

The Public Looks at Hospitals

Eliot Freidson • Jacob J. Feldman

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ABOUT THREE QUARTERS of the adult American public have been hospitalized at one time or another—about half having had the experience during the ten years preceding the survey on which this report is based. About half of the public have been hospitalized more than once, and about a third have experienced at least one hospital stay of two weeks or longer duration.* *Since the public as a whole has extensive experience with hospitals today, what is its attitude toward them? Do people still look upon the hospital with the traditional fear and suspicion? Do people let themselves be hospitalized only with great reluctance today, or have they developed positive attitudes that match their increased use of hospitals?* Data bearing on these questions are presented here.

In the summer of 1955, 2,379 adults, a representative cross-section of the American public, were interviewed by field workers of the National Opinion Research Center of the University of Chicago. These interviews formed the most important phase of a national survey of attitudes toward health and health services carried out by the N.O.R.C. in cooperation with Health Information Foundation. As another step in the survey, the names of the regular doctors of the sample public were obtained, and a sample of about 500 of these doctors drawn and inter-

*For details of hospital use, see Odin W. Anderson and Jacob J. Feldman, *Family Medical Costs and Voluntary Health Insurance*, New York: McGraw-Hill Book Co., 1956, and Frank G. Dickinson, "Age and Sex Distribution of Hospital Patients," *Journal of the American Medical Association*, CLVII (1955), 173-182.

care in general. "Do you think that the costs of medical care in general are much too high, somewhat high, or about where they should be?" The same question was then asked about hospital charges, doctor fees, dentist fees, and the cost of prescriptions. As Figure 1 shows, hospital charges are more often considered high than are medical charges in general, or prescriptions, doctor fees, and dentist fees in particular.

When criticism of the cost of medical care in general is compared to attitudes about the cost of repair charges, clothing prices, and food prices, we see that it is *least* criticized of these costs of living. Hospital charges, however, are criticized more than clothing prices and not much less than repair charges and food prices as Figure 2 shows. In at least the comparative sense used here, the public is critical of the cost of hospital services, although there is no evidence of any strong feeling of antagonism attached to its criticism.

The public's regular doctors tend to support this. When asked if many patients complain to them "at one time or another about the costs of medical care in general," 58 per cent reported that hardly any patients complained, 32 per cent said that only some patients complained, and 10 per cent reported that most complained.

Asked "what particular phase of medical care seems to get *most* of the complaints about cost that you do hear," about half (49 per cent) reported that hospital charges draw most patient

*For examples of such studies, see E. L. Koos, *The Health of Regionville*, New York: Columbia University Press, 1954, pp. 78-85; Olaf F. Larson and Donald G. Hay, "Use of Health Resources by Rural People in Two Central New York Counties, 1949," Department of Rural Sociology, Mimeographed Bulletin No. 27, New York State College of Agriculture, Cornell University, 1951; Special Surveys Company, "Public Thinking on Hospitals," Cleveland: Special Surveys Company, 1957; Ray E. Trussell, *Hunterdon Medical Center*, Cambridge: Harvard University Press, 1956, pp. 52-60; Opinion Research Corporation, "New Jersey Residents Talk About Their Hospitals," Princeton: Opinion Research Corporation, 1955; Ernest Dichter, "A Psychological Study of the Hospital-Patient Relationship," *Modern Hospital*, Volumes 85 & 86, (September, October, November and December, 1954; January and February, 1955).

For a preliminary report of the data to be presented here see Paul B. Sheatsley, "Public Attitudes Towards Hospitals," *Hospitals*, XXXI (May 16, 1957), 47-50.

complaints. Twenty-nine per cent cited complaints about the cost of drugs and 14 per cent or fewer each referred to a number of miscellaneous costs.

Hospital facilities

Given this mild resentment of hospital charges, what does the public think of the hospital itself? The public's response to one question suggests that the hospital is seen merely as a neutral institution upon which little of the aura of healing falls; rather, it is the doctor and the scientist who are seen to have that attractive aura. Asked, "Who (or what) is mainly responsible for making it easier to have good health today than it was thirty years ago?" 73 per cent of the public referred to doctors, scientists, researchers, or chemists in laboratories. All other references were scattered—16 per cent referred to hospitals, and the same or a lesser proportion referred to the government, to medical schools, foundations, and civic organizations.*

This is indicative of the prominence of the individual investigator as opposed to the organization within which he might pursue his investigations. As one of those organizations, the hospital is left as little more than a kind of framework or context for the benefits of research or practice: One is grateful to the surgeon or the attending physician for cure, or to a scientist for drugs or vaccines, but one is considerably less grateful to the hospital for the bed and board. The hospital becomes something in which service, food, and the pleasantness of the attendants are pre-eminent criteria for evaluation.

