# 台北市西醫與中醫診所之醫師對病人安全的認知與態度

# A Survey of Primary Care Physicians'Perceptions and Attitudes Toward Patient Safety in Taipei


## 中文摘要

由於美國 IOM 於 1999 年所提出的“To Err Is Human: Building a Safer Health System”這份報告書，病人安全成爲最主要的健康議題，也喚醒了醫療機構對病人安全的重視。台灣自 2002 年開始針對醫院及醫院的醫師進行一系列的病人安全研究。然而和基層醫療相關的病人安全研究卻十分稀少，尤其是在醫師的認知與態度的看法部分。

本研究之研究目的爲調查基層醫療之醫師對病人安全相關議題的認知、態度與對未來推行的建議。本研究母群體包括台灣的西醫基層醫師及中醫師。研究採用橫斷性問卷調查研究，隨機抽取登錄於中華民國基層醫療協會及台北市中醫師公會之基層診所醫師寄發自填式問卷，並與基層醫師代表們進行兩次的焦點團體座談會。於 2006 年 1 月至 2006 年 4 月針對西醫與中醫診所寄發 992 份郵寄問卷，共回收西醫 106 份及中醫 48 份之有效問卷，平均回收率爲 15.52%。統計方法包含描述性統計、t 檢定、單因子變異數分析、卡方檢定、複迴歸分析及邏輯斯迴歸分析。主要研究結果如下：

1. 154 位受訪者中，有 31 位(20.1%)的回覆者沒有聽過「病人安全」，僅 60%的基層醫師有聽過 94 年度醫院病人安全工作目標。
2. 35.1%的回覆者認爲政府機關重視病人安全，超過 60%的回覆者認爲醫師重視病人安全。
3. 超過 60%的回覆者認爲要針對基層醫療訂定病人安全目標。
4. 大多數回覆者認爲推行病人安全最大的困難是人力不足（63%），最希望政府提供的協助是提供民眾更多的病人安全相關衛教。
5. 影響基層醫師對病人安全認知的因素包含受訪者是否任教職、受訪者過去參與病人安全研討會及受訪者本身或親友有無接受過醫療不良事件的經驗。
6. 影響基層醫師對病人安全態度的因素包含執業科別、是否爲聯合執業診所、過去參與研討會的經驗、是否任教職及性別。

根據上述結果，本研究提出以下幾點建議：

1. 政府機關宜針對基層診所建立合適之病人安全目標，並加強對民眾的衛教宣導。
2. 基層醫師宜協助政府研擬診所合適的病人安全目標，並主動表達基層需求。
3. 後續研究者宜針對本議題進行更深入的探討及全國性的研究。



## 英文摘要

Patient safety has become a major public health concern following the publication of

the landmark report "To Err Is Human: Building a Safer Health System" by the Institute of Medicine in 1999, and it has helped raise public awareness surrounding the issue of patient safety within healthcare institutions. In Taiwan, a series of patient safety studies focused on hospital and also physicians in the hospital were conducted since 2002. However, few data are available on the issue of patient safety within primary care, especially on physicians' perceptions and attitudes. .

The purpose of this study was to survey the perceptions, attitudes and opinions of primary care physicians (PCPs) regarding patient safety. The PCPs we called in Taiwan also include the doctor of traditional Chinese medicine. This study included a cross-sectional questionnaire survey of a random sample of primary care physicians who registered at Taipei General Practitioner Association and Taipei Chinese Medical Association and two forums by focus group method with representatives of primary care physicians. A questionnaire was sent to the 992 primary care physicians in Taipei from January to April 2006, and one hundred and fifty four PCPs (15.52%) completed and returned the questionnaire. Statistical techniques used for data analysis included descriptive statistics, t-test, one-way ANOVA, Chi-Square, multiple regression analysis and Logistic regression analysis. The main findings were as following:

1. Of the 154 results in the surveys with responses, physicians had been unaware of 31 (20.1%) about "patient safety", and only 60% of PCPs had been aware about "National Patient Safety Goals in Hospital in 2004".
2. Only 35.1% of the respondents considered that the Government paid much attention to patient safety, and over 60% of respondents considered that physicians paid much attention to patient safety.
3. Over 60% of respondents felt that there should be patient safety goals drafted for primary care.
4. The major barriers of PCPs to practice these patient safety goals was lack of enough manpower (63%), and PCPs hope the Government could provide more patient safety information and knowledge to educate the public.
5. There were significant differences in PCPs' perception toward patient safety by whether the physician served as medical college faculty, the past experience of participating in patient safety conference, and whether the physician or his family ever met some medical adverse events.
6. There were significant differences in PCPs' attitude toward patient safety by medical speciality, whether the physician join group practice, the past experience of participating in conference, whether the physician served as medical college faculty, and gender.

Based on the findings, there are three suggestions: (1) the Government should set up patient safety goals drafted for primary care and provide more patient safety information and knowledge to educate the public; (2) the PCPs should assist government set up the patient safety goals appropriate for primary care and express needs of PCPs actively; (3) further researcher can focus on a national-wide research of this issue.