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STUDENT PERCEPTIONS AND USE
OF A UNIVERSITY HEALTH SERVICE

by

Susan A. Lueger

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

September

1979

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VITA

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CHAPTER I

IDENTIFICATION OF THE PROBLEM

Attitudes toward medical care may have important behavioral implications for a person's health. Competent doctors, using the latest medical techniques and curing patients' diseases are all important aspects of health care, but, as Herman (1975) reminds us, the nation's overall goal is improving citizen health. Improving medical technology and professional care for the sick are sub-goals. Herman estimates that one-third to one-half of the total national medical bill would be eliminated if preventive action in health care is taken.

Attention to rapid technological advances, however, now dominates health care, rather than learning what affects health behaviors such as compliance with a medical regimen or learning healthful behaviors, such as eating a balanced diet. A review of medical professional journals and government health publications suggests research on the human, personal aspects of administering aid to the ill is lagging

behind research on medical technology. Emphasis is placed on the development of medical equipment, new drugs, and efficient medical delivery systems. Technology and competence are essential, but patients need to feel comfortable and learn how to keep themselves healthy.

There is a trend, however, toward helping patients manage their own health and help them to psychologically cope with serious illnesses. Patients are asking for more information about their illnesses, the drugs they take, and the prognosis of their disease. The trend indicates that changes in role and in emphasis are necessary for many health professionals. The changes entail developing more educational and helping skills, in addition to technical skills, among our medical personnel (Beckhard, 1974).

Related to the need for a role change, the American Psychological Association's Task Force on Health Research (1974) suggested a classification of health research activities and included attitude studies of patients and staff. Examples of attitude research topics in health care which can contribute to finding successful prevention strategies and helping patients manage their own health are studies of consumers' and professionals' attitudes toward health care and their attitudes that block effective health

care.

Repeated emphasis on attitudes of patients and the implication that attitudes affect health behavior suggests that important relationships exist between attitudes toward medical care, the quality of care, and behavior outcomes, such as the use of services. This thesis project examines research on patient satisfaction, patient needs, use of outpatient services, and the relationships between student patients and a university's health service staff. The present research done at a private midwestern university is a study of undergraduate student patients' perceptions of the doctor-patient relationship, the overall quality of care, and of their own health. These perceptions are related to their use of the health services; how much they know about the health service; and their interest in informative, prevention-related health seminars. The outpatient setting is used since most contact between the public and medical personnel is in a private office, a clinic, a hospital outpatient clinic, or a hospital emergency room.

The students' perceptions and behaviors are compared with those of students at two other universities to determine if the observations hold true across samples of

students from very different settings. Using the results of the thesis project, suggestions are made for the delivery of student health care services that better meet the personal and medical needs of students. Suggestions are made for the design of further studies of student health care services and health maintenance organizations, which are pre-paid, group practices, similar to student health services.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

In the past, people have sought the care of physicians to cure their illnesses, soothe their distress, and calm their fears. Seeking medical care has been interpreted as a signal that the individual wants to return to normal health and functioning. These curative and psychological needs still form the motivational basis for seeking professional medical care (Mechanic, 1973). Health care program planning, therefore, should consider these patient needs (Simches, 1976).

Satisfying both the physical and psychosocial needs of the patient are important to the health care system as it attempts to provide better health care to the public.

"Health care system" refers to the network of medical professionals, paraprofessionals, technicians, institutions, and organizations that contribute to providing medical care to the public. In order to provide better health care, a health care system should give attention to satisfying both

the physical and psychosocial needs of the patient. However, satisfying patient needs can be difficult in that patient illness behavior varies greatly. The variations include how much pain is perceived by different people with the same disease, whether help is sought, who is consulted, how much the illness affects the person's normal duties and responsibilities, and whether efforts are made to follow medical advice (Mechanic, 1972a).

Present emphasis on impersonal aspects of medical care

Emphasis in health care planning has primarily focused on facility planning and staffing patterns. The studies have concentrated on medical techniques, procedures, numbers of patients, equipment, manpower, maintaining medical records, and successful treatments. Deniston, Rosenstock, and Getting (1969) discuss evaluating health program effectiveness or treatment success by measuring available resources, activities, objectives, and sub-objectives. They do not mention bedside manner or other personal aspects of care. Kane, Henson, and Deniston (1969) discuss program activities and medical resources. Knutson (1969) concentrates on the conduct of program activities, evaluating program achievements and progress. Lewis (1974) only

examines the processes of care. The structure and process of care are Longest's (1976) concerns, while Meredith (1976) considers evaluating procedures and techniques to improve control. Oakes (1973) does not mention patient attitudes or perceptions. His focus goes to workable record keeping systems and peer audits to monitor the continuity of care for patients. Schulberg, Sheldon, and Baker (1969) also stress the importance of evaluating health programs through clinical and administrative records and the analysis of the physical condition of the buildings. Quantifying program planning and control by mapping events and activities is discussed by Roman (1974). He comments that one of the problems with quantification of planned activities and events is the human element. The Public Health Service of the U.S. Department of Health, Education, and Welfare (1977) devotes a whole publication to room arrangements, required equipment, staffing patterns, the volume of patients, and medical records.

The patient in these studies, then, is seen as a passive participant in medicine. The medical success of treatment is measured, while the patient's satisfaction with or perception of the treatment and outcome are not seen as

important in the planning and direction of medical programs.

The patient as a person

A number of researchers, however, have referred to patients' attitudes toward their own medical care as an essential part of evaluating the quality of care. Bobilya (1974) addressed patient perceptions in his study of a student health service. Brook (1974) specifically says that the physician's technical management of health and illness is a critical issue in assessing the quality of care, but includes the socio-economic management of health and illness and the doctor-patient relationship as other critical issues. Donabedian (1969) notes that most studies of the quality of medical care adopt a very narrow definition of quality. Concerning themselves with the technical management of illness in their studies, researchers forget prevention, rehabilitation, continuity of care and the handling of the doctor-patient relationship. French (1974) recognizes that patients' attitudes and self concept are important to the quality of care and their response to the treatment. James (1969) includes attitudes as one of his three keystones of program planning. Sheps (1969) agrees with other researchers that the quality of care is affected

by the adequacy of the hospital facilities, the administrative and professional organization of the hospital and the competence of the personnel, but he also stresses that the quality of care is affected by the interpersonal relations among the staff and the patients.

Beckhard (1974) has suggested that the values of the health care system are in flux at the present time, and that more effort is being directed to improving the personal caring aspect of health care. Funkhouser (1976), for example, reported that an awareness exists among nursing personnel that psychological support for patients is important for the patients' well being. The nurses surveyed by Funkhouser replied that they and doctors need to be more aware of the patients' need for psychological support. Funkhouser's respondents attribute what they see as a steadily worsening doctor-patient relationship to ignorance--on the part of the medical staff--of their patients' psychological needs and of how to attend to those needs.

Consumer judgments of medical care

Patients do react to illness experientially, focusing on personal aspects of care because it is visible to them and they can judge whether they like it. Advanced medical

technology makes it virtually impossible for patients to know whether they are being cared for in the best possible way. Patients are not aware of whether one medical test is better than another, whether an examination is thorough enough, or whether a surgical procedure is done correctly. However, they can evaluate the manner of physicians, their apparent concern for patients, and physicians' willingness to explain illnesses and the various medical procedures. Patients know how they would like to be treated in the medical procedure. In part, they base their attitudes on whether they feel their needs are being met in these aspects of medical care. A number of studies examined these subjective, personal needs--oriented, aspects of medical care.

King and Goldman (1975), for example, considered aspects of the health care process which patients feel are important. Competency in doctors is always a priority. Most people assume their physician is competent. People do differentiate their preferences, however, being more satisfied with warm, friendly doctors than with cold, impersonal doctors. LeBow (1974) found that communication between the patient and the doctor was important to the patients as was the amount of care provided.

Mechanic (1972b) has noted that consumers place a high value on the skill of their physicians and on their interest in them. Judgments by consumers of the quality of care they receive often reflect the doctor's personality, as well as the doctor's accessibility and attention to the patient's wishes. Patients report considerable satisfaction with their personal medical care, but are more apt to criticize the health care system, in general. Some dissatisfaction is noted when doctors are less amenable to client control, a condition that occurs in prepaid group practice.

Increasing patient loads and medical personnel shortages often have resulted in short consultation times between the patient and the doctor. Patients tend to feel passive and to be treated indifferently with the time restraints (Taylor, 1972). Rachman and Phillips (1975) found that the value of the short meeting is increased when a doctor behaves in a friendly and interested manner.

Certain expectations are held by patients entering the health care setting. Many, especially upper class or better educated people, see themselves as more or less equal to the physician. Treated in a formal, mechanistic manner, their evaluations of medical care are more critical. Personal

care, continuity of care, ease of communication with medical personnel, amount of time spent with the doctor, the outcome of the visit, are all important to the patient. As Mechanic (1973) says, ". . . health is a state of perception and experience, and not the absence of one or another disease entity (p. 69)." Physicians who are not sensitive to these perceptions, need to become aware of them to better serve health care consumers.

Attitudes and use of medical services

The stimuli of ill health, discomfort, and cultural and social influences eventually may result in responses of seeking information, medical attention, taking prescription drugs, and/or following medical advice. Attitudes toward medical care, its process, and its providers, therefore, may delay or speed the action of seeking care. Mechanic and Volkart (1961), for example, examined the relationship between measures of stress and measures of illness behavior and their joint effect on the use of medical facilities. Perceived stress (measured by loneliness and nervousness) and illness behavior (measured by items concerning the use of medical facilities) were related to the use of a college health service during a one year period. When illness be-

havior patterns were statistically controlled, the influence of stress was different among persons with a high receptivity to medical services than among those who were less inclined to favor medical services. In the high inclination group, stress was a rather significant influence.

Measuring beliefs and attitudes

Since the beliefs a person holds about an object (a clinic, for example) or a person (a doctor or nurse) are determinants of attitudes (Fishbein & Ajzen, 1975), measurement of these beliefs is necessary. Unfortunately, precise measurement of beliefs is impossible. An estimate of a person's relevant beliefs may be obtained, however, by examining the first few statements a person emits in response to a stimulus. Caplan and Sussman (1966) found this to be true in a study that involved the rank ordering of variables of patient satisfaction with an outpatient service. According to Caplan and Sussman, the most important variable related to overall patient satisfaction was satisfaction with medical care. This variable formed a factor with other variables in the study: opinion of the clinic doctor, perception of doctor's interest, satisfaction with doctor assignment, and evaluation of medical equipment.

The factor once again indicated that the doctor-patient relationship is important. The second through fifth most important variables they found to be important included: difficulty of instructions for home treatment (i.e., ease of communication), satisfaction with the total time spent on the last visit, actual time spent with the doctor on the last visit, and the outlook for the future of the illness.

An outpatient clinic setting in a university has been used before in studies relating attitudes to satisfaction and use of health services (Comstock & Slome, 1973; King & Goldman, 1975). Comstock and Slome used a scale created by Franklin and McLemore (1967), containing a modification of Thurstone's method of equal appearing intervals. The scale was formed by taking the 20 items that had a minimum of ambiguity from an original pool of 450 opinion statements. Some of the items were:

The doctors at the Student Health Center are incompetent (Scale value, 4.96; Q value, .55);

The personnel at the Student Health Center treat students as immature children, rather than as adults (Scale value, 4.49; Q value, 1.07);

One never feels rushed during an office call at the Student Health Center (Scale value, 1.79; Q value, 1.22).

The King and Goldman study: A prelude to the present research

King and Goldman (1975) examined undergraduate students' satisfaction with a university health service and variables that were associated with students' satisfaction. Student assistants administered their questionnaire to a ten percent random sample of Harvard and Radcliffe undergraduates (sophomores, juniors, and seniors). The questionnaire asked for social demographic factors, types of previous medical care experience, personal health evaluations, use of the student health services, knowledge of the clinic's policies and procedures, anticipated response in the face of particular symptoms, response to attitudinal statements concerning the health service personnel, and satisfaction with the health service.

The data collection procedure of the King and Goldman study deserves some elaboration. In their project, student assistants personally delivered questionnaires to the 589 selected respondents. The assistants later returned to each respondent and picked up the completed questionnaire. The completion rate, 87 percent, was much higher than the usual survey return rate. A return rate of 40 to 50 percent is usually considered good (Warwick & Lininger, 1975). Thus,

it appears King and Goldman's reliance on personal delivery and pick up was a very worthwhile effort.

A list of symptoms used in the King and Goldman study came primarily from the symptoms Koos (1954) used, but other symptoms were added by the research team. Additional questionnaire items were taken from other studies on patient satisfaction (Shiloh, 1965; Friedson, 1961; Caplan & Sussman, 1966; Ross, 1962; Elling, Whittemore & Green, 1960; Strauss, 1963; and Greenblum, 1961) or were created by the research team.

