion, C. E., Craft, T. K., Glasper, E. R., Prendergast, B. J., & DeVries, A. C. (2004). Social facilitation of wound healing. *Psychoneuroendocrinology*, *29*(8), 1004-1011. doi:10.1016/j.psyneuen.2003.10.003
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behav Res Ther*, *38*(4), 319-345.
- Ehlers, C. L., Kim, C., Gilder, D. A., Stouffer, G. M., Caetano, R., & Yehuda, R. (2016). Lifetime history of traumatic events in a young adult Mexican American sample: Relation to substance dependence, affective disorder, acculturation stress, and PTSD. *J Psychiatr Res*, *83*, 79-85. doi:10.1016/j.jpsychires.2016.08.009
- Emery, C. F., Kiecolt-Glaser, J. K., Glaser, R., Malarkey, W. B., & Frid, D. J. (2005). Exercise accelerates wound healing among healthy older adults: a preliminary investigation. *J Gerontol A Biol Sci Med Sci*, *60*(11), 1432-1436.
- Faulkner, M., & Davies, S. (2005). Social support in the healthcare setting: the role of volunteers. *Health Soc Care Community*, *13*(1), 38-45. doi:10.1111/j.1365-2524.2005.00526.x
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: tests for correlation and regression analyses. *Behavior Research Methods*, *41*(4), 1149-1160. doi:10.3758/BRM.41.4.1149
- Faul, M., Xu, L., Wald, M. M., & Coronado, V. G. (2010). Traumatic brain injury in the United States: Emergency department visits, hospitalizations and deaths 2002-2006. *Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control*.
- Frances, A. (2011). [Critical evaluation of the first draft of DSM-V]. *Rev Med Suisse*, *7*(282), 398, 400-391.
- Godbout, J. P., & Glaser, R. (2006). Stress-induced immune dysregulation: implications for wound healing, infectious disease and cancer. *J Neuroimmune Pharmacol*, *1*(4), 421-427. doi:10.1007/s11481-006-9036-0
- Gouin, J. P., & Kiecolt-Glaser, J. K. (2012). The impact of psychological stress on wound healing: methods and mechanisms. *Crit Care Nurs Clin North Am*, *24*(2), 201-213. doi:10.1016/j.ccell.2012.03.006
- Guay, S., Billette, V., & Marchand, A. (2006). Exploring the links between posttraumatic stress disorder and social support: processes and potential research avenues. *J Trauma Stress*, *19*(3), 327-338. doi:10.1002/jts.20124
- Guo, S., & Dipietro, L. A. (2010). Factors affecting wound healing. *J Dent Res*, *89*(3), 219-229.

doi:10.1177/0022034509359125

- Guthrie, R. M., & Bryant, R. A. (2005). Auditory startle response in firefighters before and after trauma exposure. *Am J Psychiatry*, 162(2), 283-290. doi:10.1176/appi.ajp.162.2.283
- Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: integrating life-span and family perspectives. *Family Process*, 35(3), 283-298.
- Kleim, B., Grey, N., Wild, J., Nussbeck, F. W., Stott, R., Hackmann, A., Cleark D.M., Ehlers, A. (2013). Cognitive change predicts symptom reduction with cognitive therapy for posttraumatic stress disorder. *J Consult Clin Psychol*, 81(3), 383-393. doi:10.1037/a0031290
- Li, Y., Hou, X., Wei, D., Du, X., Zhang, Q., Liu, G., & Qiu, J. (2017). Long-Term Effects of Acute Stress on the Prefrontal-Limbic System in the Healthy Adult. *PLoS ONE*, 12(1), e0168315. doi:10.1371/journal.pone.0168315
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. *Child Dev*, 71(3), 543-562.
- Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., . . . Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *J Am Acad Child Adolesc Psychiatry*, 43(1), 24-36. doi:10.1097/00004583-200401000-00012
- Morrongiello, B. A., & Dawber, T. (2000). Mothers' responses to sons and daughters engaging in injury-risk behaviors on a playground: Implications for sex differences in injury rates. [*Journal of Experimental Child Psychology*](#), 76(2), 89-103.
- Olf, M. (1999). Stress, depression and immunity: the role of defense and coping styles. *Psychiatry Res*, 85(1), 7-15.
- Rauch, S. L., Shin, L. M., & Phelps, E. A. (2006). Neurocircuitry models of posttraumatic stress disorder and extinction: human neuroimaging research--past, present, and future. *Biol Psychiatry*, 60(4), 376-382. doi:10.1016/j.biopsych.2006.06.004
- Rivara, F. P., Mackenzie, E. J., Jurkovich, G. J., Nathens, A. B., Wang, J., & Scharfstein, D. O. (2008). Prevalence of pain in patients 1 year after major trauma. *Arch Surg*, 143(3), 282-287; discussion 288. doi:10.1001/archsurg.2007.61
- Schumm, J. A., Briggs-Phillips, M., & Hobfoll, S. E. (2006). Cumulative interpersonal traumas and social support as risk and resiliency factors in predicting PTSD and depression among inner-city women. *J Trauma Stress*, 19(6), 825-836. doi:10.1002/jts.20159
- Selye, H. (1974). *Stress without distress*. New York: The New American Library.
- Stanley, K. J. (2002). The healing power of presence: Respite from the fear of abandonment. *Oncology Nursing Forum*, 29(6), 935-940.
- Shin, L. M., & Handwerker, K. (2009). Is posttraumatic stress disorder a stress-induced fear circuitry disorder? *J Trauma Stress*, 22(5), 409-415. doi:10.1002/jts.20442
- Singh, A., Tetreault, L., Kalsi-Ryan, S., Nouri, A., & Fehlings, M. (2014). Global incidence and prevalence of spinal cord injury. *Clinical Epidemiology*, 6, 309-331.
- Suliman, S., Troeman, Z., Stein, D. J., & Seedat, S. (2013). Predictors of acute stress disorder severity. *J Affect Disord*, 149(1-3), 277-281. doi:10.1016/j.jad.2013.01.041
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: measuring the positive legacy of trauma. *J Trauma Stress*, 9(3), 455-471.
- Tilden, V. P., & Weinert, C. (1987). Social support and the chronically ill individual. *Nurs Clin North Am*, 22(3), 613-620.
- Vodovotz, Y. (2014). Computational modelling of the inflammatory response in trauma, sepsis and wound

- healing: implications for modelling resilience. *Interface Focus*, 4(5), 20140004.
doi:10.1098/rsfs.2014.0004
- Waldram, J. B. (2013). Transformative and restorative processes: revisiting the question of efficacy of indigenous healing. *Med Anthropol*, 32(3), 191-207. doi:10.1080/01459740.2012.714822
- Warner, L. M., Gutierrez-Dona, B., Villegas Angulo, M., & Schwarzer, R. (2015). Resource loss, self-efficacy, and family support predict posttraumatic stress symptoms: a 3-year study of earthquake survivors. *Anxiety Stress Coping*, 28(3), 239-253. doi:10.1080/10615806.2014.955018
- Walsh, F. (2002). A family resilience framework: innovative Innovative practice applications. *Families Relations*, 51(2), 130-137.
- Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford Press.
- Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: a necessary step in improving research, intervention, and practice. *Qual Health Res*, 14(7), 942-960.
doi:10.1177/1049732304266997
- Zhang, W., Liu, H., Jiang, X., Wu, D., & Tian, Y. (2014). A longitudinal study of posttraumatic stress disorder symptoms and its relationship with coping skill and locus of control in adolescents after an earthquake in China. *PLoS ONE*, 9(2), e88263. doi:10.1371/journal.pone.0088263

科技部補助專題研究計畫出席國際學術會議心得報告

日期：107 年 04 月 26 日

計畫編號	MOST 106-2629-B-016-001-		
計畫名稱	從探討接受加護照護之創傷病人經驗的性別差異來發展適性的心理社會介入措施		
出國人員姓名	廖珍娟	服務機構及職稱	國防醫學院護理學系教授
會議時間	107 年 4 月 18 日 至 107 年 4 月 20 日	會議地點	印尼日惹
會議名稱	(中文)第三屆亞洲護理教育大會 (英文)The 3 rd Asian Congress in Nursing Education (ACiNE)		
發表題目	(中文)探討臨終關懷教育介入對加護病房護理人員對“不接受急救(DNR)”的知識與態度之影響成效 (英文)Effects of an Educational Intervention Program on ICU Nurses' Moral Distress, Attitudes and Behaviors		

一、參加會議經過

個人非常榮幸能獲得科技部的補助能參與由台灣護理教育學會與亞州國家所舉辦的第三屆亞洲護理教育國際研討會議，這次會議於印尼日惹舉行，來自十幾個國家，大約有將近 500 位來自台灣、泰國、日本、印度尼西亞、菲律賓、柬埔寨、越南、澳大利亞、土耳其、英國、韓國、中國等國家的護理人員及研究者及學生及護理教育者參與此次的盛會；此次台灣共有約 111 位自各大醫學中心及學校之護理人員及研究者及學生及護理教育者參加此次的會議，是僅次於印尼與會第二多的國家。此次會議主要主題是：「優化跨專業教育以改善臨床教育品質」。隨著醫療衛生發展成為高度涉及跨專業程序的實踐，更多的關注焦點集中在那些能夠在醫療保健方面實現有效團隊合作的要素，以及醫療保健領域成功的團隊合作所面臨的障礙。在護理系學生學習的階段就引入團隊合作環境，在學校的生活中將會非常有益。亞洲護理教育大會是在亞洲地區舉辦的兩年一度的大會。此次大會首次在馬西多爾大學護理系舉行，第二屆

ACiNE 在台灣成功大學舉行。前兩屆大會都非常成功。此次大會由印尼 **Gadjah Mada University School of Nursing & Faculty of Medicine** 所主辦。這是一個很好的機會，護理系學生、護理研究人員、護理教育工作者、臨床護理人員，及護理管理人員分享護理領域的教育知識和當前改善教育及臨床照護品質的策略。

第一天的早上完成報到後，我們與便積極與其他國家的與會者交流互動，大會的主辦學校對臺灣護理人員及教育者的積極參與此次國際會議深表感動，足見臺灣護理人員對政府南向政策的支持與努力。我們的熱誠參與更提升臺灣護理的國際能見度。接著便是精采的開幕典禮，由 **Gadjah Mada University, School of Nursing** 學生所表演具有印尼文化風味的舞蹈，學生動作一致且熟練且優美，非常令人感動的表演，這些表演的學生顯然是經過良訓練的，非常可愛，他們的表演很努力與認真是值得我們學習的，接著便是精彩的演講，主題皆以跨專業的教育與合作為主軸。

大會主題「優化跨專業教育以改善臨床教育品質」，所謂的跨專業教育(Inter-professional education, IPE)是指教育者或學習者是來自兩個或以上的健康專業一起來創造或培育合作式的學習，IPE 是指學生不會在孤島中工作及學習。跨專業教育的共同目標主要是發展知識、態度與技能已培養跨專業的行為或能力。國際護理師學會的執行長 Professor Thomas Kearns 則針對如何教導團隊一起改善臨床實務和病人的結果，How can they work together if they don't learn together。跨專業教育的挑戰如：適當的課程或經驗以準備能團隊合作且能在不同型態的文化環境中工作；依賴虛擬及實驗室教學策略的程度而取代了直接的臨床實習，爭取護理師的 Internship 與豐富的資料使醫療團隊能夠考慮採取些單位或組織層次的行動/措施改善病人的經驗，促進持續性的品質改善。另外則是提到全球跨專業教育的趨勢與機會，跨專業教育的宗旨是尊重和尊嚴，有六大原則：協作、公正、以團體為基礎、以經驗為基礎、以反思為基礎、以實務為導向。每個人都應學習跨專業的教育。焦點在能力的跨專業領域教育如：團隊工作、溝通、角色與責任、學習與反思、了解病人得、倫理實務。跨專業教育鼓勵學生 Teaching each other, working each other and learning each other。強化整合式的照顧

培養學生彼此尊重，所謂的整合式的照顧集中在個體、家庭及社區、用戶主導的敘述和護理目的、衛生服務功能和變化管理定位。所謂的尊重是受到尊重，願意以同樣的方式及態度對待別人，有顧慮別人的感受，尊嚴的對待一個人。有效團隊的產生不是偶然，而需要仔細規劃與訓練。跨專業合作模式(Model for Inter-professional Cooperation)包括共同的願景、共同的目標、尊重、信任、有效的領導及衝突解決的機轉。

會議的第二天我的海報展示，主題是「探討臨終關懷教育介入對加護病房護理人員對“不接受急救 (DNR)”的知識與態度之影響成效」。加護病房護理人員面臨了許多照護臨終重症病患的機會，而常面臨的倫理困境就是要說服家屬簽署不施行心肺復甦術(do-not-resuscitate, DNR)的同意書，幫助家屬了解不施行心肺復甦術是為了減輕臨終病患因急救所遭受身、心、靈的傷害。近年來由於安寧緩和醫療條例的施行，促使加護病房執行 DNR 醫囑的趨勢日益增加。加護病房護理人員在照顧這些生命面臨威脅的病患時，從治療甚至到死亡，常常經歷到道德的痛苦，然而護理人員對 DNR 的認知與態度影響對 DNR 病患的護理品質。本研究發展了臨終關懷訓練方案，研究目的主要了解目前加護病房護理人員對不施行心肺復甦術的知識、態度之情形；並評值這個教育介入方案對加護病房護理人員對不施行心肺復甦術認知與態度之影響成效。研究採用類實驗性研究設計，分別以護理人員的基本資料表、加護病房護理人員對不施行心肺復甦術之認知、態度之問卷測量。研究結果發現教育介入前，護理人員對不施行心肺復甦術之認知不足，平均得分 12.05 分，答對率為 62.56%；在「對照顧不施行心肺復甦術病患態度」方面，以談論 DNR 態度最低，平均值為 3.27 分；在「對不施行心肺復甦術態度」方面，以照顧生理態度最高，平均值為 4.46 分。在教育介入後，實驗組對不施行心肺復甦術之認知、對照顧不施行心肺復甦術病患之態度與對不施行心肺復甦術之態度皆有顯著提升($F=66.36, p<.01$; $F=19.65, p<.01$; $F=37.73, p<.01$)。研究結果顯示本教育介入成效良好。研究結果顯示教育介入之內容對加護病房護理人員的認知和態度的提升具有顯著成效，值得做為學校教育和在職教育之參考。我的海報展示順利，引發其他學者的討論，問及此教育介入的內容及教學策略。

我也詳加陳述；此外，也看看其他學者的研究，理解最新的教育趨勢及教學策略。

二、與會心得

連續三天的會議我有很多的學習與感動。藉由參與此次的護理教育國際研討會，我們跟印尼及其他東南亞國家有更多的互動與交流，讓台灣的護理專業再次地在國際舞台散發出閃亮的光芒，也提升了台灣在東南亞的國際能見度，除了展現我們的護理專業水準，吸引更多的東南亞護理系學生來就讀台灣的護理學程之外，也跟東南亞國家的護理學者，特別是印尼有更深的互動及討論未來的合作，我們藉由護理專業的討論，與來自十幾個國家的學者建立友誼，互留名片，並且讓這些國家的學者看見台灣。此外我們也更進一步的了解印尼的文化及民族特性。這些年來有愈來愈多學生來台灣就讀碩士或博士，這是非常好的現象，教育他們的過程中，我們也對他們產生更深的影響，藉由師生關係，我們也拉近彼此的關係。教育的功能及影響遠超乎我們所能想像。而這也促進政府的南向政策。這次大會的主題非常強調實證轉譯，及研究、教育、臨床實務間的連結。這也顯示東南亞國護理教育學會的重視護理研究、護理教育及臨床實務及護理領導者與教學者的培訓與成長。此次大會不論是海報或口頭報告皆努力實現國際榮譽護理學會的願景與使命提供研究、教育、臨床實務的領導與學術增進全球民眾的健康目標。同時也彰顯出東南亞護理專業團體共同努力的目標「優化跨專業教育以改善臨床教育品質」，藉由跨專業教育增進跨專業的合作，提升護理的成效與品質，是值得我們學習的使命與責任。

三、發表論文全文或摘要

「探討臨終關懷教育介入對加護病房護理人員對“不接受急救 (DNR)”的知識與態度之影響成效」摘要：

Effects of an Educational Intervention Program on ICU Nurses' Moral Distress, Attitudes and Behaviors

Luke Yang¹, Jen-Jiuan Liaw^{2*}, Ya-Chi Chen³

The purposes of this study include: (1) testing the clinicians' knowledge and attitude toward to DNR; (2) designing a continuing educational program that can fits the ICU characteristics and the needs of clinicians; (3) evaluate the effects the educational intervention on clinicians' knowledge and attitude toward to DNR.

The study adopted two groups pretest-posttest quasi- experimental design. The structured questionnaires were administered to 200 nurses who work in the ICU and met the sample criteria. From 2013/02/15 to 2014/08/20, data were collected from five military hospitals. There were total 153 nurses responded to the questionnaires. Participants were randomized into two groups. The control group consisted of 78 nurses, and the experimental group consisted of 75 nurses. After the pretest trial, the experimental group participated in a five-hour educational program and received a posttest two weeks later.

The results showed that before the educational intervention, nurses are lack of knowledge about DNR, with an average score of 12.05 points, correct response rate was 62.56%. In the “attitude toward the care for DNR patients”, discussion about DNR the lowest average is 3.27 points. For the "DNR attitudes", the score of taking care of physical attitude is the highest, the average score is 4.46 points. After educational intervention, the score of DNR knowledge, DNR attitudes, and care for DNR patients increased obviously ($F=66.36, p<.01$; $F=19.65, p<.01$; $F=37.73, p<.01$), which meant that the educational intervention is effective.

Overall, the contents of the educational intervention significantly improve the nurses' knowledge and attitudes in DNR. It is worth enrolling the concept into the continuing educational program for ICU nurses.

四、建議

與這次的大會，期望除了分享自己在護理研究、教育、臨床實務的成果與經驗之外，還能汲取其他學者教育、臨床實務的研究經驗，並了解最新的護理教育研究趨勢，朝向更高品質的護理標準而努力，使國內護理教育的發展能超越國際的水準，以改善

國人的照護品質與健康，增進社會的福祉。護理教育在積極蓬勃的發展之中，各個國家皆有一群人致力於護理教育及發展相關研究，參與此次大會，收穫與受益良多，建議：

1. 積極發展「護理教育相關研究」的知識與實證融入各科護理專業教育與實務教學中。
2. 國內應培育新的教育者走入「護理研究、教育、臨床實務」的領域，承擔建構知識及轉譯「護理實證」於護理教學中，提升病人之照護品質。
3. 指導護理同仁發展論文「護理教育」相關研究發展，鼓勵本學院老師及學生積極參與國際研討會，增進台灣的國際能見度。
4. 努力展現「護理教育的成果」，讓其他學科能看見護理專業的進步與不可取代性。
5. 積極成立國際護理學程，招收印尼及東南亞的護理系學生，以增強各校的招生人數，尤其在少子化的今天，各校招生人數漸減，若能增加國際護理學程招收東南亞之外籍學生，將可以培育更多專業人才，擴展我的服務範圍。
6. 為節省各校師資及人力，建議北、中、南各辦一所國際護理學程，北區各校合作開課，每個課程由各校教師分攤授課，以減輕各校的教學負荷。且能集中教導國際學生，增加國際學生的人數與學習成效。

五、攜回資料名稱及內容

(一)大會議程:

Pre Conference Workshop

Time (GMT+7)	Agenda	Topic	Speaker
12.00 – 13.00	Registration		
13.00 – 16.00	Workshop 1	“Drama in Education”	University of Gothenburg, Sweden Prof. Margret Lepp
	Workshop 2	Developing evidence Based Practice (EBP) into nursing curriculum	NCKU, Taiwan Prof. Hsing-Mei, Chen, PhD, RN
	Workshop 3	Breastfeeding: How to translate health policy to nursing curriculum" (Learn and share)	Mahidol University
	Workshop 4	Developing IPE in clinical rotation	UGM



Day 1st, April 18 2018

Time (GMT+7)	Agenda	Speakers	Moderator/PIC
07.30 – 08.00	Registration		
08.00 – 08.15	Opening Remarks & Safety Breaking		
08.15 – 08.40	Welcoming Speech & Opening remarks	1. Chief of Seminar 2. AINEC 3. Rector UGM 4. Ministry of Higher Education and Technology	
08.40 – 09.00	Cultural Performances	Golek Ayu Dance Saman Dance	
09.00 – 09.15	Parade	Representation from each countries	
09.15 – 09.45	<i>Key note Speech</i>	Prof. Ali Ghufroon (Ministry of Research, Technology and Higher Education, Indonesia)* “Optimizing Inter-Professional Education to improve health care quality”	
09.45 – 10.00	Coffee Break		
10.00 – 10.30	<i>Keynote speaker 2</i>	Prof. Thomas Kearns (ICN co-president, Ireland) “Teaching the team together to improve practice and patients outcomes”	Prof. Nai-Ying Ko, PhD, RN(NCKU)



Time (GMT+7)	Agenda	Speakers	Moderator/PIC
10.30 – 11.00	<i>Keynote speaker 3</i>	Prof. Ikuko Sakai (Chiba University, Japan) “Globalisation of Inter-professional Education Program: Trends and Opportunities”	
11.00 – 11.10	Discussion		
Plenary Session I: Preparing the students for inter-professional education			
11.10 – 11.30	Speaker 1	dr. Gandes Retno Rahayu, M.Med.Ed., Ph.D (Universitas Gadjah Mada, Indonesia) “Building Longitudinal Curriculum for Undergraduate Health Care Provider”	Moderator: Dr. Sunida (Chulalongkorn University)
11.30 – 11.50	Speaker 2	Prof. Huang, Mei-Chih, PhD, RN (NCKU, Taiwan) “Lesson learned from NCKU in preparing the students for inter-professional education”	
11.50 – 12.10	Speaker 3	Dr. Fiona Cuthill (University of Edinburgh, UK) “Optimizing Interprofessional Education at the University of Edinburgh to Improve Health Care Quality”	
12.10 – 12.30	Speaker 4	Prof. Elly Nur Rachmah, MSc.,DN.Sc (Universitas Indonesia, Indonesia) “Building a good networking to support IPE/IPC”	
12.30 – 12.40	Discussion session		
12.40 – 13.30	Lunch		
Plenary Session II: Lesson learned from countries to countries			
13.30 – 13.50	Speaker 1	Assoc.Prof Kristina Rossengren (University of Gothenberg, Sweden) “Supporting “two-getherness”: Assumption for nurse managers working in a shared leadership model”	Moderator Prof. Wang, Jing Jy, PhD, RN (NCKU)
13.50 – 14.10	Speaker 2	Prof. Yajai Sitthimongkol, RN, PhD. (Mahidol University, Thailand)	

Time (GMT+7)	Agenda	Speakers	Moderator/PIC
14.10 – 14.30	Speaker 3	Ns. Yufitriana Amir., MSc., PhD (Universitas Riau, Indonesia) “Team work and family centered care on paediatric nursing”	
14.30 – 14.50	Speaker 4	Arum Pratiwi, S.Kp., M.Kes., Ph.D (Universitas Muhammadiyah Surakarta, Indonesia) “Interprofessional Education on a medical surgical course in the class setting”	
14.50 – 15.00	Discussion session		
15.00 – 15.15	Coffee Break		
15.15 – 15.45	Poster Presentation 1	Every poster presenter should present at the poster display	
15.45 – 17.30	Paralel Session I	Every oral presenter should present in 15 minutes (Including Q&A)	
18.00 – 22.00	CLOSED DOOR MEETING(ASIAN PACIFIC ALLIANCE OF NURSING EDUCATION)		

