醫院藥師對門診病患提供「用藥指導」的態度與行為意向之研究-以臺北市醫院為例

Pharmacists' Attitude and Behavioral Intention of Patient Counseling in Ambulatory Care - Example of Hospitals in Taipei

中文摘要

近年來，為病患建立一安全的醫療環境，各醫療單位皆努力地改善及建立其設備與系統來預防因人為的疏失導致不良的結果或傷害，以確保病患就醫的權益。在整個用藥的過程中，病患如何正確使用藥物及自我照顧是維繫著病患用藥安全的重要因素。因此藥師在調劑處方後，交付藥物給病患時，需進行用藥指導，以確保民眾的用藥安全及知藥之權益。

本研究根據 Ajzen 所推出的計劃行為理論，設計研究問卷，探討醫院藥師對門診病患提供用藥指導的態度及行為意向。本研究由台北市不同層級醫院各抽出醫學中心 4 家、區域醫院 6 家及地區醫院 10 家，於民國 94 年 4 月 1 日起發放問卷，共發出 544 份，至 94 年 4 月 30 日截止收件，共回收 414 份問卷，有效回收率為 71.87%。

主要研究結果如下：

一、藥師個人特質與提供門診病患「用藥指導」上的態度無顯著的差異。

二、藥師個人特質與提供門診病患「用藥指導」上的主觀規範無顯著的差異。

三、藥師個人特質與提供門診病患「用藥指導」上的行為控制認知無顯著的差異。

四、藥師個人特質與提供門診病患「用藥指導」上的行為意向無顯著的差異。

五、藥師之「態度」、「主觀規範」、「行為控制認知」在提供用藥指導的「行為意向」上有顯著的相關性，但只有「態度」與「主觀規範」對其俱影響力。

六、區域醫院與地區醫院之處方量雖較醫學中心為少，但藥師在發藥時要負的職責，包括藥品核對、處方判斷及用藥指導等，比醫學中心為多。

英文摘要

To build a safer healthcare environment, lots of healthcare organizations have tried to improve their facilities and systems in recent years. Many efforts had been made to prevent medication errors due to negligence of healthcare providers. For medication treatment, how to use the medicines correctly is very important that patients have to know. Pharmacists play a key role in the whole medication process. After dispensing the prescription, a pharmacist should conduct patient counseling when handing over the medicine to the patient in order to increase medication safety and reduce medication errors.

The research questionnaire was developed based on Ajzen's "Theory of Planned

Behavior" to explore pharmacists' attitude and behavioral intention of patient counseling in ambulatory care. Subjects were selected from different levels of hospitals in Taipei, including four medical centers, six regional hospitals and ten district hospitals. A total of 544 questionnaires were mailed from April 1, 2005 to April 30, 2005. Finally, 414 questionnaires were returned, with an effective response rate of 71.87%.

Results of this research were as follows:

1. There was no significant difference for pharmacists' attitude among different levels of hospitals.
2. There was no significant difference for pharmacists' subject norm among different levels of hospitals.
3. There was no significant difference for pharmacists' perceived behavioral control among different levels of hospitals.
4. There was no significant difference for pharmacists' behavioral intention of patient counseling among different levels of hospitals.
5. There was a significant relationship between pharmacists' attitude, subject norm, perceived behavioral control and behavioral intention of patient counseling. However, only the pharmacists' attitude and subject norm had significant effects on the behavioral intention of patient counseling.
6. Although the amount of prescription in regional hospitals and district hospitals was less than

that of medical centers, pharmacists in regional hospitals and district hospitals were responsible for more duties including re-checking, screening prescription and providing patient counseling than their in medical centers. They needed more time to provide patient counseling; consequently, their workload was heavier and work time was longer.