This view of the hospital qualifies the fact that in general the public rates local hospitals high: 66 per cent of the public rate their local hospitals good or excellent. (About the same proportion of the public rates the local *doctor* service to be good or excellent.) People in rural areas and those of low income families tend to rate hospital facilities lower than others.

The public's regular doctors rate local hospital facilities still higher: 78 per cent of these physicians rate local hospital facilities excellent or good. But when these doctors were asked

*The percentages add to more than 100 because some people gave more than one answer.

whether their patients “seem to be entirely satisfied with the care and treatment they get at the hospital,” 61 per cent answered, “Not too satisfied,” and 70 per cent of these felt that their patients’ complaints were justified.

On what basis do people make these ratings? Table 1 presents the reasons given by people who felt that local hospital facilities were excellent or good. No single facet of the hospital receives particular stress. About a third of the public referred vaguely to good care, or good treatment, and about the same number mentioned modern equipment. About a fifth referred to a good medical staff and, vaguely, to the hospital’s being progressive or up-to-date. Less than a fifth referred to the nursing personnel

Table 1

Why the public rates local hospital facilities excellent or good

	Percentage of approving group (N=1587)
There are enough hospitals here or nearby, plenty of choice, they are big enough, have enough space	17%
They are well equipped, have modern facilities, everything to work with: laboratories, X-rays, etc.	30
The physical plant is in good condition: comfortable, clean, pleasant, good food, well kept up, etc.	14
There are enough nurses, good competent nurses available, good nursing service	18
They have enough doctors, large staff of doctors, interns, residents, plenty of doctors available	2
They have an adequate supply of technicians, personnel, well staffed, good competent personnel, employees are polite, efficient, courteous, etc.	8
They have good competent doctors, interns, residents, they are adequately staffed with specialists, good medical care available	22
They give good care, treatment, service, attention (not specifically medical)	33
Liberal admission policy, reasonable rates, they don't discriminate, don't ask for deposits, etc.	2
Always available in emergency, speedy, efficient service in emergencies	2
References to newness, progress: new, modern, progressive, up-to-date, expanding, improving, etc.	22
Miscellaneous, visiting hours, etc.	1
Nothing specific, don't know, just feel they are pretty good, as good as anywhere, etc.	14
Many answers fit more than one category	185%

and to the availability and size of the local hospital facilities.

Those who consider local hospital facilities poor or only fair focus their criticism more sharply. As we see in Table 2, over half referred to the extent and availability of the local facilities, and no more than 11 per cent referred to any other aspect of the hospital. Physical plant, location, and number of beds, then, loom large in *criticism* of hospital facilities, while equipment, service, and personnel are emphasized in *approval* of local facilities.

Table 2

Why the public rates local hospital facilities fair or poor

	Percentage of disapproving group (N 663)
Hospitals are too small, too crowded, not enough rooms, no hospitals nearby, too far away	57%
Poorly equipped, out-dated facilities (medical)	6
Physical plant in poor condition: uncomfortable, dirty, not kept up, food is poor, etc.	3
References to hospital as old, out of date, not modern, run down, no improvements, etc.	3
There are not enough nurses, shortage of nurses	11
Inadequate, bad medical care, doctors are not competent, don't give enough attention	6
Shortage of personnel, incompetent, unpleasant, impolite personnel (non-medical)	7
Rates, charges too high, expensive, unreasonable	3
Inadequate care or service, mistreatment of patients, neglect, slow service, etc. (non-medical)	10
Poor admitting policy, discriminate against poor people, minority groups, etc.	4
Poor service in emergencies: delays, red tape, etc.	3
Miscellaneous: visiting hours, discriminate against some doctors, etc.	3
Nothing specific, don't know, just fair, not very good, could be better, etc.	21
Some answers fit more than one category	137%

