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Hospital-community relations in rural county, Mississippi

Vaughn LeRoy Grisham Jr.
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HOSPITAL-COMMUNITY RELATIONS
IN
RURAL COUNTY, MISSISSIPPI

Vaughn LeRoy Grisham, Jr.

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Vaughn LeRoy Grisham, Jr.

By

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A Thesis
Submitted to the Faculty of
Mississippi State University
in Partial Fulfillment of the Requirements
for the Degree of Master of Arts
in the Department of Sociology
and Rural Life

State College, Mississippi

August, 1961

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V. L. G.

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HOSPITAL-COMMUNITY RELATIONS IN RURAL COUNTY, MISSISSIPPI

CHAPTER 1. PROBLEM AND METHOD

In 1956, the Division of Sociology and Rural Life of Mississippi State University was provided a grant by the United States Public Health Service to undertake a five-year study of hospital-community relations in Mississippi.

The study began by studying the hospitals in the state as a whole and was narrowed from that point to a study of three specific hospitals. The county which is studied in this thesis is the home of one of those three hospitals.

A rather curious situation exists in the community under study. The community has a nice Hill-Burton hospital which began operation in 1950. Interviews taken in the county indicated that 81 per cent of the respondents thought that the hospital plant was as good or better than other hospitals in communities of about the same size, and 64 per cent thought that the hospital was as good or better than other hospitals in communities of similar size from the standpoint of equipment and services. Despite these indications of approval on the part of the respondents, the hospital has an occupancy of slightly over 25 per cent, and has consistently been in the red since it was opened.

In contrast to the Hill-Burton hospital, the community also has an 18 bed proprietary hospital, which does not offer as nice a plant, nor all the services and equipment offered by the Hill-Burton hospital. Nevertheless, the proprietary hospital has been rather prosperous and has an occupancy of over 80 per cent.

The County Studied

Rural County,¹ the locale of this study, is served by the two hospitals located in the county seat. From the point of view of health facilities this town is rather unusual with its dual hospital situation. This situation was one factor in choosing this particular county as the focal point of the thesis. Such a situation allows a choice of hospitals, which in turn provides an opportunity to study the factors related to the choice of a hospital.

The county has 10 physicians practicing within its boundaries and all but one are member of the county hospital staff. In addition there is one physician in a near-by county who sometimes uses the county hospital. There are two surgeons in the county, one of whom uses the county hospital exclusively and the other uses both hospitals. Of the nine physicians on the county hospital staff, one is a Negro and the other eight are white.

Objectives

The major objective is to ascertain the factors related to the choice of a hospital in the event that hospitalization is necessary. This will also involve a description of the hospital situation in the county. It is also an objective of this study to determine significant differences between the type of individual who chooses the county hospital rather than some other hospital, and to describe those differences by using both quantitative and nonquantitative factors as the independent variables. The problem then becomes one of discovering those factors which help to explain the particular choice of a hospital, and the bulk

1. Rural County is a fictitious name given the county under study to preserve anonymity for this county.

of the effort involved in the thesis has been given over to a search for these factors. From the answers to this problem it is hoped that insights into hospital-community relations may be gained.

The Significance of the Problem

Countless hours and many dollars are spent by health services and hospital agencies which have as their goal the establishment of an even more useful hospital which provides the services needed and desired by the average patient. It was this idea that promoted the entire project of which this thesis is a part.

George Bugbee, in an article for the journal Hospitals, wrote, "The public accepts nothing less than the ultimate--that every patient be given the best possible care."² Obviously a part of the care which the hospital provides for the well being of the community is often reflected in the hospital's community relations. If the hospital is disliked or feared its usefulness to the community is weakened. For this reason the problem of establishing the best possible community relations is an essential part of the life of any hospital.

Sociologists have become increasingly interested in the relationship between the society and one of its basic institutions, the hospital. Even leading theorists such as Talcott Parsons have taken an interest in these matters. This thesis, however, is more concerned with the more practical aspects of hospital-community relations.