The present research and its hypotheses

Scales used in the aforementioned study could be adopted for use in a similar study. This would allow a comparison between responses of two different groups of students and aid in identifying general health beliefs, attitudes, and common areas of concern. A weakness of previous studies has been their sole reliance on the self report, survey technique. Random sampling of students, student medical records, and behaviors should yield a more accurate picture of attitudes toward health care. This should help clarify the role of attitudes in mediating overt behaviors, such as the use of services and following medical

advice.

The present research examines satisfaction with the Student Health Services (SHS) as the King and Goldman study did, as well as student patients' perceptions of the doctor-patient relationship, the overall quality of their medical care, and of their own health. More importantly, these perceptions are related to the use of the SHS; how much students know about the SHS; and their interest in informative prevention related seminars. Information on how long students usually must wait for treatment; what symptoms are presented at the health center; and what treatment and follow-up is given will be collected for comparisons with opinion responses on the questionnaire.

The hypotheses of the study are:

1. Students who know more about the SHS are more likely to have used the service in the past than those who know little or nothing about the SHS.
2. Students who know more about the SHS are more likely to seek help from the doctors at the SHS for different symptoms in the future than students who do not know about the SHS.
3. Students who know more about the SHS are more likely to be interested in health seminars than students who know little about the SHS.

4. Students who have positive opinions of the SHS staff and services are more likely to have used the service in the past than students who have negative opinions about the SHS.
5. Students who have positive opinions of the SHS staff and services are more likely to seek help from the doctors at the SHS for different symptoms in the future than students who have negative opinions about the SHS.
6. Students who have positive opinions of the SHS staff and services are more likely to be interested in health seminars than students who have negative opinions about the SHS.
7. Students who have positive opinions of their own health are more likely to have used the service in the past than those who have negative opinions of their own health.
8. Students who have positive opinions of their own health are more likely to seek help from the doctors at the SHS for different symptoms in the future than students who have negative opinions of their own health.
9. Students who have positive opinions of their own health are more likely to be interested in health seminars than students who have negative opinions of their own health.
10. Students who have used the SHS will be more satisfied with the service than those who have not used the SHS.

The results from the study have been used as a basis for

suggestions on student health services program planning and further research.

CHAPTER III

METHOD AND RESULTS

Three studies were conducted for the present research. The first study was archival, using a random sample of current Loyola student medical records to obtain a demographic profile of the Loyola student population. All Loyola students are required to submit a recent report of their physical condition upon entering school. This information was collected to compare with student respondents to get an idea of how representative the survey sample was of the general population of students. Information was collected on persons who had used the clinic, including symptoms presented (to see if the symptoms corresponded with the ones survey respondents said they would go to the SHS with for treatment) and treatment given.

A second study used behavioral observations of Loyola students to determine the actual waiting times and amount of time spent in the treatment room in the University's two clinics to establish a basis on which to compare students'

answers to opinion questions related to waiting times and consultation times.

A third study asked a sample of students from Loyola and students from another university for their opinions of the health service, whether they had used the health service, how they rated their own health, and how satisfied they were with the SHS. The survey responses from the two universities were compared with each other and with King and Goldman's study to see if opinions and ratings were similar across three different student populations.

Study I: Medical Records Study

Subjects

Students who were currently enrolled in Loyola and had medical records at the SHS clinics were included in Study I. The students were male and female, freshman through graduate students.

Material

A random numbers table was used to determine what selection interval would be used to gather a sample of students' records.

Procedure

In the middle of July, 1977, every twentieth student record in the files at the Lake Shore and Lewis Towers campuses was selected and included in the sample. Information obtained from each file included age, sex, year in school, number of entries in the record for first visits to the SHS for a specific health problem, the number of returns for a follow-up visit or for further treatment of a health problem, symptoms presented by the student, treatment recommended, number of laboratory tests performed, which campus the student attended, and the student's answer to a question on the entrance physical, "Do you consider yourself to be in good health?". Two hundred and sixteen files were selected.

Results

Randomly selecting medical files produced a virtually even split of 111 males (51.4%) and 105 females (48.6%). No one class had a much larger representation than another class. There were 49 (22.7%) freshmen, 43 (19.9%) sophomores, 47 (21.8%) juniors, and 36 (16.7%) seniors. There also were 21 graduate students (9.8%) and 20 files on which the student's year in school was not recorded (9.3%). The

median age of students was 20.4 years. The most frequent majors in school, as recorded, were arts and sciences (33.3%) and health and nursing (13.4%). The majority of students in the sample attended the Lake Shore campus (63.4%). The question, "Do you consider yourself in good health?", was on the required student medical examination. Almost 75% of the students answered "yes" to the question.

Of the student files selected, 43.5% of the students had never used the SHS. If students had used the SHS, most only visited it once (30.1%).

Table 1

Medical Records Study:

Number of Visits to the SHS

No visits	94	43.5%
One visit	65	30.1%
Two visits	22	10.2%
Three visits	12	5.6%
Four visits	6	2.8%
Five visits	9	4.2%
Six to nine visits	8	3.8%

The first one to five complaints presented to SHS staff were recorded from the selected files for each student who had used the SHS. The most frequent complaints were limb injuries (39), sore throats (37), cold or chills (31), and skin problems (25). Other problems presented included sore neck or back (12), stomach ache (10), headache or dizziness (9), congestion or allergy (8), vaginal discharge or menstrual problems (8). Complaints such as earaches, something in the eye, nose injuries, toothaches, hypertension, urinary infections, fatigue, pain in the chest, head injuries, and numbness appeared less than six times for the sample group. The SHS staff had listed the ten most common complaints, in their order of frequency, as:

1. sore throats
2. flu
3. colds
4. rash
5. burning while urinating
6. sprained ankle or finger
7. feeling tired all the time
8. vaginal discharge or itching
9. vomiting and/or diarrhea
10. something in the eye

Of the 110 students who had at least one complaint, nine had no recorded treatment. Most of the 101 students who were treated for their first complaint were given medication (20.8%), told to rest in bed (8.8%) or given a bandage (6.5%). Looking at treatments recorded for all complaints presented, medication continued to be the most frequent treatment (66), followed by bedrest (49), bandages (21), special diet (21), gargle (20), refer to another doctor (19), heat (17), admit to the hospital (3), exercises (2).

A little over half of the students in the sample who visited the SHS had at least one lab test administered (52.5%).

Study II: Waiting Time and Time in Treatment

Subjects

Students who actually entered one of the clinics at each campus during randomly selected times over a three day period were included in this study's sample. Male and female students were included, freshmen through graduate students.

Material

A random numbers table was used to select the place, times, and days of observation.

Procedure

Three days out of the clinics' five operating days were selected by means of a random numbers table. Tuesday, Wednesday, and Friday were chosen by this method. Each day was split into a morning interval and an afternoon interval. Using the random numbers table again, a campus clinic location was chosen for each day interval of observations. Finally, the random numbers table was used again to select the observation hours at each location. The final observation arrangement included the following:

Campus	Hours of Observation
<hr/>	
Tuesday	
Lewis Towers	10:30, 11:30 a.m.
Lake Shore	1:00, 4:00 p.m.
Wednesday	
Lewis Towers	10:30, 11:30 a.m.
Lewis Towers	12:30, 1:30 p.m.
Friday	
Lake Shore	8:30, 10:30, 11:30 a.m.
Lake Shore	1:30 p.m.
<hr/>	

At the selected times, the researcher was present in the waiting room of the clinic and was situated so that all entrances and exits to the clinic could be observed. The researcher appeared to be waiting for medical treatment, reading waiting room magazines or textbooks. As a student entered the clinic, his or her time of arrival and sex were recorded. Students who waited to see a doctor or a nurse for an examination had their time of entry into the treatment room and their departure time recorded in addition to their arrival time. Waiting time and total time spent in the SHS were calculated later for each student observed. Time in treatment was calculated for each student who did see a doctor or nurse.

Results

There were 35 females and 25 males in the sample of students observed. Twenty-seven of the observations were at the Lewis Towers campus and 33 were at the Lake Shore campus. Fifty five percent of the observations were in the morning. A doctor was available at the clinic for 34 of the observations.

The mean waiting time for Loyola students observed at both clinics was 2.98 minutes. The mode was zero and the

median was one minute. Waiting times ranged from zero to 28 minutes. Waiting time was defined as the time between a patient's entry into the clinic and the patient being seen in the treatment room by a nurse and/or doctor if necessary, getting a question answered, or being served in another way. Students spent a mean total time in the SHS of 10.71 minutes. The mode was 2.50 minutes. The median was six minutes, and the range of total time spent at the SHS was from less than one minute to 38 minutes.

Not all students who entered the SHS went into the treatment room. Some came just to weigh themselves, check the results of a lab test, pick up a health insurance claim form, or get a band-aid. Thirty-five of the 60 students, however, did see a nurse and/or doctor in a treatment room. Their average time in the treatment room was 11.14 minutes. There were several modes--one minute, two minutes, eight, ten, and eighteen minutes. The median time in the treatment room was ten minutes. The range of times was one minute to 32 minutes.

Study III: Attitude Study

This study used an adaptation of King and Goldman's (1975) survey to answer questions about students' attitudes

toward the health center personnel, setting, and service. The survey asked students how often they had actually used the student health services and asked about the students' interest in preventive, health education seminars. Following the format of King and Goldman's survey permitted a comparison of their respondents' answers (Harvard-Radcliffe students) with those answers given by this study's respondents (Loyola University of Chicago students). As another part of this study, a third comparison group (Washburn University of Topeka students) was identified and a subset of the survey questions was administered to this third student group. One purpose of using three university groups was to determine whether all student health services are rated the same by college students, regardless of the students' backgrounds and the amount of services available, or whether the difference in services available would be reflected in the ratings of the services at each university.

Health Care at the Three Universities

Loyola students had student health services that were more extensive than Washburn's but less extensive than Harvard's. The Loyola Student Health Service had three physicians (one internist, one general practitioner, and one

gynecologist), one dentist, three nurses, two administrators, one lab technician, and several part-time student aides at the time of this survey. The SHS was open Monday through Friday, from 8:00 a.m. to 5:00 p.m. Basic diagnostic services; treatment for minor acute illnesses; continuation of treatment for diabetes, allergies, or other similar long-term conditions; laboratory tests (not ordered by private physicians); gynecological services; referral services; special health education programs; and minor surgery on an outpatient basis were provided by the Loyola SHS. The university has two campuses; one in the downtown Chicago area, and the other on the far north side of the city. The SHS was located in the basement of a dormitory on the north campus and in the basement of a classroom building at the downtown campus. Neither location is a high traffic area for students.

Harvard-Radcliffe students had a sophisticated, comprehensive, well-equipped, 24-hour per day student health service available to them. These students had the services of allergists; ear, nose, and throat specialists; dermatologists; internists; ophthalmologists; dentists; surgeons; psychiatrists; psychologists; radiologists; urologists;

general practitioners; nurses; technicians; and an array of non-medical staff generally available to them at their student health service. An emergency room operated at night and on the weekends. Inpatient services were available in a university infirmary. The Harvard-Radcliffe student health services are housed in their own buildings, such as the Stillman Infirmary.

Washburn students had a very limited student health service compared to the other two universities; there was one general practitioner and two nurses on the staff. Services were available Monday through Friday, from 8:00 a.m. to 5:00 p.m. Basic diagnostic services; treatment for minor acute illnesses; referral services; and special health education programs were available to students. The health service occupies a suite of rooms on the first floor of a classroom building.

Students at the Three Universities

All three universities have enrollments of approximately 6,000 students. Each university is a four-year, liberal arts university whose students are covered by health insurance and who pay a fee for student health services on a yearly basis. The colleges vary, however, in location and

enrollment standards, as well as in the extent of their health services. The College Handbook (1977) described Harvard-Radcliffe freshmen students as high school honor students with SAT scores between 500 and 800. Loyola's middle 50 percent of freshmen who have taken the SAT test have verbal scores between 420 and 540, and mathematical scores between 450 and 590. The middle 50 percent of Loyola freshmen who have taken the ACT entrance examinations have composite scores of between 20 and 26. Washburn's middle 50 percent of freshmen have ACT composite scores between 19 and 22.

Harvard-Radcliffe is within a metropolitan area, one mile from the city of Boston. There are a number of graduate programs. Ninety seven percent of the students live in college housing. Loyola is also in a metropolitan area and has a number of graduate programs. Forty percent of the Loyola students live in college housing.

The third university, Washburn, is located in Topeka (population, 145,000). There are graduate programs in two areas. Washburn is the only institution of the three that has an open enrollment policy. It is also the only university of the three that is a public university. Thirty

percent of Washburn students live in college housing.

