出國報告（出國類別：參加學術會議）

第 10 屆國際家庭護理年會
10th International Family Nursing Conference

服務機關：國防醫學院護理學系
姓名職稱：上校副教授廖珍娟
派赴國家：日本京都
出國期間：自 100 年 7 月 24 日至 100 年 7 月 29 日
報告日期：中華民國 100 年 7 月 18 日

摘要

壹、會議緣起：

家庭是社會的基本單位，履行重要的功能爲培育下一代及促進家庭成員的健康而努力，護理專業人員扮演著重要的角色，支持家庭，幫助解決家庭問題，增進個體及家庭的成長。

貳、參加目的：

與會的目的則是認識家庭護理的重要性，學習家庭護理研究方法，了解現今的家庭護理研究與實務趨勢，並分享自己所專長的家庭照護經驗，並與其他國家護理學者討論交換經驗，此外是期望能學習家庭護理課程的設計與發展。

參、會議過程：

本次會議包括三階段：第一階段是 6 月 24 日的 pre-conference；第二階段是 6 月 25－27 日的大會；第三階段是 6 月 28 日參訪活動(post-conference)。

肆、會議心得：

參加這次國際研討會，學習很多，主要的感想與心得分別有以下的三個部分：(一)研究方面、(二)教育方面、(三)臨床實務。

伍、回單位後報告情形：

預定於 7 月 25 日之研究學習群會議向本學系全體教師分享參加這次國際家庭護理年會個人的口頭報告及與會的心得與收獲。

陸、建議事項：

參加這次的國際家庭護理年會深深感覺「家庭護理」正在積極蓬勃的發展之中，各個國家皆有一群人致力於發展家庭護理的教學、研究與實務，我們若不積極趕上其他國家的進度，將落後於他們之後。

柒、參加此會議對單位之貢獻：

一、口頭報告能爲本校建立國際聲譽，提昇本學院在國際的知名度。二、與國際學者互相交流，交換意見，分享彼此的研究成果，建立本國於國際之地位。三、能將在會議中所習得之相關知識與概念應用在家庭護理課程的教學上。四、從聆聽別人的報告中學習別人的研究經驗與技能，有助於啓發自己的研究潛能，發展更科學化的研究計劃，提昇自己的研究能力。五、參與這次的國際會議，也讓我了解一個國際研討會該如何安排才能促進與會人員的參與性及學習成效。未來本學系若有機會辦理國際研討會，亦可仿效此次的會議安排。

（第10屆國際家庭護理年會）

目　　次

壹、會議緣起

家庭是社會的基本單位，履行重要的功能爲培育下一代及促進家庭成員的健康而努力，護理專業人員扮演著重要的角色，支持家庭，幫助解決家庭問題，增進個體及家庭的成長。兩年舉辦一次的國際家庭會議(International Family Nursing Conference)創立於 1988 年，Calgary, Alberta, Canada。今年 6 月 24~28 日於日本京都舉行第 10 屆的家庭護理國際會議。這個會議主要是由國際家庭護理學會所發起，此次由日本家庭護理學會負責規劃舉辦，這次參與會議的國家有 34 個國家，共有 1,007 人參與這次的大會。

貳、參加目的

此次大會的主要目的是要藉由各個領域專家分享家庭護理實務的執行，及研究成果，使世界各國能一致爲促進家庭健康而努力，彼此分享知識與經驗。我個人與會的目的則是認識家庭護理的重要性，學習家庭護理研究方法，了解現今的家庭護理研究與實務趨勢，並分享自己所專長的家庭照護經驗，並與其他國家護理學者討論交換經驗，此外是期望能學習家庭護理課程的設計與發展。如何教導學生提供完整性的家庭照護。增進個體、家庭及社區健康。

參、會議過程

非常榮幸能有機會參加在京都舉行的第十屆國際家庭護理年會(10^{th} International Family Nursing Conference)會議包括三階段：第一階段是 6 月 24 日的 pre-conference；第二階段是 6 月 25－27 日的大會；第三階段是 6 月 28 日參訪活動(post-conference)。由於班機誤點，故未能趕上 pre-conference，本次大會的 pre-conference 都是由著名的家庭護理專家所舉行的，而且是爲初學者而設計的課程，沒有參加甚爲可惜。如：如何發展以家庭爲基礎的研究計劃、靈性與疾病：如何協助家庭從痛苦轉移到復興與療癒等皆是著名的家庭研究專家所主導的(詳如附件一)。6 月 25－27 日是連續三天的大會，每天從早上 09:00AM －17:00PM 左右，活動豐富，有 Keynote Speech，有針對家庭護理教學及各種領域研究的研討會。有配合時代趨勢的災難護理議題與亞洲家庭文化的專題報告及各層面的研究海報展示等活動，行程滿滿，幾乎是一個主題聽完接著又是參加另一個，非常充實(附件二)。最後是 6 月 28 日的參訪活動，從早上 9:20 集合於京都火車站出發，參觀長期照護中心、居家照護及成組的老人照護之家。最後又參觀 Kyoto Tachibana University, Faculty of Nursing，以了解日本京都的護理教育現況(附件三)。此次參與這個國際會議，我的口頭報告是安排於 6 月 25 日下

午，主題是臨終家庭的關懷照顧。選擇這個主題主要是因身爲一位健康醫療團隊的照顧者，當所有努力與醫療資源都已用盡，然而仍無法幫助病人從疾病中恢復，也無法幫助病人恢復健康時，就只好朝向如何協助病人及家庭祥和地走向生命的終點。

肆、會議心得

本次大會的號召的主題是：「讓家庭護理可以被看見：從知識的建立到知識的轉化(Making Family Nursing Visible：from Knowledge Building to Knowledge Translation)」，這是一個非常有意義的主題，讓我們重新省思護理知識的建構與轉化。家庭在每個人的健康與發展上扮演著很重要的角色。尤其是對一個剛出生的嬰兒或早產兒，家庭將影響早產兒的疾病恢復與未來的成長、發展與健康。參加這次國際研討會，學習很多，主要的感想與心得分別有以下的三個部分：

(一)研究方面：

過去所從事的研究大多針對新生兒加護病房的早產兒如何支持其各個層面的正常發展與健康，如何減少早產兒受到環境的壓力與醫療照護處置的疼痛刺激與影響，如何於醫療照護處置過程提供早產兒適當的支持與持續的發展。特別是「疼痛」與「睡眠」是影響早產兒發展的兩大關鍵要素。護理人員是二十四小時在床邊直接照顧早產兒的照護者，如何使加護中心的早產兒經歷最少的疼痛與擁有完整的睡眠，護理人員是最關鍵的醫療團隊成員，因此提供理想的照護應從教育護理人員開始，他們如何照顧早產兒將影響早產兒的發展與健康。因此，個人的研究一直都集中在這些領域。然而本次參與這個國際家庭護理會議改變了我的思維與想法。早產兒總不會一直住在醫院的加護病房，早產兒最終仍需返回其家庭，繼續的成長與發展。家庭的照顧是早產兒出院後影響其一生發展與健康的重要因素，家庭的照顧者尤其是父母如何照顧早產兒、如何與早產兒互動，會影響早產兒的發展結果。因此，家庭也應納入我們的照顧及研究對象之中。因此，未來的研究方向將轉移並擴大，針對父母的需求教導父母如何與早產兒互動、如何照顧早產兒、支持早產兒身、心、靈、社會與情緒的持續發展，以達到理想的發展結果。未來的研究發展可以朝向早產兒的家庭、出院後的照顧，且長期追蹤早產兒的發展結果而努力，才能讓這個領域的研究顯現更有助益的成果。而不應侷限於醫院加護病房的環境與照顧。另外，災難護理議題的演講則激發個人去思考，災難是否導致早產發生率的增加，如何照顧災後出生的嬰兒及家庭支持他們健康的成長與發展；與文化有關的專題演講則激發我去思考不同家庭的宗教文化早產兒的出生率是否受到影響，宗教文化是否影響早產兒或新生兒的成長與發展，文化如何影響早產兒與父母的互動，如何提供符合不同家庭文化的早產兒照護。不同文化的臨終關懷照顧又是如何？這些都是非常有趣的研究議題。

此外，這次大會有不同領域的研究及不同方法，不論是質性研究的現象學、

民族誌研究、扎根理論，參與性行動研究法、焦點訪談、家庭的會談技巧等都有學者專家報告；也有量性的研究設計、家庭測量工具的介紹、如何測量家庭的管理，及其他家庭變項的測量如家庭功能等，這些對初進入家庭護理的研究者來說都是非常重要且需要的技能，也引導我個人未來的研究發展。