Day 2nd, 19 April 2018

Time (GMT+7)	Agenda	Speakers	PIC
07.30 – 08.00	Registration		
08.00 – 08.10	Opening		MC
08.10 – 08.40	Keynote speaker 1	Prof. Lian-Hua Huang, RN, PhD, FAAN (ICN Board Member, Taiwan) “The Role of nursing institution in inter-professional education/collaboration to Support Health Care Reform”	Moderator: Prof. Suryani (UNPAD)
08.40 – 09.10	Keynote speaker 2	Prof. Myrra Vernooij-Dassen (Radboud University, The Netherland) “Starting the collaboration from young: nurturing respect among healthcare profession students”	
09.10 – 09.20	Discussion session		

09.20 – 09.45	Coffee Break		
Symposium I: Innovative strategies to create an innovative and interactive IPE program: integrate basic and clinical sciences (Kasultanan 2 Room)			
09.45 – 10.05	Speaker 1	Assoc. Prof. Pol. Capt. Dr. Yupin Aunguroch (Chulalongkorn University, Thailand) “Progress and challenge of nursing education for global community”	Moderator: Prof. Chen, Ching-Min (NCKU)
10.05 – 10.25	Speaker 2	Dr. Sigit Mulyono, S.Kp., MN (Universitas Indonesia, Indonesia) “Transferring from Classroom to hospital: IPE in Universitas Indonesia”	
10.25 – 10.45	Speaker 3	Ns. Fatikhu Yatuni Asmara, M.Sc (Universitas Diponegoro, Indonesia) “Lesson learned from Implementation of interprofessional education (IPE) in community setting in Medical Faculty, Diponegoro University”	
10.45 – 11.05	Speaker 4	Kusman Ibrahim, S.Kp., MNS, Ph.D (Universitas Padjajaran, Indonesia) “The implementation of transformative Nursing Education in Universitas Padjajaran to support the achievement of Healthy Indonesia 2015”	
11.05 – 11.25	Speaker 5	Setiawan, S.Kp., MSc., Ph.D (Universitas Sumatera Utara, Indonesia) “Integrating Caring Science into Undergraduate Nursing Curriculum: A Journey of Combining Science and Art in Nursing”	
11.25 – 11.45	Discussion Session		
Symposium II: Developing multidisciplinary course (Kasultanan 3 room)			
09.45 – 10.05	Speaker 1	Prof. Wen Yu Hu (National Taiwan University, Taiwan) “Developing a palliative course in ASIAN Countries”	Moderator: Dr. Wan I Dewi (UNRI)
10.05 – 10.25	Speaker 2	Dr. Muhammad Hadi, SKM., M.Kep (Universitas Muhammadiyah Jakarta, Indonesia)	



		“Collaboration enhancement between hospital and educational institutions in the achievement of nurses competence”	
10.25 – 10.45	Speaker 3	”Dr. Christantie Effendy, S.Kp., M.Kes (Universitas Gadjah Mada, Indonesia) Involving Multidisciplinary Palliative care course into curriculum”	
10.45 – 11.05	Speaker 4	Prof. Josefina Tuazon (University of Philipines)	
11.05 – 11.25	Speaker 5	Dr.dr. Wiwik Kusumawati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia) “Interprofessional Education and Patient Safety: A challenge in Health Profession”	
11.25 – 11.45	Discussion Session		
11.45 – 13.00	LUNCH		
13.00 – 14.30	Paralel Session II	Every oral presenter should present in 15 minutes (Including Q&A)	
14.30 – 15.00	Poster Presentation	Every poster presenter should present at the poster display	
15.00 – 15.30	Coffee Break		
15.30 – 17.00	Paralel Session III	Every oral presenter should present in 15 minutes (Including Q&A)	
17.00 – 18.00	Free time		
18.00 – 19.30	GALA DINNER		
19.30 – 22.00	Cultural Performance		

Day 3rd, 20 April 2018

Time (GMT+7)	Agenda	Speakers	Moderator/PIC
07.30 – 08.00	Registration		
08.00 – 08.10	Opening		MC
08.10 – 08.40	Keynote speaker 1	Karen Dunn Lopez, Ph.D, MPH., RN (University of Illinois at Chicago, USA) “Innovations in Health Education- Applying Team	Prof. Huang Mei-Chih



Time (GMT+7)	Agenda	Speakers	Moderator/PIC
		Based Learning Methods using communication and Information Technologies”	
08.40 – 09.10	Keynote speaker 2	Prof. Achir Yani (AINEC) “Inter-professional Collaborative Practice: Opportunities and challenge”	
09.10 – 09.30	Discussion session		
09.30 – 09.45	Coffee Break		
Plenary Session III: Putting teamwork into practice: opportunities and challenges			
09.45 – 10.05	Speaker 1	Prof. Fan-Hao Chou, Ph.D (TANE- Taiwan) “Interprofessional Education (IPE) and Interprofessional Collaboration (IPC) in healthcare: lesson learned from TANE”	Moderator: Dessie Wanda, S.Kp., MN., Ph.D (UI)
10.05 – 10.25	Speaker 2	Dr. Koy Virya, RN, MNSc., MHPEd. (Cambodia) “Interprofessional Education (IPE) and Interprofessional Collaboration (IPC) in healthcare: lesson learned from Cambodia	
10.25 – 10.45	Speaker 3	Ns. Asniar, M.Kep., SP.Kom., Ph.D (Universitas Syiah Kuala, Indonesia) “Strengthening community resilience toward disaster and conflict through a multi-sectoral collaboration: Lesson learned from Aceh”	
10.45 – 11.00	Discussion session		
11.00 – 11.20	Closing Speech	Direction for future: Prof. Susan Fetzer (University of Hampshire, USA) “Simulation: Preparing for the Future”	Moderator: Ariani Arista Putri Pertiwi, S
11.20 – 12.00	Award		
	Closing remarks (AINEC)		
12.00 – 13.00	LUNCH		

Oral Presentation: Session I

Day 1st, 18 April 2018

16.00 - 17.30

Room 1: Kasultanan 1 (2nd floor)	Room 2: Kasultanan 2 (2nd floor)
O1.01 Nursing Education Moderator: Joko Gunawan, S.Kep.,Ns., PhD (c) O1.01.01 Hsiu-Fang Hsieh O1.01.02 Pham Thi Phuong Thao O1.01.03 Chen-yu Lin O1.01.04 In Sook Park O1.01.05 Narumi IDE O1.01.06 Hwey-Fang Liang	O1.02 Nursing Education Moderator: Prof. Margret Lepp, RN, RNT, Ph.D O1.02.01 Henik Tri Rahayu O1.02.02 Maria Pujiastuti O1.02.03 Alfid Tri Afandi O1.02.04 Shinobu Okada O1.02.05 Wen-Xiang Chen O1.02.06 Iqbal Pramukti
Room 3: Trajumas 1 (2nd floor)	Room 4: Trajumas 2 (2nd floor)
O1.03 Medical Surgical Nursing Moderator: Assist. Prof. Ruttanaporn Kongkar O1.03.01 Hsiao-Yu Chen O1.03.02 Suthida Nakhornriab O1.03.03 Supattra Seesanea O1.03.04 Dian Hudiyawati O1.03.05 Muhamad Zulfatul A'la O1.03.06 Masroni	O1.04 Medical Surgical Nursing Moderator: Ns. Bayhakki, M.Kep., Sp.KMB., Ph.D O1.04.01 Ni Made Manik Elisa Putri O1.04.02 Beti Kristinawati O1.04.03 Anche Siallagan O1.04.04 Ni Made Merlin O1.04.05 PattarakanWithatanang O1.04.06 Pi-Chen Chang
Room 5: Pasewakan 1 (2nd floor)	Room 6: Pasewakan 2 (2nd floor)
O1.05 Emergency and critical care nursing Moderator: Fitri Arofiati, S.Kep., Ns., MAN., Ph.D. O1.05.01 Kurnia Putri Yuliandari O1.05.02 Azam David Saifullah O1.05.03 Mei-Lin Hsieh O1.05.04 Pei-Fei Fu	O1.06 Pediatric Nursing Moderator: Dr. Allenidekania, S.Kp., MSc. O1.06.01 Pao-Yu Lin O1.06.02 Hikmi Muharromah Pratiwi O1.06.03 Chia-Jung Chen O1.06.04 Chun Chi Huang O1.06.05 Gst Kade Adi Widyas Pranata O1.06.06 Lely Lusmilasari
Room 7: Pemandangan 1 (8th floor)	Room 8: Pemandangan 2 (8th floor)
O1.07 Community Nursing Moderator: Asst. Prof. Dr. Sunida Preechawong O1.07.01 Satoko Suzuki O1.07.02 Anak Agung Istri Wulan Krisnandari O1.07.03 Apyradno Jose Al Freadman Koa O1.07.04 Asnidar O1.07.05 Ya-Hsuan Lo O1.07.06 Arif Rahman Hakim	O1.08 Family Nursing Moderator: Agus Setiawan, S.Kp., M.N., D.N. O1.08.01 Tantut Susanto O1.08.02 Sugiharto O1.08.03 Shih-Chun Lin O1.08.04 Farhah Kamilah O1.08.05 Siti Rahmalia O1.08.06 Nurul Huda
Room 9: Pemandangan 3 (8th floor)	Room 10: Pemandangan 4 (8th floor)
O1.09 Nursing Management Moderator: Dewi Elizadiani Suza, S.Kp, MNS, Ph.D O1.09.01 Dian Anggriyanti O1.09.02 Anita Sri Gandaria O1.09.03 Dyna Elvina Saragih O1.09.04 Stephanie Dwi Guna O1.09.05 Seher Basaran	O1.10 Disaster Nursing Moderator: Syahirul Alim, S.Kp., M.Sc., Ph.D O1.10.1 Misako Miyazaki O1.10.2 Okki Dhona Laksmita O1.10.3 Cut Husna O1.10.4 Rachmalia O1.10.5 Sri Warsini

Oral Presentation: Session II

Day 2nd, 19 April 2018

13.00 - 14.30

Room 1: Kasultanan 1 (2nd floor)	Room 2: Kasultanan 2 (2nd floor)
O2.01 Nursing Education Moderator: Dr. Koy Virya, RN, MNsc., MHPed. O2.01.01 Lin Yong-Zih O2.01.02 Rr. Sri Endang Pujiastuti O2.01.03 Sri Mulyani O2.01.04 Budi Satria O2.01.05 Seher Basaran Acil O2.01.06 Elisabeth Isti	O2.02 Nursing Education Moderator: Catarina W Gustafsson, Ph.D., RN O2.02.01 Izumi USUI O2.02.02 Fang-yu Cha O2.02.03 Ahmad Rifai O2.02.04 Susanna H Arveklew O2.02.05 Su-Fen Cheng O2.02.06 Li-Chun Hsiao
Room 3: Trajumas 1 (2nd floor)	Room 4: Trajumas 2 (2nd floor)
O2.03 Medical Surgical Nursing Moderator: Haryani S.Kp., M.Kes., Ph.D O2.03.01 Denny Ruku O2.03.02 I Made Kariasa O2.03.03 Arina Maliya O2.03.04 Shu-Chen Su O2.03.05 Jutaporn Srijun O2.03.06 Lee-Chin Ting	O2.04 Medical Surgical Nursing Moderator: Abdu Rahman Kamil, S.Kep., Ns., MSc O2.04.01 Nana Supriyatna O2.04.02 Yu-Chen Jheng O2.04.03 Su-Hui Hu O2.04.04 Chun-Hou Huang O2.04.05 Yani Sofiani O2.04.06 Teuku Samsul Bahri
Room 5: Pasewakan 1 (2nd floor)	Room 6: Pasewakan 2 (2nd floor)
O2.05 Maternity Nursing Moderator: Assist. Prof. Pornnapa Tangsuksan O2.05.01 Ya-Lin Fu O2.05.02 Piyaporn Lahfahroengron O2.05.03 Sumarmi Arief O2.05.04 Ida Ayu Ningrat Pangruating Diyu O2.05.05 Widyawati O2.05.06 Wenny Artanty Nisman	O2.06 Pediatric Nursing Moderator: Henny S Mediani, S.Kp., M.Ng., Ph.D O2.06.01 Imam Martono (Rusana) O2.06.02 Sri Hartini O2.06.03 Chollada Jongsomjitt (Waraporn Chaiyawat) O2.06.04 Imelda (Nova Fajri) O2.06.05 Nyimas Heny Purwati O2.06.06 Desiyani Nani
Room 7: Pemandangan 1 (8th floor)	Room 8: Pemandangan 2 (8th floor)
O2.07 Community Nursing Moderator: Ns. Elly Wardani S.Kep., Ns., M.S., Ph.D O2.07.01 Parpatsorn Pimpasan O2.07.02 Baithesda O2.07.03 Sulastri O2.07.04 Dita Hanna Febriani O2.07.05 Lestari Lorna Lolo	O2.08 Psychiatric Nursing Moderator: Ns. Nurullya R, S.Kep., M.Kep., Sp.Kom O2.08.01 Gebi Nurhayati O2.08.02 Hsiao-Tan Chiu O2.08.03 Ian Ruddy Mambu O2.08.04 Lin-May Hong O2.08.05 Farrahdilla Hamzah O2.08.06 Scott Brunero
Room 9: Pemandangan 3 (8th floor)	Room 10: Pemandangan 4 (8th floor)
O2.09 Nursing Management Moderator: Ariani Arista PP, S.Kep., Ns., MAN., DNP. O2.09.01 Arpina Fajarnita O2.09.02 Delly Tunggal Febri Suryanto O2.09.03 Cut Maria Veriana O2.09.04 Chairul Munir O2.09.05 Siwi Sri Widhowati O2.09.06 Happy Indah Kusumawati	Transcultural Nursing O2.10 Moderator: Dr. Titih H, S.Kep.,Ns., M.Kep., Sp.Kom O2.10.01 Enie Novieastari O2.10.02 Dessie Wanda O2.10.03 Christine Sommers O2.10.04 Fransiskus Xaverius Widianoro O2.10.05 Arum Pratiwi

Oral Presentation: Session III

Day 2nd, 19 April 2018

15.30 - 17.00

Room 1: Kasultanan 1 (2nd floor)	Room 2: Kasultanan 2 (2nd floor)
03.01 Nursing Education Moderator: Dr. Wan Nishfa Dewi, S.Kp., M.Ng. 03.01.01 Siti Lestari 03.01.02 Yakobus Siswadi (Grace Solely Houghty) 03.01.03 Haryani 03.01.04 Christine Sommers 03.01.05 Deby Kristiani Uligraff 03.01.06 Shiah-Lian Chen	03.02 Nursing Education Moderator: Dessie Wanda, S.Kp., M.N., Ph.D 03.02.01 Seher Basaran 03.02.02 Shanti Farida Rachmi 03.02.03 Rr. Tutik Sri Hariyati 03.02.04 Shanti Wardaningsih 03.02.05 Ari Pristiana Dewi 03.02.06 Arie J. Pitono
Room 3: Trajumas 1 (2nd floor)	Room 4: Trajumas 2 (2nd floor)
03.03 Medical Surgical Nursing Moderator: Abdu Rahman Kamil, S.Kep., Ns., MSc 03.03.01 Benyapa Prompuk 03.03.02 Anggi Lukman Wicaksana 03.03.03 Sri Utami 03.03.04 Agni Laili Perdani 03.03.05 Yulia Rizka	03.04 Palliative care Moderator: Erna R, S.Kp., MNsc., M.Med.Ed., Ph.D. 03.04.01 Chutima Junsomkoy 03.04.02 Nuzul Sri Hertanti 03.04.03 Ni Putu Wulan Purnama Sari 03.04.04 Berlian Kusuma Dewi 03.04.05 Sri Setiyarini 03.04.06 Wahyu Dewi Sulistyarini
Room 5: Pasewakan 1 (2nd floor)	Room 6: Pasewakan 2 (2nd floor)
03.05 Maternity Nursing Moderator: Assistant Prof. Dr. Parnnarat Sangperm 03.05.01 Suphaphan Chansiri 03.05.02 Wiwin Lismidiati 03.05.03 La-Ongdao Wannarit 03.05.04 Darmawati 03.05.05 Anggorowati 03.05.06 Mei-Chin Wang	
Room 7: Pemandangan 1 (8th floor)	Room 8: Pemandangan 2 (8th floor)
03.07 Community Nursing Moderator: Prof. Misako Miyazaki, RN, PHN, Ph.D 03.07.01 Kamollabhu Thanomsat 03.07.02 I Putu Athia Alit Artawan 03.07.03 Abi Muhlisin 03.07.04 Ching-Min Chen 03.07.05 Fithria 03.07.06 Arneliwati	03.08 Psychiatric Nursing Moderator: Roxsana DT S.Kep., Ns.,M.Nurs(MntlHlth) 03.08.01 Ya-Ching Wang 03.08.02 Fardelin Hacky Irawani 03.08.03 Putri Mayasari (Noraliyatun Jannah) 03.08.04 Dhea Natasha 03.08.05 Totok Harjanto
Room 9: Pemandangan 3 (8th floor)	
03.09 Nursing Management Moderator: Setiawan, S.Kp, MNS, Ph.D 03.09.1 Joko Gunawan (Yupin Aunguroch) 03.09.2 Elly Wardani 03.09.3 Bejo Utomo 03.09.4 Pattaramon Tubsoongnoen 03.09.5 Hanny Handiyani 03.09.6 Kuei-Lin Liao	03.10 Basic Nursing Moderator: Ns. Yufitriana A S.Kep.,M.Sc., Ph.D(Fisqua) 03.10.1 Wan-Tzu Chang 03.10.2 Yen Fan Lee (Chia Yi Lu) 03.10.3 Kathyrine A Calong Calong (Gil P. Soriano) 03.10.4 Jong-Ni Lin 03.10.5 Aiyub Ilyas 03.10.6 Bayu Fandhi Achmad

POSTER PRESENTATION

Day 1st, 18 April 2018

15.30 - 16.00

Nursing Education

P1.001 Hui-Lin Sun

P1.002 Chia-Ling Hou

P1.003 I-Teng Wang, presenting author: Hsing-Yuan Liu

P1.004 Pao Yu Wang

P1.005 Dicky Endrian Kurniawan

P1.006 Candra Kusuma

P1.007 Pay-Fan Lin

P1.008 Siti Na'imah

P1.009 Mei-Lin Hsieh

P1.010 Dzakiyatul Fahmi Mumtaz

P1.011 Aulia Hanif

P1.012 Yueh-Ying Yang

P1.013 Hui-Ling Lai

P1.014 Mei-Yin Liu

P1.015 Yen-HUI Wang

P1.016 Hsiu-Chen Yeh

P1.017 Wan-Ju Chien

P1.018 Mei Li Tsai

P1.019 Tsui-Ping Lu

P1.020 Elis Hartati (Corresponding author: Nurullya Rachma)

P1.021 L. Latifah (Corresponding author: D. Yulistika)

P1.022 Chia-Ling Yang

P1.023 Dimas S.E.W. Sumunar

P1.024 Chingju Tung

P1.025 Hsing-Yuan Liu (Corresponding author: Chin-Fang Liu)

All posters are displayed from 9:00 April 18 to 17:00 April 19, 2018

POSTER PRESENTATION

Day 1st, 18 April 2018

15.30 - 16.00

Nursing Education

P1.001 Hui-Lin Sun

P1.002 Chia-Ling Hou

P1.003 I-Teng Wang, presenting author: Hsing-Yuan Liu

P1.004 Pao Yu Wang

P1.005 Dicky Endrian Kurniawan

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P1.013 Hui-Ling Lai

P1.014 Mei-Yin Liu

P1.015 Yen-HUI Wang

P1.016 Hsiu-Chen Yeh

P1.017 Wan-Ju Chien

P1.018 Mei Li Tsai

P1.019 Tsui-Ping Lu

P1.020 Elis Hartati (Corresponding author: Nurullya Rachma)

P1.021 L. Latifah (Corresponding author: D. Yulistika)

P1.022 Chia-Ling Yang

P1.023 Dimas S.E.W. Sumunar

P1.024 Chingju Tung

P1.025 Hsing-Yuan Liu (Corresponding author: Chin-Fang Liu)

All posters are displayed from 9:00 April 18 to 17:00 April 19, 2018

POSTER PRESENTATION

Day 1st, 18 April 2018

15.30 - 16.00

Medical Surgical

P2.001 Shih-Ting Huang (Corresponding author: Hui-Zhu Chen)

P2.002 Joe Yu

P2.003 Chun fang wen

P2.004 Ju, Hung Wan

P2.005 Jong-Ni Lin

P2.006 Ermalynda Sukmawati

P2.007 Yan-Ti Chen; Corresponding author: Hsiu Chen Chang

P2.008 Pin-Hsuan Lin

P2.009 Sofyan Indrayana

P2.010 Pei-Jun Chen

P2.011 Ming-Shan Jan

P2.012 Wan Nishfa Dewi

P2.013 Saimai Tumwijit (Corresponding author: Waraporn Chaiyawat)

P2.014 Nurrohman, F.

P2.015 Tonika Tohri (Corresponding author: Saelusmana)

P2.016 Indah Dwi Setyaningrum

P2.017 Meidiana Dwidiyanti (Corresponding: Nurullya Rachma)

P2.018 Elisa Nur Faizzah

P2.019 Yun-Han Shie

P2.020 Jumayanti

P2.021 Anita Kustanti

All posters are displayed from 9:00 April 18 to 17:00 April 19, 2018

POSTER PRESENTATION

Day 2nd, 19 April 2018

14.30 - 15.30

Paliative care


P3.001 PimonpanNiamhom

P3.002 AyyuSandhi

P3.003 Zhu-Hui Su

Critical & Emregency Care

P4.001 Pi-Kuang Tsai

 P4.002 Jen-Jiuan Liaw

P4.003 Fen-Ping Hsu

P4.004 Hui-Ju Chang

P4.005 Wu Shan-Ying

P4.006 Yan-Ti Chen (Corresponding Author: Chang Hsiu Chen)

P4.007 Shang-Tzu Liu

P4.008 Yi-Shan Hung

P4.009 Tiu-Miao Kuo

P4.010 Huang Yu-Fen

P4.011 Fitrio Deviantony

Maternity

P5.001 Pen-Hsin Hou

P5.002 Fan-Hao Chou (Corresponding Author: Shih-Hsien Kuo)

P5.003 NikenSukesu

P5.004 Tzu Ting Liao

P5.005 Haryatiningsih Purwandari

Pediatric

P6.001 Li-Chen Hung

P6.002 Yulanticha Diaz Ahwalia Aziza

P6.003 Anita Apriliawati

P6.004 Fatmawati

P6.005 PatmawatiBagenda

All posters are displayed from 9:00 April 18 to 17:00 April 19, 2018

POSTER PRESENTATION

Day 2nd, 19 April 2018

14.30 - 15.30

Community & Gerontology Nursing

P7.001 Yen-Chun Lin

P7.002 Ni Kadek Diah Purnamayanti

P7.003 Wachidah Yuniartika

P7.004 Cipta Gulo

P7.005 Hella Meldy Tursina

P7.006 Rezkiyah Hoesny

P7.007 Sukmah Fitriani

P7.008 Lo Pei-Chieh; Presenting Author: Prof Jing-Jy Wang

Psychiatric

P8.001 FerdyLainsamputty

P8.002 Chlara Yunita Prabawati

P8.003 Jia-Yin Hsu

P8.004 Scott Brunero

P8.005 Gita Tri Harianas

P8.006 Wastu Adi Mulyono

Nursing Management & Informatics

P9.001 Yeonok Suh (Presenting author: In Sook Park)

P9.002 Chun fang wen

P9.003 Neila Sulung

P9.004 I-Ling Huang

Basic Nursing

P10.001 Yen-Hsi Lin

P10.002 Tzu-Hua Chen

P10.003 Nur Indah Indri Yani (Corresponding author: Mustiah Yulistiani)

All posters are displayed from 9:00 April 18 to 17:00 April 19, 2018

六、其他

(一) 壁報展示內容

Effects of an Educational Intervention Program on ICU Nurses' Moral Distress, Attitudes and Behaviors

Luke Yang¹, Jen-Juan Liaw^{2*}, Ya-Chi Chen³

¹Department of Social Work, Hsuan Chuang University ; ²School of Nursing, National Defense Medical Center ; ³Department of Nursing, Taoyuan General Hospital

Significance and Background

As healthcare providers, nurses are likely the professionals who have many opportunities to care for patients at end of life (EOL) and their families than any other profession. As the palliative medical care regulations are established in TW, the implementation of do-not-resuscitate (DNR) occurs more than before in the ICUs. The most challenging dilemma for ICU nurses is to approach family and discuss about the decisions of DNR. Implementation of DNR could shorten the time of physical, psychological and spiritual suffering in critically ill patients and their families. However, most nurses work very hard for the patients' physical and disease problems and usually pay less attention to their psychological and spiritual distress in the ICUs. In ICU practice, there are, however, some limitations of the advanced medical technology. When all the treatments could not help improving the patient's condition, DNR become the good choice for their family. (3) It is really hard for them to sign the consent of DNR. Nurses' knowledge and attitudes toward DNR will determine their caregiving behaviors for the EOL patients and families.

