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President's Message

My Dear Fellow Members,

Time passes quickly and we are approaching to the end of the year 2011.

As mentioned in the last issue, the year of 2010-2011 was really a very busy one for our College. In meeting with the ever-challenging health care system and the complex community environment, in May 2011, we have organized the 5th Scientific Meeting (SM) cum 14th Annual General Meeting in which we have shared with you the excellent updates of our current nursing innovations. In this Issue, we continue to share with you the other parts of the essence of the SM, four abstracts of poster presentations. We have also invited our Committee Members to share with you "Perspectives of Older Residents in Aged Homes Concerning End-Of-Life Issues" and a Chinese article "Personal Reflection on Care of a Family Member with Dementia".

Nurses are the distinct profession and we should continue to take every opportunity to enrich our knowledge and enhance self-reflection. To make such start, we have to equip ourselves to make systematic inquiry and to be able to gradually extend this practice in our daily work of the nursing profession. In view of this, we will be organizing an experience sharing session in November named as "Experience Sharing on Aged Care-UK and Australia" to share with you the innovative clinical practice development and reflection on the visits of the residential care homes and hospitals in overseas. With this pioneering knowledge and reflective intelligence, we can enhance incorporation of our clinical knowledge and experience into efficient and effective nursing practices. With these unflinching efforts, I surely believe that we can realize, share and support each others during our walks of life in nursing.

I would like to take this opportunity send my deepest gratitude to thank all our devoted Council Members for their wholehearted support to the College.

With that I end my message.

Anders YUEN

President (2010-12),
Hong Kong College of Gerontology Nursing.
15 October 2011

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Free Paper Submission

Perspectives of Older Residents in Aged Homes Concerning End-Of-Life Issues

Ms. LAW Po Ka Noble, Professional Consultant, DN Candidate, Professor CHAN Wing Han Carmen, PhD
 The Nethersole School of Nursing, The Chinese University of Hong Kong

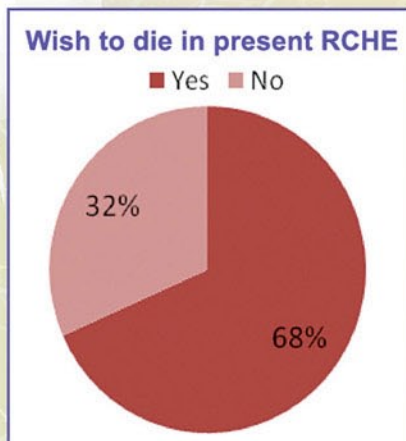
Background

With persistent low birth rate and increase in longevity, the aging population is projected to increase from 13% to 28% in year 2039. It is estimated that 8.4% of older people in Hong Kong are residing in the residential care homes for elderly (RCHEs). Those residents are more likely to suffer from multiple chronic illnesses or terminal diseases. They are the most impending group facing death and dying. End-of-life (EOL) care becomes an important care issues for this vulnerable group.

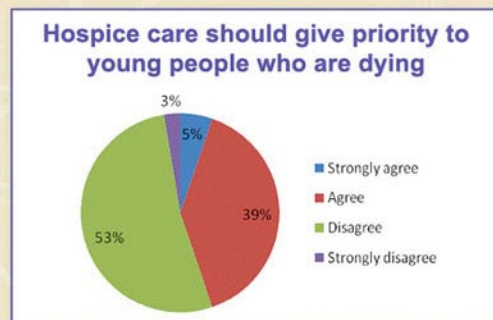
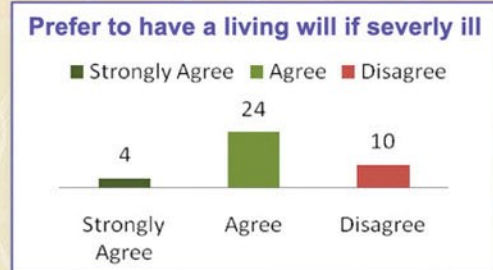
The study

A cross-sectional quantitative pilot study was conducted by face-to-face interview with a structured questionnaire to collect data concerning attitudes of older people toward end-of-life issues and preferences for place of death. RCHEs residents aged ≥ 65 with Abbreviated Mental Test Score ≥ 6 and ability to communicate in Cantonese were recruited. The study aimed to examine the attitudes toward EOL issues and preferences for place of death amongst older people living in RCHEs in Hong Kong.

