影響醫院員工採行健康促進生活型態之相關因素探討

Determinants of Reported Health Promoting Lifestyle among a Hospital Employees

中文摘要

奠基於世界衛生組織「渥太華健康促進憲章」中，透過「健康醫院」以實踐「調整健康服務取向」的健康促進策略，台北市政府衛生局於民國 91 年及 94 年開始舉辦健康醫院評鑑；然各醫院推動員工採行健康促進生活型態之成效如何，仍需進一步之探討。本研究以台北市某通過健康醫院評鑑之醫學中心各部門員工爲研究對象，採橫斷式調查研究，以結構式的自塡問卷收集資料，共收案 594 人（回收率 89%），以瞭解醫院員工採行健康促進生活型態的狀況，探討醫院員工之人口學特質、工作特性、院內員工對健康環境的期待及使用情形是否會影響其採取健康促進的生活型態，並找出影響醫院員工採取健康促進行爲的主要因素。

本研究對象以女性、大學畢、未婚者、正常體型、無宗教信仰、收入介於 40000-59999 元、有自費保險、沒有罹病、沒有子女者居多，平均年齡爲 30.84+7.94 歲，自覺健康狀況平均得分爲 5.91+1.36 分（範圍在 3-9 分）。另外，工作特性以護理部門、工作時數 8-10 小時、非固定輪休者、需要値班、站走型居多，平均工作年資爲 5.86+4.58 年，工作負荷平均偏高（11.05+2.76 分）。在健康促進生活量表的平均得分爲 1.86+.82 分，介於偶爾如此到經常如此之間，在次量表部分平均得分以工作保護（2.19+ .62 分）及人際支持（2.14+ .59 分）最高，而以運動（1.17+ .62 分）得分最低。員工對健康環境的期待，平均得分以對心理健康（4.93+ .70 分）及癌症防治（4.43+ .58 分）最爲迫切，運動（4.17+ .70 分）及減重（4.12+ .64 分）最低；相反的員工對健康環境的使用部分，平均得分卻以對飲食（1.25+ .82 分）及減重（1.04+ .72 分）最多，以戒菸（0.83+0.83 分）最少。在健康促進生活型態較佳者之特質爲：已婚、有信仰、收入每月在 60000-79999 元之間、有子女及身爲主管者。另外，年齡、自覺健康狀況、工作年資對健康促進生活型態有統計上顯著正相關，而自認工作負荷則與健康促進生活型態呈負相關。員工對於各項健康促進環境的期待情形及使用情形於癌症防治這一項之外，其餘都與健康促進生活型態呈現統計上顯著正相關。經由複迴歸分析發現，可預測健康促進生活型態之變項爲：員工對健康環境之期待、自覺健康狀況、信仰、健康環境之使用、教育程度、自覺工作負荷、職位，共可解釋健康促進生活型態的變異總量之 27%。依據本研究結果建議未來在健康醫院評鑑的內容上能增加對於醫院健康環境的要求，以增進員工健康促進生活型態。

英文摘要

Based on “Ottawa Charter for Health Promotion” (WHO, 1986), health promotion hospital development is the delivery of reorienting health services. Taipei City government, Department of Health there held Health promotion hospital accreditation in 2002 and 2005, however, practice of health promotion lifestyle among employees of accredited health promotion hospitals remains unknown. The target population of this study was all types of employees in the hospital, a cross-sectional design was utilized, and the structured questionnaire was used. A total of 594 cases (response rate 89%) were collected from a medical center in Taipei which was accredited as health promotion hospital in both years. The purpose of this study was: 1) to examine health promotion lifestyle profile (HPLP) among employees in the hospital; 2) to explore the relationships of demographic and work characteristics, expectation and utilization of supportive environment for health in the hospital on employees' practice of HPLP; and 3) to determine the most important factors that predict HPLP.

The research subjects was mainly women, university graduated, unmarried, insured, without kid, religious belief or major chronic conditions, and with normal BMI and income level between 40000-59999 NT dollars. The mean age was 30.84+7.94 years old, and perceived health status was 5.91 (SD=1.36, range 3-9). In terms of work characteristics, majority of subjects were from nursing department, working 8-10 hours per day, without regular holidays, required on duty shift, with stand-walking physical activity pattern. The mean working experience was 5.86+4.58 years, and perceived working load was very high (11.05+2.76). The total HPLP was 1.86+ 0.82, indicating that subjects only "occasionally" and "often" practice health promotion behaviors. Comparing 7 subscales of HPLP, subjects ranked highest on work protection (2.19+0.62) and interpersonal support (2.14+0.59), and lowest on exercise (1.17+0.62). On the expectation of supported environment for health, the employees perceived psychological health (4.93+0.70) and cancer prevention (4.43+0.58) were the most urgent, and exercise (4.17+0.70) and weight control (4.12+0.64) the least. On the opposite, employees utilized these environment facilities highest on nutrition (1.25+0.82) and weight control (1.04+0.72), and lowest on tobacco control (0.83+0.83). Factors positively related to HPLP were: married, with faith, income level of 60000-79999 dollars per month, having children and worked as the manager. In addition, age, perceived health status and work experience also positively correlated with HPLP. Perceived working load was on the other hand negatively correlated with HPLP. All subscales of expectation and utilization of supportive environment for health, except cancer prevention, were positively correlated with HPLP. Result of stepwise regression indicated that expectation of the health environment, perceived health status, faith, utilization of the health environment, education, perceived working load, job position could significantly predict HPLP, and could explain 27% of total variance. Reinforce on supportive environment for health was recommended for health promoting hospital accreditation based on results of this study.