Study Purposes

The study purposes were to: (1) explore nurses' knowledge and attitudes toward DNR; (2) design a continuing educational program on EOL care based on the needs of the ICU nurses' learning needs; (3) evaluate the effects the educational intervention on clinicians' knowledge and attitude toward DNR.

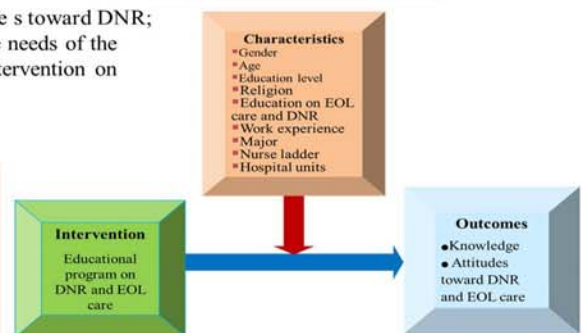
Methods

• **Design:** The study adopted two groups pretest-posttest quasi-experimental design.

	pretest	Intervention	Posttest
Intervention Group	O ₁	X ₁	O ₂
Control Group	O ₁		O ₂

O₁: knowledge, and attitudes toward DNR and end-of-life care
X₁: educational program on DNR and end-of-life care
O₂: knowledge, and attitudes toward DNR and end-of-life care

Research Framework



• **Sample:** ICU nurses work more than six months were recruited. There were total 153 nurses responded to the questionnaires. Participants were conveniently assigned into two groups. The control group consisted of 78 nurses, and the experimental group consisted of 75 nurses.

• **Study Setting:** Participants were recruited from one medical center and two local hospitals in Taiwan

• **Procedures:** The structured questionnaires were administered to 200 ICU nurses, and 153 agreed to participate in this study; 75 nurses receive the education on DNR and EOL care, and 77 receive only usual education. Before the education, all participants completed the questionnaires on DNR knowledge, and attitudes. After the intervention (two weeks later), all nurses completed the questionnaires again.

• **Intervention:** A video-taped education program on EOL care and DNR was developed by the researchers. There are total 5 hours of the education. The main contents were: (1) DNR and the ethical dilemma; (2) Nurse roles in caring the patients and family in signing the DNR consent; (3) How do nurses help patients and families adjust themselves during the process of signing DNR; (4) End-of-life care for dying patients and family.

Analysis

For demographic data, descriptive statistics were computed, i.e., means, standard deviations (SDs), and frequencies. Independent t test and Analysis of Covariance (ANCOVA) were used to compare the differences between the intervention and control group of ICU nurses.

Results

Nurses' Characteristics (N=153)					Nurses' Characteristics (N=153)					Comparison of Nurses' Knowledge and Attitudes toward DNR between the Two Groups (N=153)								
Variables	Control (N=78)	Experimental (N=75)	Total	χ^2	p	Variables	Control (N=78)	Experimental (N=75)	Total	χ^2	p	Control (n=77)		Experimental (n=75)		F	p	
	N (%)	N (%)	N (%)				N (%)	N (%)	N (%)			Pretest Mean (SD)	posttest Mean (SD)	Pretest Mean (SD)	posttest Mean (SD)			
Gender				1.22	.44	Religion												
Male	5(6.4%)	2(2.7%)	7(4.6%)			None	27(34.6%)	30(40.0%)	57(37.3%)			Knowledge score	12.05(3.09)	10.68(2.20)	12.03(2.71)	14.53(3.49)	66.36	<.001**
Female	73(93.6%)	73(97.3%)	146(95.4%)			Buddhism, Taoism	43(55.2%)	33(44.0%)	76(49.7%)			Attitudes to DNR patients						
Hospital				57.90	.00**	Christianity	7(9.0%)	6(8.0%)	13(8.5%)			physiological	17.71(2.74)	17.42(2.82)	18.00(2.06)	18.88(2.29)	14.94	<.001**
A	53(67.9%)	9(12.0%)	62(40.5%)			Other†	1(1.3%)	6(8.0%)	7(4.6%)			Psychological	34.92(5.37)	34.41(4.32)	34.89(4.22)	39.01(2.72)	18.34	<.001**
B	25(32.1%)	45(60.0%)	70(45.8%)			Significant families died within 2 years				3.01	.12	Social and spiritual	21.79(3.56)	21.31(3.12)	21.72(2.95)	24.32(1.83)	17.53	<.001**
C	0	21(28.0%)	21(13.7%)			Yes	48(51.3%)	28(37.3%)	68(44.4%)			Attitude to care for DNR patients	74.42(11.16)	73.14(8.93)	74.61(9.91)	82.97(5.40)	19.65	<.001**
Types of ICUs				66.30	.00**	No	30(28.7%)	47(62.7%)	89(55.6%)									
Medical	78 (100%)	29(38.7%)	107(70.6%)															
Surgical	0	22(29.3%)	22(14.4%)															
Mixed	0	24(32.0%)	24(15%)															
Education				8.83	.03*													
Junior college	26 (33.3%)	33 (44.2%)	59 (38.6%)															
University	49 (62.8%)	34 (45.2%)	83 (54.2%)															

Conclusions

The results showed that before the educational intervention, nurses are lack of knowledge about DNR, with an average score of 12.05 points, correct response rate was 62.56%. In the "attitude toward the care for DNR patients", discussion about DNR the lowest average is 3.27 points. The educational intervention significantly improve the nurses' knowledge and attitudes in DNR. It is worth enrolling the concept into the continuing educational program for ICU nurses.

(二)與會相關照片





P4.002. JEN-JUAN LIAW

Effects of an Educational Program on ICU Nurses' Knowledge and Attitudes toward End-of-Life Care

Lulu Yang¹, Jen-Juan Liaw^{2*}, Ya-Chu Chen³

¹Department of Social Work, ²Health Care Management, ³Department of Nursing, ⁴Department of Planning, ⁵Department of General Practice

Significance and Background
As healthcare providers, nurses are likely the professionals who have many opportunities to care for patients at end of life (EOL) and their families than any other profession. As the palliative medical care regulations are established in TW, the implementation of do-not-resuscitate (DNR) orders more than before in the ICU. The most challenging dilemma for ICU nurses is to approach family and discuss about the decision of DNR. Implementation of DNR could shorten the time of physical, psychological and spiritual suffering in critically ill patients and their families. However, most nurses work very hard for the patients' physical and disease problems and usually pay less attention to their psychological and spiritual distress in the ICU. In ICU practice, there are, however, some limitations of the advanced medical technology. When all the treatments could not fully improving the patient's condition, DNR become the good choice for their family. (1) It is really hard for them to sign the consent of DNR. Nurses' knowledge and attitudes toward DNR will determine their caregiving behaviors for the EOL patients and families.

Study Purposes
The study purposes were to (1) explore nurses' knowledge and attitude toward DNR, (2) design a continuing educational program on EOL care based on the needs of the ICU nurses' learning needs, (3) evaluate the effects the educational intervention on clinicians' knowledge and attitude toward DNR.

Methods
• **Design:** The study adopted two groups pretest-posttest quasi-experimental design.

Intervention Group	O ₁	N ₁	O ₂
Control Group	O ₃	N ₂	O ₄

Results
For demographic data, descriptive statistics were computed, i.e., means, standard deviations (SDs), and Descriptives. Independent t test and Analysis of Covariance (ANCOVA) were used to compare the differences between the intervention and control group of ICU nurses.

Variable	Nurses' Characteristics (N=153)		Nurses' Characteristics (N=151)		Comparison of Nurses' Knowledge and Attitudes toward DNR between the Two Groups (N=151)	
	Mean (SD)	95% CI	Mean (SD)	95% CI	Control (n=75)	Experimental (n=76)
Age	34.22 (5.12)	33.28-35.16	34.22 (5.12)	33.28-35.16	34.22 (5.12)	34.22 (5.12)
Gender	Female 100%	100%	Female 100%	100%	Female 100%	Female 100%
Education	BSN 100%	100%	BSN 100%	100%	BSN 100%	BSN 100%
Work Experience	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	1-5 years 65.36%
ICU Experience	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	1-5 years 65.36%

Conclusions
The results showed that before the educational intervention, nurses are lack of knowledge about DNR and their attitudes toward the care for DNR patients. The educational intervention significantly improve the nurses' knowledge and attitudes in DNR. The educational intervention significantly improve the nurses' knowledge and attitudes in DNR. The educational intervention significantly improve the nurses' knowledge and attitudes in DNR.

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Significance and Background
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Study Purposes
The study purposes were to (1) explore nurses' knowledge and attitude toward DNR, (2) design a continuing educational program on EOL care based on the needs of the ICU nurses' learning needs, (3) evaluate the effects the educational intervention on clinicians' knowledge and attitude toward DNR.

Methods
• **Design:** The study adopted two groups pretest-posttest quasi-experimental design.

Intervention Group	O ₁	N ₁	O ₂
Control Group	O ₃	N ₂	O ₄

Results
For demographic data, descriptive statistics were computed, i.e., means, standard deviations (SDs), and Descriptives. Independent t test and Analysis of Covariance (ANCOVA) were used to compare the differences between the intervention and control group of ICU nurses.

Variable	Nurses' Characteristics (N=153)		Nurses' Characteristics (N=151)		Comparison of Nurses' Knowledge and Attitudes toward DNR between the Two Groups (N=151)	
	Mean (SD)	95% CI	Mean (SD)	95% CI	Control (n=75)	Experimental (n=76)
Age	34.22 (5.12)	33.28-35.16	34.22 (5.12)	33.28-35.16	34.22 (5.12)	34.22 (5.12)
Gender	Female 100%	100%	Female 100%	100%	Female 100%	Female 100%
Education	BSN 100%	100%	BSN 100%	100%	BSN 100%	BSN 100%
Work Experience	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	1-5 years 65.36%
ICU Experience	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	53.72-76.99	1-5 years 65.36%	1-5 years 65.36%

Conclusions
The results showed that before the educational intervention, nurses are lack of knowledge about DNR and their attitudes toward the care for DNR patients. The educational intervention significantly improve the nurses' knowledge and attitudes in DNR. The educational intervention significantly improve the nurses' knowledge and attitudes in DNR. The educational intervention significantly improve the nurses' knowledge and attitudes in DNR.

2018_04_17

(三) 與會證件



This certificate is presented to Jen-Jiuan Liaw as a participant during the 3rd Asian Congress in Nursing Education (ACiNE 2018). The event took place at the Royal Ambarrukmo Hotel in Yogyakarta from April 18th to 20th, 2018. The theme of the congress was "Optimizing Inter-Professional Education (IPE) to Improve Health Care Quality". The certificate includes INNA certification details and credits for participation, committee/moderation, and speaking. It is signed by the Head of the Indonesian Nurse Education Center (AIPNI) and the Steering Committee of the congress.

CERTIFICATE OF PARTICIPATION
presented to
Jen-Jiuan Liaw

as PARTICIPANT
during The 3rd Asian Congress in Nursing Education
ACiNE 2018
"Optimizing Inter-Professional Education (IPE) to Improve Health Care Quality"

Royal Ambarrukmo Hotel, Yogyakarta, 18th - 20th April 2018
INNA Certification number SK 0325/DPP.PPNI/SK/K.S/IV/2018
(Participant: 3 Credits, Committee/Moderator: 3 Credits, Speaker: 4 Credits)

Head of Association of Indonesian Nurse Education Center
AIPNI
Dr. Muhammad Hadi, SKM., M.Kep

Steering Committee
The 3rd Asian Congress in Nursing Education
ACiNE
Lely Lusmilasari, SKp., M.Kes., Ph.D



This certificate is presented to Jen-Jiuan Liaw for presenting a poster during the 3rd Asian Congress in Nursing Education (ACiNE 2018). The poster was presented at the poster presentation session at the Royal Ambarrukmo Hotel in Yogyakarta from April 18th to 20th, 2018. The theme of the congress was "Optimizing Inter-Professional Education (IPE) to Improve Health Care Quality". The certificate includes INNA certification details and credits for participation, committee/moderation, and speaking. It is signed by the Head of the Indonesian Nurse Education Center (AIPNI) and the Steering Committee of the congress.

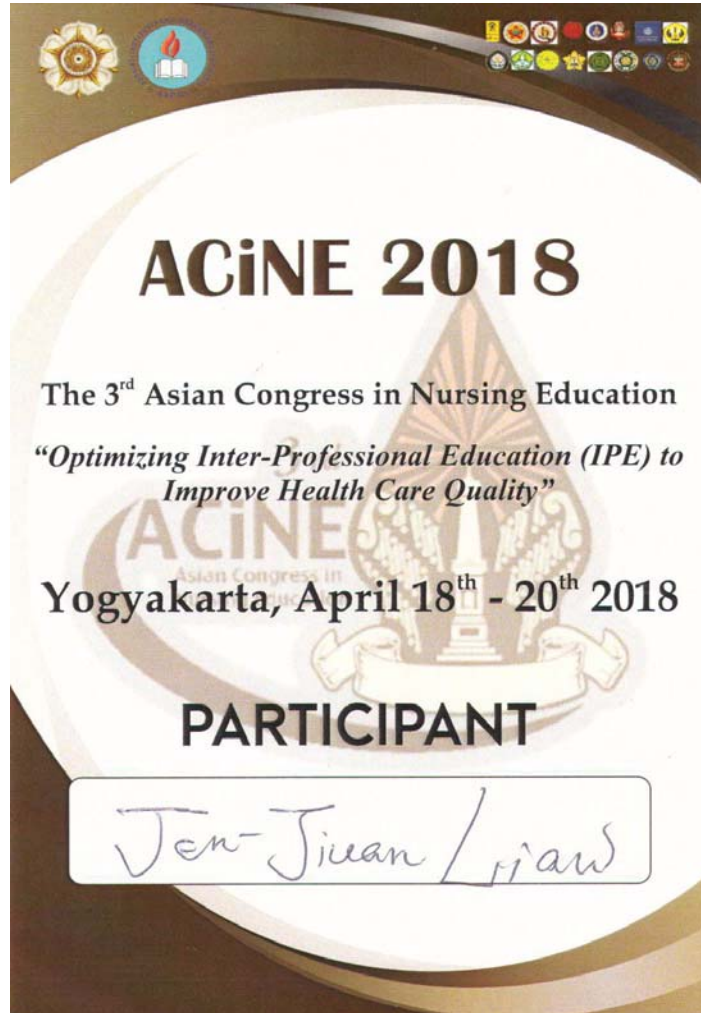
CERTIFICATE OF APPRECIATION
presented to
Jen-Jiuan Liaw

for presenting at POSTER PRESENTATION session
during The 3rd Asian Congress in Nursing
ACiNE 2018
"Optimizing Inter-Professional Education (IPE) to Improve Health Care Quality"

Royal Ambarrukmo Hotel, Yogyakarta, 18th - 20th April 2018
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Head of Association of Indonesian Nurse Education Center
AIPNI
Dr. Muhammad Hadi, SKM., M.Kep

Steering Committee
The 3rd Asian Congress in Nursing Education
ACiNE
Lely Lusmilasari, SKp., M.Kes., Ph.D



科技部補助專題研究計畫出席國際學術會議心得報告

日期：107 年 08 月 02 日

計畫編號	MOST 106-2629-B-016-001-		
計畫名稱	從探討接受加護照護之創傷病人經驗的性別差異來發展適性的心理社會介入措施		
出國人員姓名	廖珍娟	服務機構及職稱	國防醫學院護理學系
會議時間	107 年 07 月 18 日 至 107 年 07 月 23 日	會議地點	澳大利亞墨爾本
會議名稱	(中文)第 29 屆國際護理研究大會 (英文) 29 th International Nursing Research Congress		
發表題目	(中文) 非營養吸吮,口服母乳,及寧握在減輕早產兒扎血時的疼痛:一個前瞻性的隨機實驗控制 (英文) Non-Nutritive Sucking, Oral Breast Milk, and Facilitated Tucking Relieve Preterm Infant Pain during Heel-Stick Procedures: A Prospective, Randomized Controlled Trial		

一、參加會議經過

個人非常榮幸能獲得科技部的補助能參與由國際榮譽護理學會舉辦的第 29 屆國際護理研究會議，這次會議於澳洲墨爾本舉行，來自五十幾個國家，大約有 800 多位護理人員及研究者及學生及臨床人員及領導者參與此次的盛會；此次台灣共有約一百三十五位自各大醫學中心及學校之護理同仁參加此次的會議，是僅次於美國與會第二多的國家。國際榮譽護理學會有 500 個分會是國際第二大護理組織。此次會議主要主題是：「藉由以研究及實證為基礎的實務，目標是要去探討創新性的研究，及以實證為基礎的實務策略來改善全球的健康」，會議主題回應了 500 多個報告及研討會，這些將響我們的專業及個人生活。整個大會希望參與者能享受到積極的支持和鼓勵。我們期待與參與者都能分享這經驗，參與者並盡可能與人面談和交流。大會特別在午餐實依照研究及實務專長而區分桌次，以便參與者能有更多交流互動。

這是我第二次參加 STTI 舉辦的護理研究研討會，非常的有水準及具有品質的研討會。此次，我們還是由國際榮譽護理學會台灣分會組團同行約 50 位會員及家屬(其他語會者則是自行前往或各自組團)，學會所組的團是身負國家重任的，我們設置攤位，展示台灣的宣傳品及特色，讓大家認識台灣，紫色的桌布及攤位的背景布幕都呈現台灣的字眼，非常亮眼及引人注目，學會也準備七十支小國旗及小會旗讓我們攜帶出國，大家互相支持及協助，發揮團結一致的精神，合力搬運這些宣傳品及布置攤位的海報及布幕及小禮物及國旗，完成了最艱鉅的任務。與會會員大家利用空檔輪流排班照顧攤位，服務蒞臨攤位的國內外貴賓，除了發表研究成果之外，大家努力一起為國爭光，讓世界看見台灣，也讓世界認識台灣。這是附加的出國參加國際會議所得到的價值。

第一天的早上完成報到後，我們集合大家把帶去的小國旗與國際榮譽護理學會台灣分會的會旗分發給大家，於報到大廳等候開幕典禮時，除與其他國家的學者互動之外，就是邀請大會 STTI 的理事長 Beth Baldwin Tigges 及 CEO Elizabeth Madigan 與其他國學者合照，理事長 Beth Baldwin Tigges 及 CEO Elizabeth Madigan 對臺灣護理同仁積極參與國際會議與組織深表感動，接著便是精采的開幕典禮，我們集中坐在第五至八排，大

會的開始，當主持人一一歡迎五十幾個與會的國家，在歡迎 Taiwan 時，我們共同的搖著事先準備好的國旗與會旗歡呼，讓與會的其他國家代表們能清楚的看見台灣，我們用很自然的方式讓其他國家的國家代表們看見臺灣，讓我們的國旗能在國際的舞台上飄揚，所有與會的台灣護理同仁都非常的激動，尤其這些年來很多的學術領域也逐漸的被政治化，很多國際學術機構也受到中國的壓力，而禁止臺灣的國旗入國際會議的會場，不承認台灣的存在，而讓與會的同仁非常難過，我個人身為國際榮譽護理學會中華民國台灣分會的理事長深深感謝國際榮譽護理學會的重視學術，這個學會並沒有被政治化，也沒有種族的歧視，國際榮譽護理學會創造了充滿愛與榮譽的學術空間。大家只要努力就可以站上這個學術的舞台，非常的公平。讓我感覺值得成為這個國際護理組織的會員也深感榮耀。

大會開幕首先由 Victoria Chief Nurse and Midwifery officer Ann Maree Keenan 致歡迎詞，歡迎大家來到墨爾本，並強調創新研究及以實證為基礎實務的重要。接著是由 Debra Thoms 教授主講「Of Kangaroos, Koalas and Platypi」，介紹澳洲的醫療照護制度的歷史演進與挑戰及健康服務與發展決策，澳洲的照護特色及如何改善健康與健康服務與促進全球之健康。

接下來聽了好幾場演講都受益良多，中風是造成死亡及殘障的主要原因，因為神經系統疾病限制了一個人的身體功能特別是他們的日常生活活動的獨立性，中風的病人 10%可以完全恢復，25%復原但有小小的後遺症，40%出現中度及重度的殘障須特殊的追蹤，10%需長期治療。早期復健早期恢復損傷。早期中風的復健照護可預防中風病人功能的衰退。一天兩次的復健照護方案，每次三十至四十分鐘有助於病人的疾病之恢復。

此外，早期受虐待的人較易受導致內皮細胞功能不良，這是心血管疾病的前驅，研究顯示許多退修軍人兒童時代有較高的機會受虐待，因此可能會有較高的心臟血管疾病的風險，可溶解的細胞黏附 (Soluble vascular cellular adhesion molecule, sVCAM-1)在發

展動脈血管硬化上扮演著重要的角色。會促進分子發炎分子在內皮移動，而導致發炎反應。

研究證據顯示血中高濃度的 sVCAM-1 與內皮細胞功能不良有強烈的有相關性，有較高的危險性罹患血管疾病。故執行研究。探討早期的兒童受虐程度與退修女軍人之血中的 sVCAM-1 濃度之相關性。本研究共有 109 位退修女軍人參與填寫兒同時期創傷問卷，評估早期的生命逆境對其血中之 sVCAM-1 濃度的相關性。研究結果顯示，兒童時虐待程度愈高，血中濃度的 sVCAM-1 就愈高。退修女軍人經歷愈高的兒童時期虐待就與內皮細胞的功能不良的生物指標有關。退修女軍人經歷早期的兒童虐待與 sVCAM-1 濃度都是重要的生物指標。

目前已有七種課程，有核心課程、老人緩和照護、兒童緩和照護、重症緩和照護、進階護理緩和照護、大學部學生緩和照護、腫瘤進階護理緩和照護等，目前已翻譯了十個國家的語言，共有 22,600 位訓練者，同時他們也回到各區訓練了約 678,000 位護理師。共同這個訓練強調在生命的末期能提高生命的品質及尊重個人的偏好。主要強調的照護概念是：(1)提供以人即以家庭為中心的護理；(2)促進臨床人員與病人之間的溝通並推展護理計劃；(3)提供跨專業的教育和發展；(4)制定政策和支付系統；(5)鼓勵公眾教育和參與。ELNEC 的緩和照護教學模組包括：module 1：緩和照護；module 2：疼痛處理；module 3：症狀處理；module 4：倫理及法律問題；module 5：文化考量；module 6：溝通；module 7：失落、哀傷與喪親之慟；module 8：生命最後的時刻。這八個模組的主要議題是家庭是照護的單位、護理人員的重要倡導角色、尊重文化的重要性、關注特殊人群、臨終問題影響所有護理系統、財務問題影響臨終關懷、跨學門的護理是必要的。每個模組都會有簡介、目標、學習者大綱、授課主題之 power point、案例報告、參考資料及補充教材。教育是件偉大的事業。尤其是教導他們護理學生或護理師如何提供緩和照護，而這也是我國人最需要的。接受訓練個人收穫及成長很多，又能具有這些教學資料與教材，深感受益良多，也極願意教導及分享給學生及護理師。如果你想建造一艘船，

