

出國報告（出國類別：開會）

世界衛生組織健康促進醫院國際網絡  
第 24 屆健康促進醫院與照護機構  
國際研討會參與計畫

服務機關：衛生福利部附屬醫療及社會福利機構管理會

姓名職稱：林慶豐執行長

服務機關：衛生福利部玉里醫院

姓名職稱：孫效儒院長

派赴國家：美國

出國期間：一百零五年六月四日至十五日

報告日期：一百零五年八月一日

## 壹、摘要

本計畫報告人孫效儒(以下簡稱報告人)服務之衛生福利部玉里醫院(以下簡稱玉里醫院)於民國 105 年編列國際健康促進相關會議研究成果發表預算，計畫在國際重要健康促進研討會中，發表玉里醫院在精神醫療及長期照護機構中，以健康促進理念提升照護品質的經驗及研究上的成果。

報告人申請第 24 屆健康促進醫院與照護機構國際研討會發表研究結果。民國 105 年 3 月接獲通知該研討會通過同意報告人一篇壁報論文發表申請。於民國 105 年 6 月 4 至 15 日赴美國康乃狄克州耶魯大學開會並發表壁報報告論文一篇。

第 24 屆健康促進醫院與照護機構國際研討會為世界衛生組織 WHO 健康促進醫院國際網絡一年一度的會員大會及研討會。本屆大會是此組織第一次在美洲國家舉行，顯示健康促進醫院的理念也逐漸為北美洲國家以資本市場為機制、商業行為為導向的醫療服務業所接受。本次大會主辦國特別選定主題為“通過創新與合作建構健康的文化”，關注病人和家屬作為健康促進合作夥伴的議題。從近年來快速發展的趨勢中發現，在醫療保健研究和提供機制的再設計上，皆會強調延攬病人及家屬共同參與，這個重點的確是及時和相關的。研討會的主軸包括：一、通過政策上創新的夥伴關係，創建醫療保健系統健康促進的文化，二、專業人才和客戶間合作下的健康促進組織之治理和醫療服務的提供，三、發展創新的健康促進直接服務。

本屆研討會在美國耶魯大學校園內舉行，台灣發表超過 380 篇以上口頭或海報論文，為發表論文數最多之國家。呈現我國積極參與世界衛生組織 WHO 相關會議或組織極佳的成果。

報告人出席民國 105 年 6 月 8 至 10 日在美國康乃狄克州紐黑文市中舉世聞名之耶魯大學舉辦之健康促進醫院與照護機構國際會議，期間向世

界各地醫療機構管理者和健康促進醫療政策的專家，報告玉里醫院推動三段五級公共衛生預防理念之整合性健康促進計畫及成果，同時強調員工健康促進是與病人健康促進同樣重要的議題，獲得參與者高度的肯定。

報告人並於民國 105 年 6 月 8 及 9 日參訪當地醫療機構。

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## 參、本文：

### 一、計畫緣起：

衛生福利部玉里醫院業於民國 101 年通過為世界衛生組織健康促進醫院國際網絡會員且於民國 104 年通過網絡會員之續評。近年來以健康促進醫院及公共衛生三段五級預防的理念，全面提升住民精神醫療及長期照護的品質，同時兼顧員工以及社區民眾身心健康促進。本計畫安排在國際重要健康促進研討會中，發表玉里醫院在精神醫療及長期照護機構中，以健康促進理念提升照護品質的經驗及研究上的成果，並建立國際交流及合作的管道，藉以提升玉里醫院學術地位並增加衛生福利部所屬醫院正向形象及知名度。

報告人申請第 24 屆健康促進醫院與照護機構國際研討會發表研究結果。民國 105 年 3 月接獲該研討會通知同意報告人一篇論文發表申請。於民國 105 年 6 月 4 至 15 日赴美國康乃狄克州耶魯大學開會並發表壁報報告論文一篇。

## 二、開會目的：

參加第 24 屆健康促進醫院與照護機構國際研討會，會中發表玉里醫院在精神醫療及長期照護機構中，以健康促進理念提升病人照護品質的經驗及研究上的成果，也同時強調員工健康促進是與病人健康促進同樣重要的議題，並建立國際交流及合作的管道，藉以提升玉里醫院學術地位並增加衛生福利部所屬醫院正向形象及知名度。

### 三、開會前往國家或機構：

第 24 屆國際健康促進醫院及健康照護機構會議 The 24th International Conference on Health Promoting Hospitals and Health Services ~ New Haven, Connecticut, USA ( June 8-10,2016 ) 在美國康乃狄克州耶魯大學舉行。

#### 四、會議議程與過程：

##### 1. 會議議程：<https://www.regonline.com/builder/site/tab2.aspx?EventID=1724283>

大會主題是通過創新和合作夥伴創造健康的文化。主軸包括：一、通過政策上創新的夥伴關係，創建醫療保健系統健康促進的文化，二、專業人才和客戶間合作下的健康促進組織之治理和醫療服務的提供，三、發展創新的健康促進直接服務。