(二)教育方面：

家庭在疾病恢復與健康促進，既然有這麼大的影響力，護理教育應將家庭的概念融入護理各個領域的課程中，如：婦兒照護、心理衛生照護、成人暨老人的照護、社區護理等。確保家庭的概念都在課程中，教導及激勵新的教師學習家庭護理，不久的將來能取代我們的位置。教導學生使用家系圖(Genogram)及生態圖(Ecomap)來評估個案的家庭系統，不應該只是教導學生如何畫家系圖，而應該鼓勵學生去了解這些圖背後隱藏的意義爲何？如何依據這些家系圖或生態圖預測家庭的潛在問題，且及早提供介入措施預防家庭及整個家族健康問題的產生。另外，Calgary 的家庭評估模式，除了應教導學生如何藉由訪談病人及家屬收集重要的家庭結構、發展與功能的相關資料，還需引導學生察覺這些資料的意義與個案的家庭問題所在，同時察覺家庭功能不良的部分，並提供介入措施協助家庭及病人克服缺失並將個人及家庭的缺失轉爲面對疾病挑戰的力量。

此外，在教導學生家庭的相關概念時，不能只是傳授一些知識，可以設計一些活動來應用這些知識，給同學一個實際的案例，讓同學應用所學的概念去評估案例的家庭，或找一些相關電影或電視影片，請同學課後觀看寫感想與學習心得；或請同學上網參與一些活動，然後撰寫心得報告。或鼓勵同學應用家庭評估的模式，如 Resilience Model of Stress Adjustment and Adaptation 的模式來評估家庭面對慢性疾病的挑戰。課程設計可逐漸讓學生扮演主動的角色，鼓勵他們的創造力，讓學生有機會去教導別人，做口頭報告或海報展示，引發同學的興趣，增進學生的學習。

(三)臨床實務：

許多著名的家庭護理專家，他們不但是學有專長的研究者，同時也是經驗豐富的實務者，他們努力縮小理論、實務與研究間的空隙，能應用理論與研究的發現於臨床實務，也能從與病人家庭的互動、發展有益於提升照護品質的護理概念與理論，很好的例子就是 Dr. Lorraine Wright 所發展的 Calgary Family Assessment Model 及 Calgary Family Intervention Model，她實際的應用於臨床實務幫助癌症病人減輕痛苦的過程，的確讓人深深的感受到理論若不好好應用於實務，則將失去意義與價值，實務沒有理論與研究實證的引導，則將無法完整。家庭影響疾病的恢復與健康促進，家庭護理的相關知識與概念應融入並落實臨床實務之中，家屬應被視爲照護的個案「Client」而不是訪客，如此才能讓家庭護理在臨床實務中被看得見。本次大會也特別邀請一位家庭社會學家從 Outsider 來看目前發表的家庭護理研究論文，並提醒大家未來家庭研究努力的方向，是發展家庭相關的介入措施，並使用隨機實驗控制設計研究，及探討如何測量這些家庭介入措施並評值這些措施的成效，最後將研究所發展的知識應用於實務中，如此

才能轉化家庭護理的知識，提升對家庭的照護品質。

伍、回單位後報告情形

預定於 7 月 25 日之研究學習群會議向本學系全體教師分享參加這次國際家庭護理年會個人的口頭報告及與會的心得與收獲。

陸、建議事項

參加這次的國際家庭護理年會深深感覺「家庭護理」正在積極蓬勃的發展之中，各個國家皆有一群人致力於發展家庭護理的教學、研究與實務，我們若不積極趕上其他國家的進度，將落後於他們之後，故建議：

(一)積極把「家庭」的概念融入各科護理課程的教學。

(二)國內應培育新秀走入家庭護理的學門承接建構及轉化家庭護理知識的重大責任。

(三)積極鼓勵發展家庭護理研究，尤其是家庭護理介入措施。

(四)臨床實務應將“Family”視爲 Client 而不是 Visitors，積極落實以家庭爲中心的照護。

(五)護理人員的持續教育應融入家庭護理課程，才能鼓勵各科護理人員落實以家庭爲中心的照顧。

(六)努力擴展早產兒領域的研究至家庭及出院後的照顧與成果追蹤。

柒、參加此會議對單位之貢獻

一、口頭報告能爲本校建立國際聲譽，提昇本學院在國際的知名度。

二、與國際學者互相交流，交換意見，分享彼此的研究成果，建立本國於國際之地位。

三、能將在會議中所習得之相關知識與概念應用在家庭護理課程的教學上。

四、從聆聽別人的報告中學習別人的研究經驗與技能，有助於啓發自己的研究潛能，發展更科學化的研究計劃，提昇自己的研究能力。

五、參與這次的國際會議，也讓我了解一個國際研討會該如何安排才能促進與會人員的參與性及學習成效。未來本學系若有機會辦理國際研討會，亦可仿效此次的會議安排。

出國參加會議日程表及議程表

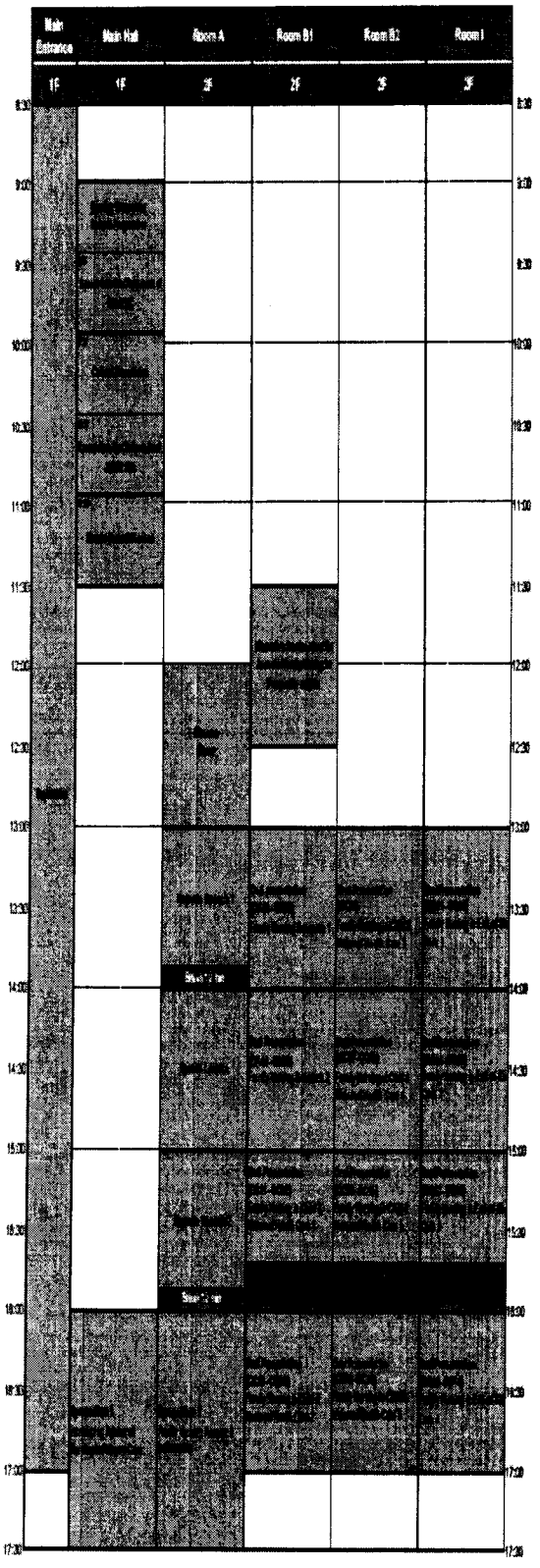
國軍軍醫人員出國參加學術會議每日行程表					
出國人員單位	國防醫學院護理學系	級職	上校 副教授	姓名	廖珍娟
會議名稱	第10屆國際家庭護理會議		會議地點	日本京都	

