醫事人員對吸菸病人執行勸戒行為研究

Factors Associated With Health Professionals Advising Patients to Quit Smoking

中文摘要

吸菸是導致許多疾病及過早死亡的因素。台灣地區 18 歲以上男性成年人吸菸率為 39.56%，近年目前戒菸率雖下降但戒菸意圖亦呈現逐年下降的趨勢。醫事人員是宣導戒菸的主力，可透過醫（護）病關係，推廣健康促進活動，但目前吸菸者表示過去一年中接受醫事人員勸導戒菸的比率僅有 27.4%，故本研究目的係透過調查北部某醫學中心醫事人員探討執行菸害勸戒行為之程度及其相關因素。

本研究採橫斷式研究設計(cross-sectional study design)進行，於 2008 年 10 月期間，以北台灣某醫學中心之醫事人員（醫師、護理人員、藥劑師及營養師）為可及母群體，依選樣標準採分層隨機抽樣方式，篩選 200 位研究樣本，以結構式問卷進行訪談調查。研究工具採自擬之結構式問卷共 70 題，分為五個構面，內容為：個人基本資料與吸菸行為、勸導吸菸病人戒菸的態度-行為信念及結果評值、勸導吸菸病人戒菸的主觀規範-規範信念及依從動機、勸導吸菸病人戒菸的勸戒意圖及實際執行現況、執行菸害勸戒程度的障礙因素，內在一致性 cronbach α 為 0.90。資料分析以 SAS 10.1 版套裝統計軟體進行描述性統計、Kruskal wallis test、Mann-Whitney U test、Spearman correlation 分析。

本研究發現參與研究之醫事人員執行勸導吸菸病人戒菸的程度，介於部份執行至執行間。女性醫事人員執行勸導吸菸病人戒菸的程度顯著高於男性；護理人員是最常勸導吸菸病人戒菸的醫事人員。勸導吸菸病人戒菸的行為信念、結果評價、規範信念及依從動機與勸戒意圖皆成正相關（$r=0.43$, $r=0.52$, $r=0.54$, $r=0.57$; $p<.0001$）；勸戒意圖與菸害勸戒程度亦成正相關（$r=0.81$, $p<.0001$），皆達統計上顯著意義。對於勸導吸菸病人戒菸時所面臨的障礙因素，排序前五項為：「病人的行為很難改變」、「病人目前疾病照護較重要」、「缺乏菸害與勸戒技巧相關教育訓練」、「不知戒菸諮詢專家的確切單位或人員」、「缺乏諮商技巧，故應找諮商專家」。

依本研究結果建議在醫事人員繼續教育中，妥善規劃，發展一套以醫院為主的菸害防制訓練課程，納入醫事倫理、職責訓練、心理諮商技巧訓練、啓發動機訓練及菸害教育訓練，使其在執行工作時，能發揮角色功能，適時提供建議，讓菸害勸戒更有效率。亦建議在養成教育的學校課程中，加入菸害防制訓練課程，加強醫事學生對菸害防制的知能，奠定執業後更能發揮醫事人員的菸害勸戒角色功能及模範。

英文摘要

Tobacco use is a major preventable cause of premature death and disease. Around

40% of men in Taiwan are smokers. Only 27% smokers reported that had ever been advised to quit smoking by health professionals in Taiwan. The purpose of this study was to determine the associated factors with health professionals advising patients to quit smoking.

A cross-sectional study design was conducted in 2008. 200 health professionals were recruited using stratified sampling from a medical center hospital of northern Taiwan. Structured questionnaires with cronbach's α of 0.90 for internal reliability were self administrated by study participants. The research instrument used self-administrated questionnaire, was consisted of five subscales: (a) demographic characteristics (age, gender), professional characteristics (level of education, years of job, position, and types of clinical practice), and smoking habits; (b) attitudes of advising patients to quit smoking; (c) subjective norms of advising patients to quit smoking; (d) attempt of advising patients to quit smoking; (e) The obstacle factors of advising patients to quit smoking. Data were analyzed using Kruskal-Wallis test, Mann-Whitney U test, and Spearman correlation with SAS version 10.1.

The result in this research found the level of advising patients to quit smoking among health professions were partial implement. The score of advising patients to quit smoking among female health professionals were significantly higher than male (5.47 vs. 5.12, $p=0.03$). The score of advising patients to quit smoking among health professionals of nurses were significantly higher than other health professionals ($p=0.006$). The behavioral belief, evaluation, normative belief and motivation to comply of advising patients to quit smoking were significantly correlated with attempt of advising patients to quit smoking ($r=0.43$, $r=0.52$, $r=0.54$, $r=0.57$; $p< .0001$). Attempt of advising patients to quit smoking was significantly highly correlated with behaviors of advising patients to quit smoking ($r=0.82$, $p< .0001$).

The top five obstacle factors of advising patients to quit smoking were「behavior change of patients are very difficult」,「care of disease is more important」,「lack of training of how to advising patients to quit smoking」,「Do not know unit or people of smoking cessation professional」,「lack of consultative skill」.

The major obstacle factors of advising patients to quit smoking among health professionals were related with low perception of importance of patients smoking cessation. The curriculum of health professionals and on-job training should enhance the role of health professionals on smoking cessation to improve their attitude, attempt and behaviors of advising patients to quit smoking.