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• 計畫中文名稱	癌症病人實際疼痛經驗與護理人員評估間差距及其相關因素之探討		
• 計畫英文名稱	The Discrepancies between Patients' and Nurses' Ratings of Pain and Its Related Factors		
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• 研究人員	賴裕和 Lai, Yeur-Hur		
• 中文關鍵字	癌症疼痛；疼痛評估；疼痛知識；癌症病人；疼痛信念		
• 英文關鍵字	Cancer pain；Pain assessment；Pain knowledge；Cancer patient；Pain belief		
• 中文摘要	<p>正確的評估為有效疼痛處理之基礎，因此護理人員對疼痛的知識、信念及臨床判斷，將可能直接影響病人疼痛的處理。本研究主要目的為由病人及護理人員二方面探討：(1)癌症病人疼痛特質、疼痛信念、病人疼痛滿意度；(2)護理人員疼痛知識、疼痛信念、臨床疼痛評估準則；(3)癌症病人實際疼痛與護理人員評估之疼痛強度間的差距；(4)病人實際疼痛與護理人員疼痛評估的預測因素；及(5)臨床疼痛評估準則內在一致度信度之測量。本研究採橫斷式相關研究法，於北部二所教學醫院腫瘤科病房，對於有癌痛之病人及其白班及大夜班照護之護理人員作配對之收案，總計收案病人與護理人員五十對。研究工具包括(1)疼痛評估量表，(2)疼痛信念量表，(3)病人疼痛滿意度量表，(4)護理人員疼痛知識與態度量表，及(5)疼痛臨床評估準則量表(本量表於此研究中發展出來)，病人-護理人員疼痛程度差距(Discrepancy of pain intensity)則以病人實際疼痛的強度減護理人員評估之強度，取其絕對值所得。研究資料將以描述性統計、逐步迴歸分析及內在一致性信度分析。本研究結果發現腫瘤護理人員的疼痛處理知識，平均答對率為 64.5%，疼痛信念方面護理人員與病人多認為疼痛是癌症不可避免的症狀，但病人多數有十分負向的麻醉性止痛藥信念，在疼痛處理滿意度方面，本研究之病人多偏向十分滿意；在疼痛臨床評估的決策方面，本量表具有良好的內在效度及內在一致度信度($\alpha=0.90$)；另外，病人與護理人員對疼痛強度的差距平均值為 1.5，以逐步迴歸分析發現護理人員的臨床工作年資是預測此差距之因素。綜合本研究結果建議未來疼痛處理中，應加強護理人員疼痛處理知識及增加與病人的討論，以澄清病人負向的疼痛信念，臨床實務中增加疼痛處理的案例討論，可以改善資淺護理人員在癌症疼痛評估與處理的不足處。</p>		
• 英文摘要	Pain management is closely linked to accurate pain assessment and decision making. Nurses play a key role in clinical assessment and making decisions regarding pain management. The effectiveness of pain management may be also related to the agreement of the nurses' pain assessment and patients' own		

perception of pain. Therefore, the major purposes of this study are to (1) examine nurses' knowledge of cancer pain management, pain beliefs, and the criteria used in clinical pain assessment; (2) examine the cancer patients' current pain status, pain beliefs, and satisfaction about pain management; (3) compare the differences of pain intensity reported by patients and pain intensity assessed by their nurses (discrepancy); (4) examine the relationships among the discrepancy of pain intensity, nurses' pain knowledge, nurses' pain beliefs, and nurses' career characteristics; and (5) develop the 'criteria of clinical pain assessment checklist (CCPAC)'. A cross-sectional correlation design will be used in the study. The instruments will include (1) Pain Assessment Form, (2) Pain Beliefs Scale; (3) Patients' Pain Satisfaction Form, (4) Nurses' Knowledge and Attitudes of Pain Survey, and (5) Criteria of Clinical Pain Assessment Checklist (CCPAC). Data were collected from two oncology inpatients wards in two teaching hospitals in Taipei. There were 50 patient-nurse dyad were collected about their perception of patient's pain intensity. The major results showed the discrepancy of pain level is 1.5 (measured by 0-10 pain intensity numeric scale). The discrepancy was predicted by the length of nurses' working experience. The study also showed that oncology nurses did not have sufficient pain management knowledge, and patients also had a very negative beliefs regarding cancer pain and use of opioid analgesics. Finally, the content validity and internal reliability of the Criteria of Clinical Pain Assessment Checklist (CCPAC) was satisfied. The study results strongly suggested that nurses need more cancer pain management training. Especially, more clinical case discussion should be included into the pain management training to strengthen novice nurses' experience and ability in pain management.