2. George Bugbee, "Hospitals in the Public Eye", Hospitals, January, 1960, Vol., 34., No. 1, p. 55.

Hypotheses

The fact that this study came near the end of the larger study of hospital-community relations meant that many previous hypotheses had been put forth and tested, thus narrowing the field of hypotheses that had to be tested. There are, however, many hypotheses which still need to be tested. Much of this thesis was built around the testing of two general hypotheses: (1) Use of the hospital cannot be fully explained by the use of quantitative variables alone; and (2) The most important factors in the explanation of the choice of a particular hospital are the non-quantitative factors involved.

Source of Data

The sample used in this study is composed of 150 rural, white housewives in Rural County. For the most part these respondents lived in open-country neighborhoods which were located throughout the county.

The data were collected by two members of the Department of Sociology and Rural Life of Mississippi State University during the summer of 1960. The schedules used in the interviews consisted of both open-end and precoded questions. In order to ascertain the deeper feelings of the respondent towards a particular hospital, it was necessary to place greater emphasis upon the responses to the open-end questions.

Data were also obtained from interviews with the physicians, members of the board of trustees, and members of the hospital auxiliary. These data together with information obtained through talks with researchers who had had previous experience in health studies were used to complement the data obtained in the general survey, and were helpful in interpreting the observed relationships.

Field Procedures

The five beats of the county served as sampling areas. Sub-samples were drawn from each beat. The sampling ratio was determined by the number of neighborhoods which could be identified from existing maps of the county and by the number of dwelling units in each neighborhood. In one of the sparsely populated beats all white housewives who were at home when the interviewer called were interviewed. The sampling ratio varied in the other beats. Although a predetermined random sample was not drawn, a comparison of the characteristics of the sample with the characteristics of the white county population indicated that the sample could be considered random.

Analysis of the Data

Items which dealt with use or choice of a hospital served as focal points of the analysis. The respondents were first divided into three categories: (1) those who had used the county hospital personally, (2) those respondents who had had contact with the county hospital through a hospitalized member of the family, and (3) those respondents who had neither used the hospital personally nor had family members who had been patients in the county hospital.

Various quantitative variables were then introduced as independent variables and chi squares were used to test the association of each quantitative variable with use of the hospital. Subsequently non-quantitative factors were introduced in an effort to discern their role in the choice of a hospital, and their relationship to the quantitative factors previously considered.

It was not possible to determine the role of nonquantitative factors as they related to previous use of the county hospital since

CHAPTER II. REVIEW OF LITERATURE

the question involved was precoded and did not require any response other than whether the respondent or some member of her family had use the county hospital.

This review of literature may be broken into three parts. The first part is concerned with studies involving hospital life in general and provides a general orientation into the field of hospital study. The second part of the review is concerned with studies of specific hospitals, but studies which are not directly related to the project of which this thesis is a part. The third part of the review concerns itself with specific studies which are directly related to the larger project. This phase of the review is designed to give the reader an insight into the work which preceded this particular thesis.

There are numerous works which are concerned with hospital-community relations. Evan T. Peterson notes four sources for the bulk of the work in this area of study: (1) "rural sociologists of the agricultural experiment stations" (2) "professional politicians", (3) "studies conducted by hospital administrators and other hospital personnel", and (4) "public relations experts".¹ Regardless of the source of the study, most of the works involve a study of the individuals served by the hospital. To this extent, all of the works reviewed in this section may be said to have a bearing upon the subject of the thesis.

Hospital Life in General

The Commission on Hospital Care undertook the task of providing a guide to the future development of hospital care in their book printed

1. Evan T. Peterson, Hospital-Community Relations Literature Review, unpublished manuscript, State College, Michigan, 1957, pp. 1-5.

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1. Evan T. Peterson, Hospital-Community Relations Literature Review, unpublished manuscript, State College, Mississippi: 1959, pp. 1-3.

in 1947.² The major focus of the book is upon the function and scope of service of the general hospital. To accomplish its goal, the commission made a study of the organization of the hospital as well as methods which might be used to improve the existing services. The plan involved a study of individual states, rather than regions, or some other plan of studying the nation. The book provides a report on the findings of the commission in the various states, as well as a history of the development of hospitals in the United States.

