

一、害怕復發(fear of recurrence)概念是對未來可能發生在個人相同或不同部位之疾病或惡化有關的恐懼，造成病人及家庭面臨到的心理社會的壓力源之一。以您熟悉的病人群為例，說明：

- (一) 害怕復發的危險因子及對病人健康結果之影響。(10%)
- (二) 您如何評估及確認病人這項問題。(10%)
- (三) 如何運用專業的知識，照護或協助病人。(10%)

二、以下為一篇研究論文的摘要，請依本文回答以下二項問題：

- (一) 請翻譯本文之研究結果段為中文 (15%)
- (二) 您如何運用本文的結果於住院病人在這項健康問題的發現、預防、與護理處置 (15%)

摘自 Mekoya, T. et al. (2023). Loneliness among hospitalized patients in Jimma medical center, Southwest Ethiopia, 2021. International Journal of Africa Nursing Sciences, 18, 100529.

Background: Loneliness is an unpleasant indication that an individual's social relation are deficient in some important way. It is an influencing factor for poor health outcomes and connected to morbidity and mortality in the general population. The admission into a hospital leads to a dramatic change in the social environment. It is where physical and social isolation could create loneliness where there previously was none, or increase an individual's pre-existing level of loneliness. Hence, this study aimed to assess the prevalence of loneliness and associated factors among hospitalized patients in Jimma medical center, Jimma, Southwest Ethiopia.

Method: A cross-sectional study was conducted on 404 respondents from April 16th to June 29th, 2020. Data were collected by exit face-to-face interview using a revised University of California and Los Angeles Loneliness Scale consisting of 20-items which is an interviewer administered and pre-tested questionnaire. Data were analyzed using the Statistical Package for Social Sciences (SPSS) Version 23. Statistical significance of associated variables had been declared based on the adjusted odds ratio (AOR) with its 95 % CI and p-value < 0.05.

Result: A total of 397 patients participated in the study which is yielding a response rate of 98.3 %. More than half 54.6 % (95 % CI: 49.9–56.2) of the participants' experienced loneliness during their stay in the hospital. The risk of loneliness was lower among participants who were married (AOR = 0.272, 95 %CI:0.093–0.796) and had no comorbid diseases (AOR = 0.479, 95 %CI:0.233–0.983), short duration of disease after a diagnosis (AOR = 0.456, 95 % CI: 0.234–0.886), no impaired mobility (AOR = 0.467, 95 %CI:0.252–0.863), and no emergency care visits (AOR = 0.418, 95 %CI:0.197–0.885). On the other hand, participants who had a poor trusted relationship with health care providers (AOR = 9.679, 95 %CI: 5.443–17.210) and poor social support (AOR = 4.697, 95 %CI: 2.281–9.673) had a higher risk of loneliness.

Conclusions: This study highlights that the prevalence of loneliness was high among hospitalized patients. Being married, good relationship trust toward health care providers and strong social support were variables that decreased the feeling of loneliness. While having comorbid disease, duration of disease after diagnosis, impaired mobility and emergency care visit, increased the experience of loneliness. Thus, hospitalized patients identified with loneliness should be linked to a psychiatric clinic for further evaluation and screening to prevent the complication of loneliness developing into psychiatric disorders.

三、口腔護理為臨床重要但常被忽略的活動，口腔健康與個人營養狀況、衰弱息息相關。以您熟悉的病人群為例，說明：

- (一) 在病人住院期間，您如何評估病人的口腔健康？(10%)
- (二) 您會由哪些面向及策略來促進病人的口腔健康。(10%)

四、周邊神經病變是糖尿病病人常有的慢性合併症，針對糖尿病病人的周邊神經病變，請說明：

- (一) 您如何評估病人的周邊神經病變？(10%)
- (二) 關於已有周邊神經病變的糖尿病病人，您對病人及家屬的指導應包括那些？(10%)

試題隨卷繳回