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醫院員工社區安寧療護教育訓練之成效

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目的：為瞭解醫院員工接受全民健保規範13小時社區安寧療護教育訓練課程之成效，以作為未來教育訓練及政策規劃之參考。**方法：**分析參與社區安寧療護訓練課程員工訓練前及訓練後進行問卷調查資料，問卷內容包括基本資料、生命末期病人照護知識自覺瞭解程度量表、照護態度量表及技能測試量表等。本研究教育訓練前後各發出560份問卷，收回911份，回收率81.3%，有效問卷808份（教育訓練前441份，教育訓練後397份）。**結果：**顯示研究對象於教育訓練後其知識自覺瞭解程度、態度及技能平均得分提升0.2至0.6分間，達顯著差異，且工作年資長、擔任主管、在校期間曾修過緩和療護課程、曾參加過緩和療護研習會、工作單位內生命末期病人曾執行緩和療護或撤除維生醫療及曾參與維生醫療撤除之決策與執行經驗者，其知識、態度及技能得分較高，並達顯著差異，在教育訓練後得分亦有明顯上升。**結論：**13小時的社區安寧療護課程有助於提高員工對生命末期照護知識、正向之態度及技能，建議應廣為辦理，惟在照護技能方面的分數成長有限，值得再進一步探討進行臨床8小時實務訓練後，技能能否再提升，以確保照護品質。

關鍵詞：社區安寧療護，生命末期，教育訓練，知識，態度，技能

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前　言

安寧緩和醫療照護的理念在國際間發展已近50年[1]，而台灣於1983年由基督教馬偕醫院鍾昌宏醫師引進觀念[2]，1996年安寧居家護理納入健康保險給付試辦計畫，2002年立法實施「安寧緩和醫療條例」，2009年全民健康保險增列八大非癌末期安寧療護疾病，將重大器官衰竭的末期病人納入健保給付，使臨終病人的照護更臻妥善[3]。在各界努力推動與精進下，2010年《經濟學人》一份對全球臨終照護的評鑑報告指出：台灣的安寧療護品質整體排名世界第14名，也是全亞洲第一名[4]，但為使法令的執行能更符合實際臨床需求，2013年完成「安寧緩和醫療條例」第3次修訂，其中最大的突破係自己預立簽署「撤除維生醫療意願書」或一位家屬代表簽署「撤除維生醫療同意書」，經二位專科醫師診斷確為末期病人，就可撤除無效之維生醫療措施（即可以拔管）；沒有家屬者，主治醫師可經安寧照會依病人最大利益開立「撤除維生醫療醫囑」執行[5]。惟法令雖已完整，但醫療從業人員若沒有正

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Original Article

The Effectiveness of Community-based Palliative Care Training on Knowledge, Attitude and Skills for the Terminal Patients

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Objective: The purpose of this study was to evaluate effectiveness of implementing the thirteen-hour community palliative care training program (CPCTP) on hospital staffs, and also for the educational training and policy planning references in the future. **Method:** The regional hospital staffs surveyed and evaluated the differences before and after receiving the training. A self-reported questionnaire including items on basic data and the hospital staff's knowledge, attitude and skills regarding end-of-life care. Of the 560 questionnaires were given respectively before and after the training, and 911 were completed. The return rate was 81.3%, 441 were valid for pre-training, and 397 were valid for post-training. **Results:** After receiving CPC program, the average score of most items of end-of-life care knowledge, attitude and skills were significantly increased between 0.2 to 0.6. Especially if they have been department chiefs, long working experiences, took palliative care courses at schools and workshops, have end-of-life patents receiving palliative care at their workplaces, refused life-sustaining medical treatment and experienced in the policy making and execution the treatment. Theirs pre-training scores are also extremely higher than the rest staffs in care knowledge, attitude and skills. **Conclusion:** The thirteen-hour CPCTP program is good to know more end-of-life care knowledge and develop positive attitude and skills for hospital staffs. This research suggests promoting educational training and encouraging staffs to practically join end-of-life care services. However, the end-of-life skills scores less growing, it is worth further investigate after eight-hours clinical practice training program skills can upgrading to ensure quality of care.

Key words: community palliative care end-of-life care educational program knowledge attitude skill

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