

行政院國家科學委員會專題研究計畫 成果報告

全民健康保險制度下醫院對於競爭優勢的決定因素及營運 績效的認知：齊一性或異質性？

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一、中文摘要

本研究計畫的目的係在分析不同醫院間對於競爭優勢的決定因素之認知是屬於齊一性或異質性，及探討醫院經營階層對於評估醫院經營績效的適當指標之看法。本研究以加入全民健保特約並通過醫院評鑑地區醫院層級(含)以上之醫院(民國 95 年資料)為研究母群體，扣除已歇業或改制成診所者，共計 455 家有效受訪醫院。本研究以結構式問卷進行調查，問卷詢問對象則設定為受訪醫院的院長、副院長、或管理中心主任等高階經營主管。扣除無效問卷後，有效問卷數為 151 份；有效回覆率則為 33.2%。實證結果顯示，醫院經營階層認為建立持續性的競爭優勢之決定因素，依其重要性排序之前五項為：(1).提升醫療品質；(2).提供特色產品；(3).及時因應變化；(4).追求最低成本；及(5).開發創新產品。另一方面，醫院高階主管認為評估醫院經營績效的適當指標，依其重要性排序之前五項為：(1).醫療品質；(2).醫院的整體形象與口碑；(3).利害關係人的滿意度；(4).每位醫師的住院生產力；及(5).每位醫師的門診生產力。

Abstract

The study aims to investigate the determining factors perceived by top managers of hospitals regarding the sources of competitive advantage, and to analyze hospital administrators' perceptions with respect to how to measure hospital performance. The study population was all 455 district hospitals (and above) in Taiwan (year 2006 data). Structured questionnaires were mailed to each hospital. After two rounds of mailing, the final effective sample size was 151, with the effective response rate of 33.2%. The results indicated that according to hospital administrators' perceptions the sources of competitive advantage, ranking by importance,

were: (1).medical care quality; (2).differentiation; (3).rapid response to environmental change; (4).low cost; and (5).innovation. Meanwhile, the indicators of measuring hospital performance, ranking by importance, were: (1).medical care quality; (2).image and reputation of a hospital; (3).stockholders' satisfaction; (4).inpatient productivity per physician; and (5).outpatient productivity per physician.

二、研究背景與目的

我國全民健康保險制度自 1995 年 3 月開辦後，中央健康保險局為了有效節制抑制醫療費用支出的持續成長，並保障就醫民眾所接受醫療照護的品質，持續提出「論病例計酬支付制度」、「合理門診量」、「總額支付制度」、及「卓越計畫」等保險支付制度的改革方案。上述現況對於醫療機構而言，正是身處於一變動不已的醫療環境中。採取適當的策略以適應變動的外在環境，維持較佳之競爭能力，並建立持續性的競爭優勢，進而提升機構的經營績效，是醫院經營管理者必須面臨的極大挑戰。

Reeves 和 Ford(2004)的研究結果顯示，營利及非營利醫療機構之間擁有相似的策略能力組合 (strategic capacity profile)，藉以建立其競爭優勢。但另一方面，雖然乍看之下醫院彼此間的同質性頗高，例如所提供的產品(醫療服務)相似，且其服務市場領域大多重疊，但實際上醫院間仍存在頗大的異質性。因此，不同醫院間對於競爭優勢的決定因素之認知，以及其所欲建立的策略能力，是屬於齊一性或異質性，尚待進一步檢定。另一方面，如何界定並測量醫院的經營績效？對上述研究議題之深入瞭解，不但能補充相關文獻之不足，更盼能促使醫療院所管理階層能更瞭解策略管理的重要，進而更有效地經營管理，對國內醫療服務品質之提昇亦能

有所助益。

三、研究方法

本研究以加入全民健保特約並通過醫院評鑑地區醫院層級(含)以上之醫院(民國 95 年資料)為研究母群體，共有 460 家。但在郵寄問卷的過程中，研究人員發現有 3 家醫院已歇業，另有兩家醫院告知已改制成診所，因此，最後的研究母群體修正為 455 家醫院。本研究以結構式問卷進行調查，問卷詢問對象則設定為受訪醫院的院長、副院長、或管理中心主任等高階經營主管。問卷第一次寄發時間為民國 95 年 4 月 29 日，經兩次問卷寄發及用電話催收後，共有 159 份問卷寄回。扣除回答問卷人員非指定的醫院高階主管之無效問卷後，有效問卷數計有 151 份，有效回覆率則為 33.2%。

本研究在參考相關文獻並考量本研究的研究目的後，設計出上述的結構式問卷。在研究問卷之信效度檢定方面，效度檢定係使用專家內容效度(content validity)的檢定方法。研究人員延請國內五位學者及醫院主管，針對量表內容的重要性、適當性及明確性方面進行評分，以李克氏 5 分法的方式給予評分(5 分代表此題目極適當；1 分代表此題目極不適當)，3 分以下(含)的題目便不予採納。內容效度指標(Content Validity Index, CVI)值大於 0.80 者為保留題，如未達 0.80 的題目，則依專家意見修改或予以刪除。

在問卷的信度檢定方面，係採重測信度(test-retest reliability)的檢定方法。研究人員以立意取樣的方式，邀請研究樣本中 5 家醫院的受訪對象進行重測信度的檢定。由於進行此重測信度的樣本數略少($n < 15$)，因此本研究遂採用內在等級相關係數(intraclass correlation coefficient, ICC)的方法來檢定重測信度。檢定結果顯示 ICC R 值為 0.81($p < 0.05$)，顯示本研究之研究問卷具有相當的可信度。

研究人員在問卷回收後，先進行無效問卷的剔除及資料的轉碼及登錄等資料建檔

及重整的步驟，隨即進行資料的統計分析。使用之統計方法包括描述性統計、t 檢定、ANOVA 分析、卡方檢定及複迴歸分析等方法，以對本研究的研究假設進行檢定。

四、結果與討論

實證結果顯示，醫院經營階層認為建立持續性的競爭優勢之決定因素，依其重要性排序之前五項為：(1).提升醫療品質；(2).提供特色產品；(3).及時因應變化；(4).追求最低成本；及(5).開發創新產品。另一方面，醫院高階主管認為評估醫院經營績效的適當指標，依其重要性排序之前五項為：(1).醫療品質；(2).醫院的整體形象與口碑；(3).利害關係人的滿意度；(4).每位醫師的住院生產力；及(5).每位醫師的門診生產力。綜而言之，本研究結果對於醫院的管理階層建立該院之持續性競爭優勢，及提升其營運績效應有所幫助。

五、參考文獻

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