Do the public's regular doctors evaluate hospital facilities in the same way? Those rating hospital facilities “good” or “excellent” emphasize the equipment and general facilities more than any other features of the hospital. (Table 3.) The quality of the professional staff, the physical plant, nursing care, and patient care receive less emphasis. Since the physician considers

the hospital as a place in which he applies his skills, his emphasis on equipment and facilities is understandable. As we see in Table 4, those rating hospital facilities "only fair" or "poor," like the public, give greatest emphasis to the number of hospitals or beds that are available, with considerably less stress on

Table 3

Why the public's regular doctors rate local hospital facilities excellent or good

	Percentage of doctors saying excellent or good (N=381)
Enough hospitals, beds, space	12%
Good location, accessibility, convenience	2
Physical plant well laid out, clean, up-to-date ..	20
Well equipped, modern facilities	40
Good laboratory, X-ray, diagnostic facilities	27
Latest drugs, modern operating equipment, new clinics, blood program, etc.	15
Large professional staff, many doctors	9
Good professional staff, high morale, competence	28
Particular specialists or outside consultants available, competent .	13
Enough nurses	5
Good nursing care, cooperation	19
Approval of non-professional personnel	3
Approval of patient care, service, efficient admission procedures	18
Service for the poor, needy, regardless of ability to pay	3
Non-discriminatory procedures: good service for Negroes, Jews, Non-Catholics, etc.	1
Good library, research, training program, etc.	8
Well-run, favorable to doctors	15
High standards, professional accreditation	9
Reasonable charges, costs	2
Miscellaneous approval: good nursing, schools, food, etc.	3
Don't know, vague answers, response involved only criticism	7
Some doctors mentioned more than one thing	259%

equipment and general facilities, specialized services, and nursing care.

Public reaction to hospital experience

In rating "facilities," both physicians and the public seem to interpret the term as applying chiefly to physical plant and

Table 4

Why the public's regular doctors rate local hospital facilities fair or poor

	Percentage of doctors saying fair or poor (N 103)
Not enough hospitals, beds, space	65%
Hospital inaccessible, inconvenient	4
Old building, poorly arranged, dirty, etc.	13
Lack of modern equipment, inadequate facilities	16
Lack of or quality of laboratory, diagnostic facilities	8
Inadequacy or lack of particular departments or specialized services, equipment, facilities: need isolation ward, new emergency room, equipment for orthopedic surgery, etc.	18
Inadequate size of professional staff, number of doctors	4
Quality of professional staff morale, competence, etc.	7
Poor availability or competence of particular specialists or outside consultants	9
Number of nurses	17
Quality of nursing care, cooperation	15
Non-professional personnel	3
Patient care, service, slow or inefficient admission procedures	10
Poor service for poor and needy, red tape, lack charity beds	4
Racial or religious discrimination	4
Inadequate or lack library, training program, research	3
Management, administration policies of hospital	12
Low standards, accreditation lacking	2
Hospital charges or costs	2
Miscellaneous criticism	3
Some doctors mentioned more than one thing	219%

equipment, for when general dissatisfaction with hospitals (rather than with hospital "facilities") is expressed, it proves to be concentrated on the quality of care and service rather than on the size of the building and its equipment.

The 61 per cent of the public's doctors who reported their patients "not entirely satisfied" with their experiences in the hospital were asked, "What are some of the things (your patients) are not too satisfied with (at the hospital)?" Their answers, presented in Table 5, emphasize first the nursing service—over half the doctors mentioned this—but, almost as importantly, the hospital food. And a fifth of the doctors said their patients complained about hospital charges.

Table 5

Patients' complaints about hospitals reported by their regular doctors

	Percentage of doctors reporting patients not entirely satisfied (N=290)
Hospital costs, charges, prices, amount of bills	21%
Hospital's way of handling financial matters, bills—no particular criticism of size of bill but rather of way it is handled or presented	5
Hospital crowded, not enough rooms, private rooms	5
Physical facilities of hospital	3
Too much noise, not quiet enough	9
Not enough nurses, poor nursing care because of shortage	20
Poor nursing service, not enough attention, lack of personal attention, no mention of shortage of nurses	54
Hospital understaffed, other than nurses	3
Attitudes, behavior, personality of doctor staff	6
Complaints about hospital food, diet	49
Complaints about visiting hours, restrictions on visitors	2
Complaints about temperature of hospital—too hot, too cold	3
Complaints about the hour of rising—wake you up too early	2
Miscellaneous	6
Don't know, vague answers: It's just that they're sick, so nothing seems right, etc.	3
Most doctors mentioned more than one complaint	191%

It is difficult to assess these doctors' reports. We do not know the intensity of the complaints themselves, nor do we know how accurately the doctor reflects his patients. The doctor may hear only the *complaints* about the hospitals, not the praise, or he may remember complaints better than praise. And because of the nature of his own relationship to the hospital, the physician may also not be an objective reporter.