不要鼓勵人們去採集木材，不要只去劃分工作，並下達命令。相反，教他們嚮往浩瀚無邊的大海。

第二天的演講有個研究報導與母親的心理健康及行為健康的賀爾蒙的生物指標，與極低重兒是有關的。母親的心理健康與嬰兒健康與發展是有相關聯的。大約有13–19%的母親會經歷到產後的心理健康問題，包括18%的產後焦慮症狀升高和19-35%的抑鬱症狀升高，這對產婦健康和嬰兒發展產生不利影響（O'Hara & McCabe, 2013）。產後心理健康問題通常發生在出生後4週內，對於有這些問題的母親來說，前6個月是特別困難的時期（O'Hara & McCabe, 2013）。此外，出生結果為負的嬰兒的母親，例如非常早產（胎齡<32週）和極低出生體重（VLBW，出生體重<1,500gm），報告顯示他們的心理健康問題比正常出生體重足月嬰兒的母親還多。準確評估孕產婦健康問題對於母親及其嬰兒的幫助非常重要，因為孕產婦健康問題會對嬰兒的發育產生不利影響。通常使用自我報告問卷來評估心理健康，這可能會高估或低估問題（Gao等，2015）。使用自我報告問卷以及激素生物標指標（如：睾酮和皮質醇）可以提供比僅使用問卷調查的報告更客觀的研究探討。在許多因素中，目前已知身體活動和健康飲食等健康行為可以減輕心理健康問題（Hartman, Hosper, & Stronks, 2011），因此，如果母親參與健康行為，可以改善產後心理健康。因此，本研究的目的是檢驗（1）母體社會人口學特徵是否與母體激素生物標指標（如：睾酮和皮質醇），孕產婦心理健康和健康行為有關，（2）母體激素生物標指標與母親的心理健康和健康行為，（3）隨著VLBW嬰兒年齡的增長，母親的心理健康和健康行為得到改善；（4）當母親從事更健康的行為時，母親的心理健康得到改善。這個研究共招募40名VLBW嬰兒的母親從美國東南部的三級醫療中心的新生兒加護中心（NICU）。通過醫療記錄審查，母親訪談，標準化的問卷和生化測量收集資料。使用流行病學研究憂鬱量表（CES-D）測量產婦心理健康狀況4至5次（於出生時間，受孕後週齡（PMA）40周，嬰兒矯正年齡6, 12和24個月時測量），焦慮指數（STAI/SF），感受性壓力量表（PSS-10），及12項健康調查表（SF-12）和育兒壓力指數（PSI-4）。使用改良的生活方式指數問卷（LIQ）測量健康行為4次。使用酶免疫測定（EIA）在5

個時間段測量唾液睾酮和皮質醇的濃度。研究結果顯示年輕，已婚，非白人；且醫療併發症較少者；和私人醫療保險與更好的孕產婦心理健康有關。母親唾液睾酮和皮質醇的濃度在5個時間點內保持不變，並且彼此之間沒有相關性，除了PMA 40週時的睾酮濃度和12個月時皮質醇的濃度($r = -.344, p = .046$) 以及40週PMA和24個月時睾酮($r = -.490, p = .008$) 的皮質醇濃度則呈負相關。PMA 40週後，睾酮濃度與母親的心理健康呈正相關，而皮質醇濃度與任何母體健康無關。例如，高睾酮濃度與出生時和40週PMA時的母親心理健康狀況不佳有關，但與24個月時父母的壓力則相關性較小。在12個月和24個月時，睾酮和皮質醇濃度與母親的健康行為呈負相關，因此，睾酮和皮質醇濃度高的母親比其他母親更少享受健康的食物和體力活動。

第三天首先是展示研究海報「非營養吸吮,口服母乳,及寧握在減輕早產兒扎血時的疼痛：一個前瞻性的隨機實驗控制」，張貼好海報與閱讀其他研究者的海報，其他研究者也來看我的海報，並與我們討論與交流，也提供我一些未來研究的建議。我們很認真製做海報，結果的呈現也非常符合學術的水準，並彰顯台灣的研究水準。接著便是去聆聽的演講有個學者成功的生產經驗不僅使女性產生成就感，更能獲得良好的自我概念及成就日後母親角色的能力。生產時的護理支持及控制是影響生產滿意經驗的重要因素，婦女的生產控制感與產時疼痛緩解具顯著相關，如果產婦本身對生產時的控制期待與經驗無一致性時，將降低其生產經驗滿意度。護理人員在產婦待產期間所提供的非藥物措施，可增加產婦調適的能力，使產婦擁有正向而滿意的生產經驗。研究目的將生產支持及控制量表(Support and Control in Birth, SCIB)中文化及進行中文版量表的信效度檢定。收案條件為自然產後的婦女，收案時間為產後48小時內，共252位產後婦女納入研究。研究採用Jones等人於2001修正Brislin的翻譯模式，將英文版雙向翻譯成中文，運用填寫問卷方式，收案條件為自然產後的婦女。研究結果顯示中文版SCIB的信度為0.81，再測信度為0.96。以生產經驗量表檢測中文版SCIB之效標關聯效度，結果發現兩者間具顯著相關($r = .31, p < .01$)，中文版生產支持及控制量表(SCIB)中的各層面如內在控制($r = .15, p < .05$)、外在控制($r = .30, p < .01$)、支持部份

($r=.21, p<.01$)皆與生產經驗量表呈顯著低度相關。以布氏分娩支持適應量表及生產控制量表檢定中文版生產支持及控制量表(SCIB)的同時效度，結果顯示布氏分娩支持適應量表與支持層面呈顯著中度相關($r=.50, p<.01$)；生產控制量表與內在控制層面($r=.44, p<.01$)、外在控制層面($r=.30, p<.01$)皆呈顯著中低度相關。本研究結果，中文版生產支持及控制量表(SCIB)為一有具良好信效度的量表，可作為未來相關研究使用。接著便是 2018 International Nurse Researcher Honorees 頒獎的時刻，台灣是由台北學大學護理學院的周桂如教授榮獲此項榮耀，大家都前來觀禮並且聆聽來自各州及各國的得獎者分享其研究經驗及學術生涯成長的過程。下午便是各個得獎者的演講，從大師身上學習如何成為一位護理科學家。另外我還聽了一場全球未來的健康護理的願景，由 Elizabeth Iron, Gween Sherwood & Beth Baldwin Tigges 所主講，提到藉由提升個人檔案資料，及全球護理健康狀態，以改善全球的健康。影響政策決定者支持護理自己去領導學習，及發展全球健康運動。賦權護理人員去解決二十一世紀所面臨的健康挑戰，擴大護理的潛力。是當派遣護理人員，重視他們參與政策與決策。以達永續發展的健康目標：better health, greater gender equality, & stronger economics。由此可見性別平等照護的重要性。

第四天聆聽的重要演講是抒壓介入措施的成效探討：以正念的介入可能是支持高血壓病人者自我管理的治療方法之一。根據Jon Kabat-Zinn的觀點，正念意味著以一種特定的方式關注：有目的地，在當下，並且是非判斷性的。因此，需要評估一種互補的行為治療，即正念減壓(MBSR)方案，以評估此介入再降低血壓的潛力。正念減壓(MBSR)是否可以降低高血壓和高血壓前期患者的收縮壓和舒張壓？對隨機對照試驗進行了系統的文獻回顧，報告了MBSR計劃對高血壓或高血壓前期成人的收縮壓和舒張壓的有效性，在2012年至2017年期間以英語或西班牙語發表。搜索了五個數據庫(PubMed, EMBASE, Web)科學, Psych INFO和Cochrane圖書館。大多數研究發現，與控制組相比，介入組的收縮壓和舒張壓降低更多，但這種降低僅在臨床上觀察到，而不是在動態血壓中觀察到。此外，在組內分析表明，MBSR計劃從試驗前到試驗後降低介入組的血壓，

這些降低可能具有臨床相的意義。儘管有限的證據，基於正念的減壓計劃對高血壓前期和高血壓患者的血壓的有效性的初步結果表明，這種介入可能是一種有前瞻性的行為補充療法，以幫助血壓升高的人通過血壓降低血壓改變他們的生活方式。更多的研究不僅需要確定基於正念的減壓計劃對血壓的有效性，還需要探索該項介入的影響血壓的機制。

會議的第五天我海報展示(Non-Nutritive Sucking, Oral Breast Milk, and Facilitated Tucking Relieve Preterm Infant Pain During Heel-Stick Procedures: A Randomized Controlled Trial, 「非營養吸吮,口服母乳,及寧握在減輕早產兒扎血時的疼痛：一個前瞻性的隨機實驗控制」), 並聆聽的重要演講新生兒重症監護病房早產兒組織損傷照護處置 (TDPs), 例如膠帶移除或足跟噴槍增加缺氧和氧化應激的血漿標誌物。為了確定這些變化是否在尿液中是可檢測的, 我們測量了來自62個早產新生兒在出生1-4天中預期收集的尿液樣本中生物指標的濃度。第1天的樣本量為8, 第2天為37, 第3天為52, 第4天為17。由於第1天的尿量減少以及第4天的許多樣本中存在糞便, 樣本量變化。使用酶聯免疫吸附試驗測定腸道脂肪酸結合蛋白 (腸道損傷的早期標誌物)。組織損傷照護處置的數量是由查核醫療記錄取得。使用Spearman's rho (SPSS版本24) 分析數據, 並且 P 值小於0.05被認為是統計學顯著的。如前所述, 使用高效液相色譜法測量尿酸 (缺氧的尿生物指標)。尿囊素 (氧化應激尿使用酶聯免疫吸附試驗測定腸道脂肪酸結合蛋白 (腸道損傷的早期生物指標)。在組織損傷照護處置的數量與缺氧, 氧化應激和早期腸損傷的生物指標之間檢測有顯著的正相關。這些資料顯示, 必須修改NICU護理活動, 以防止或減少早產兒暴露於疼痛和組織損傷照護處置的次數。未來的研究需要確定氧化應激和早期腸損傷的生物指標是否與壞死性小腸結腸炎的發病率相關? 未來的研究需要確定氧化應激和早期腸損傷的生物指標是否與壞死性小腸結腸炎的發病率相關? 有待持續探討)。今天是為期五天的研討會在我的報告之後落幕了。大家在互留名片後說2019加拿大Calgary見。

二、與會心得

連續五天的會議我有很多的學習與感動。尤其是第一天到的開幕典禮，我們以最自然的方式讓國旗飄揚於大會的前排，並且讓大約五十多國家看見台灣，這一幕真是令人感動，其他國家看見我們如此團結，都發出讚揚之聲。尤其台灣這麼小，要讓世界看見台灣是不容易的事。而我們卻能做到，真是不易。更深體會這個學會強調愛及平等，沒有種族的歧視，沒有不同國家的差別待遇。此外，這次我們也擺設了攤位，國際榮譽護理學會台灣分會特別設計紫色背景及台灣地圖的形狀來布置攤位，讓整個攤位非常亮眼。也讓台灣在此次大會非常醒目。再加上台灣的文宣品，簡直非常吸引人，有外賓問未來大會有機會在台灣辦嗎？台灣是個好地方，他們希望有機會來？顯這次會議我們附帶的也做了國民外交，真是太開心，也太充實，也太有價值了。

此次會議，大會頒給台灣兩項研究獎(2018 international Nurse Researcher Hall of Fame award & 2018 Emerging Nurse Researcher award)及兩個博士生獎學金(29th STTI Edit Anderson leader Grant)，真是值得驕傲也給台灣的學者及學生很多的鼓勵，更感動的是總會對我們的支持。

這次大會的主題非常強調實證轉譯，及研究、教育、臨床實務間的連結。這也顯示這個學會的重視護理研究、護理教育及臨床實務及護理領導者與教學者的培訓與成長。此次大會不論是海報或口頭報告皆努力實現國際榮譽護理學會的願景與使命提供研究、教育、臨床實務的領導與學術增進全球民眾的健康目標。同時也彰顯出國際榮譽護理學會對會員護理專業發展及學習的支持，及國際榮譽護理學會努力改善全球護理照護及護理教育及研究品質的目標。這是值得我們學習的使命與責任。這個大會也愛護地球，減少紙張的列印，所有大會的資料，全部放在網頁中提供給與會者參考。

這也是值得我們學習的。

三、發表論文全文或摘要

「非營養吸吮,口服母乳,及寧握在減輕早產兒扎血時的疼痛：一個前瞻性的隨機實驗控制」摘要：

Non-Nutritive Sucking, Oral Breast Milk, and Facilitated Tucking Relieve Preterm Infant Pain During Heel-Stick Procedures: A Randomized Controlled Trial

Jen-Juan Liaw^{1*}, Luke Yang²

Purpose: Preterm infant pain can be relieved by combining non-nutritive sucking (sucking), oral sucrose, and facilitated tucking (tucking), but the pain-relief effects of oral expressed breast milk (breast milk) are ambiguous. Therefore, we compared the effects of combined sucking+ breast milk, sucking + breast milk + tucking, and routine care on preterm infant pain during and after heel-stick procedures.

Methods: This is a prospective, randomized controlled trial. We recruited preterm infants in a level III neonatal intensive care unit at a medical center in Taipei. Preterm infants ($N=109$, gestational age 29–37 weeks, stable disease condition) needing procedural heel sticks were recruited by convenience sampling and randomly assigned to three treatment conditions: routine care, sucking+ breast milk, and sucking+ breast milk+ tucking. Pain was measured by watching video recordings of infants undergoing heel-stick procedures and scoring pain at 1-minute intervals with the Premature Infant Pain Profile. Data were collected over eight phases: baseline (phase 1, 10 min without stimuli before heel stick), during heel stick (phases 2 and 3), and a 10-minute recovery (phases 4-8).

Results: For infants receiving sucking+ breast milk, pain-score changes from baseline across phases 2-8 were 2.634, 4.303, 2.812, 2.271, 1.465, 0.704, and 1.452 units lower than corresponding pain-score changes of infants receiving routine care (all p -values <0.05 except for phases 6 and 7). Similarly, for infants receiving sucking +breast milk+ tucking, pain-score changes from baseline were 2.652, 3.644, 1.686, 1.770, 1.409, 1.165, and 2.210 units lower than corresponding pain-score changes in infants receiving routine care across phases 2-8 (all p -values < 0.05 except for phase 4). After receiving sucking +breast milk +tucking and sucking +breast milk, infants' risk of mild pain (pain score ≥ 6) significantly decreased 67.0% and 70.1%, respectively, compared to infants receiving routine care. After receiving sucking +breast milk +tucking and sucking +breast milk, infants' risk of moderate-to-severe pain (pain score ≥ 12) decreased 87.4% and 95.7%, respectively, compared to infants receiving routine care.

Conclusion: The combined use of sucking + breast milk +tucking and sucking + breast milk effectively reduced preterm infants' mild pain and moderate-to-severe pain during heel-stick

procedures. Adding facilitated tucking helped infants recover from pain across eight phases of heel-stick procedures. Our findings advance knowledge on the effects of combining expressed breast milk, sucking, and tucking on preterm infants' procedural pain.

四、建議

與這次的大會，期望除了分享自己在護理研究、教育、臨床實務的成果與經驗之外，還能汲取其他學者教育、臨床實務的研究經驗，並了解最新的護理研究趨勢，朝向更高品質的護理標準而努力，使國內護理研究的發展能趕上國際的水準，以改善國人的健康，同時也讓自己的研究能在國際的舞台呈現，並與國際學者及臨床人員交流，有助於增進全球健康與全球之社會的福祉。尤其護理人員在全球健康促進上扮演著重要角色，國際護理研究在積極蓬勃的發展之中，各個國家皆有一群人致力於護理研究的發展、教學與實務，我們若不積極趕上其他國家的進度，將落後於他們之後，尤其別的國家碩博士生及大學護理系學生都積極參與，就己能發表系統性文獻查證的口頭報告，而我國的學生則大多以博士生為多，此次大會我指導兩位碩士班學生參與發表他們正在執行的碩士論文，很慶幸他們也被錄取，而此次大會也安排好幾場演講有關文章發表與投稿，如何撰寫研究計畫，對學生及新新學者都非常有幫助，在年輕的時候就得著這些學生，擴展他們的國際視野，也認識國際重要的健康議題，及全球永續發展與經營的健康照護目標，故個人建議：

1. 積極發展「護理研究」的知識與實證融入各科護理專業實務及教學中。
2. 國內應培育新的護理新莠走入「護理研究、教育、臨床實務」的領域，承擔建構知識及轉譯「護理研究」的重大責任。
3. 積極鼓勵發展「護理」相關研究，並整合以生物心理社會的結果變項，並發展心理社會介入措施，提升病人之照護品質，改善臨床的病人與家屬的結果。
4. 指導護理同仁發展論文朝向「護理」相關研究發展，鼓勵本學院學生護理同仁及積極參與此研討會。

5. 努力表現「護理的成就」，讓其他學科能看見護理專業的重要，配合 Nursing Now 的重要目標與願景，持續努力。
6. 少紙化，未來研討會建議將會議資料傳至手機或網頁上，減少紙本作業。
7. 爾後，應積極鼓勵學生及新進同仁參與這個研討會，也建議各個學校及政服機關能多多給於支持和鼓勵。
8. 附帶的建議是未來大會，建議持續維持攤位的擺設，除了增進我國之國際能見度外，這次攤位的展示讓我們學習很多，見持續設置，也希望能得到各個學校及政服機關能多多給於支持。

五、攜回資料名稱及內容

(一)大會議程:

SCHEDULE

Wednesday, 18 July 2018



8:00 a.m.-5:00 p.m. (0800-1700)

The Global State of Palliative Care Pre-Conference presented by the End of Life Nursing Education Consortium (ELNEC)
(Ticketed Event)

4:00-6:00 p.m. (1600-1800)

Registration

Thursday, 19 July 2018

8:00-11:00 a.m. (0800-1100)

The Global State of Palliative Care Pre-Conference presented by the End of Life Nursing Education Consortium (ELNEC)
(Ticketed Event)

11:00 a.m.-5:15 p.m. (1100-1715)

Registration

Presenter Ready Room

11:00 a.m.-4:30 p.m. (1100-1630)

Moderator Check-In

Sigma Marketplace

12:30-2:00 p.m. (1230-1400)

Opening Plenary Session

2:00-2:30 p.m. (1400-1430)

Break

Foundation Tea (Invitation only)

2:30-3:15 p.m. (1430-1515)

Concurrent Sessions A

3:30-4:15 p.m. (1530-1615)

Concurrent Sessions B

4:30-5:15 p.m. (1630-1715)

Concurrent Sessions C

Thursday Schedule

2:30-3:15 p.m. (1430-1515) Room 105 Session: A 03 Research Session Keyword: INRC18A03	Suicide Prevention <i>"R U OK" Promoting Student Health Through an Effective Gatekeeper Training Program</i> Lavonne M. Adams, PhD, RN, CCRN; Trung Nguyen, MA; and Karen Bell Morgan, PhD, MPH <i>A Meta-Analysis of Associations Between Insomnia Symptoms and Suicidal Behaviors in Adolescents</i> Hsiao-Yean Chiu, PhD, RN
2:30-3:15 p.m. (1430-1515) Room 106 Session: A 04 Research Session Keyword: INRC18A04	Creating a Safety Climate <i>Study Exploring How Hospitals Can Support Speaking Up to Reduce Error and Enhance Safety</i> Nicole Julienne Hall, EdD, MSN <i>Unprofessional Behavior Experiences and Barriers to Medication Error Reporting Predict Safety Climate in Hospital Nurses</i> Dana N. Rutledge, PhD RN; Tina Retrosi, MSN, RN; and Gary Ostrowski, PharmD
 2:30-3:15 p.m. (1430-1515) Room 107 Session: A 05 Research Session Keyword: INRC18A05	Promoting Clinical Outcomes in Cancer Care <i>Dyspnea Among Patients With Advanced Lung Cancer: A Concept Analysis</i> Barbara A. Roces, PhD, NP, RN <i>Testing the Psychometric Properties of the Patient Reported Outcomes: Cancer (PRO-C) Instrument</i> Carol Reid, PhD; Alexandra McCarthy, PhD; Monika Janda, PhD; and Jones Lee, BSc (Hon) AStat
2:30-3:15 p.m. (1430-1515) Room 109 Session: A 06 Research Session Keyword: INRC18A06	Transmission and Reduction of Exposure <i>Using Google Maps to Track Individual Activity Paths in Prevention of Dengue Transmission in Taiwan</i> Chun-Yin Yeh, BS; Nai-Ying Ko, PhD, RN; Yu-Chen Shu, PhD; Wei-Jie Liang, PhD; Kun-Ta Chuang, PhD; and Wen-Chien Ko, PhD <i>The Feasibility of Using Volume Control Innovation in Dengue Hemorrhagic Fever Patient at Pediatric Ward</i> Atchara Meenasantirak, PhD
2:30-3:15 p.m. (1430-1515) Room 110 Session: A 07 Research Session Keyword: INRC18A07	Mental Health Issues in Families <i>Exploring the Relationship Between Youth and Bullying: A Secondary Analysis of the 2015 YRBS</i> Sarah Kelly, PhD, RN; and Kaycie Zhen, SN <i>The Gender Differences on Depression Literacy Among Korea American Parents With Adolescent Children</i> Yoo Mi Jeong, PhD
2:30-3:15 p.m. (1430-1515) Room 111 Session: A 08 Research Session Keyword: INRC18A08	Evaluating Self-Efficacy <i>Performance Attainment Opportunities to Enhance Diversity and Inclusion in Academia</i> Kathy D. Wright, PhD, RN; Elizabeth M. Fitzgerald, EdD, RN; Jennifer L. Robb, MPA, MA; Kenneth M. Sigler, EdD; and John Pryba, BS <i>Concept Analysis of Self-Efficacy</i> Iman Hamdoon Al Hashmi, PhD; and Esra Al-Khasawneh, DNSc, MSN, RN, FAAN
2:30-3:15 p.m. (1430-1515) Room 112 Session: A 09 Research Session Keyword: INRC18A09	Urdu Tool Development <i>Construct Validity of Urdu Version of European Heart Failure Self-Care Behavior, Using Structural Equation Modeling</i> Ambreen Amir Ali Gowani, MSc; and Nadia Kurji, APRN <i>Development and Psychometric Testing of an Urdu Version of Self-Efficacy Tool for Breast Cancer Patients</i> Sehrish Sajjad, MSN
2:30-3:15 p.m. (1430-1515) Room 203 Session: A 10 Evidence-Based Practice Session Keyword: INRC18A10	APRN Preparation <i>Preparing Advanced Practice Registered Nurses to Impact Population Health Through Health Policy Curriculum</i> Robin Arends, DNP, RN, CNP, ARNP, FNP-BC, FAANP; and Jenna M. Herman, DNP, APRN, FNP-BC <i>Innovative Educational Strategies to Achieve Health Literacy Competencies for Advanced Practice Nurses and Interprofessional Students</i> Joyce I. Karl, DNP, APRN-CNP, RN, ANP-BC, COHN-S

Thursday Schedule

2:30-3:15 p.m.

(1430-1515)

Room 204

Session: A 11

Special Session

Keyword: INRC18A11

Special Session

How to Amend Your Sigma Chapter to Add a College of Nursing or Practice Setting

Jenny Hoffman, BS

Sigma chapters can officially expand by adding an institute of higher education or practice setting. Learn the requirements, process, and timeline to officially expand your chapter.

