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Study of Health Systems in Kwun Tong: Preliminary Research Report No. II — General Health Care Units and Physicians

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STUDY OF HEALTH SYSTEMS IN KWUN TONG

Preliminary Research Report No. II:
General Health Care Units and Physicians

By

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The Chinese University of Hong Kong

August 1972

PREFACE

In July 1971, the Social Research Centre of the Chinese University of Hong Kong accepted a grant from the Lottery Funds of Hong Kong Government for studying the medical attitudes and the health-care services in the district of Kwun Tong. The present report represents one of the several studies we have been conducting. Its focus is on the structures and operations of the registered Western general out-patient units, and on the health attitudes of the general medical practitioners in Kwun Tong. A major intention for conducting this study is to provide systematic information for the planning and development of the United Christian Hospital in Kwun Tong. There also exists an academic motivation, i.e., to increase our understanding of the state of health services in a Chinese community of Hong Kong from the perspective of social science. The practical and the academic intentions are by no means mutually exclusive. However, because of the the academic motivation, some findings in the present report may have no direct relevance to the health planners and practitioners.

Throughout the report, I have attempted to interpret the findings and to discuss some of the practical implications. However, because of my limited experience with the health services in Kwun Tong, some interpretations and suggestions may have errors. Hence the present report should be regarded as a preliminary work. I should appreciate it if readers would send me comments and suggestions for the revision of this report. Furthermore, it is expected that a more elaborate analysis of the data will be conducted in the near future.

The last chapter on summary and discussion is more detailed than it usually is. If readers are not able to go through the whole report, they can skip all the previous chapters and go directly to the last one.

In the planning and implementation of this study, we have received advice and suggestions from many individuals. In particular, we would like to acknowledge the following persons:

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Dr. L. K. Ding, Vice-Chairman of the Board Directors, The United Christian Hospital

Dr. S. H. Lee, Principal Medical and Health Officer, Medical and Health Department, Hong Kong Government

Dr. Edward Paterson, Medical Director, The United Christian Hospital

Mr. George Rowe, Director of Social Welfare Department, Hong Kong Government

Dr. Tommy Y. M. Tam, Private Medical Practitioner in Kwun Tong

Dr. Paul Torrens, Medical Administrator of Our Lady of Maryknoll Hospital

Many staffs of the Social Research Centre and some sociology students at the Chinese University of Hong Kong have made valuable contributions to the present study. I would like to acknowledge them all. In particular, I am indebted to the research assistance of Miss Grace Y.C. Chiu, Miss Iris Wan, and Miss Chung Ching Ngor.

Rance Lee
Project Investigator
August 1972.

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Chapter I

INTRODUCTION

1. Objectives

The district of Kwun Tong is a rapidly developing industrial-residential town on the east coast of Kowloon Peninsula. It currently has a total population of almost half a million. The growing population has generated increasing demands for medical and health services. However, the community has not had a hospital yet. Until recent years, the establishment of a general hospital is planned. It is the United Christian Hospital.

The United Christian Hospital claims to be community-oriented. It attempts to provide comprehensive care to all the residents in Kwun Tong. In its planning and development, the Hospital should then consider the medical needs of the residents, as well as the availability of various kinds of medical and health resources in the community. Being the "centre of medicine" in the locality, the Hospital should be able to mobilize, to promote, and to coordinate with the existing health resources so as to meet the medical needs of the residents in Kwun Tong.

Of the many kinds of medical and health resources in the community, a very important one is the registered Western health units which provide out-patient services. These out-patient services are important as they represent the first point of medical contact for most patients. To illustrate the importance, let us present some statistics. First, on the basis of our enumeration of all the Western health service units in the summer of 1971, we estimated that about 65% were then providing general out-patient care. Other services include dental clinics, rehabilitation centers, maternity homes, and medical laboratories, etc. Furthermore, in our survey of a random sample

of 702 household heads in Kwun Tong in early 1972, we found that slightly over 90% of the respondents had consulted Western-trained physicians during the past three years.

The general out-patient service units and their general practitioners have obviously played a salient role in the realm of medical and health services in Kwun Tong. Understanding their service patterns will thus be of significant use to the planning and the development of the United Christian Hospital as well as other medical services.

The general objectives of this study are (1) to find out the ways the registered Western general out-patient service units are structured and operated in Kwun Tong, and (2) to reveal the medical and health opinions of the general medical practitioners. It is underscored that our units of study are the registered Western health units which provide out-patient care to residents in Kwun Tong. We thus exclude the unregistered health units, traditional Chinese medical practices, dental clinics, maternity homes, rehabilitation centres, family planning agencies, inpatient service units, X-ray clinics and medical laboratories.

To achieve the aforementioned general objectives, we shall present and discuss our findings according to six major aspects of the health units studied:

1. Sources of support;
2. Temporal and spatial characteristics;
3. Internal structures and operations;
4. Relationships with patients
5. Connections with other social and medical agencies; and
6. Medical and health attitudes of the general medical practitioners.

To elaborate the findings, we shall consider the sponsorship of the Western health units under study. According to sponsorship, the service units studied can be grouped into two types: (1) private units, and (2) sponsored clinics. Our question is: In what ways are these two types of Western general out-patient service units different from each other? Let us briefly state some of the fundamental differences.

Private units are largely with a high degree of autonomy. They are owned and run by registered doctors. These doctors are mostly trained at the University of Hong Kong. Some of them are graduated from medical schools in other British Commonwealth countries. They are qualified to be registered in the Medical Council, and are then recognized by Government as "registered" medical practitioners.

Sponsored clinics are generally not as autonomous as private units. They are sponsored by, and are thus tied to, Government departments or voluntary agencies, such as Kaifong Associations, district and clansmen's associations, commercial concerns, and trade unions. A number of them are registered with exemption, i.e., employing "unregistrable" medical practitioners. These physicians are mostly not trained in the British Commonwealth countries. They might be, for instance, graduated from medical schools in Mainland China or Taiwan. They have passed examination in Hong Kong, but they are legally recognized as unregistrable doctors.

Furthermore, the work-orientation of the sponsored and the private units may be different. The private units might be commercially oriented, i.e., concerned with economic gains. But the sponsored clinics must claim to be service or charity oriented, and thus usually provide low-cost services.

In view of the above discussion concerning some differences between the sponsored and the private units, we can hypothesize that these two types of general out-patient units will have different patterns of operations, and their physicians will have different opinions about the medical needs and problems in the community of Kwun Tong. In the following chapters, we shall elaborate our findings by considering this factor of sponsorship.

The physicians practicing in private health units are here-after referred to as "private practitioners", while physicians in sponsored units are referred to as "sponsored physicians".

2. Method of Procedure

In September 1971, we conducted an enumeration survey of all the medical and health units in Kwun Tong (for a definition of the boundary of Kwun Tong, see Appendix A). We found that 65 units were providing Western out-patient care, and that there were in total 92 Western-trained physicians practicing there.

On the basis of the above results, we selected a sample for the present study in May 1972. Since this study is primarily concerned with the opinions of general physicians and with the social-organizational aspects of their health units, the sample is drawn according to three major rules: (1) one physician is selected from each of the 65 health units; (2) if there are two or more physicians in a health unit, only one physician is randomly selected; (3) if the unit is a polyclinic, only one of the physicians in general out-patient division is drawn. As a result, a list of 60 general physicians and their general out-patient units was obtained for the present study.

Our data-collection instrument is a precoded and structured question -naire with about 120 itmes in Chinese. We originally planned to interview the selected physicians in the office setting. However, we felt that physicians were mostly very busy, and thus would not be willing to cooperate with the interviewers. Under the advice of Dr. Edward Paterson and Mr. Richard Blakney, we decided to use the strategy of "mailed questionnaire supplemented by Personal collection". The names of the physicians were identified through observing the signs of the health units or through telephone inquiry. A copy of the question -naire was then sent to each selected physician with a covering letter. The letter briefly stated the purpose of the study, and specified the dates the student fieldworker would visit his office and collect the questionnaire. The respondents, i.e., the selected physicians, were also encouraged to make inquiries about the study through telephone contacts with the project investigator or through discussion with the student fieldworker. If a particular physician did not fill out the questionnaire by the time the student fieldworker visited him, he could either be interviewed or make an appointment for a second visit.

The fieldwork was conducted in May 1972. Since quite a few robberies of physician offices occurred lately, we chose female students as fieldworkers. They also carried an Identity Card issued by our Social Research Centre.

A total number of 43 questionnaires were completed, of which 39 were filled out by physicians themselves and 4 were filled out by our fieldworkers through interviewing. The findings to be presented in this report are based on these 43 questionnaires.

In total, 18 sample units were missing, of which 12 were refusal and 4 had moved to other districts. It is noted that with the exception of one sponsored physician, all refusals were made by private practitioners. It indicates that sponsored physicians are more likely than private practitioners to be cooperative with our questionnaire survey.

Chapter II

SOURCES OF SUPPORT

The operation of a health unit requires the support from certain individuals and community agencies. Since support may also imply control, the sources of support would have important bearing upon the orientation of the health unit. This chapter attempts to reveal some major sources of support for the general out-patient units in Kwun Tong. The topics to be discussed are patterns of sponsorship, accommodation ownership, and sources of financial subsidy.

1. Sponsorship

As mentioned, the out-patient units studied can be classified into two types: (1) private units, i.e., those owned and controlled by registered private practitioners; and (2) sponsored units, i.e., those sponsored by govern-ment or voluntary agencies and operated either by registered or unregistrable medical practitioners. Our findings concerning the percentages (%) and the numbers (N) of private and sponsored units in Kwun Tong are tabulated as follows:

	%	N
Private	51.2	22
Sponsored	48.8	21
	100.0	43

The numbers of private units and sponsored clinics are about the same.

The rapid development of Kwun Tong has obviously aroused the interest of private physicians to practice there. However, since the residents are largely in the middle or low social-economic stratum, Government and the various voluntary agencies have also been concerned with the increasing medical needs. There are hence no less sponsored units than private units in the community.

2. Ownership of Accommodation

The accommodation of the health units may be (1) self-owned, (2) rented, or (3) donated or contributed by the government or other community agencies. Our findings concerning the ownership of the accommodation are presented as below:

	%	N
Owned	20.9	9
Rented	46.5	20
Contributed/Donated	32.5	14
	100.0	43

The accommodations are mostly rented. Nevertheless a substantial number of the accommodations is contributed by voluntary agencies and particularly by Government. 13 out of the 14 contributed accommodations are from the Government. This is mainly due to the Government's support of low-cost clinics in the resettlement estates. This statistic reflects that the Government has played a major role in the development of health services in Kwun Tong.

Table 1. Land Ownership by Sponsorship

	Sponsorship			
	Private		Sponsored	
Ownership	%	N	%	N
Self-owned	27.2	6	14.3	3
Rented	36.4	8	57.1	12
Contributed/donated	36.4	8	28.6	6
	100.0	22	100.0	21

Table 1 shows that private units differ from sponsored clinics in terms of accommodation ownership. Private units are more likely than sponsored units to own the property and to have it contributed or donated, while sponsored units are more likely to rent the accommodation. It seems that private units are better off than sponsored clinics in terms of accommodation ownership. There may be two reasons.

First, the private physicians can gain a greater amount of income from medical consultations. They are then able to purchase their own accommodations.

Second, Government's Low Cost Medical Care Scheme gives preference to the registered private practitioners. These practitioners are encouraged to practice in resettlement estates. Government will then contribute an accommodation with a nominal rent of HK$1 per month. As a result, there are more private practitioners than sponsored physicians to have their accommodations contributed by Government.

3. Sources of Financial Subsidy

Fees of medical consultations represent a major source of income for most health units. Some health units, however, may be financially subsidized by government or voluntary agencies. We find that of the 43 health units studied, one receives financial subsidy from government, five from religious associations, and two from secular voluntary agencies. In total, 18.6% of the units studied are financially subsidized by other agencies. A great majority of the health units (81.4%) are hence financially independent, and their incomes are primarily from medical consultations.

Considering financial subsidy by sponsorship, we find that all the 8 units which receive financial subsidy are sponsored clinics. In other words, 26.3% of the sponsored units are financially subsidized but none of the private units is subsidized. In terms of financial subsidy, sponsored units are thus in general better off than private units.

Chapter III

TEMPORAL-SPATIAL CHARACTERISTICS

When and where are the general out-patient units established? The present chapter will present findings concerning the various temporal and locational characteristics of the health units in Kwun Tong. To be specific, we will discuss the following aspects: (1) regional locations, (2) housing type, (3) district of origin, (4) duration (i.e., years) of establishment, and (5) physicians' years of medical practice in Hong Kong.

1. Present Location

The various subdistricts in Kwun Tong can be classified into three regions: (1) North region, including Ping Shek, Ngau Tau Kok, Jordan Valley, and Kowloon Bay; (2) Central region, including Kwun Tong Town Area, and Kwun Tong Resettlement Estates; and (3) South region, including Sau Mau Ping, Lam Tin, Yau Tong, Cha Kwo Ling, and Lyemun (See Appendix A). The distribution of health units in the 3 regions is as follows:

	%	N
North region	25.6	11
Central region	46.5	20
South region	27.9	12
	100.0	43

The health units tend to concentrate in the central areas. Why? The central region is commercially most prosperous and is also geographically most convenient. Since accessibility is a basic condition for the establish -ment of health services, it is expected that the health units studied would mostly concentrate in the central locality.

Examining the distribution with a more detailed scrutiny, we find that Kwun Tong Town Area alone has 37.2% of all the health units. Again, it is expected since Kwun Tong Town Area is in fact the commercial and residential centre of the Kwun Tong community. It is most accessible for the residents of other subdistricts to come and seek medical help. Another possible reason may be that it has a relatively longer history of development than other areas, and it has thus accummulated more health units.