On this last point, while more of these doctors rated local hospital facilities higher than did their patients, almost half of them reported some personal dissatisfaction with local hospitals. The doctors were asked, "How about your own relationships with the hospitals here—do you find that they are entirely satisfactory, or are there some things you are not too satisfied with?" Fifty-five per cent said they were entirely satisfied; 44 per cent said they were not (one per cent "didn't know"). Of those who

were not entirely satisfied, 22 per cent referred to hospital policies they consider unfavorable to doctors, 19 per cent to some favoritism or prejudice, 17 per cent to the quality of nursing care, 14 per cent to the number of nurses available, 13 per cent to the inadequate supply of hospitals, beds or space, and proportions under 10 per cent to a number of other aspects of the hospital, some giving more than one ground for their dissatisfaction.

The best way to assess the doctors' report of patients' complaints is to compare it with the patients' own reports. Those who have been hospitalized at one time or another were asked, "Thinking of all the times you've been in the hospital, do you recall anything in particular about the care and treatment you got . . . that you especially *liked*?" Seventy-one per cent men-

Table 6

What the public particularly liked about hospital care or treatment

	Percentage of those liking something spe- cific (N=1260)
The food: plenty of food, good meals, choice of food, etc.	17%
Back rubs, massage	3
The baths, change of linen (personal service, non-therapeutic)	2
The hospital service as such—being waited on, treated like a king, meals served in bed, etc.	2
The attitudes of the hospital personnel: cheerful, friendly, pleasant, interested, would come in and chat, etc.	35
Willingness of personnel to be of service, their concern about the patient's comfort, personal attention, gentle treatment, seeing that you lacked for nothing, etc.	12
Good, prompt efficient service (matter of fact statements, no special appreciation): They seemed conscientious, came when you called, they took good care of you, etc.	37
Quality of care and treatment, competence of personnel: they knew what they were doing, were well trained, treatment was efficient, successful, etc.	10
General atmosphere, physical surroundings: clean, quiet, comfortable, room well furnished, bright and sunny, etc.	8
Miscellaneous aspects of hospital regulations, procedures: they let me have a radio, let me see my baby any time, gave me a private phone, required no deposit, etc.	3
Other specific things not codable above: chance to get away from the children, the novelty of getting gas, etc.	3
Many people mentioned more than one thing	132%

tioned something they liked, 4 per cent a vague general approval, 18 per cent said that nothing special was liked, 4 per cent couldn't recall, and 3 per cent said they didn't like anything. About three quarters of those who have had some experience in a hospital, then, is able to recall something favorable about that experience. And as we see in Table 6, emphasized most are the service and the attitudes of the hospital personnel. Physical plant, equipment, and other facilities receive almost no comment.

When asked, "What are some of the things you did *not* like so much about the care and treatment you got in any of the hospitals? Even little things," 46 per cent of those who were

Table 7

What the public disliked about hospital care and treatment

	Percentage of those disliking something specific (N=812)
Attitude, manner of personnel: cold, rough, unsympathetic, etc.	20%
Poor service because of insufficient help: hospital understaffed	11
Poor, slow, inefficient service not blamed on shortage of personnel: no personal attention, wouldn't answer calls	15
Medical negligence, incompetence or mistakes resulting in misdiagnosis, no cure, or physical harm to patient	4
Medical negligence, incompetence or mistakes resulting in unnecessary pain or discomfort to patient	11
Pain or discomfort involved in therapy or due to illness itself	4
Being awakened at night or too early in the morning, having to go to sleep too early	11
Food bad, cold, inadequate	17
Room or hospital too noisy	6
Overcrowded, poor, inadequate facilities or equipment (non-medical)	6
Lack of privacy	4
Over-protectiveness, unnecessary care	2
Room or hospital not kept clean, linen not changed often enough	4
Too hot or too cold, stuffy, drafty, etc.	2
Rates, charges, admitting procedures: too high, required deposit	4
Visiting regulations too strict	2
General dislike: gloomy, dull, wanted to go home	11
Miscellaneous aspects of regulations, procedures: too many doctors examining you, wouldn't let me see the baby often enough, etc.	9
Other specific things not codable above: phone messages neglected, doctors didn't come when supposed to, etc.	2
Some people mentioned more than one thing	145%

ever hospitalized mentioned something that they disliked. Twenty-five per cent disliked nothing special. Five per cent couldn't recall their responses to hospitalization, and 24 per cent didn't dislike anything about their hospitalization experience. More of the young and the college educated mentioned something they disliked than did the old or the poorly educated. As Table 7 shows, there was no great emphasis on any one thing disliked, but most often mentioned were the attitudes of the personnel, the food, and the service.

