失能親人安養於機構的照顧者家庭之適應經驗

Family Adaptation Experience of Family Caregivers Facing Institution Placement for Disabled Elderly

中文摘要

人口老齡、醫療進步及經濟社會快速變遷，失能長者的照護安置，成爲每個家庭必經歷程。且當照顧者歷經照顧負荷種種困擾與煎熬後，「機構照護」成爲照顧者家庭的另一選擇趨勢。因此，本研究採用 Collaizzi（1978）現象學研究法，於民國 93 年 8 月至 10 月期間，訪談 10 位居住於照護機構的老人之照顧者家屬，從家庭系統觀點，檢視我國傳統文化脈絡下，照顧者家庭面臨長者入住機構造成的變動，其在角色調適、家庭界限因應與內外在資源開展之因應經驗。

研究結果呈現此家庭適應經驗涵蓋五個範疇，分別：

一、關係的變動：包括呈顯「蛻變」的配偶關係：依附失落與迎向獨居；「新局」的親子關係：親情疏離與代間尊重；與藉規律的探視及承諾實踐，達「維繫與修補」親情之道。

二、情緒經驗的流動：包括「探視後的分離，勾起塵封的自責」、「放不下與無盡的牽掛」，與承受「來自家族的評析與論斷」。

三、角色定位的轉折：機構替代成爲長者生活之照顧者角色，而照顧者則調整心境，經驗「釋出與重拾」照顧者的角色型塑，以建構照顧者、長者與機構三者間互融的照護關係。

四、家庭的形變：包括「內在家庭網絡的資源凝聚」、「外在社會網絡的開展」與「老年生活之規劃」。

五、生命價値的體悟：包括「分享自己，走出匱乏」、「生死抉擇，體會真愛的意涵」與「喟嘆生命的過眼雲煙，珍視當下」。

據此研究結果，提出以下建議：

在護理實務方面，成立照顧者家屬團體，分享學習經驗，支持與促其成長、機構體認照顧者積極參與照顧活動之價值、安排合適陪伴探視的情境與情緒舒解的場所、發展團隊資源與專業支持之照護關係，及團隊成員能肯定自我角色與體認同儕支持、影響的重要。

在護理教育方面，則能重新建構「以人爲本」的照護哲學觀，與加強生死哲學與悲傷關懷之教育養成與服務落實；在政策制定方面，則建議積極倡導終老安養之籌劃，促進長者與家屬坦誠溝通，以利未來雙方的適應。

英文摘要

With the growth of aging population, advance of medical technology and rapid change of social-economic structure, “institution placement” for disabled elders has become a painful experience for most families. This study aimed at describing the

coping experience of caregiver families of role adaptation, change of family boundary and resources development under the family system viewpoint and Chinese traditional culture vein. Phenomenological research design was used. Collaizzi's (1978) phenomenology analytic method was used to analyze interview data from 10 family caregivers with their disable elderly institutionalized experience from August to October of 2004.

The findings indicated that family adaptation experience can be categorized to five domains, and 15 themes:

1. Relationship changes: including "transformed spousal relationships: attachments, detachments, and facing the format of living alone", "new intergenerational relationship", and "establishments of the connections and reparations familial philosophy through regular visits and fulfillments of promises".
2. Flow of emotional experiences: includes "guilt feeling after each visit", "Endless yearning", and enduring "criticizing from other family networks".
3. Role shifting: After institutionalization, the family caregivers underwent emotional adjustments, experienced the "releasing and re-obtaining" caregiver roles to establish a harmony relationship among the family caregiving, the disabled elderly and the institutions.
4. Family transfiguration: includes "reemergence of inter family network resource", "exploration of external social network" and "planning for ageing life."
5. Realizing the value of life: includes "sharing self, walking out of insufficiencies", "choice between life and death, understanding the meaning of true love", and "lamenting the brevity of life, and cherishing the present".

The following suggestions are made based on research results:

In the nursing practice, establish caregiver family self development groups to share learning experiences, to support and help each other growth; help institutions to recognize the value of the caregivers' active participation in care-taking; arrange suitable visiting situations; enhance caregiving teams; and empower professional roles were recommended.

In nursing education, one can reestablish the "person centered care" nursing philosophy. Further, enhance the life-and-death philosophies and grief counseling in curriculum and service.

Finally, actively promote planning for retire life between elders and, their family caregiver were recommended for policy implementation