Table 2. Regions of Location by Sponsorship

	Sponsorship			
	Private		Sponsored	
Regions	%	N	%	N
North	31.8	7	19.1	4
Central	45.5	10	47.6	10
South	22.7	5	33.3	7
Total	100.0	22	100.0	21

Table 2 shows the distribution of both private and sponsored units in the three regions of Kwun Tong. Both private and sponsored health units have a similar pattern of distribution. They are both concentrated in the

Central region. Nevertheless, it is noted that relatively there are more private units in the North than in the South region, while there are more sponsored units in the South than in the North region.

2. Housing Type

There are several types of housing in which the health units can be located; they are resettlement estates, low-cost housing, private apartment buildings, and non-residential buildings (i.e., those buildings which are not for residential use, and most of them are in fact primarily used for providing social welfare and medical services). The distribution of health units among these types of housing is tabulated as follows:

	%	N
Resettlement Estates	34.9	15
Low-Cost Housing	14.0	6
Private Apartment Buildings	32.5	14
Non-residential Buildings	18.6	8
	100.0	43

The health units are mostly located in resettlement estates and private apartment buildings. The concentration of health units in resettlement estates may be due to the fact that most of the housing in Kwun Tong are resettlement estates. It is estimated that in 1971, 57.9% of the Kwun Tong residents were living in resettlement estates. The concentration of health units in resettle -ment estates may also be due to the government policy to encourage Western-trained physicians to establish low-cost clinics in resettlement estates.

Why are there also a large number of health units in private apartment buildings? Kwun Tong Town Area is dominated by private apartment buildings. It is estimated that in 1971, 56.5% of the residents in Kwun Tong Town Area were living in private apartments. Since as indicated this subdistrict has the greatest number of health units, we can expect that a large number of health units would be located in private apartment buildings. In fact, we find that 68.8% of the health units in Kwun Tong Town Area are established in private buildings.

Table 3. Housing Type by Sponsorship

	Sponsorship			
	Private		Sponsored	
Housing	%	N	%	N
Resettlement Estate	34.6	8	33.3	7
Low-Cost Housing	27.3	6	0	0
Private Apartment	31.8	7	33.3	7
Non-residential Building	4.5	1	33.3	7
	100.0	22	99.9	21

Considering housing type by sponsorship, we find from Table 3 that the major differences between private units and sponsored clinics are in terms of their locations in low-cost housing and non-residential buildings. Private units are more likely than sponsored clinics to be in low-cost housing, while sponsored clinics are more likely than private units to be located in non-residential buildings.

3. District of Origin

In which districts are the health units originally established? There may be three major patterns of origin: (1) originated in Kwun Tong, (2) originated in other districts but then establish a branch unit in Kwun Tong, (3) originated in other districts but then in-moved to Kwun Tong. The findings concerning the different patterns of origin are as follows:

	%	N
Originated in Kwun Tong	51.2	22
Branch Units	30.2	13
In-moved from other Districts	18.6	8
	100.0	43

Although the health units are mostly originated in Kwun Tong, there exist a substantial number of branch and in-moved units. The rapid growth of the population in Kwun Tong has obviously attracted a number of physicians either to establish branch offices or to move into the community.

Table 4. District of Origin by Sponsorship

	Sponsorship			
	Private		Sponsored	
District of Origin	%	N	%	N
Kwun Tong	50.0	11	52.4	11
Branch Units	45.5	10	14.3	3
In-migrated from other District	4.5	1	33.3	7
	100.0	22	100.0	21

Table 4 shows that both sponsored and private units are most likely to be originated in Kwun Tong. However, private units are more likely than sponsored units to be branch units, while sponsored units are more likely to be in-moved from other districts.

4. Duration of Establishment

For how many years have the health units been established in Kwun Tong? Our findings concerning the duration of establishmont are shown as below:

	%	N
5 years or over	53.6	22
5 to 10 years	34.2	14
Over 10 years	12.2	5
	100.0	41

Most of the health units studied are established during the last five years. Only a small number of them have been established over ten years.

Comparing duration by sponsorship, we observe from Table 5 that private units have a shorter history than sponsored units.

Table 5. Duration by Sponsorship

	Sponsorship			
	Private		Sponsored	
Duration	%	N	%	N
5 years or less	63.4	14	42.2	8
5 to 10	31.8	7	36.7	7
Over 10	4.6	1	21.1	4
Total	100.0	21	100.0	19

As the community develops, we would expect an increasing volume of health services available. Our findings reflect that the community has indeed had an increasing rate of growth in terms of the number of Western general out-patient units. If this trend continues, we may expect a greater increase of out-patient units in the coming years.

Our data also indicate that the sponsored units are more likely than the private units to be established in the early years, but the increase of private units has been faster than that of the sponsored units. We thus expect that there may be a greater increase of private units than the sponsored units in the future. Since private practitioners are in general more sensitive to economic opportunities than the sponsors of voluntary or government clinics, it seems logical for the private units to be established at a later stage of development of the community than the sponsored units.

5. Physicians: Years of Medical Practice in Hong Kong

For how many years have the physicians been practicing in Hong Kong? Our findings are presented as below:

	%	N
Less than 3 years	4.9	2
3 to 5	10.0	4
6 to 10	46.3	19
11 to 15	24.9	10
16 to 20	14.6	6
	100.0	41

Kwun Tong is a newly developed community. The potential volume of patients is promising. It has hence attracted a large number of physicians who are relatively young in the medical profession in Hong Kong. Our data indicate that most physicians in Kwun Tong have been practicing in Hong Kong for 6 to 10 years. The average number of years is estimated to be 10.1 years.

However, it would be unlikely for those who have been practicing in Hong Kong for many years to come to Kwun Tong. The reason is that they have accumulated a large number of acquainted patients over many years of practice in other districts, and do not have to seek more patients in Kwun Tong. We find that only a few physicians (14.6%) in Kwun Tong have been practicing in Hong Kong for 16 to 20 years, and none of them over 20 years.

Considering the years of practice by sponsorship, we find that on the average private physicians have been practicing for a slightly longer period of time than sponsored physicians. The average number of practicing years for private practitioners is about 10.6 years, while that for sponsored physicians is 9.4 years.

Chapter IV

INTERNAL STRUCTURE & OPERATIONS

This chapter attempts to outline the major components and problems of the general out-patient units studied. Topics to be discussed include the numbers and types of personnel, recruitment criteria, patterns of decision-making, exchange of medical information, medical equipments, plans for develop-ment, and administrative problems.

1. Size and Types of Personnel

A. Total Number of Personnel

Specifically our questions are three: (1) How many personnels were there in the initial stage of development? (2) How many personnels are there now? (3) Has there been a substantial growth of personnel size?

We find that in the initial six months, the total numbers of personnel in the health units studied are as below:

Number of persons in each health unit	%	N
Two persons	17.5	7
Three	40.0	16
Four	20.0	8
Five	10.0	4
Six	5.0	2
Seven & over	7.5	3
	100.0	40

The health units are mostly with 2 to 4 persons in the initial six months. The average number is estimated to be 3.8 persons.

At the time our study (i.e., May 1972), the total numbers of persons in the health units became as follows:

Number of persons in each health unit	%	N
Two persons	7.0	3
Three	25.6	11
Four	16.3	7
Five	23.3	10
Six	9.3	4
Seven & over	18.6	8
	100.0	43

The health units are mostly with 3 to 5 persons. The average number is 4.8 persons. Obviously the size of the health units studied has increased. The average increase from the initial six months to the present is about 1 person.

The rapid increase of population in Kwun Tong has generated increasing demand for medical care. In fact, about 56% of the physicians indicate that their health units have had an increasing number of patients. It is hence expected that in order to cope with the increasing demand, the health units would increase the total numbers of staffs.

Considering the size of staff, we find that during the initial six months, the average number of personnel among the private units is 3.5 persons, while that among the sponsored units is 4.1. Hence, on the average the size of staff in sponsored units is greater than that in private units.

At the present time, however, the average number of personnel among the private units is 4.7, while that among sponsored clinics is 4.9. The average size of sponsored units is only slightly greater than that of private

units. The data suggest that the private units generally have a greater increase of personnel than the sponsored units.

In the health units studied, there are generally three major types of personnel. They are physicians, nurses, and administrative staff. Let us investigate the number of each type of personnel at the time of our study in May 1972.

B. Number of Physicians

Among the health units studied, 78.6% have one physician; 14.2% have two physicians; and 7.2% have three or more physicians. Hence most of the health units in Kwun Tong have one physician only.

Table 6. Number of Physicians by Sponsorship

	Sponsorship			
	Private		Sponsored	
Physicians	%	N	%	N
1	95.2	20	61.9	13
2	4.8	1	23.8	5
3 or more	0.0	0	14.3	3
	100.0	21	100.0	21

Table 6 shows that private units are much more likely than sponsored clinics to have only one physician. 95.2% of the private units have one physician, while 61.9% of sponsored units have one physician.

C. Number of Nurses

Of the health units studied, 26.8% have one nurse; 19.5% have two nurses; 34.2% have three nurses; 12.2% have four nurses; and 7.3% have five or

more nurses. Obviously most of the units (80.5%) employ one to three nurses.

Table 7. Number of Nurses by Sponsorship

	Sponsorship			
	Private		Sponsored	
Nurses	%	N	%	N
1	10.0	2	42.9	9
2	25.0	5	14.3	3
3	40.0	8	28.6	6
4 or more	25.0	5	14.2	3
Total	100.0	20	100.0	21

Table 7 shows that private units generally employ more nurses than the sponsored units. 42.9% of the sponsored units have one nurse, while only 10% of the private units employ one nurse.

D. Number of Administrative Staff

By administrative staff we refer to those whose special duty is to be in charge of the administrative procedures, such as registration, filing, and payment. We find that of the units studied, 27.9% have no administrative staff; 55.8% have one; 11.7% have two; and 4.6% have three. Most health units thus have one administrative staff only.

Table 8. Number of Administrative Staff by Sponsorship

	Sponsorship			
	Private		Sponsored	
Administrative Staff	%	N	%	N
No	36.4	8	19.1	4
1	59.1	13	52.3	11
2	4.5	1	19.1	4
3	0.0	0	9.5	2
Total	100.0	22	100.0	21

Table 8 shows that both private and sponsored units are most likely to have one administrative staff. Relatively speaking, however, sponsored clinics have more administrative staffs than private units. Almost all the private units have either one or no administrative staff, while a substantial number of sponsored clinics have one to two.

In sum, it seems that the health units in Kwun Tong are mostly small -sized. A unit normally consists of one physician, one to three nurses, and one administrative staff. In general, sponsored clinics have more physicians and administrative staffs, but less nurses, than private units.

2. Criteria of Recruitment

In an organizational unit, the recruitment of personnel may base on particularistic or universalistic criteria. The former places more emphasis on kinship and friendship connections, while the latter on technical competency. Different forms of recruitment may have differential implication for the operation of the unit.

Medical practice is a highly rational and technical system of behavior. We would expect that the recruitment criteria used by the health units studied are more universalistic than particularistic.

We find that of the units studied, only two respondents (one in private unit, and another in sponsored clinic), i.e., 4.7%, reported that the employees are mostly kins with each other. The data reflect that, with the exception of a few, the health units are likely to recruit personnel on the basis of universalistic consideration. In other words, technical competency is more important than kinship connections.

3. Administrative Decision-Making

Decisions concerning the operation of a health unit may be made by one person or through the discussion of several persons. The former is a centralized pattern of decision-making, while the latter is a decentralized type. To what extent is the making of major decisions centralized or decentralized among the health units studied?

The respondents were asked whether the decisions concerning (1) recruitment, (2) salary increase or decrease, and (3) purchase of medical facilities were made by a single person or through the discussion of several persons. The responses are presented as follows (N= 37):

	Nature of Decision-making	
	By One Person	By Several Persons
(1) Recruitment	73.0%	27.0%
(2) Salary increase/ decrease	67.6%	32.4%
(3) Purchase of medical facilities	67.6%	32.4%

Obviously the centralized pattern of decision-making is most prevalent among the health units in Kwun Tong. In other words, major decisions are likely to be made by a single person than by several persons.

With regard to decision-making, we find that private units are more likely than sponsored clinics to have a centralized pattern of decision-making. In fact, none of the private units is decentralized in terms of decision-making, while all the units which have a centralized pattern are found to be sponsored clinics.

Sponsored clinics are under the auspices of voluntary or governmental agencies. Physicians in sponsored clinics may then have to consult with sponsors when making major decisions. Contrarily, private units are normally independent from other agencies. Physicians in private units are usually the owners, and can thus make all major decisions by themselves. As a result, decisions in sponsored clinics are likely to be made by several persons, while those in private units are likely to be made by a single person.

4. Exchange of Medical Information

Workers in the same health unit usually discuss with each other on various topics. An important topic is medical care technology and services. The frequency of inter-communication of this topic may have a significant bearing upon the improvement of medical services.

How often do workers in a particular health unit have discussions on medicine and health? The findings are presented as below:

	%	N
Often	22.0	9
Sometimes	48.7	20
Rarely	29.3	12
	100.0	41

In most of the health units studied, medical discussions are sometimes held. Less than one-fourth of them have frequent discussions.

Exchange of medical information is an important means to improve the standard of medical practice. Our data, however, suggest that staffs in the health units studied do not frequently exchange medical information among them-selves. It seems that efforts are needed to promote and facilitate the inter-communication of medical and health knowledge among health workers.

