

DEPARTMENT OF HEALTH
衛生署

2021 Health Manpower Survey on Midwives
2021 年有關助產士的醫療衛生服務人力統計調查

Please read the explanatory notes in the Appendix before completing this questionnaire. **Please tick (✓) as appropriate for answers with selection boxes provided.** To keep your personal data in strict confidence, please put the completed questionnaire in the 'RESTRICTED' envelope provided and have it properly sealed before return. 填寫問卷前，請參閱附錄的註釋。如答案旁邊設有方格，請在適當的方格內加上「✓」號。為確保你的個人資料得以保密，請於遞交前把填妥的問卷放進所提供的「限閱文件」信封內封妥。

A. **PERSONAL DATA** 個人資料

1. Sex 性別 1 Male 男 2 Female 女
2. Year of birth 出生年份

3. Which of the following best describes your work status **as at 31.7.2021**?

下列哪項最符合你於 **2021 年 7 月 31 日** 的就業情況？

"Practising in midwifery / nursing profession" includes the practice of midwifery / nursing, or work that is principally related to the discipline of midwifery / nursing. This includes research, administration and teaching in the field of midwifery / nursing.
「從事助產學／護理專業」包括從事助產學／護理專業，或從事主要關乎助產學／護理專科的工作。所涉及的範疇包括助產學／護理領域的研究、行政及教學工作。

1 Practising in Hong Kong Special Administrative Region in midwifery / nursing profession → (Go to Question 4)
在香港特別行政區從事助產學／護理專業 (請答第 4 題)

4 Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in midwifery / nursing profession → (Go to Question 14)
在中國內地或中國其他地區（不包括香港特別行政區）從事助產學／護理專業 (請答第 14 題)

3 Practising overseas in midwifery / nursing profession → (Go to Question 14)
在海外從事助產學／護理專業 (請答第 14 題)

2 Not practising in midwifery / nursing profession → (Go to Question 10)
並非從事助產學／護理專業 (請答第 10 題)

B. **PRESENT MAIN EMPLOYMENT as at 31.7.2021** 現時的主要就業情況 (2021 年 7 月 31 日的情況)

4. Where is / are your practice location(s)?
你在哪個地區執業？

1 HK 香港 2 Kln 九龍 3 N.T. 新界 8 Others (Please specify) _____
其他 (請說明)

- 5.(a) Please indicate the type of institution in which you worked in the midwifery / nursing profession **as at 31.7.2021**.
請註明你於 **2021 年 7 月 31 日** 在哪類型機構從事助產學／護理專業工作。

If you have more than one job in midwifery / nursing profession, please indicate the type of institution of your main job in which you spent most of your working time.

如你從事多於一份助產學／護理專業工作，請說明佔用你最多工作時間的主要職位所屬機構類別。

01 Government 政府 02 Hospital Authority 醫院管理局 03 Academic institution 學術機構
 04 Subvented organisation (Go to Question 5b) 資助機構 (請答第 5b 題) 14 Private organisation (Go to Question 5b) 私營機構 (請答第 5b 題)

- 5.(b) Please specify the type of institution of your main job if its nature is **subvented or private organisation**.
如你的主要職位所屬機構為 **資助或私營機構**，請說明有關機構的類別。

05 Elderly home (Note 1) 安老院 (註 1) 16 General practitioner's clinic (Note 2) 私家醫生醫務所 (註 2) 06 Medical clinic (Note 3) 診療所 (註 3)
 17 Nursery and child care centre (Note 4) 託兒所及幼兒中心 (註 4) 09 Nursing home (Note 5) 護養院 (註 5) 11 Private hospital (Note 6) 私家醫院 (註 6)
 12 Rehabilitation institution (Note 7) 復康機構 (註 7) 13 Others (Please specify) 其他 (請說明) _____

5.(c) What was your employment status in the midwifery / nursing profession **as at 31.7.2021**?