##### 2. 大會演講：本次會議共有 5 場全體出席者一起參加的大會演講。

1) 第一場大會演講主要是談及「通過政策上創新的夥伴關係，創建醫療保健系統健康促進的文化。」

第一位演講者為世界衛生組織總部病人安全及品質改善部門的主任官員 Nittita PRASOPA-PLAIZIER，報告世界衛生組織在以病人為中心的醫療體系的觀點及其全球策略(People-centered health services: the WHO perspective and its global strategy)。她提及世界各國正朝著全民皆有健康保險（universal health coverage UHC）前進，有責任確保人們能在沒有太大財政壓力下獲得所需要的醫療服務。隨著越來越多的人獲得更多醫療服務，此時比以往任何時候都更加強調，醫療服務系統確保提供了安全、優質、並呼應人們的需求和對個別喜好和價值敏感的服務。世界衛生組織中以人為本的整合型醫療服務框架（Integrated People-Centred Health Services IPCHS）呼籲醫療服務系統改革：從零散的、垂直的、著重供應面向的模式，調整轉向為以病人和社區為中心的醫療服務。而實現這些改革一個關鍵的策略是通過更多共同參與和病人的賦權。但是，我們如何確保人們擁有有效的、適當的和有意義的參與？為了應對這一挑戰，世界衛生組織正與在美國的 Gordon 和 Betty Moore 基金會合作，制定協助病人及其家屬更積極參與的全球行動框架。該行動框架旨在支持各國努力重新調整衛生醫療系統，朝向實現高品質、全民健康保險目標邁進。建立在病人對病人患者安全（Patients for Patient Safety PFPS）計劃的經驗，世界衛生組織將與其



合作夥伴使用全球行動框架來提升病人及家屬參與，支持各國建立和加強人民和衛生專業人員參與和賦權的能力，以建構整合式並以人為本的醫療服務。

第二位演講者 Patrick A. CHARMEL 是 Planetree 醫療聯盟主席兼格里芬醫院(Griffin Hospital)總裁。他藉由 Planetree 醫療聯盟的介紹說明最新先進以病人為中心的醫療服務(Advancing patient-centered care: The Planetree Model)。格里芬醫院是美國第一家完全接受並支持的病人和家屬積極參與的醫院，它在 90 年代初就實施以 Planetree 模式為名的病人為中心醫療服務的全面行動綱領。該模式已經成為 19 個國家中超過 700 個臨床服務點，用於創造更佳以人為本醫療服務所使用的框架。格里芬醫院使用此模式的十大核心內涵來促進工作人員、病人和周圍社區的參與和合作夥伴關係，提高醫院醫療品質和人類的經驗。

第三位演講者 Dr. Karen LUXFORD 是澳洲優質臨床服務委員會中，以病人為中心照顧服務部門的主管。她說明衛生醫療保健系統因應消費者的期待並與病人攜手合作足以推動組織變革的證據。並對如何提高以消費者為關注焦點，吸引員工和改善工作人員的能力來提供以病人為中心的醫療服務，向醫院和醫療服務提供者提出可行的策略。

2) 第二場大會演講談到「通過政策上的創新夥伴關係，創造健康促進醫療服務系統(Creating health promoting healthcare delivery systems through innovative partnerships in policy)。」

演講者 Susan E. SHERIDAN 是美國華盛頓病人為中心醫療服務成效研究中心主任。她提及當前全球醫療保健的狀態是聚焦提升以病人為中心的照護，提供更安全、更好品質、以實證為基礎、系統導向、並依據患者及家屬的優先事項、需求和喜好以及對系統的需要做修正。為了實現真正以病人為中心的醫療服務和更好的照護結果，患者和他們的家庭參與整個醫療保健所有領域和流程是十分重要的，不僅是活化自我保健的合作夥伴關係，而且應該作為組織重新設計和醫療保健管理系統的合作夥伴，並且在以病人為中心的研究規劃和推廣、

醫療保健政策的制定和實施上扮演重要的角色。

- 3) 第三場大會演講談及「專業人士和客戶參與發展健康促進的組織文化 (Involving professionals and clients in developing a health promoting organizational culture)。」

第一位演講者 Cor CALIS 是 Planetree 國際董事會的成員，且是 Haven Hospital Rotterdam 董事會的主席。描述在荷蘭病人參與醫院董事會的情況和他的經驗。

第二位演講者 Dr. Bernard ROSOF 是美國華盛頓國家品質論壇中，促進健康識能圓桌會議的主席。他以「促進健康識能的醫療保健機構：參與的作用 (Health literate healthcare organizations: the role of participation)」為題，說明病人有限的健康識能將造成與健康照護專業人員不良的溝通、對醫學術語的不瞭解、沒有足夠的時間來表達關切、無法接收到清晰的解釋，而且不太可能比其他人更多使用預防性的服務。新的聯邦政策利用患者的經驗為變革的基礎，以提高健康識能，有助於超越昂貴的“危機關懷”不良循環到“健康識能關懷”的好結果。

