

問答題

- 一、小小是一位懷孕週數 34 週出生的女寶寶，因合併先天性心臟病在出生之後持續於醫院接受治療，在小小可給予腸道營養後的營養來源主要為媽媽擠出來的母乳，並以配方奶補足母乳不夠的量。出生後六個月大時因恢復情況良好準備出院，出院當天身長 63 公分、體重 6500 公克，在您給予小小的媽媽出院衛教時，媽媽向您詢問關於副食品添加的事宜，包括出院後何時可以開始添加副食品(5 分)? 可以給小小吃什麼(5 分)? 以及要注意的事項(10 分)。您寫出上述問題中您應提供的衛教內容。
- 二、請寫出為不同年齡層兒科病人(早產兒、嬰幼兒、兒童)抽痰時之 1.抽吸壓力、2.抽吸時間、3.抽痰管放置深度(18 分)，並寫出 4. 為不同年齡層兒科病人抽痰時應注意的共同原則 (10 分)。
- 三、根據衛生福利部國民健康署發行的臺灣兒童安寧緩和醫療護參考手冊，依需要安寧緩和醫療照護的兒童所罹患的疾病，可分為哪四大類型 (12 分)? 請舉一位您曾經照顧過且符合上述任何一類的病童之經驗為例 (須寫出符合的類別)，說明您的團隊給予病童及家庭的安寧緩和介入措施有哪些(5 分)? 以及您觀察或體會到護理人員在提供病童及家庭安寧緩和醫療照護時面臨的困難有哪些?(10 分)
- 四、請閱讀以「Child-friendly healthcare: A concept analysis」為題的文獻摘要，以中文寫出這篇文章的目的(5 分)。

Child-friendly healthcare: A concept analysis

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ABSTRACT

Objective: This study aims to analyze the concept of Child-friendly Healthcare (CFH) using Walker and Avant's conceptual analysis framework to clarify its meaning, attributes, and implications for clinical practice.

Method: The study employed Walker and Avant's conceptual analysis method, which involves a systematic process comprising concept selection, setting objectives, exploring potential uses, defining attributes, constructing a model case, identifying contrary cases, determining antecedents and consequences, and examining empirical referents. A scoping review was conducted across multiple sources, including online dictionaries, scientific databases, and grey literature, with a focus on literature relevant to CFH.

Result: A total of 37 articles were reviewed, revealing diverse definitions and interpretations of CFH across various contexts. The concept was defined by five key attributes: (1) child interests-prioritized quality services, (2) child-friendly environments and spaces, (3) social interaction, (4) child participation, and (5) development facilitation. The study also identified the antecedents and consequences of CFH, developed model and contrary cases, and examined empirical referents to offer a comprehensive understanding of the concept.

Conclusion: This analysis effectively clarified the concept of CFH, highlighting its core attributes and providing valuable insights for clinical nursing practice. The findings suggest that CFH can be used as a framework to guide child-centered healthcare practices, thereby enhancing the quality of care provided to pediatric patients.

Implications: Conducting a concept analysis of CFH can significantly contribute to improving patient health outcomes, supporting institutional development, and fostering future research and practical applications in child healthcare settings.

- 五、在上述「Child-friendly healthcare: A concept analysis」為題的文章中，結果指出「Child-friendly healthcare」包含了五個重要的屬性(five key attributes)，其原文的內容如下，請閱讀並回答以下兩個問題：1. 以中文寫出每個屬性(attribute)的名稱 (10 分)；2. 就每個屬性的內容說明而言，簡述您認為護理人員在提供住院兒童照護時，如何實踐這五個屬性?(10 分)。

見背面

Defining attributes**1. Child interests-prioritized quality services**

This attribute aligns with the core principles of the United Nations Convention on the Rights of the Child (UNCRC), focusing on delivering healthcare that prioritizes the best interests of children and ensures they receive the highest possible standard of care within available medical resources. This attribute consists of two main categories: Health Rights: This includes upholding children's rights to the highest attainable standard of health, equity, non-discrimination, respect, protection of privacy, access to information, and ensuring that they are fully informed. Quality Services: This entails providing care that is child- and family-centered, effectively managing and alleviating pain and discomfort, ensuring timely physical and emotional support, offering therapeutic play, maintaining a compassionate and empathetic approach, ensuring clear communication, promoting diagnostic and treatment efficiency, responding rapidly in emergencies, implementing smart healthcare technologies, and striving to minimize hospital stays.

This attribute emphasizes delivering healthcare services at the right time, place, and manner by appropriately trained personnel to alleviate the fear, anxiety, and pain experienced by children and their families. For instance, children have expressed the importance of being accompanied by family members, receiving clear explanations about treatments, understanding the doctor's communication, having the opportunity to ask questions, being listened to, and avoiding pain and fear.

2. Child-friendly environments and spaces

This attribute is guided by the philosophy of "seeing the world from a child's perspective," which involves designing medical environments that cater specifically to children's needs. Creating such environments involves providing child-adapted signage systems, a healthy and comfortable atmosphere, child-centric decorations, and safety and cleanliness. Research indicates that children prefer hospital environments that are bright, colorful, warm, cheerful, spacious, and modern. Moreover, Child-friendly environments should include personalized spaces and facilities such as individual and family areas, interactive zones, children-specific amenities, and convenient living arrangements. For example, children have identified the need for comfortable and clean beds, access to TV, DVDs, games, and internet, and facilities that enable families to stay together during hospital stays.

3. Social interaction

This attribute emphasizes the importance of providing social spaces and processes that facilitate children's social engagement. As reported by Lambert, Coad, Hicks and Glacken (2014a), children desire recreational facilities within healthcare settings that allow them to interact with others, whether in person or through virtual means. Social support is an essential aspect of CFH, requiring healthcare workers to offer emotional and informational support. For example, healthcare workers have used toys and drawings to educate children with HIV/AIDS about their treatment, while also addressing issues like stigma and abuse.

4. Child participation

This advocates for the involvement of children and their families in healthcare decision-making, service design, evaluation, and policy development. This ensures that children's voices are heard and considered in healthcare processes.

For instance, a study in Sweden involved children in safety rounds, allowing them to express their views on hospital environments, which were then incorporated into the design and planning of pediatric facilities. Child participation not only encompasses the right to express oneself but also the right to be actively engaged, listened to, and taken seriously. Consequently, it is crucial to create environments that encourage children to share their thoughts and provide appropriate responses and actions based on their feedback.

5. Development facilitation

This attribute emphasizes addressing children's developmental needs within the healthcare context. This attribute

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includes promoting play, fostering learning, providing nutritional support, offering health education, and ensuring comprehensive health monitoring and management.

Play and learning are essential for children's psychological and emotional development, especially during illness. For example, Lambert (2014a) found that play and learning activities help reduce boredom, provide a sense of control, and alleviate loneliness, thereby creating a positive hospital experience for children.

Nutritional support refers to providing guidance and assistance concerning breastfeeding, feeding practices, nutritional supplements, nutritional assessment, and management. For example, the implementation of the child-friendly hospital resulted in a gradual increase in the rate of breastfeeding and the culture of breastfeeding.

Besides, recent studies implement child-friendly health education based on the characteristics of children's cognitive development, through comic books, interactive games, AR technology, etc. to facilitate children's understanding of complex medical knowledge and the development of positive and healthy behaviors.

Health monitoring and management include safe motherhood programmes, immunization, growth and development monitoring, mental health management, and disease screening and management. This comprehensive health monitoring and management not only addresses children's immediate health problems but also promotes their overall growth and development, laying the foundation for a healthier future.

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