臺灣結核病防治政策變遷之評估：衛生所護士之觀點.

The Evaluation of The TB Policy Change in Taiwan :Perspectives of Health Station Nurses

中文摘要

台灣結核病防治政策在民國九十年七月有一個重大的改變，新政策取消過去由慢性病防治單位負責之「中心確診」與治療過程「評鑑」制度，建立「及時通報」系統，將結核病診治權回歸所有醫師。

本研究對衛生所護士進行自填式郵寄問卷調查，從她們的觀點，針對台灣結核病防治政策變遷進行評估，瞭解新通報制度對結核病防治工作之執行有何影響，她們對此政策有何見解與建議。

本研究一共發出 678 份問卷，回收之問卷 553 份。總回收率為 81.6%，衛生所參與率達 86.1%。有效問卷有 444 份，有效回收率為 65.5%。回收的有效問卷在轄區分佈上具有代表性。

研究結果發現，衛生所護士對政策效率與政策配套方面持肯定態度，但未肯定診療品質。不同人員特性之衛生所護士，對政策品質有不同評價。不同環境因素之衛生所護士，對於政策影響評估不同。

本研究之政策建議如下：（一）提升醫護人員專業素質；（二）防治政策建議因地制宜，由下而上；（三）加強醫師與衛生所護士間的雙向溝通；（四）以 SARS 防治的經驗來檢討結核病防治政策。

英文摘要

Taiwan tuberculosis control policy underwent a dramatic change in July 2001. Cases no longer had to get confirmation from the agencies of chronic diseases control, the evaluation system of the treatment process was abolished, and an instant notification system was established. The right of tuberculosis diagnosis was given back to the doctors.

The research is conducted with questionnaires distributed to health station nurses by mail. It is designed to evaluate the change of tuberculosis control policy by surveying their views about the influence of the new notification system on tuberculosis control and their opinions and suggestions as to the new policy.

Six hundred and seventy-eight questionnaires were issued, and 553 or 81.6% of them were returned, covering 86.1% of the health stations in Taiwan. Four hundred and forty-four or 65.5% of the questionnaires were usable for analysis. These questionnaires are representative considering the regional distribution of the respondents.

The research finds that the health station nurses are positive about the efficiency and supporting measures of the new policy but take a negative attitude toward the quality of the diagnosis and treatment. Their views about the quality of the policy vary demographically. The environmental factors also influence their views about the

impact of the policy.
The research brings forth the following suggestions about the new policy: 1) the standard of medical workers should be raised; 2) The tuberculosis control policy should adapt to local conditions and be formed from the bottom to the top; 3) The communication between the doctors and nurses at health stations should be improved; 4) The experiences in controlling SARS are applicable to the review of the tuberculosis control policy.