A total of 38 elders (30 females and 8 males) aged 70 to 95 (mean 84.6) were recruited. 60% of them had received primary or secondary education; and 28 (73.7%) of them would like to have a living will if they



were severely ill so that health professionals would know what they wanted. Although older residents believed that death was easier to face for older people than younger people, they suggested providing EOL care equally to both older and younger generations. There were 37 (97.4%) residents perceiving RCHEs as their home and 26 (68.5%) wished to die in present RCHEs. Most of the residents were willing to discuss EOL care issues.



Conclusions

A significant proportion of older residents preferred to die in RCHEs. The EOL care in RCHEs should be considered as a critical care in order to meet the need of the aging population. Further large scale studies are needed to better understand RCHE residents' attitudes toward end-of-life issues and their preference for EOL care.

Free Paper Submission

香港老人科護士的發展

文：潘寶華

原文：梁綺雯、陳美琪 (2011) 香港老人科護士的發展。中國護理管理，4, 16-18。

隨着年齡的增長，長者的身體漸漸老化，同時亦容易患有慢性疾病，根據香港統計處的資料顯示，有72.1%的長者患有慢性疾病 [1]；身體亦因此變得虛弱，需要長期的醫治和照護 [2]。加上香港踏入老齡化社會，長者人口百分比由1961年的3.2%，續步增長至2005年的12.1%，並預計會持續增長至2033年的26.8% [3]。所以老人科護士就有急切及大量的需求，以便可以提供適切的護理給日漸增多的長者。而老人科護理亦發展成為一門專科護理，同時老人科護士亦發展成為專科護士。相信身為老人科護士很有興趣認識香港老人科護士的發展的經過；本文章就是講述香港老人科護士的發展，共分為四部份。

第一部份敘述香港老人科護士的發展史。筆者指出香港老人科護士起源於1975年，瑪嘉烈醫院成立了第一間老人科病房；2名護士保送往英國接受專科培訓，回港後發展老人科護理及舉辦多個短期課程和講座。

第二部份簡述老人科專科護士的入職資格及工作範圍。本文內容提及老人科專科護士及老人精神科專科護士更成為1999年專科護理先導計劃中其中兩位專科護士。

第三部份，筆者詳細描寫老人科護士的工作範圍和職責。老人科護士的服務範圍包括住院服務、老人日間醫院、護士診所、家居服務、及安老院服務。

第四部份討論老人科護士的未來發展，包

括與大學合作研究工作，提高臨床技巧、可靠的服務及發揮不同的角色。

本文作者梁綺雯博士為香港大學護理學院助理教授，擁有豐富的老人科護理教學和科研的經驗。另一位作者陳美琪女士亦為香港大學護理學院臨床導師，擁有豐富的臨床護理經驗。她們把香港老人科護士的發展經過很詳盡地發佈；透過此文章，使我們認識香港老人科護士的發展全賴幾位護士先峰，不但自我學習，亦將所學的回饋於臨床護理，同時亦培訓本地接班人；把老人科護理的既專業又獨突的技能逐漸變成一門公認的專科，而老人科護士亦在不同的服務單位發揮所長，提供優質的護理，服務香港的長者。身為香港老人科護士，應該細讀此文章，認識我們的發展；最重要是此文章能誘發讀者的原動力，承先啟後，展望老人科護士繼往開來，把老人科護理加以發揚光大，不但服務香港市民，亦同時服務自己的親人和朋友，還有已退休的老齡護士和將來的自己；讀者希望將來的自己獲得怎麼樣的護理，就由今天開始計劃，加以落實，那樣香港老人科護士的發展亦可繼續延申下去。

