华中科技大学

硕 士 学 位 论 文

越南太原省四所医院责任护士
人文关怀能力现状调查

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Investigation of Caring Ability of Primary Nurses in four Hospitals in Thainguyen Province, Vietnam

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摘 要

研究目的

1. 了解越南太原省4所医院的临床责任护士人文关怀能力的水平。

2. 探索影响越南责任护士人文关怀能力的相关因素。

3. 为以后的学者、管理者研究、提升责任护士人文关怀能力提供依据。

对象与方法

研究对象：调查对象是越南太原省 4 所医院门急诊、内科、外科、儿科、妇产科、肿瘤及传染病科的 300 名责任护士。调查对象纳入标准：①取得护士执业资格证书的临床护理人员；②责任护士；③临床工作一年以上。

研究方法：。本研究使用问卷进行调查。问卷调查内容包括：

（A）调查对象的基本情况：由本研究者自行设计，是调查对象的一般资料包括年龄、性别、户籍所在、科室，学历、职称、责任年限、责任病人数量。

（B）关怀能力量表：关怀能力量表（Caring Ability inventory），简 CAI 量表，量表由美国护理教授 Nkongho 设计，由中国学者许娟汉化后在中国应用；本研究所用的越南语版的关怀能力量表，先由一位熟悉英语和越南语的研究生翻译为越南语及由研究者本人将汉语版翻译成越南版，之后两人将两个越南语版相互对比，统一意思及表达。最后运用 SPSS 20.0 软件进行统计学方面的分析。

研究结果

1. 责任护士人文关怀能力总体现状

护理人员关怀能力总评分为 188.00±18.780 分，认知维度为 74.50±9.712 分，勇气维度为 55.67±10.671 分，耐心维度为 57.83±7.463 分。与国际关怀能力评分标准由美国 Nkongho 教授制定常模比较，分别低于常模各项最低标准。

2. 不同背景对责任护士人文关怀能力情况

2.1 不同职称责任护士人员人文关怀能力差异有统计意义（P<0.05）。主管护师以上关怀频率为 194.59±17.292 分最高，护师次之为 187.35±15.898 分，护士最低为 186.53±20.040 分。

2.2 不同学历责任护士人员人文关怀能力差异有统计意义（P<0.05）。研究结果显

示具有本科以上学历的护理人员评分值分别高于其他学历护理人员。本科以上评分为 197.66±15.616 分，大专为 188.18±15.994 分，中专为 162.66±22.785 分。

2.3 不同工龄时间与责任护士人员人文关怀能力差异有统计意义（P<0.05）。工作时间 5-10 年为 192.18±15.405，分别高于工作时间<5 年（185.79±20.236）和工龄时间>10 年（186.48±18.548）。

2.4 在临床工作中护理责任年限对责任护士人文关怀能力影响，有统计学意义（P<0.05）。具有责任年限 3 年以上护理人员评分为 190.16±16.106，分别高于具有责任年限 2-3 年护理人员（188.81±16.023）和具有责任年限<1 年护理人员（184±24.151）

2.5 户籍所在地、性别、科室、责任病人数量不同的责任护士其人文关怀能力差异无显著性。

结论

1. 研究发现所调查医院的责任护士人员中，他们的关怀能力评分总体情况低于国外常模标准。

2. 调查结果明显：影响越南责任护士人文关怀能力的因素包括职称、学历、工龄时间、责任年限。

关键词： 越南责任护士 人文关怀 关怀能力

Investigation of Caring Ability of Primary Nurses in four Hospitals in Thainguyen Province, Vietnam

Abstract

Objectives

1. To understand clearly the complete caring ability and responsibility of nurses to patients at 4 hospitals in Thainguyen province, Vietnam.

2. To investigate the relative factors that influence on the complete caring ability and responsibility of nurses to patients.

3. To provide reference information for further studies that related to the complete caring ability and responsibility of nurses.

Participants and Methods

Participants: 300 nurses, who were working at 7 departments of 4 chosen hospitals in Thainguyen, were randomly chosen for this study. The 7 departments were Department of Emergency, Department of Internal Medicine, Surgical department, Department of Paediatrics, Department Gynaecology, Department of Oncology and Department of Infectious Disease.

Inclusion criteria :

(1) Obtained certificate of training on clinical nursing

(2) Possess responsibility for complete caring patients

(3) Working experience: Work as nurse more than one year.

Methods: We used an inventory panel for this study. The inventory panel included two parts: (A) Some general information related to the participants (gender, age, resident location (city or countryside), education, which department he/she was working); (B) Caring Ability Inventory (CAI). The CAI was proposed by an American Prof. Nkongho then it was translated into Chinese and applied by a Chinese Prof. Xue Juan. In the process of the study, I translated the version CAI written in Chinese into Vietnamese; and the CAI

written in English is also translated into Vietnamese by another Vietnamese researcher. Finally, we discussed and produced a new Caring Ability Inventory written in Vietnamese.

All analyses were conducted in SPSS version 20.0.

Results

1. The general status of completely caring ability of nurses

The mean score of caring ability of all nurses was 188.00±18.780, mean score of knowledge level was 74.50±9.712, mean score of attitude was 55.67±10.671, mean score of patient/skill on working was 57.83±7.463. Those mean scores were lower than the standard scores of nurse caring ability proposed by American Prof. Nkongho.

2. The status of completely caring of nurses in different conditions:

2.1 The Caring Ability of Charge Nurses in different title had significant differences. The score of supervisor nurse and above is 194.59±17.292, senior nurse was 187.35±15.898 and nurse have the lowest score, it is 186.53±20.040.

2.2 The Caring Ability of Charge Nurses in different education background had significant differences. CAI score of nurses with master degree is 203.20±15.353, nurse with bachelor degree is 192.11±15.879, associate-degree is 188.18±15.994 and polytechnic school graduates is 162.66±22.785.

2.3 Statistically significant differences of humanistic caring ability of different length of service time and responsibility of nurses ($P<0.05$). Working time of 5-10 years was 192.18 + 15.405, respectively higher than the working time of <5 years (185.79 + 20.236) and the length of time >10 years (186.48 + 18.548) .

2.4 Effect of nursing care in the clinical work responsibility of humanistic caring ability of nurse service, with statistical significance ($P<0.05$). Is responsible for more than 3 years of age of nursing staff was 190.16 + 16.106, respectively higher than that of 2-3 years has the responsibility of nursing staff (188.81 + 16.023) and has the responsibility of <1-2 years of nursing staff (184 + 24.151)

2.5 The factors influenced on the caring ability of nurses: Resident location (city or

countryside), gender, working department, the number of patients that the nurses took care.

Conclusion

1. The complete caring ability of clinical nurses at Vietnam's hospitals was lower than the standard criteria of the world. To improve the complete caring ability of clinical nurses, we should give more training on the complete caring ability for nurses.

2. The factors influenced on the caring ability of charge nurse were: title, education background, working time, and work time as a charge nurse.

Key word：   Viet Nam Nursing   Humanistic Care   Caring Ability