In terms of the frequency of medical communication among medical staffs, we find that there is no significant difference between private and sponsored units. Of the private units studied, 19% reported having a high frequency of communication, 52.4% had occasional communication whereas 28.6% had a low frequency of communication. Of the sponsored clinics studied, 25% had a high frequency of communication, 45% had occasional communication while 30% reported a low frequency of communication.

5. Medical Equipment

Do the general health units studied have these important facilities: X-ray service, Electrocardiogram, and laboratory tests?

It is found that 1 unit has 3 of them; 1 unit has both Electro-cardiogram and laboratory tests; 1 unit has Electrocardiogram only; and 2 units have laboratory tests alone. Altogether 5 units, i.e., 11.9% of all the units

studied, have one or more of these important facilities. Of these 5 units, 4 are private units and 1 is a sponsored clinic. Private units are thus in general somewhat better equipped than sponsored clinics.

It seems that the general out-patient units in Kwun Tong are not well equipped. Electrocardiogram, laboratory and especially X-ray services should be strengthened.

6. Plans for Development

The further development of the Kwun Tong community will inevitably give rise to a greater demand for medical care. But do the existing health units plan to expand services in the future?

We find that of the units studied, only 17.5% have plans for expansion in the coming three years. Hence most of the health units in Kwun Tong do not plan for further development. Why?

Regarding plans for expansion, we find that of the private units, 9.5% plan to expand, while 26.3% of the sponsored clinics have such a plan. In other words, sponsored clinics are much more likely than private units to plan for expansion. Again, why?

The lack of plans for expansion among the health units (especially the private units) might be due to the lack of substantial increase of patients in recent years. As discussed in a later part of this report, we in fact find that most of the physicians (especially the private practitioners) reported that their health units have not had a significant growth in terms of the number of patients.

7. Problems

Every health unit may be confronted with some problems, such as heavy work-load, shortage of medical equipment, lack of space, shortage of supporting staff, turnover of nursing staff, and lack of cooperation among staffs. Our findings concerning some of the major problems are as follows:

Problems	Very Serious		Fairly Serious		Not Serious	
	%	N	%	N	%	N
(1) Heavy work-load for physicians	5.0	2	7.5	3	87.5	35
(2) Shortage of medical facilities	7.5	3	12.5	5	80.0	32
(3) Lack of space	2.5	1	10.0	4	87.5	35
(4) Shortage of supporting staff	5.0	2	2.5	1	92.5	37
(5) Excessive turnover of nursing staff	5.0	2	7.5	3	87.5	35
(6) Lack of cooperation among staffs	5.0	2	0	0	95.0	38

Obviously most physicians do not feel that there are serious problems in their health units. If the reports from these physicians are valid, the health units in Kwun Tong seem to be functioning very well. Nevertheless, among all the problems the shortage of medical facilities is most likely to be a serious problem. Next come the heavy workload for physicians, the turnover of nursing staff, and the shortage of space.

Table 9. Percentages of Health Units with Very or Fairly Serious Problems by Sponsorship

Problems	Sponsorship: Private (N = 21)	Sponsorship: Sponsored (N = 19)
(1) Heavy workload for physicians	4.8%	21.1%
(2) Shortage of Medical facilities	9.5%	31.6%
(3) Shortage of space	4.8%	21.1%
(4) Shortage of supporting staff	4.8%	10.5%
(5) Excessive turnover of nursing staff	9.5%	15.8%
(6) Lack of cooperation	4.8%	5.3%

Table 9 shows that sponsored clinics are more likely than private units to have the various problems, particularly the problems of (1) shortage of medical facilities, (2) heavy workload for physicians, and (3) shortage of space. It seems that the need for improvement is stronger for sponsored clinics than private units.

Chapter V

RELATIONSHIPS WITH PATIENTS

Patients are consumers of medical services. The growth of a health unit is dependent on its relationships to patients. The present chapter will focus on some of the major elements in the process of medical consultation. Topics to be discussed include (1) the temporal features of medical consultation, such as service hours, duration for each consultation, number of patient attendance and its changes overtime; (2) charges for medical consultation; (3) service areas; and (4) the nature of services.

1. The Temporal Features of Medical Consultation

A. Number of Service Hours per week

The total number of hours per week for medical consultations in the health units studied is presented as follows:

	%	N
10 or less	4.7	2
11 - 20	9.3	4
21 - 30	23.3	10
31 - 40	32.6	14
41 or more	30.2	13
	100.0	43

A large number of health units provided more than 30 hours per week for medical consultations. The total number of consultation hours of all the 43 units is about 1,367.5 hours per week. The average number of consultation hours per unit is about 31.8 hours per week.

Considering consultation hours, we note that (1) of the private units, the total number of consultation hours is 616.5 and the average number is about 28 hours; and (2) of the sponsored clinics, the total number is 750.5 and the average number is about 35.7 hours. Hence in general the sponsored clinics in Kwun Tong offer a greater number of hours available for medical consultations than the private units. The reason may be that physicians in private units are more likely than those in sponsored clinics to work in more than one health unit and therefore cannot devote all their time in any particular unit. As will be reported later, the proportion of private practitioners with joint appointments is 52.4%, while that of sponsored physicians is 45%.

B. Length of Time for Each Consultation

As indicated, the workload of physicians in Kwun Tong seems to be heavy. Then, in general how much time do physicians spend for each consultation? The findings are presented as below:

	%	N
5 or less	45.2	19
6 - 10	30.9	13
11 - 15	16.7	7
16 or more	7.1	3
	100.0	42

Most physicians reported that it usually took them 5 minutes or less for each medical consultation. Only a few physicians spent more than 10 minutes.

The short interval of time for each consultation may be due to the heavy workload. However, it is then doubtful whether or not patients can receive adequate care.

It is estimated that of all the health units studied, the average length of time for each consultation is 8 minutes. Comparing the length of time of each consultation by sponsorship, we note that on the average, private units take 8.6 minutes while sponsored clinics take 7.4 minutes. Hence, in general sponsored physicians spend less time in each consultation than private physicians. It seems that patients receive less adequate service from sponsored clinics than from private units.

C. Number of Consultation Per Week

In general, how many patient consultations per week do the health units have? The findings are presented as below:

	%	N
50 or less	5.1	2
51 - 100	23.1	9
101 - 300	38.5	15
300 or more	33.3	13
	100.0	39

Most of the health units studied have more than 100 consultations a week. The average number for each unit is about 244 consultations per week. The total number of consultations for all the 43 units is then estimated to be 10,492 consultations. In view of these statistics and the relatively short period of time available for medical consultation, the work-load of physicians in Kwun Tong seems to be heavy.

With respect to the number of consultations, we find that the average number of medical consultations per week for each private unit is about 263, while that for each sponsored unit is 223. Hence on the average, private units have somewhat more medical consultations than sponsored clinics.

As reported, sponsored clinics in general offer more consultation hours than private units. But here we find that they have a smaller number of medical consultations than private units, It could be that patients generally have less confidonce in the low-cost service and especially the unregistrable doctors in sponsored clinics.

D. Time (Within a Day) to have the Maximum Number of Patient Contacts

At what time of the day do health units in Kwun Tong have the greatest number of patients? The findings are as follows:

	%	N
Morning	70.7	29
Afternonn	0.0	0
Evening	4.9	2
Night	24.4	10
	100.0	41

Most of the health units studied have the largest number of patient contacts in the morning. In sum, about 95% of the units have the largest number of patients either in the morning or at night. None of the units studied has any patient contact in the afternoon. The data suggest that if there is going to be an increase in medical services in Kwun Tong, the most appropriate time for such provision will be in the morning, and the next choice will be at night.

Table 10. Time to have the Maximum Number of Patient Visits by Sponsorship

Time	Private %	Private N	Sponsored %	Sponsored N
Morning	60.0	12	81.0	17
Evening	0.0	0	9.5	2
Night	40.0	8	9.5	2
Total	100.0	20	100.0	21

Table 10 shows that both private and sponsored units tend to have the maximum number of patient visits in the morning. Nevertheless, sponsored clinics are somewhat more likely than private units to have the largest number of patients in the morning, but somewhat less likely than private units to have the largest number at night. Why? It could be due to the different hours of medical practice. As reported, there are more private practitioners than sponsored physicians to practice medical service in more than one unit. It is then possible that there is a lower proportion of private practitioners than that of sponsored physicians to practice in Kwun Tong in the morning. As a result there are relatively less private units than sponsored clinics to have the maximum number of patient visits in the morning.

E. Increase in Number of Patients

After a health unit is established, its number of patients may be significantly increasing, gradually increasing, remaining unchanged, or fluctuating overtime. The pattern of changes in the number of patients among the health units under study is presented as below:

	%	N
Significant increase	7.0	3
Gradual increase	48.9	21
No increase	11.6	5
Fluctuating	32.6	14
	100.0	43

Most of the health units studied have had a gradual increase in the number of patients. It could be due to the growth of population in Kwun Tong.

Table 11. Changes in Number of Patients by Sponsorship

	Sponsorship			
	Private		Sponsored	
Number of Patients	%	N	%	N
Significant Increase	0.0	0	14.3	3
Gradual Increase	54.5	12	42.8	9
No Increase	18.2	4	4.8	1
Fluctuating	27.3	6	38.1	8
Total	100.0	22	100.0	21

Table 11 shows that there exists no significant difference between private and sponsored units in terms of changes in the number of patients.

2. Consultation Fee

In general how much do physicians charge for each consultation? Our findings are presented as follows:

Cost (Hong Kong Dollars)	%	N
2 or less	7.3	3
3 - 4	51.2	21
5 - 6	24.4	10
7 - 8	12.2	5
9 or more	4.9	2
	100.0	41

Most of the health units studied charge 3 to 4 dollars for each consultation, followed by 5 to 6 dollars. The average charge is about 4.9 dollars.

Comparing the consultation fee by sponsorship, we find that private units, on the average, charge 6 dollars for each consultation, while sponsored units charge 3.5 dollars. It is more expensive to consult private practitioners than sponsored physicians. This is expected since sponsored clinics are supposed to be more service or charity oriented, and are also more likely to be subsidized by other agencies.

3. Service Areas

Different health units may serve residents in different regions. Of the health units studied, from which regions do most of the patients come? Our findings are as follows:

	%	N
North Region	21.0	9
Central Region	34.9	15
South Region	34.9	15
More than One Region	7.0	3
Outside Kwun Tong	2.2	1
	100.0	43

Most of the health units serve the residents in Central and South regions. However, the area of service may be dependent on the location of health units.

Considering the location of health units, we find that (1) of the 11 health units in North Region, 9 units have the largest number of patients from North Region, 1 unit from more than one region, and 1 unit from outside Kwun Tong; (2) of the 20 health units in Central Region, 15 units have the largest number of patients from Central Region, 3 units from South Region, and 2 units from outside Kwun Tong; and (3) of the 12 health units in South Region, all the units have the largest number of patients from South Region. Obviously the health units studied are very likely to serve the residents in neighborhood area. It is unlikely to find a health unit in a particular region to serve residents in another region. It reflects that when patients are seeking medical help, the location of a health unit is an important consideration for them.

4. Nature of Service

It is reminded that all the physicians studied are general practitioners. They are thus primarily providing general out-patient care. According to our conversation with some physicians in Kwun Tong, the common diseases to be treated seem to be fevers, colds, coughing, vomiting and diarrhoea, stomach-ache, and headaches. In the present study, we would like to focus on two

major issues: (1) discussion with patients on the process of treatment, and (2) the use of contraceptive methods.

A. Discussion with Patients on Treatment Process

There seems to be at least two virtues for physicians to discuss with patients on the precedures of disease treatment. First, knowing the nature of the medical treatment, the patient may be more willing to accept and follow the instructions from his physician. Second, the patient can learn more about medicine and health.

To what extent do the physicians studied feel that they should or should not discuss with patients about the treatment method? Our findings are as follows:

	%	N
Definitely Should	25.6	11
Should	46.5	20
Should Not	2.3	1
Undecided	25.6	11
	100.0	43

The data suggest that a large number of the physicians feel that physicians should discuss with patients on treatment procedures. However, the fact that about one-fourth of them feel that they should not or are undecided indicates that quite a few physicians in Kwun Tong have yet to be convinced of the importance of physician-patient discussions on treatment prodedures.

Considering the suitability of physician-patient communication on disease treatment, we find that (1) of the private practitioners, 62.7% give the responses "should" or "definitely should", while 27.3% check the columns "should not" or "undecided"; and that (2) of the sponsored physicians, 71.4% feel that they "should" or "definitely should", while 28.6% feel that they "should not" or are "undecided". Thus sponsored physicians are more willing than private physicians to discuss the treatment process with patients, but the difference is small.

B. Advice on Contraception

Many social welfare and health agencies in Hong Kong have been trying to promote family planning practice. It is felt that medical physicians may be playing a crucial role in promoting the use of contraceptive methods. How often do physicians give advice to patients on the use of contraceptive devices? The findings are presented as below:

	%	N
Often	33.3	14
Sometimes	59.5	25
Never	7.2	3
	100.0	42

Most of the physicians studied either often or sometimes give advice on contraception. Obviously the role of general physicians in family planning cannot be neglected.

Table 12. Frequency of Advice on Contraception by Sponsorship

Frequency of Contraception Advice	Sponsorship			
	Private		Sponsored	
	%	N	%	N
Often	33.3	7	33.3	7
Sometimes	66.7	14	52.4	11
Never	0.0	0	14.3	3
Total	100.0	21	100.0	21

Table 12 shows that private practitioners and sponsored physicians are essentially the same in terms of the frequency of giving advice on contraception.

