

DEPARTMENT OF HEALTH
衛生署

2004 Health Manpower Survey on Nurses and Midwives
2004 年有關護士及助產士的醫療衛生服務人力統計調查

*If you received more than one questionnaire on nurses and midwives, please **complete one questionnaire only**.*

如你收到多於一份有關護士及註冊助產士的問卷，請只填寫其中一份問卷。

Please read the explanatory notes on Appendix 1 before completing this questionnaire. **Please tick ✓ as appropriate for answers with boxes.** 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，請參閱附錄一的註釋。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，請把填妥的問卷放入夾附的「限閱文件」信封內妥為密封，然後交回。

A. PERSONAL DATA 個人資料

1. Sex 性別 Male 男 Female 女

2. Date of birth 出生日期 Year 年 Month 月

3. Are you currently holding more than one valid practising certificate of statutorily registered healthcare professionals in Hong Kong (Note 1)? (*If you are currently holding the valid practising certificates on enrolled nurse, registered nurse and midwife, it should be count as three different types of practising certificates.*)
你現在是否持有多於一張香港法定註冊醫護專業人員的有效執業證明書 (註一)? (如同時持有登記護士、註冊護士及助產士的有效執業證明書，應視之為三種不同類別的執業證明書計算。)

Yes (Go to Question 4)
是 (請答第 4 題)

No (Go to Question 5)
否 (請答第 5 題)

4. Please indicate all types of valid practising certificate(s) you are currently holding (Note 1)? (**You may tick ✓ more than one box.** *If you are holding more than one valid practising certificate on enrolled nurse, registered nurse or midwife, please specify your registration number(s) under each type of practising certificate.*)

請註明你現持的所有有效執業證明書類別 (註一)。(你可在多於一個方格內加上 ✓ 號。如持有多於一張登記護士、註冊護士或助產士的有效執業證明書，請註明各執業證明書的註冊編號。)

Enrolled Nurse (General)
登記護士(普通科)
Reg. No. 註冊編號 _____

Enrolled Nurse (Psychiatric)
登記護士(精神科)
Reg. No. 註冊編號 _____

Registered Nurse (General)
註冊護士(普通科)
Reg. No. 註冊編號 _____

Registered Nurse (Psychiatric)
註冊護士(精神科)
Reg. No. 註冊編號 _____

Registered Nurse (Mental Subnormal)
註冊護士(弱智人士科)
Reg. No. 註冊編號 _____

Registered Nurse (Sick Children)
註冊護士(病童護理科)
Reg. No. 註冊編號 _____

Midwife Reg. No. 助產士 註冊編號 _____

Others 其他 (Please specify 請說明) _____

5. Which of the following best describes your work status **as at 31.8.2004**?

"Practising in the nursing/midwifery profession" includes the practice of nursing/midwifery, or work that is principally related to the discipline of nursing/midwifery. This includes research, administration and teaching in the field of nursing/midwifery.

下列哪項最符合你於 2004 年 8 月 31 日的工作情況?

「從事護理/助產學專業」包括從事護理/助產學專業，或從事主要關乎護理/助產學專科的工作，所涉及的範疇包括護理/助產學領域的研究、行政及教學工作。

Practising in Hong Kong in the nursing/midwifery profession → Rank held (Go to Question 6)
在香港從事護理/助產學專業 職級 _____ (請答第 6 題)

Practising overseas in the nursing/midwifery profession → (Thank you and no further questions)
在海外從事護理/助產學專業 (問卷完，多謝合作)

Practising in the Mainland China in the nursing/midwifery profession → (Thank you and no further questions)
在中國內地從事護理/助產學專業 (問卷完，多謝合作)

Not practising in the nursing/midwifery profession → (Go to Question 13)
並非從事護理/助產學專業 (請答第 13 題)

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

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

B. PRESENT EMPLOYMENT as at 31.8.2004 現時的受僱工作 (2004年8月31日的情況)

7.(a) Please indicate the type(s) of institution in which you worked in the nursing/midwifery profession **as at 31.8.2004**.
請註明你於2004年8月31日在哪類機構從事護理/助產學專業工作。

