中文版本疼痛行爲量表之建立與信效度檢測
Validation of the Chinese Version Behavioral Pain Scale

中文摘要

良好的疼痛處理，有賴於正確、完整與有系統的疼痛評估。重症病患也擁有免於疼痛的權利，然而重症病患常因使用氣管內管、使用鎮靜劑、意識不清或因體力孱弱而無法表達其疼痛；在無法獲得病患主述之狀況下，不但常造成臨床醫護人員評估其疼痛的困難，也使得臨床醫護人員容易低估病患的疼痛程度。缺乏一個完整而有系統的疼痛評估工具，是加護病房達成良好疼痛處理的一大障礙。本研究完成一份適用於重症病患之英文版本疼痛行爲量表的中文翻譯，並建立此中文版本疼痛行爲量表的信效度。

本研究採用法國學者 Payen 發展的疼痛行爲量表（Behavior Pain Scale, BPS），延請四位專家進行翻譯、反翻譯以及將量表初步試用於臨床後，建立中文版本之疼痛行爲量表。中文版本量表完成後，採單組前後測之研究設計法，以建立其內在一致性信度、評分者間信度、再測信度、效標效度與區辨效度。研究於九十七年一月至五月在某一醫學中心之加護病房進行，選取七十二位使用呼吸器和止痛鎮靜藥物的病患，分別進行會引起疼痛（抽痰）與不會引起疼痛（測量體溫）的介入措施。於介入措施執行之前、後，兩位觀察者同時使用中文版本疼痛行爲量表評估病患的疼痛程度。

研究結果顯示中文版本疼痛行爲量表具有適當的信效度。量表的內在一致性信度 Cronbach α 值爲 .91，評分者間信度的一致性高（r = .95 - .97, p = .00），再測信度具高度之相關（r = .86 - .92, p = .00）。下列之研究結果，則建立了量表之效標效度與區辨效度：主述抽痰會造成疼痛之病患的疼痛行爲量表得分，顯著高於主述抽痰不會造成疼痛之病患的疼痛行爲量表得分（p < .05）；病患接受抽痰措施時之疼痛行爲量表得分，顯著高於接受測量體溫時之疼痛行爲量表得分（p = .00）。具有信效度之疼痛評估工具的建立，有助於臨床醫護人員面對具有困難表達其疼痛的重症病患時，能有共通之語言進行溝通，並進一步達成良好之疼痛處理。

英文摘要

Well pain management depends on accurate, complete and systematic pain assessment. Critically ill patients also possess the right to avoid the sufferings resulted from pain. However, critically ill patients often have trouble to express their pain experiences because the existence of endotracheal tube, usage of sedative medications, unconsciousness or severe weakness. Lack of information about critically ill patient’s chief complaints, clinical health care providers often have trouble to assess patients’ pain experiences and patients’ pain severity are tend to be underestimated. Without a complete and systematic pain assessment tool is a big barrier of achieving well pain management in the intensive and critical care units. The objectives of this study were to generate a Chinese version pain assessment tool which was suitable for critically ill patients, and to establish its reliability and validity.

The English version Behavior Pain Scale (BPS) was developed by France researcher Payen. Chinese version BPS was generated after four experts' translation/back translation works and an initial clinical testing. One group pretest- posttest design was used to establish the internal consistency reliability, inter-rater reliability, test-retest reliability, criterion-related validity and discriminant validity of the Chinese version BPS. This study was conducted at two intensive care units in one medical center during January and May in 2008. Sample included 72 sedated, mechanically ventilated patients. Two observers used the Chinese version BPS to assess patients' pain severity before and after the painful procedure (endotracheal suctioning) and the non-painful procedure (body temperature measurement), respectively.

The Chinese version BPS is a pain assessment scale with adequate reliability and validity. Its internal consistency Cronbach's α was .91, inter-rater reliability was high ($r = .95$ - $.97$, $p = .00$), and test-retest reliability was adequate ($r = .86$ - $.92$, $p = .00$). The criterion-related validity and discriminant validity were established based on the following study results: BPS score of the conscious patients who reported endotracheal suctioning was a painful procedure was higher then the BPS score of those who reported endotracheal suctioning was a non-painful procedure ($p < .05$); patients' BPS score under endotracheal suction was significant higher than their BPS score under temperature measurement ($p = .00$). With adequate reliability and validity, the generation of a pain assessment tool is beneficial to the sharing of a common language among clinical health care providers when they encounter the patients with expression difficulty of their pain and to the achievement of well pain management.