你於 2021 年 7 月 31 日在助產學／護理專業內屬何僱傭類別？

1 Employee 僱員

2 Self-employed / Employer (Note 8) 自僱人士／僱主 (註 8)

5.(d) Please indicate the main area of work for your present position. **(Please ✓ one box only)**

請說明現任職位中主要的工作範疇。(請只選一個方格加上✓號)

<input type="checkbox"/> 10 Accident & Emergency 急症	<input type="checkbox"/> 11 Ambulatory Care / Outpatients 普通科／門診	<input type="checkbox"/> 12 Gynaecology 婦科
<input type="checkbox"/> 13 Medicine 內科	<input type="checkbox"/> 14 Mental Health / Psychiatry / Addiction Treatment 精神健康／精神科／戒毒	<input type="checkbox"/> 15 Obstetrics 產科
<input type="checkbox"/> 16 Occupational Health 職業健康	<input type="checkbox"/> 17 Paediatrics 兒科	<input type="checkbox"/> 18 Public Health 公共衛生
<input type="checkbox"/> 19 Rehabilitation 康復	<input type="checkbox"/> 20 Residential Care 院舍護理	<input type="checkbox"/> 21 Surgery 外科
<input type="checkbox"/> 22 Visiting Nurse 社康護士	<input type="checkbox"/> 06 Administration / Management 行政／管理	<input type="checkbox"/> 07 Teaching 教學
<input type="checkbox"/> 08 Research 研究	<input type="checkbox"/> 09 Others (Please specify) 其他 (請說明)	

5.(e) Please indicate the proportion of time you spent in your present position.

請把現任職位中用於各工作範疇的工作時間比例填於下表內。

Area of Work 工作範疇	Code 編碼	Percentage of time spent 所佔工作時間的百分率
Accident & Emergency 急症	10	%
Ambulatory Care / Outpatients 普通科／門診	11	%
Gynaecology 婦科	12	%
Medicine 內科	13	%
Mental Health / Psychiatry / Addiction Treatment 精神健康／精神科／戒毒	14	%
Obstetrics 產科	15	%
Occupational Health 職業健康	16	%
Paediatrics 兒科	17	%
Public Health 公共衛生	18	%
Rehabilitation 康復	19	%
Residential Care 院舍護理	20	%
Surgery 外科	21	%
Visiting Nurse 社康護士	22	%
Administration / Management 行政／管理	06	%
Teaching 教學	07	%
Research 研究	08	%
Others (Please specify) 其他 (請說明)	<i>No abbreviation please</i> 請勿使用縮寫	09
Total 總數		100 %

5.(f) On average, how many **actual working hours per week** did you have in your present position(s)?

平均來說，你於現任職位每週實際工作多少個小時？

(i) Hours of work per week (excluding meal breaks) 每週工作時數 (不計用膳時間)	Hours 小時
(ii) Hours of on-call duty per week (excluding normal duty) 每週隨時候召工作時數 (不計日常職務時間)	Hours 小時

C. PROFESSIONAL QUALIFICATIONS HELD 所持專業醫療衛生資格

6.(a) Please indicate your **earliest basic qualification** obtained in midwifery / nursing profession (Note 9).
(Please ✓ one box only)

請註明你在助產學／護理專業方面**最早**具備的**基本資格** (註 9)。(請只選一個方格加上✓號)

- | | | | | | | | |
|-----------------------------|---|-----------------------------|-----------------------------------|-----------------------------|---|-----------------------------|---------------------------|
| <input type="checkbox"/> 20 | Student/Pupil Nurse Training
註冊/登記護士學生培訓 | <input type="checkbox"/> 21 | Pupil Midwife Training
助產士學生培訓 | <input type="checkbox"/> 11 | Higher Diploma
高級文憑 | <input type="checkbox"/> 12 | Bachelor's Degree
學士學位 |
| <input type="checkbox"/> 13 | Post-graduate Diploma
深造文憑 | <input type="checkbox"/> 14 | Master's Degree
碩士學位 | <input type="checkbox"/> 19 | Others (Please specify)
其他 (請說明) _____ | | |

6.(b) Where is the issuing country / territory of your **earliest basic qualification** obtained in midwifery / nursing profession (Note 9)?