Concurrent Sessions B

3:30-4:15 p.m.

(1530-1615)

Room 103

Session: B 01

Research Session

Keyword: INRC18B01

Artistic Leadership Development

Artful Clinical Leadership: An Innovative Model of Leadership for Advanced Practice Nurses

Judy Mannix, PhD

Nurse Stories of Meaning and Joy: A Qualitative Study

Lee A. Galuska, PhD, RN; and Judith Hahn, PhD

3:30-4:15 p.m.

(1530-1615)

Room 104

Session: B 02

Research Session

Keyword: INRC18B02

Health Promotion in School-Aged Children

Social and Environmental Health Challenges Among Adolescent Girls in Rural Kenya

Molly A. Secor-Turner, PhD; and Maureen Njoki Kinyua, PhD

Barriers to the School Nurse's Role During a Disease Outbreak

Katherine M. Christensen, BSN; Lacey M. Eden, MS, NP-C; Janelle L. B. Macintosh, PhD, RN; and Karlen E. Luthy, DNP, MS, BS, FNP

3:30-4:15 p.m.

(1530-1615)

Room 105

Session: B 03

Research Session

Keyword: INRC18B03

Curriculum Design to Care for Vulnerable Populations

Primary Care Plus Global at Home: A Clinical Option in a BSN Ambulatory Nursing Course

Caroline Vamer Coburn, DNP, MS, BSN, RN, ANP-BC; and Valerie V. Mac, PhD, BSN, RN

Social Determinants of Health: A Longitudinal Study of BSN Students and Nursing Curriculum

Susan K. Lee, PhD, RN, CNE; and Pamela Willson, PhD, RN, FNP-BC, CNE, FAANP, VHF

3:30-4:15 p.m.

(1530-1615)

Room 106

Session: B 04

Research Session

Keyword: INRC18B04

Enhancing Student Perceptions

Making a Difference: Changing Nursing Students' Global Beliefs

Christine Ann Argenbright, PhD; Julie Sanford, DNS, MSN, RN; Vesna Hart, PsyD; Portia Jordan, PhD; Mariette Bengtsson, PhD; Michiko Moriyama, PhD, RN; Maria Jimenez Herrera, PhD; Gwen Sherwood, PhD, RN, FAAN; Lee Peng Lui, PGCLTH, MSc; and Yum Iwamoto, MA

The Global Impact of an Interprofessional Nursing and Health Sciences Educational Summer Academy

Audrey P. Miller, PhD, MSNEd, ARNP, PPCNP-BC; and Chanadra T. Young-Whiting, EdD, MPH/HSA, BS, MT, CHES

3:30-4:15 p.m.

(1530-1615)

Room 107

Session: B 05

Research Session

Keyword: INRC18B05

Exercise and Cardiac Outcomes

A Systematic Review of Exercise Training in Cardiac Implantable Devices

Cynthia M. Dougherty, PhD, MN, BSN, RN, ARNP; Ana Carolina Sauer Liberato, MSN, RN; and Afran Al Swayan, MSN, RN

Effects of Armswing Exercise on Cardiovascular Outcomes in Postmenopausal Women With

Prehypertension: Randomized-Controlled Trial

Sukanya Tantiprasoplap, MEd; Surasak Taneepanichskul, MD; and Noppawan Piaseu, PhD, RN, APN/NP

3:30-4:15 p.m.

(1530-1615)

Room 109

Session: B 06

Special Session

Keyword: INRC18B06

Special Session

An NCLEX® Success Program for Internationally-Educated Nurses

Michele Steinbeck, MNSc

3:30-4:15 p.m.

(1530-1615)

Room 110

Session: B 07

Research Session

Keyword: INRC18B07

Enhancing Functionality

Impact of Early and Intensive Rehabilitation in Preventing the Functional Decline of Stroke Patient

Armenio Guardado Cruz, SN; and Daniela Simões Maia Fonseca, SN

Fall Prevention and Reduction of Fall Risk in Older Adults: Efficacy of Stepping on Program

Katherine Diane Pendleton-Romig, DNP

Thursday Schedule

3:30-4:15 p.m. (1530-1615) Room 111 Session: B 08 Research Session Keyword: INRC18B08	Medication Process Opportunities <i>Threats of Medication Process in Outpatients: Qualitative Study With Physicians, Nurses, and Pharmacists</i> Sophia Huey-Lan Hu, PhD, RN; Yi-Chun Chiu, PhD; and Lei-Lan Wu, MSN <i>The Utilization of Statin Medications in Primary Care Setting</i> Anna Dermenchyan, MSN, RN, CCRN-K
3:30-4:15 p.m. (1530-1615) Room 112 Session: B 09 Evidence-Based Practice Session Keyword: INRC18B09	Best Practices in the Clinical Setting <i>Mealtime Assistance: A Best Practice Implementation Project</i> Pamela Sykes, MSN; and Kenneth Walsh, PhD <i>The Shhh Campaign: Noise Reduction to Improve Patient Outcomes</i> Helen S. Kane, MSN, MBA, RN, CCRN; David Dacanay, BSN, RN; John Renzi, MBA, MSN, RN, CCCTM; and Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE, CHSE-A, ANEF, FAAN
3:30-4:15 p.m. (1530-1615) Room 203 Session: B 10 Evidence-Based Practice Session Keyword: INRC18B10	Airway Management <i>A Low-Cost Method for Simulating a Cricothyrotomy Procedure in a Ghanaian Nurse Anesthesia Program</i> Brett T. Morgan, DNP, CRNA; Virginia C. Muckler, DNP, CRNA, CHSE; and Sylvanus Kampo, CRA, RN, MS <i>A Systematic Review of Literature on the Use of Fenestrated Tracheostomy Tubes</i> Vinciya Pandian, PhD, MSN, RN, ACNP-BC, FAAN; Sarah Boisen, MSN; and Shifali Mathews, SN
3:30-4:15 p.m. (1530-1615) Room 204 Session: B 11 Research Session Keyword: INRC18B11	Undergraduate Nursing Education Initiatives <i>Utilizing Concept Maps and Clinical Conferences to Assess Clinical Judgement in Pre-Licensure Nursing Students</i> Mary A. Wcisel, MSN, RN <i>First-Year Undergraduate Nursing Students' Self-Efficacy in Numeracy</i> Rebecca O'Reilly, PhD; Miranda Daly; Mitchell Hughes, MAppLing, GradDipEd, BA; Lucie M. Ramjan, PhD; Yenna Salamonson, PhD; Annette Stunden, MSN; and Linda Gregory, EdD, MEd (AdultEd)

Concurrent Sessions C

4:30-5:15 p.m. (1630-1715) Room 103 Session: C 01 Research Session Keyword: INRC18C01	Strategies in Nursing Research <i>Spanning the Research-Teaching-Practice Nexus Through Education: Facilitating Research and Publication Between Clinicians and Academics</i> Lindy King, PhD <i>Improving Survey Development and Objective Measurement in Nursing Research: Construct Modeling and Rasch Diagnostics Analysis</i> Mary Bourke, PhD, MSN, RN
4:30-5:15 p.m. (1630-1715) Room 104 Session: C 02 Research Session Keyword: INRC18C02	Clinical Education Strategies for Parents <i>Using WeChat-Assisted Instructions for Parents of Children Undergoing Herniorrhaphy</i> Violeta Lopez, PhD; and Xuelin Zhang, MAN <i>Level of Health Literacy and Parent/Guardian Asthma Knowledge</i> Evelyn L. Hoover, PhD
 4:30-5:15 p.m. (1630-1715) Room 105 Session: C 03 Research Session Keyword: INRC18C03	Clinical Learning <i>Mentoring, Modeling, and Mastery: An Innovative Mentoring Model to Support New Clinical Nursing Faculty</i> Pamela Karagory, DNP, MBA, MSB, BSN, RN, CNE; Kristen F. Kirby, MSN, BSN, RN, FNP-C; Becky S. Walters, MSN, FNP-BC, CWCN; Abby Berg, MSN; Joy Pieper, MSN; and Diane Hountz, DNP, ANP, RN <i>Faculty and Staff Nurse Collaboration in the Clinical Learning Environment, Strategies for Improvement</i> Katie Hooven, PhD, RN, MBA, CNE



Thursday Schedule

<p>4:30-5:15 p.m. (1630-1715) Room 106</p> <p>Session: C 04 Research Session</p> <p>Keyword: INRC18C04</p>	<p>Fragility in the Older Adult</p> <p><i>Border Crossings: International Nursing Collaborative Advances Care of Older Adults With Fragility Hip Fracture</i> Anita Meehan, MSN; Ami Hommel, PhD; Anita Taylor, MCISc, MNSc; Ann Butler Maher, MSN; and Valerie MacDonald, MSN</p> <p><i>Use of Plasma Biomarkers to Test Frailty in Geriatric Trauma Patients</i> Pamela W. Bourg, PhD, RN, TCRN, FAEN</p>
 <p>4:30-5:15 p.m. (1630-1715) Room 107</p> <p>Session: C 05 Special Session</p> <p>Keyword: INRC18C05</p>	<p>Special Session</p> <p><i>Presentation Tips and Tricks: Getting Accepted and Engaging Your Audience</i> Sarah E. Abel, MSN, RN, CEN</p> <p>Get the inside scoop on how to improve your presentation abstract, including formatting and choosing a title. Learning to enhance your presentation by utilizing your presentation time effectively.</p>
 <p>4:30-5:15 p.m. (1630-1715) Room 109</p> <p>Session: C 06 Special Session</p> <p>Keyword: INRC18C06</p>	<p>Special Session</p> <p><i>Leading Interprofessional Practice Advancements: Critical Components of Influence</i> Deborah Bailey, EdD, MSN, RN; Amy Cotton, PhD, FAAN; Pearl Ed G. Cuevas, PhD, MAN, RN, FGnLA; Mary Catherine Rawls, PhD; and Kathy D. Wright, PhD, RN, GCNS-BC, PMHCNS-BC</p> <p>Leading interprofessional practice advancements in delivery of care, educational design, and policy development are essential for the future of healthcare. Nurse leaders are prepared and positioned through the intentional behavioral leadership development experience of the Gerontological Nurse Leadership Academy.</p>
<p>4:30-5:15 p.m. (1630-1715) Room 110</p> <p>Session: C 07 Evidence-Based Practice Session</p> <p>Keyword: INRC18C07</p>	<p>Family Caregivers and Chronic Conditions</p> <p><i>Benefit Finding for Chinese Family Caregivers of Community-Dwelling Stroke Survivors: A Cross-Sectional Study</i> Yongxia Mei; and Zhenxiang Zhang</p> <p><i>Lived Experience of Ethnic Minority Caregivers Supporting a Family Member With Dementia: A Scoping Review</i> Debra Jackson, PhD; and Joanne Brooke, PhD, RN, CPsychol</p>
<p>4:30-5:15 p.m. (1630-1715) Room 111</p> <p>Session: C 08 Evidence-Based Practice Session</p> <p>Keyword: INRC18C08</p>	<p>Clinical Outcomes in the ICU</p> <p><i>Nurses' Decision-Making Process in Cases of Physical Restraint in Intensive Care Units</i> Yi Hung Yang, MSN</p> <p><i>Implementation of the Evidence-Based ABCDEF Bundle in a Surgical Intensive Care Unit: Process and Outcomes</i> Taline Marcarian, PhD, RN, CCRN, CSC; and Katrine Murray, BSN, RN, CCRN, NE-BC</p>
<p>4:30-5:15 p.m. (1630-1715) Room 112</p> <p>Session: C 09 Research Session</p> <p>Keyword: INRC18C09</p>	<p>Promoting Outcomes in the Emergency Department</p> <p><i>Waiting Room Nurse Roles in the Emergency Department: Current Practice and Praxis Context</i> Kelli Innes, MSN; Doug Elliott, PhD; Debra Jackson, PhD; and Virginia Plummer, PhD</p> <p><i>Factors Associated With Emergency Among Older Adults at the Emergency Department in South Korea</i> Dong-Soo Shin, PhD; and MiSook Kim, PhD</p>
<p>4:30-5:15 p.m. (1630-1715) Room 203</p> <p>Session: C 10 Evidence-Based Practice Session</p> <p>Keyword: INRC18C10</p>	<p>Evidence Implementation in Clinical Practice</p> <p><i>Evidence-Based Guidelines for Prevention, Screening, and Management of Multiple Organ Dysfunction Syndrome</i> Manju Daniel, PhD, MSN, APN, FNP-BC; and Gagandeep Singh, BSN</p> <p><i>Validation of a Symptoms Distress Scale in a Cirrhotic Population: Item Response Theory</i> Hui-Chuan Huang, PhD</p>
<p>4:30-5:15 p.m. (1630-1715) Room 204</p> <p>Session: C 11 Evidence-Based Practice Session</p> <p>Keyword: INRC18C11</p>	<p>Quality Improvement Strategies</p> <p><i>Moving Patient Care Quality Forward by Benchmarking Nursing Care Performance</i> Huey-Shys Chen, PhD, RN, MCHES, FAAN; and Yue Zhang, PhD</p> <p><i>Using Quality Improvement Frameworks and Methodologies to Improve Clinical Outcomes</i> Anna Dermenchyan, MSN, RN, CCRN-K</p>

Friday Schedule

7:30 a.m.-5:30 p.m. (0730-1730) Level 1 Foyer	Registration
7:30 a.m.-4:00 p.m. (0730-1600) Level 1 Foyer	Moderator Check-In Moderators are required to check-in to verify participation.
7:30 a.m.-4:00 p.m. (0730-1600) Level 1, Speaker Ready Room	Presenter Ready Room
7:30-10:00 a.m. (0730-1000) Level 2, Melbourne Foyer	Exhibitor Move-In
7:30-7:45 a.m. (0730-0745) Level 2, Melbourne Room 2	Poster Session 1 Setup (Poster assignments are listed on pages 78-82. Poster floor plan layout is available on page 77.)
7:45-8:30 a.m. (0745-0830) Level 2, Melbourne Room 2	Poster Viewing Session 1A (Poster assignments are listed on pages 78-82. Poster floor plan layout is available on page 77.)
8:30 a.m.-4:15 p.m. (0830-1615) Level 1, Room 102	Chapter Development Meetings By Appointment Only
 8:30-10:00 a.m. (0830-1000) Ground Level, Auditorium <i>Keyword: INRC18PLN2</i>	Plenary Session 2 <i>Emerging Nurse Researcher Award</i> <i>Developing Change Agents in an Ever Evolving Healthcare Delivery System</i> Dale E. Beatty, DNP, RN, NEA-BC, Chief Nursing Officer and Vice President for Patient Care Services, Stanford Healthcare
10:00 a.m.-noon (1000-1200) Level 1, Room 108	Career Center Appointments Sponsored by Jonas Nursing and Veterans Healthcare
10:00-10:45 a.m. (1000-1045) Level 2, Melbourne Foyer	Sigma Marketplace Exhibit Viewing Morning Break
10:00-10:45 a.m. (1000-1045) Level 2, Melbourne Room 2	Poster Viewing Session 1B (Poster assignments are listed on pages 78-82. Poster floor plan layout is available on page 77.)

Concurrent Sessions D

 10:45 a.m.-noon (1045-1200) Room 103 Session: D 01 Special Session <i>Keyword: INRC18D01</i>	Special Session <i>Getting Published</i> Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN; and Debra J. Anderson, PhD, RN, BA, GDNS (ed) The presentation will cover tips for planning and writing manuscripts, including deciding on the kind of manuscript, following author guidelines, formatting, and thinking about target audience.
 10:45 a.m.-noon (1045-1200) Room 104 Session: D 02 Evidence-Based Practice Session <i>Keyword: INRC18D02</i>	Global Perspectives on End-of-Life <i>Methodological Issues in Conducting an End-of-Life Care Study Among Older Korean US Immigrants</i> Hyeyoung K. Park, MSN, RN; and Cristina C. Hendrix, DNS, GNP-BC, FAAN <i>The Relationships Between Attitude, Perceived Competency, and Knowledge of Nursing Students in End-of-Life Care</i> Susan Ka Yee Chow, PhD

Friday Schedule

10:45 a.m.-noon

(1045-1200)

Room 105

Session: D 03

Research Session

Keyword: INRC18D03

Management of Chronic Conditions

Promoting DVT Prevention Through Hydration: Essential to Safely Administering Low Molecular Heparin in Anticoagulation Therapy

Patricia R. Messmer, PhD, MSN, MA, BSN, RN-BC, FAAN; and Guillermo Valdes, DNP

Health Experiences of Travelling Australian Grey Nomads Living With Chronic Conditions: A Qualitative Descriptive Study

Kaara Ray Calma, BSN (Hons), RN; Elizabeth J. Halcomb, PhD, BN (Hons), RN, FACN; and Moira Stephens, PhD, MSc, BSc (Hons), CertEd, RN

Transformation for Health in Chronic Disease Management Among High-Risk Vulnerable Populations

Maria Christina R. Esperat, PhD, RN, FAAN; Huaxin Song, PhD; Linda McMurry, DNP, RN, NEA-BC; and Monica R. Garcia, MS

10:45 a.m.-noon

(1045-1200)

Room 106

Session: D 04

Research Session

Keyword: INRC18D04

Promoting Health in Neonates

Painful Procedures Correlate With Markers of Hypoxia, Oxidative Stress, and Intestinal Injury in Premature Neonates

Danielyn Mag-akat Angeles, PhD, RN

NICU Noise and Vibration and High-Risk Infant Outcomes: A Review of the Literature

Valerie L. Willis, PhD, RN, PPCNP-BC, PCNS-BC

Access to Neonatal Screening Test in Monitoring the Care of Newborns

Maria Cândida Furtado, PhD; Beatriz Molina Carvalho, SN; Waldomiro Roberto Tavares, RN; Jéssica Batistela Vincente, MSN, RN; Gabriel Zanin Sanguino, RN; and Debora Falleiros Mello, PhD, RN

10:45 a.m.-noon

(1045-1200)

Room 107

Session: D 05

Research Session

Keyword: INRC18D05

Nursing Education: Developing Nurses

Learning to be a Professional Nurse: Easier Said Than Done, a Principle-Based Concept Analysis

Beth Cusatis Phillips, PhD, RN, CNE; and Lynne Marie Kuhl, MSN

Effectiveness of a Transition to Practice Programme for Newly Qualified Registered Nurses

Yen Tjuin Eugene Teoh, MHS (Edu)

Better With Age

Candice Patryce Johnson, SN; Madison R. Kasel, SN; Michael H. Bramble, SN; Cassandra S. Clendenen, SN; Kelly A. Heffington, SN; Whitney S. Sims, SN; and Katharine Rocklein Kemplin, DNP, MSN, BNSc, RN

10:45 a.m.-noon

(1045-1200)

Room 109

Session: D 06

Research Session

Keyword: INRC18D06

Global Strategies in Diabetes Care

People With Diabetes in Indonesia: Exploring Diabetes Care

Titan Ligita, MN, BSN; Kristin Wicking, PhD, MSN, BSN, GradCertEd, RN; Nichole Harvey, PhD, MNSt, BN, GradCertEd, RN, RM, CritCareCert; Intansari Nurjannah, PhD, MNsc, BSN; and Karen Francis, PhD

Binational Research Challenges: Assessing Diabetes Self-Management Behaviors in the US-Mexico Border Region

Marylyn M. McEwen, PhD, RN, FAAN; and Francisco Gonzalez Salazar, MD, PhD

Patient and Carer Experiences of Diabetes Education Provided by the Nurse in Acute Care Setting

Amanda Towell-Barnard, DCur, MCur, BCur (EdetADM), RN; Lisa Whitehead, PhD, MA, BSc (Hons), RN; Linda L. Coventry, PhD, MS, BSc, DipAppSc, RN; Gloria Daniels, DNE, RN; Narelle Cusack, RN; and Susanne Megan Davis, MN (Rsch), BAppSc (Nsg), RN, MACN

10:45 a.m.-noon

(1045-1200)

Room 110

Session: D 07

Research Session

Keyword: INRC18D07

Men in Nursing

Identifying Strategies for Addressing Perceived Barriers to Education for Pre-Licensure Male Nursing Students

Brett T. Morgan, DNP, CRNA; Benjamin A. Smallheer, PhD, RN, ACNP-BC, FNP-BC, CCRN, CNE; Margory A. Molloy, DNP, RN, CNE, CHSE; and Helen Gordon, DNP, CNM, CNE, CHSE

Jordanian Male Nurses Perceptions of Nursing as a Career: A Qualitative Study

Susan A. LaRocco, PhD, MBA, RN, CNE, FNAP; Mohammad Y. N. Saleh, PhD, RN, TVNS, CNS; and Safa A. AlAshram, PhD, RN

Examining Attitudes of Acceptance of Males in Nursing Among Registered Nurses

Stephanie A. Gedzyk-Nieman, DNP, MSN, RNC-MNN

Friday Schedule

10:45 a.m.-noon
(1045-1200)
Room 204
Session: D 11
Research Session
Keyword: INRC18D11

Cultural Competency in Nursing Education
Cultural Competence of Graduating Baccalaureate Student Nurses
Loretta Heuer, PhD, RN, FAAN
A Qualitative Inquiry Into Travel Study Abroad: Experiences of Baccalaureate Nursing Students
Debra Scardaville, PhD, RN, CPNP-PC; and Kimberly Dudas, PhD, RN, ANP-BC, CNE
Developing Interprofessional Cultural Competence Skills Through the Use of Video Vignettes and Literature
Josette Brodhead, PhD, MSHS, CNE, RNC; Patricia M. Burke, PhD, CNE, RNC; and Laurie Walsh, JD, MS

Noon-1:30 p.m.
(1200-1330)
Level 2, Melbourne Room 1

Lunch
Noon-12:30 p.m. (1200-1230) - Networking Round Table Discussions

Randomized-Controlled Trials	Research for Vulnerable Populations	Promoting EBP in Curriculum Simulation	Interdisciplinary Study Teams
Quantitative	Ethnographic Data Collection	Participant Study Recruitment	Process Improvement Teams
Qualitative	International Partnerships	Dissemination/Publication	Service Learning
Tools & Methodologies	Clinical/Academic Partnerships	Sustaining Change	Flipped Classroom
Evidence-Based Practice		Communication Strategies	
Multi-site Research			

Noon-1:30 p.m.
(1200-1330)
Level 2, Melbourne Foyer

Sigma Marketplace Exhibit Viewing

12:30-1:30 p.m.
(1230-1330)
Level 2, Melbourne Room 2

Poster Viewing Session 1C
(Poster assignments are listed on pages 78-82. Poster floor plan layout is available on page 77.)

Concurrent Sessions E



1:30-2:15 p.m.
(1330-1415)
Room 103
Session: E 01
Research Session
Keyword: INRC18E01

Cardiovascular Health Promotion
Clinicians Take 5: Emphasizing Accountably in Blood Pressure Measurement
Johnny R. Tice, DNP; Leslie G. Cole, DNP, RN; Stephen M. Ungvary, MA; and Safiya George Dalmida, PhD, APRN-BC
Early Life Adversity is Associated With Biomarkers of Endothelial Dysfunction in Women Veterans
Karen L. Saban, PhD; Herbert Mathews, PhD; Eileen G. Collins, PhD, RN, FAACVPR, FAAN; and Linda Witek Janusek, PhD, BS, RN, FAAN

1:30-2:15 p.m.
(1330-1415)
Room 104
Session: E 02
Research Session
Keyword: INRC18E02

Professional Development
Association Between Registered Nurses' Experiences of Continuing Professional Development and Their Sharing of Information Gained
Ronell Leech, PhD, M(Ed), BA; and Jeaneth Majola, MCur (NsgMgmt)
Getting Yourself and Your Research "Out There": Shameless Self-Promotion Demystified
Philip Darbyshire, PhD

1:30-2:15 p.m.
(1330-1415)
Room 105
Session: E 03
Special Session
Keyword: INRC18E03

Special Session
The Sigma Chapter Development Process: How to Start a Chapter
Jenny Hoffman, BS
Do you want to start a Sigma chapter? Learn about the requirements, process, and timeline to establish and operate a developing honor society and then later apply for chapter charter status.