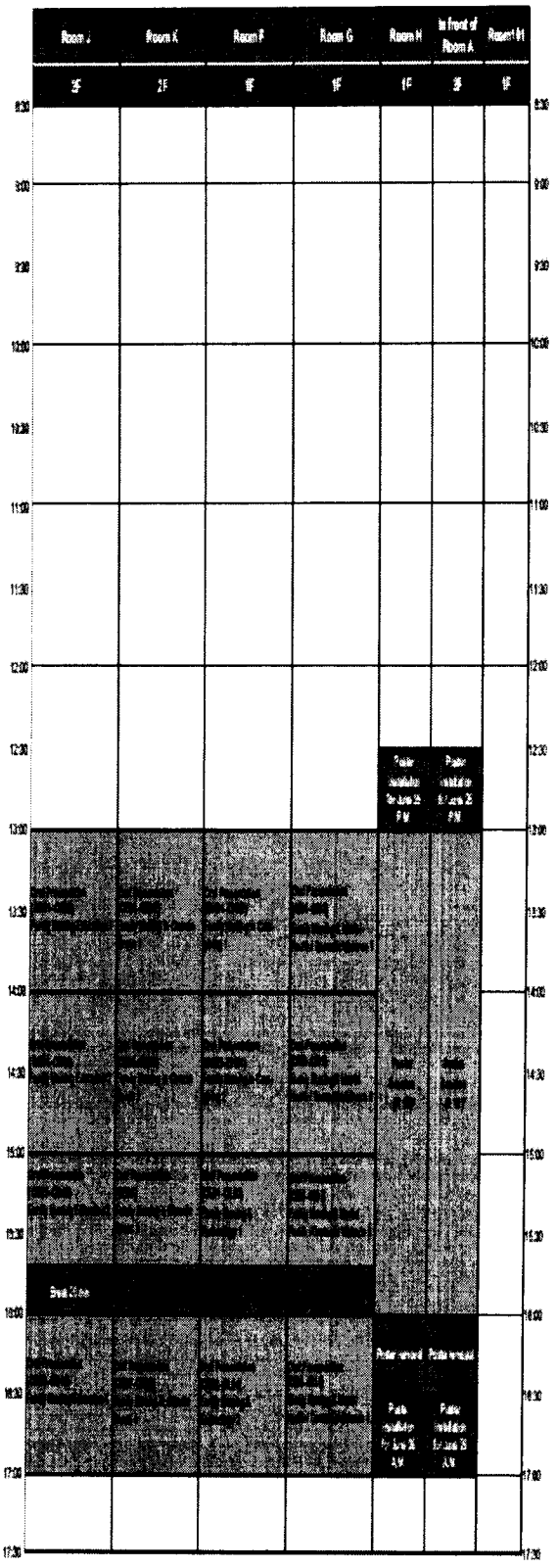
日數	日期	行程內容 （詳述航空公司班次時間、會議行程、論文展示等）	備考
1	100.06.24	台灣(08:40)搭機(日航 JL 814)至大阪關西(12: 20) ，開會	
2	100.06.25	開會	
3	100.06.26	開會	
4	100.06.27	開會	
5	100.06.28	開會	
6	100.06.29	由大阪關西(19:00)搭機(日航 JL 815)回台灣，於 20:55 抵達台灣	

Program Schedule on June 24

Venue	Campus Plaza Kyoto			Kyoto International Conference Center	
	The 2nd lecture room	The 3rd lecture room	The 4th lecture room	Main Entrance	Sumi
	4F	4F	4F	1F	1F
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
13:00					
13:30					
14:00					
14:30					
15:00				15:00-20:00 Registration	
15:30					
16:00					
16:30					
17:00					
17:30					
18:00					18:00-20:00 Welcome Party
18:30					
19:00					
19:30					
20:00					

Program Overview on June 25

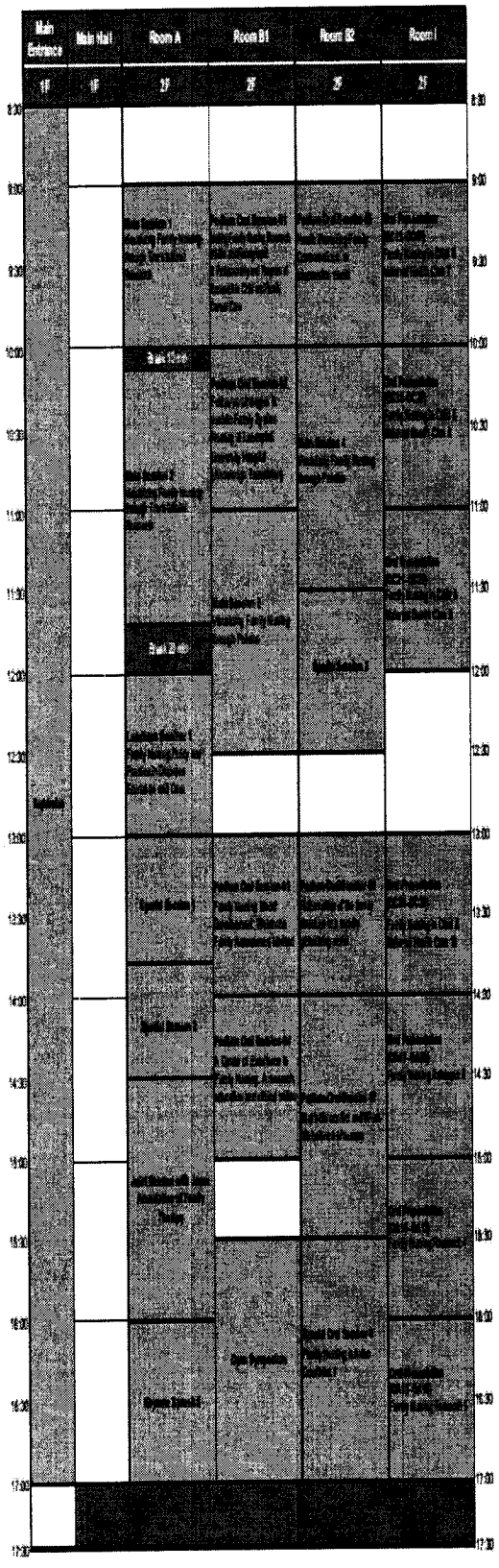




*For the detail of Attraction, please check on page 18

*For the layout of Poster Session, please check on page 12 to 15

Program Overview on June 26



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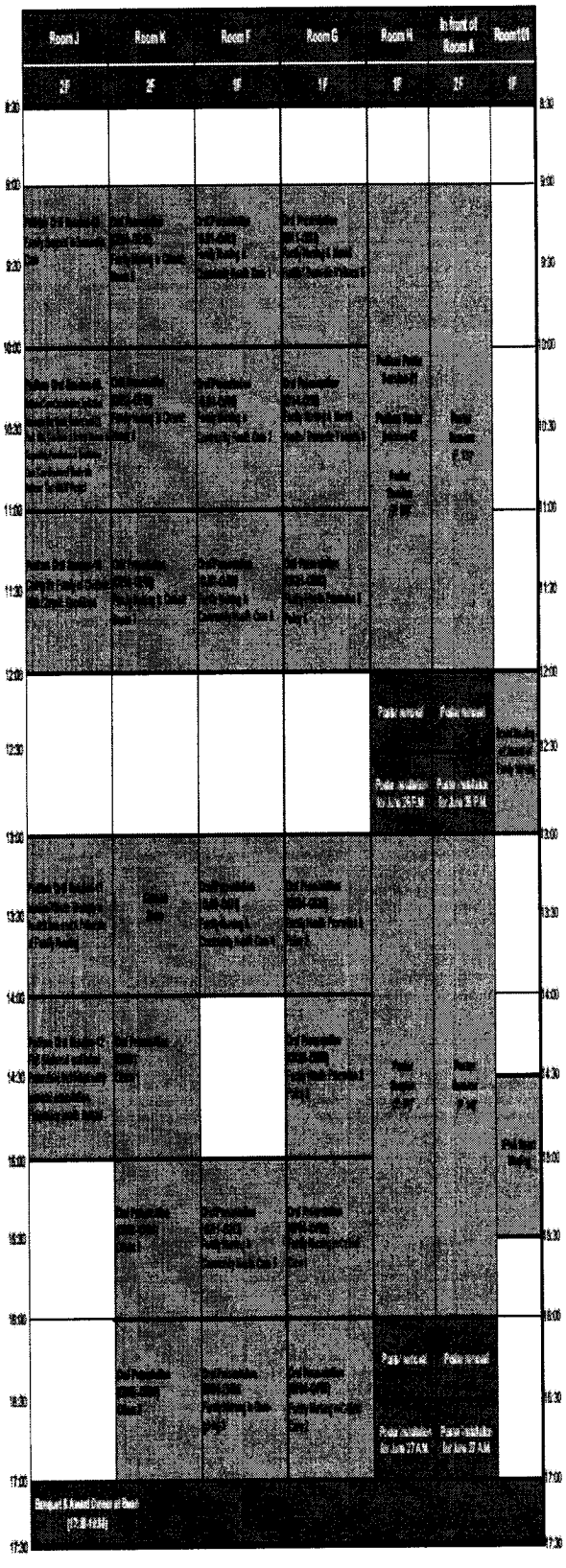