Finally, the public was asked whether anyone in the immediate family, or anyone else known "ever had an experience with a hospital that gave you an especially good opinion of that hospital." Thirty-eight per cent answered "Yes," 12 per cent citing the experience of a husband or, more often, wife, 6 per cent citing the experience of a friend, 20 per cent citing the experience of a relative, and 1 per cent citing their own experience. The efficiency of the service was mentioned foremost, followed by the considerate, courteous or friendly quality of the service and the capability of the medical care. (Table 8.) Of

Table 8

What gave the public a good opinion of a hospital

	Percentage of those who got a good opinion (N=883)
Special consideration, courtesy, friendliness	33%
Good, prompt, efficient service (personal service or unspecified; not explicitly medical)	60
Capable, competent medical care, excellent doctors, good medical facilities, equipment	30
Good food	6
Cleanliness	5
Quiet, pleasant atmosphere	2
Good admitting procedures, good policy about payments	3
Rates reasonable, they don't charge for minor things	2
Good visiting hours, visitors treated with consideration	5
Nice rooms, good physical plant (non-medical): pleasant grounds, freshly painted, large rooms, etc.	3
Miscellaneous	2
Don't know, everything about it was fine, etc.	4
Some people mentioned more than one thing	155%

those who referred favorably to hospital personnel, 63 per cent referred merely to "everybody," or "them," while 29 per cent referred to the nurses and 18 per cent to the medical staff.

The same question was asked about experiences of others leading to *poor* opinions of the hospital. Twenty per cent of the public answered that they did receive such an opinion: 4 per cent indicated that a husband or a wife had had the experience, 11 per cent cited the experience of some other relative, and 6 per cent of someone else they knew. Those who obtained a poor opinion of some hospital were further asked "What was the trouble?" More referred to instances of "medical negligence" or "incompetence" than to anything else, although many referred to poor service and to unpleasant attitudes of the personnel. (Table 9.) The nursing staff was referred to critically twice as often as the medical staff, although most people merely criticized "them"—unspecified personnel.

Table 9

What gave the public a poor opinion about a hospital

	Percentage of those who got a poor opinion (N=482)
Unpleasant attitude or manner of the personnel: they were rude, unsympathetic, took no interest, showed no concern for patient	19%
Poor, slow, inefficient service, shortage of personnel, lack of attention (no medical consequences cited)	27
Medical negligence, incompetence or mistakes	39
Poor food	8
Noisy, too many visitors	2
Poor physical facilities: too hot, too cold, dingy, not kept clean, facilities antiquated, etc.	12
Visiting regulations too strict, friends and relatives given inconsiderate treatment	5
Admitting procedures, rules about payment too strict: won't admit you without deposit, won't discharge you without full payment, etc.	9
The rates, the charges: too expensive, charged for every little thing, hospital too mercenary	6
Miscellaneous complaints (no apparent medical consequences): incidents involving administrative negligence, criticisms of procedures, etc.	8
Don't know, can't remember, rather not talk about it, etc.	4
Some people mentioned more than one thing	139%

Resistance to hospitalization

As we have seen, people are critical of hospital costs, but not of hospitals. While 70 per cent of the public have some complaint about hospital charges, about the same proportion—66 per cent—class their local hospital facilities excellent or good. The public's regular doctors are even less dissatisfied with local facilities, but almost half have some complaint about their professional relationship to those hospitals.

Among people who have had some experience in hospitals, vicarious or otherwise, favorable memories and opinions about hospital experience are considerably more widespread than unfavorable. Most crucial in determining their responses is the apparent courtesy and efficiency of the hospital staff in general and the nursing staff in particular, although the quality of the food does also receive a persistent share of emphasis.