Differences in Selected Characteristics of Loyola and Washburn Respondents

The Washburn sample was added to the present study to learn if Loyola students were similar to other college students in their composition and their ratings of health experiences. The following preliminary comparison of the samples suggests that the Loyola and Washburn samples were significantly different in several respects.

The 263 Loyola respondents were split evenly by sex. The Washburn respondents, however, were predominantly female (Table 2).

Table 2
Sex of Respondents

	Loyola (n = 252)	Washburn (n = 130)
Male	50.0%	39.2%
Female	50.0%	60.8%

Note. χ^2 (1) = 4.00, $p < .05$

Loyola respondents were largely upperclassmen. Washburn respondents included a majority of underclassmen (Table 3).

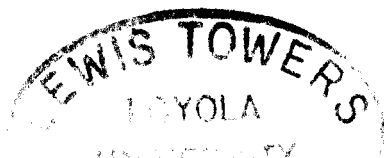


Table 3
Year in School

	Loyola (n = 252)	Washburn (n = 130)
Freshmen	17.8%	40.8%
Sophomore	19.4%	20.8%
Junior	25.7%	20.0%
Senior	37.2%	18.5%

Note. χ^2 (3) = 28.72, $p < .001$

Table 4
State of Health Before Coming to College

	Loyola (n = 263)	Washburn (n = 130)
Poor	0.8%	0.8%
Fair	3.4%	8.5%
Good	24.0%	40.0%
Excellent	67.7%	50.8%
(Missing)	4.2%	0.0%

Note. χ^2 (3) = 15.65, $p < .005$

Students at both universities felt they were in good to excellent health before going to college. A smaller percentage of Washburn students than Loyola students felt they were in excellent health before beginning college, and a larger percentage rated themselves as having fair health before college (Table 4).

Most students also felt their present health was excellent. Again, however, Washburn students were more likely to rate their health as good or fair, rather than as excellent (Table 5).

Table 5
Present State of Health

	Loyola (n = 263)	Washburn (n = 130)
Poor	1.1%	0.8%
Fair	2.7%	10.8%
Good	28.9%	49.2%
Excellent	62.7%	39.2%
(Missing)	4.6%	0.0%

Note. χ^2 (3) = 29.30, $p < .001$

Students were asked a few questions about their past experience with medical personnel. They were asked how often they had consulted a doctor before college, if they had had to use a doctor frequently before coming to college because of an illness, and what type of medical care they were most familiar with before coming to college. Most students had consulted a doctor once or twice a year or less before coming to college. Washburn respondents were more likely to have consulted doctors three or more times a year than the Loyola respondents (Table 6).

Table 6

Frequency of Consultation With a Doctor
Before Coming to College

	Loyola (n = 263)	Washburn (n = 130)
Less than once a year	45.2%	41.5%
Once or twice a year	43.7%	41.5%
Three or four times a year	3.0%	10.0%
More than four times a year	3.4%	6.9%
(Missing)	4.6%	0.0%

Note. χ^2 (3) 10.24, $p < .05$

The majority of respondents did not have an illness that required frequent use of a doctor for an extended period of time (Table 7).

Table 7
Extensive Use of a Doctor

	Loyola (n = 263)	Washburn (n = 130)
Yes	20.9%	23.8%
No	74.5%	76.2%
Don't Know	0.4%	0.0%
(Missing)	4.2%	0.0%

Note. χ^2 (1) = 0.18, not significant

The most familiar type of medical care was the family doctor. Answers in the "other" category usually referred to a parent who was a physician. Washburn respondents were more likely to have used outpatient or emergency room doctors than Loyola respondents (Table 8).

Table 8
Most Familiar Type of Medical Care

	Loyola (n = 263)	Washburn (n = 130)
Family doctor	86.3%	77.7%
Outpatient or emergency room	4.2%	12.3%
No doctor	0.8%	4.6%
Other	4.9%	5.4%
(Missing)	3.8%	0.0%

Note. χ^2 (3) = 15.20, $p < .005$

Most respondents had not used the SHS (Table 9).

Table 9
Ever Used the SHS

	Loyola (n = 263)	Washburn (n = 130)
Yes	34.6%	45.4%
No	60.8%	54.6%
Don't Know	0.4%	0.0%
(Missing)	4.2%	0.0%

Note. χ^2 (1) = 2.99, not significant

If they had used the SHS, most had only used it once or twice in the first semester of the school year. Washburn students were more likely to have used the SHS than Loyola students (Table 10).

Table 10

Frequency of Use of SHS in the First Semester

	Loyola (n = 263)	Washburn (n = 130)
Once	9.1%	18.5%
Twice	4.6%	10.8%
Three times	1.9%	3.1%
Four times	0.8%	3.1%
Six times	0.4%	0.0%
Eight times	0.4%	0.0%
Ten times	0.0%	0.8%
Twenty times	0.4%	0.0%
Never	82.5%	63.8%

Students were asked how satisfied they were with the SHS. Washburn students were satisfied. Loyola respondents who did answer the question were also satisfied (Table 11).

Table 11
Satisfaction With the SHS

	Loyola (n = 108)	Washburn (n = 105)
Very Satisfied	14.8%	7.6%
Satisfied	56.5%	65.7%
Dissatisfied	26.9%	20.0%
Very Dissatisfied	1.9%	6.7%

Note. χ^2 (3) = 7.18, not significant

Developing the survey

The SHS staff were interviewed concerning the operation of the SHS and to learn if there were any questions the staff wanted answered by the study. Some of their specific questions were included in the questionnaire. New items were constructed according to the guidelines for questionnaires, surveys, and interviews presented in Oppenheim (1966); Selltiz, Wrightsman, and Cook (1976); and Warwick and Lininger (1975). The entire questionnaire was reviewed by the SHS Advisory Committee, composed of faculty and students. Changes requested by Advisory Committee members were made. Two students working at the SHS filled out the questionnaire and additional adjustments were made

as a result.

Survey of Loyola Students

Subjects

A sample of undergraduate students enrolled in Loyola University during spring semester, 1977, was selected for the mail-out questionnaire by a random selection computer routine. Three sets of mailing labels with codes for each student's year in school and college were printed via the computer. A set of 608 labels was produced. The students were selected from the rolls of the College of Arts and Sciences-Lake Shore campus (3400 total enrollment), and Lewis Towers campus (500 total enrollment); the day School of Business Administration (850 total enrollment); the School of Nursing (600 total enrollment); the Dental Hygiene program (100 total enrollment); and the day School of Education (100 total enrollment). The sample drawn reflected approximately proportional sizes for the divisions, relative to the enrollment for the six colleges. Table 12 compares student enrollment percentages to those of the sample that was drawn.

Nineteen students in the original sample could not be used for the study. Sixteen of these students were new

Table 12
Loyola Student Enrollment
and Sample Percentages

College or Program	Enrollment (n = 5550)	Sample (n = 589)
Arts and Sciences		
Lake Shore	61.3%	62.5%
Lewis Towers	9.0%	6.1%
Professional Programs		
Business Administration	13.5%	16.9%
Nursing	10.8%	10.4%
Dental Hygiene	1.8%	1.0%
Education	1.8%	2.5%

freshmen, having started college in the spring semester. They had no experience with the Student Health Service in the fall semester. Ten of these new spring semester freshmen were enrolled in the Lake Shore Arts and Sciences, three in Business, and three in Nursing. Three other students were enrolled in the Lake Shore Arts and Sciences program as unclassified students and, therefore, were not eligible to use the Student Health Service.

Material

The questionnaire contained 54 questions (see Appendix A). Some of the questions had more than one part to answer. Question 11, for example, asked students how many times in the first semester they used each of the student health service clinics. There were six sections to the survey. The first segment, containing twelve items, asked for demographic data, the general health of the student, and past contact with doctors and the SHS. Ten of the questions (numbers 1, 2, and 4 through 11) were identical or very similar to King and Goldman's survey (questions 24, 25, and 26). Their survey included 8 knowledge-of-services questions.

King and Goldman included a section (question 32) in

their survey that listed thirteen conditions and asked the students whether or not they would go to the health service with these problems. The section also asked the students how well they thought each condition would be handled by a health service doctor. This section was omitted from the current survey since it primarily dealt with problems more appropriate to Loyola's Counseling Center than to the SHS.

The third section of the survey was very similar to King and Goldman's question 33. The ten most common illness complaints received at the SHS (determined from information provided by the SHS staff) and two potentially more serious symptoms--"pain in the chest" and "lump in the breast"--were listed. Students were asked to indicate whether they would go to the SHS, a private physician, or no doctor to get help for each of these symptoms. If students chose to seek no help or to seek help from a private physician, they were asked to give their reason for doing so.

The fourth section of the questionnaire contained nineteen items with responses in a Likert scale format. The items were statements of opinions about the SHS. Most of the items were identical to King and Goldman's SHS opinion statements. Questions from King and Goldman's survey about

the infirmary and about psychiatric help were omitted since Loyola's SHS does not operate an infirmary or employ psychiatrists. Five new questions were added at the Loyola SHS staff's suggestion: "Nurses at the SHS are as competent as other nurses I might find at a metropolitan hospital or in private practice."; "Whenever I come with a serious complaint, I am told by the SHS staff to go to the hospital."; "Services at the SHS have vastly improved over the past year."; and, "I often come to the SHS to be treated for a symptom, but do not get any treatment." King and Goldman's survey included a section of ten questions on gynecological services for women. The questionnaire in the present study used six of those ten questions and added two new questions. One new question, concerning the overall quality of the services, and the other, about the reasons some students never used the gynecological services, were added at the request of the Loyola SHS staff.

The last section of the questionnaire was intended for all respondents. Three of the questions (numbers 51, 52, and 54) came from the last section of King and Goldman's survey. The eleven questions asked about student interest in health seminars, their perception of the adequacy of SHS,

satisfaction with the hours of operation, and publicity or information sources about the SHS. An open-ended question in the last section asked for suggestions on how to improve the SHS.

Procedure

The 589 students in the sample were sent a copy of the questionnaire at the end of the spring semester, May, 1977. Each student received a cover letter, a questionnaire, and a business reply envelope, addressed to the SHS. Students were told the purpose of the study in the cover letter (see Appendix A), encouraged to respond, asked not to sign their names to preserve the confidentiality of their responses, and were thanked for their cooperation.

Six weeks after the initial mailing, a follow-up letter urging students to complete and return their surveys was mailed to the entire sample. Another copy of the survey and a business reply envelope were included in case students no longer had their original materials. No further follow-up was conducted in order to prevent the students involved from feeling harrassed by the researcher or the SHS.

Results

There were two omissions on the final copy of the questionnaire, despite the reviews and pre-testing of the questionnaire. The example in the third section of the questionnaire asked if students would seek medical help from the SHS if they had a loss of appetite. No answer was checked in the example. The second omission involved the response categories for question 51, in which students were asked how satisfied they were with the SHS. The response categories absence unintentionally made that item open-ended.

The results from the Loyola survey respondents are grouped according to four criterion variables--1) satisfaction with the SHS, 2) use and non-use of the SHS, 3) likelihood of seeking help, and 4) interest in health seminars. Each of these criterion variables is compared with survey-derived variables that include sex, number of visits to the SHS, health before coming to college, present health, knowledge of SHS, and attitudes (the 19 opinion statements) toward the quality of SHS medical care.

The response rate was 44.7% of the total sample of 589 students. Most respondents (60.8%) had not used the SHS.

Only 17.5% of the respondents had used the Lake Shore clinic at least once in the first semester of the school year, and 2.3% had used the Lewis Towers clinic in the first semester of the school year. There were no significant differences in use between the sexes or across classes (freshman, sophomore, junior, and senior).

Satisfaction with Student Health Services. The satisfaction variable was measured by the question, "In general, how satisfied are you with the SHS?". Responses are shown in Table 13 in a format that is comparable to that of the King and Goldman study for purposes of later comparison.

Table 13

Satisfaction With the Loyola SHS

Very Satisfied	9.2%
Satisfied	35.1%
Don't Know	37.9%
Dissatisfied	16.7%
Very Dissatisfied	1.1%

Table 14
Satisfaction With the Loyola SHS
and Sex of Respondent

	Male	Female
	(n = 126)	(n = 126)
Satisfied	24.0%	21.1%
Don't Know	19.3%	18.1%
Dissatisfied	10.5%	7.0%

Note: These are percents of the total sample. Percents in all of the following tables are of the total.

The extreme response categories, very satisfied and very dissatisfied, were collapsed in the King and Goldman study and are collapsed in the present study. The extreme responses were used by few respondents.

There were no important differences between men and women in how satisfied they were with the care at the SHS (see Table 14).