Chapter VI

EXTERNAL CONNECTIONS

The operation of an organizational unit is more or less conditioned by its relationships with other units in the community. The central question in this chapter is: how are the general out-patient units in Kwun Tong connected with other social or medical agencies? Several kinds of connections will be discussed, such as joint services, professional connections, information flow, patient referrals, connections with non-medical agencies, and associations with community elites.

1. Joint Services

The survival and growth of a health unit depends on its number of patients. One way to maximize its sources of patients is to set up affiliated units or joint services in different areas.

We find that 39.5% of the health units (i.e., 17 out of 43 units) in Kwun Tong have affiliated units. Of these 17 units, 15 have affiliated units outside Kwun Tong, and only 2 have affiliated units inside Kwun Tong.

With regard to affiliated units, we find that private units are much more likely than sponsored clinics to have affiliated units. 63.6% of the private units have affiliated units, while only 14.3% of the sponsored clinics have affiliated units.

Physicians and nurses may also work in more than one setting. It is found that 48.8% of the physicians studied also work in other health units. Private practitioners, however, are somewhat more likely than sponsored physicians to have joint appointments. 52.4% of the private practitioners have joint

appointments, while 45% of the sponsored physicians are so.

Of the health units studied, 19.5% employ nurses who are also working in other units. Apparently physicians are more likely than nurses to serve in more than one setting. Furthermore, nurses in private units are somewhat more likely than those in sponsored clinics to work in more than one place. 23.8% of the private units have nurses also working in other health units, while 15% of the sponsored units are so.

Joint or affiliated medical practices are in fact quite prevalent among the Western health units and their medical staff in the district of Kwun Tong. Private health services are in general more likely than sponsored services to have affiliations.

Our data also suggest that the affiliated units are mostly located outside Kwun Tong, indicating that the Western health services in Kwun Tong have extensive connections with health services in other districts of Hong Kong.

2. Professional Connections

The extent to which a physician maintains contact with other medical professionals reflects not only his cohesiveness to the professional circle, but also his potential for the improvement of medical practices. Two kinds of professional linkage will be discussed here: (1) membership in professional medical societies or associations in Hong Kong, and (2) social contacts or friendship connections with medical practitioners in other health agencies.

A. Membership in professional associations:

We find that about 65% of the physicians studied are members of some medical societies in Hong Kong. Considering membership in professional associations, we note that 90.5% of the private practitioners and 40% of the

sponsored physicians have memberships. Private physicians are thus more likely than sponsored physicians to be members of professional medical associations in Hong Kong. It could be that a number of the sponsored physicians are unregistrable and hence unqualified for memberships in local medical associations.

B. Social Contacts

How often (frequently, sometimes, rarely) do physicians make social contacts or friendship connections with other medical practitioners? We find that of the 43 physicians studied, (1) 40.5% frequently or sometimes make social contacts with other Western-trained doctors in Kwun Tong, (2) 76.2% with Western-trained doctors outside Kwun Tong, (3) 9.8% with Chinese medical practitioners in Kwun Tong, and (4) 11.9% with Chinese medical practitioners outside Kwun Tong.

The data suggest that a substantial number of physicians in Kwun Tong maintain friendship connections with other Western-trained physicians. However, they are more likely to make social contacts with other physicians outside Kwun Tong than those inside. In other words, the "internal" contact is not as frequent as the "external" contact.

Moreover, these physicians in Kwun Tong are much more likely to maintain contacts with Western-trained colleagues than Chinese medical practitioners.

Let us consider the difference by sponsorship. The percentages of private and sponsored physicians who frequently/sometimes make social contacts with other medical practitioners are as below:

Contacts with:	Private (N = 22)	Sponsored (N = 20)
(1) Western-trained physicians in Kwun Tong	40.9%	40%
(2) Western-trained physicians outside Kwun Tong	81.8%	70%
(3) Chinese medical practitioners in Kwun Tong	4.6%	15%
(4) Chinese medical practitioners outside Kwun Tong	13.6%	10%

Obviously there is no significant difference between private and sponsored physicians in terms of the pattern of social contacts. Both of them are most likely to have contacts with Western-trained physicians outside Kwun Tong.

3. Information Flow

The growth of a health unit is partly dependent on the kinds of information it receives from the larger community. In this section, we would like to discuss two major channels of information flow: (1) professional medical journals, and (2) publications and reports from other social welfare and medical agencies in Hong Kong.

A. Subscription to Professional Medical Journals

Whether or not a physician buys professional medical periodicals indicates not only his access to current medical information, but also his motivation to improve the standard of medical practice.

We find that physicians in 92.9% of the health units studied purchase medical journals regularly. The percentage is very high.

Considering subscription to medical journals, we find that physicians in all private units regularly purchase medical journals, while physicians in 85% of the sponsored clinics regularly purchase. Thus private practitioners are more likely than physicians in sponsored clinics to buy medical journals.

Private practitioners seem to be more accessible to current information on medicine, and have a higher motivation to improve medical practice, than physicians in sponsored clinics. The findings suggest that there exists a greater need for the dissemination of up-to-date medical knowledge to sponsored physicians than to private practitioners.

B. Publications and Reports from Social Welfare and Medical Agencies In Hong Kong

Besides the professional medical journals, another way to gain systematic information is from the publications and reports of other medical and/or social service agencies. How many health units in Kwun Tong frequently receive publications and reports from other medical and social service agencies in Hong Kong?

We find that only 28.6% of all the health units studied frequently receive reports and publications, among which 36.6% of the private units frequently receive publications, while 20% of the sponsored clinics do so.

Our data indicate that most of the health units in Kwun Tong do not receive reports and publications from other agencies. Relatively private units are more likely than sponsored clinics to receive reports and publications.

Our analysis of the subscription to medical journals, and of the receipt of reports and publications from local agencies consistently indicate that private practitioners are in a better position than sponsored physicians with respect to the access to external information concerning medicine and health.

5. Patient Referrals

Referral of patients represents an important kind of connection among health units. How many health units in Kwun Tong have referred patients to other health units? To what kinds of health units do they refer patients?

The proportions of health units referring patients to particular types of health agencies are presented as below:

Types of Units to Which Patients Are Referred	%	N
(1) Specialists in Kwun Tong	9.3	4
(2) Specialists outside Kwun Tong	44.2	19
(3) X-ray clinic in Kwun Tong	51.2	22
(4) Medical Laboratory in Kwun Tong	51.2	22
(5) Medical Laboratory outside Kwun Tong	44.2	19
(6) Chinese Medical Practitioners (including herbalists, bone-setters, and acupunturists) in Kwun Tong	2.3	1
(7) Chinese Medical Practitioners outside Kwun Tong	2.3	1
(8) Hospitals	83.7	36

Most of the health units studied refer patients to hospitals. A number of them also refer patients to X-ray clinics and medical laboratories in Kwun Tong, and to specialist services and medical laboratories outside Kwun Tong. The Western -trained physicians are very unlikely to refer patients to Chinese medical practitioners. Obviously Western-trained physicians have not yet utilized the resources in Chinese medicine.

Table 13. Percentages of Health Units Making Patient Referrals to Particular Types of Agencies, by Sponsorship

Types of Agencies Referred	Sponsorship: Private %	N	Sponsored %	N
(1) Specialists in Kwun Tong	4.6	1	14.3	3
(2) Specialists outside Kwun Tong	50.0	11	38.1	8
(3) X-ray Clinics in Kwun Tong	59.1	13	42.9	9
(4) Medical Laboratory in Kwun Tong	54.6	12	47.6	10
(5) Medical Laboratory outside Kwun Tong	45.6	10	42.9	9
(6) Chinese Medical Practitioners in Kwun Tong	0.0	0	4.8	1
(7) Chinese Medical Practitioners outside Kwun Tong	0.0	0	4.8	1
(8) Hospitals	77.3	17	90.5	19

Table 13 shows that the pattern of referral among private units is similar to that among sponsored clinics. Both types of health units are most likely to refer patients to hospitals. Nevertheless private units are somewhat more likely than sponsored clinics to refer patients to specialists outside Kwun Tong, to X-ray clinics in Kwun Tong, and to medical laboratories in Kwun Tong. Sponsored clinics are somewhat more likely than private units to refer patients to specialists in Kwun Tong.

6. Medical Arrangements with Community Agencies

Some health units may have special arrangements with social welfare agencies or schools, so that clients or students can get medical check-up and

treatments at a reduced price. How many of the general out-patient units in Kwun Tong have such arrangements?

We find that of the health units studied, 27.9% (i.e., 12 units) have special arrangements with schools, while 18.6% (i.e., 8 units) with social welfare agencies.

Comparing the attachment to school by sponsorship, we note that 31.8% (i.e., 7 units) of the 22 private units have special arrangements with schools, while only 23.8% (i.e., 5 units) of the 21 sponsored clinics have such arrangements. Private units are thus more likely than sponsored clinics to establish medical arrangements with schools. It could be due to the Government policy to encourage private medical practitioners to operate the scheme of School Medical Service. Under this scheme, Government contributes half of the medical fee.

Furthermore, we find that 4.5% (i.e., 1 unit) of the private units and 33.3% (i.e., 7 units) of the sponsored units have special arrangements with social welfare agencies. Obviously sponsored clinics are more likely than private units to make arrangements with social welfare agencies. It could be that some of the social welfare agencies and the sponsored clinics have the same sponsors.

7. Connections with Community Elites

Elites in a community possess wealth, prestige, and power. They have the potential to mobilize community resources to support action programmes. Thus the extent to which physicians maintain social contacts or friendship connections with community elites will have bearing upon the extent of community support to their health services.

We find that of the physicians studied, 14.3% reported that they had frequently or sometimes made social contacts with the elites in Kwun Tong, such as high-level civil servants and civic leaders.

With respect to social contacts, we find that 20% of the sponsored physicians and 9.1% of the private physicians maintain social contacts with the community elites. Hence sponsored physicians are more likely than private physicians to have social contacts with the elites in the Kwun Tong community. It could be that the sponsors of sponsored clinics are likely to be elites in the community. Physicians in sponsored clinics can then get access to their elite sponsors, or to other elites through the introduction of their sponsors.

Our data seem to suggest that sponsored clinics are more likely to get support from the salient segment (i.e., elites) of the community than private units.

Chapter VII

HEALTH ATTITUDES OF PHYSICIANS

This chapter attempts to reveal the opinions of general physicians, concerning the various aspects of health service, such as job-satisfaction, evaluation of health resources in the community, community consciousness, services of the United Christian Hospital, and the role of traditional Chinese medicine. The purpose is to find out from general physicians the medical needs in the community and the ways the existing health resources can be mobilized and coordinated.

1. Job-Satisfaction

The job of being a physician is highly valued by community residents. It commands prestige and respect, and usually has good economic opportunities. The profession of medicine has thus attracted some of the best brains in the society. But, to what extent are the physicians in Kwun Tong satisfied with their present work? Our findings are presented as below:

	%	N
Very satisfied	4.7	2
Fairly satisfied	67.4	29
Fairly dissatisfied	25.6	11
Very dissatisfied	0.0	0
Undecided	2.3	1
	100.0	43

Physicians are in fact mostly satisfied or very satisfied with their jobs. None of them is very dissatisfied. However, why are there about one-fourth of the physicians who are fairly dissatisfied? This question deserves further

investigation. It may be due to the uncertainty in medical diagnosis, and the frequent contact with unhappy and anxious patients.

Table 14. Job-Satisfaction by Sponsorship

	Sponsorship			
	Private		Sponsored	
Job-Satisfaction	%	N	%	N
Very Satisfied	9.1	2	0.0	0
Fairly Satisfied	63.6	14	71.4	15
Fairly Dissatisfied	22.7	5	28.6	6
Undecided	4.6	1	0.0	0
Total	100.0	22	100.0	21

Table 14 shows that private practitioners and sponsored physicians do not differ significantly in terms of job-satisfaction. Nevertheless, private practitioners are found to be somewhat more satisfied than sponsored physicians. It could be that private physicians are relatively better off in terms of social prestige, income, and the recognition by Hong Kong Government.

2. Evaluation of Health Resources in the Community

A. Availability of Health Facilities

There are many kinds of medical and health services in Kwun Tong. How sufficient are they in meeting the medical needs of the residents?

Let us first examine this question: What is the general impression of the physicians in Kwun Tong regarding the availability of health facilities in the community? Our findings are presented as below:

	%	N
Very sufficient	2.3	1
Sufficient	30.2	13
Not sufficient	53.5	23
Very insufficient	9.3	4
Undecided	4.7	2
	100.0	43

Most physicians indicate that health facilities in Kwun Tong are in general not sufficient.

Table 15. Availability of Health Facilities by Sponsorship

Availability of Health Facilities	Sponsorship			
	Private		Sponsored	
	%	N	%	N
Very Sufficient	0.0	0	4.8	1
Sufficient	45.5	10	19.1	4
Insufficient	45.5	10	57.1	12
Very Insufficient	9.0	2	9.5	2
Undecided	0.0	0	9.5	2
Total	100.0	22	100.0	21

Table 15 shows that private medical practitioners and sponsored physicians do not differ significantly in terms of the general evaluation of the availability of health services in Kwun Tong.

