

DEPARTMENT OF HEALTH
衛生署

2016 Health Manpower Survey on Registered Nurses
2016 年有關註冊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 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 31.8.2016**?

下列哪項最符合你於 2016 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。

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

4 Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in nursing/midwifery profession → (Thank you and no further questions)
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 (問卷完，多謝合作)

3 Practising overseas in 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)

2 Not practising in nursing/midwifery profession → (Go to Question 12)
並非從事護理／助產學專業 (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 31.8.2016** 現時的主要受僱工作 (2016 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 31.8.2016**.

請註明你於 2016 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。

01 Government 政府 02 Hospital Authority 醫院管理局 03 Academic institution 學術機構

04 Subvented organization 資助機構
(Please specify 請說明) _____

Private institution:

私營機構：

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 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 31.8.2016**?

你於 2016 年 8 月 31 日在護理／助產學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.(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 Care / Outpatients 普通科／門診	11	%	
Geriatrics 老人科	31	%	
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	%	
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)	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 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)

20 Student/Pupil Nurse Training 註冊／登記護士學生培訓 21 Pupil Midwife Training 助產士學生培訓 11 Higher Diploma 高級文憑 12 Bachelor's Degree 學士學位
 13 Post-graduate Diploma 深造文憑 14 Master's Degree 碩士學位 19 Others 其他
 (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)?

01 Hong Kong 香港 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 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)?

1 Yes (Go to Question 7b) 是 (請答第 7b 題) 2 No (Go to Question 8) 否 (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"/>	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 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 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"/>	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 其他 (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 1.9.2015 to 31.8.2016?**

在 2015 年 9 月 1 日至 2016 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	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 Registered Nurse? **(You may tick ✓ more than one box)**

除註冊護士外，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 →	<input type="checkbox"/>	03	Midwife 助產士	<input type="checkbox"/>	14	Enrolled Nurse 登記護士	<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 Registered Nurse 沒有持有註冊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？

 1

Yes (Go to Question 14)
能夠 (請答第 14 題)

 2

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。

 1

Temporary sickness
暫時有病在身

 2

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？

 5

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

 4

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)

 07

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)

 02

Emigrated
移民

 08

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

 12

Engaged in household duties
料理家務

 10

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

 01

Retired
退休

 11

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

 05

Working in other profession
從事其他行業

 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

 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 ~



(You may tear off the following slip and submit it separately if you do not wish to disclose your identity in the completed questionnaire. 若你不願披露身分，可撕下以下回條，與你填妥的問卷分別交回。)

**If you do not want to receive the reminder, please provide your name and registration number.
如你不希望收取催辦函，請提供姓名及註冊編號。**

To 致: Department of Health 衛生署 (Fax No. 傳真編號: 2572 0892)

I would like to request the Department of Health to remove my name from the reminder mailing list of this round of survey. I provide my name and registration no. below solely for the purpose of making such request. 本人要求衛生署把本人的姓名，從收取是次調查催辦函的名單剔除。本人以下提供的姓名及註冊編號，只供該用途使用。

Name 姓名: _____

Registration No. 註冊編號: _____

(Note: The information collected will be handled in strict confidence. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Ms. Wendy Tsang, Scientific Officer Tel.: 2961 8566 Address: Health Manpower Unit, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

註釋：本署收集所得資料將會絕對保密。有關所提供個人資料(包括查閱及改正資料)的查詢，應送交科學主任曾偉麗女士收，電話：2961 8566，地址：香港灣仔皇后大道東 213 號胡忠大廈 21 樓衛生署醫療衛生服務人力組。)

Explanatory Notes

1. **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 Homes (Elderly Persons) Ordinance (Chapter 459).
2. **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.
3. **Medical clinic**
Refers to medical clinic registered under Section 5 of the Medical Clinics Ordinance (Chapter 343).
4. **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.
5. **Nursing home**
Refers to private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
6. **Private hospital**
Refers to private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
7. **Rehabilitation institution**
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.
8. **Self-employed / Employer**
Self-employed refers to the one works for himself or herself and is not employed as an employee. If you are a sole proprietor or partner of a partnership of a business, you will be regarded as self-employed. An employer refers to a person who has entered into a contract of employment to employ another person as his employee.
9. **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.
10. **Additional training**
Relevant medical and health training obtained from recognized institutions in addition to the basic qualification. **In-house training or short courses with only certificate of attendance/achievement issues should not be considered as additional training.**

註釋

1. **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、護理安老院及非牟利和自負盈虧的院舍。
2. **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。
3. **診療所**
指根據《診療所條例》(第 343 章)(第 5 條) 註冊的診療所。
4. **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。
5. **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。
6. **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。
7. **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。
8. **自僱人士／僱主**
自僱人士指為自己工作，而不是以僱員身分受僱的人。如果你是獨資經營者，又或是合夥生意的合夥人，也是自僱人士。
僱主是指按訂立僱員合約以僱用另一人作為其僱員的人。
9. **護理／助產學專業的基本資格**
指護理／助產學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。
10. **額外訓練**
指除基本資格外另從認可機構獲得的相關醫療衛生訓練。**只頒發聽講／訓練證書的內部培訓或短期課程不應視為額外訓練。**

Statement of Purposes

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 refer to a form of survey results in which the individual data subjects will not be identified. 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 is 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 Manpower Unit of the Department of Health at 2961 8566.

目的聲明

收集資料的目的

1. 你所提供的個人資料，將由衛生署收集以製備香港醫療人力的總體統計數字。有關資料只供本調查使用。總體統計是指一種概括性的調查結果，個別人士的資料或數據將不會被顯示。我們將會小心處理你所提供的資料，嚴加保密。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 與衛生署醫療衛生服務人力組職員聯絡。