论 著

驻海岛官兵心身健康与情境特质应对的相关性分析

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［摘要］ **目的** 探讨海岛官兵心身健康水平与情景特质应对的关系。**方法** 随机整群抽取并按标准剔除后获得499名海岛官兵列入研究组，615名非海岛官兵作为对照组，采用中国军人心理健康测评仪(TR-09)中的中国军人心身健康量表和军人情境特质应对方式量表进行测评，并分析其影响因素。**结果** 海岛官兵心身健康各因子分较非海岛官兵高(t=7.513～24.028，P<0.01)；海岛官兵心身健康各因子中精神病性、焦虑、抑郁3个因子分较其他因子分高，心血管及皮肤因子分数较低；除眼和耳、神经系统因子外，大专及大专以上文化官兵的心身健康分数较初中及高中文化官兵低(F=0.526～3.245，P<0.05)；已婚官兵心身健康较未婚官兵好(t=0.663～2.869，P<0.05)；军官心身健康分数较士兵与士官高(t=–1.434～–4.381，P<0.05，心血管系统因子除外)；海岛官兵心身健康分值与积极应对呈负相关(r=–0.065～–0.121，P<0.05，精神病性因子除外)，与消极应对呈正相关(r=0.062～0.067，P<0.05)。**结论** 海岛官兵心身健康状况较差；高文化、已婚与低职务的海岛官兵心身健康状况较好；积极应对有益于官兵的心身健康，消极应对则起破坏作用。

［关键词］ 军事人员；健康状况；心理学，军事

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Correlation of psychosomatic health and situation idiosyncratic coping of army men garrisoned at islands

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［**Abstract**］ **Objective** To explore the correlation between psychosomatic health and situation idiosyncratic coping of army men garrisoned at islands. **Methods** By randomized cluster sampling, a total of 499 service men garrisoned at islands were designated as experimental group, and 615 service men garrisoned out of islands were as control group. The both groups were assessed by *Chinese Military Psychosomatic Health Scale* and *Chinese Military Situational Characteristics Scale* in the *Chinese Soldiers Mental Health Evaluation Instrument (TR-09)*, and the influencing factors were analyzed. **Results** The scores of each psychosomatic health factor of service men in experimental group were higher than those in control group (t=7.513-24.028, P<0.01). In the service men of experimental group, the scores of psychotic, anxiety and depression were higher than other factors, and the scores of cardiovascular and skin were lower. With exception of the factors of eye-ear and nervous system, the score of psychosomatic health was lower in the service men with college and above educational background than in those with junior and senior school educational background (F=0.526-3.245, P<0.05). The psychosomatic health were better in married service men than in unmarried ones (t=0.663-2.869, P<0.05). With exception of the cardiovascular system, the psychosomatic health score was higher in officers than in soldiers and non-commissioned officers (t=–1.434 - –4.381, P<0.05). With exception of psychotic factor, the psychosomatic health score in service men garrisoned at islands was negatively related to the active coping style (r=–0.065 - –0.121, P<0.05), and positively related to the inactive coping style (r=0.062-0.067, P<0.05). **Conclusions** The psychosomatic health of service men garrisoned at islands is worse. The psychosomatic health of service men with higher educational level, married and low ranked is better. Active coping style is beneficial to psychosomatic health of service men, while inactive coping style plays a damaged role.

［**Key words**］ military personnel; health status; psychology, military

驻守海岛的官兵，在寒湿环境和地广人稀、交通不便、生活枯燥乏味、与外界沟通甚少的条件下肩负着守岛、维护海洋权益的神圣使命，同时又要进行艰苦的训练，这种长期应激会使其心理和生理健康受到不同程度的影响[1-2]。心身疾病是危害

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人类健康的现代非传染性疾病[3]。有研究表明，生活事件、个性、应对方式及社会支持等心理因素对心身疾病的发展和转归起重要作用[4-5]。应对方式是使个体摆脱精神紧张的自我心理适应和心理支持机制，是心理应激与压力影响个体心理健康的重要调节变量或中间变量。特质应对方式则反映个体在心理应激过程中的认知水平、情绪状态、个性特点等，具有相对稳定的行为倾向性。应对方式在很大程度上影响着压力的后果和严重性，对个体的心理健康起着重要作用。本研究探讨海岛官兵心身健康水平及其与情景特质应对方式的关系，旨在为提高海岛官兵的心理健康水平，制定有效的心理干预措施，保障部队战斗力提供参考和依据。