第三位演講者 Dr. Cristina AGUZZOLI 是義大利健康促進醫院網絡代表，和第四位演講者哈佛醫學院生理及復健部門 Dr. Edward PHILLIPS，共同以「HPH 標準和哈佛醫學院生活方式醫學研究所共同努力在衛生改革中解決非傳染性疾病的挑戰 (The HPH standard and the Institute of Lifestyle Medicine at Harvard Medical School: Working together to tackle the challenge of NCDs during health reform)」說明生活方式因素，包括營養、身體活動和壓力是決定人們是否健康的關鍵因素，而且是引起慢性疾病的大流行以致醫療保健費用大幅上昇的重要原因。HPH 的標準和生活方式醫療模式的結合，將是在醫療文化的變革和重視世界公民健康的趨勢下關鍵的下一步驟。

- 4) 第四場大會演講者談到「利用創新健康促進手法導引醫療服務 (Innovative health promoting direct service provision)。」

演講者哈佛醫學院的 Aswita Tan-McGRORY 以「防止弱勢種族醫療保險受益人再入院計畫 (Preventing Readmissions among Racially and Ethnically Diverse Medicare Beneficiaries)」為例說明醫院可以減少弱勢種族醫療保險受益人再入院策略，並介紹採用這些策略一個成功的案例。

5)第五場大會演講者談到「為了促進健康和福祉，我們如何繼續前進(To promote health and well-being, How do we move on?)」

耶魯大學教授 Dr. David KATZ 以「健康促進：從診所到文化 (Health Promotion: From Clinics, to Culture)」為題，指稱現代醫療服務的診所在它的起源忽視健康促進文化傾向的範圍內，只是一個縮影。醫療服務系統本身就應該是一個健康促進的地方，不論是對它的服務對象或是對在裡面工作的專業人員。

3. 口頭論文發表：主題有：

- 1) 在孕產婦和兒童保健上促進健康
- 2) 通過創新與合作建構健康促進的文化
- 3) 健康促進組織的治理和服務的提供
- 4) 對環境友好的醫療保健
- 5) 全面的工作場所健康促進
- 6) 對老人生活方式介入和輔導
- 7) 戒菸的需求，服務和介入方案
- 8) 將高可靠性整合到以病人為中心的照護架構來創建健康促進文化
- 9) 醫療保健和健康老化
- 10) 更新對醫院和其他醫療保健機構的 WHO-HPH 標準
- 11) 母親，兒童和青少年的健康促進

- 12) 創新和合作夥伴關係，打造健康促進文化
- 13) 建構一個健康促進醫療服務體系的機會與挑戰
- 14) 創造走向健康促進文化的變革組織與管理
- 15) 以 HPH 標準和品質指標來促進醫療衛生服務體系的健康
- 16) 對健康和福祉有益環境的影響
- 17) 工作場所健康促進的全面性方案
- 18) 通過價值觀和情感摸索的自我覺知 (SAVE)
- 19) 通過醫療平權增進健康
- 20) 在社區中及與社區合作促進健康
- 21) 促進員工的身心健康
- 22) 通過體育活動促進健康
- 23) 戒菸的機遇和挑戰
- 24) 透過高齡友善醫療保健體系促進老年人健康
- 25) 在醫院中及與醫院合作促進兒童和青少年健康
- 26) 以病人為中心設計的措施來減少潛在的出院症候群
- 27) 以不斷創新健康促進的直接服務
- 28) 對難民，移民和少數族裔的健康促進策略
- 29) 病人和社區居民的生活方式介入和疾病預防方案
- 30) 營養諮詢和糖尿病預防
- 31) 在社區和安寧機構中的老年人健康促進
- 32) 建立提升健康識能的醫療機構 - 介紹概念和自我評估工具
- 33) 手術和急診病人的健康促進

臺灣代表共發表 31 篇口頭論文(佔該研討會口頭論文發表 94 篇的 33%)。

4. 迷你口頭論文發表：相關主題與口頭論文發表主題相近。臺灣代表共發表 41 篇迷你口頭演說(佔迷你口頭論文發表數 64 篇的 64%)。

5. 海報論文發表：主題與口頭論文發表主題相近。臺灣代表總共發表 314 篇海報論文(佔海報論文發表總數 388 篇的 81%)。

## 五、成果：

1. 報告人孫效儒已經在美國康乃狄克州耶魯大學舉行之第 24 屆國際健康促進醫院及健康照護機構會議 The 24th International Conference on Health Promoting Hospitals and Health Services ~ New Haven, Connecticut, USA (June 8-10,2016) 發表壁報論文發表一篇 (附件一至四)。
2. 期間報告人孫效儒與衛生福利部醫福會林慶豐執行長及台中醫院李孟智院長，參訪了大會安排之 Stamford Hospital 門診及社區醫療中心。並透過李院長友人安排參訪耶魯大學附設醫院病人安全及異常事件管理單位及老人住院病房。