Type of Institution 機構類別		Main Job (Note 2) 主要職位 (註二) Please tick ✓ one box only 請只選一個方格加上✓號	2nd Job (Note 2) 次要職位 (註二) Please tick ✓ one box only 請只選一個方格加上✓號
Government 政府			
Hospital Authority 醫院管理局			
Academic institution 學術機構			
Subvented organization 資助機構 (Please specify 請說明)		_____	_____
Private institution 私營機構	Elderly home (Note 3) 安老院(註三)		
	General practitioner's clinic (Note 4) 私家醫生醫務所(註四)		
	Medical clinic (Note 5) 診療所(註五)		
	Nursery and child care centre (Note 6) 託兒所及幼兒中心(註六)		
	Nursing home (Note 7) 護養院(註七)		
	Private hospital (Note 8) 私家醫院(註八)		
	Rehabilitation institute (Note 9) 復康機構(註九)		
Special school (Note 10) 特殊學校(註十)			
Other private institution 其他私營機構 (Please specify 請說明)		_____	_____

7.(b) What was your employment status in the nursing/midwifery profession **as at 31.8.2004**?
(Please ✓ one box in each column only.)
你於2004年8月31日在護理/助產學專業內屬何僱傭類別？(請在每欄只選一個方格加上✓號)

Employment Status 僱傭類別	Main Job (Note 2) 主要職位 (註二)	2nd Job (Note 2) 次要職位 (註二)
Employee 僱員		
Self-employed / Employer 自僱人士/僱主		

B. PRESENT EMPLOYMENT as at 31.8.2004 現時的受僱工作 (2004年8月31日的情況)

7.(c) Please indicate the proportion of time you spent in various areas under your present positions.
請註明在現任職位中不同工作範疇所佔工作時間的比例。

Area of Work 工作範疇	Main Job (Note 2) 主要職位 (註二)	2nd Job (Note 2) 次要職位 (註二)
	Percentage of time spent 所佔工作時間百分比	Percentage of time spent 所佔工作時間百分比
Accident & Emergency 急症	%	%
Ambulatory/Outpatients 普通科/門診	%	%
Gynaecology 婦科	%	%
Medicine 內科	%	%
Mental Health/Psychiatric/Addiction 精神健康/精神科/戒毒	%	%
Obstetrics 產科	%	%
Occupational Health 職業健康	%	%
Paediatrics 兒科	%	%
Public Health 公共衛生	%	%
Rehabilitation 康復	%	%
Residential Care 院舍護理	%	%
Surgery 外科	%	%
Visiting Nurse 社康護士	%	%
Administration/Management 行政/管理	%	%
Teaching/Education 教學/教育	%	%
Research 研究	%	%
Others 其他 (Please specify 請說明)	_____	_____
Total 總計	100%	100%

7.(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)	Hours 小時	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	Hours 小時

C. PROFESSIONAL QUALIFICATIONS HELD 所持專業資格

8.(a) Please indicate your **earliest basic qualification** in the nursing/midwifery profession (Note 11).
(Please ✓ one box only.)

請註明你的護理/助產學專業**最早基本資格** (註十一)。(請只選一個方格加上✓號)

<input type="checkbox"/> Student/Pupil Nurse Training 註冊/登記護士學生培訓	<input type="checkbox"/> Pupil Midwife Training 助產士學生培訓	<input type="checkbox"/> Certificate 證書	<input type="checkbox"/> Diploma 文憑
<input type="checkbox"/> Bachelor's Degree 學士學位	<input type="checkbox"/> Post-graduate Diploma 深造文憑	<input type="checkbox"/> Master's Degree 碩士學位	<input type="checkbox"/> Others 其他 _____ (Please specify 請說明)

8.(b) Where is the issuing country/territory of your **earliest basic qualification** in the nursing/midwifery profession (Note 11)?
你的護理/助產學專業**最早基本資格**由哪個國家/地區頒授 (註十一)?