The authors deal with almost every facet of the life of a general hospital. It is concerned with the factors which bring about expansion and growth as well as the functions and related activities of the hospital. There are chapters dealing with certain types of patients, such as rural persons and Negroes.

The findings and observations of the survey teams are compiled to furnish a long list of suggestions and needs. This list may serve both the hospital which is seeking to improve its services, and the student who is studying hospital problems in the United States.

Nathaniel Faxon has edited a book designed for the edification of the laity concerning the importance and role of the hospital.³ In this work the author endeavors to provide a history of the hospital, its present operation and future possibilities. It is the contention

2. Commission on Hospital Care, Hospital Care in the United States, (New York: The Commonwealth Fund, 1947).

3. Nathaniel W. Faxon, The Hospital in Contemporary Life, (Cambridge: Harvard University Press, 1949).

of the authors that the public is poorly informed and extremely ignorant as far as an understanding of the hospital is concerned.

The book was the result of the contributions of eight men who served as members of the staff of the Massachusetts General Hospital, and the faculty of the Harvard Medical School.

The book is filled with facts and figures and is written on such a level as to be easily understood by the educated laity.⁴ Without doubt its greatest value is the enlightenment which it offers the public concerning the general hospital.

A study was conducted by the New York State School of Industrial and Labor Relations, a unit of the State University of New York at Cornell, with the objective of gaining information which would make for better human relations within the hospital.⁵ It is the contention of the authors that the most effective hospital care is dependent on two intangibles: "the intelligent training and motivation of the individual members of the hospital staff, and the adeptness with which the hospital administration welds this complicated mechanism into an efficient instrument for the care of sick people."⁶

The report is directed mainly to individuals who serve on the staff of various hospitals. Rather than recommending a specific course of action which should be taken, the authors present their report in such a manner as to enlighten the staff members, in the

4. The authors provide such data as average rate of occupancy, average number of days spent in the hospital, and average cost per day in the hospital.

5. Temple Burling, Edith M. Lentz, and Robert N. Wilson, The Give and Take in Hospitals, (New York: G. P. Putnam's Sons, 1956).

6. Ibid., p. v.

hope that they will then follow a pattern which will help to improve hospital-patient relations.

A book which has a somewhat similar purpose is Raymond P. Sloan's This Hospital Business of Ours.⁷ This book, like the preceding one, is directed to the staff members of hospitals, and particularly at the trustees on the hospital boards. The emphasis and main focus of the book is the role of the trustee in maintaining a well organized and efficient hospital. The author is himself a trustee on a hospital board and draws rather frequently upon his past experience in such a capacity.

The author takes the position that the average trustee does not perform the tasks required of him, largely because of an ignorance concerning his duties and role as a member of the board. With this thought in mind, he proceeds to enlighten the trustee by elaborating upon the importance of such a position.

The book makes suggestions for possible solutions to problems involved in hospital-community relations. The student may examine the performance of the board of trustees with a much keener insight into the expected role of the board member.

Henry J. Southmayd and Geddes Smith prepared a rather brief book which is concerned with the problems of small community hospitals.⁸ The study is general in that the findings are believed to be applicable to small community hospitals throughout the land. At the same time the book provides a study of a small Illinois community hospital; its background, problems, and possible solution to the problems.

7. Raymond P. Sloan, This Hospital Business of Ours, (New York: G. P. Putnam's Sons, 1952).

8. Henry J. Southmayd and Geddes Smith, Small Community Hospitals, (New York: The Commonwealth Fund, 1944).

The book's greatest value lies in its worth as a handbook guide for small community hospitals throughout the nation. It is made complete by an extensive appendix which is saturated with suggestions for community hospitals.

The book, Sociological Studies of Health and Sickness,⁹ serves adequately to link the first part of the review to the second. This work is a compilation of 22 health studies in the United States. These health studies are placed in four groups: (1) "The Recognition of Need for Health Care", (2) "The Patient's Point of View", (3) "Psychological Process in Illness", and (4) "The Organization of Hospitals".