Stamford Hospital 所經營的門診及社區醫療中心是一棟 4 層樓高的建築。提供醫院的及許多社區合作的醫師，來這邊開設聯合門診，提供優質的門診服務。它的特色是強調以病人為中心來設計醫療服務內涵以及個別化的醫療介入方式。以其中對於心血管疾病或是心肌梗塞住院或術後的病人為例，提供了除了醫療追蹤外許多運動、飲食及健康生活的處方。並且透過此門診及社區醫療中心附設的健身房以及游泳池，由專業的復健師或運動治療師指導，給予這些曾經在 stemford Hospital 住院或是接受心導管介入的病人出院以後，定期來健身房做運動。並且由運動治療師和物理治療師追蹤這些病人運動以後的成效。這健身房只開放給曾經在此地就診的病人，並沒有對所有的社區民眾開放。另外，這門診中心整體佈置非常有現代及藝術感，完全沒有一般人對醫療單位那樣的冷漠的印象。並且安排恢復不錯的病人，定期作許多的藝術表演，增添了這門診醫療服務場所的文化氣息。

在耶魯大學附設醫院跟其病人安全及異常事件管理單位的主管

討論了一個鐘頭，該主管介紹了此醫院病人安全工作目標、指標管理模式以及異常事件因應機制。這些內容及處理的模式跟台灣的 TQIP、THIS 指標收集及管理和 TPR 沒有太多差異。

在耶魯大學附設醫院老人住院病房的參訪上，發現他們的收住院的條件很高，基本上要超過 65 歲以上的老人才能夠收入這樣的病房，而且必須要排除一些需要立即內外科處理的病人。如果老人在門診或急診評估需要其他科別的照顧，則不會收到此病房。所以此病房收治的病人，大多數是無法在家裡或是在一般護理之家照顧的病人，來這邊做短期的住院照顧處理，一旦狀況穩定就出院回到家中或原來照顧的單位。有點像是老人綜合科的照顧，並沒有特殊的專科。它在不超過 30 床位的病房中，配置了相當充足的照護人力，包括三位老人專科主治醫師、數位住院醫師、近 20 位護士及其他協助的專業及輔助人員。病房整體的設計也是非常的有特色，由有名的室內設計師設計，能夠兼顧老人身體以及心智退化對環境的需求，其顏色及採光都有講究。這是美國醫療系統用高成本、高價位提供優質醫療服務另外一個明證。

## 六、心得與建議：

1. 臺灣為世界衛生組織健康促進醫院國際網絡的正式成員且擁有最多會員數。此次研討會臺灣會員報名參加也是最踴躍，總共發表超過380篇口頭論文、迷你口頭論文以及海報論文，排名全球第一。
2. 此次研討會是健康促進醫院與照護機構國際研討會 24 年來第一次在美洲舉行。在美國，健康促進醫院的推廣仍然很在早期發展階段。因為美國的醫院很少參與公共衛生、基層醫療及長期照護等議題。在資本主義市場競爭機制的環境下，許多美國的醫院純粹是以最尖端的醫療技術及藥品來發展高品質、高科技、高效率及高病人滿意度的醫療服務為他們經營的目標。在這樣的文化及環境影響下，大多美國醫院的醫療服務是非常的頂尖而且是最先進的，這是不用質疑的；但是他們對於病人還沒有進到醫院以前的生活型態，以及離開醫院以後該有的追蹤及健康生活的重建，卻沒有像台灣眾多健康促進醫院所推廣的病人健康促進、社區健康促進以及整體醫院所需要建構的健康促進文化，來系統化提升全體民眾的健康或福祉。這對一個醫療服務發展最先進的國家而言，是非常矛盾的。
3. 我們可以說美國醫院的醫療服務是有高品質的；但是他們人民的健康卻不及於許多開發中和已開發的國家，尤其是與歐洲的一些國家比較。美國有很多的少數民族、弱勢族群以及將近 10% 沒有任何醫療保險的民眾，他們的健康狀態是令人擔憂的。此次在美國開會期間，看到路上許多過度肥胖的民眾。可以想見他們忽略了建構一個健康促進生活的文化，也難怪這一次大會的主題要再一次強調文化塑造的重要性。不單單是在醫院裡面要重視健康促進的管理及文化的塑造，最重要的是，整個大環境、社區所有的民眾，都要有一個健康促進的理念及文化。



