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• 英文關鍵字	Pain management；Cancer patient；Health education；Family		
• 中文摘要	近來,世界先進國家之疼痛專家正努力以各種措施以改善癌症疼痛之處置成效。病人及家屬相關之障礙因子，即病人之知識及態度，被認爲是癌症疼痛處置之主要障礙因子。尤其，根據國內民情，家屬往往爲病人醫療處置之決定者及代言人。因此，於國內爲更有效改善癌症疼痛處置成效，疼痛教育措施可能需要病人與家屬之共同參與。本研究之主要目的爲 (1) 針對台灣癌症病人及家屬常見之止痛藥障礙因子，發展一套病人及家屬之疼痛教育措施，(2) 並加以兩星期後及四星期後追蹤評值此措施於改善癌症疼痛處置品質之成效。研究工具包括障礙因子問卷，簡明疼痛量表，及基本資料。於疼痛教育前，予以病人及家屬分別填寫障礙因子問卷，簡明疼痛量表，及基本資料，之後，共同予以病人及家屬疼痛教育措施。於措施後兩週及四週分別予以病人及家屬填寫障礙因子問卷及簡明疼痛量表。本研究共有 44 對癌症病人及其主要照顧家屬參予。研究之主要結果包括，病人之障礙因子分數於疼痛教育措施後兩週及四週，皆較措施前之障礙因子分數顯著爲低。於疼痛教育後之兩週及四週之病人猶豫不願意服用止痛藥之人數，亦較疼痛教育前爲少。病人之疼痛強度及疼痛對生活之影響程度於教育措施後兩週並未有顯著降低，但於教育措施後四週皆有顯著降低。家屬之障礙因子分數於疼痛教育措施後兩週及四週，皆較措施前之障礙因子分數顯著爲低。於疼痛教育後之兩週及四週之家屬猶豫不願意讓病人服用止痛藥之人數，亦較疼痛教育前爲少。家屬感受病人之疼痛強度及疼痛對生活之影響程度於教育措施後兩週並未有顯著降低，但於教育措施後四週皆有顯著降低。本研究支持病人及家屬之疼痛教育措施於改善研究疼痛處置之成效。		

- 英文摘要

Internationally, priority given to cancer pain management in recent years has emphasized the need for changes. Numerous researchers have documented that the management of cancer pain is not effective and has identified patient and family related barriers are major barriers to management of cancer pain. In Taiwan, family members usually are the gatekeepers are caregivers for cancer patients at home. Therefore,involvement of family members in pain education has important implications for the management of cancer pain. The purposes of this study were: (1) based on the common patient and family related barriers in Taiwan to develop a pain education program, and (2) to evaluate the effectiveness of the pain education program 2 weeks and 4 weeks after the program implemented. The instruments included Barriers Questionnaire-Taiwan Form, Brief Pain Inventory, and Demographic information. Before the pain education program, patients and family members were individually given the Barriers Questionnaire-Taiwan form, Brief Pain Inventory, and Demographic Information. Then the patient and the primary family caregiver were both involved in the pain education program. Two weeks and four weeks after the program, both the patient and the family caregiver completed the Barriers Questionnaire and Brief Pain Inventory. A total of 44 pairs of patients and family caregivers participated in this study. The major results of this study were as follows. The patient's BQ score at two weeks and four weeks after the pain education were significantly lower than the BQ score before the pain education. The number of patients who hesitated to take analgesics was lower at two weeks and four weeks after the pain education than before. Patients reported significantly lower levels of pain intensity and pain interference four weeks after the pain education but not two weeks after than before the pain education. The family caregiver's BQ score at two weeks and four weeks after the pain education were significantly lower than the BQ score before the pain education. The number of family caregivers who hesitated to administer analgesics was lower at two weeks and four weeks after the pain education than before. Family caregivers reported significantly lower levels of perceived pain intensity and pain interference four weeks after the pain education but not two weeks after than before the pain education. This study has supported the effectiveness of the pain education program, which involved both cancer patients and their family members on improving the management of cancer pain.