

## 護理研究試題 (100%)

1. 試舉例說明再測信度 (test-retest reliability) 與測量者內之信度 (intra-rater reliability) 的異同。(10%)
2. 試舉例說明如何評價已存在的量表是否適用與考量的因素。(10%)
3. 考量研究的品質，試舉例說明如何提高研究的內在效度與外在效度。(20%)
4. 請詳閱下文，並回答 4a, 4b, 4c 題。(30%)

Manias, E., Beanland, C., Riley, R., & Baker, L. (2004). Self-administration of medication in hospital: Patients' perspectives. *Journal of Advanced Nursing*, 46(2), 194-203.

**Background.** Little information is available about patient's perspectives on self- or nurse-related administration of medication. **Aim.** The aim of the study was to determine patients' perspectives about self-medication in the acute care setting. **Methods.** A qualitative approach, using in-depth semi-structured interviews, was taken. Ten patients with a chronic medical illness who had experienced multiple hospital admissions for treatment were interviewed about their experiences of medication administration in the acute care setting. Participants were recruited from two cardiovascular wards in a private, not-for-profit hospital in Melbourne, Australia. Data collection occurred between August and September 2002.

**Findings.** Four major themes were identified from the interviews: benefits of self-administration, barriers to self-administration, assessing appropriateness of self-administration and timing of medication administration. Seven participants had previously experienced self-administration of medications and six were in favor of this practice in the clinical setting. Nine managed their own medications at home, and one self-administered with some assistance from his family. Participants were very concerned about how nurses' heavily regulated routines affected delivery of medications in hospital and disrupted individualized plans of care maintained in the home setting.

**Conclusions.** In planning and implementing self-administration programs, it is important to consider patients' views. Medication regimens should be simple and flexible enough to adapt to patients' lifestyles and usual routines. Nurses should also take advantage of opportunities to support and facilitate patient autonomy, to enable more effective management of health care needs when patients return home.

- 4a. 試摘要此文之重點，並說明何謂 "in-depth semi-structured interviews"。(10%)
- 4b. 試以此文為例，申論以質性研究設計的必要性。(10%)
- 4c. 接續前一問題，又以量性研究設計之可行性，理由為何。(10%)

5. 請詳閱下文，並回答 5a, 5b, 5c 題。(30%)

Pearson, A. (2003). Key performance indicators for nursing. *International Journal of Nursing Practice*, 9(6), 337.

There is increasing pressure on western health care systems to demonstrate their effectiveness and efficiency. In the public sector, this is of increasing importance given the contemporary focus on the need for public institutions to be accountable to the community. The development of performance indicators in manufacturing and service industries in the past 30 years has given some direction to the health industry in developing ways of evaluating performance and using the reports which arise out of this evaluation to benchmark performance between similar health service agencies.

In Australia, the framework of indicators for public acute care hospitals focuses on two broad areas: effectiveness and efficiency. Indicators of effectiveness include a range of data sets related to quality, appropriateness, accessibility and equity.

The efficiency dimension relates to the unit cost of service provision. There is no doubt that the use of performance indicators is of use in the development and evaluation of health services. In manufacturing and service industries, there is an increasing sophistication in the identification of key performance indicators, which subsume within them a wide range of subsidiary indicators.

In health services, however, there is a lack of clarity on what constitutes the key factors of performance that are required to identify successful provider agencies. This is in part a result of a divergence of views of key stakeholders with an investment in health services. The consumers of services have expectations that do not necessarily correspond with those of the founders, provider agencies and professional clinicians. Furthermore, professional clinicians such as nurses have performance expectations that do not coincide with those of policy-makers, service managers and other health professionals. The result is that key performance indicators too frequently focus on factors that reflect the ideas of non-clinicians.

The development of generic key performance indicators sensitive to people's need for nursing is of increasing importance in the current indicator-oriented health care environment; that is, for indicators that transcend specialty boundaries and that encapsulate those factors that characterize high-quality nursing. As Idvall et al. state, nursing needs to invest much more in developing '...strategic indicators'...that specify'...clear and well-selected aspects of nursing care based on research findings that should direct care to higher quality outcomes'.

5a. 試摘要此文之重點 (10%)

5b. 試從護理研究者之立場申論此文之重點。(10%)

5c. 試從護理管理者之立場申論此文之重點。(10%)