4. 此次研討會因為是在美國舉行，所有參與的成員必須從美國以外來到美洲參加這個會議。對許多的其他國家的健康促進醫院成員而言，是有些距離且有些困難積極參與。加以美國還沒有普及化的健康促進醫院推廣，在地參與的人不多。所以這次國際研討會參與的人數較之前的幾屆國際研討會人數有比較少的趨勢，投稿發表的篇數也比較少。從美國在地醫療人員參與此次國際大會的情況看來，美國醫院及醫療機構對於社區民眾健康促進概念的推廣，仍然有需要再著力及改善的空間。
5. 本次大會主辦國特別選定主題為“通過創新與合作建構健康的文化”，關注病人和家屬作為健康促進合作夥伴的議題。從近年來快速發展的趨勢中發現，在醫療保健研究和提供機制的再設計上，皆會強調延攬病人及家屬共同參與，這個重點的確是及時和相關的。本次大會的主題立意雖然是很好，要鼓勵更多病人與病人家屬參與醫療系統的改革及在整個醫療服務流程當中各個層面共同決定醫療決策。但是這樣的主題似乎在整體健康促進的理念上，仍顯得是侷限於醫療照護系統內的病人與病人家屬的參與；與理想上健康促進醫院四個面向也就是員工的健康促進、病人的健康促進、社區的健康促進以及醫院整體健康促進的參與有段很大的落差。究其原因應該是美國整體醫療服務系統、公共衛生系統還有長期照護系統，往往之間的整合聯繫不是那麼樣的明確。再加上美國的醫療照護系統本位主義的概念，鮮少走入社區去關懷社區民眾的健康狀態，更不用說去瞭解社區民眾在社區對於健康促進、初級醫療照顧以及早期診斷、早期治療公共衛生三段五級概念的需求是甚麼。相較於美國的情況，我國健康促進醫院的發展就比較積極及落實。
6. 本次大會研討會的主軸包括：一、通過政策上創新的夥伴關係，創建醫療保健系統健康促進的文化，二、專業人才和客戶間合作下的

健康促進組織之治理和服務的提供，三、發展創新的健康促進直接服務。按照其討論的內容及方向，相關的重點仍然著重於在醫療系統內、病人團體或是醫院的董事會以及醫療機構管理組織架構當中，提升病人以及病人家屬的參與。這樣子的健康促進醫院的狀態尚未達到歐洲地區以及台灣所做的健康促進醫院網絡那樣的全面及深入。以台灣為例，所有的健康促進醫院幾乎都把社區營造、社區健康狀態的評估、社區健康促進需求的了解以及社區健康促進活動的投入列為醫院最重要的社區健康促進計畫。這樣的理念在本次大會當中完全沒有討論。

7. 在大會的第四場大會演講當中，有特別提到如何避免或是降低弱勢族群再入院的一個計畫。其實在台灣的醫院評鑑當中早就有類似的計畫那就是出院準備服務。在台灣的醫院，病人要出院以前，都被要求對於出院後的轉介醫療服務以及後續追蹤的安排，必須要在出院以前做確認。工作人員也會在病人出院以後，去做個案管理和疾病個案的追蹤，看這些個案是否按照出院準備服務的計畫，到適當的追蹤單位繼續治療或是追蹤。這樣子的一個系統遠比這次大會所提到的一些計畫要來的更完整、更確實也更務實。
8. 報告人也藉著來參加健康促進醫院國際年會之便，與衛生福利部醫福會林慶豐執行長及台中醫院李孟智院長，參訪了大會安排之 Stamford Hospital 門診及社區醫療中心。並透過李院長友人安排參訪耶魯大學附設醫院病人安全及異常事件管理單位及老人住院病房。學習該國在社區醫療照護、病人安全及異常事件管理、整合式老人醫療照護規劃與執行各面向的努力與成果。令人印象深刻的有：
  - 1) Stamford Hospital 門診及社區醫療中心強調以病人為中心來設計醫療服務內涵以及個別化的醫療介入方式。值得台灣醫療照護體

系以此為目標，建構更高品質的醫療服務。加上我國健保原有的優勢，將更能使國人獲益。

- 2) 對於心血管疾病的病人提供了除了醫療追蹤外許多運動、飲食及健康生活的處方，並且透過此醫療中心附設的健身房以及游泳池，由專業的復健師或運動治療師指導，給予病人建立定期運動的習慣。值得台灣醫療照護體系學習。
- 3) 門診中心整體佈置非常有現代及藝術感，且定期作許多的藝術表演。台灣醫療照護體系在醫院硬體的設計上，也逐漸重視此類的議題，努力提升醫療服務場所的文化氣息。
- 4) 在耶魯大學附設醫院病人安全工作目標、指標管理模式以及異常事件因應機制跟台灣的 TQIP、THIS 指標收集及管理和 TPR 沒有太多差異。表示過去十年台灣醫療系統在此方面的努力與成就已經有先進國家標竿醫院的水準。
- 5) 在耶魯大學附設醫院老人住院病房配置了相當充足的照護人力，整體的設計也是非常的有特色。這是美國醫療系統用高成本、高價位提供優質醫療服務另外一個明證。這在台灣廉價式的全民健保制度下似乎是一個不易達成的理想。

## 肆、附件

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**Results**

The aim of this project is to promote the trio-programs "Health Cuisine", "Aerobic Exercise" and "Curvy figure." With the participation numbers of each program, was 912, 969 and 695 persons, respectively; the total weight loss is 1,760 kg. The sample size of the enrollment of hospital in-house staffs is 242 people the total weight loss of 468.9 kg, also the enrollment of patients the total weight loss of 1291.1 kg.