參考資料

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Focus Group on Self-Health Management for Clients Suffering from Chronic Disease Conditions in the HKWC Wah Fu Community Centre (WFCC)

Do TL¹, Ho KYC², Chan HWF¹, Chau MT³

¹Community Care Services, HKWC, ²Integrated Community Services, ³Corporate Services, HKWC

Introduction

The majority of socially-deprived chronically frail patients are living in large public estates of the Wah Fu and Wah Kwai districts in HKWC. In order to maximize the health and functional capacities of the residents and to meet the needs of aging population, a skill-based training and empowerment program has been derived to promote peers support. The focus group for self-health management on chronic diseases in the HKWC Wah Fu Community Centre(WFCC) was begun in January 2010.

Aim

The aim is to enhance skills and knowledge on maintaining one's own health and foster positive attitudes towards self-empowerment in daily self-health practices.

Objectives

Our Objectives are (1) To enhance understanding on the chronic diseases. (2) To impart knowledge and skills on the daily health monitoring. (3) To foster active participation in making healthy practices for promoting/maintaining health. (4) To encourage the development of action plan for achieving own health-goals. (5) To maximize peers experience sharing to foster sustainability. (6) To enhance problem solving skills towards health maintenance. (7) To improve satisfaction towards self-reliance in daily health management.

Methodology

The clients were recruited into the focus groups according to their chronic disease conditions e.g. hypertension, diabetic mellitus, obesity, chronic pain etc. Small class size around 12 participants were adopted to enhance active participations. The content was focused on understanding of the chronic disease,

learning of self-health monitoring techniques as well as maintenance healthy actions through their self-designed health goals against pre-set action plan. The program monitored the effectiveness and efficiency in achieving the stated goals by closed monitoring of the pre & post-assessments of the knowledge and skills gained within the group, e.g. independent taking of blood pressure, or blood sugar monitoring; and the patients / carers satisfaction towards each class.

Evaluation

There were altogether 45 clients participated in the 4 classes. From the satisfaction survey, 75.6% were very satisfied with the group activities. 68.9% clients showed good understanding of their chronic diseases, 78.1% demonstrated thorough understanding of the self-monitoring skills after the group activities.

Conclusion

Implementation of the Focus Group on Self-health Management can draw on the mutual support and promote independent initiation to effectively learn about the skills and knowledge of self-health management of the chronic disease conditions and clients gained high satisfaction when their goals-oriented action plan was realized in good health maintenance.

Elderly Urinary & Bowel Incontinence in Community: Baseline Assessment on “Overall Health Status”, “Prevalence” and “Impact of Daily Living between Men & Women”

Pang Wong Yuet Ching, Yuen CM Anders, Fung YL, Lau LS & Hui PY
General Out-Patient Department, Tung Wah Hospital, Hospital Authority

❧ Purposes ❧

- (1) To collect the data on the overall health status
- (2) To summarize the diagnosis of incontinence symptoms
- (3) To compare the impact of daily living between women and men
- (4) To explore references on innovative care for older people in development of continence service

❧ Method ❧

Clients under care of Hong Kong West Cluster were screened from GOPC (General Out-Patient Clinic), FMSC (Family Medicine Special Clinic), SOPC (Special Out-Patient Clinic), AED (Accident & Emergency Department), patients discharged from hospitals, and Community Nursing Service by health care professionals. In addition, referrals from the relatives or friends of patients in continence program also proceeded to this screening. Those people of ages 65 or above with urinary or bowel problems were eligible to continence clinic for assessment and treatment of their incontinence symptoms. Every enrolled case was initially undertaken an baseline assessment which included “Referral Source”, “Socio-economic Profile”, “Overall Health Status”, “ICIQ-UI (Short Form)”, “Bowel Problem” and “Consultation Summary”. For male patients with LUTS (Lower Urinary Tract Syndrome), “Accident & Emergency Attendances record together with IPSS (International Prostate Symptom Score)” was covered. This IPSS was obtained following self-administration of the Chinese version of IPSS questionnaire.