1:30-2:15 p.m.
(1330-1415)
Room 106
Session: E 04
Research Session
Keyword: INRC18E04

Undergraduate Nursing Teaching Strategies
Australian Nursing Students' Digital Information Literacy Skills and e-Learning
Didy Button, PhD
The Lived Experiences of Nursing Students in Performing Case Scenario Analysis
Josephine De Leon, PhD, MAN, RN

Friday Schedule

<p>1:30-2:15 p.m. (1330-1415) Room 107</p> <p>Session: E 05 Research Session</p> <p>Keyword: INRC18E05</p>	<p>EBP Barriers in Implementation</p> <p><i>Educational Intervention Effects on Nurses' Perceived Ability to Implement Evidence-Based Practice</i> Atalanta Wan, PhD, RN, CNS, CCRN, NE-BC</p> <p><i>Bridging the Gap: An Innovative Web-Based Approach for Evaluating EBP Readiness in Direct Care Nurses</i> Jamie K. Roney, DNP, RN-BC, CCRN-K; JoAnn D. Long, PhD, RN, NEA-BC; Stacey L. Spradling, MSN, RN-BC, CCRN; Karen Baggerly, MSN, RN, NE-BC; and Nikki L. Galaviz, BSN, RN, CCRN</p>
 <p>1:30-2:15 p.m. (1330-1415) Room 109</p> <p>Session: E 06 Special Session</p> <p>Keyword: INRC18E06</p>	<p>Special Session</p> <p><i>Mentoring Experiences</i> Lois S. Marshall, PhD, RN; Nicole Julienne Hall, EdD, MSN; Claudia K. Y. Lai, PhD, RN, MN, CS; and Matthew S. Howard, MSN, RN, CPN, CPEN, CEN</p> <p>This presentation will discuss mentoring relationships that have utilized the Sigma Career Mentoring and Career Coaching program. Formal and informal relationships will be discussed by the panelists. The Sigma Career Mentoring and Career Coaching program will also be presented.</p>
<p>1:30-2:15 p.m. (1330-1415) Room 110</p> <p>Session: E 07 Research Session</p> <p>Keyword: INRC18E07</p>	<p>Clinical Nurse Educator Preparation</p> <p><i>The Effectiveness of Preparation Programs for Clinical Nurse Educators on Role Confidence</i> Van Nguyen, PhD, BN; Maxine Duke, PhD; and Helen Forbes, PhD, RN</p> <p><i>Clinical Nurse Education: Evidence Leading Reform Agenda</i> Robyn A. Rosina</p>
 <p>1:30-2:15 p.m. (1330-1415) Room 111</p> <p>Session: E 08 Research Session</p> <p>Keyword: INRC18E08</p>	<p>Caring for Patients With Neurocognitive Disorder</p> <p><i>Promoting Best Practice Care for People With a Neurocognitive Disorder: A Knowledge Translation Strategy</i> Alison M. Hutchinson, PhD, MBioeth, BAppSci, RN; Bernice Redley, PhD; Helen A. Rawson, PhD; Charlotte Peel, MA (Social Anthropology); Ben Richardson, PhD; Emily Tomlinson, PhD; Tracey K. Bucknall, PhD, RN, ICU Cert. BN, GradDip, (AdvNurs); Cherene Ockerby, BA (Hons); Cheyne Chalmers, MMgmt (HSM); Don Campbell, MD; and Beverly O'Connell, PhD</p> <p><i>Co-Creating BRAIN-TRK: Behavioural Resource App for Interventions for Neurocognitive Disorders-Translating Research Knowledge</i> Bernice Redley, PhD; Alison M. Hutchinson, PhD, MBioeth, BAppSci, RN; Helen A. Rawson, PhD; Charlotte Peel, MA; Emily Tomlinson, PhD; Cherene Ockerby, BA (Hons); and Ben Richardson, PhD</p>
<p>2:30-3:45 p.m. (1430-1545) Room 107</p> <p>Session: E 09 Research Session</p> <p>Keyword: INRC18E09</p>	<p>Promoting Maternal-Child Health</p> <p><i>In-Hospital Newborn Falls: How Big Is the Problem?</i> Rachel Abraham Joseph, PhD, RN, CCRN</p> <p><i>Developing National Standards of Practice for Maternal, Child, and Family Health Nurses in Australia</i> Julian Maree Grant, PhD; and Creina Mitchell, Mph</p>
 <p>1:30-2:15 p.m. (1330-1415) Room 203</p> <p>Session: E 10 Evidence-Based Practice Session</p> <p>Keyword: INRC18E10</p>	<p>Instruments to Promote Global Health</p> <p><i>Development of Brief Aging Perception Questionnaire (B-APQ) Among Older Persons With Chronic Disease</i> Yu-Rung Wang, MSN, RN; Huan-Fang Lee, PhD, RN; and Ching-Min Chen, DNS, RN</p> <p><i>Development and Validation of the Needs of Children's Questionnaire to Measure Children's Needs in Hospital</i> Mandie Jane Foster, PhD; Lisa Whitehead, PhD, MA, BSc (Hons), RN; and Diana Arabiat, PhD</p>

Friday Schedule


2:30-3:45 p.m. (1430-1545) Room 203 Session: F 10 Evidence-Based Practice Symposium Keyword: INRC18F10	Symposium <i>Innovative Evaluation Strategies: Instilling Evidence-Based Practice Attitudes That Will Impact Future Global Health Outcomes</i> Tonya L. Breymier, PhD, RN, CNE, COI; LaDonna Dulemba, DNP; and Gloria L. Dixon, DNP <i>Scholarly Project Dissemination to Enhance Evidence-Based Practice Attitudes for Future Advanced Practice Nurses</i> Tonya L. Breymier, PhD, RN, CNE, COI <i>Implementing an Electronic Defense for Program Learning Outcome Assessment to Evaluate Evidence-Based Practice Attitudes</i> LaDonna Dulemba, DNP <i>Utilizing Overall Program Evaluation Data: Innovative Steps to Enhance Evidence-Based Practice Attitudes Through Curriculum Improvement</i> Gloria L. Dixon, DNP
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2:30-3:45 p.m. (1430-1545) Room 204 Session: F 11 Evidence-Based Practice Symposium Keyword: INRC18F11	Symposium <i>Evidence-Based Practice: Implications for Undergraduate Nursing Education</i> Wendy Sue Bowles, PhD, RN, CNP; Cindy G. Zellefrow, DNP, MEd, RN, LSN, APHN-BC; and Amy Suzanne Jauch, MSN, RN, CNE <i>Integrating Evidence-Based Practice as a Way of Thinking in an Undergraduate Curriculum</i> Wendy Sue Bowles, PhD, RN, CNP <i>Evidence-Based Practice in Healthcare: Implications for Nursing Education</i> Cindy G. Zellefrow, DNP, MEd, RN, LSN, APHN-BC <i>Framework for Integrating Evidence-Based Practice in an Undergraduate Curriculum</i> Amy Suzanne Jauch, MSN, RN, CNE
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Concurrent Sessions G



4:00-4:30 p.m. (1600-1630) Room 103 Session: G 01 Special Session Keyword: INRC18G01	Special Session <i>International Leadership Opportunities</i> Gwen Sherwood, PhD, RN, FAAN, ANEF; Kuei-Ru Chou, PhD, RN; and Benjamin A. Smallheer, PhD, RN, ACNP-BC, FNP-BC, CCRN, CNE Members of Sigma's Leadership Succession Committee will discuss opportunities for serving as an international leader for the honor society. Open positions and position descriptions will be identified during this session, as well as qualifications and time commitment required.
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4:00-4:30 p.m. (1600-1630) Room 105 Session: G 03 Special Session Keyword: INRC18G03	Special Session <i>Research Abstracts, Proposals, and Grant Writing: Basics From Start to Finish</i> Lois S. Marshall, PhD, RN This presentation will provide the novice researcher the basics to write a research abstract, proposal, and/or grant for submission. This session will enable participants to gain a basic understanding of the steps of the abstract/proposal/grant writing process in order to enable them to put forth a submission in the future.
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4:00-4:30 p.m. (1600-1630) Room 106 Session: G 04 Special Session Keyword: INRC18G04	Special Session <i>Sigma's Henderson Repository: Innovation and Impact Through Open Dissemination</i> Matthew S. Howard, MSN, RN, CPN, CPEN, CEN; and Martin Christensen, PhD, MA, MSc, BSc (Hons), PGCert (ICU) Curious about Sigma's free resource, the Virginia Henderson Global Nursing e-Repository? This session explains the specifics of the repository and provides details about open dissemination and its benefits. If you are looking to quantify the global impact and reach of your work, look no further than the Henderson Repository.
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4:00-4:30 p.m. (1600-1630) Room 107 Session: G 05 Solution Interest Group	Solution Interest Group Discussion around a topic to develop key takeaways and tangible solutions Topic: Promoting healthy work environments
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Saturday Schedule

CONCURRENT SESSIONS I

9:30-10:15 a.m.

(0930-1015)

Room 103

Session: I 01

Research Session

Keyword: INRC18101

Simulation Competencies

The Effectiveness of Simulation Education on Improving Self-Efficacy Toward Teaching Among Nurse Educators in India

Shelby L. Garner, PhD, RN, CNE; Erin E. Killingsworth, PhD; Leena Raj, MSN, MPhil; and Martha Bradshaw, PhD

Promoting Confidence in Managing Clinical Aggression at a Paediatric Hospital Using High-Fidelity Simulation-Based Education

Marijke J. Mitchell, MN, RN; Katrina Williams, PhD; Fiona H. Newall, PhD, MN, BSc (Nsg), RN; and Jenni Sokol, MBBS

9:30-10:15 a.m.

(0930-1015)

Room 104

Session: I 02

Research Session

Keyword: INRC18102

Studies in Mental Health

Hospital Revitalisation Implementation Framework Innovation From Action Research for Psychiatry: Evidence for Nurse Leaders Globally

Guinevere Lourens, PhD, MNsc, BNsc, RN, RM, RPN, RCN

Re-Imagining Mental Healthcare in Kenya: Results From Mental Health Literacy Survey and Education Pilot

Elijah Marangu, MPH; Helen Rawson, PhD; and Fethi Mansouri, PhD

9:30-10:15 a.m.

(0930-1015)

Room 105

Session: I 03

Research Session

Keyword: INRC18103

Mindfulness-Based Health Promotion

Effects of the Mindfulness-Based Stress Reduction Program on Blood Pressure in Adults: A Literature Review

Ana Laura Solano, PhD

Chronic Pain and the Effects of Self-Regulation and Mindfulness

Marygrace Leveille, PhD, RN, ACNP-BC; and Debra Kahnen, BSN, RN, CMSRN

9:30-10:15 a.m.

(0930-1015)

Room 106

Session: I 04

Research Session

Keyword: INRC18104

Competencies in the Nursing Profession

Overview of Systematic Reviews Indicates Variation in EBP Competencies Among Healthcare Professionals

Hannele Saunders, PhD, RN, APRN-BC, CNS, CNRN; Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN; Tarja Kvist, PhD, MSN, BSN, RN; and Katri Vehviläinen-Julkunen, PhD, LicHC, MSc, RN, RM

Knowledge, Skills, Competencies, and Psychological Capacities of Nurses in Disaster Preparedness: A Future Direction

Nizar B. Said, MSN; Vico C. L. Chiang, PhD, MHA, GDipMgtSt, BN, RN, MACN, FHKAN (CritCr); and Alice Yuen Loke, PhD, RN

9:30-10:15 a.m.

(0930-1015)

Room 107

Session: I 05

Research Session

Keyword: INRC18105

Considerations in the Care of Cardiac Patients

Powerful Impact of Family Diaries in a Cardiothoracic Transplant Intensive Care Unit

Marygrace Leveille, PhD, RN, ACNP-BC; Amber Coe, BSN, RN, CCRN; Barbara "Bobbi" Leeper, MSN, RN, CCRN, FAHA; and Deborah Petty, DNP

Predictors of 30-Day Hospital Readmissions Among Heart Failure Patients

Lydia Honorata Albuquerque, DNP

9:30-10:15 a.m.

(0930-1015)

Room 109

Session: I 06

Research Session

Keyword: INRC18106

Community-Based Wellness

The Role of Nurses in International and Community Development Programs: My Personal Experience

Suzette Dela Cruz-Regalo, BSN, RN, PGDip ICD, MHIM

Community-/Coalition-Based Wellness Efforts: Evaluation of Policy, Systems, and Environmental Changes Through an Academic-Community Partnership

Vicki L. Simpson, PhD, RN, CHES

9:30-10:15 a.m.

(0930-1015)

Room 110

Session: I 07

Special Session

Keyword: INRC18107

Special Session


How to Amend Your Sigma Chapter to Add a College of Nursing or Practice Setting

Jenny Hoffman, BS

Sigma chapters can officially expand by adding an institution of higher education or practice setting. Learn the requirements, process, and timeline to officially expand your chapter.

Saturday Schedule

Concurrent Sessions J

 1:30-2:45 p.m.

(1330-1445)

Room 103

Session: J 01

Research Session

Keyword: INRC18J01

Adolescent Sexual Health

Scottish Adolescents' Sexual Experiences and Risk Behaviors: Understanding for Evidence-Based Intervention Tailoring

Dianne Morrison-Beedy, PhD, MSN, BSN, RN, WHNP-BC, FNAP, FAANP, FAAN; Caroline Hollins Martin, PhD; Janette Pow, PhD; and Lawrie Elliott, PhD

Promotion of Girls Reproductive Knowledge Through a Health Camp Intervention

Adejoke B. Ayoola, PhD, RN; Barbara Bosscher Timmermans, PhD, RN; Josephine Granner, BSN; Donald Bryant; and Elise Veurink, BSN, RN

Why Is It So Hard? Promoting Open Conversations Between Parents and Adolescents

Josie Weiss, PhD, MSN, BSN, FNP-BC, FAANP

1:30-2:45 p.m.

(1330-1445)

Room 104

Session: J 02

Research Session

Keyword: INRC18J02

Parent Education Initiatives

Learning Principles' Utilisation in Parent Education Practice: A Scoping Review of the Literature


Deryn Lee Thompson, MN, Esther May, PhD; Matthew Leach, PhD; Jennifer Fereday, PhD; and Colleen P. Smith, PhD

The Global Effect of an Innovative Oral Health Educational Program for Caregivers of Children

Audrey P. Miller, PhD, MSNEd, ARNP, PPCNP-BC; Gabriella M. Riccio, DNP, MSN, ARNP, FNP-BC; and Chanadra T. Young-Whiting, EdD, MPH/HSA, BS, MT, CHES

Standardized Education for Parents Requesting an Immunization Exemption for School Entry in Utah

Erin J. Marshall, SN, FNP; Lacey M. Eden, MS, NP-C; Janelle L. B. Macintosh, PhD, RN; and Karlen E. Luthy, DNP, MS, BS, FNP

 1:30-2:45 p.m.

(1330-1445)

Room 105

Session: J 03

Research Symposium

Keyword: INRC18J03

Symposium

Current State of EBP Competency in Nurses and Organizations: Critical Implications for Improving Outcomes

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN; Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN; and Cindy G. Zellefrow, DNP, MEd, RN, LSN, APHN-BC

Development of the EBP Competencies for Practicing Registered Nurses and Advanced Practice Nurses: Delphi Study

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

First US Study on Registered Nurses' and Advanced Practice Nurses' EBP Competencies: Call to Action

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN

Implementing the EBP Competencies in Academic and Clinical Settings to Improve Outcomes: Exemplars of Success

Cindy G. Zellefrow, DNP, MEd, RN, LSN, APHN-BC

1:30-2:45 p.m.

(1330-1445)

Room 106

Session: J 04

Research Session

Keyword: INRC18J04

Health Promotion of Diabetic Patients

Translation and Evaluation of the Thai Version of the Simplified Diabetes Knowledge Scale

Saneh Khunkaew

Safe Implementation of a Hyperglycemic Crises Protocol by Utilizing a Conversion Table

Renee Murray-Bachmann, EdD, CDN, RN, CDE, CPT; Deirdre O'Flaherty, DNP, RN, NE-BC, APRN-BC, ONC; Seon Lewis-Holman, DNP, ACNS-BC; Shawanda M. Patterson, MA, RN, AGPCNP-BC, CCRN; Simone Ashman, MA, RN; and Irene Macyk, PhD, RN, NEA

Comparison of the Risk of Developing Type 2 Diabetes in Mining and Administrative Workers

Ma. Teresa Pratz Andrade, DCE, MCE, ECV, RN; and Sandra Lizeth Pérez Villegas, SN

1:30-2:45 p.m.

(1330-1445)

Room 107

Session: J 05

Evidence-Based Practice Symposium

Keyword: INRC18J05

Symposium

Building an Evidence-Based Nursing Enterprise: Our Experience and Meaningful Outcomes

Nancy Houlihan, MA, AOCN; Kevin Browne, MS, RN, CCRN; and Keri Jean Wagner, RN, FNP-C, OCN

Organizational Planning for Adopting Evidence-Based Practice

Kevin Browne, MS, RN, CCRN

Actualizing Institutional Change: Applying Deliberate Strategies for Adopting Evidence-Based Practice

Nancy Houlihan, MA, AOCN

Nursing Leaders as Early Adopters of Evidence-Based Practice: Outcomes of the Plan

Keri Jean Wagner, RN, FNP-C, OCN

Saturday Schedule

<p>1:30-2:45 p.m. (1330-1445) Room 109</p> <p>Session: J 06 Evidence-Based Practice Session</p> <p>Keyword: INRC18J06</p>	<p>Engaging, Empowering, and Energizing the Workforce</p> <p><i>Psychometric Evaluation of the Nurse's Retention Positive Energy Instrument (NRPEI): A Confirmatory Analysis</i> Chiu-Chu Lin, PhD, RN; and Chia-Chen Wu, MSN, RN</p> <p><i>Demonstrating the Return on Investment for Nursing: Elevating Nursing Practice Through Engagement</i> Rani Hajela Srivastava, PhD, MScN, RN; Gillian Strudwick, PhD, RN; Kristin Cleverley, PhD, MSc, BScN, RN, CPMHN; Margaret Gehrs, MScN, BScN, BSc (HK), BScN, MScN, CPMHN (C), RN; and Ann Pottinger, MScN, MN, RN</p> <p><i>Advancing the Voice of Nursing Through Leadership: The Current State of the Evidence Base</i> Jennifer A. Specht, PhD; and Dawn M. Gordon, PhD</p>
<p>1:30-2:45 p.m. (1330-1445) Room 110</p> <p>Session: J 07 Research Session</p> <p>Keyword: INRC18J07</p>	<p>QOL in Cancer Care</p> <p><i>The Predicting Factors of Quality of Life in Women With Invasive Ovarian Cancer</i> Ya-Ling Yang, PhD, RN</p> <p><i>Contextual Factors, Cognitive Appraisal, and Quality of Life During Cancer Treatment</i> Theresa A. Kessler, PhD, RN, ACNS-BC, CNE</p> <p><i>Efficacy of Individual Health Education on Adjustment and QoL Oral Cancer After Reconstruction Surgery</i> Yi-Wei Chen, MSN; and Tsae-Jyy Wang, PhD, RN, ARNP</p>
<p> 1:30-2:45 p.m. (1330-1445) Room 111</p> <p>Session: J 08 Special Session</p> <p>Keyword: INRC18J08</p>	<p><i>The Future of Global Health Nursing</i> Beth Baldwin Tigges, PhD, RN, PNP, BC; Gwen Sherwood, PhD, RN, FAAN, ANEF; Elizabeth Iro, RN; and Cynthia Vlasich, MBA, BSN, RN</p> <p>This panel discussion will review current international efforts that promote nursing's role in leading the global health agenda, including the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON®), Nursing Now, and initiatives at the World Health Organization (WHO).</p>
<p> 1:30-2:00 p.m. (1330-1400) Room 203</p> <p>Session: J 10a Special Session</p> <p>Keyword: INRC18J10a</p>	<p>Special Session</p> <p><i>2018 International Nurse Researcher Hall of Fame Honoree</i> <i>History Matters: Nurses' Role in Primary Healthcare, 1920-1940</i> Patricia D'Antonio, PhD, MSN, RN, FAAN</p> <p>This presentation analyses the work of US nurses in establishing the norms of primary healthcare in the 1920s and 1930s. It argues for the centrality of their day-to-day work in convincing families and communities to accept health as well as illness care.</p>
<p> 2:15-2:45 p.m. (1415-1445) Room 203</p> <p>Session: J 10b Special Session</p> <p>Keyword: INRC18J10b</p>	<p>Special Session</p> <p><i>2018 International Nurse Researcher Hall of Fame Honoree</i> <i>Improving Outcomes of Patient-Caregiver Dyads in Chronic Illness</i> Misook L. Chung, PhD, RN, FAHA, FAAN</p> <p>This session will provide updated data-based information on significance and consequence of family caregiving and dyadic intervention programs designed to improve outcomes of patients-caregivers dyads.</p>
<p> 1:30-2:45 p.m. (1330-1445) Room 204</p> <p>Session: J 11 Special Session</p> <p>Keyword: INRC18J11</p>	<p>Special Session</p> <p><i>ELNEC: Preparing Nurses to be Palliative Care Leaders Around the World</i> Polly M. Mazanec, PhD, ACNP-BC, AOCN, ACHPN, FPCN; and Pamela Malloy, MN, FAAN, FPCN</p> <p>Millions of people around the world with serious illnesses are in dire need of quality palliative care. Nurses educated in the ELNEC curriculum have become international leaders, improving the way people with serious illness and their families receive care, across the illness trajectory and at end-of-life.</p>
<p>2:45-3:30 p.m. (1445-1530) Level 2, Melbourne Foyer</p>	<p>Sigma Marketplace</p> <p>Exhibit Viewing</p> <p>Afternoon Break</p>
<p>2:45-3:30 p.m. (1445-1530) Level 2, Melbourne Room 2</p>	<p>Poster Viewing Session 2C (Poster assignments are listed on pages 84-88. Poster floor plan layout is available on page 83.)</p>

Saturday Schedule

2:45-3:30 p.m.

(1445-1530)

Level 2, Melbourne Foyer

Meet the Authors

Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC

Implementing the Evidence-Based Practice (EBP) Competencies in Healthcare: A Practical Guide for Improving Quality, Safety, and Outcomes

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

Implementing Evidence-Based Practice: Real-Life Success Stories and Implementing the Evidence-Based Practice (EBP) Competencies in Healthcare: A Practical Guide for Improving Quality, Safety, and Outcomes

Gwen D. Sherwood, PhD, RN, FAAN, ANEF

Reflective Practice: Transforming Education and Improving Outcomes, Second Edition and Reflective Organizations

Sharon Tucker, PhD, RN, PMHCNS-BC, FAAN

Evidence-Based Practice in Action and Workbook: Evidence-Based Practice in Action

Concurrent Sessions K

3:30-4:00 p.m.

(1530-1600)

Room 103

Session: K 01

Special Session

Keyword: INRC18K01

Special Session

2018 International Nurse Researcher Hall of Fame Honoree

End-of-Life Communication and Treatment Decision Making: The Most Enduring Challenge in Healthcare

Mi-Kyung Song, PhD

This presentation will discuss the phenomenon of end-of-life communication and treatment decision making as the most enduring challenge in healthcare and an evidence-based approach to improve patient and family outcomes.

3:30-4:00 p.m.