**Conclusions**

Our hospital in-house staffs and enrollment of patients with an average weight loss of 1.94 kg and 2.85 kg per person. Innovation has found to be our important mission after probing deeply into the organizing team of Liouying Chi Mei Medical Center. Our concentration and inward care to employees and the public is the key to our innovation. To achieve the effect, healthy cuisine and aerobic exercise are introduced as innovative activities and promoted to hospital employees and the public

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## The relationships among burnout, self-compassion and work context in mental health hospital: a cross-sectional study

SUN Hsiao-Ju, LEE Kun-Hua

**Introduction**

Burnout is a prevalent issue and identifying the high risk factors of burnout in workplaces is very important. Literatures indicate that social workers or nurses were identified as high risk population of burnout which is highly associated with depression, anxiety, chronic fatigue syndrome or other morbidities. Staffs with burnout showed less self-concern and experienced more self-criticism and self-demand which will worsen their burnout. However, little studies were to explain the relationships of burnout, self-compassion and the work-context on psychiatric practitioners.

**Purpose/Methods**

This study analyzed the effects of work-context and self-compassion on burnout in a sample of psychiatric staffs. 512 participants were recruited from different workplaces of a mental hospital which include acute, chronic psychiatric wards, nursing homes and long-term care units. 221 participants (43.6% response rate) completed the WHO-five well-being index (WHO-5) and self-compassion scale. 76 responders were female (40.6%). All questionnaires were anonymous and confidential. One-way ANOVA test were to examine the relationships of work-context, self-compassion and burnout.

**Results**

More than half of the responders worked for nursing home or long-term care. The mean of WHO-5 and self-compassion were 60.69 (S.D = 22.11) and 36.24 (S.D = 7.80) respectively. There was no significant differences of burnout in different work contexts ( $F(7, 205)=1.84, p>.05$ ), whereas significant differences of self-compassion were found in different work contexts ( $F(7, 185)=3.90,$

$p<.05$ ). After Post Hoc test, the staffs work at long-term care units reported the lowest scores of self-compassion, and followed by the nurses.

**Conclusions**

The result that work context-specific and lower self-compassion have roles on burnout was supported by literature. The staffs in long-term care are expected to pay more attention and energy to care chronic severe mental ill patients who commonly present deteriorating physical condition and poor daily-life abilities. This constant demand becomes the endless stress and the main risk factor of burnout of staffs. Stress-reduction intervention and empowerment program should be designed to improve and enhance their well-being about work place.

**Comments**

Health promotion for employees is one of the important dimensions and crucial goals of health promotion hospital. To create a better workplace for healthcare workers should be the top strategy and be integrated into hospital management plan. The effect of workplace health promotion and the staff's wellbeing as well as the workplace stress ought to be re-evaluated periodically in order to adjust implementation of health promotion programs aiming to reach better health status of hospital employees.

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## Are You Tired? The Burnout Management Strategies in a Medical Center

WU Yi-Chen, CHANG Hui-Mei, LIU Chiu-Shong, YANG Li-Hui, CHO Der-Yang

**Introduction**

According to the survey of "Around Taiwan Health Care Alliance" in 2009, the burnout index of healthcare workers was higher than the average of national labors and the burnout index of nurses was the highest. It was caused by the high tension workplace with regular work shifts and overtime works. Since the lack of medical manpower is a national problem, the maintenance the physical and mental health of existing medical personnel has become a top priority.