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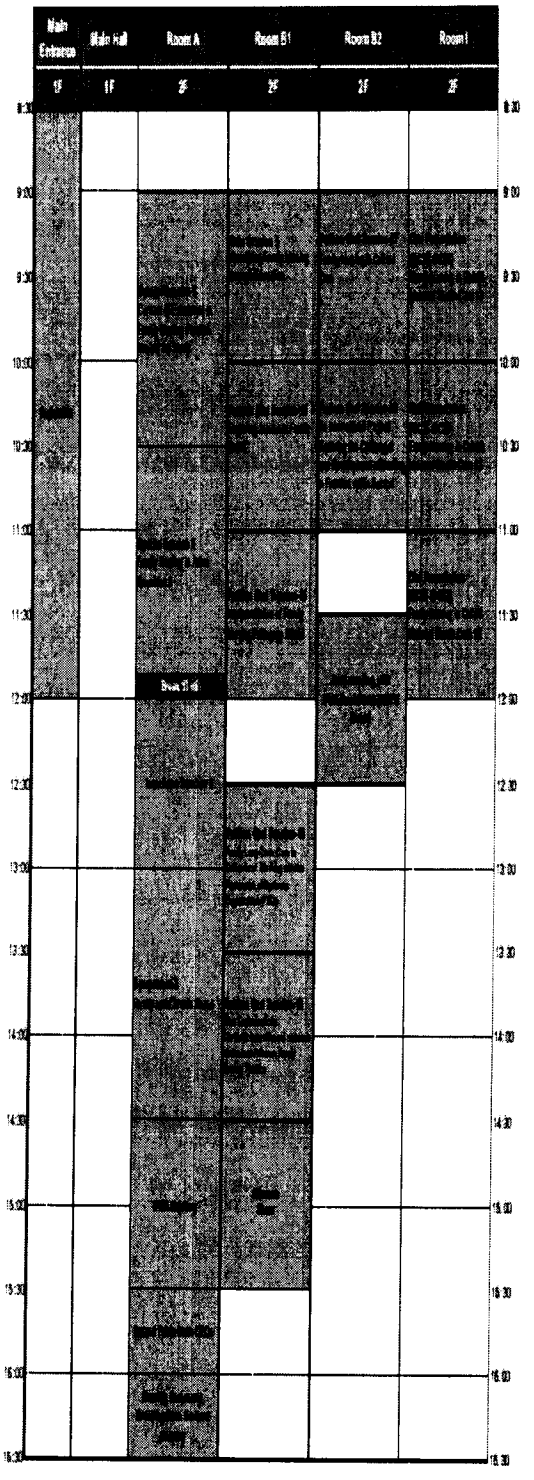
Program Overview on June 27



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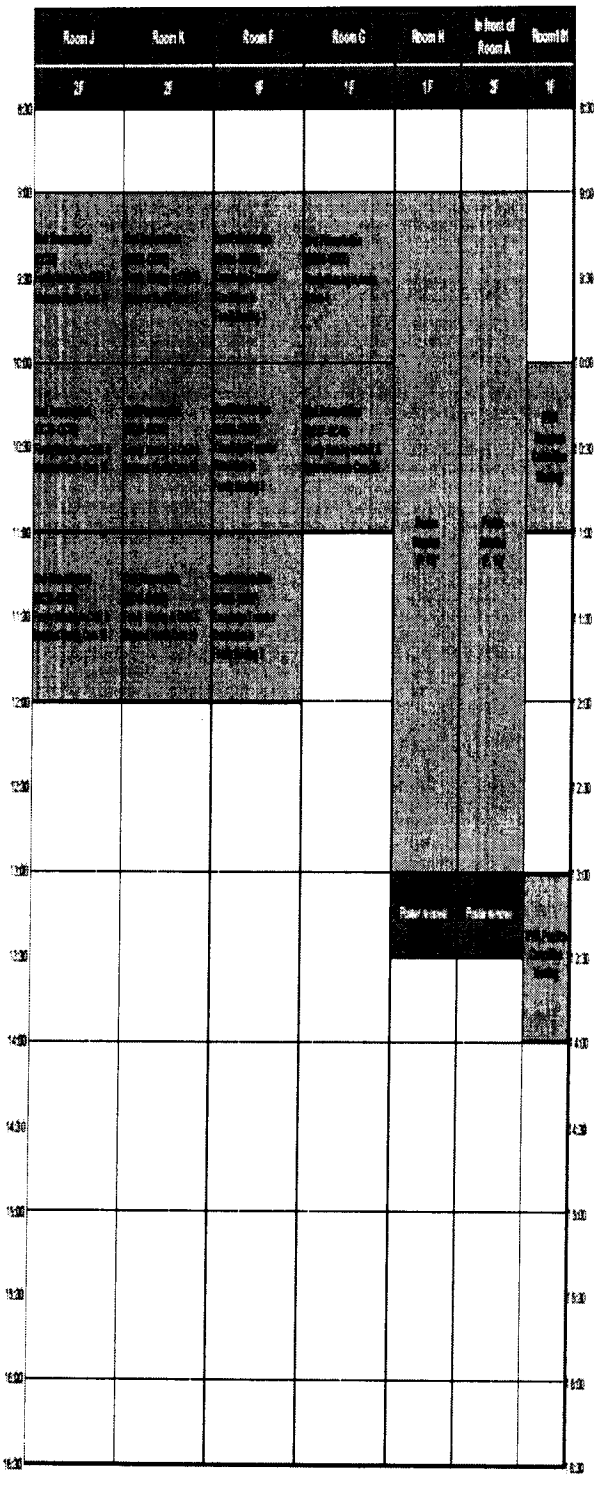

*For the layout of Poster Session, please check on page 12 to 15

10th International
Family Nursing Conference
Making Family Nursing Visible : From knowledge Building to knowledge Translation
Kyoto, Japan, June 25-27, 2011

Post-conference (June 28)

Those who wish to attend the post-conference can register in the Registration page.

▶Visit to University Hospital.

▶Visit to General Hospital and Facility Covered by Long-Term Care Insurance.

▶Visit to Nursing Educational Institution.

報告摘要

背景及目的：全球每年約有 5 千萬人死亡。身爲護理人員我們有許多的機會照顧到家庭經歷所愛的人死亡，護理人員要如何去幫忙家庭經過死亡的過程？在這個黃金時刻，不是先進的醫療技能而是主動傾聽的能力能幫助家庭從心理及靈性的痛苦中療癒。這個報告的目的主要是要討論能增進經歷生命末期家庭療癒之相關措施。

方法：爲了確認對生命末期家庭有幫助的措施，電腦資料庫 MEDLINE, CINAHL, PsycInfo 及 Amazon 被使用來尋找有效的措施。關鍵字用臨終、家庭、生命末期、關懷來引導文獻的搜尋。

結果：能幫助經歷臨終過程家庭的措施有：出現床邊陪伴、增進與家庭的良好溝通、促進家人在臨終的時刻道別、回應家庭的文化需求、支持家庭的靈性需求。

結論：當家庭面臨所愛的人面臨死亡或突然死亡時，護理人員處於獨特的位置能幫助家人處理生活。在這個黃金時刻提供生命末期家庭照顧與關懷是一種特權。敞開及信任性的溝通，給於生理、心理及靈性的支持，尊重家庭的文化需求都是增進臨終家庭健康與成長的重要措施。

Title: Caring for Families at the End of Life: How to Help Families Going Through the Dying Process

Concise title: Caring for Families at the End of Life

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ABSTRACT

Background and aims: There are 50 millions of people died every year globally. As nurses, we have many chances of caring for family who will experience the loss of their loved one. How can nurses help families going through the dying process? At the golden moment, it is not the advanced technical skill, but the ability to heal the family from their psychological and spiritual suffering. The purpose of this presentation is to discuss the interventions that can enhance the families' healing at the end of life based on literature.

Method: To identify the interventions that are helpful to the family, the computerized databases MEDLINE, CINAHL, PsycInfo, and Amazon were used to identify the effective interventions. The key words "dying, family, end-of-life, and caring" were used to guide the search of the literature.

Results: The interventions that can help families who experiencing the dying process are: (1) being present, (2) enhancing best communication with the family, (3) facilitating the family to say goodbye at the end of life, (4) responding to their cultural needs, (5) support their spiritual needs.

Conclusions: Nurses are in unique position to help families manage their lives when a loved one has terminal illness or faces an acute or sudden death. Providing end-of-life care during the golden moment is a privilege that should not be taken lightly. Open and trusting communication, physical, psychological, and spiritual support, and respect for families' cultural needs are important for promoting health and facilitating growth at the end of life.

Key words: dying, family, end-of-life, and caring, healing

Caring for Patients and Families at the End of Life

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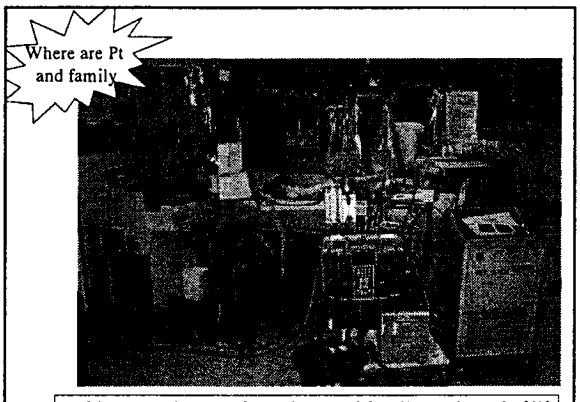
Introduction

- There are 50 millions of people died every year globally (Paice, et al., 2008) .
  - In Taiwan, 142,240 people died in 2009 (Directorate-General of Budget, Accounting and Statistics, Executive Yuan 2009)
- As a nurse, we have many chances of caring for family who will experience the loss of their loved one.
  - How can nurses help families going through the dying process?
  - It is a privilege for Nrs to provide caring, comfort, and caregiving to pts and family to help
    - Pts achieve good death
    - Family has no regret

Introduction

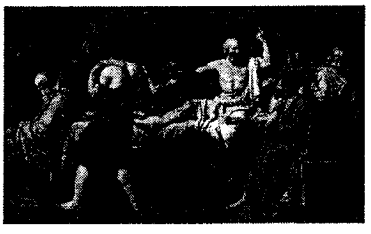
- At the golden moment, it is not the advanced technical skill,
  - *but the ability to listen to the family that can heal and softening their psychological and spiritual suffering.*
- In Chinese culture: emphasize the central importance of family
  - Family support is one of the most crucial determinants for quality of life of dying pts
  - One of the important components of caregiving is to maintain connectedness with family members (Mark, 2001)



Is this appropriate care for patients and families at the end of life

Live healthily ?