There were differences associated with present use of medical care (Table 16), but not with previous use (Table 15) or ratings of health (Tables 17 and 18). Satis-

faction with the SHS, then, was higher among students who had used the SHS one or more times in the first semester than among students who had not used the SHS during the first semester.

Table 15

Level of Satisfaction With the SHS and Number of Visits a Year to a Physician Prior to College

Level of Satisfaction	Number of Visits Per Year		
	Less than 1	1-4	5+
Satisfied	21.5%	21.5%	1.2%
Don't Know	19.2%	18.0%	1.2%
Dissatisfied	6.4%	10.5%	.6%

Note. $\chi^2_{(4)} = 1.64, p < .05, n = 172$

Table 16

Level of Satisfaction With the SHS and Number
of Visits to Lake Shore SHS During Fall Term

Level of Satisfaction	Number of Visits During Fall Term		
	0	1-4	5+
Satisfied	28.7%	14.4%	1.1%
Don't Know	36.2%	1.1%	.6%
Dissatisfied	12.1%	5.7%	0.0%

Note. $\chi^2_{(4)} = 22.24, p < .001, n = 174$

Table 17

Level of Satisfaction and
Health Before Coming to College

Level of Satisfaction	Health		
	Poor/Fair	Good	Excellent
Satisfied	1.2%	8.1%	35.3%
Don't Know	1.2%	9.2%	27.2%
Dissatisfied	1.7%	6.4%	9.8%

Note. $\chi^2_{(4)} = 7.63, p > .05, n = 173$

Table 18

Level of Satisfaction With SHS
and Rating of Present Health

Level of Satisfaction	Rating of Present Health		
	Poor/Fair	Good	Excellent
Satisfied	1.2%	10.4%	32.9%
Don't Know	2.3%	12.1%	23.1%
Dissatisfied	1.2%	6.9%	9.8%

Note. $\chi^2_{(4)} = 4.82, p > .05, n = 173$

Students were also asked if they felt there were adequate sources of information about services at the SHS. The majority of respondents (79.4%) replied "no." The relationship between the opinion about adequate information and satisfaction with the SHS is presented in Table 19.

Table 19

Level of Satisfaction
and Adequate Information

Level of Satisfaction	Adequate Information	
	Yes	No
Satisfied	12.5%	28.8%
Don't Know	4.4%	35.6%
Dissatisfied	3.8%	15.0%

Note. $\chi^2_{(2)} = 7.45, p < .05, n = 160$

Seeking Help in the Future. The next class of variables dealt with different organic symptoms and whether respondents would seek medical help from the SHS for each symptom. Respondents were asked for each symptom if they would use a doctor at the SHS for that symptom, go elsewhere, or not use any doctor. If respondents chose the latter two categories, they were asked to give a reason. Symptoms for which most students would use no doctor were: loss of appetite, sore throat, flu, and nausea. Reasons for not seeing any doctor were usually "problem not serious enough." Most students would see a doctor, but not an SHS doctor, for the following: a cold, a rash, urinary pain,

chronic fatigue, vaginal discharge, a pain in the chest, and a lump in the breast. The most frequent reason given was "prefer personal physician." Students would go to an SHS doctor for a sprain or an eye infection. People who said they would not use the SHS doctors because they lacked confidence in the SHS also tended to be dissatisfied with the SHS.

Attitudes Toward the SHS. Answers to attitude items were compared with answers to the satisfaction question. On each attitude statement, respondents were asked to indicate the extent of their agreement or disagreement. The possible responses were: 1) strongly agree, 2) agree, 3) disagree, 4) strongly disagree. In 11 of the 19 items (see Table 20) there was a statistically significant relationship with the satisfaction variable. Results are presented as percentages of respondents who agreed or disagreed with the opinion statements. Statistical tests were computed (chi square) on frequencies of responses.

Table 20

Percent of Loyola Students Agreeing or
Disagreeing With SHS Attitude Statements
and Level of Satisfaction With SHS

Attitude Statement and Response	Level of Satisfaction		
	Satisfied	Don't Know	Dis-satisfied
1. Important to see doctor of choice			
Agree	26.2%	20.7%	6.9%
Disagree	24.1%	9.0%	13.1%
<u>Note.</u> $\chi^2_{(2)} = 8.85, p < .05, n = 145$			
2. Appointments scheduled within a reasonable time			
Agree	50.0%	15.5%	12.9%
Disagree	8.7%	3.4%	9.5%
<u>Note.</u> $\chi^2_{(2)} = 9.58, p < .01, n = 115$			
3. Doctors at the SHS are as competent as others			
Agree	38.9%	11.5%	6.2%
Disagree	18.6%	6.2%	18.6%
<u>Note.</u> $\chi^2_{(2)} = 14.80, p < .001, n = 111$			

Table 20 (continued)

Attitude Statement and Response	Level of Satisfaction		
	Satisfied	Don't Know	Dis-satisfied
4. Nurses at the SHS are as competent as others			
Agree	39.7%	12.9%	6.0%
Disagree	18.1%	5.2%	18.1%
<p>Note. $\chi^2_{(2)} = 16.74, p < .001, n = 114$</p>			
5. The SHS does not have enough experienced, competent doctors			
Agree	14.3%	4.5%	17.9%
Disagree	43.8%	12.5%	7.2%
<p>Note. $\chi^2_{(2)} = 20.74, p < .001, n = 110$</p>			
6. Doctors at SHS treat patients with zeal and concern			
Agree	39.6%	11.3%	7.5%
Disagree	18.8%	5.7%	16.9%
<p>Note. $\chi^2_{(2)} = 10.45, p < .01, n = 104$</p>			

Table 20 (continued)

Attitude Statement and Response	Level of Satisfaction		
	Satisfied	Don't Know	Dis-satisfied
7. Doctors at SHS take a genuinely personal interest in their cases			
Agree	34.2%	9.9%	4.5%
Disagree	22.5%	7.2%	21.6%
<u>Note.</u> $\chi^2_{(2)} = 15.20, p < .001, n = 109$			
8. Doctors at the SHS go out of their way to explain ailments			
Agree	40.2%	7.5%	4.7%
Disagree	19.6%	8.4%	19.6%
<u>Note.</u> $\chi^2_{(2)} = 17.07, p < .001, n = 105$			
9. I am often told my complaints are minor or unfounded			
Agree	14.5%	5.5%	14.5%
Disagree	45.4%	12.7%	7.3%
<u>Note.</u> $\chi^2_{(2)} = 13.08, p < .01, n = 109$			

Table 20 (continued)

Attitude Statement and Response	Level of Satisfaction		
	Satisfied	Don't Know	Dis-satisfied
10. Services at SHS have vastly improved			
Agree	39.8%	12.0%	6.0%
Disagree	16.9%	3.6%	21.7%
<u>Note.</u> $\chi^2_{(2)} = 16.81, p < .001, n = 81$			
11. I often come to the SHS to be treated for a symptom, but do not get any treatment			
Agree	8.7%	1.9%	11.5%
Disagree	52.0%	14.4%	11.6%
<u>Note.</u> $\chi^2_{(2)} = 14.98, p < .001, n = 102$			

All of the relationships are significant. Opinion statements that had no significant relationship with satisfaction were "Clinic is usually crowded."; "A long wait is inevitable."; "I would go elsewhere for further testing or long-term treatment."; "The staff are courteous and considerate."; "Strict confidentiality is maintained.";

"Doctors talk over your head when they explain what is wrong with you."; "I would not mind being treated by a fourth year medical student under supervision."; "When I come with a serious complaint the SHS staff tells me to go to the hospital."

Negatively worded statements from Table 20 (statements 5, 9, and 11) had significant negative relationships as measured by Kendall's Tau. In other words, satisfied people disagreed with the negatively keyed statements and dissatisfied people tended to agree with the negatively keyed statements. The other items had significant positive relationships.

Characteristics of Past Users and Non-users of the Loyola SHS. Characteristics of past SHS users and non-users were hypothesized to be related to opinions about the quality of medical care at the SHS, students' knowledge of the SHS, general satisfaction with the SHS, and ratings of own health. The mean opinion statement ratings for user and non-user groups were determined, and t-tests of significance for any differences between the two groups were computed for each of the 19 opinions about the quality of medical care.

Only one opinion statement, "It is important that I see a doctor of my own choice when coming to the SHS." yielded a significant relationship ($t_{(195)} = 4.65$, users' $\bar{X}_1 = 2.56$, non-users' $\bar{X}_2 = 2.05$, $p = .001$). Users disagreed with the statement, while non-users agreed.

Users and non-users were compared on knowledge questions by means of a chi-square test. Students were asked where the Lake Shore SHS was located and where the Lewis Towers SHS was located. There was a significant relationship on the Lake Shore SHS location question. Non-users did not know where the Lake Shore SHS was located ($\chi^2_{(1)} = 58.97$, $p = .001$, $n = 233$).

There was no difference between users and non-users on the Lewis Towers SHS location question. Both groups did not know where it was located.

The other three knowledge questions dealt with SHS policies. As Table 21 indicates, all three questions were answered differently by users and non-users.

Although respondents did not know the SHS policy on these matters, users were more likely to know it was possible to see a doctor of their choice at the SHS, that there

Table 21

Percentage of Correct Answers to Knowledge

Questions by Users and Non-users

Item	Users (n = 88)	Non-users (n = 159)
Possible to see doctor of choice	25.0%	4.4%*
Doctor on duty 24 hours a day	50.0%	12.0%**
Patients pay for prescriptions	31.8%	11.3%***

Note. * $\chi^2_{(1)} = 23.19, p < .001$

 ** $\chi^2_{(1)} = 42.78, p < .001$

 *** $\chi^2_{(1)} = 15.70, p < .001$

is not a doctor on duty 24 hours a day, and that patients must pay for their prescriptions.

Mean satisfaction ratings were determined for users and non-users of the SHS. Possible responses were: 1) very satisfied, 2) satisfied, 3) do not know, 4) dissatisfied, and 5) very dissatisfied. Users ($\bar{X} = 2.43$, s.d. = 1.16) were more satisfied with the SHS than non-users ($\bar{X} = 2.82$, s.d. = .62). An estimated t -test was used because the variances were unequal ($t_{(100)} = -2.61$, $p = .01$).

There were no significant relationships between the respondents rating of their own health before coming to college or their ratings of their present health and their classification as users or non-users.

Characteristics Associated With the Likelihood of Seeking Help at the Loyola SHS in the Future. Students' answers to the thirteen questions asking whether they would use: 1) a doctor at the SHS, 2) a doctor outside the SHS, or 3) no doctor, were used to examine the students' likelihood to seek help at the SHS in the future. Each respondent's answers to the thirteen questions were summed to determine a score for the variable--likelihood to seek help.

The median score for the new variable was determined. All respondents with a score above the median were classified as "less likely to seek help." All respondents with a score below the median were classified as "more likely to seek help."

Means of the opinions of quality of medical care, ratings of health, and ratings of general satisfaction were determined for each of the two groups, "more likely to seek help" and "less likely to seek help." Differences between the means were analyzed with t-tests. Only one variable distinguished between those more likely to seek help and those less likely to seek help. The opinion statement, "It is important that I see a doctor of my own choice" was endorsed more frequently by the "less likely to seek help" group ($\bar{X} = 2.12$, s.d. = .87) than by the "more likely to seek help" group ($\bar{X} = 2.40$, s.d. = .73), $t_{(195)} = 2.46$, $p < .05$.

Likelihood to seek help and past use of the SHS were also compared. There was a significant relationship between past use and likelihood to seek help in the future. Sixty five percent of the users were more likely to seek help, but only 46.5% of the non-users were more likely to seek help

$(\chi^2_{(1)} = 7.95, p < .005, n = 248)$. Respondents who had used the SHS in the past were more likely to seek help for the symptoms listed. Non-users were less likely to seek help.

Likelihood to seek help and knowledge of the SHS variables were examined. Frequencies of responses to the knowledge questions are presented in Table 22.

Table 22

Percentage of Correct Answers to Knowledge
Questions and Likelihood to Seek Help

Item	More Likely	Less Likely
Location of the Lake Shore SHS	58.2%	40.4% *
Location of the Lewis Towers SHS	50.0%	50.0%
Possible to see doctor of choice	55.2%	41.4%
Doctor on duty 24 hours a day	69.8%	30.2% **
Patients pay for prescriptions	58.7%	41.3%

Note. * $\chi^2_{(1)} = 4.75, p < .05, n = 232$

** $\chi^2_{(1)} = 9.14, p < .005, n = 247$

Those persons likely to seek help in the future were more likely to know the Lake Shore clinic location than those not likely to seek help. Persons likely to seek

future help also were more likely to know that there is not a doctor on duty 24 hours a day at the SHS.

