

台北市社區健康營造保健志工之保健課程參與度與其影響 之相關性研究

A correlational study on health training program participation and influences upon communities volunteers in Taipei city

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摘要

本研究採橫斷式研究，探討台北市社區健康營造中心（Health Community Center, HCC）保健志工之保健課程參與(Health Training Program Participation, HTPP)，及其與社區健康營造自我效能(Self-Efficacy, SE)、社區健康營造活動參與度(Community Activities Participation, CAP)之相關性，及探討 HTPP 之預測因子。以自擬結構式問卷於中心定期聚會時普查，得有效問卷 250 份。研究工具之專家內容效度為 .91，內在一致性 α 為 .63~.87。結果發現，保健志工以兼職高中（職）中年女性、有配偶、佛教、全家平均月入 30,834~83,500 元間為多。HTPP 為 19.00；信義區、中正區及北投區三中心較高；無工作及家管者較低。有 66.4%的志工結訓後會參與營造活動，一年約 60~120 小時。SE 為 2.01 較偏低，HTPP 對 SE 之預測力達 21%。影響 HTPP 的因素有 HCC、SE 及結訓後是否參與活動，共同預測力達 57%，故保健課程訓練有其必要。SE 及 CAP 可為訓練評價指標，建議未來能有主責機構統一規劃，針對志工特性及服務需求擬定適當培訓計畫，且將志工服務知能、健康促進及中老年保健納入標準課程，使其更有自信投入社區健康營造，而能早日達到健康城市之目標。

Abstract

This is a cross-sectional study that purposely selected healthy community centers (HCC) in Taipei City to explore factors affecting volunteers' health training program participation (HTPP). The major objectives were to: (1) examine volunteer's HTPP; (2) explore relationships among volunteers' HTPP, self-efficacy (SE) in healthy community building, and community activities participation (CAP); and (3) identify key factors affecting volunteers' HTPP. A self-developed instrument with validity (content validity index>.91) and reliability (α =.63~.87) was used. A total of 250 participants were recruited. Study results revealed that a majority of the volunteers were middle-aged women who held at least a high school education, worked part-time, held Buddhist religious beliefs, were married and were middle class in terms of income. The average HTPP value was 19, with Xin Yi, Zhong Zhen and Bei Tou HCCs exhibiting higher

HPTP values. Those not currently employed and housewives volunteers had lower HPTP values. 66.4% of volunteers participated at community activities after training and contributed 60~120 service hours a year. Volunteers' SE in healthy community building was low ($M=2.01$, $SD=1.01$), which, however, could explain 21% variance of HPTP. Factors affecting HPTP included HCC site, SE and CAP, which accounted for 57% of variance. Study results indicated that SE and CAP could serve as training evaluation indicators and a well-organized training program could increase volunteers' SE. Standard health training programs should incorporate three programs, including volunteerism perception, health promotion, and middle aged and elderly care to thus further improve volunteers' participation in community health activities.