

DEPARTMENT OF HEALTH

衛生署

2011 Health Manpower Survey on Midwives 2011 年有關助產士的醫療衛生服務人力統計調查

Please read the explanatory notes on 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 1 9 7 0

3. Which of the following best describes your work status as at 31.8.2011?

下列哪項最符合你於 2011 年 8 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
在香港特別行政區從事助產學／護理專業

→ (Go to Question 4)
(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
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

→ (Thank you and no further questions)
(問卷完，多謝合作)

☐ 3 Practising overseas in midwifery/nursing profession
在海外從事助產學／護理專業

→ (Thank you and no further questions)
(問卷完，多謝合作)

☐ 2 Not practising in midwifery/nursing profession
並非從事助產學／護理專業

→ (Go to Question 12)
(請答第 12 題)

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) _____

B. PRESENT MAIN EMPLOYMENT as at 31.8.2011 現時的主要受僱工作 (2011 年 8 月 31 日的情況)

5.(a) Please indicate the type of institution in which you worked in the midwifery/nursing profession **as at 31.8.2011**.

請註明你於 2011 年 8 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。

<input type="checkbox"/> 01 Government 政府	<input checked="" type="checkbox"/> 02 Hospital Authority 醫院管理局	<input type="checkbox"/> 03 Academic institution 學術機構
<input type="checkbox"/> 04 Subvented organization 資助機構 (Please specify 請說明) _____		

Private institution:
私營機構：

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

5.(b) What was your employment status in the midwifery/nursing profession **as at 31.8.2011**?

你於 2011 年 8 月 31 日在助產學／護理專業內屬何僱傭類別？

<input checked="" type="checkbox"/> 1 Employee 僱員	<input type="checkbox"/> 2 Self-employed / Employer (Note 8) 自僱人士／僱主(註 8)
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5.(c) 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 / Outpatients 普通科／門診	11	%
Gynaecology 婦科	12	80 %
Medicine 內科	13	%
Mental Health / Psychiatric / Addiction Treatment 精神健康／精神科／戒毒	14	%
Obstetrics 產科	15	20 %
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 其他 (Please specify 請說明) _____ (No abbreviation please) (請勿使用縮寫)	09	%
Total 總數		100 %

5.(d) 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)	45	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)	12	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 checked="" 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 其他 (Please specify 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 checked="" 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)
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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 checked="" 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)
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7.(b) Please indicate the **highest level** of additional training, which is relevant to the midwifery/nursing profession you have received. (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。(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 checked="" 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 其他 (Please specify 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 checked="" 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 checked="" 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 其他 (Please specify 請說明) _____		

8. How many points/hours of Post-registration Education in Midwifery (PEM)/Continuing Nursing Education (CNE) training did you receive **during the period of 1.9.2010 to 31.8.2011**?

在 2010 年 9 月 1 日至 2011 年 8 月 31 日期間，你在持續助產士教育／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 checked="" 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 checked="" 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 其他 (Please specify 請說明) _____						
No →	<input type="checkbox"/> 11	Not holding valid practising certificate other than Midwife 沒有持有其他有效的執業證明書						

D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY 聯絡資料 (以便有需要時跟進)

10. Name of contact person CHAN MEI MEI
 聯絡人姓名 _____

11. Contact telephone number(s) 9876 5432
 聯絡電話號碼 _____

~ Thank you and no further questions 問卷完，多謝合作 ~

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

12. 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 14) (請答第 14 題)	<input type="checkbox"/> 2	No 不能夠	(Go to Question 13) (請答第 13 題)
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13. 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 其他 (Please specify 請說明) _____
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14. 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	(Thank you and no further questions) (問卷完，多謝合作)	<input type="checkbox"/> 4	No 沒有	(Go to Question 15) (請答第 15 題)
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15. 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"/> 12	Engaged in household duties 料理家務
<input type="checkbox"/> 02	Emigrated 移民	<input type="checkbox"/> 01	Retired 退休
<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"/> 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"/> 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"/> 05	Working in other profession 從事其他行業
<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"/> 06	Others 其他 (Please specify 請說明) _____		

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