

# 基层军官心身健康与适应不良及职业倦怠的关系研究

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**[摘要]** **目的** 探讨适应不良、职业倦怠对基层军官心身健康的影响及其关系, 并建立路径模型。**方法** 采用随机整群抽样法, 选取某军区358名男性基层军官, 使用军人适应不良量表、军人职业倦怠量表和中国军人心身健康量表收集数据, 对数据结果采用SPSS 17.0和Amos 7.0软件进行相关分析、多元回归分析、路径分析等统计学处理。**结果** 职业倦怠各因子与适应不良量表的人际关系、情绪障碍因子呈显著正相关( $P<0.05$ 或 $0.01$ ), 基层军官适应不良、职业倦怠各因子与心身健康水平呈显著正相关( $P<0.01$ )。多元回归分析显示, 躯体化、消极怠工、情绪障碍和人际关系进入以基层军官心身健康总分为因变量的回归方程, 可作为预测基层军官心身健康水平的指标( $P<0.01$ ), 其自变量对因变量变异的解释率为45%。职业倦怠的介入增强了适应不良对基层军官心身健康的影响。基层军官适应不良、职业倦怠与心身健康的路径模型的主要拟合指标为 $\chi^2/df=35.248(P=0.000)$ ,  $GFI=0.963$ ,  $AGFI=0.875$ ,  $CFI=0.902$ ,  $RMSEA=0.003$ 。**结论** 情绪障碍、人际关系不良、躯体化、消极怠工对基层军官心身健康有显著影响, 职业倦怠是适应不良和心身健康的中介变量。

**[关键词]** 军事人员; 心身医学; 适应, 心理学; 厌倦, 职业性

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## Relationship between psychosomatic health and both maladjustment and job burnout in military personnel

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**[Abstract]** **Objective** To explore the influence of mental maladjustment and job burnout on the psychosomatic health of military personnel and their relationship and build a path model. **Methods** A total of 358 military personnel were selected by random cluster sampling. Military Mental Maladjustment Scale (MMMS), Military Job Burnout Scale (MJBS), and Chinese Psychosomatic Health Scale (CPSHS) were applied to collect data. SPSS (version 17.0) and Amos (version 7.0) were used for data analysis by correlative analysis, multiple-regression analysis, and path analysis. **Results** All single factors of job burnout were significantly positively related to interpersonal relationship and emotional disorder due to mental maladjustment ( $P<0.05$  or  $P<0.01$ ). All single factors of mental maladjustment and job burnout were significantly positively related to the psychosomatic health of military personnel ( $P<0.01$ ). Multiple regression analysis showed that somatization, negative cacanny, emotional disorder, and interpersonal relationship entered into the regression equation of total psychosomatic health score as dependent variable, and could serve as predictors for military personnel's psychosomatic health ( $P<0.01$ ), the four independent variables accounted for 45% of the total variance of psychosomatic health. The influence of mental maladjustment on psychosomatic health was enhanced by intervention of job burnout into the path model, the fit indexes of which were as follows:  $\chi^2/df=35.248$  ( $P=0.000$ ),  $GFI=0.963$ ,  $AGFI=0.875$ ,  $CFI=0.902$ ,  $RMSEA=0.003$ . **Conclusions** Emotional disorder, poor interpersonal relationship, somatization, and negative cacanny exert significant effects on military personnel's psychosomatic health. Job burnout mediates the relationship between mental maladjustment and psychosomatic health.

**[Key words]** military personnel; psychosomatic medicine; adaptation, psychological; burnout, professional

心身疾病(psychosomatic diseases)的发生是多因素共同作用的结果, 其中职业倦怠和适应不良是影

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响心身健康的重要因素<sup>[1-3]</sup>。部队基层军官既是指挥员又是战斗员, 不仅要协调处理好上下级之间的关系, 组织开展日常的训练和学习, 还要在灾难救援和演习任务中发挥带头作用, 承受了较大的心理压力, 加上军营相对艰苦的生活环境和严格的组织纪律性, 容易引发职业倦怠和适应不良<sup>[4-5]</sup>, 而后者正是心身疾病的高危因素。适应不良还可引起个