<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> Overseas 海外 _____ (Please specify the country/territory 請註明國家/地區)
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9.(a) Did you receive or are you receiving **additional training** relevant to the nursing/midwifery profession (Note 12)?
你是否曾經或正在接受有關護理/助產學專業的**額外訓練** (註十二)?

<input type="checkbox"/> Yes 是	(Go to Question 9b) (請答第 9b 題)	<input type="checkbox"/> No 否	(Go to Question 10) (請答第 10 題)
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9.(b) Please indicate the **highest level of additional training** relevant to the nursing/midwifery profession you **received** (Note 12).
請註明你已接受有關護理/助產學專業的**最高程度額外訓練** (註十二)。

<input type="checkbox"/> Certificate 證書	<input type="checkbox"/> Diploma 文憑	<input type="checkbox"/> Associate Diploma 專科文憑	<input type="checkbox"/> Bachelor's Degree 學士學位
<input type="checkbox"/> Post-graduate Diploma 深造文憑	<input type="checkbox"/> Master's Degree 碩士學位	<input type="checkbox"/> Doctoral Degree 博士學位	<input type="checkbox"/> Others 其他 _____ (Please specify 請說明)

Not applicable, as the additional training has not yet been completed. 不適用，因為額外訓練尚未完成。

9.(c) Please indicate below the field(s) in which you received or are receiving **additional training** relevant to the nursing/midwifery profession. (Note 12). (*You may tick ✓ more than one box.*)
請在下方註明你曾經或正在接受護理/助產學專業額外訓練的範疇 (註十二)。
(*你可在多於一個方格內加上 ✓ 號*)

<input type="checkbox"/> Community Health 社康護理/社區健康	<input type="checkbox"/> Coronary Care Nursing 心臟病護理	<input type="checkbox"/> Ear, Nose & Throat 耳、鼻、喉科	<input type="checkbox"/> Emergency/First Aid Nursing 急症/急救護理
<input type="checkbox"/> Family Planning 家庭計劃	<input type="checkbox"/> Gastroenterology 胃腸科	<input type="checkbox"/> Geriatric Nursing 老人科護理	<input type="checkbox"/> Health Education/Promotion 健康教育/推廣
<input type="checkbox"/> Hospice Nursing 善終護理	<input type="checkbox"/> Intensive Care Nursing 深切治療護理	<input type="checkbox"/> Mental Health Nursing 精神健康護理	<input type="checkbox"/> Midwifery 助產學
<input type="checkbox"/> Neonatal Intensive Nursing 初生特別護理	<input type="checkbox"/> Nephrology 腎病科	<input type="checkbox"/> Nursing Administration 護理行政科	<input type="checkbox"/> Nursing Education 護理教育
<input type="checkbox"/> Occupational Nursing 職業病護理	<input type="checkbox"/> Oncology Nursing 腫瘤科護理	<input type="checkbox"/> Orthopaedics & Traumatology 整形學及創傷學	
<input type="checkbox"/> Paediatric Nursing 兒科護理	<input type="checkbox"/> Public Health Nursing 公共衛生護理	<input type="checkbox"/> Rehabilitation 復康科	<input type="checkbox"/> Respiratory Nursing 呼吸系統護理
<input type="checkbox"/> Surgical Nursing 外科護理	<input type="checkbox"/> Others 其他 (Please specify 請說明) _____		

9.(d) If you received or are receiving additional training in **more than one field in Q.9(c)**, please specify **the field in which you spend most of your working time in your main job** (Note 2 & 12).
如你曾經或正在接受多於一個在 Q.9(c)的範疇的額外訓練，請說明你在**主要職位中佔用最多工作時間的範疇**(註二及註十二)。

→ Please specify 請說明 _____ Not applicable 不適用

10. Did you receive Continuing Nursing Education (CNE)/Continuing Professional Development (CPD) training relevant to the nursing/midwifery profession **in the past 12 months**?
過去 12 個月期間，你在護理/助產學專業曾接受多少小時的持續護理教育/持續專業發展培訓？

