比較住院病人與醫療人員對病人權利之看法 -----以臺北市立聯合醫院爲例

To Compare the Viewpoint of Patient Rights Between Inpatient & Medical Staff --- A Case of Taipei City Hospital

中文摘要

本研究旨在了解住院病人和醫療人員對病人權利之重視程度，並比較其重視程度之差異，以及住院病人對病人權利獲得程度與醫療人員執行程度之差異。採橫斷式研究設計，以臺北市立聯合醫院爲例，針對七個有收住院病人之院區，採隨機抽樣方式選取個案，自 98 年 3 月 16 日起至 98 年 3 月 31 日止，經過聯合醫院之 IRB 審核通過，並取得院方同意後，進行資料收集，此期間共發出問卷 600 份（醫療人員 300 份、住院病人 300 份），回收問卷 583 份，回收率 97.2%，總計有效樣本 541 份（醫療人員 283 份、住院病人 258 份），有效回收率爲 90.2%。研究工具採自擬「病人權利量表」，本量表經信效度檢定，效度採專家效度和建構效度，信度採內在一致性檢定，Cronbach’ s α 值爲 .90。

本研究結果：1.醫療人員對病人權利重視程度（M=4.52, SD=0.66）明顯比住院病人（M=4.28, SD=0.86）高，顯示醫療人員比住院病人更重視病人權利。2.醫療人員對病人權利執行程度（M=4.13, SD=0.96）明顯比住院病人（M=3.67, SD= 1.18）獲得程度高，且呈現統計學上的顯著差異，顯示病人與醫療人員之間的訊息交換出現障礙，易影響醫病關係，及降低服務滿意度。3.住院病人對病人權利重視程度比獲得程度高，且呈現統計學上的顯著差異（t＝8.39***，差值＝0.15），顯示病人期望的比實際獲得的高，此易造成病人的不滿，值得注意。醫療人員對病人權利之重視程度高於實際執行程度，且呈現統計學上的顯著差異（t＝10.54***，差值＝0.08）。此應進一步探討爲何重視但卻未執行。4.病人之年齡越大、教育程度越低、有宗教信仰及社經地位較低者對病人權利重視程度較低，重症加護單位的病人對病人權利獲得程度最低；醫療人員之年齡越大、男性、醫師及臨床工作年資未滿 1 年及 7~9 年者對病人權利重視程度較低，重症加護單位的醫療人員對病人權利重視程度及執行程度最高；臨床工作越資深者對於病人權利執行程度越高。

住院病人對病人權利重視程度比獲得程度高，可能造成對權利獲得的不滿，對治療服務不滿，增加醫療糾紛的發生率，值得關注。醫療人員對病人權利重視程度比執行程度高，表示醫療人員未執行自己認爲應該提供給病人的權利，其中影響因素很多，可能是醫院的政策與制度、病人未要求，醫療人員不知如何做、沒時間做等等，此須再進一步探究。值得讚許的是，醫療人員比住院病人對病人權利重視程度高，但住院病人獲得程度卻比醫療人員執行程度低，因此未來應該更積極去思考，如何讓醫療人員能落實執行所重視的病人權利內容。未來各醫療機構可利用本研究所擬之病人權利量表，了解病人權利落實情形，並針對未執行事

項，研擬配套方案，使病人和醫療人員對病人權利的重視、獲得和執行間取得平衡，相信對於未來的醫病關係、醫療照護品質和病人服務滿意度會有提升的作用。

英文摘要

Objective: The purposes of this study are to knowledge the attach-importance-degree of inpatients & medical staffs and their comparison of degree-difference of Patient-rights, also the differences between inpatients obtainable degrees and the medical staff executive degrees. Methods: Using a cross-sectional design with Taipei City Hospital as an example, and using random sample method for selecting cases; from March 16 ~31, 2009. This design passed the audit through the Union Hospital IRB and also hospital agreement in collecting data. We sent out questionnaires 600 sets and returned back 583 sets, with the return rate 97.2%. Total effective sample has 541 sets (medical staff 283 sets, inpatient 258 sets), effective return rate is 90.2%. A 41-item inventory of "Patient-rights measurement-form" had passed through the creditable reliability procedures. Content Validity uses specialist & construct. Reliability is uses internal consistency. Cronbach α is 0.90. Results: The important results as 1.The agreement of Patient-rights is predominantly higher in medical staffs (M=4.52, SD=0.66) than inpatients (M=4.28, SD=0.86). It shows medical staff more attention than inpatient in "patient-right" and anticipation. 2. The executive degrees (M=4.13, SD=0.96) of Patient-rights are predominantly higher in medical staff than inpatient obtainable degrees (M=3.67, SD=1.18). It reveals statistically differences. Showing the medical information exchange between patient & staff appears problems, it is easily to influence the doctor & patient relationship and decreasing medical staff service satisfaction. 3. Inpatient has higher attach-importance-degree than obtainable-degree of Patient-rights (t＝8.39***, difference value＝0.15). Both are shown statistically high differences. That means patient-anticipate is higher than actual-obtain. This is easily to make patient dissatisfaction. Attach-importance-degree of medical staff is higher than actual executive degree of Patient rights, also statistically predominant differences (t＝10.54***, difference value＝0.08); This should further explore why they agree but not actual execution? 4. The patients with the elder the ages, the lower the educational level, the lower social-economic position and religious brief, have the lower attach-importance-degree of patient-rights: The Intensive-care-unit patients have the lowest privileged-degree of Patient-rights. The medical staffs with males, doctors and years of clinical work not yet 1 year or 7to9 years of clinical work, have the lower attach-importance-degree of Patient-rights. Intensive care unit medical staff to attach-importance-degree and executive degree of the Patient–rights is the highest; the older the ages of the clinical workers offer, the

higher the executive-degree of Patient-rights. Conclusions: The inpatient has higher attach-importance-degree than obtainable degree of Patient-rights, so it may make the dissatisfaction in Patient-rights and treatment-service, The attach-importance-degree is higher than executive-degree of Patient-rights in medical staff, It may due to the hospital policy & system and etc, the attach-importance-degree of patient rights in medical staff is higher than inpatient, but obtainable of inpatient is lower than executive-degree of medical staff. Let more medical institutions to take this study as examples: to plan Patient-rights measurement-form, and future-project, to improve doctor and patient relationship, to enhance medical-care quality.