Perceptions of Medical Clinics in Kuwait*

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Introduction

SOCIAL SCIENTISTS have presented extensive evidence in support of the observation that the perceptions of the health care delivery system held by providers and utilizers are dissimilar (see, e.g., Koos, 1954; Kadushin, 1964; Suchman, 1965; Robertson, 1967; Richardson, 1968; Kurtz and Chalfant, 1977). Such evidence clearly demonstrates the general social science proposition that people from different social statuses perceive the same phenomena differently and it also has specific utility by explaining some of the reactions of the public to health care systems.

Differential professional and public perceptions of health systems became evident when, in the course of pre-testing a field schedule for a study of child health clinic utilization in Kuwait (Kurtz, 1981), doctors working in the study clinics and mothers who had brought their children to the health facilities made what were interpreted to be dissimilar comments about the services being offered and used. Recognizing the potential importance of understanding these differential perceptions, a decision was made to add supplementary questions to the field schedule to provide an opportunity for the expression of respondent views about the characteristics of the clinic of use, and of clinics in general. Consequently, doctors and mothers were asked to state their opinions about the characteristics of good and bad clinics, to list the good and bad characteristics of the facility being used, and to compare their particular unit to other health resources available for use in Kuwait. Data elicited in this part of the study were to be used by the investigator to approach two questions: 1) What are the criteria used by doctors and mothers to evaluate clinics?, 2) How do perceptions held by the providers and utilizers of the health care services differ?

Furthermore, it was understood, the clinic usage pattern study and the perception study must be related to one another. Thus, as the analysis of the

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data collected for the first study proceeded, another question was recognized as significant, i.e., in what way are the social-psychological aspects of use associated with perceptions of clinic quality? It is to be expected that actions and perceptions are associated and that perceptions related to usage patterns are intertwined with perceptions of the health services being offered to the population.

The doctor and mother samples

The clinics and doctors. The heart of Kuwait's health care delivery system is the free neighborhood primary care clinic. All of these facilities provide general services and some, known as polyclinics, also offer specialized programs. There was a total of 47 clinics in Kuwait when the study was conducted in the spring of 1979, of which 23, which were staffed by 64 doctors, were offering specific maternal and child health services. All the child health clinics and doctors were included in the study. Interviews were conducted by Kuwait University Faculty of Medicine technicians who had been trained by the investigator. A fuller description of the Kuwait health care delivery system and the clinics, doctors, and mothers included in this study can be found in the report on clinic usage patterns (see Kurtz, 1981).

Mothers. Since fathers only occasionally accompanied their children to the child health clinic, and mothers almost always did, a decision was made to limit the family perceptions study to mothers. Interviews of mothers were conducted by school health doctors, who have comparatively light professional responsibilities during the summer months. A sample of 163 mothers who had brought their children to the 23 child health clinics in June, 1979, were interviewed.

Since many people routinely leave Kuwait during the summer months to escape severe weather conditions, representativeness of the sample of mothers cannot be claimed, but a comparison of mother respondent demographic characteristics with those of the child-bearing age female population in Kuwait indicates that the sample grouping is similar to the census population. Consideration of many factors led to the conclusion that there is no reason to believe that the sample of mothers is not representative of all mothers in Kuwait who bring their children to such facilities.

Perceptions of Clinics

Characteristics of good and bad clinics

In the initial question concerning the perceptions of clinics, doctors and mothers in the sample were asked, in an open-ended question, to list the characteristics of a good clinic; no structured response choices were offered, and multiple responses were encouraged. In an attempt to elicit as many viewpoints as possible, this question was followed with another open-ended one, this time asking the converse of the first one, i.e., respondents were asked to list