Characteristics Associated With Interest in Attending Health Seminars at Loyola. Respondents were put into two groups according to their answer to the question, "If the Health Service were to offer a regular series of health seminars on these (health) topics, would you be interested in attending?" The quality of medical care opinion questions, health ratings questions, and the satisfaction question were all analyzed in terms of the group that was willing to attend the health seminars and the group that was not interested. None of the t-tests were significant.

Survey of Washburn Students

Subjects

Respondents were 130 undergraduate volunteers from psychology classes. Respondents received experiment credits toward their course grades for participating in the study.

Materials

The survey given to Washburn participants contained a subset of the Loyola survey. There were 27 questions. They included questions on the respondents' sex, year in school,

their state of health before college, how often they consulted a doctor before college, whether they had a serious illness, what their most familiar type of medical care was, their present health, whether they had ever used the SHS in the past, and how many times they had used it in the first semester of the school year. Seventeen questions on the quality of SHS medical care were also asked. The final question on the survey asked how satisfied students were, in general, with the SHS (see Appendix C). Each survey had a cover letter explaining the project and asking for cooperation.

Procedure

Students were asked to sign up for the study. Those people who volunteered to participate came, at assigned times, to a classroom at the university. The researcher gave the participants brief oral instructions after the surveys were distributed. Participants were allowed to ask questions before and after the group began filling out the survey. Surveys were collected when the group was finished filling them out.

Results

A majority of the respondents (54.6%) had never used

the Washburn SHS. Only 36.2% of the participants had used the SHS in the first semester of the school year. There were no significant differences in use between the sexes. Classes differed, however, in their use of the SHS, with sophomores and seniors being more likely to have used the services in the past (see Table 23).

Table 23

Year in School and Use of SHS--Washburn

	Freshmen	Sophomore	Junior	Senior
User	28.3%	59.3%	46.2%	66.7%
Non-user	71.7%	40.7%	53.8%	33.3%

Note. $\chi^2 (3) = 12.73, p = .005$

The satisfaction variable was measured by the same question used for Loyola participants, "In general, how satisfied are you with the SHS?" Responses to the question revealed that most respondents were satisfied with the SHS. Table 24 displays the distribution of the responses.

Table 24

Satisfaction With the Washburn SHS

Very Satisfied	6.2%
Satisfied	53.1%
Don't Know	19.2%
Dissatisfied	16.2%
Very Dissatisfied	5.4%

There were differences on the satisfaction variable between men and women. Women were significantly less satisfied with the SHS as Table 25 illustrates.

Table 25

Satisfaction With the Washburn SHS
and Sex of Respondent

	Men (n = 51)	Women (n = 79)
Satisfied	26.2%	33.1%
Don't Know	9.2%	10.0%
Dissatisfied	3.8%	17.7%

Note. $\chi^2_{(2)} = 6.96, p < .05$

Again, because extreme responses were infrequent, the two satisfaction levels were combined and the two dissatisfaction levels were combined for the rest of the analyses.

There were differences associated with the present use of medical care at the SHS (Table 26), but not with prior use or ratings of prior and present health by the respondents. All respondents who had used the SHS at least once in the first semester were either satisfied with the SHS or dissatisfied. None responded, "Don't know."

Table 26
Number of Visits to Washburn SHS
During Fall Term

	0 (n = 83)	1-4 (n = 47)
Satisfied	32.3%	27.0%
Don't Know	19.2%	0.0%
Dissatisfied	12.3%	9.2%

Note. $\chi^2_{(2)} = 17.22, p < .001$

Answers to attitude questions on the quality of medical care at the SHS were compared with answers to the

satisfaction question. All 17 attitude questions had a significant relation with the satisfaction variable (χ^2 's significant at $p < .001$).

Characteristics of Past Washburn SHS Users and Non-users. Characteristics of past users and non-users were hypothesized to be related to respondents' opinions about the quality of medical care, their general satisfaction with the SHS and their ratings of their own health.

Quality of medical care. T-tests were done on the user and non-user groups and the quality of medical care attitude statements. Every statement-user relationship tested was significant, as Table 27 shows.

Table 27

Quality of Medical Care of Washburn
SHS Users and Non-users

Statement	Users' \bar{X} s (n = 59)	Non-users' \bar{X} s (n = 71)
1. Clinic crowded	2.32 (s = .75)	1.83 (s = 1.24)

$$t_{(118)} = 2.77$$

Table 27 (continued)

Statement	Users' \bar{X}_s (n = 59)	Non-users' \bar{X}_s (n = 71)
2. Appointment scheduled	1.83(s = .83)	1.18(s = 1.10)
$\underline{t}_{(127)} = 3.81$		
3. Long wait is inevitable	2.37(s = 1.02)	1.49(s = 1.39)
$\underline{t}_{(126)} = 4.16$		
4. SHS doctors are competent	2.66(s = .98)	1.56(s = 1.36)
$\underline{t}_{(125)} = 5.34$		
5. SHS nurses are competent	2.14(s = .75)	1.35(s = 1.14)
$\underline{t}_{(122)} = 4.70$		
6. Not enough experienced, competent doctors	2.31(s = 1.07)	1.56(s = 1.34)
$\underline{t}_{(128)} = 3.44$		
7. Go elsewhere for tests	1.59(s = .72)	1.25(s = .96)
$\underline{t}_{(127)} = 2.39$		
8. Staff are courteous	1.56(s = .70)	1.23(s = 1.02)
$\underline{t}_{(124)} = 2.21$		

Table 27 (continued)

Statement	Users' $\bar{X}s$ (n = 59)	Non-users' $\bar{X}s$ (n = 71)
9. Strict confidentiality $t_{(128)} = 2.91$	1.75(s = .94)	1.23(s = 1.07)
10. Doctors treat patients with zeal $t_{(124)} = 3.00$	2.02(s = .88)	1.45(s = 1.26)
11. Doctors take a personal interest $t_{(111)} = 4.15$	2.27(s = .72)	1.51(s = 1.34)
12. Doctors explain what is wrong $t_{(120)} = 4.39$	2.37(s = .87)	1.51(s = 1.36)
13. Doctors talk over your head $t_{(120)} = 4.93$	2.76(s = .95)	1.69(s = 1.51)
14. Told complaints are minor $t_{(125)} = 5.80$	2.81(s = 1.01)	1.56(s = 1.44)
15. Told to go to the hospital $t_{(128)} = 2.30$	1.97(s = 1.36)	1.41(s = 1.39)

Table 27 (continued)

Statement	Users' \bar{X} s (n = 59)	Non-users' \bar{X} s (n = 71)
16. SHS services have vastly improved	2.02 (s = 1.27)	1.34 (s = 1.33)
	$t_{(128)} = 2.96$	
17. Do not get treatment	2.68 (s = 1.15)	1.55 (s = 1.53)
	$t_{(127)} = 4.80$	

Note. Low scores or means indicate agreement with the statement while higher scores or means indicate neutrality or disagreement.

All t -tests were significant at less than the .05 level.

Satisfaction. Mean satisfaction scores for users and non-users were compared. Users ($\bar{X} = 2.27$, s.d. = .78) were less satisfied with the SHS than non-users ($\bar{X} = 1.45$, s.d. = 1.17), estimated $t_{(123)} = 4.76$, $p < .001$.

Own Health. There were no significant relationships between the respondents' ratings of their own health before college or their rating of their present health and their classification as users or non-users.

CHAPTER IV

DISCUSSION

The purposes of the study were to learn whether respondents who knew about the SHS; who had positive opinions of the quality of SHS medical care; who were satisfied with the SHS; or who rated their own health positively, were more likely to have used the SHS; more likely to seek medical help for different symptoms in the future; and more interested in attending health seminars than respondents who did not have these characteristics. It was also hypothesized that respondents who had used the SHS would be more satisfied with the SHS than those respondents who had not used it. Another purpose of the study was to compare King and Goldman's (1975) survey results with the results obtained from Loyola and Washburn students.

The group's characteristics differed somewhat. King and Goldman's Harvard-Radcliffe respondents were primarily

male, Washburn's respondents were mostly female, and Loyola's respondents were half male and half female. Loyola's respondent group contained primarily upperclassmen, Washburn's respondents were mostly underclassmen, and the Harvard-Radcliffe group was almost evenly divided among the four classes, freshman through senior.

Harvard-Radcliffe participants' responses often were very different from Loyola or Washburn participants' responses. Almost all of the Harvard-Radcliffe participants, for example, had used their SHS. A majority of Loyola and of Washburn respondents had never used their respective SHS's. Similarly, three-quarters of the Harvard-Radcliffe group had used their SHS in the semester preceding the survey. Less than a quarter of Loyola respondents and less than a half of Washburn respondents had used their SHS's in the preceding semester.

In many ways, all three groups were similar. None of the samples differed in their use of their SHS's be-

tween males and females. Only Washburn respondents differed in SHS use by year in school. All three groups rated their health before college as good or excellent. Overall, they rated their present health worse than their health before school, but at least 87 percent of the respondents rated their present health as good or excellent. More respondents said they never had a serious illness that required frequent use of a doctor. All three groups were most familiar with family doctors as their primary source of medical care before college.

Most respondents in all three groups who had used the SHS in the first semester of the school year had only used it once or twice. A majority of Harvard-Radcliffe and Washburn participants were satisfied or very satisfied with their SHS. Because response categories were omitted in the final Loyola survey form, one-third of the respondents did not answer the question and one-fourth said they did not have enough information to respond.

Some questions were asked only of Harvard-Radcliffe and Loyola respondents. Harvard-Radcliffe respondents know more about their SHS policies than Loyola respondents know about theirs. This may be due, in part, to the fact that most Harvard-Radcliffe respondents had used the health service, but may also reflect better publicity and advertising for the Harvard-Radcliffe SHS than for the Loyola SHS. A significant number of Loyola respondents thought it was important to see a doctor of their own choice, but Harvard-Radcliffe respondents did not. Both respondent groups agreed they would not mind being treated by a 4th year medical student.

Respondents differed on a number of the opinion questions. Only Harvard-Radcliffe respondents thought their walk-in clinic was crowded. Loyola and Harvard-Radcliffe respondents thought the SHS doctors were as competent as other doctors in hospitals or private practice. Loyola and Washburn respondents agreed that their

respective SHS's did not have enough experienced, competent doctors. Loyola and Washburn respondents thought their SHS doctors treat their student patients with the same concern and zeal as they treat their patients in private practice. Harvard-Radcliffe respondents did not agree. Harvard-Radcliffe respondents were the only group that disagreed with the statement that doctors at the SHS take a personal interest in their cases.

These response differences suggest the size and comprehensiveness of the SHS may affect opinions of the SHS. The Harvard-Radcliffe SHS is probably more crowded than the other two SHS's because it offers many services and has a large staff. The waiting time study at Loyola estimated a very short average waiting time at that SHS--only 4 minutes. Washburn has only one doctor, retired from private practice, while the Loyola SHS has at least three, much younger physicians and the Harvard-Radcliffe SHS has many more physicians. Respondents from the smaller

SHS staffs (Loyola and Washburn) said they did not have enough experienced, competent doctors, but felt that their doctors gave them personal attention and cared about them.

All three groups also had similar responses on some opinion questions. They all agreed that appointments are scheduled within a reasonable amount of time. The three groups said they would go to the SHS for a preliminary diagnosis, but would go elsewhere for further testing or long term treatment. All three groups agreed that strict confidentiality is maintained at the SHS's and that SHS doctors go out of their way to explain ailments. They disagreed with the statement that doctors talk over your head when they explain what is wrong and that they are often told at the SHS that their complaints are minor or unfounded.

Some questions were asked only of Loyola and Washburn respondents. Loyola and Washburn respondents agreed the SHS nurses were as competent as nurses in hospitals or in private practice. They also both agreed that SHS

staff were courteous and considerate. Neither group thought their SHS staffs told them to go to the hospital whenever they had a serious complaint. They also thought they did get treatment for symptoms they presented at the SHS. The Loyola profile study supports this view of the SHS there. The only opinion question the two groups did not answer in the same direction concerned whether they felt the SHS had vastly improved over the last year. Loyola respondents thought their SHS had improved. Washburn respondents were almost evenly split on the question.

Although there were a number of similarities among the three groups, it would be difficult to say they were truly comparable. The many differences between the respondent groups suggest they represent very different populations and may reflect the three different methods of obtaining information from the three groups. The level of health services offered at each university could explain the differences in reported utilization rates.

Harvard-Radcliffe has a large complex, complete with an infirmary, that offers a vast array of services. Students there would be much more likely to use the SHS services, especially since students at Harvard-Radcliffe tend to live on campus. Loyola's and Washburns services are much more limited. Students are more likely to go to them for things that need immediate attention--a sprain, something in the eye--than for more serious problems. Loyola and Washburn students also tend to live off campus, with their parents, and probably still go to the family doctor for care.