In view of this general evaluation, let us ask: In the opinion of Kwun Tong physicians, how sufficient is each specific type of health services

in meeting the medical needs of the rexidents? Our findings are presented as below:

Types of Health Services	Sufficient %	Insufficient %	Very Insufficient %	Don't Know %
(1) Preventive innoculations	34.9	39.5	0.0	25.6
(2) Number of inpatient beds	0.0	39.5	32.6	27.9
(3) Health education	0.0	46.5	27.9	25.6
(4) Casualty services	9.3	27.9	41.9	20.9
(5) Coordination among health agencies	7.0	27.9	23.2	41.9
(6) Number of general physicians	32.6	23.2	9.3	34.9
(7) Number of specialists	11.6	34.9	27.9	25.6
(8) Private donation to health agencies	11.6	23.3	18.6	46.5
(9) Contribution of Government to health services	9.3	53.5	7.0	30.2
(10) Low-cost clinics	44.2	27.9	4.7	23.2
(11) Night clinics	41.9	27.9	7.0	23.2
(12) Number of Chinese medical practitioners (including herbalists, acupuncturists, and bone-setters)	32.6	9.3	0.0	58.1
(13) Medical laboratories	11.6	46.5	18.6	23.3
(14) Medical care for the aged	7.0	23.2	25.6	44.2
(15) Medical insurance	2.3	25.6	14.0	58.1
(16) Mental health clinics	0.0	27.9	37.2	34.9
(17) Low-cost X-ray services	4.7	30.2	34.9	30.2

In the opinions of physicians, the most insufficient health services are inpatient beds, casualty services, mental health clinics, and low-cost X-ray services. A number of physicians also identify the following kinds of health services as either insufficient or very insufficient: health education, number of specialists,

medical laboratories, medical care for the aged, and coordination among health agencies. It should be noted that a number of physicians point out that the following kinds are sufficient: preventive innoculation services, number of general physicians, low-cost clinics, night clinics, and number of Chinese medical practitioners.

With regard to most of the health services, we find that the opinion of private practitioners and of sponsored physicians are similar. Relatively they differ most with regard to the availability of mental health clinics and of medical laboratories. 76.2% of the sponsored physicians indicate that medical laboratories are insufficient or very insufficient, while 54.6% of the private practitioners feel this way. 52.4% of the sponsored physicians feel that mental health clinics are insufficient or very insufficient, while 77.3% of the private practitioners think so. Hence, sponsored physicians are more likely than private practitioners to point out the insufficiency of medical laboratories, but less likely to point out the insufficiency of mental health clinics.

The physicians under study are also probed with an open-ended question: What, in your opinions, are the most insufficient kinds of health services in Kwun Tong? The responses are as follows:

	N
Number of beds	1
Casualty services	6
Hospital	4
Gynaecological care	1
Infant and child care	2
Medical care for the aged	2
Night clinics	2
Dental clinics	1
Specialists	1
Don't know or no answer	23
	43

The findings indicate that casualty services and hospital care are very much needed in the community.

B. General Satisfaction With Community Sanitation

The problem of environmental pollution has been of increasing concern to people in Hong Kong. Since physicians are supposed to have expert knowledge on this issue, their views and feelings should be recognized. Then, in general, how satisfied are physicians in Kwun Tong with sanitation of the community? Our findings are as below:

	%	N
Very satisfied	2.3	1
Fairly satisfied	18.6	8
Fairly dissatisfied	46.5	20
Very dissatisfied	30.2	13
Undecided	2.3	1
	100.0	43

Obviously physicians are mostly dissatisfied with community sanitation. It indicates a need for sanitary improvement in the community.

Table 16. Satisfaction with Community Sanitation by Sponsorship

Satisfaction With Community Sanitation	Sponsorship			
	Private		Sponsored	
	%	N	%	N
Very Satisfied	4.6	1	0.0	0
Fairly Satisfied	22.7	5	14.3	3
Fairly Dissatisfied	50.0	11	42.9	9
Very Dissatisfied	22.7	5	38.1	8
Undecided	0.0	0	4.7	1
Total	100.0	22	100.0	21

Table 16 shows that there is no substantial difference between private and sponsored physicians in terms of the degree of satisfaction with community sanitation. Sponsored physicians tend to be somewhat more dissatisfied than private practitioners.

C. Government Control

There are Government regulations controlling the Western medical practices in Hong Kong. Do physicians feel that Government control of their medical practices should be increased or reduced? Our findings are as below:

	%	N
Reduced	35.7	15
Increased	19.1	8
Undecided	40.5	2
Others	4.8	17
	100.0	42

A great number of physicians feel that Government control should be reduced.

Table 17. Government Control on Medical Practice by Sponsorship

	Sponsorship			
	Private		Sponsored	
Government Control	%	N	%	N
Reduced	22.8	5	47.6	10
Increased	27.6	6	9.5	2
Undecided	42.8	9	38.1	8
Others	4.8	1	4.8	1
Total	100.0	21	100.0	21

Table 17 indicates that sponsored physicians are more likely than private practitioners to urge for a reduction, rather than an increase, of Government Control. It could be that some of the sponsored physicians are not allowed by Government to register and to have private medical practice. They thus prefer the reduction of Government constraint.

3. Community Participation

A. Medical and Health Conferences

An important mechanism to improve community health is to organize the physicians so that they can exchange views and initiate joint efforts. However, to what extent will the physicians be willing to take part in conferences or seminars related to medicine and health in the community of Kwun Tong? Our findings are as below:

	%	N
Definitely willing	0.0	0
Probably willing	62.8	27
Not willing at all	37.2	16
	100.0	43

About 62.8% of the physicians studied are probably willing. However, none of them is definitely willing, and about one-third of them are not willing at all. Thus, in general the degree of willingness to attend conferences is low. This may be due to the lack of concern with community affairs and the workload of physicians.

Table 18. Participation in Medical & Health Conferences by Sponsorship

	Sponsorship			
	Private		Sponsored	
Willingness to Attend Conferences	%	N	%	N
Probably Willing	59.1	13	66.7	14
Not Willing At All	40.9	9	33.3	7
Total	100.0	22	100.0	21

Table 18 shows that sponsored physicians are more willing than private practitioners, but the difference is very small. It seems that both private and sponsored physicians have yet to be encouraged and convinced of the importance of holding conferences for the improvement of community health.

B. Social Concern

Physicians are elites in the community. They are well educated and are mostly respected by residents. Whether or not they are concerned with Government and public affairs may have important bearing upon the improvement of community life. To what extent are the physicians in Kwun Tong concerned with Government and public affairs in Hong Kong? Our findings are presented as below:

	%	N
Very concerned	11.9	5
Fairly concerned	45.2	19
Not concerned	23.8	10
Undecided	19.1	8
	100.0	42

Only a few physicians report that they are very concerned. The community consciousness of most physicians has yet to be promoted.

Table 19. Social Concern by Sponsorship

	Sponsorship			
	Private		Sponsored	
Social Concern	%	N	%	N
Very Concerned	14.3	3	9.5	2
Fairly Concerned	47.5	10	42.9	9
Not Concerned	19.1	4	28.6	6
Undecided	19.1	4	19.0	4
Total	100.0	21	100.0	21

Table 19 shows that private practitioners are somowhat more socially concerned than sponsored physicians. It could be that private practitioners are in general more likely than sponsored physicians to grow up and to be educated in Hong Kong, and are hence somewhat more concerned with local affairs.

4. The Planning of the United Christian Hospital

There has been no hospital in Kwun Tong over the last two decades. Recently a new community hospital, named the United Christian Hospital, is being planned. How do the general physicians in Kwun Tong feel about this forthcoming Hospital?

A. Acceptance of the Hospital

The Hospital may become a competitor for some physicians in the community. It may also facilitate and support the services of existing physicians. Then, to what extent are the physicians studied glad to see that the United Christian Hospital is being planned and established? Our findings are as below:

	%	N
Very happy	48.9	21
Fairly happy	20.9	9
Neutral	30.2	13
Unhappy	0.0	0
Very unhappy	0.0	0
	100.0	43

The findings suggest that the establishment of the Hospital is welcomed by most of the physicians in Kwun Tong. It seems that it will not be difficult for the Hospital to gain support from the local physicians.

Table 20. Acceptance of the Hospital by Sponsorship

	Sponsorship			
	Private		Sponsored	
	%	N	%	N
Very Happy	40.9	9	57.1	12
Fairly Happy	27.3	6	14.3	3
Neutral	31.8	7	28.6	6
Total	100.0	22	100.0	21

Table 20 shows that in general the Hospital is more welcomed by sponsored physicians than by private practitioners, but the difference is small. It may mean that private practitioners anticipate somewhat more competition than sponsored physicians.

B. Hospital Services

The United Christian Hospital plans to provide various kinds of medical and health services to the community, such as inpatient beds, full range diagnostic services, outpatient department, casualty services, home nursing, community health post-graduate medical training, and nurse training. Since general physicians have practiced in Kwun Tong for some years, the Hospital planners should take into consideration their opinions concerning the provision of health services.

The physicians studied may suggest one or more services. The number of private practitioners and that of sponsored physicians who suggest that the Hospital should provide a particular kind of medical service are as follows:

Service	Number of Private Physicians	Number of Sponsored Physicians	Total
Casualty services	8	7	15
Specialist services	2	3	5
Inpatient beds	1	3	4
Inpatient care	1	0	1
Child & infant care	2	1	3
Care for the aged	3	0	3
General hospital care	2	2	4
Out-patient services	0	1	1
Low-cost service	1	2	3
Night clinic	0	1	1
Dental clinic	1	1	2
Surgical services	0	2	2
Treatment of infectious diseases	0	1	1
Laboratory and X-ray services	0	1	1
Consultation services	1	0	1
No answer	8	7	15

Most physicians suggest casualty services. Other important services to be provided are specialist services, inpatient services (especially more beds), child and infant care, care for the aged, and low-cost services.

The suggestions of private and sponsored physicians are quite similar.

C. Educational Programmes and Seminars for Physicians

The United Christian Hospital plans to offer some training programmes or seminars in medicine and health for the physicians in Kwun Tong. The purpose is to promote their medical knowledge and standard of practice. It is then important to know what kinds of programmes or seminars the practising physicians would like to have.

The number of private and that of sponsored physicians who suggest a particular type of programme or seminar are presented as follows:

Programme or Seminar	Number of Private Physicians	Number of Sponsored Physicians	Total
Introduction to new medical knowledge & technology	1	4	5
Clinical practice & discussion	0	3	3
Education related to medical treatment	1	1	2
Medical research	0	1	1
Academic discussion & reports	0	1	1
Discussion in different fields of medicine	0	2	2
Gynaecology & pediatric care	1	0	1
Surgical techniques	1	0	1
Pathology	1	0	1
Promoting the medical knowledge of unregistered doctors	1	0	1
Knowledge about traditional Chinese medicine	1	0	1
Discussing some common diseases	0	1	1
Discussing examples of unusual diseases	0	1	1
Discussing different kinds of diseases	0	1	1
Service attitudes	0	1	1
No need	14	0	14
Don't know or no answer	4	9	13

It seems that most physicians (especially the sponsored physicians) prefer to have programmes or seminars which (1) would introduce to them or keep them informed about the new medical knowledge and technology, and (2) would allow them to have clinical practices and discussions.

It is noted that 14 of the 22 private physicians feel that there is "no need" for training or educational programmes. Quite a few of them express that they are too busy and have no time for such activities. Conversely, none of the 21 sponsored physicians negates such a need, and they give more suggestions than private practitioners. The data suggest that sponsored physicians have a stronger need for training programmes than private physicians.

The present data, together with the previous data on the acceptance of the Hospital, reflect that sponsored physicians may be more cooperative with the Hospital than private practitioners.

5. The Role of Chinese Medicine

For many years, traditional Chinese medicine has played an important role in the Chinese society. Although Western medicine has become increasingly important in Hong Kong, traditional Chinese medicine is still wide-spreading. Then, how do the Western-trained physicians preceive the value of Chinese medicine? Their views may have implication for the issue: whether or not there may be a collaboration of Western-trained physicians and Chinese medical practitioners in providing health services to the local residents.

A. Effectiveness of Chinese Medicine

There are three major types of Chinese medical practitioners: herbalists, acupuncturists, and bone-setters. In the opinions of the physicians studied, how effective is each type of Chinese medical practitioner? The findings are presented in percentages as below:

Types of Chinese Medical Practitioners	Very Effective %	Fairly Effective %	Not Very Effective %	Don't Know %
(1) Herbalists	0.0	16.3	32.6	51.2
(2) Acupuncturists	4.7	25.6	20.9	48.8
(3) Bone-setters	4.7	18.6	32.6	44.2

A number of physicians do not know how effective the various kinds of Chinese medical practitioners are. Why is it so? It may be that these physicians have not yet acquired sufficient knowledge about Chinese medicine, and are preplexed by the persistence of Chinese medicine in the history of the Chinese society.

Of those who have formed opinions, most are unfavorable. Relatively, physicians have more confidence in acupuncturists than in other types of Chinese medical practitioners. It could be due to the recent development of acupuncture in mainland China.

Table 21. Evaluation of The Effectiveness of Various Kinds of Chinese Medical Practitioners

Types of Chinese Medical Practitioners	Sponsorship	
	Private	Sponsored
	%	%
(1) Herbalists		
Very Effective	0.0	0.0
Fairly Effective	4.6	28.6
Not So Effective	31.8	33.3
Don't Know	63.6	38.1
(Total Number)	(22)	(21)
(2) Acupuncturists		
Very Effective	0.0	9.5
Fairly Effective	13.6	38.1
Not So Effective	27.3	14.3
Don't Know	59.1	38.1
(Total Number)	(22)	(21)
(3) Bone-setters		
Very Effective	0.0	9.5
Fairly Effective	9.1	28.6
Not So Effective	40.9	23.8
Don't Know	50.0	38.1
(Total Number)	(22)	(21)

Regarding the attitude toward Chinese medical practitioners, we can observe from Table 21 that both private and sponsored physicians are more favorable toward acupuncturists than toward herbalists and bone-setters. However, sponsored physicians are less likely to form no opinion and are more favorable toward the various kinds of Chinese medical practitioners, than the Western private practitioners. It could be that quite a few of the sponsored physicians were trained in mainland China. They have been exposed more to, and are then more sympathetic with, the traditional Chinese medicine.