Die healthily?



Metropolitan Museum of Art - *The Death of Socrates* Jacques-Louis David (French, 1748-1825)

Can 「Machine」 or 「Medical technology」 cure patients and comfort family?

Purpose of the Presentation

- *To discuss some of the interventions that can softening their suffering and enhance the families' healing at the end of life based on literature.*

Method

- To identify the interventions that are helpful to the family,
  - Computerized databases MEDLINE, CINAHL, PsycInfo, and Amazon were used to identify the effective interventions.
  - Key words"dying, family, end-of-life, and caring" were used to guide the search of the literature.

Results

- The interventions that can help families who experiencing the dying process are:
- (1) being present,
- (2) enhancing best communication with the family,
- (3) facilitating the family to say goodbye at the end of life,
- (4) responding to their cultural needs,
- (5) support their spiritual needs.

Being Present

What does it mean to be present for pts and families?

Being Present

- Presence is more than being physically near or at the bedside
- It is the relationship with the people we are caring for
- Presence is a skill and an art can be practiced
- One of the eight competence of the Nr's helping role

Schaffer & Norlander, 2009

Definition of Presence

- Being available with the wholeness of one's being (Snyder & Lindquist, 2000).
- Encourage the pt as a unique human being in a unique situation
  - and choosing to spend oneself on the pt and family behalf.
- Intuitive knowing or sensing another's needs for help and making self physically available to be present in a helping way (Garder, 1985).
- A subject-to-subject interrelationship that honors the ever-changing reality of the other (Parse, 1992)

Key Elements of Nursing Presence

- Attentiveness
- Accountability
- Sensitivity
- Openness
- Active listening

(Snyder & Lindquist, 2000).

Enhancing the Best Communication with Patient and Family

- Effectively sharing information in a developmentally appropriate manner--- being sensitive to cognitive and emotional abilities.
- Actively listening to pts and families
- Assisting pts and families in determining goals
- Effectively communicating with healt care team

Characteristics of Effective Communication

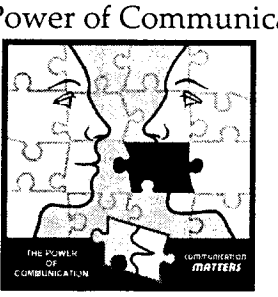
- Private environment
- Provide enough time to reflect on and discuss information and feelings,
- minimizes interruptions,
- and includes the presence of important persons

2006 Dahlin & Giansiracusa,

Characteristics of Effective Communication

- Storytelling can be effective for communicating meaning and the emotions connected with encountering death
- Pts are encourage to tell their stories of life and illness,
  - helping them to transform the chaos in their lives to acceptance. Videotaping, audiotaping, or journaling might provide a way for pts to tell their stories
- Facilitate more immediate communication when
  - death is imminent,
  - the pt is talking about wanting to die,
  - the family asks about hospice,
  - the pt is suffering and has a poor prognosis,
  - or hospitalization is needed for severe and progressive illness

The Power of Communication



- Silence
- Listening

Sharing Information

- Desired by the patient
- Timely
- Accurate
- Understandable
- Gentle, respectful and compassionate (Latimer, 1998)

Nr's Roles in Saying Goodbye

- Provide guidance to families in saying goodbye
  - Teaching caregiving functions such as skin care, gentle massage or turning and positioning
  - Encourage family story-telling and
  - Encourage family rituals such as singing favorite songs, reciting familiar prayer or reading from favorite books (Norlanders, 2008)
- When dying person is unresponsive, remind F that she/he may hear what is being said (Poor & Gary, 2001)

Dying People Need to be Assured

- Their responsibilities will be taken care of ,
- The survivors will continue life without them
- All is forgiven.
- Their life was meaningful and
- They will be remembered

Norlanders, 2008

Responding to Cultural Needs

- Culture is a part of all our communication
- Nrs bring our own culture and beliefs into interactions with pts and family.
- Pts and family, in turn, bring their own cultural background and experiences
- We need to especially aware of how our beliefs, the beliefs of our pts, and the culture of our health care system play a significant role in communication at the end of life

Meaning of Culture

- Refers to the knowledge, values, beliefs, and habits of a population or society that can be differentiated from other societal group (Lewis et al., 2004)
- Beliefs, values, and life patterns of a cultural group are shared, transmitted to subsequent generations, and influence how people think and approach life (Leininger, 2002).
- Helman (1994) adds that culture provides guidelines about how to see the world, how to relate to others and the natural environment, and how to act.

The meaning given to illness, suffering, and death develops out of these cultural experiences (Kagawa-Singer & Blackhall, 2001).

Universal Needs in End-of-Life Care

- Being comfortable
- Experiencing good communication with the physician
- Having someone take care of their perceived responsibilities
- Having hope and optimism
- Having their spiritual beliefs honored
- Experiencing love and compassion;
- Having care need met
- Having the opportunity to express feelings
- Fixing relationships, if needed;
- Saying goodbye;
- Having choices
- Making plans; and
- Being "ready to go"

Duffy et al., 2006 Kemp, 2005

A Cultural Competence Model

- Four components of cultural competence
  - Cultural diversity: recognition of the unique values, beliefs, and customs of diverse populations in a society
  - Cultural awareness: exchanging information about cultural variations
  - Cultural sensitivity: development of effective communication skills---listening, touching, use of space, language patterns, and use of translators
  - Cultural competence: use of the above behaviors in nursing practice (Doorenbos & Schim, 2004)

Culturally Competent End-of-Life Care

- Nrs provide interventions that take into account the cultural meaning of good death
- Incorporate cultural food tradition into care, as well as care of the body following death
- Cultural competence involves individualization
  - Which means that Nrs assess individual needs so that they do not stereotype
  - or assume needs based only on a person's cultural background (Schaffer & Norlander, 2009)

Cultural Assessment: CONFHER Model

- Communication: primary language, use of health term, and nonverbal communication
- Orientation: ethnic identity and place of birth
- Nutrition: food preference and taboos
- Family relationships: Family structure and decision-making, head of household, and role of women.
- Health and health beliefs: explanation of illness and measures to stay healthy
- Education: learning style, educational level, occupation
- Religion: religious beliefs or restrictions that affect health or illness

Nursing Interventions

- Developing awareness:
  - involve acquiring knowledge about cultural variations and similarities and also reflecting on how your own cultural beliefs influence nursing care.
  - Nrs can incorporate their learning about the beliefs, customs, and values of pts and families from various cultural into their end of life care (Doolen & York, 2007)
- Relationship: relation development can improve intercultural communication

When interacting with pts and families, learning about what a good death means to them is important, rather than assuming the meaning of a good death based on your own beliefs (West & Lee, 2004)

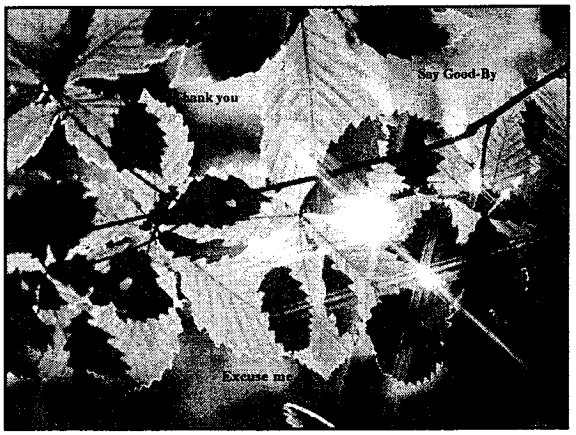
Nursing Interventions

- Use of translator-interpreters
  - Avoid using family members interpreters because they may have great difficulty communicating bad **news** (Kemp, 2005)
- Facilitating decision-making
  - Show respect for cultural norms on preferences for disclosure by giving an option to refuse disclosure
  - View family as the unit for autonomy in situations where cultural norm is decision-making
  - When F takes the responsibility for making choices: show consideration of what is good for the entire F (Barcelay et al., 2007)

Conclusions

- Nrs are in unique position to help families manage their lives when a loved one has terminal illness or faces an acute or sudden death.
  - Providing end-of-life care during the golden moment is a privilege that should not be taken lightly.
  - Open and trusting communication,
  - physical, psychological, and spiritual support,
  - respect for families' cultural needs

are important for promoting health and facilitating growth at the end of life.