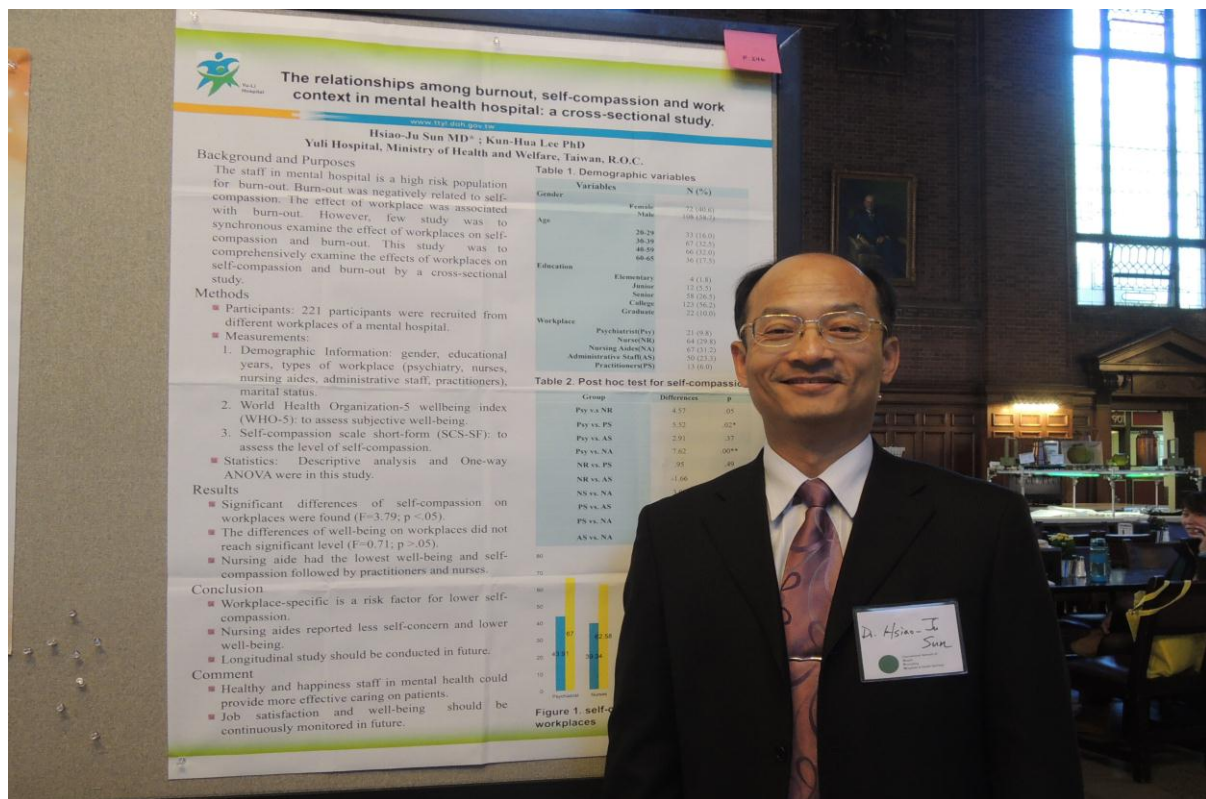
**Purpose/Methods**

Four-step burnout management was conducted in a medical center. First, the Copenhagen Burnout Inventory (CBI) was administered to staff during their annual health checkups. Then, the CBI results were feedback to human resource department and unit heads as the basis for manpower adjustments. Third, the staffs with high CBI scores were cared individually to understand the sources of stress. Last, the appropriate environmental and health promotion activities were provided to staffs to release work stress and recover from burnout.

**Results**

4,371 staffs completed the CBI in 2015. The average personal burnout score was 45.86 and the average work-related burnout

## 二、壁報發表及與參訪醫院主管合影照片



林慶豐執行長、孫效儒院長、李孟智院長參訪 Stamford Hospital



與 Stemford Hospital 的 Professor Steven Horowitz 合影



林慶豐執行長、孫效儒院長 New Haven 老人科醫師合照





Tully health center 整合中心醫師講解整合醫療



孫效儒院長和林慶豐執行長和 New Haven 老人科醫師合照

### 三、壁報發表之論文摘要：

## **The relationships among burnout, self-compassion and work context in a mental hospital: a cross-sectional study.**

Hsiao-Ju Sun MD. Kun-Hua Lee PhD

Yuli Hospital, Ministry of Welfare and Health, Taiwan (R.O.C)

### **Introduction**

Burnout is a prevalent issue and identifying the high risk factors of burnout in workplaces is very important. Literatures indicate that social workers or nurses were identified as high risk population of burnout which is highly associated with depression, anxiety, chronic fatigue syndrome or other morbidities. Staffs with burnout showed less self-concern and experienced more self-criticism and self-demand which will worsen their burnout. However, little studies were to explain the relationships of burnout, self-compassion and the work-context on psychiatric practitioners.

### **Methods**

This study analyzed the effects of work-context and self-compassion on burnout in a sample of psychiatric staffs. 512 participants were recruited from different workplaces of a mental hospital which include acute, chronic psychiatric wards, nursing homes and long-term care units. 221 participants (43.6% response rate) completed the WHO-five well-being index (WHO-5) and self-compassion scale. 76 responders were female (40.6%). All questionnaires were anonymous and confidential. One-way ANOVA test were to examine the relationships of work-context, self-compassion and burnout.

### **Results**

More than half of the responders worked for nursing home or long-term care. The mean of WHO-5 and self-compassion were 60.69 (S.D = 22.11) and 36.24 (S.D = 7.80) respectively. There was no significant differences of burnout in different work contexts ( $F_{7,205}=1.84, p>.05$ ), whereas significant differences of self-compassion were found in different work contexts ( $F_{7,185}=3.90, p<.05$ ). After Post Hoc test, the staffs work at long-term care units reported the lowest scores of self-compassion, and followed by the nurses.

### **Conclusions**

The result that work context-specific and lower self-compassion have roles on burnout was supported by literature. The staffs in long-term care are expected to pay more attention and energy to care chronic severe mental ill patients who commonly present deteriorating physical condition and poor daily-life abilities. This constant demand becomes the endless stress and the main risk factor of burnout of staffs. Stress-reduction intervention and empowerment program should be designed to improve and enhance their well-being about work place.

### **Comments:**

Health promotion for employees is one of the important dimensions and crucial goals of health promotion hospital. To create a better workplace for healthcare workers should be the top strategy and be integrated into hospital management plan. The effect of workplace health promotion and the staff's wellbeing as well as the workplace stress ought to be re-evaluated periodically in order to adjust implementation of health promotion programs aiming to reach better health status of hospital employees.