Many of the leading figures in the field of health and hospitals contribute the findings of a health study. Each study is independent of the other studies appearing in the book. The studies themselves range from psychiatric treatment to facial plastic surgery. Many of the reports have appeared in both professional and popular journals.

The authorship is composed of men from the fields of sociology, anthropology, and psychology, who in collaboration with physicians have made the studies and written the reports. The reports are written in detail for the benefit of the professional reader. Thus, the greatest benefit should be derived by the professional reader rather than the lay reader.

The student is greatly benefited, not only by the information contained in the reports, but by an extensive bibliography as well. The book is able to portray several sides of hospital life, thus giving insights into several aspects involved in the life of a hospital.

9. Dorrian Apple, (Ed.), Sociological Studies of Health and Sickness, (New York: McGraw-Hill Book Company, Inc., 1960).

Hospital Life as Seen in Specific Studies Not
Related to this Project

Earl Loman Koos, a professor in the field of social welfare, reported a four-year health study in his book entitled The Health of Regionville.¹⁰ Koos made his study in a community in New York State, which he called Regionville.

He and his survey team selected a panel of 550 families which were studied over a four-year period. The team used as the research hypothesis, "health attitudes and behavior of a family are related to its position in the social class hierarchy of the community, and are significantly affected by the prescriptions and propositions regarding health shared by those who are members of the same social class. Furthermore, there is a difference in the way and degree to which people participate in health activities in the community which is significantly associated with their membership in a social class."¹¹

The data gained by each of four interviews a year were both quantitative and qualitative, with each interview having a different focus. In this way the team gathered general information on the first visit, and more specific information on the third and succeeding visits to the home.

The team divided the respondents into three social classes, largely on the basis of occupation. These three classes were compared and

10. Earl Loman Koos, The Health of Regionville, (New York: Columbis University Press, 1954).

11. Ibid., p. 160.

studied with regard to their use of the health facilities. The team concluded that use of health facilities was definitely related to social class.

Marion T. Loftin and Robert E. Galloway brought together a study of four Mississippi counties in a publication written in 1954.¹² The report was concerned with the use of health services by rural people in Lee, Choctaw, Bolivar, and Forrest Counties. The authors made no claim as to the representativeness of their sample, but the counties selected were from four different areas of the state and do give the reader an insight into four different health situations in the state.

From the findings of the study it was concluded that the most frequently used medical service was physicians. Less than 50 per cent of the surveyed families used a dentist during the survey year. Slightly more than 70 per cent of the families used the county health department, but only about one fourth of the families used the hospital during the same period of time.

Various quantitative factors which were shown to be related to the use of health facilities and services were then examined. These factors included such things as distance to the medical facilities, socio-economic level, sex, age, occupation, residence, education, and race.

The authors concluded that those people living nearer the medical facilities were much more prone to take advantage of these services, although the distance factor was discounted as being necessarily the

12. Marion T. Loftin and Robert E. Galloway, The Use of Health Services by Rural People in Four Mississippi Counties, State College, Mississippi: Agricultural Experiment Station, Mississippi State University, Rural Life Series No. 5, March, 1954.

most important factor. In addition it was also surmised that as the socio-economic level rose, the use of health facilities increased. Women tended to use the health facilities more often than men, and non-farm workers tended to use the health facilities more often than farm families.

The last half of the report is concerned with practices relating to child and maternity care, home sanitation and preventive disease control, the use of prepayment medical and hospital insurance plans, and sources of health information.

The authors conclude by noting a need to educate many of these people in the use of health facilities. They also note that such education, if heeded properly would increase the doctor calls alone by 153 per cent.

Reports Stemming From The Present Project

A background of the project of which this thesis is a part, may be obtained in a journal article prepared by J. V. D. Saunders and J. H. Bruening.¹³ The report provides the reader with such information as how and why this study came about. It also provides a summary of many of the major findings to date. The authors note the rejection of one of the key hypotheses, that is, "that utilization as measured by such indices as per cent of occupancy can be equated with good community relations."¹⁴

The concluding sections handle the topics, "The Role of the Administrator in Hospital-Community Relations," and "The Role of the Hospital

13. J. V. D. Saunders and J. H. Bruening, "Hospital-Community Relations in Mississippi", Rural Sociology, January, 1959, Vol. XXIV, No. 1, pp. 48-51.