体的焦虑反应,降低其处理人际关系的能力<sup>[6-7]</sup>,进而诱发个体职业倦怠。本研究探讨军人适应不良、职业倦怠与心身健康的关系。

## 1 资料与方法

**1.1 研究对象** 采用随机分层抽样法,选取某军区陆军358名男性基层军官,年龄23~38(28.2±2.1)岁,军龄1~18(9.4±2.5)年。文化程度:大专及大学327人(91.34%),研究生31人(8.66%)。民族:汉族351人(98.04%),少数民族7人(1.96%)。婚姻:未婚147人(41.06%),已婚211人(58.94%)。职务:连排级339人(94.7%),营团级及以上19人(5.31%)。

**1.2 研究工具** ①军人适应不良量表(Military Mental Maladjustment Scale, MMMS)<sup>[8]</sup>。共40个条目,包括行为问题(M1)、情绪障碍(M2)、人际关系(M3)、环境适应(M4)等4个因子,被试回答“是”计0分,“否”计1分,以原始分为计算单位,分值越高说明适应障碍越严重。②军人职业倦怠量表(Military Job Burnout Scale, MJBS)<sup>[9]</sup>。包括成就感(J1)、躯体化(J2)、自我评价(J3)、人际不良(J4)、消极怠工(J5)及掩饰等6个因子,四级计分,“从不”计0分,“偶尔”计1分,“经常”计2分,“总是”计3分,量表得分越高说明职业倦怠状况越严重。经检验,该量表具有较好的信效度。③中国军人心身健康量表(Chinese Military Psychosomatic Health Scale, CPSHS)<sup>[10]</sup>。包括91个条目,11个因子,包括呼吸系统、心血管系统、消化系统、骨骼肌肉、皮肤、生殖及内分泌、神经系统、焦虑、抑郁、精神病性、家族史及效度量表等。测验前由心理学专业人员统一指导语,进行团体测试,量表采用二级计分制,被试对各条目与

自身的符合情况进行是否判断,答“是”计1分,答“否”计0分,各因子分相加构成心身健康总分(T),量表分数越高,说明心身健康状况越差。该量表经信效度检验,符合心理测量学原则。

**1.3 实施方法** 统一指导语,以每组50人进行团体测试,测试由研究者负责,问卷完成后当场收回。所有被试均知情同意。

**1.4 质量控制** 剔除标准:掩饰量表得分超过 $\bar{x}\pm 1.96s$ ;连续、随意、胡乱作答;回答项目不全。剔除无效问卷22份,共回收有效问卷358份,有效率94.2%。所有研究对象均排除心身疾病史、严重器质性病变和精神活性物质滥用史,为消除疑虑,不要求填写姓名。

**1.5 统计学处理** 采用SPSS 17.0软件进行相关分析、多元回归分析,采用Amos 7.0软件进行路径分析。

## 2 结果

**2.1 军人适应不良、职业倦怠与心身健康的相关性分析** 职业倦怠各因子与适应不良量表的人际关系、情绪障碍因子呈显著正相关( $P<0.05$ 或 $0.01$ )。军人适应不良、职业倦怠各因子与心身健康水平呈显著正相关( $P<0.01$ ,表1)。

**2.2 军人适应不良、职业倦怠与心身健康的多元回归分析** 以军人适应不良和职业倦怠各因子为自变量,心身健康总分为因变量进行多元回归分析,结果显示,躯体化、消极怠工、情绪障碍和人际关系进入军人心身健康总分的回归方程,可以预测军人的心身健康水平( $P<0.01$ ),其自变量对因变量变异的解释率为45%(表2)。

**2.3 军人适应不良、职业倦怠与心身健康的路径分析** 为探讨军人适应不良、职业倦怠和心

表1 适应不良、职业倦怠与心身健康的相关矩阵( $r$ )

Tab. 1 Correlation matrix for each factor of mental maladjustment, job burnout and psychosomatic health ( $r$ )