B. Establishment of A Chinese Medical College

Some social elites and Western-trained physicians have recently urged the establishment of a Chinese Medical College. The objective is to train qualified Chinese medical practitioners. How many Western-trained physicians would agree to this idea? Our findings are presented as below:

	%	N
Agree	55.8	29
Disagree	2.3	1
Undecided	30.2	13
	100.0	43

Most physicians feel that a Chinese Medical College should be established so as to train qualified Chinese medical practitioners. Only one of the 43 physicians disagrees.

Sponsored physicians are somewhat more likely than private practitioners to favor the idea. 63.6% of private practitioners and 71.4% of sponsored physicians agree.

C. The Provision of Chinese Medical Services in the United Christian Hospital

Should the United Christian Hospital provide Chinese medical services? The opinions of the physicians studied are as follows:

	%	N
Should	55.8	24
Should not	9.3	4
Undecided	34.9	15
	100.0	43

Most physicians assert that the Hospital should provide Chinese medical services. Only four of them object to this idea.

Considering the provision of Chinese medical services to the United Christian Hospital, we find that sponsored physicians are again more favorable to the idea than private practitioners. 71.4% of the sponsored physicians favor the idea, as compared to 40.9 of the private practitioners. Moreover, of the 4 physicians who object, 3 are private practitioners.

As mentioned, the Western-trained physicians generally have no confidence in the effectiveness of the various kinds of Chinese medical practice, but why do most of them urge the establishment of a Chinese Medical College and also the provision of Chinese medical services in the United Christian Hospital? It could be that the physicians studied are skeptical of the training and qualification of most Chinese medical practitioners in Hong Kong rather than doubting the value of Chinese medicine itself. They may feel that the Chinese medical practitioners who are trained in a Chinese Medical College or are practicing in a hospital setting would receive adequate knowledge about Chinese medicine.

D. Convergence of Western and Chinese Medicines

Medical practitioners in mainland China have been attempting to unify both the Western and the Chinese medical approaches. Do the Western-trained physicians in Hong Kong think that it is possible to make a convergence? The opinions of the Kwun Tong physicians studied are as below:

	%	N
Possible	60.5	26
Not possible	7.0	3
Undecided	32.5	14
	100.0	43

Most physicians perceive that it is "possible" for such a convergence to take place. Again, sponsored physicians are more likely than private practitioners to believe in the convergence. 71.4% of the sponsored physicians feel that there is such a possibility, while 50% of the private practitioners feel this way.

Why do so many physicians feel that there is the possibility for convergence? It could be that quite a few of them have been impressed by the recent achievement of China in making tho convergence of both Chinese and Western medical practices.

E. Comparison Between Chinese and Western Medical Practitioners

In some ways Chinese medical practitioners in Kwun Tong may be better off than Western physicians. In other ways the reverse may be true. How do the physicians under study compare the Western-trained physicians with the Chinese

medical practitioners in the community of Kwun Tong? These two types of medical practitioners are compared in terms of five criteria: (1) the general confidence of residents, (2) the support by government, (3) effectiveness in the treatment of disease, (4) effectiveness in health promotion, (5) income. The opinions of the 43 physicians studied are presented in percentages as follows:

	Western-trained Practitioners Better	Chinese Medical Practitioners Better	About the same or Don't Know
	%	%	%
(1) Residents' confidence	65.1	4.7	30.2
(2) Government support	74.4	0.0	25.6
(3) Effectiveness in treatment	74.4	4.7	20.9
(4) Health promotion	46.5	9.3	44.2
(5) Income	51.1	4.7	44.2

Most physicians indicate that in terms of all criteria the Western-trained physicians in Kwun Tong are better off than the Chinese medical practitioners. The criterion with the greatest difference is government support. In fact it is true that Government has not yet encouraged the development of Chinese medical practice.

In the view of the physicians studied, these two types of medical practitioners also differ greatly in terms of the general confidence of community residents and of the effectiveness in medical treatment. It reflects that the Western-trained physicians are quite skeptical of the qualification of their counterparts in Chinese medicine.

It is noted that these two types of medical practitioners are perceived to have the least difference in terms of the contribution to health promotion. Hence we find that the value of Chinese medicine in health promotion

is not only recognized and accepted by ordinary people, but is also to some extent accepted by Western-trained physicians. As a footnote, we would like to point out that in our recent survey of 702 household heads in Kwun Tong, we find that 70.2% of the adult respondents feel that Chinese medicine is more effective than Western medicine in terms of health promotion. The concept of "health promotion by Chinese herbs" seems to be deep-rooted in Chinese culture.

Let us consider the difference in attitude by sponsorship. The percentages of private practitioners and of sponsored physicians in favor of Western-trained practitioners are presented as follows:

Western-trained physicians are better than Chinese Medical Practitioners in	Private (%)	Sponsored (%)
(1) Residents' confidence	59.1	71.4
(2) Government support	77.3	71.4
(3) Effectiveness in treatment	77.3	71.4
(4) Health promotion	63.6	28.6
(5) Income	50.0	52.4

The private and the sponsored physicians under study have similar opinions on most of the criteria, except the value of health promotion. Private practitioners are much more likely than sponsored physicians to assert that Western-trained physicians are better than Chinese medical practitioners in terms of health promotion.

We previously noted that relatively the Chinese and Western-trained practitioners differ the least in terms of health promotion. In fact, it primarily represents the feeling of sponsored physicians, rather than private physicians. Again, we find that sponsored physicians are in general more receptive of Chinese medicine than are private practitioners.

Chapter VIII

SUMMARY AND DISCUSSION

The present report represents a study of the medical and health system in Kwun Tong. Since the general out-patient units and their general medical practitioners have played a central role in the realm of medical and health services, we have focused our investigation on (1) the ways the registered general out-patient units are organized and operated, and (2) the medical and health opinions of the general medical practitioners. It has been argued that since the private units and the sponsored clinics may have some fundamental differences, we should therefore elaborate the findings by taking into consideration this factor of sponsorship.

A total number of 43 registered Western health units which provide general out-patient services in Kwun Tong were selected for the present study in May 1972. The data were collected through the use of"mailed questionnaires", and the respondents were the physicians of the health units under study. Specifically, the questionnaire tackles 6 major aspects of the health units and their practitioners: (1) sources of support, (2) temporal and spatial character -istics, (3) internal structures and operations, (4) relationships with patients, (5) connections with other social and medical agencies, and (6) the medical and health attitudes of physicians. Let us briefly summarize the major findings in the following pages.

In Chapter II we analyze the patterns of support to the health units under study. Several points are noted as follows:

(2.1) According to sponsorship, the number of private units and sponsored clinics are about the same. There are 22 private units and 21 sponsored clinics.

(2.2) Almost one half of the accommodations of the health units studied are rented, while the rest are either owned by the physicians themselves or contributed by government and voluntary agencies. Relatively speaking, private units are more likely than sponsored units to own the accommodations and to receive contributions, while sponsored clinics are more likely to rent the accommodations of their health units.

(2.3) With regard to the financial subsidy, we find that only one receives subsidy from Government, five from religious associations, and two from secular voluntary agencies. Hence, most health units (81.4%) are financially self-supported, and their incomes are primarily from patients. It is noted that all the units which have received subsidies are sponsored clinics, and thus none of the private units has received subsidy.

The temporal elements and the spatial characteristics of the health units studied are discussed in Chapter III. The major points are summarized as follows:

(3.1) Health units tend to concentrate in the Central region (including Kwun Tong Resettlement Estates) of the Kwun Tong community. A more detailed analysis shows that among all the administrative subdistricts, Kwun Tong Town Area has the largest number of out-patient units (37.2%). Both private units and sponsored clinics tend to be located in the Central region; but relatively there are more private units in the North region (including Ping Shek, Ngau Tau Kok, Jordan Valley, and Kowloon Bay) than in the South region (including Sau Mau Ping, Lam Tin, Yau Tong, Cha Kwo Ling, and Lyemun), while the reverse is true for the distribution of sponsored clinics.

(3.2) The health units, including both private units and sponsored clinics, tend to concentrate in resettlement estates and private apartment buildings, while the rest are in low-cost housing and in non-residential buildings. Relatively speaking private units are more likely than sponsored clinics to be located in low-cost housing, but less likely to be in non-residential buildings.

(3.3) Most health units are originated in Kwun Tong, although there exist a substantial number of branch units (i.e., those units which have a "mother" unit originated outside Kwun Tong at an earlier point in time) and of in-moved units (i.e., those which were originated in other districts but later on moved into Kwun Tong). Both private units and sponsored clinics are very likely to be originated in Kwun Tong. Relatively speaking, however, private units are more likely than sponsored clinics to be branch units, but less likely to be in-moved from other districts.

(3.4) Most health units have been established in Kwun Tong for 5 years or less. Very few of them have been there over 10 years. Generally sponsored clinics have a somewhat longer duration in Kwun Tong than private units.

(3.5) Most physicians have been practicing in Hong Kong for 6 to 10 years. The average number of years is 10.1 years. On the average, the private practitioners have practiced for a longer period of time than the sponsored physicians. The difference is about 1.2 years.

In Chapter IV we outline the structural components and the operational problems of the health units studied. The major points are as follows:

(4.1) Most of the health units studied are small-sized, with 2 to 4 persons in the initial six months after establishment. The average number of personnel is estimated to be 3.8 persons. At the time of our study in May 1972, most of them had 3 to 5 persons and the average number was about 4.8 persons. Hence there has been a tendency toward a growing personnel size.

On the average, the private units have 3.5 persons in the initial months and have 4.7 by the time of our study, while the sponsored units have 4.1 in the initial six months and have 4.9 at the present. Therefore, generally speaking the private units have a greater increase of total personnel size than the sponsored units.

(4.2) With the exception of a few, all the health units studied have one physician only. In general, the sponsored clinics have a larger number of physicians than the private units.

(4.3) Most of the health units employ one to three nurses. Generally, there are more nurses in private units than in sponsored clinics.

(4.4) Most health units have one administrative staff, whose special duty is to take care of the administrative procedures such as registration, filing, and payment. Sponsored clinics tend to have more administrative staffs than private units.

(4.5) In short, a health unit which provides out-patient care normally consists of one physician, one to three nurses, and one administrative staff. Relatively speaking, sponsored clinics tend to have more physicians and administrative staffs than private units, but less nurses.

(4.6) The employees in almost all the health units studied do not have kinship ties with each other. It reflects that health units are likely to recruit personnel on the basis of technical competency rather than kinship connections.

(4.7) In most health units, the decisions with respect to (a) recruitment, (b) salary increase or decrease, and (c) purchase of medical facilities are likely to be made by a single individual, rather than by several persons. Private units are much more likely than sponsored clinics to have these decisions made by a single person.

(4.8) In most of the private units as well as the sponsored clinics under study, the medical and health discussions among staffs tend to be held only at intervals. It suggests that the exchange of medical and health information among health workers has to be promoted.

(4.9) With regard to the availability of X-ray service, Electrocardiogram, and laboratory tests in the health units studied, we find that 1 unit has three of them; one unit has both Electrocardiogram and laboratory tests; 1 unit has Electrocardiogram only; and 2 units have laboratory tests alone. Hence about 88% of the health units studied have none of these facilities. In general, private units are more likely than sponsored clinics to have these facilities.

(4.10) Most of the health units studied do not plan to expand their services in the coming three years. Relatively speaking sponsored clinics are more likely than private units to have plans for further development.

(4.11) Most physicians do not feel that there are serious problems in their health units. Relatively speaking, the shortage of medical facilities is most likely to be considered as a serious problem. Next come the heavy workload for physicians, the turnover of nursing staff, and the lack of space. The shortage of supporting staff and the lack of cooperation among staffs are least likely to be recognized as serious problems. In general, sponsored units are more likely than private units to have the aforementioned problems.

In Chapter V we discuss the operations of the health units under study in relation to patients. The major findings are summarized as follows:

(5.1) The consultation hours of all the 43 health units studied are, in total, about 1367.5 hours per week. On the average it is about 31.8 hours for each unit per week. Sponsored clinics offer a greater number of consultation hours than private units.

(5.2) Most physicians generally spend 5 minutes or less for each patient contact. Very few physicians spend more than 10 minutes. On the average it is about 8 minutes for each contact. In general private practitioners spend a longer period of consultation time than sponsored physicians.

(5.3) Most health units have over 100 patient contacts a week. On the average, it is about 244 contacts for each health unit per week. Generally speaking, private units have somewhat more patient contacts than sponsored clinics.

(5.4) Most health units have the largest number of patient contacts in the morning. Next comes medical consultation at night. Relatively speaking private units are less likely than sponsored clinics to have the largest number of patient contacts in the morning, but more likely to have it at night.

(5.5) Ever since the establishment, most health units have had either a gradual increase or fluctuating change in the number of patients. Few of them have had a significant increase or no increase. There exists no significant difference between private units and sponsored clinics with respect to changes in the number of patients.

(5.6) Most health units charge 3 to 4 dollars for each medical consultation. On the average, it is about 4.9 dollars among all the health units studied. It is more expensive to consult private practitioners than to consult sponsored

physicians. The average figure among private practitioners is 6 dollars per consultation, while that among sponsored physicians is about 3.5 dollars.