Differences and similarities among the three groups on the satisfaction variable

Loyola's satisfaction question was missing the response categories, so it was open-ended while the Washburn and Harvard-Radcliffe satisfaction question was close-ended. More students said they were satisfied than dissatisfied with the SHS in each of the groups. Excluding missing data, all three groups had rather large "don't know" responses (37.9%--Loyola; 28%--Harvard-Radcliffe; 19.2%--Washburn).

Women in the Harvard-Radcliffe and Washburn respondent groups were significantly less satisfied with the SHS than

men, but there were no differences between the sexes in the Loyola group. King and Goldman found differences in satisfaction associated with prior and present use of medical card and with their respondents' ratings of their own health.

Satisfied respondents at Loyola and Harvard-Radcliffe tended to think there were adequate sources of information about the services at the SHS. All three respondent groups' satisfied respondents thought appointments were scheduled within a reasonable amount of time; that the SHS doctors were competent; that there were enough experienced, competent doctors; that doctors at the SHS treat their patients with zeal and concern; doctors take a personal interest in the case; doctors go out of their way to explain ailments; and students were not told their complaints were minor or unfounded. Satisfied respondents from Loyola and Washburn thought the SHS nurses were competent and that the SHS had vastly improved over the past year. They also said they did get treatment at the SHS for their symptoms. This is supported

by the profile study's results in which almost all symptoms presented, even minor ones, received some treatment in the form of advice, a prescription, or something else done by the staff.

The questions discussed above seemed to differentiate the best between satisfied and unsatisfied respondents. Satisfied respondents, then, did hold positive opinions of their SHS, while unsatisfied respondents did not.

Users and non-users at Loyola and Washburn

Hypothesis 4 stated that students with positive opinions of the SHS would be more likely to have used the SHS in the past than students who have negative opinions of the SHS. Only one opinion question was significant for Loyola respondents, "It is important that I see a doctor of my own choice when coming to the SHS." That question was not asked of Washburn students because their health service has only one doctor. It was more important for Loyola non-users than for users to see the doctor of their choice. Washburn respondents had significant relationships between the use--non-use variable and all of the opinion statements.

Washburn respondents agreed with all of the statements, whether they were negative or positive statements about the health service. Loyola respondents who had used the SHS agreed with positive statements and disagreed with negative statements, so hypothesis 4 was supported for the Loyola group.

Most Loyola users could name the location of the Lake Shore Clinic and users were more likely to know about the policies of the SHS than non-users. This supported hypothesis 1, which said that students who know more about the SHS are more likely to have used the service in the past than those who know little or nothing about the SHS.

Loyola users were more satisfied than Loyola non-users with the SHS, but Washburn users were less satisfied than the non-users from Washburn. Hypothesis 10, which stated that students who have used the SHS will be more satisfied with the service than those who have not used the SHS, was supported for the Loyola group only.

Ratings of previous or present health did not differentiate users and non-users. Hypothesis 7 stated that

students who have positive opinions of their own health are more likely to have used the service in the past than those who have negative opinions of their own health, so this hypothesis was not supported. Loyola and Washburn group means for present health were lower, overall, than the group means for previous health. Respondents thought their health was worse, in other words, now that they were in college than before they were in college.

Likelihood to seek help--Loyola

Hypothesis 5 predicted that students who have positive opinions of the SHS staff and services are more likely to seek help from the doctors at the SHS for different symptoms in the future than students who have negative opinions about the SHS. Only one question differentiated those likely to seek help in the future from those not likely to seek help. Persons likely to seek help in the future did not think it was important to see a doctor of their own choice. This was also the only response that differentiated past SHS users and SHS non-users (Hypothesis 4). In fact, past users were significantly more likely to seek help in the future than past non-users. The two variables--likelihood to seek help and past SHS use--may be part of the same dimension--use of the SHS.

Hypothesis 2 predicted that students who know more about the SHS are more likely to seek help from the doctors

at the SHS for different symptoms in the future than students who do not know about the SHS. Only two knowledge questions differentiated those persons likely to seek help in the future from those respondents not likely to seek help. Knowing the Lake Shore location was more common for those likely to seek help than for those who were not likely to seek help. Persons likely to seek help also knew whether a doctor was on duty 24 hours a day at the SHS. The other questions on making appointments with a doctor of your choice and paying for prescriptions did not distinguish the groups and logically, are less important in getting to the SHS than knowing where it is and when it is open.

Ratings of previous and present health did not differentiate between those likely to seek help and those not likely to seek help. Hypothesis 8, therefore, was not supported. It has predicted that students who have positive opinions of their own health are more likely to seek help from the doctors at the SHS for different symptoms in the future than students who have negative opinions of their own health. General satisfaction ratings also did not distinguish between the two groups.

Interest in health seminars--Loyola

Neither the opinion statements (hypothesis 6), the personal health ratings (hypothesis 9), nor the knowledge questions (hypothesis 3) differentiated between the group

of Loyola respondents who said they would not attend and those who said they would attend health seminars. It may be that other factors, such as the campus attended, whether the respondent was likely to seek help from the SHS in the future, and whether they were willing to pay another \$5 for expanded services and hours affected respondents' willingness to attend the seminars.

Implications for student health care services at Loyola

The results of this study indicate that persons who do not think it is important to see a doctor of their choice would be satisfied and would use the student health services. If the SHS staff wants more students to use its services, there are several things it could do. The staff could allow students to choose their doctor at the SHS. Students would have to know a choice is available and there would have to be enough personnel available to allow for a choice. Students sampled by the survey were willing to be treated by fourth year medical students working under supervision. Fourth year students from the Loyola medical school could do a rotation in the SHS, providing a larger number of staff to care for students.

Advertising for the SHS was one suggestion many respondents had for improving the SHS. Students have to know where the SHS is, when it is open, what services are available, and what to expect when they go there. The survey

acted as publicity for the SHS. Staff noticed an increase in the number of students using the SHS soon after students received the survey. Freshmen and new student orientation could include a tour of the SHS and an explanation of its services. Information on the SHS could be included in the course catalog and student orientation packets.

Expanded hours may be attractive to on-campus students, but need to be assessed on a pilot basis to see if the students would use the service and how costly it would be. If the service was used frequently at night or on the weekends, an increase in fees may be acceptable to the students and to the administration.

SHS staff might want to emphasize prevention education more actively when students come to the SHS. One quarter of the respondents said they would not attend health seminars, but they might be reached through personal contact at the SHS. Information pamphlets are available in the waiting rooms, but a more active education process could be more effective. Most of the respondents were interested in the health seminars, especially a first aid seminar. First aid would be a good lead for the seminar series, since it would attract the most students. Convenient times for attending the seminars were split between days and evenings. Evening seminars could be held in the dorms, while noon hour seminars could be held in the union.

Summary of hypotheses

Hypotheses 1 (knowledge--past use), 2 (knowledge--future use), 4 (positive opinions--past use), and 5 (positive opinions--future use) were supported by the Loyola data. Hypothesis 4 also applied to the Washburn group and was supported by that data. Hypothesis 10--users are more satisfied with the SHS than non-users--was supported by the Loyola data, but not the Washburn data. None of the Hypotheses dealing with interest in attending Loyola health seminars were supported (hypotheses 3, 6, and 9). There was no support for hypotheses 7 or 8--positive personal health ratings as they relate to past use and future use of the SHS--in either group's data.

Future research

Questions in the survey could be used in the health maintenance organization (HMO) setting, another pre-paid health practice. The purpose of both health services is to keep clients from becoming ill, rather than treating them only when they are ill. HMO's exist in California and Washington and are being developed in other states, including Kansas. State employees (the first HMO target population in Kansas), could be given relevant sections of the questionnaire, so a picture of past medical experiences, expectations for medical care, and ways to run an HMO for this population can be developed.

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APPENDIX A

APPENDIX A: LOYOLA SURVEY

STUDENT HEALTH SERVICES

This questionnaire concerns opinions about and experiences with the Loyola Student Health Service and is an attempt to gather systematic data about how undergraduates regard the Student Health Service (SHS). The study is under the supervision of Dr. Emil Posavac who holds an appointment in the Department of Psychology and it is being conducted by graduate student Susan Borkowski, who is a master's degree candidate.

Data are being sought from a random sample of undergraduates, representing all four classes and including both men and women. When the study is completed later this spring a report of its findings will be made public and will be submitted to the Director of the Student Health Service and the Student Health Advisory Board as a guide for planning for the future.

In order to preserve confidentiality of responses we ask that you do not sign your name. The questionnaire that

you fill out will be completely anonymous. We ask for your cooperation in that you answer the questions with candor and in all seriousness. The success of any study which uses a sample of the population depends on responses from all those in the sample. We are very grateful for your help.

Thank you.

1. Sex: ____1. Male ____2. Female
2. Year at Loyola: ____1st ____2nd ____3rd ____4th
3. Where do you take the majority of your classes?
____1. Lake Shore Campus ____2. Lewis Towers Campus
4. How would you rate your state of health before coming to Loyola?
____1. Poor ____2. Fair ____3. Good ____4. Excellent
5. Before coming to Loyola, approximately how often did you consult a doctor?
____1. Less than once a year
____2. Once or twice a year
____3. Three or four times a year
____4. More than four times a year
6. Before coming to Loyola, have you ever had an illness or injury which necessitated frequent use of a doctor for an extended period of time?
____1. Yes ____2. No
7. Before coming to Loyola, which of the following kinds of medical care were you most familiar with?
____1. Family doctor
____2. Doctor in hospital outpatient clinic or emergency room
____3. No doctor
____4. Other (Please explain) _____
8. How would you rate your present state of health?
____1. Poor ____2. Fair ____3. Good ____4. Excellent
9. Have you ever utilized the service at SHS?
____1. Yes ____2. No
10. If yes, approximately how many times did you use the SHS in the first semester of this academic year?
____times at Lake Shore ____times at Lewis Towers

11. If yes, approximately how many times in your career at Loyola have you used each of the following services?

☐ Dentist at Lake Shore
☐ Dentist at Lewis Towers
☐ Gynecologist at Lake Shore
☐ Gynecologist at Lewis Towers
☐ Medical clinic-appointment at Lake Shore
☐ Medical clinic-appointment at Lewis Towers
☐ Medical clinic-walk in at Lake Shore
☐ Medical clinic-walk in at Lewis Towers

12. Where is the Student Health Service located?

At Lake Shore: _____
 At Lewis Towers: _____

We are concerned with the extent of knowledge that students have relating to certain services at the SHS. Please answer each of the following questions.

13. Is it possible to make an appointment with a doctor of your choice at the SHS?

☐ 1. Yes ☐ 2. No ☐ 3. Don't know

14. Is there a doctor on duty 24 hours a day?

☐ 1. Yes ☐ 2. No ☐ 3. Don't know

15. Does an individual have to pay for his prescription needs?

☐ 1. Yes ☐ 2. No ☐ 3. Don't know

We would like to know how you feel about getting medical help for a variety of symptoms, and whether or not you would use an SHS doctor in getting that help.

Consider each of the symptoms listed below in the following manner: If you would see a doctor at the SHS for that symptom, place a check in column I. If you would see a doctor outside of the SHS, place a check in column II, and note the number of the reason from the list of reasons below. If you would see NO doctor at all, place a check in column III, and note the number of the reason involved in making that choice.

REASONS

- 1) lack of confidence in the SHS
- 2) takes too much time at the SHS
- 3) problem too personal
- 4) problem not serious enough
- 5) prefer personal doctor, rather than clinic doctor,
one that is familiar with my medical history
- 6) the SHS does not offer treatment for this symptom
- 7) other (Please specify)

<u>Symptom</u>	I	II		III	
	Doctor at SHS	Doctor outside SHS	/reason	No doctor/reason	
Example: Loss of appetite	_____	_____	_____	_____	_____
Sore throat	_____	_____	_____	_____	_____
Flu	_____	_____	_____	_____	_____
A persistent cold	_____	_____	_____	_____	_____
Rash	_____	_____	_____	_____	_____
Pain or burning while urinating	_____	_____	_____	_____	_____
Sprained ankle or finger	_____	_____	_____	_____	_____
Chronic fatigue	_____	_____	_____	_____	_____
Vaginal discharge or itching	_____	_____	_____	_____	_____
Nausea	_____	_____	_____	_____	_____
Something in the eye	_____	_____	_____	_____	_____
Pain in chest	_____	_____	_____	_____	_____
Lump in breast	_____	_____	_____	_____	_____

We are anxious to know how much you agree or disagree with each of these opinions below. Before each of the following statements place a number that indicates the extent of your agreement or disagreement, according to the scale that follows these instructions. Also, if you have any comments or information about a particular opinion please write it on the back of the page.