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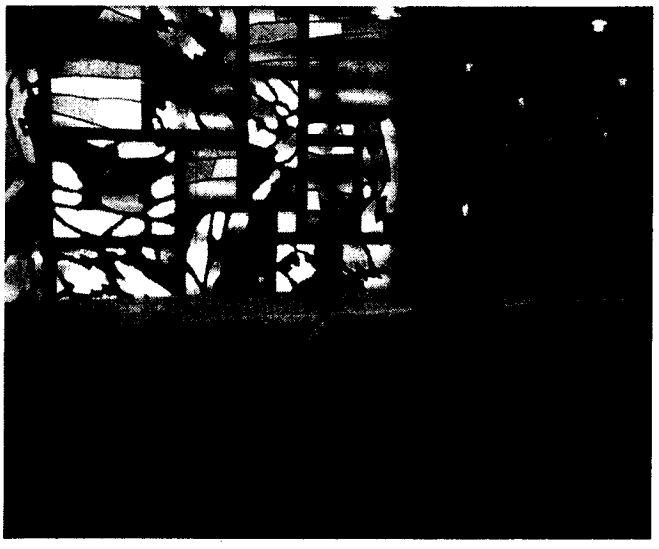

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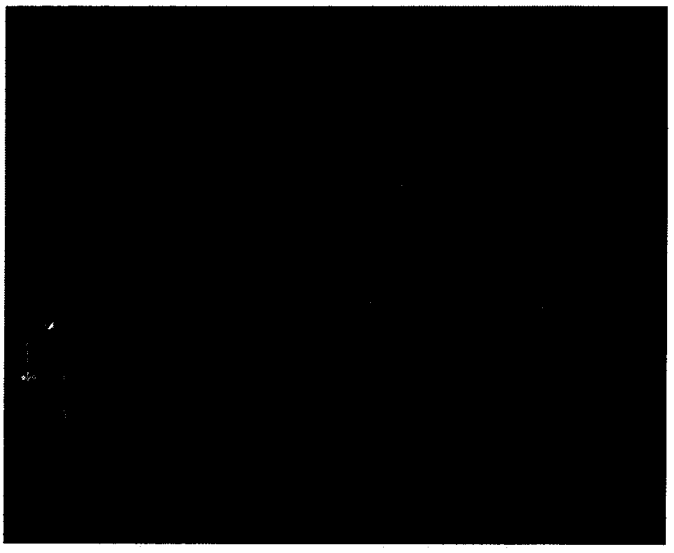

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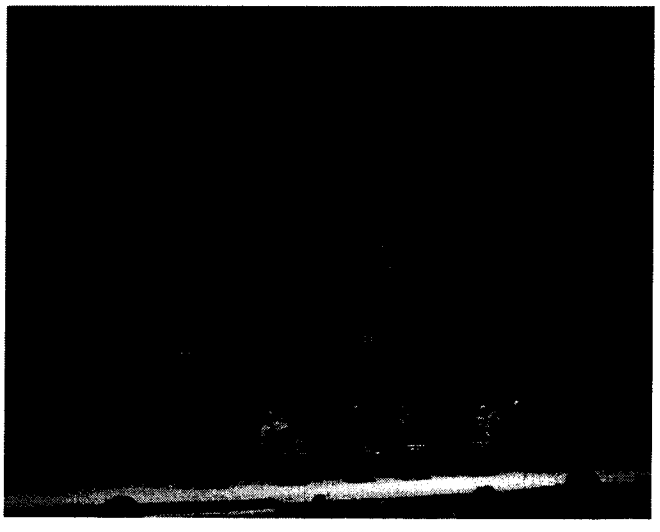

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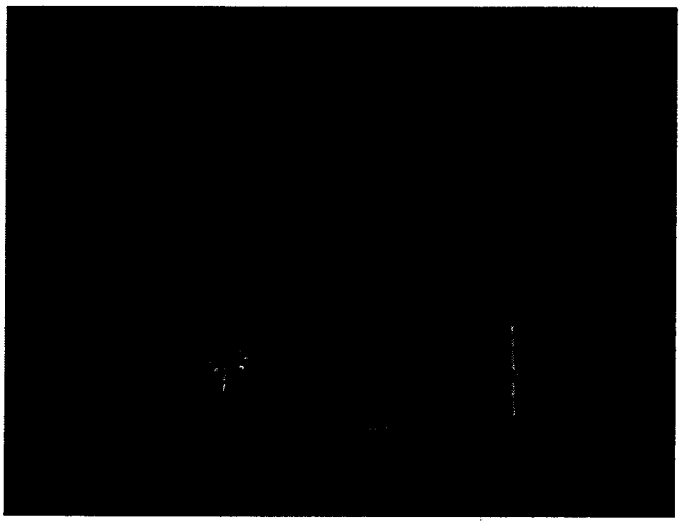

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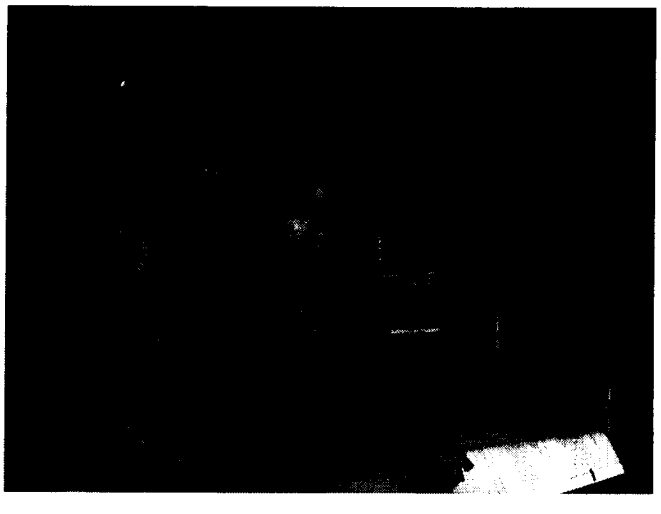
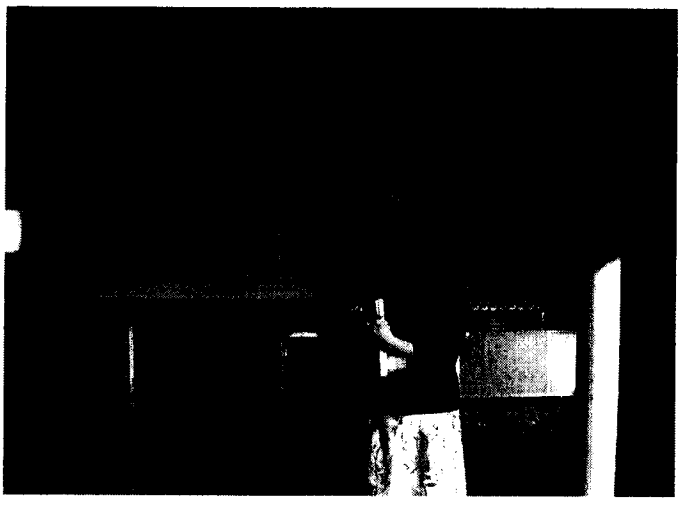


國際會議中心



國際會議中心門口

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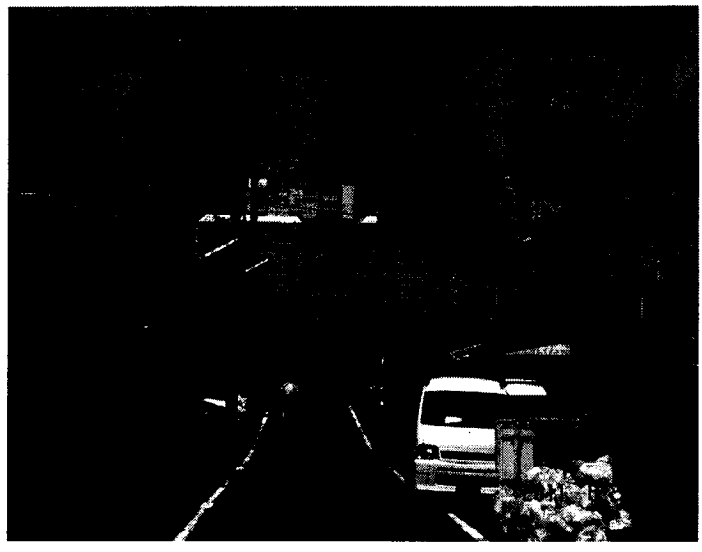

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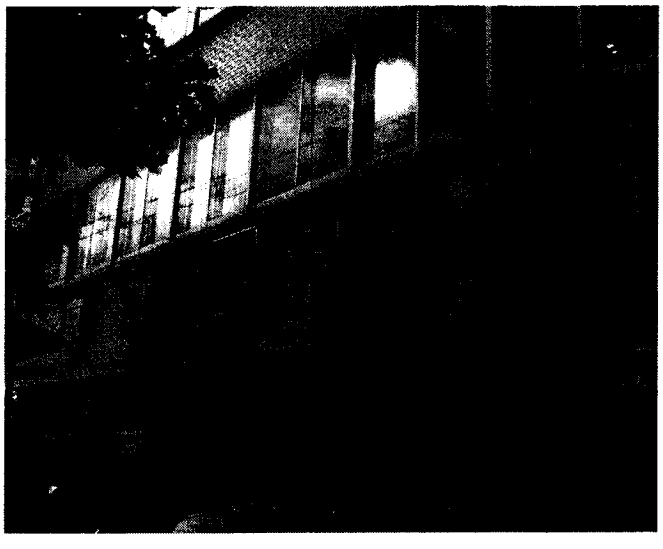

