

※ 考生請注意：本試題不可使用計算機。請於答案卷(卡)作答，於本試題紙上作答者，不予計分。

一、 案例: (50%)

王先生，55 歲，過去與 54 歲的太太同樣在一家私人機構擔任勞工，半年前申請提前退休。育有一子一女，兒子已婚，住在外縣市，父子關係不佳，已有多年未與個案說話，故從未看過其 1 歲的孫子；女兒與個案同住，在一家公司任職，月薪二萬多，每天晚上會來醫院探視。王先生有慢性腎臟病 5 年，二年前開始出現呼吸喘、下肢嚴重水腫，症狀嚴重時，甚至無法平躺睡覺，被診斷有二尖瓣膜脫垂，斷續入院治療。此次因多天高燒不退，呼吸喘加劇，少尿，出現敗血症症狀，因此住院治療，日常生活均需太太協助。住院二週後，因呼吸喘一直無法改善，使用利尿劑後小便量不佳，醫師建議其進行二尖瓣置換術，必要時要接受血液透析治療。張太太本身已停經，患有高血壓，長期向公司請假照顧個案，表示已長期失眠，擔心經濟問題，更擔心個案後續的治療。

請依照上述案例，回答以下問題：

1. 此案例可能有哪些現有或潛在的護理問題？請以病生理學觀點提出您的分析論點。(20 分)
2. 請根據您所提出的問題，指出須再評估與收集哪些相關資料，以釐清或支持您的分析？(10 分)
3. 請評析您所提出之問題，列出其優先順序，並解釋該排序的理由 (5 分)，並針對您認為目前最重要的護理問題列出具體目標與護理措施。(10 分)
4. 若您要為王先生進行實證照護，您會以那些關鍵字，在哪些資料庫尋找相關資料？(5 分)

二、 護理研究結果分析與應用: (50%)

Improving psychosocial outcomes for caregivers of people with poor prognosis gastrointestinal cancers: a randomized controlled trial (Family Connect)

Background

Caregivers of patients with upper GI cancers are at particular risk of experiencing high levels of psychological distress compared with those caring for people with a longer disease trajectory. Caregiver interventions have been shown to improve both patient and caregiver well-being; however, previous caregiver interventions have primarily focused on patients' care, with caregiver self-care being a secondary outcome. There is also a paucity of information regarding the specific strategies that will best support caregivers of GI cancer patients to improve their psychosocial outcomes.

Purpose

This study investigated the effectiveness of a structured telephone intervention for caregivers of people diagnosed with poor prognosis gastrointestinal cancer to improve psychosocial outcomes for both caregivers and patients.

Methods

Caregivers of patients starting treatment for upper gastrointestinal or Dukes D colorectal cancer were randomly assigned (1:1) to the Family Connect telephone intervention or usual care. Caregivers in the intervention group received four standardized telephone calls in the 10 weeks following patient hospital discharge. The intervention involved a manualized, standardized assessment of caregiver need across the domains of patient care, maintaining family relationships and emotional and physical self-care, as well as an assessment of information and practical needs. Caregivers' quality of life (QOL), caregiver burden, unmet supportive care needs and distress were assessed at 3 and 6 months. Patients' QOL, unmet supportive care needs, distress and health service utilization were also assessed at these time points.

Results

Caregivers (128) were randomized to intervention or usual care groups. At 3 months, caregiver QOL scores and other caregiver-reported outcomes were similar in both groups. Intervention group participants experienced a greater sense of social support ($p = .049$) and reduced worry about finances ($p = .014$). Patients whose caregiver was randomized to the intervention also had fewer emergency department presentations and unplanned hospital readmissions at 3 months post-discharge (total 17 vs. 5, $p = .01$).

Conclusions

This standardized intervention did not demonstrate any significant improvements in caregiver well-being but did result in a decrease in patient emergency department presentations and unplanned hospital readmissions in the immediate post-discharge period. The trend towards improvements in a number of caregiver outcomes and the improvement in health service utilization support further development of telephone-based caregiver-focused supportive care interventions.

請根據上述研究摘要敘述回答以下問題(請用中文描述)

1. 請問此篇研究之研究對象為何?(5%)
2. 請說明此研究的目的與背景為何?(10%)
3. 請問此研究的研究設計為何?(5%)
4. 請說明此研究的介入性措施?(8%)
5. 請說明此研究介入措施的成效指標為何?(5%)
6. 請說明此研究主要研究結果?(7%)
7. 這篇研究對您的臨床實務有何啟發？例如，您可以如何應用或建議此研究結果於臨床實務工作中(10%)