

醫院員工之健康促進活動認知及參與程度相關之探討--從健康促進

醫院的觀點

The association about health promotion programs of hospital's staffs' cognition and the degree of participation---from the view of health promoting hospitals

中文摘要

本研究擬從健康促進醫院之觀點，探究某教學區域醫院之員工健康促進活動的推動與醫院員工參與情形。並於 2007 年，針對該醫院負責員工健康促進之單位人員進行深度訪談，以了解該醫院推動員工健康促進的現況、宣傳管道以及推動優勢與難處；並利用結構式問卷之量性、橫斷性研究，以了解醫院員工對於健康促進活動的了解情形、參與程度，以及對醫院健康促進活動之認知。

透過深度訪談結果，發現該醫院推動員工健康促進仍在起步階段，不過將會是未來發展的一項重點工作。該醫院的員工健康促進活動分成四個主題：心理衛生、體重控制、運動健康促進、菸害防制。推動優勢包含了各部門的協調與配合良好；推動難處則是缺少人力與資源。

量性研究問卷總共有 531 份問卷，回收率為 50.9%。扣除遺漏太多、問卷缺頁、亂答之問卷，有效樣本數為 516 份。主要研究結果如下：

一、自覺健康情形、憂鬱程度與工作壓力和負荷有關：

自覺健康情形越好的醫院員工，其憂鬱程度也越低。而工作壓力與負荷越大之醫院員工，其憂鬱程度也越高，自覺健康情形也越差。

二、醫院員工對於健康促進活動的了解程度普遍較高，但參與情形偏低：

員工對於各項員工健康促進活動的了解程度都相當高，其消息來源管道也相當多樣，但各項的參與情形並不高。女性員工的了解程度較男性為高；已婚員工的了解程度也較未婚員工為高。

三、員工對於醫院健康促進活動的認知得分情形偏低：

不管是政策面、計劃面、執行面的認知或是整體認知，其得分情形都是偏低的，顯示出該醫院之員工對於醫院健康促進活動的認知情形普遍不足。

四、員工對於健康促進活動的了解與認知與健康促進活動的參與程度有達到統計上的顯著意義：

控制了人口學資料、工作特性、自覺健康情形、健康責任等變項之後，顯示「員工對於醫院健康促進的認知」與「員工對舉辦健康促進活動的了解」能夠共同解

釋研究對象健康促進活動參與程度 36.7%的總變異量。性別在員工健康促進活動的參與程度上，是個相當重要的因子。

本研究發現員工健康促進活動的參與程度，會受到「員工對於醫院健康促進的認知」與「員工對舉辦健康促進活動的了解」的影響。因此未來若要提昇員工健康促進活動的參與率，必須從這兩方面著手，以提升員工之健康，才能夠增強醫療服務的品質與病人的滿意度。

英文摘要

The study explores the implementation of worksite health promotion programs and degree of participation among the staff in a teaching regional hospital, from the view of health promoting hospitals. In order to understand the situation, the channels of the information dissemination, advantages and barriers of worksite health promotion programs, we used in-depth interviewing with the workers of unit which is responsible for worksite health promotion in the hospital; and in order to understand the availability, the degree of participation, data were collected by structural questionnaires in the quantitative, cross-sectional study design.

According to the result of in-depth interviewing, worksite health promotion which the hospital implemented was still in the initiative stage, but would be a promising emphasis in the future. The health promotion activities in the hospital were divided into four subjects: mental health, weight control, health promotion in exercise, tobacco hazard control. Advantages included good coordination among units; while barriers were the shortage of personnel and resource.

A total of 531 questionnaires in this quantitative research were collected, and response rate is 50.9%. Deducting questionnaires from missing data, pages of loss, excursive answers, effective samples consisted 526 questionnaires. The main results of study are as follow:

1. Health responsibility, perceived health status and depression are related to work stress and loading:

The better perceived health status, the better health responsibility; while depression remains low. And the higher work stress and loading, the higher depression, and the worse its perceived health status.

2. The availability of health promoting activities is generally higher, but the degree of participation is low:

The availability of every health promoting activity is quite high for staffs, the channels of information dissemination are also diverse, but the degree of participation for every subject is low. Female staff's availability is higher than that of male; married staff's

availability is also higher than those unmarried.

3. The scores to staff's cognition of health promotion programs is low:

No matter the aspect of policy, plan, administration or entire cognition, the score is low. It demonstrates the hospital's staffs' cognition of health promotion programs is generally insufficient.

4. The degree of participation of health promoting activities is significant difference in the availability and cognition of health promoting activities:

After controlling demographic data, job characteristics, perceived health status and health responsibility, staff's cognition of health promotion programs and staff's availability of health promotion programs can explain 36.7% of total variances in the degree of participation of health promoting activities.

This study finds the degree of participation of health promoting activities is affected by the staff's cognition of health promotion programs and staff's availability of health promoting activities. If we want to elevate the participative rate of the health promoting activities and promote staff's health, we have to set about it from the two aspects. This can strengthen the quality of medical care and the patient's satisfaction.