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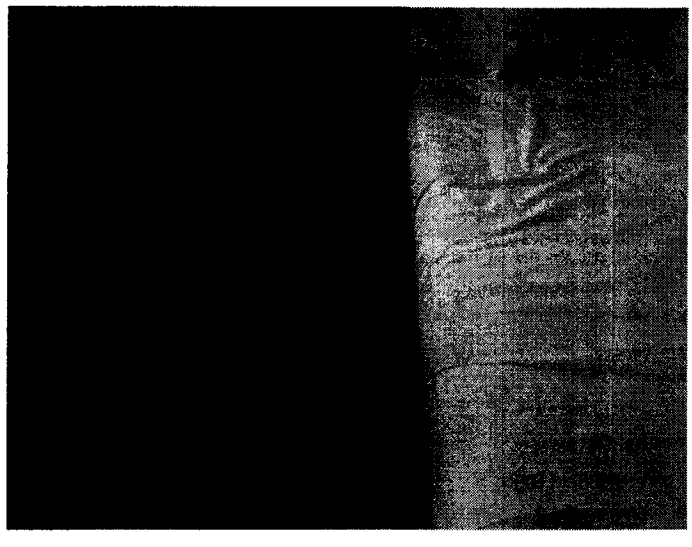

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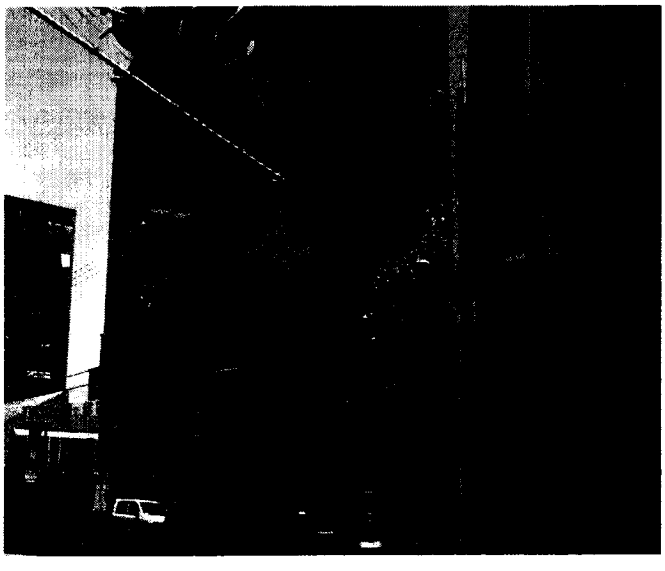
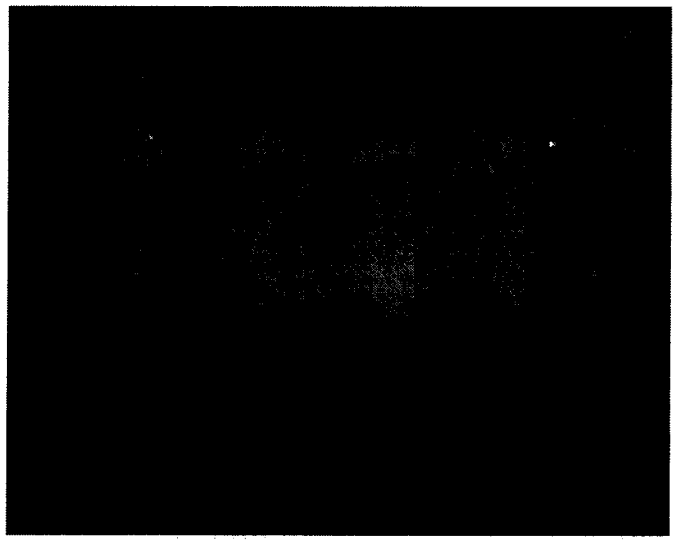


新京都南病院

緊急紅燈訊號放在老人方便操作的位置



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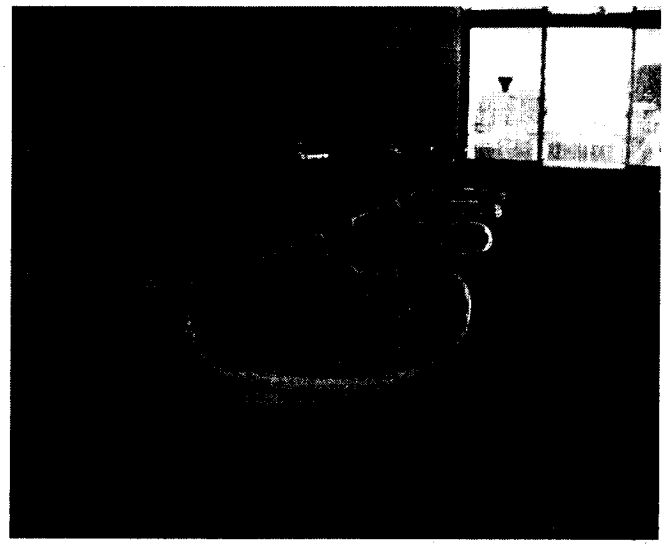

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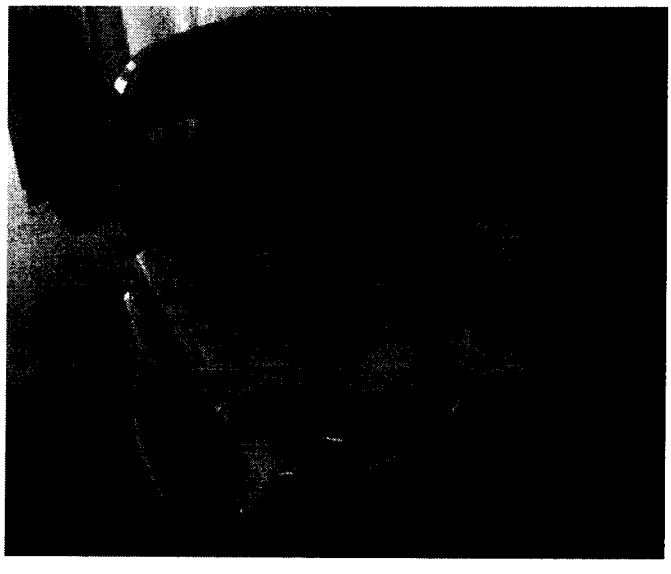

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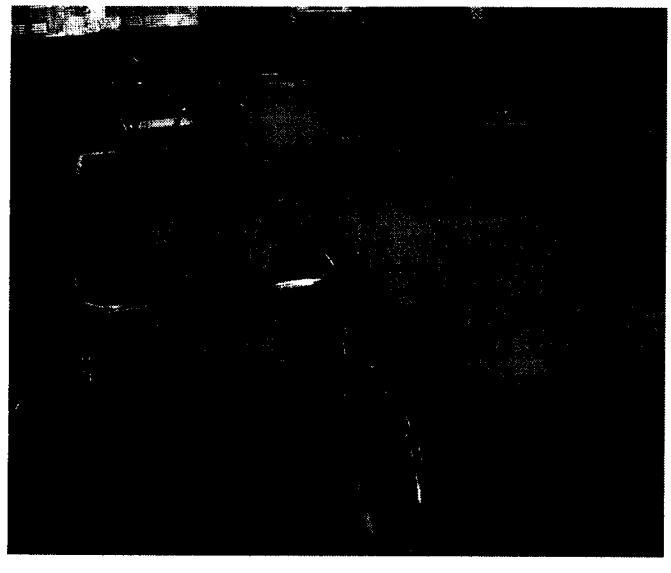