1 资料与方法

1.1 研究对象 采用随机整群抽样法，抽取516名海岛官兵列入研究组进行问卷调查，按标准剔除17份，有效样本499份，有效率96.7%，全部为男性，年龄17~31(21.6 ± 2.4)岁。其中初中199名(39.9%)，高中及中专266名(53.3%)，大专及大专以上34名(6.8%)；汉族482名(96.6%)，少数民族17名(3.4%)；乡镇405名(81.2%)，城市94名(18.8%)；军龄2~13(3.5 ± 2.5)年；未婚482名(96.6%)，已婚17名(3.4%)；士兵446名(89.4%)，干部53名(10.6%)。另随机抽取615名非海岛官兵作为对照组，发放615份问卷，有效样本615份，有效率100%，全部为男性，年龄16~37(22.5 ± 3.5)岁。其中初中183名(29.8%)，高中及中专342名(55.6%)，大专以上90名(14.6%)；汉族602名(97.9%)，少数民族13名(2.1%)；农村401名(65.2%)，城市214名(34.8%)；军龄1~18(4.1 ± 3.4)年；未婚563名(91.5%)，已婚52名(8.5%)；士兵487名(79.2%)，干部128(20.8%)。两组比较性别、年龄、民族、军龄、文化程度无显著差异(P>0.05)。所有对象均排除精神和心身疾病、药物成瘾、酒精依赖及严重器质性疾病。

1.2 研究工具 采用中国军人心理健康测评仪(TR-09)中的中国军人心身健康量表[6]进行测评。该量表包括13个因子，共134个条目，包括眼和耳、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。其中焦虑、抑郁、精神病性等3个因子分构成心理健康因子分(M)，除效度外的其他9个因子分构成躯体健康因子分(P)，各因子分之和构成心身健康总分(T)。评分答“是”记1分，答“否”记0分，分值越高提示心身健康水平越低。军人情境特质应对方式量表[7]，该量表共有90个条目，包括情感方面、军事任务、军旅特殊生活、个人发展、人际关系和健康及经济等6个情境分量表。采用4级评分：1分，从不如此；2分，偶尔如此；3分，一般如此；4分，经常如此。分值越高提示相应应对方式越积极或越消极。总量表Cronbacha系数0.893，重测信度为0.690，各因子Cronbacha系数0.434 ~ 0.940，提示该量表具有较好的信效度。

1.3 质量控制 由经培训的专业人员进行团体测试，30~50人为一组。采用统一的指导语和测试方法，并要求被试者在理解条目的情况下如实回答，测试一般在20min左右完成。为解除受试者的心理顾虑，测试采用不记名方式，均知情同意。

1.4 统计学处理 采用Excel 2003建立数据库，采用SPSS 17.0软件进行统计描述和Pearson相关分析，多组间比较采用F检验，进一步两两比较采用LSD法。P<0.05为差异有统计学意义。

2 结 果

2.1 两组心身健康各因子比较 对海岛官兵与非海岛官兵的心身健康各因子分别作独立样本t检验。结果显示，海岛官兵心身健康各因子分显著高于对照组(P<0.01，表1)。

2.2 海岛官兵心身健康各因子分统计描述分析

表1 两组心身健康各因子分比较($\bar{x}\pm s$)

Tab.1 Comparison of score of psychosomatic factors between experimental group and control group ($\bar{x}\pm s$)

Factor	Experimental group(n=499)	Control group(n=615)	t	P
Eye-ear	2.51 ± 1.49	1.80 ± 1.28	7.513	0.000
Respiratory symptom	1.78 ± 1.38	1.47 ± 1.11	–17.547	0.000
Cardiovascular symptom	1.38 ± 1.53	1.30 ± 0.96	14.346	0.000
Alimentary system	2.13 ± 1.75	1.68 ± 1.30	15.763	0.000
Bone-muscle	1.64 ± 1.43	1.46 ± 0.99	16.090	0.000
Skin	1.58 ± 1.57	1.48 ± 1.01	9.032	0.000
Reproductive-endocrine system	2.25 ± 1.43	1.91 ± 1.26	10.672	0.000
Nervous system	2.52 ± 1.72	1.73 ± 1.25	19.989	0.000
Anxiety	4.96 ± 2.27	3.72 ± 2.20	24.928	0.000
Depression	3.66 ± 2.28	2.17 ± 1.93	19.725	0.000
Psychotic symptom	6.81 ± 3.73	5.74 ± 3.21	19.556	0.000

海岛官兵心身健康各因子中精神病性、焦虑、抑郁等3个因子分较其他因子高，心血管及皮肤因子分数则较低(表2)。

2.3 不同文化程度海岛官兵心身健康各因子分值的比较 除眼和耳、神经系统因子外，大专及以上文化程度海岛官兵的心身健康各因子分均低于初中及高中、中专组；高中及中专组的心身健康各因子分高于初中组(P<0.05，表3)。