- 1 = strongly agree
- 2 = agree
- 3 = disagree
- 4 = strongly disagree

17. ___ The walk-in clinic at the SHS is usually so crowded that a long wait is inevitable.
18. ___ It is important that I see a doctor of my own choice when coming to the SHS.
19. ___ I can usually have an appointment at the SHS scheduled within a reasonable length of time.
20. ___ Although I may have an appointment, I generally have a long wait to see a doctor or a nurse.
21. ___ Doctors at the SHS are as competent as other doctors I might find at a metropolitan hospital or in private practice.
22. ___ Nurses at the SHS are as competent as other nurses I might find at a metropolitan hospital or in private practice.
23. ___ The SHS does not have enough experienced, competent doctors.
24. ___ While I might go to the SHS to obtain a preliminary diagnosis, I would go elsewhere for further testing or long-term treatment.
25. ___ Staff at the SHS are courteous and considerate.
26. ___ What goes on between any medical person at the SHS and myself is maintained in the strictest confidentiality.
27. ___ Doctors at the SHS treat patients with the same concern and zeal with which they treat their patients in private practice.
28. ___ Doctors at the SHS take a genuinely personal interest in my case.
29. ___ Doctors at the SHS will go out of their way to explain the nature and/or cause of my ailment.
30. ___ Doctors at the SHS talk over your head when they explain what is wrong with you.

31. ___ I am often told at the SHS that my complaints are minor or unfounded.
32. ___ I would not mind being treated in the medical clinic by a fourth year Loyola Medical School student working under supervision.
33. ___ Whenever I come with a serious complaint, I am told by the SHS staff to go to the hospital.
34. ___ Services at the SHS have vastly improved over the past year.
35. ___ I often come to the SHS to be treated for a symptom, but do not get any treatment.

FEMALE RESPONDENTS

Beyond our concern with the opinions of the Health Service in general, we have a special interest in the attitudes toward and opinions of the gynecological services offered by the SHS. For the female respondents to this questionnaire, would you please continue and evaluate the following statements in the same manner as you have done the previous ones.

36. ___ Gynecologists at the SHS respect my privacy.
37. ___ Gynecologists at the SHS are as competent as those at home.
38. ___ I would prefer to see a younger gynecologist than an older one.
39. ___ I would prefer going to a female gynecologist.
40. ___ The SHS should offer more publicity concerning its gynecological services.
41. ___ In general, I would say the gynecological services at the SHS are very good.

My feelings about gynecology at the SHS have formed primarily as a result of: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> 1. Personal experience | <input type="checkbox"/> 3. Hearsay |
| <input type="checkbox"/> 2. The experience of friends | <input type="checkbox"/> 4. Other (Please specify) _____ |
-

If you have never used the gynecological services at the SHS, what are the reasons? (Check as many as apply)

- | |
|---|
| <input type="checkbox"/> 1. Hearsay |
| <input type="checkbox"/> 2. Confidentiality |
| <input type="checkbox"/> 3. Lack of adequate facilities |
| <input type="checkbox"/> 4. Attitudes of the medical staff toward students. |
| <input type="checkbox"/> 5. Lack of sterility or cleanliness of facilities |
| <input type="checkbox"/> 6. Atmosphere at the clinic |
| <input type="checkbox"/> 7. Other (Please specify) _____ |

ALL RESPONDENTS

44. Are there certain health topics you would like to know more about? (Check as many as would interest you)

- | | |
|--|---|
| <input type="checkbox"/> 1. Cancer symptoms | <input type="checkbox"/> 6. Weight control |
| <input type="checkbox"/> 2. Venereal diseases | <input type="checkbox"/> 7. Alcohol use and abuse |
| <input type="checkbox"/> 3. First aid techniques | <input type="checkbox"/> 8. Smoking behavior modification |
| <input type="checkbox"/> 4. Control of high blood pressure | <input type="checkbox"/> 9. Other (Please specify) _____ |
| <input type="checkbox"/> 5. Sexual problems | |

45. If the Health Service were to offer a regular series of health seminars on these topics would you be interested in attending?

- | | |
|--|---|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 3. Probably no |
| <input type="checkbox"/> 2. Probably yes | <input type="checkbox"/> 4. No |

46. If you are interested in attending these seminars, what time would be most convenient for you?

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 1. Days | <input type="checkbox"/> 2. Evenings |
|----------------------------------|--------------------------------------|

47. Do you live:

- | |
|---|
| <input type="checkbox"/> 1. On Lake Shore Campus or in East Rogers Park |
| <input type="checkbox"/> 2. Other |

48. Presently, the Student Health Service is open between approximately 8 a.m. and 5 p.m., Monday through Friday, on the Lake Shore and Lewis Towers campuses. Do you feel these hours:
- ☐ 1. Are adequate at Lake Shore
 - ☐ 2. Are adequate at Lewis Towers
 - ☐ 3. Should be expanded at Lake Shore
 - ☐ 4. Should be expanded at Lewis Towers
49. Were there times you would have used the SHS in the first semester of this academic year if it had been open nights and weekends?
- ☐ 1. Yes ☐ 2. No
50. Would you be willing to pay another \$5.00 per semester for additional services and expanded hours?
- ☐ 1. Yes ☐ 2. No
51. In general, how satisfied are you with the SHS?
52. Do you feel that there are adequate sources of information about services at the SHS?
- ☐ 1. Yes ☐ 2. No
53. Where has your information on the SHS come from?
(Check as many as apply)
- | | |
|--|--|
| <input type="checkbox"/> 1. Pamphlets from SHS | <input type="checkbox"/> 4. Friends |
| <input type="checkbox"/> 2. Newspaper articles | <input type="checkbox"/> 5. Personal experience |
| <input type="checkbox"/> 3. School radio station | <input type="checkbox"/> 6. Other (Please specify) |
-
54. Do you have suggestions for improvement of the SHS? Please list your ideas on the reverse side of this sheet.

THANK YOU FOR YOUR COOPERATION AND EFFORT!!!!!!!!!!

July 11, 1977

Dear

Six weeks ago you received a letter asking your cooperation in an evaluation study of Loyola's Student Health Service. Since responses are anonymous to preserve confidentiality, I am writing to virtually everyone in the original sample. If you have already returned your survey--thank you very much for contributing to the study.

A large number of surveys, however, have not been returned. This severely affects the quality of the study. As explained in the survey's cover letter, any random sample of a group (such as of Loyola students) is only accurate if all the people in the sample participate.

Enclosed you will find another copy of the survey and a pre-paid business reply envelope. Please take a little time this week to answer these questions. If you have already completed a survey and mailed it, simply write your name and/or address on the reply envelope and return it today.

Your help in this project is very much appreciated. Thank you.

Sincerely,

Susan Borkowski
Department of Psychology
Loyola University

APPENDIX B

APPENDIX B: HARVARD-RADCLIFFE SURVEY

1. Age: _____
2. Sex: 77% Male
23% Female
3. Year at Harvard/Radcliffe: 28% First
27% Second
23% Third
22% Fourth
4. Field of concentration: Nat Sci = 26%, Sox Sci = 51%,
Hum = 23%
5. Father's education (please circle highest year completed):

Grade School	High School
1 2 3 4 5 6 7 8	1 2 3 4
College	Graduate or Professional
1 2 3 4	1 2 3 4 5 6 7 8 9 10+
6. If graduate or professional, what degree obtained: _____
7. Mother's education (please circle highest year completed):

Grade School	High School
1 2 3 4 5 6 7 8	1 2 3 4
College	Graduate or Professional
1 2 3 4	1 2 3 4 5 6 7 8 9 10+
8. If graduate or professional, what degree obtained: _____
9. Father's occupation (or stepfather's, if you live with him). Where applicable, indicate title (sales manager,

foreman, vice-president, president, etc.) and occupational field (law, insurance, retail sales, etc.). If retired, or deceased, or presently unemployed, record this fact and indicate his former occupation.

10. To the best of your knowledge, has your mother ever been gainfully employed?

_____ Yes

_____ No

11. If yes, name and describe the occupation in which she worked for the greatest length of time. Indicate her title and occupational field. If retired or deceased, record this fact and indicate her former occupation.
-
-

12. How would you rate your state of health before coming to Harvard/Radcliffe?

_____ 2%	Poor
_____ 3%	Fair
_____ 25%	Good
_____ 70%	Excellent

13. Before coming to Harvard/Radcliffe, approximately how often did you consult a doctor?

_____ 19%	less than once a year
_____ 57%	once or twice a year
_____ 12%	three or four times a year
_____ 12%	more than four times a year

14. Before coming to Harvard/Radcliffe, have you ever had an illness or injury which necessitated frequent use of a doctor for an extended period of time?

<u>30%</u>	Yes
<u>70%</u>	No

15. Before coming to Harvard/Radcliffe, which of the following kinds of medical care were you most familiar with?

<u>82%</u>	Family doctor
<u>6%</u>	Doctor in hospital outpatient clinic or emergency room
<u>1%</u>	No doctor
<u>11%</u>	Other (please explain) _____

16. How would you rate your present state of health?

<u>2%</u>	Poor
<u>8%</u>	Fair
<u>36%</u>	Good
<u>54%</u>	Excellent

17. Have you ever utilized the services at UHS?

<u>92%</u>	Yes
<u>8%</u>	No

18. If yes, approximately how many times did you use the UHS in the first semester of this academic year?

See Page 11

19. If yes, approximately how many times in your career at Harvard/Radcliffe have you used each of the following services?

<u>n</u>	Used more than once
22	<u>4.4%</u> Allergist
56	<u>11.2%</u> Dentist
11	<u>2.2%</u> Ear, nose, and throat specialist
21	<u>4.2%</u> Dermatologist
67	<u>13.5%</u> Emergency room (nights and weekends)
	<u> </u> Gynecologist

256	<u>51.2%</u>	Medical clinic--walk-in
108	<u>21.5%</u>	Medical clinic--appointment
11	<u>2.2%</u>	Ophthalmologist
73	<u>14.7%</u>	Psychiatrist or Psychologist
28	<u>5.6%</u>	Surgical clinic
44	<u> </u>	X-ray

20. Have you ever been a patient in Stillman Infirmary?

<u>14%</u>	Yes
<u>86%</u>	No

21. If yes, how many times?

1 = 12.7%
2 = 3.0%
3 = 0.4%

22. Have you ever felt that you had an illness serious enough for you to be admitted to Stillman Infirmary but the doctor did not agree?

<u>5%</u>	Yes
<u>95%</u>	No

23. Have you ever been recommended by a doctor for admittance to Stillman Infirmary and refused?

<u>3%</u>	Yes
<u>97%</u>	No

We are concerned with the extent of knowledge that students have relating to certain services at the UHS. Please answer each of the following questions.

24. Is it possible to make an appointment with a doctor of your choice at the UHS?

<u>69%</u>	Yes
<u>2%</u>	No
<u>29%</u>	Do not know

25. Is there a doctor on duty 24 hours a day?

<u>75%</u>	Yes
<u>4%</u>	No
<u>21%</u>	Do not know

26. Does an individual have to pay for his prescription needs?

<u>71%</u>	Yes
<u>5%</u>	No
<u>24%</u>	Do not know

27. In case of hospitalization, will all expenses be covered by insurance up to 120 days?

<u>22%</u>	Yes
<u>6%</u>	No
<u>72%</u>	Do not know

28. Is there a walk-in service available for psychiatric problems?

<u>35%</u>	Yes
<u>10%</u>	No
<u>55%</u>	Do not know

29. Does the UHS provide abortion counseling?

<u>23%</u>	Yes
<u>12%</u>	No
<u>65%</u>	Do not know

30. Is the UHS independent of the Harvard Medical School?

<u>29%</u>	Yes
<u>13%</u>	No
<u>58%</u>	Do not know

31. Are all of the dental and optometric services covered by insurance?

<u>6%</u>	Yes
<u>54%</u>	No
<u>40%</u>	Do not know

32. We would like to know how you think each of the following conditions would be handled by a doctor at the UHS. After each condition, place a check in the first column if you would go to the UHS for that condition. If you would go, place a check in any or all of the other columns, if you feel that the condition would be handled in the manner indicated.