Yes 是 → Total 總共 _____ hours 小時 No 否

11. Name of contact person (Note 13)
聯絡人姓名 (註十三) _____

12. Contact telephone number(s)
聯絡電話號碼 _____

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

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

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

Yes (Go to Question 15) 能夠 (請答第 15 題) No (Go to Question 14) 不能夠 (請答第 14 題)

14. 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。

Temporary sickness 暫時有病在身 Others 其他 (Please specify 請說明) _____

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

Yes (Thank you and no further questions) 有 (問卷完，多謝合作) No (Go to Question 16) 沒有 (請答第 16 題)

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

<input type="checkbox"/> Believe no work available in the nursing/midwifery profession (job-seeking effort made in the past) 相信沒有護理/助產學專業的工作 (過去曾盡力尋找工作)	<input type="checkbox"/> Expect to return to original job in the nursing/midwifery profession 期待重返原任的護理/助產學專業崗位
<input type="checkbox"/> Emigrated 移民	<input type="checkbox"/> Start business in the nursing/midwifery profession at subsequent date 即將開展護理/助產學專業的生意
<input type="checkbox"/> Retired 退休	
<input type="checkbox"/> Wait to take up new job in the nursing/midwifery profession 等待上任新的護理/助產學專業工作	
<input type="checkbox"/> Working in other profession 從事其他行業	
<input type="checkbox"/> 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~

Explanatory Notes

1. **Types of valid practicing certificate**
In order to avoid double count, please indicate all types of valid practising certificate of statutorily registered healthcare professionals in Hong Kong that you are currently holding. If you are holding more than one valid practising certificate on enrolled nurse, registered nurse or midwife, please specify your registration number(s) under each type of practising certificate.
2. **Main job**
Refers to the principal position in nursing/midwifery in which you spend most of your working time, while second job may be a part-time job in other position in nursing/midwifery for pay.
3. **Elderly home**
Refers to private homes for the elderly, private hostels / homes, care and attention homes for the elderly and non-profit-making self-financing homes registered under Residential Care Home (Elderly Persons) Ordinance (Chapter 459).
4. **General practitioner's clinic**
Refers to medical office operated by a registered doctor under the Medical Registration Ordinance (Chapter 161) in the private sector either under the name of his/her own or another registered doctor or a group of registered doctors.
5. **Medical clinic**
Refers to Medical clinic registered under Section 5 of the Medical Clinics Ordinance (Chapter 343).
6. **Nursery and child care centre**
Refers to private institutions engaged in providing nursing care service to children. Orphanages, children's aid centres and play groups are also included.
7. **Nursing home**
Refers to private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
8. **Private hospital**
Private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
9. **Rehabilitation institute**
Refers to private day activity centres, private day activity centres cum hostels, private activity centres for discharged mental patients, private care and attention homes for severely disabled, private hostels for severely physically handicapped and private half-way houses.
10. **Special school**
Refers to the schools that provide special education for the students with special educational needs. The aided special schools include schools for children who are visually-impaired, hearing-impaired, physically handicapped, mentally handicapped or with adjustment problems, and a hospital school.
11. **Basic qualification in nursing/midwifery profession**
Refers to the minimum entry qualification to the nursing/midwifery profession. If you had the basic qualifications in both nursing and midwifery professions, please indicate the **earlier** minimum entry qualification among these basic qualifications that you obtained.
12. **Additional training**
Relevant medical and health training obtained from recognized institutions in addition to the basic qualification. In-house training or short courses issued only with certificate of attendance/achievement **should not be considered** as additional training.
13. **Contact information**
Please provide your contact information for follow-up when necessary.