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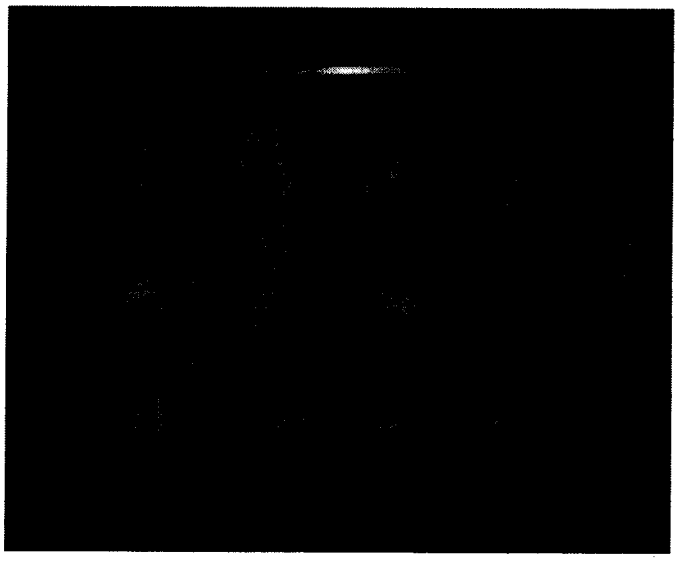
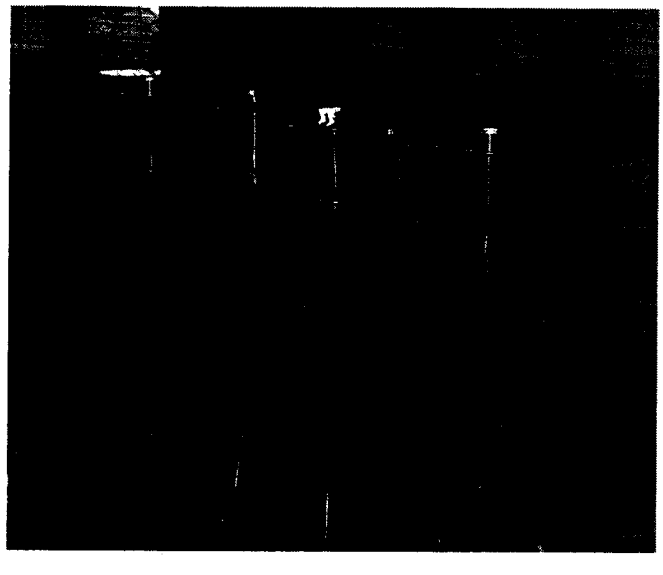


京都橘大學



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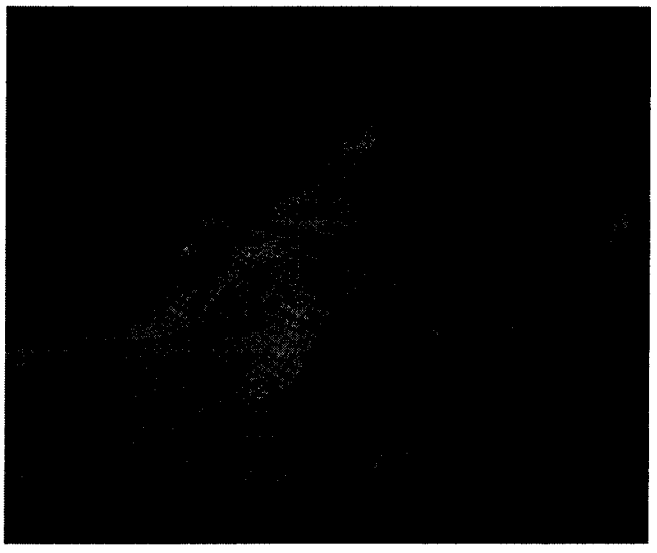

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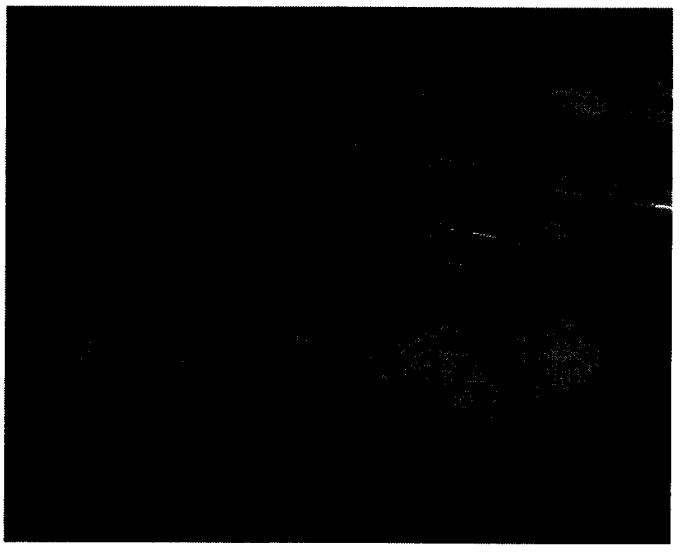

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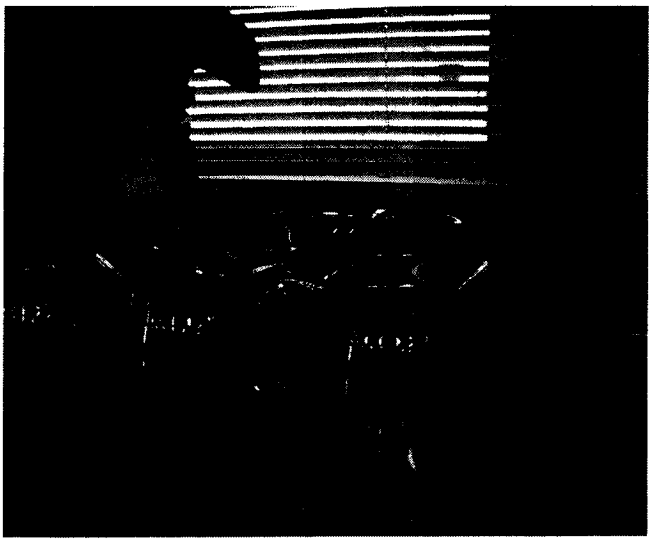
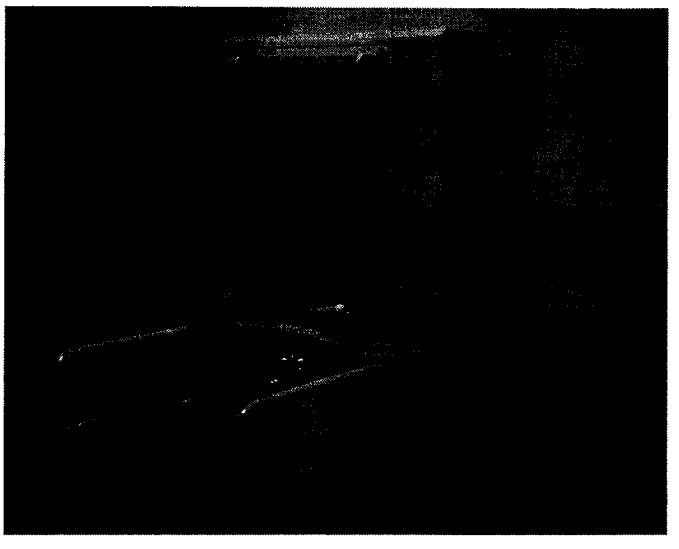
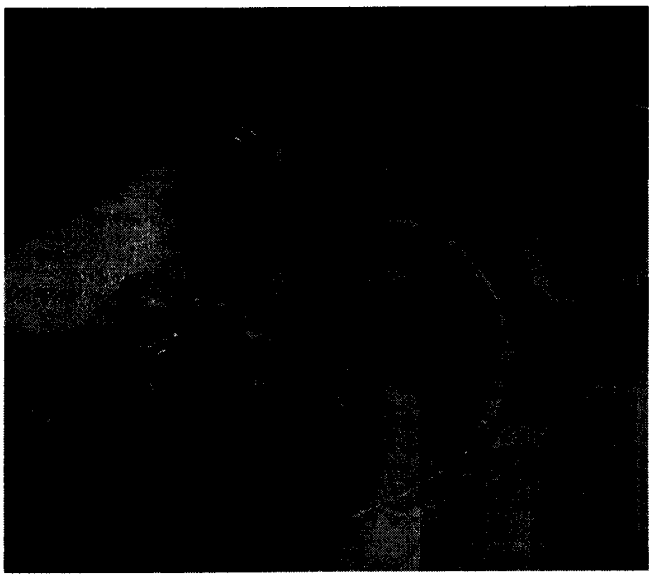


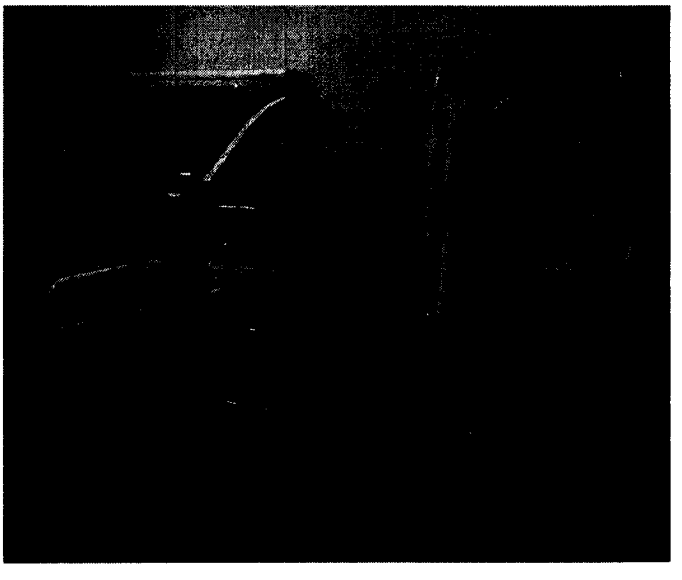
會陰沖洗瓶



老人安全盥洗設施



新生兒處理台急救設施



移動病人之吊袋