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• 中文摘要	關鍵詞：就醫流向、深度訪談、理性就醫行為 目的：台灣地區民眾求醫行為長久被認為獨特，偏好逛醫院，喜愛檢查及領藥。本研究著重於全民健保實施後，全國醫療資源重新管控，所改變民眾求醫行為。針對大台北地區的醫療院所及民眾做訪查，民眾對醫院選擇，以理解不同情境(situation)下民眾的就醫選擇並掌握民眾的就醫流向而改善求醫行為。 研究方法：針對台北縣的 48 家地區醫院(含專科醫院)，每一家訪問 10 位患者(精神科療養院僅訪問醫院)，深度訪談醫院病患，以醫療次區域為單位做質性研究分析，歸納出研究成果，以評估「理性就醫行為」。 主要發現：在台北縣等地區 48 家醫院，總計 306 份有效問卷中顯示：每年看診次數 5 次以下最多佔 111/306 (36.3%)，生病時優先選擇就醫場所多為基層診所及地區醫院(78.7%，241/306)。就醫原因中以小病，小手術及回診居多(71.6%，219/306)。逾七成就醫民眾(71.2%，218/306)沒有家庭醫師，逾五成多的民眾(52.6%，161/306)贊成轉診制度，惟轉診經驗的受訪民眾僅有少數(12.1%，37/306)。逾七成(71.9%，220/306)的民眾對全民健保實施後感覺就醫方便。不方便的原因最多為候診時間過長。 結論：多數民眾生病時優先選擇基層診所及地區醫院，過半數的民眾贊成轉診制度及部分負擔，對政府衛生政策多願配合，很少有逛醫院及生病時優先選擇大型醫院的現象，顯示台北縣地區醫院就診民眾就醫行為趨於理性。但在醫療資源過多的次區域與醫療資源稀少的次區域之就醫流向、轉診經驗及醫藥分業制度上有顯著差異。 建議：全民健保實施後，雖然大型醫院增加，地區醫院減少，但存活的地區醫院多數競爭力強，且具有初級及次級健康照護功能，此項功能在四級醫院的健康照護系統中應被重視。建議政府應加強地區醫院輔導及投資。在醫療資源較多的區域，可減少大型醫院看基層門診的負擔，節約政府資源。在醫療資源少的區域，可方便民眾就醫，提升國民健康。		

- 英文摘要

Key words: Hospital Preference, Profound Interview, Rational Medical Behavior Purpose: Taiwanese showed a stereotype of behavior in hospital searching, which included hospital shopping, and preference of medical examination and drugs. This proposed research focused on those changes in medical behavior after the National Health Care System (Bureau of National Health Insurance) regulated national medical resources since 1995. In an attempt to understand patients' hospital search in various situations and upgrade their medical behaviors, this study surveyed how patients selected hospitals and also the interaction between patients and hospitals. Methods: The profound interview with patients was performed using participant observation. The data was analyzed using qualitative method. A Rational Medical Behavior (RMB) was evaluated from the patients in the district hospitals. The RMB was further analyzed by the Medical Sub-district Area. Results: Three hundred and six questionnaires of 48 district hospitals showed more than one third of the patients (111/306) had fewer than 5 appointments with doctors annually. Patients preferred to visit the primary clinics or community hospitals (78.7%) when they felt ill. Their reasons for seeking medical treatment are mainly common diseases, minor operations, and follow up consultations (71.6%). Seventy-one percent of patients did not have family doctors. More than fifty-two percent of patients favored the referral system, but even lesser (12.1%) have had referral experiences. Most patients in the community hospitals are satisfied with the convenience of the hospital treatments. The most inconvenient factor they find is the long waiting hours. Conclusion: Most patients preferred to given primary care in the primary clinics and district hospitals, did not object the referral system and were willing to be cooperative with the government policy. However, between sub-districts with abundant and scarce medical resources, there are indeed significant differences in terms of hospital preference, separation of medicine and pharmacy, as well as referral experiences. Suggestion: Although the number of large hospitals is increasing, and community hospitals decreasing, the surviving community hospitals are becoming more competent and are involving themselves in both primary and secondary health care, which should be emphasized in the four-class health care system. The government should increase its assistance and investment towards the community hospitals. In districts with greater amounts of medical resources, the burden of large hospitals having to provide outpatient services could be alleviated, and consequently, lessen the government's expenses. In districts with lesser medical resources, it could bring increased convenience to the public when they seek medical treatment, and eventually improve the general health condition of the nation.