

DEPARTMENT OF HEALTH  
衛生署

2006 Health Manpower Survey on Enrolled Nurses  
2006 年有關登記護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  Male 男  Female 女

2. Year of birth 出生年份

3. Which of the following best describes your work status as at 31.8.2006?

下列哪項最符合你於 2006 年 8 月 31 日的就業情況？

*"Practising in 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.*

「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 Special Administrative Region in nursing/midwifery profession  
在香港特別行政區從事護理／助產學專業 → (Go to Question 4)  
(請答第 4 題)

Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in nursing/midwifery profession  
在中國內地或中國其他地區（不包括香港特別行政區）從事護理／助產學專業 → (Thank you and no further questions)  
(問卷完，多謝合作)

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

Not practising in nursing/midwifery profession  
並非從事護理／助產學專業 → (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？

HK  
香港

Kln  
九龍

N.T.  
新界

Others (Please specify)  
其他(請說明) \_\_\_\_\_

**B. PRESENT MAIN EMPLOYMENT as at 31.8.2006**

**現時的主要受僱工作 (2006年8月31日的情況)**

5.(a) Please indicate the type of institution in which you worked in the nursing/midwifery profession **as at 31.8.2006.**

請註明你於2006年8月31日在哪類型機構從事護理/助產學專業工作。

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

*如你從事多於一份護理/助產學專業工作，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"/> Government 政府	<input type="checkbox"/> Hospital Authority 醫院管理局	<input type="checkbox"/> Academic institution 學術機構
<input type="checkbox"/> Subvented organization 資助機構 (Please specify 請說明) _____		
Private institution: 私營機構：		
<input type="checkbox"/> Elderly home (Note 1) 安老院 (註 1)	<input type="checkbox"/> General practitioner's clinic (Note 2) 私家醫生醫務所 (註 2)	<input type="checkbox"/> Medical clinic (Note 3) 診療所 (註 3)
<input type="checkbox"/> Nursery and child care centre (Note 4) 託兒所及幼兒中心 (註 4)	<input type="checkbox"/> Nursing home (Note 5) 護養院 (註 5)	<input type="checkbox"/> Private hospital (Note 6) 私家醫院 (註 6)
<input type="checkbox"/> Rehabilitation institute (Note 7) 復康機構 (註 7)	<input type="checkbox"/> Other private institution 其他私營機構 (Please specify 請說明) _____	

5.(b) What was your employment status in the nursing/midwifery profession **as at 31.8.2006?**

你於2006年8月31日在護理/助產學專業內屬何僱傭類別？

<input type="checkbox"/> Employee 僱員	<input type="checkbox"/> 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	Percentage of time spent 所佔工作時間的百分率
Accident & Emergency 急症	%
Ambulatory/ Outpatients 普通科/門診	%
Geriatric 老人科	%
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	%
Others 其他 (Please specify 請說明) _____ (No abbreviation please 請勿使用縮寫)	%
<b>Total 總數</b>	<b>100 %</b>

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 <b>per week (excluding meal breaks)</b> 每週工作時數(不計用膳時間)	Hours 小時
(ii) Hours of on-call duty <b>per week (excluding normal duty)</b> 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 nursing/midwifery profession (Note 9).  
(Please ✓ one box only.)

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

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

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

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

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Hong Kong 香港 | <input type="checkbox"/> Overseas 海外 _____<br>(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 nursing/midwifery profession (Note 10)?

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 10)?

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

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

請註明你所完成有關護理/助產學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"/> Certificate<br>證書                       | <input type="checkbox"/> Diploma<br>文憑                 | <input type="checkbox"/> Associate Diploma<br>專科文憑 | <input type="checkbox"/> Higher Diploma<br>高級文憑  |
| <input type="checkbox"/> Bachelor's Degree<br>學士學位               | <input type="checkbox"/> Post-graduate Diploma<br>深造文憑 | <input type="checkbox"/> Master's Degree<br>碩士學位   | <input type="checkbox"/> Doctoral Degree<br>博士學位 |
| <input type="checkbox"/> Others 其他<br>(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。