(5.7) Most health units have the largest number of patients from the near-by areas. It seems that the location of a health unit is an important consideration for the patients to seek medical help.

(5.8) A large number of the physicians studied agree that physicians should discuss with patients on the treatment procedures. However, about one-fourth of them disagree or are undecided. Sponsored physicians are somewhat more willing than private practitioners to discuss with patients.

(5.9) Most physicians reported that they either often or sometimes gave advice to patients on the use of contraceptive measures. There is no difference between private and sponsored physicians in this respect.

In Chapter VI we examine the ways the health units in Kwun Tong are connected to other social and medical agencies. Several points are noted as follows:

(6.1) About 40% of the health units studied are affiliated to other health units. These affiliated units are mostly located outside Kwun Tong. Private units are much more likely than sponsored clinics to have affiliated units.

(6.2) Most physicians are members of some professional medical societies in Hong Kong. Private practitioners, however, are much more likely than sponsored physicians to have such membership.

(6.3) Most physicians, both private and sponsored, frequently or sometimes make social contacts or friendship connections with other Western-trained physicians outside Kwun Tong. A number of them also make contacts with those Western-trained physicians inside Kwun Tong. However, they are unlikely to make contacts with the traditional Chinese medical practitioners inside or outside Kwun Tong.

(6.4) A great majority of the physicians studied purchase medical journals regularly. Private practitioners are more likely than sponsored physicians to buy journals.

(6.5) Most health units do not receive reports and publications from other medical or social service agencies in Hong Kong. In general private units are more likely than sponsored clinics to receive them.

(6.6) Most health units refer patients to hospitals. Next in the list of referrals come the X-ray clinics and the medical laboratories in Kwun Tong, and the specialist services and the medical laboratories outside Kwun Tong.

It is very unlikely for them to refer patients to the Chinese medical practitioners inside or outside Kwun Tong. Private units and sponsored clinics are, in general, similar with respect to the pattern of patient referrals.

(6.7) About 27.9% of the health units studied have made special medical arrangements with schools, and about 18.6% with social welfare agencies. The purpose is to provide medical check-up and treatments to students or welfare clients at a reduced price. In generally, private units are more likely than sponsored clinics to make medical arrangements with schools, but less likely with social welfare agencies.

(6.8) 14.3% of the physicians studied have frequently or sometimes made social contacts with the elites in Kwun Tong, such as high-level civil servants and civic leaders. Hence, most physicians are not tied to the community elites. Relatively speaking sponsored physicians are more likely than private practitioners to have social contacts with the elites in the community of Kwun Tong.

Finally, in Chapter VII we analyze the medical and health attitudes of the general physicians in Kwun Tong. We attempt to reveal not only their medical orientations, but also their views concerning the medical needs of the Kwun Tong community and the role of the United Christian Hospital. The major findings are summarized as follows:

(7.1) Three-fourth of the physicians studied are either satisfied or very satisfied with their present jobs. Private practitioners generally have a somewhat higher degree of job-satisfaction than sponsored physicians.

(7.2) Most physicians, both private and sponsored, indicate that the medical and health facilities in Kwun Tong are not sufficient in meeting the needs of the residents. In their opinions, the most insufficient items are inpatient beds, casualty services, mental health clinics, and low-cost X-ray services. Next come health education, number of specialists, medical laboratories, medical care for the aged, and coordination among health agencies. It is noted that most physicians are satisfied with the availability of these services: preventive innoculations, general Western-trained physicians, low-cost clinics, night clinics, and traditional Chinese medical practitioners.

(7.3) Physicians are mostly dissatisfied with community sanitation. Sponsored physicians tend to be somewhat more dissatisfied than private practitioners.

(7.4) A number of physicians feel that Government control of Western medical practices in Hong Kong should be reduced, rather than increased. However, a number of them are indecisive on this issue. In general, sponsored physicians are more likely than private practitioners to urge a reduction of Government control.

(7.5) None of the physicians studied is definitely willing to attend the medical and health conferences or seminars in Kwun Tong. Most are probably willing, while some are not willing at all. Sponsored physicians are somewhat more willing than private practitioners.

(7.6) Very few physicians are very concerned with Government and public affairs in Hong Kong. Most of them are either fairly concerned or not concerned at all. In general, private practitioners are somewhat more concerned than sponsored physicians.

(7.7) Most physicians welcome the establishment of the United Christian Hospital. Relatively the Hospital is more welcomed by sponsored physicians than by private practitioners.

(7.8) Most physicians, both private and sponsored, suggest that the Hospital should provide casualty services. Next come the specialist services, inpatient care (especially beds), child and infant care, medical care for the aged, and low-cost services. A few physicians also mention the out-patient services, night clinic, dental care, surgical services, treatment of infectious diseases, laboratory and X-ray services, and consultation services.

(7.9) If the United Christian Hospital offers some training programmes or seminars for the physicians in Kwun Tong, most physicians would prefer those seminars or programmes which will keep them informed of the up-to-date develop-ment of medical knowledge and technology, and will allow them to have clinical practices and discussions. It is noted that 14 out of the 22 private practi-tioners said there was "no need" for such programmes, while none of the sponsored physicians said so. It reflects that sponsored physicians are more favorable to the training programmes than private practitioners.

(7.10) A number of physicians are not sure about how effective the various kinds of traditional Chinese medical practitioners are. Of those who have formed opinions, most are unfavorable. Relatively speaking, physicians (both private and sponsored) have more confidence in acupuncturists than in herbalists and bone-setters. However, sponsored physicians are in general more likely than private practitioners to be sure about the effectiveness of Chinese medicine, and are also more likely to be favorable toward the various kinds of Chinese medical practitioners.

(7.11) Most physicians feel that a Chinese Medical College should be established so as to train qualified Chinese medical practitioners. Sponsored physicians are more likely than private practitioners to have this idea.

(7.12) Most physicians feel that the United Christian Hospital should provide Chinese medical services. Sponsored physicians are more likely than private practitioners to be in favor of the idea.

(7.13) Most physicians believe that it is possible to make a convergence of the traditional Chinese and the modern Western medical approaches. Sponsored physicians are more likely than private practitioners to believe in the convergence.

(7.14) The Western-trained and the traditional Chinese medical practitioners in Kwun Tong are compared in terms of five criteria: (a) the confidence of residents, (b) the support by Government, (c) the effectiveness in disease treatment, (d) the contribution to health promotion, and (e) the amount of income. Most physicians feel that in Kwun Tong the Western-trained physicians are better off than the Chinese medical practitioners on all these criteria. Relatively, the greatest difference lies in the Government support, while the least difference lies in the contribution to health promotion.

The findings summarized above have been interpreted in the various chapters of this report. We would now like to discuss some implications for the development of the United Christian Hospital.

Every community is in need of medical and health services. According to the general physicians under study, however, the existing health services are not able to meet the medical needs of the Kwun Tong community. The United Christian Hospital should then place emphasis upon developing those services which are considered to be most insufficient in the community. As suggested by the general physicians, the most urgent service to be developed is casualty service. Next come the inpatient beds, specialist services, mental health clinics, low-cost X-ray service, child and infant care, and the medical care for the aged. Furthermore, since most of the health units studied have the largest number of out-patient in the morning and at night, the Hospital should give priorities to increasing out-patient services then.

As indicated by most physicians, environmental pollution has been a serious problem in the community of Kwun Tong. It may be due to the development of industries, the over-crowded living conditions, and the generally low level of education of most community residents. Besides the provision of personal health care services, the Hospital should therefore also make special efforts in improving the state of public health in the community environment.

A crucial way to promote the personal as well as the public health services is to facilitate and to coordinate the existing health resources in the community. The present study of the general out-patient units in Kwun Tong suggests that the shortage of medical facilities and the heavy workloads of physicians are serious problems. The establishment of the Hospital should serve to reduce the workloads of the existing physicians. Instead of competing

with these physicians, the Hospital should attempt to encourage them to use the hospital facilities or to advise them on the recruitment of medical equipment. Since sponsored clinics are more likely than private units to be confronted with the problems concerning medical facilities and workloads, it seems that the Hospital should place more emphasis on helping the sponsored clinics.

However, the health sector in Kwun Tong is by no means a self-contained system. As reported, many health units in Kwun Tong have joint services or affiliated units in other districts, and many physicians are more likely to have social contacts with medical professionals outside Kwun Tong than with those inside. To assist and to coordinate the existing health resources, the Hospital should attempt to systematically explore the nature of these outside-community linkages and to understand the impact of these linkages upon the operations of the health services in Kwun Tong.

Furthermore, since the elites in the community may control and influence the ways the community resources are utilized, the Hospital administrators should maximize the contacts with these elites. As noted, most physicians in Kwun Tong are still weakly associated with this salient segment (i.e., elites) of the community.

The dissemination of medical information can facilitate the utilization of medical knowledge, which will consequently improve the state of personal and public health affairs in the community. The dissemination of technical information thus plays an important role in the development of a health system. To be the medical centre of the locality, the Hospital should play a major part in the process of disseminating information. The availability of health educational programmes to the community residents should be increased. Meanwhile, the Hospital should keep the medical workers informed about the recent

development of medical knowledge and about the availability of the various kinds of medical and health services in the community, and should also encourage the health workers to exchange their medical views and knowledge. As noted, our findings suggest that for the time being, a number of physicians are (1) unlikely to engage in medical discussions with their patients and with their colleagues in the same health unit, (2) unwilling to attend medical confernece s or training programmes, and also (3) unlikely to receive published information from other medical and social service agencies in Hong Kong. Apparently the dissemination of medical and health information among patients and health workers has to be greatly enhanced.

To what extent and in what ways will the existing general out-patient health units in Kwun Tong be willing to cooperate with the Hospital? Our data suggest that most physicians are generally in favor of the establishment of the Hospital. However, they seem to have different attitudes. Most of them will appreciate the provision of the casualty services, the inpatient beds, and the specialist services by the Hospital. Furthermore, in view of the fact that most physicians have been referring patients to hospitals, they will be likely to make referrals to the United Christian Hospital. Nevertheless, it seems that they will not enthusiastically support the medical conferences and training programmes organized by the Hospital. It is our overall impression that sponsored physicians are more likely than private practitioners to support the Hospital activities. It seems that in the near future the Hospital will be able to gain a greater extent of cooperation from the sponsored units than from the private units in Kwun Tong.

Finally let us comment on the relationship between the Western-trained physicians and the traditional Chinese medical practitioners. Our data suggest that most of the Western-trained physicians in Kwun Tong do not entirely

discriminate against the value of Chinese medicine. In general they do not seem to trust the Chinese medicine. Undoubtedly they have some negative feelings. They generally do not have confidence in the various kinds of Chinese medical practitioners in Kwun Tong; they seldom refer patients to Chinese medical practitioners; and are also unlikely to make social contacts with them. However, they have some positive sentiments too. Relatively they trust acupuncturists more than herbalists and bone-setters. More important sentiments are that most physicians (1) recognize the contribution of Chinese medicine to health promotion, (2) urge the necessity of the establishment of a Chinese Medical College in Hong Kong so as to train qualified Chinese medical practitioners, (3) agree to the establishment of Chinese medical services in the forthcoming United Christian Hospital, and (4) believe in the convergence of the modern Western and the traditional Chinese medical approaches. It is our impression that most of the Western-trained physicians under study trust the potential value of Chinese medicine, rather than the quality of the existing Chinese medical practitioners. It seems that the coordination between the Western and the Chinese medical services in Kwun Tong (probably also in Hong Kong as a whole) will be possible if the Western-trained physicians are convinced that most of the existing Chinese medical practitioners have received adequate training in Chinese medicine. Since there seems to be a shortage of medical resources in Kwun Tong, we propose that the United Christian Hospital or other health related agencies should attempt to mobilize and to coordinate both the Western and the Chinese medical care services in meeting the increasing medical needs of the Kwun Tong community. In this context, we would like to repeat that, as suggested by most of the Western-trained physicians studied, Chinese medicine is in some ways dependable.

APPENDIX A

THE BOUNDARY OF KWUN TONG & ITS SUBDISTRICTS*

The boundary of the Kwun Tong District under study "approximates" that defined by the Government Secondary Planning Unit 2.9. We, however, excluded certain regions: the tertiary planning units (2.9.6) and (2.9.9), and also a part of the units (2.9.3), (2.9.4), (2.9.7) and (2.9.8). There are two major reasons for this decision. First, if the boundary between Kowloon and the New Territories is drawn, these excluded regions will belong to the New Territories rather than Kowloon. Second, (2.9.6) and the north-eastern part of (2.9.3) and of (2.9.4) are hill slopes with very few inhabitants.

Furthermore, the district of Kwun Tong in our study is subdivided into 11 subdistricts on the basis of several considerations, such as the geographical location, the landuse pattern, the land lot division lines, the land marks (e.g., roads, buildings, water courses, or hills), and our judge-ment of the residents' district-identification.

The subdistricts and their major physical components are as follow.

1. Ping Shek: Ping Shek Low Cost Housing Estate.
2. Jordan Valley: Jordan Valley Resettlement Estate, Jordan Valley Resettle-ment Factory, and Jordan Valley Resite/Class II Areas.
3. Ngau Tau Kok: Ngau Tau Kok Resettlement Estate, Ngau Tau Kok Government Low Cost Housing Estate, Ngau Tau Kok Resettlement Cottage Area (Fuk Wah Tsuen), Kai Tak Mansion, and Ngau Tau Kok Industrial Area.

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* This Appendix is primarily based upon the research report "The Settlement in Kwun Tong" by Y.K. Chan, in April 1971, Social Research Center, The Chinese University of Hong Kong.