Key words: Burnout, Self-compassion, Mental health

#### 四、發表之壁報：



## The relationships among burnout, self-compassion and work context in mental health hospital: a cross-sectional study.

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### Background and Purposes

The staff in mental hospital is a high risk population for burn-out. Burn-out was negatively related to self-compassion. The effect of workplace was associated with burn-out. However, few study was to synchronous examine the effect of workplaces on self-compassion and burn-out. This study was to comprehensively examine the effects of workplaces on self-compassion and burn-out by a cross-sectional study.

### Methods

- Participants: 221 participants were recruited from different workplaces of a mental hospital.
- Measurements:
  1. Demographic Information: gender, educational years, types of workplace (psychiatry, nurses, nursing aides, administrative staff, practitioners), marital status.
  2. World Health Organization-5 wellbeing index (WHO-5): to assess subjective well-being.
  3. Self-compassion scale short-form (SCS-SF): to assess the level of self-compassion.
- Statistics: Descriptive analysis and One-way ANOVA were in this study.

### Results

- Significant differences of self-compassion on workplaces were found ( $F=3.79$ ;  $p < .05$ ).
- The differences of well-being on workplaces did not reach significant level ( $F=0.71$ ;  $p > .05$ ).
- Nursing aide had the lowest well-being and self-compassion followed by practitioners and nurses.

### Conclusion

- Workplace-specific is a risk factor for lower self-compassion.
- Nursing aides reported less self-concern and lower well-being.
- Longitudinal study should be conducted in future.

### Comment

- Healthy and happy staff in mental health could provide more effective care on patients.
- Job satisfaction and well-being should be continuously monitored in future.

Table 1. Demographic variables

Variables	N (%)	
Gender	Female	72 (40.6)
	Male	108 (58.7)
Age	20-29	33 (16.0)
	30-39	67 (32.5)
	40-59	66 (32.0)
	60-65	36 (17.5)
Education	Elementary	4 (1.8)
	Junior	12 (5.5)
	Senior	58 (26.5)
	College	123 (56.2)
	Graduate	22 (10.0)
Workplace	Psychiatrist(Psy)	21 (9.8)
	Nurse(NR)	64 (29.8)
	Nursing Aides(NA)	67 (31.2)
	Administrative Staff(AS)	50 (23.3)
	Practitioners(PS)	13 (6.0)

Table 2. Post hoc test for self-compassion

Group	Differences	p
Psy v.s NR	4.57	.05
Psy vs. PS	5.52	.02*
Psy vs. AS	2.91	.37
Psy vs. NA	7.62	.00**
NR vs. PS	.95	.49
NR vs. AS	-1.66	.53
NS vs. NA	3.05	.01*
PS vs. AS	-2.61	.33
PS vs. NA	2.09	.12
AS vs. NA	4.71	.07

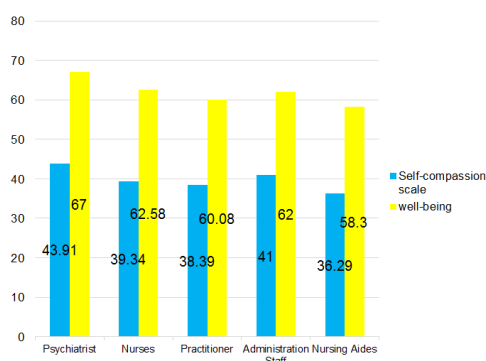


Figure 1. self-compassion and well-being in workplaces

# **Workplace Stress Related Issue Faced by Medical Administration Employee**

## **-a case study in Taiwan Medical Institution**

Ching-Feng Lin, Jiin-Chyr Hsu, San-Chi Lin, Ying-Ru Chen, Chih-Yu Hsiang

### **Purpose:**

Workplace Stress is considered as one of the most serious occupational safety issues. Too much stress can affect employee performance and even cause severe health problems. Our work-related stress study focuses on two aspects of the issue. First, the difference between stressor frequency and perception faced by different divisions. Second, is the stressor frequency and perception affected by reaction to occupational stress, job satisfaction level and general health reasons?

### **Method:**

Utilizing SPSS 21.0 to perform statistics analysis and using Pearson's chi-squared test to examine the relationship among variables in demographics with stressor frequency and perception. The study used t-test to detect stressor frequency and perception of workplace stress with reaction to stress, work satisfaction level and general health state. The number of survey retrieved is 47 with 87% return rate.

### **Result:**

On the work stressor scale, a total of 93 points or higher is considered as high work stressor, our study result averages 97.14 points. The analysis shows the higher the educational background, the higher the stressor frequency and perception of stress. Stressor frequency has a direct correlation with reaction to stress and job satisfaction level too. Reaction to stress, job satisfaction level and general health are all significantly correlated with perception of stress.

### **Conclusion:**

Medical administration employee with higher stressor frequency and perception shows more visible reactions to workplace stress whether it's mentally, physically or emotionally. Career development and interpersonal relationships are also factors of stress. With timely support and encouragement from supervisor, employees can get a sense of achievement and commitment. Establish a stress quality control circle, stress management classes, create a friendly work-environment, and minimize role conflicts are all steps to reduce and prevent workplace stress.