7.(c) Please indicate below the field(s) in which you received or are receiving **additional training**, which is relevant to the nursing/midwifery 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護理/助產學專業的**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"/> Community Health<br>社康護理/社區健康         | <input type="checkbox"/> Coronary Care Nursing<br>心臟病護理          | <input type="checkbox"/> Ear, Nose & Throat<br>耳、鼻、喉科     | <input type="checkbox"/> Emergency/First Aid Nursing<br>急症/急救護理 |
| <input type="checkbox"/> Family Planning<br>家庭計劃               | <input type="checkbox"/> Gastroenterology<br>胃腸科                 | <input type="checkbox"/> General Nursing<br>普通科護理         | <input type="checkbox"/> Geriatric Nursing<br>老人科護理             |
| <input type="checkbox"/> Health Education/Promotion<br>健康教育/推廣 | <input type="checkbox"/> Hospice Nursing<br>善終護理                 | <input type="checkbox"/> Intensive Care Nursing<br>深切治療護理 | <input type="checkbox"/> Mental Health Nursing<br>精神健康護理        |
| <input type="checkbox"/> Midwifery<br>助產學                      | <input type="checkbox"/> Neonatal Intensive Nursing<br>初生特別護理    | <input type="checkbox"/> Nephrology<br>腎病科                | <input type="checkbox"/> Nursing Administration<br>護理行政科        |
| <input type="checkbox"/> Nursing Education<br>護理教育             | <input type="checkbox"/> Occupational Nursing<br>職業病護理           | <input type="checkbox"/> Oncology Nursing<br>腫瘤科護理        | <input type="checkbox"/> Orthopaedics & Traumatology<br>整形學及創傷學 |
| <input type="checkbox"/> Paediatric Nursing<br>兒科護理            | <input type="checkbox"/> Public Health Nursing<br>公共衛生護理         | <input type="checkbox"/> Rehabilitation<br>復康科            | <input type="checkbox"/> Respiratory Nursing<br>呼吸系統護理          |
| <input type="checkbox"/> Surgical Nursing<br>外科護理              | <input type="checkbox"/> Others 其他<br>(Please specify 請說明) _____ |   |   |

8. How many points/hours of Continuing Nursing Education (CNE)/Post-registration Education in Midwifery (PEM) training did you receive **during the period of 1.9.2005 to 31.8.2006?**

在 2005 年 9 月 1 日至 2006 年 8 月 31 日期間，你在持續護理教育/持續助產士教育修滿多少分數/小時?

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

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

除登記護士外，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 →  Midwife 助產士       Registered Nurse 註冊護士       Chiropractor 脊醫       Medical Laboratory Technologist 醫務化驗師
- Occupational Therapist 職業治療師       Optometrist 視光師       Physiotherapist 物理治療師       Radiographer 放射技師
- Others 其他  
(Please specify 請說明) \_\_\_\_\_
- No →  Not holding valid practising certificate other than Enrolled Nurse  
沒有持有登記護士以外的執業證明書

**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

聯絡人姓名 \_\_\_\_\_

11. Contact telephone number(s)

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 NURSING/MIDWIFERY PROFESSION**

**並非從事護理／助產學專業的人士**

12. If someone offered you a job in 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 14*)  
能夠 (請答第 14 題)

No (*Go to Question 13*)  
不能夠 (請答第 13 題)

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。

Temporary sickness  
暫時有病在身

Others 其他  
(Please specify 請說明) \_\_\_\_\_

14. Did you seek work in 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 15*)  
沒有 (請答第 15 題)

15. Why did you **not seek work** in nursing/midwifery 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**護理／助產學專業工作的原因。(請只選一個方格加上✓號)

Believe no work available in nursing/midwifery profession (job-seeking effort made in the past)  
相信護理／助產學專業暫無空缺 (曾經盡力尋找工作)

Emigrated  
移民

Engaged in household duties  
料理家務

Expect to return to original job in nursing/midwifery profession  
期待重返原任的護理／助產學專業崗位

Retired  
退休

Start business in nursing/midwifery profession at subsequent date  
即將開展護理／助產學專業的生意

Wait to take up new job in nursing/midwifery profession  
等待出任有關護理／助產學專業的新職位

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

Working in other profession  
從事其他行業

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 ~