❧ Sample Size & Year ❧

From October 2009 to February 2011, there were 949 cases with age 65 or above from community enrolled in this program. Most of the cases were referred through screening from GOPC 86.30% and SOPC 8.00%. There were 459 women and 440 men, with majority clients ages from 65 to 74 (55.85%), the eldest was a 100 years old gentlemen. The age distributions were as follows 64-74: 55.85%; 75-84: 36.35%; 95-94: 6.95%; >95: 0.85%.

❧ Results ❧

Refer to overall health status, 75.94% of women and men had chronic illnesses. “Hypertension” 19.4% was the most common chronic disease, the next were “Diabetes Mellitus” 10.85%, “Lipid Disorder” 10.35% and “Heart Disease” 7.75%, following by “Stroke” 6.61%, “Gout” 5.88%, “Depression” 5.77%, “Other Mental Problems” 5.70%, “Cancer” 5.6%, “COPD” 5.49%, “Renal Disease” 5.36%, “Others” 11.24% respectively. Among them, commonly self-rated health status as fair with 65.65 %, 18.76% as good,

13.49% as poor, 1.36% as very good, 0.21% as excellent, 0.53% refused to answer.

In consultation summary, it revealed “Stress Incontinence” was the most common urinary problems in women (33.33%), of 37.27% was associated with “Urge Incontinence”. “Constipation” (11.29%) was the secondary and “Transient Causes of Incontinence” (9.37%) was the third. In opposite gender, of 63.51% men presented with “LUTS” due to BPH were found significantly. Same as female group, the secondary was “Constipation” (12.16%) but difference on the third with “Nocturia” (12.16%) was found. For the other diagnosis, there were similar percentages in both groups with “Functional Incontinence”, “Overflow Incontinence”, “Frequency of Micturition”, “Incomplete Emptying of Bladder”, “Urgency”, and “Fecal Incontinence”. In conclude the overall problems on “Urinary” and “Bowel”, the former was greater with 84.81% and latter with 15.19%. 43.67% reported urinary wetting more than 3 times a day.

Direct to the impact of daily living, most of men (83.19%) and women (80.83%) complaint the influence on urinary problems, with average mean score 5.62/10 and 5.6/10 respectively. Comparing with the bowel problems, same phenomenon was between genders, of 84.82% (men) and 86.43% (women) considered the problems influencing their daily living, with average mean sore 5.55/10 in men and 5.22/10 in women. For male patients with LUTS, IPSS was assessed, of 49.68% felt their quality of life due to urinary symptoms was moderate, 30.53% was in severe level and 19.79% of them rated mild. The distributions in percentage were as follow: Delighted: 2.11%; Pleased: 5.05%, Mostly Satisfied: 16.63%; Mixed (About Equally Satisfied): 35.37%, Mostly Dissatisfied: 24.84%; Unhappy: 13.43%; Terrible: 2.53%.

❧ Conclusion ❧

Majority elderly in community with urinary and bowel problems were associated with chronic disease. Women were common with stress and urge incontinence while men were common with LUTS due to BPH. In addition, bowel problems were existed and required for attention. Impact of daily living regarding both urinary and bowel problems were high, early problems detection could minimize the mental disorder. Through the baseline assessment, it provided valuable references for the development on continence service in providing innovative care for older people.

An exploratory study on home medication attitude and drug compliance of elderly patients

Shum NF¹, Law S², Wong Ellen KC², Ho Josephine YL², Lui Teresa YL¹

¹Department of Surgery, The University of Hong Kong, Queen Mary Hospital;

²Department of Nursing & Geriatric, Fung Yiu King Hospital, Tung Wah Group of Hospitals, Hong Kong, China.

Background

Drug wastage and increasing drug cost in hospital have become a global problem. Many cost-containment strategies have been developed to curtail the rising drug expenditures. Some studies have documented contributing factors of drug wastage such as the design of drug production; duplication or change of prescriptions. However, less is known about patient factors such as medication attitude or compliance especially in elderly.