But do the negative opinions of the minority encourage them to resist hospitalization? Those who disliked something about the care and treatment they obtained in a hospital were asked, "Do you think you would find these same things wrong with the care and treatment in most hospitals?" Fully 53 per cent of this small group answered "Yes." Thirty-seven per cent answered, "No," and 10 per cent said they didn't know.

This implies a degree of pessimism about the nature of hospitals. But when all who were ever hospitalized were asked, "Would the experience you yourself have had with hospitals make you feel worse about going to the hospital in the future, or would it make you feel better about going?" only 7 per cent said they would feel worse. Forty per cent said they would feel no differently than they had always felt, and 52 per cent said they would feel better. (One per cent said they "didn't know.") Apparently, even though it might have been mildly annoying, hospitalization has not been traumatic enough to make most people resist being hospitalized again.

Is there any resistance to hospitalization at all? Of those people who saw a doctor for one thing or another during the year preceding the survey, 9 per cent (6 per cent of the total public) reported that during the year they had not carried out some recommendation of "medicine, treatment or operation"

Table 10

What the doctor recommended that wasn't carried out

	Percentage of those who didn't carry out a doctor's recommendation (N 136)
Surgery, an operation	46%
Regular treatments from a medical practitioner	7
Spend time in hospital (not for surgery)	2
Miscellaneous care from a medical practitioner: see a specialist, have X-rays taken, etc.	7
Use a medication, prescription	17
Get more rest, do less, take a vacation	7
Follow a prescribed diet	12
Other self-care: cut down smoking, etc.	10
Some people mentioned more than one thing	108%

made by their doctor. Surgery, or an operation, was cited by almost half of those who failed to follow their physician's recommendation, as Table 10 indicates.

Since surgery is, of course, likely to involve hospitalization, refusal to undergo it may be taken as a tentative index to refusal to be hospitalized. About 3 per cent of the American public—a very small proportion—thus admitted that in the course of a year they refused to carry out a recommendation that was likely to involve hospitalization.*

The public was asked more generally, "Did a doctor *ever* advise you to go to a hospital, but you decided not to?" Only 8 per cent of the public answer "Yes."** As we see in Table 11, fear or anxiety, reluctance or inability to bear the costs of hospitalization, and lack of faith in the doctor's diagnosis were the major reasons given. The majority of these people are unregenerate. Asked if they now thought that they "should have gone to

*Hospitalization cannot be easily separated from surgery. Reluctance to be hospitalized may well refer to an attitude toward surgery, not toward hospitals.

**Six per cent of those who were *never* hospitalized, compared to 11 per cent of those who have been hospitalized three times or more, reported such resistance.

Table 11

Why some patients did not go to the hospital when the doctor advised them to go

	Percentage of group of patients answering (N 196)
Expense: couldn't afford it, insurance wouldn't cover it, didn't want to lose income while in hospital	20%
Fear of hospitalization, of surgery, or of indicated care, wish to avoid it, dread of it, won't go unless have to	18
Too busy, couldn't afford to take the time, too many other responsibilities	17
Lack of hospital facilities, hospital overcrowded, or hospital too far away	1
Own doctor said it wasn't urgent, could wait	4
Another doctor, or hospital said it wasn't urgent or wasn't necessary	11
General lack of faith in doctors or hospitals	2
Lack of faith in the efficacy of particular care or treatment recommended, or of hospitalization for this purpose	35
Just neglect, procrastination, haven't got around to it, kept putting it off	2
Miscellaneous, too old, etc.	11
Don't know, just didn't do it	2
Some people gave more than one reason	123%

the hospital when the doctor advised," 61 per cent said "No." Thirty-five per cent said "Yes"; the remainder had no opinion.

Turning from outright refusal to reluctance or resistance, we find that 7 per cent of the public's regular doctors report a great deal of resistance to being hospitalized among their patients, and 28 per cent feel that there is "some" resistance. Sixty-five per cent see "hardly any" resistance at all.* As Table 12 indicates, most of the doctors who report resistance attribute it to financial considerations, while a lesser proportion credit it to fear of the hospital or the treatment. A very small proportion believe that patients resist hospitalization because they feel it is unnecessary.

To what degree does the doctor himself stimulate or discourage hospitalization? As we saw earlier, almost a quarter of the

*These doctors' estimates cannot be directly compared to the reports of the public, for the same number of resistant patients would be reported in different ways by the doctors, depending upon the distribution of resistant patients in their case-loads. By definition, however, we should expect to find more cases of resistance than of downright refusal.

