影響台灣地區居家護理人員連結社區資源之相關因素探討

Factors Related to Home Care Nurses''Integration of Community Resources

中文摘要

本研究旨在探討影響台灣地區居家護理人員連結社區資源的相關因素。研究目的包括：描述居家護理人員連結社區資源及後續追蹤情形與其連結社區資源之自我效能為何；探討居家護理人員特質、居家護理機構特質、感受機構支持度與居家護理人員連結社區資源之自我效能和其社區資源連結的相關性；以及找出影響居家護理人員連結社區資源之主要因素。本研究採橫斷式研究設計，以全國 199 家醫院為基礎的居家護理機構進行簡單隨機抽樣後，將該機構之居家護理人員全部取樣，共回收 135 份問卷(回收率 65.2%)。研究工具乃自擬而成，其效度 CVI 值達 0.86 以上，Cronbach''s α 值介於.83－.92 之間。研究結果以 SPSS10.0 套裝軟體進行統計分析。

結果呈現，目前台灣地區居家護理人員連結正式社區資源及自我期望之自我效能均介於「預期有時做到」至「預期大多做到」之間，而連結非正式社區資源之自我效能介於「預期偶爾做到」至「預期有時做到」之間。而連結及追蹤後續社區正式資源中以醫療資源服務使用情形最高，次之為財務資源使用。在連結及追蹤後續非正式社區資源中以個人網絡最常使用，而社區增強網絡最少使用。居家護理人員連結社區資源之自我效能不論在正式($r=.56$，$p<.01$)、非正式($r=.52$，$p<.01$)與自我期望($r=.39$，$p<.01$)三方面皆與社區資源連結呈顯著相關。機構若有依學經歷、考績來分配工作職責($t=4.5$，$p<.01$)及分配其服務的個案數者($t=3.3$，$p<.01$)，其連結社區資源情形較好。且連結社區資源程度與機構總訪次數有顯著負相關($r=-.24$，$p<.01$)。以複迴歸統計分析(Mutiple Regression)發現，連結非正式社區資源之自我效能得分愈高、單月總訪次數愈少，則連結社區資源之程度愈高，此兩變項可解釋連結社區資源之總變異量達 39.1%。

希望藉由本研究瞭解居家護理人員連結社區資源的現況與困境，建議在未來提供各種專業培訓管道，居家機構經常性公告社區資源相關訊息；機構能依能力、學歷、考績分配其工作職責及個案數，使居家護理人員管案數有照顧上限的標準，並且建立全國及區域性社區資源名冊定期提供給居家護理人員，以增加連結社區資源情形，進而讓個案、家屬獲得完整、連續性的照護，以達到個案最佳安適的狀況。

英文摘要

The purposes of the study were three folds: to describe the degree of home care nurses' integration of community resources, and their self-efficacy of it; to explore the correlations among degree and self-efficacy of home care nurses' integration of community resources with home care nurses' characteristics, home care agencies' characteristics and their perceived agencies' support; and to identify factors predicting home care nurses' integration of community resources. The cross-sectional correlation research design was used. 199 hospital-based home care agencies were simple random sampled nation-wide. A total of 135 subjects completed the questionnaires (response rate 65.2%). The research instruments were self developed with acceptable content validity ($CVI > 0.86$) and internal consistency ($\alpha=0.83$-0.92). The study results were statistically analyzed with SPSS10.0 software package.

The major results indicated that home care nurses' self-efficacy in integration of formal community resources and self-expectancy were between "sometimes can do it" and "usually can do it"; however, self-efficacy in integrating informal community resources was between "seldom can do it" and "sometimes can do it". In the degree of integrating and follow-up formal community resources care, home care nurses ranked the use of medical resources service on the top, and the link of financial resources second. In term of integrating and follow-up informal community resources, the use of personal net was the oftenest; the reinforcement net of a community was only a few. Home care nurses' integration of community resources were significantly correlated with the three aspects of self-efficacy: formal resources ($r=.56$, $p<.01$), informal resources ($r=.52$, $p<.01$) and the self-expectancy ($r=.39$, $p<.01$). Home care agencies which assigned tasks ($t=4.5$, $p<.01$) and caseloads ($t=3.3$, $p<.01$) based on employee's educational background and job evaluation, their nurses integrated more community resources than those without delegation. The agency's total number of visits per month was negatively correlated with degree of integration of community resources ($r=-.24$, $p<.01$). The multiple regression identified the major factors predicting the integration of community resources were self-efficacy in integration of informal community resources ($r2=.19$, $p<.05$) and agency's total number of visits per month($r2=-.2$, $p<.05$). These two variables can explained 39.1% of total variance. Through this study, home care nurses' current behaviors and difficulties in integrating community resources can be examined. Recommendation was made to increase professional trainings for home care nurses to enhance their self-efficacy in order to integrate community resources better. Further, home care agencies should update community resources consistently and assign tasks and caseloads based on nurses' educational background and job evaluation. Government should publish and update available community resources both in communities and national levels.