Objective

This study aimed: (1) to explore patients' medication attitude at home; (2) to evaluate the drug compliance.

Methods

An exploratory descriptive design was utilized to survey a sample of elderly patients in Fung Yiu King Hospital on their medication attitude and compliance at home. Sixty mentally capable adult patients were recruited by convenience sampling and their medication practices were measured by structured questionnaire through five sessions of face to face interview. Questions related to drug attitude; compliance; storage; usage and concept were asked. Descriptive statistics including frequencies and means were calculated for demographic variables based on the questionnaire responses.

Results

From October to November 2010, 60 patients with the median age of 82 years (51-94) were recruited. Of the 60 patients, 97.44% patients replied that they followed physician advice on medication but 42.5% of these patients changed the dosage or stopped the medications by themselves later. 65% patients had the habit of stocking drugs including antihypertensive; diuretics; laxatives; antacids or analgesia at home. 67.5% patients would request drug on their follow up and 11.1% of this group of patients thought the drugs would still be 'fresh' to be used; 3.7% for needs and sense of security and the rest thought that they should get some drugs which they had paid for despite of adequate stocking at home. For disposal of unwanted drugs, 50% patients discarded them into the rubbish bin; 30% flushed them into the toilet; 10% patients gave them to friends/relatives; 2.5% patients kept the drug forever and 7.5% patients would return them to the hospital. 85% of the participating patients accepted the concept of extended use of their drugs during hospitalization to avoid wastage. 55% patients agreed to get drugs from the local clinic; 15% patients by postage and 17.5% patients insisted to see a doctor on their next follow up.

Conclusion

Patient education on proper medication attitude and drug compliance is necessary and doctor plays a vital role in patient's drug management. Pharmacist counseling and follow up service also needed.

Staff Safety of working in elderly care environment

Li Shuk Yee, Viola, Chow FYC, Yim CL, Chan LHM, Leung SY, Li C, Chow SY, Kong SK, Su MF, Chow YF, Tam WW, Lau N, Chin W K, Tang WC

Department of Orthopaedics and Traumatology, Princess Margaret Hospital, Hong Kong SAR

Introduction

Staff work safety is one of the most concern issues in clinical care setting. Without enhancing the safety work flow and safety work culture to staff, the ideal therapeutic atmosphere could not be sustained effectively and efficiently.

Objectives

1. To provide a safe working environment so that staff can work happy and harmony.
2. To promote the safety culture in the workplace

Methodology

Training and education of the staff to work safely and risk reduction program to health is one of the key elements in occupation safety and health (OSH). Training need assessment has been done and their OSH knowledge was evaluated in 2008. According to their needs, training classes were conducted. The average marking of the pre-test is 12.56/15 and the post-test is 13.44/15 ($p < 0.05$, paired t-test).

The MHO training workshops were conducted yearly since 2009 to reinforce the safe practice in MHO. The content of the workshop included the demonstration and return-demonstration of MHO with different transfer devices. Also, the maintenance of transfer devices and stretching exercises are reinforced with a good response from the

staffs. In addition, the 15 minutes time break is introduced to the Care-related Service Assistants after the napkin round.

An OSH inspection team was formed in 2009 to perform the regular cross inspection of the wards and marked improvement was found in the ward environment through these exercises.

The fire safety round and fire safety training were implemented to increase the staff awareness of fire safety device and evacuation plan.

The proper workplace housekeeping with the 5 "S" and visual cues are the key of success. Clear signage, alerts and handling tips are demonstrated to increase the staff awareness before the handling.

Also, our department webpage was developed in 2010, as an arena for mutual communication through which the top management can disseminate information to enhance staff engagement and reinforce corporate safety culture.

Results and Outcomes

With the significant decrease in IOD, good compliance in Safety Management System, good performance in safety inspection and safety promotion performed, our department won the campaign of "靠得住單位" in PMH in 2010.