(1530-1600)

Room 104

Session: K 02

Special Session

Keyword: INRC18K02

Special Session

2018 International Nurse Researcher Hall of Fame Honoree

TelePain

Ardith Z. Doorenbos, PhD, RN, FAAN

By the end of this session participants should expect to identify the challenge of effective pain management and integrative interventions for chronic pain management. They should also be able to describe the impact of telehealth on patient outcomes.

3:30-4:00 p.m.

(1530-1600)

Room 105

Session: K 03

Special Session

Keyword: INRC18K03

Special Session

2018 International Nurse Researcher Hall of Fame Honoree

Adventures in Translational Research: From Bedside to Bench and Back Again

Hilaire Thompson, PhD, ARNP

This session is designed to describe how nurse scientists can move clinically relevant questions from the patient bedside to the laboratory setting and back to clinical care, covering the various translational research phases. One such program of research focused on traumatic brain injury will be used as an exemplar.

3:30-4:00 p.m.

(1530-1600)

Room 106

Session: K 04

Special Session

Keyword: INRC18K04

Special Session

2018 International Nurse Researcher Hall of Fame Honoree

A Program of Primary Care Nursing Research in Australia

Elizabeth J. Halcomb, PhD, BN (Hons), RN, FACN

The nursing workforce in Australian primary care has grown exponentially in the last 15 years. This presentation will discuss the research program that has evolved in conjunction with this workforce growth to support nursing education, health policy, and clinical practice.

3:30-4:00 p.m.

(1530-1600)

Room 107

Session: K 05

Special Session

Keyword: INRC18K05

Special Session


2018 International Nurse Researcher Hall of Fame Honoree

Behavioral Interventions to Reduce Health Disparities Among Vulnerable Populations of Ethnic Minority Women and Adolescents

Jane Champion, PhD, DNP, MA, MSN, AH-PMH-CNS, FNP, FAAN

Dr. Champion presents innovative behavioral interventions developed through active community participation to reduce health disparities among vulnerable populations of ethnic minority women and adolescents in rural and urban communities. This work has international public health policy implications for prevention of STI/HIV, unintended pregnancy, and substance use and abuse among these populations.

Sunday Schedule

 8:30-9:45 a.m.

(0830-0945)
Room 106

Session: L 04
Research Symposium

Keyword: INRC18L04

Symposium

Women's Health- and Job-Related Quality of Life

June Cho, PhD; Sun Ju Chang, PhD, RN; and Seung Hee Lee, PhS, PhD, MPN, RN

Health-Related Quality of Life in Women With Hypertension in Korea

Sun Ju Chang, PhD, RN

The Effects of Nurse Practice Environment and Organizational Justice on Job Embeddedness Among Hospital Nurses

Seung Hee Lee, PhS, PhD, MPN, RN

Correlation of Hormonal Biomarkers With Mental Health and Healthy Behaviors of Mothers With Very-Low-Birthweight Infants

June Cho, PhD

8:30-9:45 a.m.

(0830-0945)
Room 107

Session: L 05
Research Session

Keyword: INRC18L05

Promoting Clinical Outcomes for Chronic Conditions

Evaluation of the Best Foot Forward Health Service Model on Prevention of Leg Ulcers

Kathleen Finlayson, PhD, MNsg, BN; and Helen E. Edwards, PhD, RN, OAM, FACN, FAAN

Chronic Disease Multi-Morbidity: Nurse Practitioners Reforming Healthcare Delivery in Australia

Ann Bonner, PhD, MA, BAFSc (Nurs), RN, MACN; Cassandra Stone, MNSc(NP); Maureen Barnes, MNP; Jennifer Abels, MNSc(NP); Vincent Tam, BSc; Kathryn Havas, BPsySc (Hons 1); Karen Mills, MNSc(NP); and Clint Douglas, PhD, BN, RN

Nurse-Led Cognitive Training in Chronic Illness: An Integrative Review

Heather E. Cuevas, PhD

8:30-9:45 a.m.

(0830-0945)
Room 109

Session: L 06
Research Session

Keyword: INRC18L06

Preventing and Living With HIV

Human Immunodeficiency Virus Pre-Exposure Prophylaxis Screening and Linkage-to-Care at an Urban Treatment Center

Nancy S. Goldstein, DNP, MS, ANP-BC, RNC-OB; and Jared B. Davis, BA, BSN

The Health Impact of Housing Factors Among People Living With HIV

Safiya George Dalmida, PhD, APRN-BC

Knowledge for STI/HIV and Risky Sexual Behaviors for HIV/AIDS

Silvia Margarita Arellano-Porras, SN; Liliana del Rocio Ceron Lara, SN; Dulce Maria Tafolla-Sotelo, SN; Lucia Caudillo-Ortega, DSN, LEO, MCE; and Luisa Flores-Arias, DSN

8:30-9:45 a.m.

(0830-0945)
Room 110

Session: L 07
Research Session

Keyword: INRC18L07

Promoting Clinical Outcomes

Medication Adherence and Health Beliefs Among Patients With Hypertension: A Systematic Review


Huda Al Noumani, PhD, RN, CNS; Jia-Rong Wu, PhD; Debra Barksdale, PhD, RN, FNP-BC, CNE, FAANP, FAAN; Esra Al-Khasawneh, DNSc, MSN, RN, FAAN; Gwen Sherwood, PhD, RN, FAAN, ANEF; and George Knafl, PhD

Unpleasant Symptom Clusters Among Patients With Chronic Kidney Disease

Anucha Taiwong, MNS; and Nirobol Kanogsunthornrat PhD

Family Involvement in Caring for Persons With Chronic Kidney Disease (CKD): Implications for Family Education

Esther Shirley Daniel, PhD, RN, RM; and Donna Shelly Ann Dublin, BSN

 8:30-9:45 a.m.

(0830-0945)
Room 111

Session: L 08
Research Symposium

Keyword: INRC18L08

Symposium

Interprofessional Collaboration to Advance Nursing Education and Research

Tamatha Arms, DNP, RN, PMHNP-BC, NP-C; Laurie Badzek, JD, RN; Patricia White, MSN, RN; Diane Pastor, PhD; and Victoria Traynor, PhD

Interprofessional Collaboration to Advance Nursing Education and Research

Laurie Badzek, JD, RN

Interprofessional Collaboration on an Aging Simulation

Tamatha Arms, DNP, RN, PMHNP-BC, NP-C

Interprofessional Nursing Education to Prepare Baccalaureate Nursing Students for Transition to Practice

Patricia White, MSN, RN

Global Collaboration for Interprofessional Education on Dementia and Driving Decision Aid

Diane Pastor, PhD; and Victoria Traynor, PhD

Sunday Schedule

 8:30-9:45 a.m.

(0830-0945)

Room 112

Session: L 09

Research Symposium

Keyword: INRC18L09

Symposium

Midlife Women's Health Issues

Eun-Ok Im, PhD, MPH, FAAN; Yun Hu, PhD, RN; Ching-Yu Cheng, PhD, RN; Young Ko, PhD, RN; Eunice Chee, BSE; Wonshik Chee, PhD; Xiaopeng Ji, PhD, RN; Sangmi Kim, PhD, MPH; Soo Young Park, MSN; Jingwen Zhang, PhD; Hsiu-Min Tsai, PhD, RN; and Young Ko, PhD

Cognitive Symptoms of Midlife Women and Their Influencing Factors in Four Racial/Ethnic Groups

Eun-Ok Im, PhD, MPH, FAAN; Yun Hu, PhD, RN; Ching-Yu Cheng, PhD, RN; Young Ko, PhD, RN; Eunice Chee, BSE; and Wonshik Chee, PhD

The Best Strategy in a Web-Based Physical Activity Promotion Program for Midlife Asian American Women

Wonshik Chee, PhD; Xiaopeng Ji, PhD, RN; Sangmi Kim, PhD, MPH; Soo Young Park, MSN; Jingwen Zhang, PhD; Eunice Chee, BSE; Hsiu-Min Tsai, PhD, RN; and Eun-Ok Im, PhD, MPH, FAAN

A Cluster Analysis on Cognitive Symptoms of Midlife Women: Racial/Ethnic Differences

Yun Hu, PhD, RN; Ching-Yu Cheng, PhD; Young Ko, PhD; Eunice Chee, BSE; Wonshik Chee, PhD; and Eun-Ok Im, PhD, MPH, FAAN

8:30-9:45 a.m.

(0830-0945)

Room 203

Session: L 10

Evidence-Based Practice Symposium

Keyword: INRC18L10

Symposium

A US Study of EBP Competency Between Nurses in Magnet® and Non-Magnet Healthcare Institutions

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN; Cindy G. Zellefrow, DNP, MEd, RN, LSN, APHN-BC; Hannele E. Saunders, PhD, APRN-BC, CNS, CNRN, RN-C; and Fathimath Shifaza, PhD

Differences in Job Satisfaction and EBP Competency Between Nurses in Magnet® and Non-Magnet Healthcare Institutions

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

EBP Knowledge and Competency in Nurses at Magnet® and Non-Magnet Healthcare Institutions: A National Survey

Cindy G. Zellefrow, DNP, MEd, RN, LSN, APHN-BC

Differences in EBP Beliefs and Implementation Between US Nurses at Magnet® and Non-Magnet Healthcare Institutions

Hannele E. Saunders, PhD, APRN-BC, CNS, CNRN, RN-C; and Fathimath Shifaza, PhD

8:30-9:45 a.m.

(0830-0945)

Room 204

Session: L 11

Evidence-Based Practice Symposium

Keyword: INRC18L11

Symposium

Building an Evidence-Based Nursing Enterprise: Lessons Learned and Meaningful Outcomes

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN; Kevin Browne, MS, RN, CCRN; Nancy Houlihan, MA, AOCN; Keri Jean Wagner, RN, FNP-C, OCN; and Jennifer H. Dean, BS, BSN, RN

Return on Investment: Demonstrating Value to the Organization

Kevin Browne, MS, RN, CCRN; and Nancy Houlihan, MA, AOCN

Return on Investment: Demonstrating Value to the Clinician

Keri Jean Wagner, RN, FNP-C, OCN

Lessons Learned: Informing Future EBP Program Development

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN; and Jennifer H. Dean, BS, BSN, RN

9:45-10:15 a.m.

(0945-1015)

Level 2, Melbourne Foyer

Exhibit Viewing

Morning Break

Sigma Marketplace

9:45-10:15 a.m.


(0945-1015)

Level 2, Melbourne Room 2

Poster Viewing Session 3B

(Poster assignments are listed on pages 90-95. Poster floor plan layout is available on page 89.)

Concurrent Sessions M

 10:15-11:00 a.m.

(1015-1100)

Room 103

Session: M 01

Research Session

Keyword: INRC18M01

Mentoring Students and New Nurses

Second Degree Newly Licensed RNs Value Orientation: Comparative Analysis to Good Work in Nursing Research

M. Christine Alichnie, PhD, RN; and Shena Gazaway, PhD

Nurse-to-Nurse Empowerment Through Mentoring

Matthew S. Howard, MSN, RN, CPN, CPEN, CEN

Sunday Schedule

10:15-11:00 a.m.

(1015-1100)

Room 112

Session: M 09

Evidence-Based Practice Session

Keyword: INRC18M09

Organ Donation and Procurement Strategies

International Operating Room Nurses' Lived Experiences in Organ Procurement Surgery: A Phenomenological Study

Weili Gao, MN, BN (Hons), RN; Virginia Plummer, PhD, RN, RM, GCHPE, CertCritCare, BN, GradDipHlthAdmin, MSc (Hlt); and Lisa McKenna, PhD

Evaluation of a Standardized Pre-Donor Management Clinical Practice Guideline

Halli B. Carr, DNP, RN, ACNP-BC; Karen M. Ardisson, DNP, RN, ACNP-BC; Terri L. Allison, DNP, RN, ACNP-BC, FAANP; and Leena Choi, PhD

10:15-11:00 a.m.

(1015-1100)

Room 203

Session: M 10

Evidence-Based Practice Session

Keyword: INRC18M10

Global Health Promotion Interventions

Technology-Based Health Intervention With At-Risk Teens in Domestic Violence Shelters: A Pilot Study

Carolyn Smith, PhD, RN; Donna Martsof, PhD, RN, FAAN; and Claire Draucker, PhD, RN, FAAN

Community Genogram: An Innovation to Guide Health Promotion and Risk Reduction Interventions in Rural Thailand

Naruemol Singha-Dong PhD; April Bigelow, PhD; Michelle Pardee, DNP; Sornchai Thanjaroen, SN; Sataporn Danrabiab, SN; Orathai Chapthaisong, SN; Supamas Khammoon, SN; Somrutai Tochaiyaphum, SN; Wijitra Sanudchai, SN; Pomsiri Kruadsungnoen, SN; and Rattanapon Ramhan, SN

10:15-11:00 a.m.

(1015-1100)

Room 204

Session: M 11

Rapid Discussion Session

Keyword: INRC18M11

Rapid Discussion Session

RSC3.439 *Nurses' Practices With Blood Transfusions: Web-Based Instrument Development*

Rebecca Aulbach, PhD, RN-BC, ACNS-BC, CPHQ

RSC3.455 *Role Modeling in Nursing Leadership Skills of Graduate Education: Professional Formation and Reflection*

Fang-yu Chou, PhD, RN

RSC3.477 *Development of Self-Management Program Using Smartphone Application for Korean Patients With Chronic Hepatitis B*

Yeonsoo Jang, PhD

Concurrent Sessions N

11:15 a.m.-noon

(1115-1200)

Room 103

Session: N 01

Special Session

Keyword: INRC18N01

Sigma Theta Tau International: A Year of Advances

Cynthia Vlasich, MBA, BSN, RN

The global initiatives department focuses on five key strategies: global expansion; the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON*); relationship building; member engagement; and member growth. This session will include discussion on Sigma's global initiatives and invite dialogue on efforts to enhance member growth and engagement.

11:15 a.m.-noon

(1115-1200)

Room 104

Session: N 02

Research Session

Keyword: INRC18N02

Preceptorships

Preceptor-Centric Program = Increase Commitment to Preceptor Role and Preceptor Advancement

Solimar Figueroa, PhD

11:15 a.m.-noon

(1115-1200)

Room 105

Session: N 03

Research Session

Keyword: INRC18N03

Rethinking Nursing Education

Time for Disruptive Innovation in Nursing Education? Survey Results of Selected Western US Nursing Programs

Carolyn Montoya, PhD; Marie I. Lobo, PhD, RN, FAAN; Blake Boursaw, MS, BMS; and Jeffery Dubinski-Neessen, MS

Technology Enhanced Pedagogy: Exploration of Faculty Adaptation to iPad Delivery Curriculum

Melissa A. Stec, DNP, CNM, APRN, FACNM, FANN; and Carolyn Smith, PhD, RN

11:15 a.m.-noon

(1115-1200)

Room 106

Session: N 04

Research Session

Keyword: INRC18N04

Cancer Survivorship

Implementation of Survivorship Care Plans in an Oncology Clinic

Sheryl Marckstadt, PhD, RN, CNP, NP-C, FNP-BC; and Michelle Lynn Abraham, DNP, MSN, BSN, BSBA


Breast Cancer Survivors' Perceptions of Partners' Intervention Needs

Andrea A. Cohee, PhD, RN; and Shelley A. Johns, PsyD, ABPP

Sunday Schedule

<p>1:30-2:15 p.m. (1330-1415) Room 109</p> <p>Session: O 06 Evidence-Based Practice Session</p> <p>Keyword: INRC18006</p>	<p>Transitioning in the Workplace <i>Innovations in Perioperative Postgraduate Education Utilising Work Integrated Learning</i> Kylie P. Russell, PhD, RN; and Tracey H. Coventry, PhD, RN, RM</p> <p><i>Growing Practice Leaders Through Investments in Education and Mentorship</i> Rani Srivastava, PhD, MScN, BN, RN; Margaret Gehrs, MScN, BScN, BSc (HK), CPMHN (C), RN; Gillian Strudwick, PhD, RN; and Kristin Cleverley, PhD, MSc, RN, CPMHN</p>
<p>1:30-2:15 p.m. (1330-1415) Room 110</p> <p>Session: O 07 Research Session</p> <p>Keyword: INRC18007</p>	<p>Innovations in Family Dynamics <i>Participatory Visual Thinking Strategies in Baccalaureate Nursing Education: Impact of Using Art to Define Family</i> Amber Vermeesch, PhD, MSN, FNP-C, RN, CNE; Meg Moorman, PhD, RN, WHNP-BC; Joane T. Mocerri, PhD, RN; and Susie L. Stragnell, MS, RN</p> <p><i>Using Health Information Technology to Reduce Disparities in Shared Decision Making About Birth After Cesarean</i> Allison Shorten, PhD; Robin Whittemore, PhD; and Brett Shorten, MCom, BA</p>
<p>1:30-2:15 p.m. (1330-1415) Room 111</p> <p>Session: O 08 Evidence-Based Practice Session</p> <p>Keyword: INRC18008</p>	<p>Depression and Chronic Conditions <i>Self-Reported Sexual Problems Predict Higher Levels of Depression, Anxiety, and Distress in Cancer Patients</i> Mary K. Hughes, MS</p> <p><i>Meditation and Secondary Prevention of Depression and Anxiety in Heart Disease: A Systematic Review</i> Angela Rao, BSN (Hons); Michelle DiGiacomo, PhD, MHSc (Hons), BA; Phillip J. Newton, PhD; Jane L. Phillips, PhD; and Louise D. Hickman, PhD, MPH, BN, RN</p>
<p>1:30-2:15 p.m. (1330-1415) Room 112</p> <p>Session: O 09 Evidence-Based Practice Session</p> <p>Keyword: INRC18009</p>	<p>Global Perspectives of Childbirth <i>Childbirth in the Perspective of the Ayangans in Aginaldo, Ifugao, Philippines</i> Carielle Joy Rio, PhD</p> <p><i>Motherhood Interrupted by the Biomedical Model: The Meaning of Childbirth at a Hospital in Peru</i> Blanca K. Loayza-Enriquez, MSN, RN; Aurora V. Zapata-Rueda, DSc, MSN, RN; Juan M. Leyva-Moral, PhD, MSc, BN, RN; Joan Elaine Edwards, PhD, RNC, CNS, FAAN; and Patrick Albert Palmieri, DHSc, EdS, PGDip(Oxon), MBA, MSN, RN, CPHQ, CPHRM, FISQua, FACHE</p>
<p>1:30-2:15 p.m. (1330-1415) Room 203</p> <p>Session: O 10 Special Session</p> <p>Keyword: INRC18010</p>	<p>Special Session <i>Grants and Mentorship: A Mutually Beneficial Partnership</i> Lois S. Marshall, PhD, RN; and Matthew S. Howard, MSN, RN, CPN, CPEN, CEN</p> <p>This session will focus on developing a small grant for mentorship in organizations. Whether you need funding to develop, implement, and/or evaluate a mentorship program broadly, or whether you want to develop a specific mentorship program for individuals/groups to develop their skills in grant writing, this session will address both.</p>
<p>1:30-2:15 p.m. (1330-1415) Room 204</p> <p>Session: O 11 Research Session</p> <p>Keyword: INRC18011</p>	<p>Interprofessional Education <i>The Recovery-Based Interprofessional Distance Education (RIDE) Rotation: Final Report From Four Graduate Cohorts</i> Lora Humphrey Beebe, PhD, PMHNP-BC, FAAN; Marian W. Roman, PhD, APRN, CS; Hollie Raynor, PhD; Dixie Thompson, PhD; and Andrea Franks, PharmD</p> <p><i>Answering the Institute of Medicine's Call for Change in Nursing Practice</i> Tonya Rutherford-Hemming, EdD, RN, ANP-BC, CHSE; and Lori Lioce, DNP, FNP-BC, CHSE, FAANP</p>
<p>2:15-2:45 p.m. (1415-1445) Level 2 Foyer</p>	<p>Exhibit Viewing Afternoon Break</p>
<p>2:15-2:45 p.m. (1415-1445) Level 2, Melbourne Room 2</p>	<p>Poster Viewing Session 3D (Poster assignments are listed on pages 90-95. Poster floor plan layout is available on page 89.)</p>
<p>2:45-5:00 p.m. (1445-1700) Level 2, Melbourne Foyer</p>	<p>Exhibitor Move-Out</p>

Monday Schedule

 **8:30-9:45 a.m.**

(0830-0945)

Room 107

Session: R 05

**Evidence-Based
Practice Symposium**

Keyword: INRC18R05

Symposium

Fostering International Collaboration Through Evidence Synthesis and Implementation

J. Dru Riddle, PhD, CRNA; Lisa J. Hopp, PhD, RN, FAAN; Susan W. Salmond, EdD, RN, ANEP, FAAN; and Craig Lockwood, PhD, MNsc, RN

Fostering International Collaboration Through Evidence Synthesis and Implementation

Lisa J. Hopp, PhD, RN, FAAN

Exploring Facilitators and Barriers to International Collaboration: Building Capacity in Evidence Synthesis, Transfer, and Translation

Susan W. Salmond, EdD, RN, ANEP, FAAN

Insights Into Global Collaboration for Building Capacity, Scholarship, and Impact in Evidence-Based Nursing

Craig Lockwood, PhD, MNsc, RN

8:30-9:45 a.m.

(0830-0945)

Room 109

Session: R 06

**Evidence-Based
Practice Symposium**

Keyword: INRC18R06

Symposium

Integrate Literature Review of Delirium, Dementia, Depression (3D) for Elderly People

Ya Lie Ku; Shu-Ming Chen; Hui-Ling Wang, PhD; and Li-Yu Chuang, RN

Integrated Literature Review of Delirium in Elderly Patients

Shu-Ming Chen

Integrated Literature Review of Communication Methods of Patients With Dementia

Hui-Ling Wang, PhD

Integrated Literature Review of Depression in Elderly People

Li-Yu Chuang, RN

8:30-9:45 a.m.

