國立成功大學

110學年度碩士班招生考試試題

編　號：312

系　所：護理學系

科　目：護理研究

日　期：0203

節　次：第 3 節

備　註：不可使用計算機

※ 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、選擇題（25%，每題5%）

1. Discussion of the extent to which a measuring instrument gives consistent results over time relates to the instrument's:
   (A) Internal consistency　(B) Inter-rater reliability　(C) Sensitivity　(D) Test-retest reliability

2. The type of validity that employs judgment by experts is
   (A) Construct validity　(B) Content validity　(C) Predictive validity　(D) Concurrent validity

3. Which research design is a type of longitudinal study?
   (A) Cohort study　(B) Focus group study　(C) Survey study　(D) Case-control study

4. The ability to generalize a study result to the population or other groups with similar condition is
   (A) Feasibility　(B) External validity　(C) Criterion validity　(D) Significance

5. A study would like to explore whether contracting pulmonary tuberculosis is associated with an increased risk of developing lung cancers. What is the best study design?
   (A) Cohort study design　　(B) Case-control study design
   (C) Randomized study design　(D) Descriptive study design

二、表格判讀（共10%）

項目	壓力	心理困擾	緩解方式	年齡	工作年資
壓力	1.00				
心理困擾	.48**	1.00			
緩解方式	-.06	-.10*	1.00		
年齡	.05	-.02	.09*	1.00	
工作年資	.06	.00	.16***	.83***	1.00

$*p < .05.$ $**p < .01.$ $***p < .001.$

以上資料是研究"護理人員疫情下的壓力、心理困擾與緩解壓力方式相關性分析"，請簡答以下問題

1. COVID-19 疫情期間護理人員的壓力總分與甚麼有顯著相關？（2.5%）
2. COVID-19 疫情期間護理人員的心理困擾與甚麼有顯著相關？（2.5%）
3. 護理人員於照護 COVID-19 病人期間，其緩解壓力的方式與那幾項有顯著相關？（5%）

三、請根據下列文章摘要回答下列五個問題（共 40%）

【摘錄自：Evans, A. et. al. (2020). Adverse childhood experiences during childhood and academic attainment at age 7 and 11 years: an electronic cohort study. Public Health, 189, 37-47】

Objectives: Adverse childhood experiences (ACEs) have a negative impact on childhood health, but their impact on education outcomes is less well known. We investigated whether or not ACEs were associated with reduced educational attainment at age 7 and 11 years.

Study design: The study design used in the study is a population-based electronic cohort study.

Methods: We analysed data from a total population electronic child cohort in Wales, UK. ACEs (exposures) were living with an adult household member with any of (i) serious mental illness, (ii) common mental disorder (CMD), (iii) an alcohol problem; (iv) child victimisation, (v) death of a household member and (vi) low family income. We used multilevel logistic regression to model exposure to these ACEs and not attaining the expected level at statutory education assessments, Key Stage (KS) 1 and KS2 separately, adjusted for known confounders including perinatal, socio-economic and school factors.

Results: There were 107,479 and 43,648 children included in the analysis, with follow-up to 6–7 years (KS1) and 10–11 years (KS2), respectively. An increased risk of not attaining the expected level at KS1 was associated with living with adult household members with CMD (adjusted odds ratio [aOR]: 1.13 [95% confidence interval [CI]: 1.09–1.17]) or an alcohol problem (adjusted odds ratio [aOR]: 1.16 [95% confidence interval [CI]: 1.10–1.22]), childhood victimisation (adjusted odds ratio [aOR]: 1.58 [95% confidence interval [CI]: 1.37–1.82]), death of a household member (adjusted odds ratio [aOR]: 1.14 [95% confidence interval [CI]: 1.04–1.25]) and low family income (adjusted odds ratio [aOR]: 1.92 [95% confidence interval [CI]: 1.84–2.01]). Similar results were observed for KS2. Children with multiple adversities had substantially increased odds of not attaining the expected level at each educational assessment.

Conclusion: The educational potential of many children may not be achieved due to exposure to adversity in childhood. Affected children who come in to contact with services should have relevant information shared between health and care services, and schools to initiate and facilitate a coordinated approach towards providing additional support and help for them to fulfil their educational potential, and subsequent economic and social participation.

1. 請說明此文章之研究設計為何(2%)，並說明此設計之內容(3%)與優缺點(5%)
2. 請說明此文章的研究對象(2%)，收案期間(2%)，自變項(2%)、依變項(2%)及控制的變項(2%)
3. 此研究主要的分析方法為何(2%)，並說明此統計方法之應用(4%)及使用此方法的條件(4%)
4. 請以統計結果說明此研究的主要發現(5%)
5. 請依此結果提供實務或政策上的建議(5%)

四、請根據下列文章摘要回答下列五個問題(共 25%)

【摘錄自：Mitchell BG et. al. (2019). Strategies to reduce non-ventilator-associated hospital-acquired pneumonia: A systematic review. Infect Dis Health. 2019 Nov;24(4):229-239.】

Abstract

Background: Point prevalence studies identify that pneumonia is the most common healthcare associated infection. However, non-ventilator associated healthcare associated pneumonia (NV-HAP) is both underreported and understudied. Most research conducted to date, focuses on ventilator associated pneumonia. We conducted a systematic review, to provide the latest evidence for strategies to reduce NV-HAP and describe the methodological approaches used.

Methods: We performed a systematic search to identify research exploring and evaluating NVHAP preventive measures in hospitals and aged-care facilities. The inclusion criteria were all randomized controlled trials and observational studies (cohort, case control, observational, cross sectional or case/short reports) that examined measures (excluding vaccination and systematic antimicrobial therapy) to reduce HAP in hospitals and aged-care facilities. Only studies examining adult populations were included. An assessment of the study quality and risk of bias of included articles was conducted using the Newcastlee Ottawa Scale.

Results: The literature search yielded 1551 articles, with 15 articles meeting the inclusion criteria. The majority of strategies for NV-HAP prevention focused on oral care (n = 9). Three studies evaluated a form of physical activity, such as passive movements, two studies used dysphagia screening and management; and another study evaluated prophylactic antibiotics. Most studies (n = 12) were conducted in a hospital setting. Six of the fifteen studies were randomized controlled trials.

Conclusion: There was considerable heterogeneity in the included studies, including the type of intervention, study design, methods and definitions used to diagnose the NV-HAP. To date, interventions to reduce NV-HAP appear to be based broadly on the themes of improving oral care, increased mobility or movement and dysphagia management.

1. 請寫出此主題的 PICO 問題(3%)
2. 此系統性文獻查證納入文獻條件為何？(4%)
3. 用了甚麼工具進行文獻品質評讀？(3%)
4. 試簡短說明此系統性文獻查證之研究結果(5%)
5. 如何在臨床中應用此研究結果？(10%)