你在助產學／護理專業方面**最早**具備的**基本資格**由哪個國家／地區頒授 (註 9)?

- | | | | |
|-----------------------------|--------------|-----------------------------|-------------------|
| <input type="checkbox"/> 01 | Hong Kong 香港 | <input type="checkbox"/> 02 | Overseas 海外 _____ |
|-----------------------------|--------------|-----------------------------|-------------------|
- (Please specify the country / territory 請註明國家／地區)

7.(a) Did you receive or are you receiving **additional training**, which is relevant to the midwifery / nursing profession (Note 10)?

你是否曾經或正在接受有關助產學／護理專業的**額外訓練** (註 10)?

- | | | | | | |
|----------------------------|----------|-----------------------------------|----------------------------|---------|---------------------------------|
| <input type="checkbox"/> 1 | Yes
是 | (Go to Question 7b)
(請答第 7b 題) | <input type="checkbox"/> 2 | No
否 | (Go to Question 8)
(請答第 8 題) |
|----------------------------|----------|-----------------------------------|----------------------------|---------|---------------------------------|

7.(b) Please indicate the **highest level** of additional training, which is relevant to the midwifery / nursing profession you received (Note 10). (Please ✓ one box only)

請註明你所完成有關助產學／護理專業的額外訓練所達至的**最高程度** (註 10)。(請只選一個方格加上✓號)

- | | | | | | | | |
|-----------------------------|---|-----------------------------|-------------------------------|-----------------------------|---------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> 01 | Certificate
證書 | <input type="checkbox"/> 07 | Diploma
文憑 | <input type="checkbox"/> 08 | Associate Diploma
專科文憑 | <input type="checkbox"/> 11 | Higher Diploma
高級文憑 |
| <input type="checkbox"/> 12 | Bachelor's Degree
學士學位 | <input type="checkbox"/> 13 | Post-graduate Diploma
深造文憑 | <input type="checkbox"/> 14 | Master's Degree
碩士學位 | <input type="checkbox"/> 15 | Doctoral Degree
博士學位 |
| <input type="checkbox"/> 18 | Others (Please specify)
其他 (請說明) _____ | | | | | | |
| <input type="checkbox"/> 19 | Not applicable, as the additional training has not yet been completed.
不適用，因為額外訓練尚未完成。 | | | | | | |

7.(c) Please indicate below the field(s) in which you received or are receiving **additional training**, which is relevant to the midwifery / nursing profession. (Note 10) (You may tick ✓ more than one box)

請在下方註明你曾經或正在接受有關助產學／護理專業的**額外訓練**所屬的範疇 (註 10)。(你可在多於一個方格內加上✓號)

- | | | | | | | | |
|------------------------------|---------------------------------------|------------------------------|---|------------------------------|----------------------------------|------------------------------|--|
| <input type="checkbox"/> 030 | Community Health
社康護理/社區健康 | <input type="checkbox"/> 031 | Coronary Care Nursing
心臟病護理 | <input type="checkbox"/> 032 | Ear, Nose & Throat
耳、鼻、喉科 | <input type="checkbox"/> 033 | Emergency/First Aid Nursing
急症/急救護理 |
| <input type="checkbox"/> 034 | Family Planning
家庭計劃 | <input type="checkbox"/> 035 | Gastroenterology
胃腸科 | <input type="checkbox"/> 056 | General Nursing
普通科護理 | <input type="checkbox"/> 036 | Geriatric Nursing
老人科護理 |
| <input type="checkbox"/> 037 | Health Education/Promotion
健康教育/推廣 | <input type="checkbox"/> 038 | Hospice Nursing
善終護理 | <input type="checkbox"/> 039 | Intensive Care Nursing
深切治療護理 | <input type="checkbox"/> 040 | Mental Health Nursing
精神健康護理 |
| <input type="checkbox"/> 041 | Midwifery
助產學 | <input type="checkbox"/> 042 | Neonatal Intensive Nursing
初生特別護理 | <input type="checkbox"/> 043 | Nephrology
腎病科 | <input type="checkbox"/> 044 | Nursing Administration
護理行政科 |
| <input type="checkbox"/> 045 | Nursing Education
護理教育 | <input type="checkbox"/> 046 | Occupational Nursing
職業病護理 | <input type="checkbox"/> 047 | Oncology Nursing
腫瘤科護理 | <input type="checkbox"/> 048 | Orthopaedics & Traumatology
整形學及創傷學 |
| <input type="checkbox"/> 049 | Paediatric Nursing
兒科護理 | <input type="checkbox"/> 050 | Public Health Nursing
公共衛生護理 | <input type="checkbox"/> 051 | Rehabilitation
復康科 | <input type="checkbox"/> 052 | Respiratory Nursing
呼吸系統護理 |
| <input type="checkbox"/> 053 | Surgical Nursing
外科護理 | <input type="checkbox"/> 024 | Others (Please specify)
其他 (請說明) _____ | | | | |