2.4 不同婚姻状况海岛官兵心身健康各因子分的比较 对不同婚姻状况海岛官兵的心身健康因子作独立样本t检验，结果显示已婚官兵的心身健康各因子分较未婚官兵低(t=0.663 ~ 2.869，P<0.05，表4)。

表2 海岛官兵心身健康各因子分统计描述($\bar{x}\pm s$)

Tab.2 Descriptive statistical analysis of psychosomatic factors in service men at islands($\bar{x}\pm s$)

Factor	Minimum	Maximum	Value
Eye-ear	0.00	8.00	2.51 ± 1.49
Respiratory symptom	0.00	8.00	1.78 ± 1.38
Cardiovascular symptom	0.00	8.00	1.38 ± 1.53
Alimentary system	0.00	12.00	2.13 ± 1.75
Bone-muscle	0.00	5.00	1.64 ± 1.43
Skin	0.00	9.00	1.58 ± 1.57
Reproductive-endocrine system	0.00	10.00	2.25 ± 1.43
Nervous system	0.00	9.00	2.52 ± 1.72
Anxiety	0.00	10.00	4.96 ± 2.27
Depression	0.00	10.00	3.66 ± 2.28
Psychotic symptom	0.00	24.00	6.81 ± 3.73

表3 不同文化程度海岛官兵心身健康各因子分值的比较($\bar{x}\pm s$)

Tab.3 Comparison of psychosomatic factors of Service men at islands at different educational levels($\bar{x}\pm s$)

Factor	Junior middle school group (n=199)	Senior middle school group (n=266)	College group(n=34)	F	P
Eye-ear	2.46 ± 1.38	2.57 ± 1.57	2.34 ± 1.44	0.546	0.054
Respiratory symptom	1.62 ± 1.32	1.93 ± 1.44	1.58 ± 1.21	3.245	0.040
Cardiovascular symptom	1.25 ± 1.48	1.53 ± 1.58	1.07 ± 1.32	2.643	0.002
Alimentary system	2.05 ± 1.62	2.23 ± 1.85	1.82 ± 1.62	1.163	0.000
Bone-muscle	1.57 ± 1.43	1.72 ± 1.43	1.39 ± 1.37	1.196	0.003
Skin	1.46 ± 1.45	1.68 ± 1.66	1.45 ± 1.50	1.249	0.008
Reproductive-endocrine system	2.19 ± 1.31	2.33 ± 1.54	2.01 ± 1.23	1.082	0.040
Nervous system	2.38 ± 1.67	2.66 ± 1.79	2.26 ± 1.39	1.904	0.005
Anxiety	4.90 ± 1.87	5.06 ± 2.11	4.85 ± 2.42	0.526	0.057
Depression	3.73 ± 2.31	3.95 ± 1.84	3.50 ± 2.30	0.896	0.047
Psychotic symptom	6.92 ± 3.87	7.44 ± 3.99	6.55 ± 2.46	1.089	0.008

表4 不同婚姻状况海岛官兵心身健康各因子分的比较($\bar{x}\pm s$)

Tab.4 Comparison of psychosomatic factors of Service men at islands at different marriage situation($\bar{x}\pm s$)

Factor	Unmarried group (n=482)	Married group (n=17)	t	P
Eye-ear	2.53 ± 1.49	2.10 ± 1.22	1.151	0.050
Respiratory symptom	1.80 ± 1.39	1.26 ± 0.99	1.599	0.010
Cardiovascular symptom	1.41 ± 1.54	0.69 ± 0.97	1.911	0.007
Alimentary system	2.14 ± 1.74	1.85 ± 1.91	0.663	0.008
Bone-muscle	1.65 ± 1.43	1.36 ± 1.23	0.813	0.040
Skin	1.59 ± 1.58	1.10 ± 1.26	1.276	0.002
Reproductive-endocrine system	2.26 ± 1.44	2.04 ± 1.21	0.617	0.030
Nervous system	2.53 ± 1.73	2.12 ± 1.37	0.962	0.050
Anxiety	5.02 ± 2.27	3.42 ± 1.61	2.869	0.004
Depression	3.69 ± 2.29	2.66 ± 1.52	1.844	0.000
Psychotic symptom	6.86 ± 3.75	2.55 ± 0.62	1.641	0.001

2.5 不同级别海岛官兵心身健康各因子分的比较 对不同级别官兵的心身健康因子作独立样本t检验，结果显示除心血管系统因子外，军官的心身健康各因子分显著高于士兵和士官(P<0.05，表5)。