Variable	J1	J2	J3	J4	J5	M1	M2	M3	M4	T
J1	1									
J2	0.57 <sup>(2)</sup>	1								
J3	0.55 <sup>(2)</sup>	0.51 <sup>(2)</sup>	1							
J4	0.57 <sup>(2)</sup>	0.59 <sup>(2)</sup>	0.42 <sup>(2)</sup>	1						
J5	0.63 <sup>(2)</sup>	0.59 <sup>(2)</sup>	0.59 <sup>(2)</sup>	0.38 <sup>(2)</sup>	1					
M1	0.01	-0.01	0.05	-0.05	-0.02	1				
M2	0.29 <sup>(1)</sup>	0.91 <sup>(2)</sup>	0.37 <sup>(2)</sup>	0.55 <sup>(2)</sup>	0.42 <sup>(2)</sup>	0.73 <sup>(2)</sup>	1			
M3	0.32 <sup>(2)</sup>	0.41 <sup>(2)</sup>	0.35 <sup>(2)</sup>	0.62 <sup>(2)</sup>	0.43 <sup>(1)</sup>	0.55 <sup>(2)</sup>	0.63 <sup>(2)</sup>	1		
M4	0.04	0.01	0.05	0.07	0.03	0.61 <sup>(2)</sup>	0.70 <sup>(2)</sup>	0.55 <sup>(2)</sup>	1	
T	0.46 <sup>(2)</sup>	0.65 <sup>(2)</sup>	0.39 <sup>(2)</sup>	0.45 <sup>(2)</sup>	0.50 <sup>(2)</sup>	0.57 <sup>(2)</sup>	0.41 <sup>(2)</sup>	0.58 <sup>(2)</sup>	0.73 <sup>(2)</sup>	1

Significance levels of correlation matrix on mental maladjustment, job burnout, and psychosomatic health:(1) $P<0.05$ , (2) $P<0.01$ . J1—J5. Factors of military personnel's job burnout, i.e. sense of achievement, somatization, self-assessment, poor interpersonal relationship, and negative cacanny; M1—M4. Factors of military personnel's mental maladjustment, i.e., behavior problem, emotional disorder, interpersonal relationship, and environmental adjustment

**表2** 军人适应不良、职业倦怠与心身健康的多元回归分析  
**Tab. 2** Multiple regression analysis of mental maladjustment, job burnout, and psychosomatic health

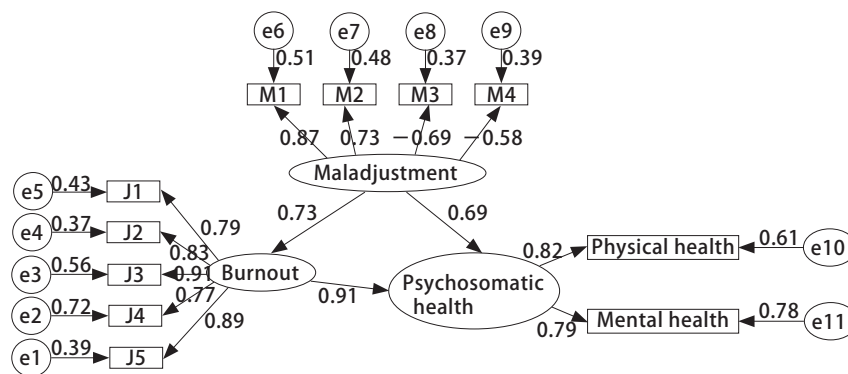
Variable	$\beta$	<i>t</i>	<i>R</i>	<i>R</i> <sup>2</sup>	<i>F</i>
J1	-0.032	0.530			
J2	0.483	8.228 <sup>(1)</sup>			
J3	0.011	0.202			
J4	0.085	1.549			
J5	0.170	2.847 <sup>(1)</sup>	0.671	0.450	30.675
M1	0.028	0.454			
M2	0.165	1.983 <sup>(1)</sup>			
M3	0.210	3.154 <sup>(1)</sup>			
M4	0.008	0.139			

Significant levels of regression analysis: (1) $P < 0.01$ .  $\beta$ . Standardized regression coefficient. J1—J5. Factors of military personnel's job burnout, i.e., sense of achievement, somatization, self-assessment, poor interpersonal relationship, and negative cacanny; M1—M4. Factors of military personnel's mental maladjustment, i.e., behavior problem, emotional disorder, interpersonal relationship, and environmental adjustment