註釋

- 一. **有效執業證明書的類別**
為避免重複點算，請註明你現持所有香港法定註冊醫護專業人員的有效執業證明書。如持有許多於一張登記護士、註冊護士或助產士的有效執業證明書，請註明各執業證明書的註冊編號。
- 二. **主要職位**
指佔大部分工作時間的主要職位，而次要職位可以是其他有薪的護理/助產士的兼職職位。
- 三. **安老院**
指根據《安老院條例》(第 459 章) 註冊的私營安老院、私營長者宿舍/院舍、護理安老院，以及自負盈虧的非牟利院舍。
- 四. **私家醫生醫務所**
指註冊醫生根據《醫生註冊條例》(第 161 章) 以自己個人或另一註冊醫生或一組註冊醫生的名義開設的私營醫務所。
- 五. **診療所**
指根據《診療所條例》(第 343 章) (第 5 條) 註冊的診療所。
- 六. **託兒所及幼兒中心**
指從事兒童托管護理服務的私營機構，包括孤兒院、兒童援助中心及幼兒活動中心。
- 七. **護養院**
指根據《醫院、護養院及留產院註冊條例》(第 165 章) 登記的私營機構。
- 八. **私家醫院**
指根據《醫院、護養院及留產院註冊條例》(第 165 章) 領有牌照的私營機構。
- 九. **復康機構**
指私營展能中心、私營展能中心暨院舍、私營精神病康復者展能中心、私營嚴重殘疾人士護理宿舍、私營肢體傷殘人士宿舍及私營中途宿舍。
- 十. **特殊學校**
指為有特殊教育需要的兒童提供特殊教育的學校。資助特殊學校包括為視覺障礙、聽覺障礙、肢體傷殘、弱智及有適應困難的兒童而開設的學校，以及一所醫院學校。
- 十一. **護理/助產士專業的基本資格**
指護理/助產士專業的最低入職資格。如同時具備護理及助產士專業的基本資格，請列明你在這些基本資格中**較早**獲得的最低入職資格。
- 十二. **額外訓練**
指除基本資格外在認可機構獲得的醫療衛生訓練。只獲發聽講/訓練證書的內部培訓或短期課程**不應視為**額外訓練。
- 十三. **聯絡資料**
請提供聯絡資料，以便有需要時跟進。

Statement of Purposes

目的聲明

Purpose of Collection

1. The personal data provided will be collected and used by the Department of Health to compile aggregate statistics related to health manpower in Hong Kong and such data will only be used for the purpose of the Survey. Aggregate statistics refers to the survey results will be in a form in which cannot identify the data subjects or any of them. The confidentiality of the information you provide will be carefully protected. The provision of personal data is voluntary. If you do not provide sufficient and accurate information, the survey results will be less representative, thus affecting its usefulness as the basis for statistical purposes.

Classes of Transferees

2. The personal data provided by means of this Survey are mainly for use as stated above. Only aggregate information and not details of individual personnel will be released to other government bureaux / departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from this, your personal information provided by means of this Survey will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in the questionnaire of this Survey. A fee may be imposed for complying with a data access request.

For enquiries about this Survey or questionnaire, please contact the Health Statistics Section of the Department of Health at 2961 8566.

收集資料的目的

1. 你所提供的個人資料將由衛生署收集，用來製備使香港醫療人力的總體統計數字，有關資料只供本調查用。總體統計數字指統計調查結果會以某形式列出以便不能確認到任何或個別資料當事人。我們將會小心處理你所提供的資料，加以保密。至於是否提供個人資料，純屬自願性質。如你未能提供足夠和準確的資料，調查結果的代表性將會減低，繼而影響其作為統計基礎的效用。

獲給資料者的類別

2. 你在這次調查所提供的個人資料，主要用作以上所述用途。如有需要，我們亦只會把總體資料而非個人詳細資料發放給其他政府決策局／部門、機構或當局，以作上文第 1 段所載用途。此外，你在這次調查中所提供的個人資料，亦只會披露給你曾答允向其披露資料的相關各方，或用作《個人資料(私隱)條例》所核准的資料披露。

查閱個人資料

3. 你有權按照《個人資料(私隱)條例》第 18 和 22 條及附表 1 第 6 原則所訂的條文查閱和修正個人資料。你的查閱權力包括索取你在這次調查問卷中所提供個人資料的副本。索取資料或須繳費。

如對這次調查或這份問卷有任何查詢，請致電 2961 8566 與衛生署衛生統計組職員聯絡。