• 系統編號	RN9510-1339
• 計畫中文名稱	台灣護理人員照顧嚴重急性呼吸道症候群(SARS)病患的壓力源及所需協助
• 計畫英文名稱	Stress Resources and Needs for Help for Taiwanese Nurses Taking Care of the Patients with Severe Acute Respiratory Syndrome (SARS)
• 主管機關	行政院國家科學委員會
• 計畫編號	NSC92-2751-B038-002-Y
• 執行機構	臺北醫學大學護理學系
• 本期期間	9207 ~ 9306
• 報告頁數	30 頁
• 使用語言	中文
• 研究人員	施富金 Shih, Fu-Jin
• 中文關鍵字	嚴重急性呼吸道症候群 ； 台灣護理人員;
• 英文關鍵字	Severe Acute Respiratory Syndrome; Taiwanese nurse clinicians;
• 中文摘要	查無中文摘要
• 英文摘要	During the SARS outbreak in Taiwan in 2003, numerous Taiwanese nurses were terrified by this life-threatening infectious disease due to the lack of adequate training and needed equipment; some of them even further sacrificed their lives for the patients with SARS. The purpose of this study was to identify the stage-specific difficulties encountered by the nurse clinicians before and during their caring process. Methods. A qualitative triangulation research design was used. Registered nurses took care of SARS patients from three hospitals in Taiwan were invited to participate in this project. Data were collected in two steps: (a) face-to-face semi-structured interview in the form of focus group; and (b) filling individual open-ended questionnaire to address their thoughts and suggestions which were confidential to them. The questions were developed specific to pre-caring, caring and post-caring stages. Data were in-depth analyzed by qualitative content analysis. Results. One hundred and seventy-nine subjects participated in this project. During the pre-caring stage, there difficulties were: (a) lack of practical knowledge and skills in taking care of themselves and their clients (100%); (b) daily horrible message released from the media (95%); and (c) persuading and relocating the none-SARS related patients to safer wards which were not covered by public health insurance (15%). During the caring stage, the major difficulties included (a) lack of needed medical instrument, materials, and nursing manpower (100%); (b) lack of consensus in treatment and caring protocols in health team (100%); (c) the risk in environmental contamination and infection caused by other team members' noncompliance to the required policies and procedures (100%); (d) the hurt of being devalued by the discrepancies in financial reimbursement for physicians and nurses (90%); (e) physicians' refusal to visit the patients or delays in responding to nurses' call for help (80%); (f) the potential high risk of

infection to their family members (80%); (g) being noticed to take care of SARS patients in a short-time (60%); (h) negative critics from other health team members, physicians in particular (50%); and (i) the financial crisis of the health institution (30%). During the post-caring stage, the difficulties were postponing the promised rewards from the government and the health institute (70%); and lack of a governmental approved-comprehensive anti-SARS program (60%). Conclusions. Factors threatening the quality of care for SARS patients in the hospital were first identified according to three stages from nursing perspective. Taiwanese nurses call for help in developing governmental approved-protocols to ensure cooperation between interdisciplinary and health institutes. They also need adequate material, manpower and stage-specific rehearsals of the caring process to empower their competency and protection from mortal infection before the second SARS outbreak in Taiwan. Finally, others' support and the timely as well as better financial reimbursement are also required.