8.(a) How many points / hours of Post-registration Education in Midwifery (PEM) training did you receive **during the period of 1.8.2020 to 31.7.2021?**

在 2020 年 8 月 1 日至 2021 年 7 月 31 日期間，你在持續助產士教育修滿多少分數／小時？

- | | | | | | |
|----------------------------|---|----------------------------|---------------------------------------|----------------------------|---|
| <input type="checkbox"/> 1 | 1 to 5 points / hours
1 至 5 分／小時 | <input type="checkbox"/> 2 | 6 to 10 points / hours
6 至 10 分／小時 | <input type="checkbox"/> 3 | 11 to 15 points / hours
11 至 15 分／小時 |
| <input type="checkbox"/> 4 | 16 to 20 points / hours
16 至 20 分／小時 | <input type="checkbox"/> 5 | Above 20 points / hours
多於 20 分／小時 | <input type="checkbox"/> 8 | Not applicable
不適用 |

8.(b) How many points / hours of Continuing Nursing Education (CNE) training did you receive **during the period of 1.8.2020 to 31.7.2021?**

在 2020 年 8 月 1 日至 2021 年 7 月 31 日期間，你在持續護理教育修滿多少分數／小時？

- | | | | | | |
|----------------------------|---|----------------------------|---------------------------------------|----------------------------|---|
| <input type="checkbox"/> 1 | 1 to 5 points / hours
1 至 5 分／小時 | <input type="checkbox"/> 2 | 6 to 10 points / hours
6 至 10 分／小時 | <input type="checkbox"/> 3 | 11 to 15 points / hours
11 至 15 分／小時 |
| <input type="checkbox"/> 4 | 16 to 20 points / hours
16 至 20 分／小時 | <input type="checkbox"/> 5 | Above 20 points / hours
多於 20 分／小時 | <input type="checkbox"/> 8 | Not applicable
不適用 |

9. Are you currently holding valid practising certificate(s) of statutorily registered healthcare professionals in Hong Kong other than Midwife? (**You may tick ✓ more than one box**)

除助產士外，你現在有沒有持有其他香港法定註冊醫護專業人員的有效執業證明書？(你可在多於一個方格內加上✓號)

- Yes →
- | | | | | | | | |
|-----------------------------|--|-----------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--|
| <input type="checkbox"/> 13 | Enrolled Nurse
登記護士 | <input type="checkbox"/> 14 | Registered Nurse
註冊護士 | <input type="checkbox"/> 01 | Chiropractor
脊醫 | <input type="checkbox"/> 02 | Medical Laboratory Technologist
醫務化驗師 |
| <input type="checkbox"/> 05 | Occupational Therapist
職業治療師 | <input type="checkbox"/> 06 | Optometrist
視光師 | <input type="checkbox"/> 08 | Physiotherapist
物理治療師 | <input type="checkbox"/> 09 | Radiographer
放射技師 |
| <input type="checkbox"/> 10 | Others (<i>Please specify</i>)
其他 (請說明) _____ | | | | | | (Go to Question 14)
(請答第 14 題) |
- No → 11 Not holding valid practising certificate other than Midwife
沒有持有助產士以外的執業證明書