	Would go to the UHS for this	Would be handled in a confiden- tial manner	Would be handled with- out moral judgment	Would be handled with understanding and concern	Would be handled with com- petence
<u>Venereal disease</u>	86%				
<u>Concern about sterility</u>	52%				
<u>Pregnancy</u>	61%				
<u>Birth control information</u>	75%				
<u>Concern about homosexuality</u>	26%				
<u>Concern about own drug use</u>	35%				
<u>Information about medical draft deferment</u>	46%				
<u>Severe anxiety</u>	38%				
<u>Depression</u>	29%				
<u>Fear of nervous breakdown</u>	45%				
<u>Suicidal thoughts</u>	37%				
<u>Sexual frustration</u>	13%				
<u>Lack of self confidence</u>	12%				

<u>Symptoms</u>	I	II		III	
	<u>Doctor</u> <u>at UHS</u>	<u>Doctor</u> <u>outside</u> <u>UHS</u>	<u>/reason</u>	<u>No</u> <u>doctor/reason</u>	
Persistent joint and muscle pains	<u>74%</u>	<u>7%</u>	<u> </u>	<u>19%</u>	<u> </u>
Blood in stool	<u>84%</u>	<u>7%</u>	<u> </u>	<u>9%</u>	<u> </u>
Blood in urine	<u>88%</u>	<u>7%</u>	<u> </u>	<u>5%</u>	<u> </u>
Excessive vaginal bleeding	<u>82%</u>	<u>13%</u>	<u> </u>	<u>5%</u>	<u> </u>
Pain while urinating	<u>85%</u>	<u>6%</u>	<u> </u>	<u>9%</u>	<u> </u>
Swelling of ankles	<u>65%</u>	<u>5%</u>	<u> </u>	<u>30%</u>	<u> </u>
Loss of weight	<u>28%</u>	<u>5%</u>	<u> </u>	<u>67%</u>	<u> </u>
Bleeding gums	<u>59%</u>	<u>12%</u>	<u> </u>	<u>29%</u>	<u> </u>
Toothache	<u>66%</u>	<u>18%</u>	<u> </u>	<u>16%</u>	<u> </u>
Chronic fatigue	<u>60%</u>	<u>7%</u>	<u> </u>	<u>33%</u>	<u> </u>
Shortness of breath	<u>56%</u>	<u>8%</u>	<u> </u>	<u>36%</u>	<u> </u>
Persistent headaches	<u>77%</u>	<u>9%</u>	<u> </u>	<u>14%</u>	<u> </u>
Fainting spells	<u>86%</u>	<u>8%</u>	<u> </u>	<u>7%</u>	<u> </u>
Pain in chest	<u>81%</u>	<u>7%</u>	<u> </u>	<u>12%</u>	<u> </u>
Pain in abdomen	<u>83%</u>	<u>6%</u>	<u> </u>	<u>11%</u>	<u> </u>
Lump in breast	<u>76%</u>	<u>17%</u>	<u> </u>	<u>7%</u>	<u> </u>
Lump in abdomen	<u>81%</u>	<u>10%</u>	<u> </u>	<u>9%</u>	<u> </u>
Bad trip	<u>39%</u>	<u>7%</u>	<u> </u>	<u>54%</u>	<u> </u>

34. The following statements represent some opinions about the UHS that we have heard in talking with undergraduates. You may feel that some of them seem to be a bit ambiguous or overstated but opinions often take that form. We are anxious to know how much you agree or disagree with some of these opinions. Before each of the following statements place a number that indicates the extent of your agreement or disagreement, according to the scale that follows these instructions. Also, if you have any comments or information about a particular opinion please write it in the space after the opinion statement.

- 1 = strongly agree
- 2 = agree
- 3 = cannot say
- 4 = disagree
- 5 = strongly disagree

1. ___ The walk-in clinic at the UHS is usually so crowded that a long wait is inevitable.

1 = 27% 2 = 39% 3 = 17% 4 = 16% 5 = 1%

2. ___ It is important that I see a doctor of my own choice when coming to the UHS.

1 = 10% 2 = 21% 3 = 27% 4 = 39% 5 = 4%

3. ___ I can usually have an appointment at a specialty clinic at the UHS scheduled within a reasonable length of time.

1 = 3% 2 = 23% 3 = 44% 4 = 20% 5 = 10%

4. ___ Although I may have an appointment, I generally have a long wait to see a specialist.

1 = 6% 2 = 18% 3 = 56% 4 = 18% 5 = 2%

5. ___ Doctors at the UHS are as competent as other doctors I might find at a metropolitan hospital or in private practice.

1 = 15% 2 = 43% 3 = 28% 4 = 11% 5 = 3%

6. ___ The UHS does not have enough experienced, competent physicians.

1 = 5% 2 = 11% 3 = 44% 4 = 32% 5 = 8%

7. ___ While I might go to the UHS to obtain a preliminary diagnosis, I would go elsewhere for further testing or long-term treatment.

1 = 15% 2 = 30% 3 = 25% 4 = 27% 5 = 3%

8. ___ At Stillman Infirmary I can get better and more personal care than at some metropolitan hospital.

1 = 8% 2 = 20% 3 = 65% 4 = 4% 5 = 3%

9. _____ What goes on between any doctor at the UHS and myself is maintained in the strictest confidentiality.
- 1 = 12% 2 = 37% 3 = 43% 4 = 7% 5 = 1%
10. _____ Doctors at the UHS treat patients with the same concern and zeal with which they treat their patients in private practice.
- 1 = 3% 2 = 19% 3 = 49% 4 = 23% 5 = 6%
11. _____ Doctors at the UHS take a genuinely personal interest in my case.
- 1 = 3% 2 = 22% 3 = 32% 4 = 35% 5 = 8%
12. _____ Doctors at the UHS will not go out of their way to explain the nature and/or cause of my ailment.
- 1 = 6% 2 = 22% 3 = 32% 4 = 33% 5 = 7%
13. _____ Doctors at the UHS talk over your head when they explain what is wrong with you.
- 1 = 1% 2 = 2% 3 = 29% 4 = 57% 5 = 11%
14. _____ I am often told at the UHS that my complaints are minor or unfounded.
- 1 = 8% 2 = 19% 3 = 33% 4 = 34% 5 = 6%
15. _____ I would not mind being treated in the medical clinic by a fourth year Harvard Medical School student working under supervision.
- 1 = 9% 2 = 52% 3 = 13% 4 = 17% 5 = 9%
16. _____ If I need psychiatric help, it is readily available at the UHS.
- 1 = 7% 2 = 29% 3 = 51% 4 = 9% 5 = 4%

17. ____ Psychiatrists at the UHS take a genuinely personal interest in my case.
- 1 = 3% 2 = 7% 3 = 80% 4 = 7% 5 = 3%
18. ____ I would avoid seeing a psychiatrist because I have little or no faith in psychotherapy.
- 1 = 7% 2 = 18% 3 = 16% 4 = 44% 5 = 15%
19. ____ I would see a psychiatrist if only to talk over my problems freely with someone.
- 1 = 6% 2 = 25% 3 = 13% 4 = 43% 5 = 13%

Beyond our concern with the opinions of the Health Services in general, we have a special interest in the attitudes towards and opinions of the gynecology services offered by the UHS. For the female respondents to this questionnaire, would you please continue and evaluate the following statements, in the same manner as you have done the previous ones.

- 1 = strongly agree
 2 = agree
 3 = cannot say
 4 = disagree
 5 = strongly disagree

Respondents
are women only

-
20. ____ Gynecologists at the UHS are understanding.
- 1 = 9% 2 = 29% 3 = 47% 4 = 10% 5 = 5%
21. ____ Gynecologists at the UHS respect my privacy.
- 1 = 14% 2 = 30% 3 = 50% 4 = 5% 5 = 1%
22. ____ Gynecologists at the UHS see me as a responsible patient rather than an irresponsible adolescent.
- 1 = 10% 2 = 25% 3 = 49% 4 = 12% 5 = 4%

23. ____ I would have a hard time securing an appointment with a gynecologist at the UHS.
- 1 = 9% 2 = 12% 3 = 40% 4 = 35% 5 = 4%
24. ____ Gynecologists at the UHS are as competent as those at home.
- 1 = 4% 2 = 35% 3 = 55% 4 = 5% 5 = 1%
25. ____ I would go to the UHS for abortion counseling.
- 1 = 5% 2 = 32% 3 = 21% 4 = 24% 5 = 18%
26. ____ I would prefer going to a female gynecologist.
- 1 = 21% 2 = 29% 3 = 18% 4 = 27% 5 = 6%
27. ____ I would prefer to see a younger gynecologist than an older one.
- 1 = 12% 2 = 22% 3 = 34% 4 = 28% 5 = 4%
28. ____ The UHS should offer more publicity concerning its gynecology services.
- 1 = 51% 2 = 37% 3 = 8% 4 = 3% 5 = 1%

My feelings about gynecology at the UHS have formed primarily as a result of (check one):

48% personal experience
34% the experience of friends
29% hearsay
11% other (please specify: _____)

ALL RESPONDENTS:

35. In general, how satisfied are you with the UHS?
- 8% Very Satisfied
48% Satisfied
28% Neutral
13% Dissatisfied
3% Very Dissatisfied

36. Do you feel that there are adequate sources of information about services at the UHS?

31% Yes

69% No

37. Do you have suggestions for improvement of the UHS?
Please list your ideas below.

THANK YOU FOR YOUR COOPERATION AND EFFORT!!!!!!

APPENDIX C

APPENDIX C: WASHBURN SURVEY

STUDENT HEALTH SERVICES

This questionnaire concerns opinions about and experiences with student health services (SHS) and health in general. The study is being conducted by Susan Borkowski, who is a master's degree candidate at Loyola University of Chicago.

Data are being sought from a sample of undergraduates, representing all four classes. In order to preserve confidentiality of responses I ask that you do not sign your name. The questionnaire that you fill out will be completely anonymous. I ask for your cooperation in that you answer the questions with candor and in all seriousness. I am very grateful for your help.

Thank you.

1. Sex ☐ 1. Male ☐ 2. Female
2. Year at Washburn ☐ 1. First ☐ 3. Third
 ☐ 2. Second ☐ 4. Fourth
3. How would you rate your state of health before coming to Washburn?
☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Excellent
4. Before coming to Washburn, approximately how often did you consult a doctor?
☐ 1. Less than once a year
☐ 2. Once or twice a year
☐ 3. Three or four times a year
☐ 4. More than four times a year
5. Before coming to Washburn, have you ever had an illness or injury which necessitated frequent use of a doctor for an extended period of time?
☐ 1. Yes ☐ 2. No
6. Before coming to Washburn, which of the following kinds of medical care were you most familiar with?
☐ 1. Family doctor
☐ 2. Doctor in hospital outpatient clinic or emergency room
☐ 3. No doctor
☐ 4. Other (please explain) _____
7. How would you rate your present state of health?
☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Excellent
8. Have you ever utilized the services at Washburn's SHS?
☐ 1. Yes ☐ 2. No
9. If yes, approximately how many times did you use the SHS in the first semester of this academic year? _____

We are anxious to know how much you agree or disagree with each of these opinions. Before each of the following statements place a number that indicates the extent of your agreement or disagreement, according to the scale that follows these instructions.

- 1 = strongly agree
- 2 = agree
- 3 = disagree
- 4 = strongly disagree

- 10. ___ The walk-in clinic at the SHS is usually so crowded that a long wait is inevitable.
- 11. ___ I can usually have an appointment at the SHS scheduled within a reasonable length of time.
- 12. ___ Although I may have an appointment, I generally have a long wait to see a doctor or a nurse.
- 13. ___ Doctors at the SHS are as competent as other doctors I might find at a metropolitan hospital or in private practice.
- 14. ___ Nurses at the SHS are as competent as other nurses I might find at a metropolitan hospital or in private practice.
- 15. ___ The SHS does not have enough experienced, competent doctors.
- 16. ___ While I might go to the SHS to obtain a preliminary diagnosis, I would go elsewhere for further testing or long-term treatment.
- 17. ___ Staff at the SHS are courteous and considerate.
- 18. ___ What goes on between any medical person at the SHS and myself is maintained in the strictest confidentiality.
- 19. ___ Doctors at the SHS treat patients with the same concern and zeal with which they treat their patients in private practice.
- 20. ___ Doctors at the SHS take a genuinely personal interest in my case.
- 21. ___ Doctors at the SHS will go out of their way to explain the nature and/or cause of my ailment.

22. ☐ Doctors at the SHS talk over your head when they explain what is wrong with you.
23. ☐ I am often told at the SHS that my complaints are minor or unfounded.
24. ☐ Whenever I come with a serious complaint, I am told by the SHS staff to go to the hospital.
25. ☐ Services at the SHS have vastly improved over the past year.
26. ☐ I often come to the SHS to be treated for a symptom, but do not get any treatment.
27. In general, how satisfied are you with the SHS?
- | | |
|--|---|
| <input type="checkbox"/> 1. Very satisfied | <input type="checkbox"/> 3. Dissatisfied |
| <input type="checkbox"/> 2. Satisfied | <input type="checkbox"/> 4. Very dissatisfied |

THANK YOU FOR YOUR COOPERATION AND EFFORT!!!!!!!!!!

APPROVAL SHEET

The thesis submitted by Susan A. Lueger has been read and approved by the following committee:

Dr. Emil J. Posavac, Director
Professor, Psychology, Loyola

Dr. Leonard B. Bickman
Professor, Psychology, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

December 11, 1979

Date


Director's Signature