老年痴呆症照顧者的回憶分享 - 我的姪姪

袁月嫦

樹欲靜而風不息，子欲養兒親不在！姪姪我真的很掛念您！我哭了！

「哎呀！救命呀！哎呀！唔好攞我啦！」
「很冷呀！您不冷嗎？」
「不冷！不冷！」
「但您的手真的很冷啊！穿衣服呀！」
「不穿！哎呀！救命呀！」

為甚麼您會這樣回應我？您的手真的很冷呀！我哭了！

姪姪叫譚定，二零零八年那年初，她剛好九十七歲五個月！

我和姪姪相處接近四十個寒暑，感情深厚。小時候，我們的生活十分艱苦，從小到大，都是姪姪把我帶大。爸爸是一位廚師，在郵輪上工作，約一年半至兩年才回港一次。媽媽需外出工作幫補家計，早出晚歸，有時需輪班工作，因此，照顧我們三姊弟妹的責任，一直落在姪姪身上。每天早上，天還未亮時，姪姪往往是最早起床的一個，給我煮早飯，並為我預備飯盒，然後帶我步行上學去。回想起來，原來我也算是在單親家庭中長大的……沒有父親的日子，生活實在十分難過……我是長女，所以，從表面看來我好像很堅強，因為我要負責保護家人的責任，也要幫忙照顧弟妹，但其實我的心靈卻是很脆弱的。

小時候，眼見姪姪偶而會皺眉喊腰痛，年幼的我，不明所以。直到當了護士，在醫院工作時曾由於不小心而弄傷了腰，現在偶而「下雨刮風」，痛得我眼淚直流，刺痛入骨。但原來心裡的痛苦比肉體的痛楚來得更厲害！你有過此感覺嗎？

姪姪身體一向很好，只要拿著拐杖便可自行外出，但她畢竟年老了，已九十多歲，在白天把她單獨留在家裡實在很令人擔心。結婚後，因為居住環境好了，我們兩夫婦便把她從娘家接回家裡住。我居住地點附近的公園不太方便，生怕姪姪整天悶在家裡，影響身心，因此便特意請了印傭阿慈，協助照顧她的安全和起居飲食。同時為使姪姪儘快適應新的居住環境，我特意為她安排成為長者日間護理中心的會員，好讓她認識新的朋友，安享晚年。日間護理中心的職員位位都叫她定定。她確實是很喜歡每天到中心去，每天中心車子一抵達大廈正門的時候，姪姪總是非常興奮雀躍地說：「早晨！好兄弟、好姊妹，我返工啦！我去賺錢，你要乖乖！」

姪姪非常健談，同樣地，阿慈亦很健談，她們兩口子一天所說的話，可以抵住其他長者說整年的話，你看，我們在家裡怎會覺得悶悶；相反，我們總會覺得熱鬧非常。姪姪和我也都很喜歡唱歌，她肯定是我的超級忠實歌迷，我在家裡唱卡拉OK的時候，她總是興奮莫名，拍掌叫好跟著唱。她最喜歡的歌曲是汪明荃的「萬水千山總是情」。現在我每次歌唱表演都會唱這首歌……

姪姪畢竟年老了，在二零零七年初更患上了老年痴呆症，記憶力及自我照顧能力已大不如前，她晚上總是偷偷的打開門鎖，稍有聲響我們便會立即起床，生怕她開門逃走，又擔心有天會有賊人進屋；那些日子，我們每晚都過得提心吊膽。姪姪也往往在阿慈替她收拾被舖或幫忙清潔身體時，常常以為阿慈偷她東西或打她而亂發脾氣。幸好阿慈生性善良，很疼愛長者，因此，她對姪姪很有耐性。阿慈常以為姪姪年老了所以有點「懼懼地」是正常的。有一天，我借了一隻由衛生署製作的有關老年痴呆症的光碟回家讓她看，阿慈一邊看一邊說：「好似阿姪，阿姪都係咁樣！」她才開始明白，為何總是在姪姪的抽屜裡找到吃了一半的香蕉或芒果乾、威化餅或蛋糕。