Table 12

How some of the public's regular doctors account for resistance to hospitalization among patients

	Percentage of those encountering a great deal or some resistance to hospitalization (N=162)
Lack of insurance, those without hospitalization insurance	18%
The cost, expense, finances, hospital bill, lack of money to pay—no reference to lack of insurance	58
Job responsibilities, don't want to lose time from work, take time off job, possible loss of job	10
Home, family responsibilities, puts strain on the rest of the family	8
More comfortable at home, reluctant to leave home, family, friends—no mention of home responsibilities	11
Believe hospital unnecessary, home care and treatment just as good	4
Hospital hard to get to, far away, inconvenient	4
Hospitalization implies serious illness, seen as only a last resort, just a place in which to die ..	19
Fear of hospitals, hospital procedures, what might be done to them, fear of surgery, treatment in hospital ..	23
Ignorance of benefits of hospital, lack of education ..	4
Criticisms of local hospital, poor conditions there: noisy, poor food, poor nursing service, etc. .	2
Miscellaneous reasons for resistance: older group resents hospital built years ago over their protests, etc. .	2
Don't know, vague answers: just don't want to go, etc. .	1
Many doctors mentioned more than one reason	164%

public's regular doctors think that the hospitals in their area are poor or only fair. Almost half are not fully satisfied with their own relationship to the local hospitals. It is plausible to think that these critical doctors might not encourage their patients to use those hospitals, at least if it were possible to avoid using them. Those doctors who rated the local hospitals as fair, or poor were asked if their evaluation has affected their use of hospitals. As we see in Table 13, a substantial proportion said, "No." Twenty per cent sent patients to other hospitals, but only 8 per cent said they treated their patients at home rather than hospitalizing them, and only 2 per cent said they tried to avoid using the hospital altogether. In general, the doctor's evaluation of his local hospital does not have much effect on his recom-

Table 13

How doctors' low evaluation of local hospital facilities affects their use of hospitals

	Percentage of those rating local hospital facilities only fair or poor (N 102)
Send patients to some other hospital instead, send patients to hospital out of the area instead	20%
Treat many patients at home instead of hospitalizing them .	8
Don't use the hospital, reluctant to use it, prefer not to use it—no mention of using other hospitals or treating in the home instead	2
Go elsewhere for special facilities, treatment, tests	7
Devote more care to the patients, check up on hospital	2
Miscellaneous: would spend more clinic time in the hospital if they were more useful to me academically and professionally, etc.	1
Vague or unspecified indication of how use is affected	5
Doesn't affect use: make out the best I can, put up with the inconveniences, shortages	16
Doesn't affect use at all, not a bit	34
No hospitals in the area—no indication of what measures are taken by the doctor	8
A few doctors mentioned more than one effect	103%

mendation of hospitalization, though if situations involving optional use of the hospital had been asked about, the answers might have been different.

The physician's evaluation of the propriety of hospitalization might also affect his willingness to recommend hospitalization. When the public's regular doctors were asked whether "in general there is too much hospitalization," 34 per cent answered "Yes." Fifty-two per cent said the amount of hospitalization was "about right," and 13 per cent said that there was not enough. Thus, about a third of these physicians might be conservative about recommending hospitalization.

These data must be balanced against the significance of health insurance to the doctor's behavior. The general impression has been that when patients have insurance, doctors are more likely to hospitalize them. This is supported in part by

Table 14

How the patient's having hospital or surgical insurance affects some of the public's regular doctors' handling of the case

	Percentage of those saying their handling of the case is affected (N 193)
More likely to hospitalize them, do it sooner, more often, more readily	49%
Can get them admitted to the hospital more easily, the hospital is more likely to take them	2
More likely to recommend or perform surgery, elective surgery	10
Recommend, obtain private care instead of city or ward care	3
Keep them in hospital longer, don't hurry their stay	5
Recommend, obtain better diagnosis: laboratory work, X-rays, tests, examinations, etc.	20
Recommend, obtain better, more expensive treatment, medicines, can do more for the patient (not specified as to hospital, surgery, diagnosis)	14
Know I will be paid for my services	6
Miscellaneous effects on doctor's attitudes or behavior: more apt to urge people to take leave from work, I have the additional work filling out the forms, etc.	11
Don't know, can't say	4
Some doctors mentioned more than one effect	124%

answers to the question, "When a patient has hospital or surgical insurance, does this affect your handling of the case?" Nine per cent of the doctors answered, "A great deal," 33 per cent answered, "Somewhat," and 58 per cent answered, "Not at all." When those saying "Somewhat," or "A great deal," were asked *how* insurance affects their behavior, their answers, presented in Table 14, indicate that it encourages hospital utilization. As another report from this general survey has indicated,* doctors feel that when the patient has such insurance he is more receptive to recommendations for hospitalization, and the doctor feels freer to urge it.

