

# 台灣金融保險業實施直場健康促進活動現況及影響推展因素初探

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## 摘要

本研究以金融保險業為例，旨在瞭解台灣地區工商服務業推展職場健康促進的概念及現況，藉以建立職場健康促進的基礎資料，作為未來推展之參考依據。本研究以九十三年勞保局之金融保險加保公司為研究母群，抽取企業主管進行問卷調查，依據組織員工數所佔之比率採分層隨機抽樣法，共計抽出金融保險業 38 家，有效問卷回收 34 份，回收率 89.47%。並邀請 7 位主管進行質性訪談，訪談內容經轉錄成逐字稿以收集質性資料。質性和量性資料均加以分析。研究結果顯示台灣地區金融保險業實施健康促進的情形並不普遍，活動內容以健康檢查較多，健康促進相關政策規定以規範個人行為為主，少有公司政策制度面的整體規劃。深度訪談結果歸納出「員工參與度低」及「考量經營成本」是阻礙健康促進推展的因素。公司的政策及制度、企業主管本身的信念、工會的力量、行業的工作性質、員工的特性及喜好“公司的組織及規模等皆對執行職場健康促進活動有影響。研究者建議：(一) 政府應建立完善的職場健康促進法規、配套措施。(二) 給予經費補助及人力支援。(三) 設置專責機構，整合並督促企業建立制度與規範。(四) 強化健康教育與溝通管道，強化企業主管健康促進的理念。

## Abstract

The purpose of this study was to investigate the current situation of conducting workplace health promotion programs in banking and financial insurance enterprises in Taiwanese. The managers were selected as the subjects to analyze the influencing factors of the implementation of the projects. Mailed survey and in-depth interview were used for data collection. A total of 34 subjects filled out the questionnaires with a response rate of 89.47% (34/38). Data were analyzed with both qualitative and quantitative methods. Major findings of this study were as following: Workplace health promotion program was not often conducted in these enterprises in Taiwan. Physical check-ups were the subjects most often implemented. The policy mostly regulate the individual health behavior and with few companies with comprehensive vision or planning on this subject. Many enterprises conducted the health promotion projects without financial supports or consultation from the government. Low staff participation rate and management costs were important hampering factors. The factors such as governmental policy, beliefs of managers, the power of labor union, the type of the work, the

characteristics and interests of the employees, and organization size also affected the implementation. The researchers suggested: (1) Nationwide health promotion policies and rules should be established; (2) Financial and manpower supports for enterprises should be provided; (3) Responsible organizations should be set up. (4) The health education and communication channels should be used to strengthen the beliefs of the managers to implement the program.