(0830-0945)

Room 110

Session: R 07

**Evidence-Based
Practice Symposium**

Keyword: INRC18R07

Symposium

Leveraging Evidence, Leadership, and Collaboration to Build Best Practice EBP Programs and Achieve Results

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN; Penelope F. Gorsuch, DNP, RN, ACNP-BC, CCNS, CCRN-K, NEA-BC; and Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN

ARCC: An Evidence-Based, System-Wide Model for Implementation and Sustainability of Evidence-Based Practice


Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

Utilizing Evidence, Experience, and Intention to Build a Better EBP Program and Achieve Results

Penelope F. Gorsuch, DNP, RN, ACNP-BC, CCNS, CCRN-K, NEA-BC

Utilizing Expertise, Experience, and Lessons Learned to Build Effective EBP Programs That Sustain

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN

 **8:30-9:45 a.m.**

(0830-0945)

Room 111

Session: R 08

**Evidence-Based
Practice Symposium**

Keyword: INRC18R08

Symposium

Bridging the Theory-to-Practice Gap: An Innovative Approach Through Situated Thinking and Action

Garrett Chan, PhD, RN, FAAN; Erin McCalley, MS, RN, CCNS, CCRN; Edward Burns, MSN, RN, PCCN-K;

Lisa Muniz, MSN, MBA, RN; and Gisso Oreo, MSN, RN, CMSRN

Bridging the Theory-to-Practice Gap: An Innovative Program, Elevating Competency in Clinical Practice

Erin McCalley, MS, RN, CCNS, CCRN

Bridging the Theory-to-Practice Gap: Innovative Teaching-Learning Methodologies


Edward Burns, Jr., MSN, RN, PCCN-K

Bridging the Theory-to-Practice Gap: An Innovative Nurse Residency Program

Lisa Muniz, MSN, MBA, RN; and Edward Burns, Jr., MSN, RN, PCCN-K

Workshop-to-Workplace: Nursing Leadership in the Preceptor Role by Engaging Head-Hands-Heart

Gisso Oreo, MSN, RN, CMSRN

 **8:30-9:45 a.m.**

(0830-0945)

Room 112

Session: R 09

**Evidence-Based
Practice Symposium**

Keyword: INRC18R09

Symposium

An Innovative Nurse-Led Intervention for Improving Women's Health: The Womens Wellness After Cancer Program (WWACP)

Charllotte Seib, PhD; Debra J. Anderson, PhD, RN, BA, GDNS (ed); Amanda M. McGuire, PhD, RN, DipAppSc (Nurs), BN, MAppSc (Res); and Janine Porter-Steele, PhD, RN

Utilizing a Nurse-Led Approach to Promoting Health-Related Quality of Life in Women After Cancer

Debra J. Anderson, PhD, RN, BA, GDNS (ed)

Lifestyle Modification to Reduce Risk of Chronic Disease in Women After Cancer

Amanda M. McGuire, PhD, RN, DipAppSc (Nurs), BN, MAppSc (Res)


Stress, Coping Appraisal, and Health Outcomes in Women After Cancer: Testing Competing Models

Charllotte Seib, PhD

Moving From Trials to Clinical Practice: Lessons Learned and Moving Forward

Janine Porter-Steele, PhD, RN

Monday Schedule

10:00-10:45 a.m. (1000-1045) Room 112 Session: S 09 Evidence-Based Practice Session <i>Keyword: INRC18S09</i>	Older Adult Clinical Outcome Promotion <i>Effectiveness of Virtual Interactive Working Memory Training for Elderly Patients With Mild Cognitive Impairment</i> Kuei-Ru Chou, PhD, RN <i>Patient-Reported Outcome Measures and Test-Retest Reliability in Older Adults: A Systematic Review</i> Myung Sook Park, PhD; Kyung Ja Kang, PhD; Sun Joo Jang, PhD; and Sun Ju Chang, PhD, RN
10:45-11:00 a.m. (1045-1100) Level 1 Foyer	Coffee Break
 11:00 a.m.-12:30 p.m. (1100-1230) Ground Level, Auditorium <i>Keyword: INRC18PLN3</i>	Plenary Session 3 <i>Advancing Nursing and Midwifery Through Innovation and Leadership</i> Patricia E. Thompson, EdD, RN, FAAN, Retired Chief Executive Officer, Sigma Theta Tau International Honor Society of Nursing

Poster Session 2 Presentations

225 *Opposites Attract: A Unique Partnership Between Nursing and Construction Management Students*
Deborah Spoerner, DNP, MSN, RN, CPNP; Rebecca Johnson, MBA, RN, CPN; M. Erin Hoying, MSN, RN, CPNP; and Abby Berg, MSN

226 *A Study of Good Governance of Head Nurses in General Hospitals*
Kaniththa Sripinkaew, MSN; and Wasinee Wisersith

227 *Child Wellness Day: An Interdisciplinary Community Engagement Service*
Sarah Wallace, MSN, RN, CPN, CNE; Azza Ahmed, DNSc, IBCLC, CPNP; Jennifer Coddington, DNP, MSN, RN, CPNP; and Deborah Spoerner, DNP, MSN, RN, CPNP

228 *Psychiatric Mental Health Advanced Practice Nurses Prepared During Their Academic Careers for Interprofessional Care Collaboration*
Kathy D. Wright, PhD, RN; and Gail E. Bromley, PhD, RN

Invited Posters (INV2)

229 *Aligning an Online Educational Activity With QSEN Competencies to Bridge the Leadership Practice Gap*
Sarah E. Abel, MSN, RN, CEN; Matthew S. Howard, MSN, RN, CPN, CPEN, CEN; and Elizabeth A. Madigan, PhD, RN, FAAN

230 *The Nurse Leadership Academy Experience: Taking Nursing Leadership to the Next Level!*
Karen M. Beranek, BSN, RN

231 *Improving International Educated Nurses' NCLEX-RN® First Attempt Pass Rates, Confidence, and Clinical Judgment*
Michele Steinbeck, MNSc

232 *Non-Nutritive Sucking, Oral Breast Milk, and Facilitated Tucking Relieve Preterm Infant Pain During Heel-Stick Procedures*
Jen-Jiuan Liaw, PhD, RN

Research Posters (RSC2)

233 *Effectiveness of a Suicide Prevention Gatekeeper Training Program With First-Year Nurse Anesthesia Residents*
Lavonne M. Adams, PhD, RN, CCRN; Monica Jenschke, PhD, CRNA; and Trung Nguyen, MA

282 *Family-Centered Care Theory: A Practice Theory*
Rodenick Navalta Agtarap, MAN, RN

234 *Promotion of Healthy Nutrition Knowledge Through a Girls' Health Camp*
Adejoke B. Ayoola, PhD, RN; Barbara Bosscher Timmermans, PhD, RN; Josephine Granner, BSN; Elise Veurink, BSN, RN; Donald Bryant; and Arlene Hoogewater, PhD

235 *Topical Analgesics for Preventing Venipuncture Pain in Children*
Luis Manuel Cunha Batalha, PhD; and Matilde Correia, MSc

236 *Effective Cultural Competence Training Programs for Korean Public Health Workers: A Delphi Study*
Duckhee Chae, PhD, RN; and Jin-A Lee, MSN, RN

237 *Preliminary Assessment: Factors Related to Onset of Chronic Illness in Mexican American Children and Adolescents*
Jane Champion, PhD, DNP, MA, MSN, AH-PMH-CNS, FNP, FAAN, FAANP; Lynn Rew, EdD; and Kelsey Bergman, SN

238 *Disease-Related Experiences of Mothers on Parenting Children With Type 1 Diabetes*
Chi-Wen Chang, PhD, RN; Yueh-Tao Chiang, PhD; Hsing-Yi Yu, PhD; Ya-Fen Wang, PhD, MSN, RN; Fu-Sung Lo, PhD, MD; and Hui-Hsien Hsieh, BSN

239 *The Application of Case-Based Learning Combined With Directed Debriefing in Experimental Course of Pediatric Nursing*
Hangjian Chen, MSN, RN

240 *Physical Activity, Sitting Time, and Duration of Sleep During Pregnancy in Association With Pregnancy Outcomes*
Li-Yin Chien, ScD, RN; Tzu-Ling Chen, MS; and Chen-Jei Tai, MD, PhD

241 *Association of Occupational Noise Exposure With Cardiovascular Diseases Among Career Firefighters in Northern California, USA*
Dal Lae Chin, PhD, RN; and OiSaeng Hong, PhD, RN, FAAN, FAAOHN

242 *The Lived Experience of LGBT Older Persons in a Geriatric Home Facility*
Pearl Ed G. Cuevas, PhD, MAN, RN, FGNLA

243 *Boosting Research Performance: Lessons Learned From External Scrutiny of Faculty Research, Culture, Strategies, and Approaches*
Philip Darbyshire, PhD; Maria Müllersdorf, PhD; and Christine Gustafsson, PhD

244 *Effects of Depression on Engagement in Health Promotion Behaviors Among Hispanic Women of Reproductive Age*
Giovanna De Oliveira, PhD, MSN, ARNP, ANP-C, PMHNP-BC; and Angel Johann Solorzano Martinez, DNP, MSN, MBA, RN, CNS

245 *Nutrition Literacy as Perceived by Thai Adolescents: A Qualitative Study*
Suhong Deesamer; and Noppawan Piaseu, PhD, RN, APN/NP

246 *A Human Becoming Living Experience of Suffering: A Parse Method Study*
Teodora Duarte-Quilao, MSN, RN; and Françoise Maillard Strüby, PhD, RN

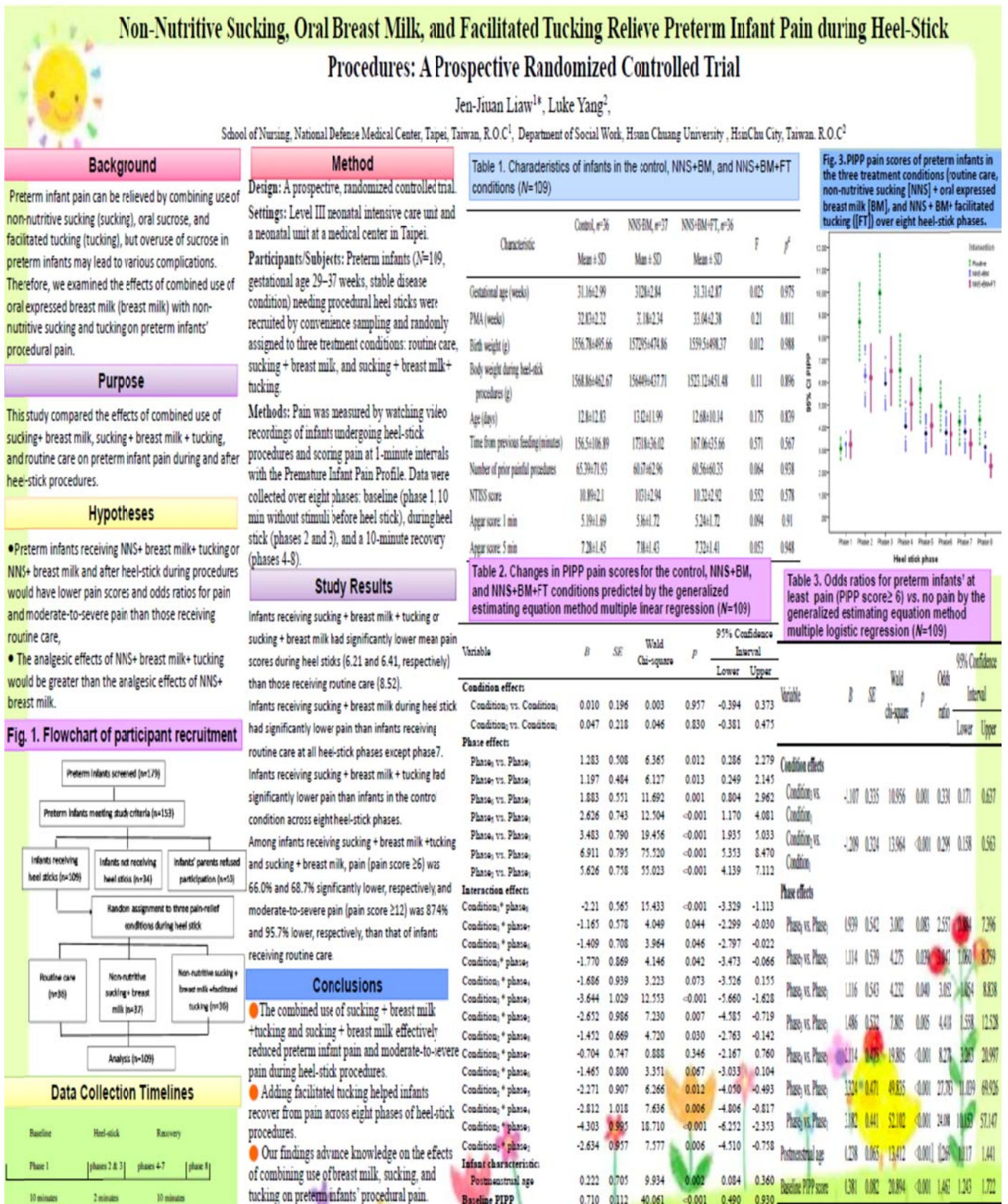
247 *An Exploration Into Infant Feeding Practices of Asian Women in the Greater Lowell Area*
Carol L. Femia, MSN, RNC, IBCLC

248 *Holistic Admissions: An Evidence-Based Strategy to Diversify Global Nursing Education*
Greer L. Glaze, PhD, RN, CNP, FAAN; Karen D. Bankston, PhD, MSN, BSN, AAS, FACHE; and Angela K. Clark, PhD, MSN, BSN, RN

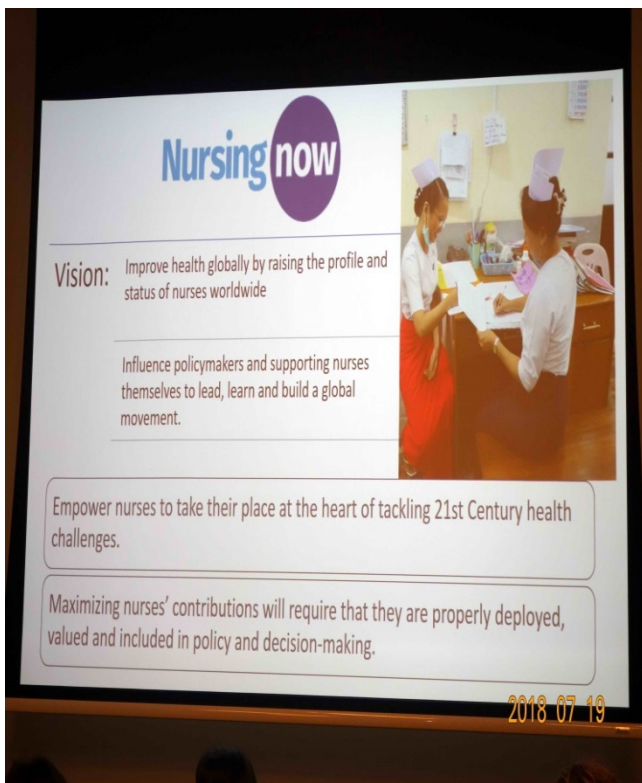


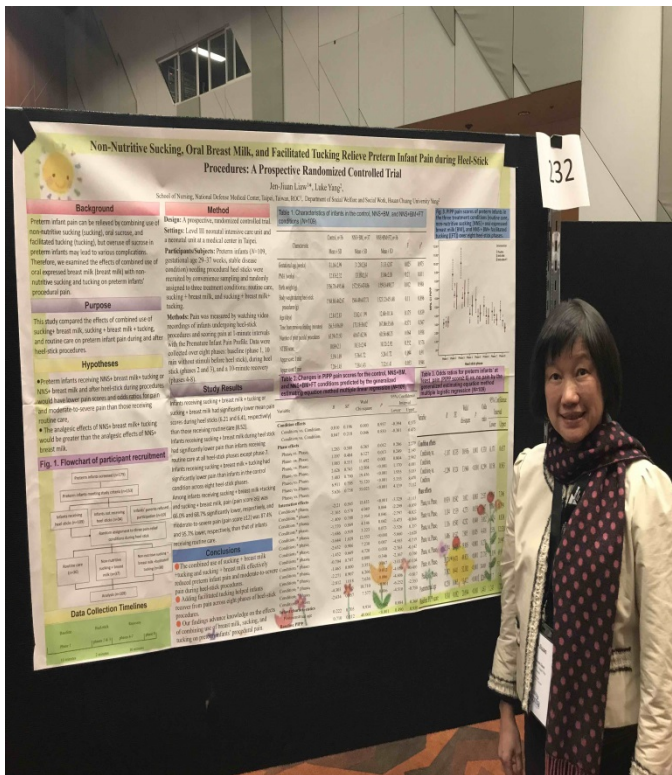
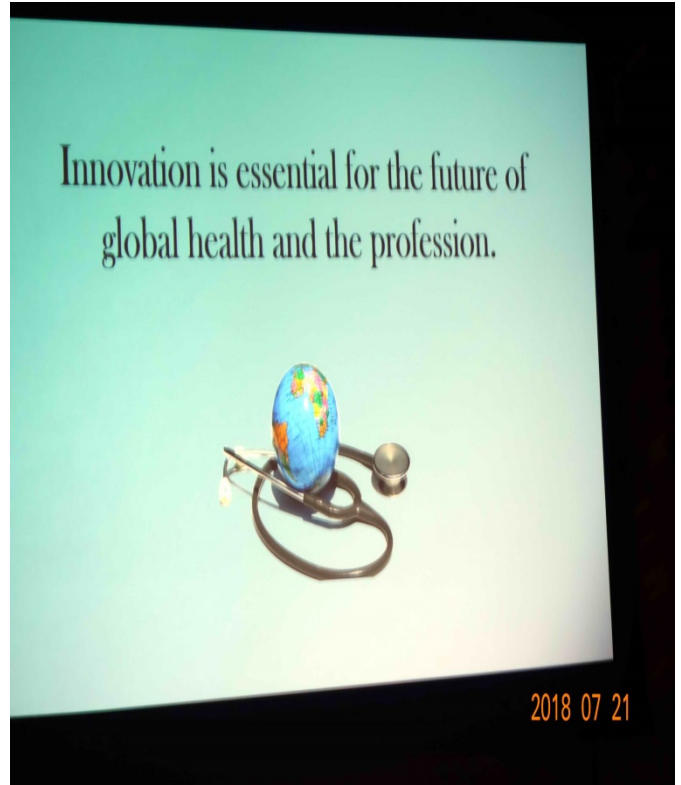
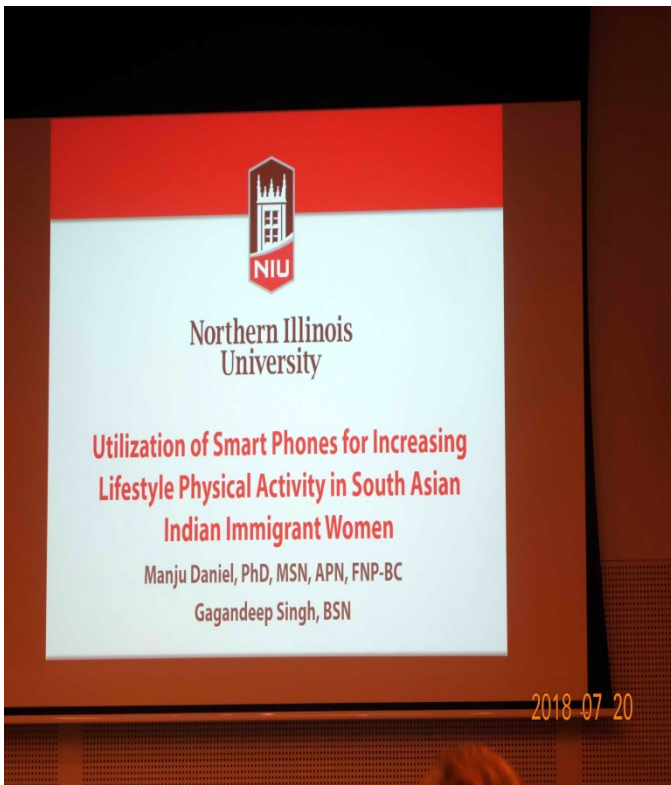
六、其他

(一) 壁報展示內容



(二)與會相關照片

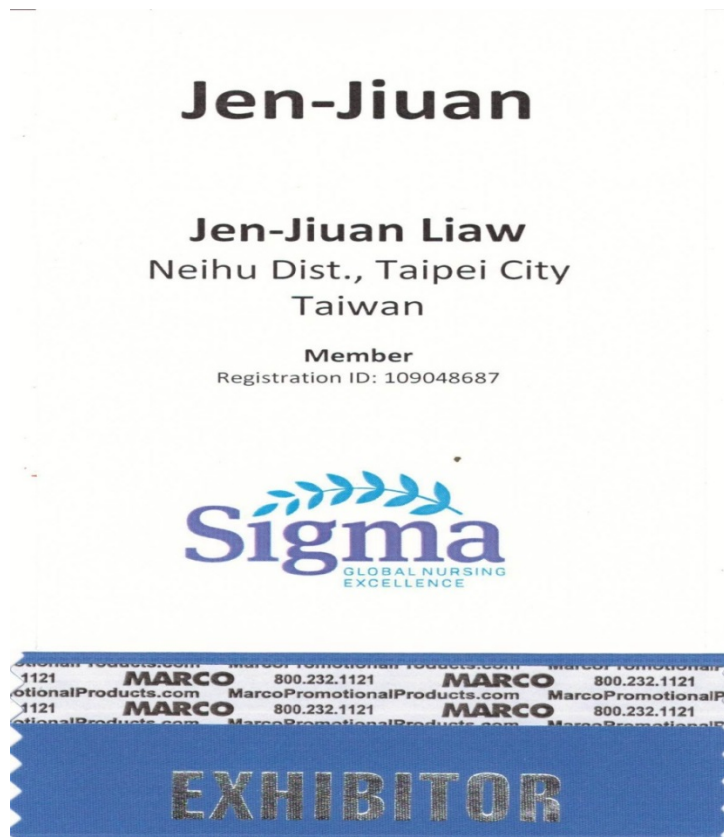




(三) 與會證書



(四) 與會證件



106年度專題研究計畫成果彙整表

計畫主持人：廖珍娟			計畫編號：106-2629-B-016-001-			
計畫名稱：從探討接受加護照護之創傷病人經驗的性別差異來發展適性的心理社會介入措施						
成果項目			量化	單位	質化 (說明：各成果項目請附佐證資料或細項說明，如期刊名稱、年份、卷期、起訖頁數、證號...等)	
國內	學術性論文	期刊論文		0	篇	
		研討會論文		0		
		專書		0	本	
		專書論文		0	章	
		技術報告		0	篇	
		其他		0	篇	
	智慧財產權及成果	專利權	發明專利	申請中	0	件
				已獲得	0	
			新型/設計專利		0	
		商標權		0		
		營業秘密		0		
		積體電路電路布局權		0		
		著作權		0		
		品種權		0		
		其他		0		
	技術移轉	件數		0	件	
		收入		0	千元	
	國外	學術性論文	期刊論文		0	篇
			研討會論文		0	
			專書		0	本
			專書論文		0	章
技術報告			0	篇		
其他			0	篇		
智慧財產權及成果		專利權	發明專利	申請中	0	件
				已獲得	0	
			新型/設計專利		0	
		商標權		0		
		營業秘密		0		
		積體電路電路布局權		0		
		著作權		0		
		品種權		0		
		其他		0		

	技術移轉	件數	0	件	
		收入	0	千元	
參與計畫人力	本國籍	大專生	0	人次	
		碩士生	1		曾惠如，1. 建立，收集資料及整理記錄收集資料。2. 聯絡研究相關事宜。
		博士生	1		陳昱廷，1. 負責建立各項資料檔，收集資料及整理記錄收集資料之情形。2. 協調聯絡與研究有關之各項事宜。3. 各項研究設備之採購及維修。4. 所需各項耗材之採購。
		博士後研究員	0		
		專任助理	0		
	非本國籍	大專生	0		
		碩士生	0		
		博士生	0		
		博士後研究員	0		
		專任助理	0		
其他成果 (無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等，請以文字敘述填列。)		無			

科技部補助專題研究計畫成果自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現（簡要敘述成果是否具有政策應用參考價值及具影響公共利益之重大發現）或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

達成目標

未達成目標（請說明，以100字為限）

實驗失敗

因故實驗中斷

其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形（請於其他欄註明專利及技轉之證號、合約、申請及洽談等詳細資訊）

論文： 已發表 未發表之文稿 撰寫中 無

專利： 已獲得 申請中 無

技轉： 已技轉 洽談中 無

其他：（以200字為限）

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性，以500字為限）

本研究探討「從探討急性創傷之年輕成人經驗之性別差異以發展適性的心理社會介入支持措施」，建立不同性別急性創傷病人之照護的新知識與實證，以幫助臨床實務落實性別平等的健康照顧，研究設計與結果具獨特與創新性，不僅能創新急性創傷病人的照護與建立護理實證，更能提升國內的研究品質與學術風氣。國家發展：如何提供性別平等的照顧，幫助這些病人實質的改善壓力，恢復身心的健康，重返社會，以節省醫療成本、降低社會國家的負擔。臨床實務：本研究所設計的「適性的心理社會介入支持措施」介入能適當改善急性創傷病人的壓力，恢復其身心的健康，改善急性創傷病人之照護品質。

4. 主要發現

本研究具有政策應用參考價值： 否 是，建議提供機關

（勾選「是」者，請列舉建議可提供施政參考之業務主管機關）

本研究具影響公共利益之重大發現： 否 是

說明：（以150字為限）