後來，姪姪的記憶力越來越差，日夜顛倒，晚上總是不時弄醒阿慈吵嚷著要喝水或吃飯。阿慈生怕她真的肚餓，於不忍心，因此，每晚總是多次起床煮東西給姪姪吃，所以那一年來，阿慈總沒有一晚睡得好。阿慈，真的辛苦妳了！還記得小時候我病倒了，都是姪姪夜半起來倒水給我喝；現在由阿慈或我偶而捧水給她喝，每次她剛喝完一口，不到半分鐘又要第二口，老是重覆叫著：「陰公！淒涼！又肚餓、又口渴呀！」姪姪的精神確實一天比一天差……

二零零七年十月中，因為阿慈需放年假回鄉度歲，我們逼不得已把姪姪送回鄉間暫住，只住了四個星期，回港後她的身體狀況突然變得「直線下滑」……

二零零八年是十二年以來最寒冷的農曆新年！那天天氣真的十分寒冷，自從天文台發出寒冷天氣警告後，連續二十天姪姪更是動也不動，一步也不願走，整天坐在輪椅上。為免她過分依賴及減慢下肢衰退速度，從前我們總是要嚷著要她走路，而她也總是苦叫著：「辛苦呀！陰公呀！」多年前，有好幾次我們帶她外出逛街飲茶，眼見其他長者可以安坐輪椅，她就一臉羨慕的表情，很是可愛。雖然我們不太願意讓她乘坐輪椅，但為免她真的太辛苦，及後我們真的買了一輛輪椅好讓她在遠程使用。還記得姪姪第一次坐在輪椅上，一臉安樂滿足的表情，興奮得個「皇太后」出巡，真叫我們哭笑不得。但當她真的要依賴輪椅活動，我們亦真的笑不出來，只有心痛的感覺。到這裡，你感受到我的痛嗎？

坐得越久，姪姪的下肢更加變得柔弱而無力，她已經連續十二天不能站立，兩只腳瘦得像兩根火柴枝；由於整天光只坐著，因此她的屁股紅了，一大過。大廈的看門人見到姪姪的情況都覺得很難過，畢竟多年來大家每天都見面！以往日間中心車子開到大廈的時候，姪姪總是非常開心興奮雀躍，現在……連「好兄弟……好姊妹……」都不懂得叫！這十二天來，姪姪連大小便都不會了，要用紙尿布。我很想哭！控制不了！記得小時候，每天晚上，總是要姪姪把我拉到廁所洗澡；把我的衣服脫光了，我硬是不肯洗澡，與她角力，我也就那樣光著身子滿屋走來走去，與她追逐；到她拿著雞毛掃敲打時，我才勉強的乖乖的就犯。到了中學時，也都是她每晚叮囑我快快洗澡、早一點睡，好讓我明天有足夠的精神上學。現在想聽聽她叫我洗澡的聲音也沒有機會！我很是後悔……

農曆新年終於來臨了！以往我們一家總是覺得十分興奮，一起外出購物，預備度歲。可是當時大家根本沒有心情；那年，她連什麼是農曆新年也不知道……這個新年是我一生中最高興的新年！

