

一、Swanson 關懷照顧理念有五大要素：理解 (knowing)、在旁陪伴 (being with)、為他做某些事 (doing for)、使他能夠 (enabling) 與維持信念 (maintaining belief)。

- (1) 請描述一個您照護個案的護理過程，包含個案描述、護理評估、健康問題、護理目標、護理措施 (15 分)，並陳述您照護的成效 (10 分)。
- (2) 請運用關懷照顧理念的五大要素，一一論述您在這個護理過程中所提供的關懷照護 (15 分)。

二、護理師小娟長期上大夜班，體態較圓潤，懷孕期間穿外套遮蔽肚子，單位同仁沒有人知道小娟懷孕，有一天請產假時單位主管才知道小娟懷孕。小娟隱瞞懷孕的考量是：「包大夜班好幾年了，習慣夜班工作，如果因為懷孕而改上白班，應該會撐不住，畢竟大部分治療處置、醫師查房都在白班，複雜性跟忙碌相較大夜班比較吃力，而且家中有經濟壓力」。此外，小娟在產後立刻表態：「我沒有餵母乳，我要上大夜班...」

「大法官八〇七號解釋宣告勞基法第四十九條第一項即日起失效 (註)，雖然取消了女性夜間工作的限制，但也收起保護傘，使得婦女在符合勞動契約與法規下，不得無故拒絕夜間工作。此外，懷孕與餵乳的婦女，原本被禁止夜間工作，本次受到連帶影響，未來將面臨夜間工作的可能；不過，勞動部指出，妊娠或哺乳期間女工，原則上仍禁止夜間工作。」(2021/08/21，自由時報)

註：2021 年 8 月 20 日大法官做出釋字第 807 號解釋，宣告勞動基準法第 49 條第 1 項「雇主不得使女工於午後十時至翌晨六時之時間內工作。但雇主經工會同意，如事業單位無工會者，經勞資會議同意後，且符合下列各款規定者，不在此限：一、提供必要之安全衛生設施。二、無大眾運輸工具可資運用時，提供交通工具或安排女工宿舍。」限制女性勞工在夜間工作，違反中華民國憲法第 7 條保障性別平等意旨，應自解釋公布日起失其效力。

三、您是小娟的長官，對於「勞動部指出，妊娠或哺乳期間女性工作者，原則上仍禁止夜間工作」有何看法？(5 分) 您對於剛生產的小娟要表態說「我沒餵母乳，我要上大夜班...」將有何回應？(5 分)

四、請閱讀下列一篇英文研究報告摘要

Jessica G Rainbow, Hanne R Dolan, Leslie Farland. Nurses' experiences of working while pregnant: A qualitative descriptive study. *Int. J. Nurs. Stud.* 2021 Dec;124:104092. doi: 10.1016/j.ijnurstu.2021.104092

1. 依下列標題順序，用中文敘述每一段標題及內容意涵。

- (1) Title (2 分)
- (2) Background (5 分)
- (3) Objectives (5 分)
- (4) Design, participants and setting (5 分)
- (5) Methods (5 分)
- (6) Results (8 分)
- (7) Conclusion (10 分)

2. 請用中文提出此研究結果對婦女健康應用性之看法或意見 (10 分)。

Nurses' experiences of working while pregnant: A qualitative descriptive study

Background: Healthcare work environments are fraught with occupational hazards that can impact nurse health as well as patient care. However, little is known about how these hazards impact nurse health during pregnancy, and the experiences of nurses in the work environment during pregnancy and upon their return postpartum.

Objective: To describe registered nurses' (RNs') experiences of working while pregnant and returning to work postpartum. Specifically, their experiences related to the work environment and work-related hazards.

Design: A qualitative descriptive design was utilized to describe nurse experiences at work, occupational hazards during pregnancy, and experiences of returning to work after pregnancy.

Participants and setting: A convenience sample of twenty nurses working in direct patient care roles across the United States were recruited for virtual semi-structured interviews.

Method: Participants were interviewed using a semi-structured question guide to explore nurse experiences, specifically occupational hazards at work during pregnancy and upon returning to work. Interview transcripts were analyzed using deductive and inductive content analysis.

Results: Deductive findings for occupational hazards and risks during pregnancy and postpartum included exposure to infectious diseases, imaging, physical tasks (e.g., lifting and performing CPR), cleaning products, patient violence, and medication administration. Inductive thematic findings included: support needed avoid occupational hazards and make necessary modifications; desire to be 'supernurses' and put the patient first even when it meant taking risks for our health and that of their child; and fear of the consequences of occupational hazards and exposures.

Conclusions: Occupational hazards experienced by nurses during pregnancy that may impact their health and that of their baby were broader than previously studied. Pregnant nurses should receive education from their healthcare providers early in their pregnancies about the occupational hazards themselves and the potential modifications they should seek. Managers, occupational health and other health system leaders, and policymakers should be aware of occupational hazards for nurses, including pregnant nurses, and support workplace modifications. Future research should focus on assessing the prevalence of these hazards, the longitudinal impact of exposures that can lead to negative consequences for nurse and fetal health, and reducing the risk of exposure to these hazards for pregnant nurses.

試題隨卷繳回