2.6 海岛官兵心身健康与特质应对方式的相关分析 对海岛官兵心身健康各因子分特质应对方式进行Pearson相关分析，结果显示海岛官兵心身健康分值与积极应对呈负相关(r=–0.065 ~ –0.121，P<0.05，除精神病性因子)，与消极应对呈正相关(r=0.062 ~ 0.067，P<0.05，表6)。

3 讨 论

驻岛部队驻地多偏远，交通不便，信息闭塞，文化娱乐生活单调，与外界沟通交流少，加上训练

表5 不同级别海岛官兵心身健康各因子分的比较($\bar{x}\pm s$)

Tab.5 Comparison of psychosomatic factors of Service men at islands at different ranks($\bar{x}\pm s$)

Factor	Soldiers(n=446)	Officers(n=53)	t	P
Eye-ear	2.52 ± 1.46	3.34 ± 1.78	−3.440	0.001
Respiratory symptom	1.81 ± 1.36	2.39 ± 1.56	−2.592	0.010
Cardiovascular symptom	1.43 ± 1.57	1.79 ± 1.50	−1.434	0.152
Alimentary system	2.13 ± 1.70	3.15 ± 2.79	−3.545	0.000
Bone-muscle	1.68 ± 1.42	1.96 ± 1.63	−1.176	0.004
Skin	1.64 ± 1.57	1.91 ± 1.76	−1.033	0.002
Reproductive-endocrine system	2.30 ± 1.37	2.78 ± 1.84	−2.096	0.037
Nervous system	2.57 ± 1.74	3.27 ± 1.82	−2.486	0.013
Anxiety	5.08 ± 2.23	5.87 ± 2.40	−2.171	0.030
Depression	3.69 ± 2.22	5.27 ± 2.47	−4.381	0.000
Psychotic symptom	6.95 ± 3.58	8.77 ± 4.82	−3.060	0.002

表6 海岛官兵心身健康与特质应对方式的相关分析(r值)

Tab.6 Correlation analysis of Servicemen's psychosomatic health and situational characteristics(r value)

Factor	Inactive coping style	Active coping style
Eye-ear	0.055	−0.066(1)
Respiratory symptom	0.017	−0.083(2)
Cardiovascular symptom	0.036	−0.103(2)
Alimentary system	0.003	−0.092(2)
Bone-muscle	0.036	−0.075(1)
Skin	0.050	−0.091(2)
Reproductive-endocrine system	0.067(1)	−0.097(2)
Nervous system	0.042	−0.121(2)
Anxiety	0.062(1)	−0.084(2)
Depression	0.040	−0.065(1)
Psychotic symptom	0.040	−0.043

(1)P<0.05, (2)P<0.01

任务重复枯燥，警戒性高，官兵的心身健康更易受到不利环境的影响。本研究显示，海岛官兵焦虑、抑郁、精神病性3个因子分数较高。在面临应激性事件时，个体易倾向于使用负面心理防御机制进行调节，抑郁随之产生[8]。心理效应主要表现为焦虑、抑郁和孤独等，其中焦虑和抑郁是最常见的负性情绪，能够较好地用来评估和预测官兵的心理健康水平[9]。国外有研究表明[10]，军人无论在平时还是演习期间，其焦虑症和抑郁症的发生率均较高。

本次调查还表明，高文化程度的海岛官兵心身健康状况较好。Bjelland等[11]的研究发现，文化程度可预测个体的心身健康水平，并能降低个体发生焦虑和抑郁的风险。随着知识的增加，军人应对平时突发事件和各种关系的能力也相应增加。已婚和低级别的海岛官兵心身健康分数较低，这可能与已婚军人的社会支持程度较高有关[12]；此外，随着职务的提升，多方面的人际关系压力、责任感以及面临的困扰也较多，也会导致身体健康状况的下降[13]；同时，士官及军官除了繁重的训练外，还肩负着部队管理等责任，比士兵面临更多的婚恋、家庭、经济等方面的压力[14]。

相关性分析表明，积极应对方式与心身健康分数呈显著负相关，消极应对与心身健康分值呈正相关。应对是个体为了处理被自己评价为超出本人能力范围的特定内外环境要求而做出的不断变化的认知和行为过程。有文献显示，回避式的应对方式对心理调节有负面影响[15]，而理性合理的应对方式，对缓解压力、增强心理适应力至关重要，消极的、不成熟的应对方式对心理健康的负影响显著。

综上所述，我们应该对海岛官兵的应对方式进行指导，培养海岛官兵积极应对的策略，丰富官兵们的文化知识、增加与外界的交流、开展文娱活动、改善海岛部队的物质生活条件等，并通过这些措施，促进海岛官兵的心身健康水平。

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