Use of hospitals

The reality we have been trying to present is rather complex. On the one hand, a third of the public's doctors feel there is too

*Elliot Freidson and Jacob J. Feldman, "Public Attitudes Toward Health Insurance." (Forthcoming, Health Information Foundation Research Series.)

much hospitalization and almost a fourth are not very satisfied with the hospitals in their area. This is likely to constitute a source of some resistance to hospitalization stemming from the doctor himself rather than from the patient. On the other hand, however, hospital and surgical insurance does seem to encourage a fair number of doctors to use hospitals more than they might without such insurance. While the constant increase in medical knowledge and technique certainly lies behind the major increases in hospital utilization of the past decades, the mere existence of health insurance, tempered somewhat by conservative notions about the medical necessity of hospitalization in particular cases, contributes to such increase as well.

Obviously, though, no matter how the doctor may feel, the patient may feel otherwise and may not choose to agree to be hospitalized. Our data indicate that only a small proportion of the public admits actually not following a medical recommendation for hospitalization, but surely it is plausible to think that a larger proportion has qualms about being hospitalized—that is, more "resist" than actually refuse. Since the reported refusals are few, though, we may assume that whatever resistance does exist is generally not sufficiently strong to overcome the doctor's recommendations and the patient's perception of pain or illness. Presumably, the doctor's evaluation of and professional relationship to local hospitals, and his "philosophy" of hospital utilization as well as his diagnosis and his estimate of the patient's economic status have something to do with his motivation to overcome such patient resistance.

The effect of hospital experience on this resistance is difficult to assess. While fewer people who have *never* been hospitalized refuse to be hospitalized than do those who have been hospitalized three times or more, this difference is *not* a reflection of any negative effect of hospital experience. For those who have never been hospitalized the refusals represent *all* cases of recommended hospitalizations. Those who *have* been hospitalized already have obviously neither refused every recommendation they received nor necessarily refused *after* hospitalization.

All we can say is that most of those who have been hospitalized report that they emerged either unchanged or with more positive attitudes toward hospitals. The latter response, held by

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about half those ever hospitalized, should contribute to less patient resistance in the future, and, all else being equal, encourage greater use of hospital facilities.

In all, it is clear that the bulk of the American public now holds positive attitudes toward hospitals. There is almost no evidence of the fears that once existed. The public's widespread satisfaction with hospitals and its confidence in them is mirrored in its evaluation of local hospital facilities and of its own hospital experiences. While people are critical of the cost of hospitalization, and a significant minority is critical of local hospital facilities and of some aspects of hospital experience, these reactions seem to be mild. Few people are downright eager to be hospitalized and many may be reluctant to be, but few are so strongly motivated that they refuse hospitalization. Little seems to remain of the old stereotype of the hospital as a place from which no one returns.

About Health Information Foundation—

The Foundation was organized in 1950 by a group of leaders in the drug, pharmaceutical, chemical and allied industries who believe that the health field can continue its great progress only if citizens assume responsibility for its freedom.

These progressive representatives of the more than 200 companies supporting the Foundation decided they could serve the public interest by:

—documenting through research the accomplishments of the present system of medical care;

—defining areas in the health field in need of improvement and investigating possible solutions to current problems;

—bringing, through all media of communication, research findings, needed facts and new knowledge related to health problems to organizations active in the health field and to the public.

Today the Foundation is studying many of the most vital problems related to health in the United States, among them the ways by which voluntary health insurance can be expanded and improved, the special problems of Americans over 65, and the opinions and attitudes of the general public toward health services.

The Foundation's President is George Bugbee; its research director is Odin W. Anderson, Ph.D. Eliot Freidson is Assistant Professor of Sociology at the City College of New York, and at the time of writing this report was Research Associate at Health Information Foundation. Jacob J. Feldman is Senior Study Director of the National Opinion Research Center, University of Chicago.