

護理研究試題(100%)

1. 試依您的專長，說明您最想研究的護理現象(護理研究問題)。(5%)
2. 依據您的護理研究問題，試回答 2a, 2b, 2c, 2d 問題。(20%)
 - 2a. 您會用哪些關鍵字(Key Words)查證文獻?(5%)
 - 2b. 您會搜尋哪些資料庫?(5%)
 - 2c. 您會用哪些搜尋策略去找到與您的研究問題相關的文獻?(5%)
 - 2d. 您將如何鋪陳您的文獻大綱?(5%)
3. 試以您所關注的護理研究問題為例，說明余玉眉教授所提出之「護理專業系統之運作概念構圖」。(15%)
4. 兩個研究變項間之「相關」與「差異」如何區辨，試舉護理研究中之研究假設與統計檢定說明之。(10%)
5. 在當今鼓吹以實證護理為本的風氣下，護理人員如何能確認臨床護理介入措施是具有效果的？試舉實例說明之。(15%)
6. 試說明研究者本身的成熟度與特質如何影響質性護理研究的品質。(15%)

(接背面繼續作答)

(背面仍有題目,請繼續作答)

7. 以下短文摘自 *Nursing and Health Sciences* 主編 Dr. Carolyn S. Melby, 請於精讀後回答 7a, 7b 問題。(20%)

7a. 請陳述此主編之論點。(10%)

7b. 請申論您的閱後心得。(10%)

Editorial

Nursing and Health Sciences (2004), 6, 165

Promoting a caring community

Nursing & Health Sciences has just completed its most successful year since its inception in 1999. Manuscript intake and readership has greatly increased since the first volume, and continues apace today. Many thanks are due Dr Masato Tsukahara for his ongoing efforts to ensure the continued progress of *Nursing & Health Sciences*. We also want to acknowledge and thank Dr Vickie A. Lambert and Dr Clinton E. Lambert. Their diligence and hard work as Editors-in-Chief from March/June 2002 through to June 2003 made an enormous contribution to the success we now enjoy. We wish them well as they continue to contribute to education and scholarship in international nursing.

These are exciting times for *Nursing & Health Sciences*. With this edition comes change in the editorial staff with a new Editor-in-Chief and Editorial Board members. As we contemplate the next year we continue to look for ways to make the Journal more useful and accessible. We are making two changes in our call for manuscripts. First, we have added a new category in our call for manuscripts. In addition to education, practice and research manuscripts, we would like to encourage manuscripts that are devoted to reviews of pertinent topics in nursing and health science literature. Our next issue will feature the first of these with a timely and important review of genetics in nursing.

Second, we will begin themed issues once a year or more, depending on interest. We will solicit manuscripts that explore relevant topics in greater detail and are from a variety of perspectives. Our first themed issue will be in September 2005 and will be *Nursing Education for the 21st Century: International Perspectives for Baccalaureate and Master's Curriculum*. Please start planning now to submit manuscripts related to this topic.

The basic purposes of a scholarly journal are to promote, nurture, enliven, inspire and share communication between scholars. I believe it also very important to promote a sense of community. To do this

requires not only excellent research and writing, but occasional injections of wit and wisdom from practicing nurses and scientists. We welcome letters to the editor that contain a slice of life from your perspective and practice.

A few months ago I read a story that had a big impact on me. As I recall it went like this: A physician wrote saying that he had become tired of everyone complaining that doctors never listen to patients. He determined that he would listen to one patient for as long as it took to understand the patient's problem. An elderly woman came into his office on the day he had decided to have his 'listen without interrupting' appointment. The woman began describing in long detail her many health problems. After a few minutes he felt his impatience rising but was determined to continue listening. Soon 20 minutes, then 40 minutes had passed, and he could see his waiting room jammed with patients waiting for their appointment. He held firm and let the woman continue with her long list of problems and complaints. Finally at the end of one hour she stopped. From her long history he deduced the need for several tests, and sent the woman to have these. At the end of the clinical day he noticed the woman back in his waiting room. He had received the results of her tests and knew that she had a grave health problem. He ushered her back into his office and said to her; 'I am sorry that things don't look good, especially since I am sure you have had a long and difficult day'. She said; 'Oh yes doctor, the diagnosis is bad, but I am old and I can deal with it. But I don't feel upset at all, because for the first time in my life, a doctor listened to me'.

As scientists, doctors and nurses we are committed to the highest quality of health care possible for the patients that are entrusted to our expertise and care. It is our hope and our goal that the articles and editorials found in *Nursing & Health Sciences* contribute to this commitment.

Carolyn S. Melby
Editor-in-Chief