D. THOSE NOT PRACTISING IN THE MIDWIFERY / NURSING PROFESSION
並非從事助產學／護理專業的人士

10. If someone offered you a job in midwifery / nursing profession, were you available for work in the **past 7 days?**
如有人聘用你擔任助產學／護理專業工作，你能否在過去 7 天內上任？

- | | | | | | |
|----------------------------|-----------|-----------------------------------|----------------------------|-----------|-----------------------------------|
| <input type="checkbox"/> 1 | Yes
能夠 | (Go to Question 12)
(請答第 12 題) | <input type="checkbox"/> 2 | No
不能夠 | (Go to Question 11)
(請答第 11 題) |
|----------------------------|-----------|-----------------------------------|----------------------------|-----------|-----------------------------------|

11. Why were you **not available** for work in the past 7 days?
請說明你**不能夠**在過去 7 天內上任的原因。

- | | | | |
|----------------------------|------------------------------|----------------------------|--|
| <input type="checkbox"/> 1 | Temporary sickness
暫時有病在身 | <input type="checkbox"/> 2 | Others (<i>Please specify</i>)
其他 (請說明) _____ |
|----------------------------|------------------------------|----------------------------|--|

12. Did you seek work in midwifery / nursing profession during the **past 30 days?**
你在過去 30 天內有沒有尋找助產學／護理專業的工作？

- | | | | | | |
|----------------------------|----------|-----------------------------------|----------------------------|----------|-----------------------------------|
| <input type="checkbox"/> 5 | Yes
有 | (Go to Question 14)
(請答第 14 題) | <input type="checkbox"/> 4 | No
沒有 | (Go to Question 13)
(請答第 13 題) |
|----------------------------|----------|-----------------------------------|----------------------------|----------|-----------------------------------|

13. Why did you **not seek work** in midwifery / nursing profession during the past 30 days? (*Please tick ✓ one box only.*)
請說明你在過去 30 天內**沒有尋找**助產學／護理專業工作的原因。(請只選一個方格加上✓號)

- | | | | |
|-----------------------------|--|-----------------------------|---|
| <input type="checkbox"/> 07 | Believe no work available in midwifery / nursing profession (job-seeking effort made in the past)
相信助產學／護理專業暫無空缺 (曾經盡力尋找工作) | <input type="checkbox"/> 08 | Expect to return to original job in midwifery / nursing profession
期待重返原任的助產學／護理專業崗位 |
| <input type="checkbox"/> 02 | Emigrated
移民 | <input type="checkbox"/> 10 | Start business in midwifery / nursing profession at subsequent date
即將開展助產學／護理專業的生意 |
| <input type="checkbox"/> 12 | Engaged in household duties
料理家務 | <input type="checkbox"/> 11 | Wait to take up new job in midwifery / nursing profession
等待出任有關助產學／護理專業的新職位 |
| <input type="checkbox"/> 01 | Retired
退休 | <input type="checkbox"/> 13 | Want to take rest / No motive to work / No financial need
希望休息／不想工作／財政上沒有需要 |
| <input type="checkbox"/> 05 | Working in other profession
從事其他行業 | | |
| <input type="checkbox"/> 06 | Others (<i>Please specify</i>)
其他 (請說明) _____ | | |

E. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY (OPTIONAL)
聯絡資料 (可選擇填寫，以便有需要時跟進)

- | | |
|--|--|
| 14. Name of contact person
聯絡人姓名: _____ | 15. Contact telephone number(s)
聯絡電話號碼: _____ |
| 16. Would you like to fill in the electronic questionnaire from the internet in the future?
閣下將來是否願意填寫電子問卷?
<input type="checkbox"/> 1 Yes 是 <input type="checkbox"/> 2 No 否 | 17. Email of contact person
聯絡人電郵: _____ |

~End of Questionnaire. Thank you for your participation 問卷完，多謝填寫問卷~