4. Kwun Tong Town Area: The Commercial and residential area around Yue Man Square, Garden Estate, Wo Lok Low Cost Housing Estate, Kwun Tong Government Low Cost Housing Estate, Ngok Yue Shan Class II Area, Hong Ning Road Class Class II Area, and the industrial zone on the reclamation area between the water front and Kwun Tong Road.

5. Kwun Tong Resettlement Area: The Kwun Tong Resettlement Estate.

6. Sau Mau Ping: Sau Mau Ping Resettlement Estate and the nearby scattered cottages.

7. Lam Tin: Lam Tin Resettlement Estate and the nearby scattered cottages.

8. Cha Kwo Ling: Cha Kwo Ling Village, Sai Tso Wan Village, and Kwun Tong Tsai Mining Lot.

9. Yau Tong: Yau Tong Resettlement Estate, Yau Tong Village, Sam Ka Tsuen, and Yau Tong Industrial Area along the water front.

10. Lyemun: Lyemun Village, Ma Wan Village, Ma Pui Village, and Ling Nam New Village.

11. Kowloon Bay: Kowloon Bay Licensed/Resite Area, and the area with cottage factories.

Appendix B.

The Questionnaire

(in Chinese)

香港中文大學
社會研究中心
觀塘區醫療服務

下列各問題,常有多個答案,請祇選擇一個最適當的答案。合端之合作,至深感謝。

I. 診療所之背景

1. 所在地區：

0 ___坪石邨	4 ___觀塘市區	8 ___油塘
1 ___牛頭角	5 ___觀塘新區	9 ___茶菓嶺
2 ___佐敦谷	6 ___秀茂坪	10 ___鯉魚門
3 ___九龍灣	7 ___藍田	

2. 樓宇類型

1. ___徙置區
2. ___唐樓或洋樓
3. ___獨立樓宇
4. ___廉租屋(包括政府,房屋協會,房屋委員會)
5. ___其他(請註明) ______________

3. 請問貴所於何年設立? 19___年

4. 貴所首創於觀塘區(包括坪石,佐敦谷,牛頭角,九龍灣觀塘市區,觀塘新區,藍田,秀茂坪,茶菓嶺,油塘及鯉魚門區)抑或從其他地區搬來?

1 ___首創於觀塘區
2 ___首創於他區,本所為分所
3 ___搬自其他區域

5 有無附屬之診療所?

1 ___有　　2 ___無

5a. 如有:它們設於何區?
1、___觀塘區內　2. ___觀塘區以外　3. ___內外均有

6. 貴所是屬於下列那一類？

1 ___私家医務所　3 ___政府診所
2 ___社團診所　4 ___其他(請註明) ______________

7 貴所屬於下列那一類？
1 ___全科 (G.P.)　3 ___其他(請註明) ______________
2 ___專科 (Specialist)

7a. 如專科：何種專科？ ____________________

8 貴所之樓宇是屬於下列那一項？
1 ___自購物業　3 ___政府撥出
2 ___社團或私人捐贈　4 ___租用

9. 過去一年內，貴所有否接受下列机構之經濟補助？

	有	無
(1) 政府	1 ___	2 ___
(2) 公益金	1 ___	2 ___
(3) 宗教團體	1 ___	2 ___
(4) 普通社團或私人之捐助	1 ___	2 ___

II 門診情況

10 貴所之門診時間，每星期總共有若干小時？ __________ 小時

11 平均每星期診斷多少症？(Consultations) 診症數目 ____________

12 医生診症，平均每次需時若干分鐘？ ________ 分鐘

13 每次診症，通常收費若干？　港幣 ________ 元

14. 你認為医生應否與病人討論其病病之治療過程？
1 ___絕對應該　3 ___不應該
2 ___應該　4 ___不肯定

15. 你有否介紹病人採用節育之措施？
1 ___經常有　2 ___間中有　3 ___沒有

16 一日之內通常最多病人，是在什麼時候？
1 ___上午　3 ___黃昏
2 ___下午　4 ___晚上

17. 依你估計，貴所之病人大部份居於何區？

0 ___坪石邨　　4 ___觀塘市區　　8 ___油塘
1 ___牛頭角　　5 ___觀塘新區　　9 ___茶果嶺
2 ___佐敦谷　　6 ___秀茂坪　　10 ___鯉魚門
3 ___九龍灣　　7 ___藍　田　　11 ___觀塘以外地區

18 自貴所創辦以來，病人數目是：

1 ___顯著增加　　3 ___無甚增加
2 ___慢慢增加　　4 ___時增時減

19. 貴所曾否介紹病人到下列之医療或福利机構求助？

	有	無
(1) 觀塘區內之專科医生 …………	1 ___	2 ___
(2) 觀塘區外之專科医生 …………	1 ___	2 ___
(3) 觀塘區內之X光診所 …………	1 ___	2 ___
(4) 觀塘區內之医學化驗所 …………	1 ___	2 ___
(5) 觀塘區外之医學化驗所 …………	1 ___	2 ___
(6) 觀塘區內之中医(包括診脈跌打及針炙中医) ……	1 ___	2 ___
(7) 觀塘區外之中医 …………	1 ___	2 ___
(8) 医院 …………	1 ___	2 ___

20 貴所之医生，有否特別為下列各機構之人員進行治療或作健康檢查？

	有	無
(1) 學校之教師或學生 …………	1 ___	2 ___
(2) 福利机構之工作人員 …………	1 ___	2 ___
(3) 福利机構之求助者 (Client) ……	1 ___	2 ___
(4) 教會之工作人員 …………	1 ___	2 ___
(5) 工廠或商業机構之僱員 …………	1 ___	2 ___
(6) 政府公務員 …………	1 ___	2 ___

III、內部組織

21 貴所在初設立之半年內，全部工作人員約有幾人？ ___________人

22 現有多少位医生？ _________位

23 現有多少護士？ _________位

24 專門負責行政工作之人員(例如登記，派藥，收費等)共多少人？_______人

25 還有無其他工作人員？

1. ___ 有　　　　2 ___ 無

25a 如有，請註明類別與數目：

1. ____________ (___ 位)　　4 ____________ (___ 位)

2. ____________ (___ 位)　　5 ____________ (___ 位)

3 ____________ (___ 位)　　6 ____________ (___ 位)

26 貴所之工作人員是否大部份有親屬關係？

1. ___ 是　　　　2 ___ 否

27 貴所在決定下列事情時，通常由一人作決定，抑或由數人商量後而決定？

	一人	數人
(1) 聘請工作人員	1 ___	2 ___
(2) 薪水之增減	1 ___	2 ___
(3) 購買新儀器設備	1 ___	2 ___

28 貴所之工作人員間是否經常討論有關医療技術之問題？

1 ___ 經常有　　　　2 ___ 間中有　　　　3 3 ___ 極少有

29 貴所医生有否在其他診療所(包括分所在內)兼職？

1 ___ 有　　　　2 ___ 無

30 貴所護士有無在其他診療所(包括分所在內)兼職？

1 ___ 有　　　　2 ___ 無

31 貴所有無X-光設備？

1 ___ 有　　　　2 ___ 無

32 有無心臟電流圖(Electrocardiogram)之設備？

1 ___ 有　　　　2 ___ 無

33 有無其他化驗設備？

1 ___ 有　　　　2 ___ 無

34 你們有無預算於未來三年內擴展業務？

1 ___ 有　　　　2 ___ 無

35. 每間診療所都可能有一些困難。你認為下列各項問題,就貴所而言是非常嚴重,頗為嚴重,抑或並不嚴重?

	非常嚴重	頗為嚴重	並不嚴重
(1) 医生之工作負担過重	1 ___	2 ___	3 ___
(2) 診斷儀器設備不足	1 ___	2 ___	3 ___
(3) 地方狹小	1 ___	2 ___	3 ___
(4) 助理人手不足	1 ___	2 ___	3 ___
(5) 護士之流動率太大	1 ___	2 ___	3 ___
(6) 內部人事複雜,互相不和	1 ___	2 ___	3 ___
(7) 其他問題:(請註明)			
a ___	1 ___	2 ___	3 ___
b ___	1 ___	2 ___	3 ___

36 貴所医生有否加入本港之医學會?

1 ___ 有　　2 ___ 無

37 除貴所之同事以外,你有否與下列各類人仕在社交上保持聯絡?

	經常有	間中有	絕少有
(1) 觀塘區內之西医	1 ___	2 ___	3 ___
(2) 觀塘區內之中医	1 ___	2 ___	3 ___
(3) 觀塘區以外之西医	1 ___	2 ___	3 ___
(4) 觀塘區以外之中医	1 ___	2 ___	3 ___
(5) 觀塘區內之高級公務員或社會賢達	1 ___	2 ___	3 ___

38 貴所有無發表定期生之刊物或報告?

1 ___ 有　　2 ___ 無

39 貴所有無經常收到本港社會福利机構或医療机構之刊物或報告?

1 ___ 有　　2 ___ 無

40 貴所之医生有無自己購買医學雜誌?

1 ___ 有　　2 ___ 無

IV 医務衛生意見

41 一般來說,你對於本區環境之清潔及衛生情況,感覺如何?

1 ___ 非常滿意　　3 ___ 不滿意
2 ___ 滿意　　4 ___ 極不滿意

42 你認為本區的医療設備如何？

1 ___非常完善　　3 ___不完善
2 ___完善　　4 ___極不完善

43 就目前觀塘居民之需要而言，你認為下列医療服務是否足夠？

	足夠	尚未足夠	極缺乏	不知
(1) 預防注射的服務 ……	1 ___	2 ___	3 ___	4 ___
(2) 病床數目 ……	1 ___	2 ___	3 ___	4 ___
(3) 医療衛生教育 ……	1 ___	2 ___	3 ___	4 ___
(4) 急救服務 ……	1 ___	2 ___	3 ___	4 ___
(5) 各医療机構間之合作 ……	1 ___	2 ___	3 ___	4 ___
(6) 医學化驗之設備 ……	1 ___	2 ___	3 ___	4 ___
(7) 全科医生 ……	1 ___	2 ___	3 ___	4 ___
(8) 專科医 ……	1 ___	2 ___	3 ___	4 ___
(9) 社團或私人对医療机構之資助 ……	1 ___	2 ___	3 ___	4 ___
(10) 政府在医療服務方面之貢献 ……	1 ___	2 ___	3 ___	4 ___
(11) 廉價診所 ……	1 ___	2 ___	3 ___	4 ___
(12) 晚間診所 ……	1 ___	2 ___	3 ___	4 ___
(13) 中医數目(包括診脉中医，針灸，跌打) ……	1 ___	2 ___	3 ___	4 ___
(14) 老人之医療服務 ……	1 ___	2 ___	3 ___	4 ___
(15) 医藥保險 ……	1 ___	2 ___	3 ___	4 ___
(16) 心理衛生治療 ……	1 ___	2 ___	3 ___	4 ___
(17) 廉價之X-光服務 ……	1 ___	2 ___	3 ___	4 ___

44 你認為觀塘區內，最缺乏是那一種医療服務？

____

45 如果在觀塘區舉辦一些會議，主要討論區内医務衛生問題，請問你會否参加？

1 ___一定會　　2 ___可能會　　3 ___不會

46 請問你對於觀塘基督教聯合医院(United Christian Hospital) 的籌建，是否感到高興？

1 ___極為高興　　4 ___不甚高興
2 ___頗為高興　　5 ___極不高興
3 ___無意見

47 你認為基督教聯合医院,最應該發展那些服務？

____

____

48 如果基督教聯合医院為觀塘區內之医生舉辦有關医療技術之教育課程或研討會,你認為那些課程或研討會最適當：

____

____

49 你認為香港政府对於西医的管制,應該如何？

1 ___ 放寬　　3 ___ 其他（請註明）________________

2 ___ 加強　　4 ___ 不肯定

50 你平時对本港之政府措施或公共事務之關注程度如何？

1 ___ 十分關注　　3 ___ 不甚關注

2 ___ 關注　　4 ___ 不肯定

51 你認為在不同之政治和經濟制度下 医生之職份和任務是否亦會不同？

1 ___ 極不同　　3 ___ 無甚不同

2 ___ 不同　　4 ___ 不肯定

52 一般來説,你認為下列三類中國医術之治療效能如何？

	效能極高	效能頗大	效能甚小	不知
(1) 診脉之中医	1 ___	2 ___	3 ___	4 ___
(2) 針炙治療	1 ___	2 ___	3 ___	4 ___
(3) 跌打傷科	1 ___	2 ___	3 ___	4 ___

53 若將觀塘區之西医与中医作一比較,你認為在下列各方面,何者較為優勝？

	西医較優	中医較優	差不多
(1) 一般市民之信賴程度	1 ___	2 ___	3 ___
(2) 受政府之重視程度	1 ___	2 ___	3 ___
(3) 治療疾病之效能	1 ___	2 ___	3 ___
(4) 補身或促進健康之效能	1 ___	2 ___	3 ___
(5) 經濟入息	1 ___	2 ___	3 ___

54 你認為本港應否設立中医學院，以訓練合格而正規之中医生？

1 ___應該　　2 ___不該　　3 ___不肯定

55 你認為中國医術與西方医術，能否結合起來？

1 ___能夠　　2 ___不能　　3 ___不肯定

56 你認為基督教聯合医院應否設立中医部門？

1 ___應該　　2 ___不該　　3 ___不肯定

57 請問你於何年開始在本港行医？　19 ______年

58 一般來說，你對於目前医務工作感到如何？

1 ___極為滿意　　3 ___不甚滿意
2 ___頗為滿意　　4 ___極不滿意

— 多謝合作 —