身健康之间的关系，采用结构方程的方法进行数据分析。按照适应不良直接影响职业倦怠和心身健康、职业倦怠直接影响心身健康设定模型，经最大似然估计，得到该模型主要拟合指标 $\chi^2/df=35.248(P=0.000)$ ，GFI=0.963，AGFI=0.875，CFI=0.902，RMSEA=0.003等，综合各项指标可认为所设定的模型对数据的拟合良好。由路径模型(图1)可以看出，影响军人身心健康的有两条路径：适应不良→心身健康；适应不良→职业倦怠→心身健康。职业倦怠的介入增强了适应不良对军人身心健康的影响。

### 3 讨 论

心身疾病是一类精神躯体性疾患，是心理因素起重要作用的躯体疾病。国内调查资料显示，心身疾病的患病率为11.2%~43.5%；国外资料显示，心身疾病存在显著的年龄、性别、地区和职业差异<sup>[11]</sup>。对于心身疾病的发病机制，目前国内外尚无一致结论。



**图1** 军人适应不良、职业倦怠与心身健康的路径模型

**Fig. 1** Path model of military personnels' mental maladjustment, job burnout, and psychosomatic health

J1—J5. Factors of military personnel's job burnout, i.e., sense of achievement, somatization, self-assessment, poor interpersonal relationship, and negative cacanny; M1—M4. Factors of military personnel's mental maladjustment, i.e., behavior problem, emotional disorder, interpersonal relationship, and environmental adjustment; e1—e11 represent the error terms

本研究发现，军人的身心健康水平与适应不良、职业倦怠有密切关系。多元回归分析表明，适应不良的情绪障碍、人际关系因子和职业倦怠的躯体化和消极怠工因子对军人身心健康水平有显著预测作用。情绪障碍(如焦虑、抑郁等)是外部应激和不良个性共同作用的结果<sup>[12]</sup>，同时也会损害人际关系，削弱个体的社会支持系统。有研究认为，长期的不良情绪可导致脑垂体-肾上腺皮质系统兴奋，加速动脉硬化进程，去甲肾上腺素可导致血小板反复激活，释放多种促凝物质及强烈的血管收缩物质，同时社会支持不良会强化外部应激对身心健康的冲击，大大增加发生心血管疾病等心身疾病的风险<sup>[13-15]</sup>。

躯体化是指被阻抑的心理冲突转变为内脏和

自主神经功能障碍，临床表现为多种多样、反复出现、时常变化、查无实据的躯体主诉，但无法用恰当的躯体疾病予以解释。已有研究发现，具有躯体化障碍的个体存在情绪调节与表达障碍<sup>[16]</sup>，容易诱发抑郁、焦虑等心理障碍，且甲基碳-3不饱和脂肪酸( $\omega$ -3PUFAs)水平较低<sup>[17]</sup>，由于 $\omega$ -3PUFAs与机体免疫功能有关，因此，有躯体化障碍的个体更容易罹患各种躯体疾病。

本研究中，军人适应不良、职业倦怠与身心健康的路径模型提示，适应不良对个体身心健康有直接影响，这与已有的研究结论一致<sup>[3]</sup>。

同时本研究还发现，职业倦怠的介入增强了适应不良对军人身心健康的影响，即职业倦怠在军人适应不良与身心健康的关系中具有中介作用。由于



现代科技的进步,军人的工作高度专业化,同时也对知识更新提出了更高的要求,加上较为严格的组织管理,无形中增加了工作压力,导致个体适应不良<sup>[18]</sup>。本研究结果还表明,适应不良的情绪障碍和人际关系与军人职业倦怠各因子密切相关,而职业倦怠的躯体化、消极怠工对军人心身健康有显著预测作用,因此,可以推测情绪障碍和人际关系不良可能首先引起军人的躯体化反应,进而增加其消极怠工行为。同时国外研究也发现消极怠工能强化个体的躯体化反应,导致躯体免疫能力下降<sup>[17,19]</sup>,进而诱发各类心身疾病。

综上所述,情绪障碍、人际关系不良、躯体化、消极怠工对军人心身健康有显著影响,职业倦怠是适应不良和心身健康的中介变量。必须重视对军人情绪障碍的心理干预和人际关系的协调。另外,本研究初步构建了适应不良、职业倦怠与军人心身健康的数学关系模型,对于军人心身健康的维护和心理干预措施的制定具有一定的理论和指导意义。

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