大年初一，好不容易幫姪姪洗澡換上賀年新裝，先把她帶到丈夫的家裡去拜年。以往她總也是十分興奮，嚷著要自行封利是、派利是。為了嘗試讓姪姪記起新年習俗，我們特別為她預備了數十封利是。吃過「開年飯」，我從她口袋裡把利是拿出來，放到她手上；因為我們的心情真的不太好，所以根本已經忘記了要為她到銀行轉換零錢，於是，她手上的利是面額種類繁多，有的是二十元紙幣，有的是十元紙幣，有的是五元，有的是一元。可惜姪姪已經不知道利是是什麼了，完全忘記了派利是的動作。後來丈夫的外甥想起了一個自以為很聰明的方法：「抽利是」。大家於是十分興奮的排著隊走到姪姪跟前「抽利是」。抽到二十元紙幣的固然興奮，大叫好運；抽到一元的倒大噶倒彩、哭笑不得，大家都在吵鬧著、嘻笑著，好像很高興！但我告訴你，當時我一點也不覺得好笑！有什麼好笑，請你們告訴我！當時我心裡的眼淚流著、流著，可是眼裡卻沒有哭出淚水來，原來我的眼淚已經流乾了。原來哭不出淚水是最痛苦的、最傷痛的！你感受到我的傷嗎！你體會到我的痛嗎？

這十多天來，每天早上我總是要六時起床，與阿慈一起幫姪姪洗澡、換尿布，而姪姪每次總是大叫救命，叫嚷著不要洗澡；說自己很是淒涼。因為家裡的廁所去水系統不夠流暢，丈夫每次都會負責在門外把關，用拖把把流到廳外的水拖乾，而我與阿慈就一邊哄一邊幫她脫掉衣服，見到姪姪洗澡時掙扎痛苦的表情，我們三個都很难過！我與阿慈性格一樣，很是感性，丈夫則是我們三個中最冷靜的一個，但他後來都開始眼泛淚光。有次幫姪姪洗澡時，水喉把手飛脫，水花濺到我們的身上、臉上，其實我們每次都眼泛淚水，所以根本分不出那些是水、那些是淚！丈夫望了我，又望望阿慈，再望望姪姪，終於忍痛的對我們說：「勉強下去反而會『四敗俱傷』。」「巧婦難為無米炊」，儘管我們兩口子都是護士，有著服務長者的豐富知識和經驗，阿慈雖有著樂天性格，任勞任怨，但家裡的環境配套设施確實未能完全適合照顧體弱的姪姪。在一輪家庭會議後，雖然我們萬分捨不得，但是仍決定需要把姪姪送到安老院舍居住。

作為香港市民，既為服務提供者，我們應當盡力履行公民責任。對於徬徨無助的長者或知識水平略遜的市民，我們必需施以援手，發揮守望互助的精神。作為專業護士，我們的使命是向廣大市民提供具質素保證的健康服務。要成為能幹稱職的專業護士，我們除了要对政府有關服務範疇有透徹瞭解外，還要對社會資源有一定的認識，以便隨時為市民提供專業意見、作出適時及適當的轉介。

我很慶幸曾在長者健康服務為長者們及護老者服務，使我能熟識社區資源，認識很多很好的社區合作伙伴。所以，我們一家人較易懂得怎樣去面對當時的困境或尋求協助。有著多年為長者服務的工作經驗，使我能有寶貴的機會加深學懂怎樣專業地照顧長者、了解他們的需要。姪姪的事情更使我加深了解家人年老或生病時，作為摯愛護老者有著的切膚之痛與壓力。以往見人家替自己的小孩拍照，我總是不明所以，總覺得每張照片都是差不多，犯不著每天都嚷著要拍照。後來我終於明白了！所以那時我每晚回家總一定幫姪姪拍照，好留回憶。

二零零八年二月中，在社會福利署的職員協助下，姪姪已獲安排暫住安老院舍宿位，我們暫且可以鬆一口氣。那陣子的晚上，我照照鏡子，好像多了幾根白髮，有點蒼老了，但為了姪姪，就算多幾根白髮或幾條皺紋也是值得的。

作者後話：我摯愛的姪姪其實已經在三年半前過世了！作為孫女，三年半過去了，到現在我的心還是很難過，親觀的傷痛真非筆墨可以形容，心裡總是覺得以往陪伴她的時間太少，對她確實不夠好……欠她實在太多太多，心裡著實滿是歉意。但願時光真的可以倒流，好讓我可以給她多留一點的時間……那怕是一丁點也足夠！姪姪我真的很掛念您！

樹欲靜而風不息，子欲養兒親不在！
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