14. Ibid., p. 48.

Auxiliary in Hospital-Community Relations." The authors conclude from their studies that the administrator may be seen as holding the key position in hospital-community relations. With this idea as a launching point, the authors further explore the possibilities and potentialities of such a position.

Part of the background for this thesis came from reading a paper which was presented at the annual meeting of the Southern Sociological Society in Atlanta, Georgia, in the spring of 1960.¹⁵ The paper was concerned with the factors related to the acceptance of a Hill-Burton hospital. The findings were obtained from a pilot study of the hospital which is studied in this thesis.

This work gives the background of the study and the methodology employed. The purpose of the pilot study as stated by the authors was to ascertain "an adequate conceptualization of what constitutes acceptance."¹⁶

The authors constructed a multiple item index which they felt was a valid indication of acceptance of the hospital. The index was set up in such a way that attitudes toward the hospital were combined into a continuum of attitudes ranging from "just thinking about the hospital" to "actual support of the hospital."

15. Gerald O. Windham and Marion T. Loftin, Factors Associated with Acceptance of a Hill-Burton Hospital, unpublished manuscript, State College, Mississippi, Mississippi State University.

16. Ibid., p. 4.

The independent variables which were used in the study fall into three classes: (1) "social and economic characteristics of respondents", (2) "contact with the hospital", and (3) "personal influence of physicians, friends, and neighbors."¹⁷

The authors note a need for the establishment of acceptable criteria to validate the use of their acceptance index. This section of the paper also includes a list of hypotheses which need to be tested.

J. V. D. Saunders and J. H. Bruening offer a capsule summary of the trends in Mississippi hospitals from 1950 to 1957 in a bulletin released in 1958.¹⁸ One of the most interesting sections of the bulletin deals with a comparison of large hospitals of over 100 beds with small hospitals with 25 beds or less.

The concluding work reviewed is a report dealing with attitudes toward the Hill-Burton hospital in the county studied in this thesis.¹⁹ The bulk of the report is given over to a discussion and description of the respondents who are classified as being "favorable" or "unfavorable" toward the county hospital as determined by the respondent's score on the general acceptance index and hospital satisfaction index.

17. Ibid., p. 7.

18. J. V. D. Saunders and J. H. Bruening, Mississippi Hospitals, 1957: Characteristics and Trends. Research Bulletin 564, State College, Mississippi, Mississippi State University, Agricultural Experiment Station, August, 1958.

19. Gerald O. Windham, Marion T. Loftin, and Elisabeth J. Stojanovic, Attitudes Toward a New Hill-Burton Hospital in a Northeast Mississippi County. State College, Mississippi, Mississippi State University, Agricultural Experiment Station, Preliminary Report in Sociology and Rural Life No. 16, February, 1961.

The report indicates that education, level of living, health consciousness, use of hospital and formal and informal means of communication were found to be related to favorableness toward the hospital. It was also observed that satisfaction with the hospital was not related to the scores on the index of general acceptance. This includes three physicians from the proprietary hospital, who rarely avail themselves of the county hospital's facilities. One physician in the county seat uses both hospitals, but has his office in the proprietary hospital. Another physician located in a near-by village also uses both hospitals as well as a hospital outside the county. In addition to these physicians mentioned there is a physician in a near-by village, who has never joined the staff, although he is eligible for membership.

One of the weak spots of the county hospital may be seen in the fact that the average occupancy for the hospital is only 14 patients per day. The average length of stay is 14 days and the average cost per patient is \$25.54.

The staff of the county hospital includes thirty-three regular employees, of which eight are registered nurses. A major problem with which the hospital has had to cope is the rapid turnover of the nursing staff. The hospital has also had the problem of being over-staffed during slack periods and under-staffed during busy periods.

The proprietary hospital is comparable with 23 hospitals in the state. There are four physicians on the staff, although all are not active.

1. The secretary to the attending physician who was in charge of over of nurses changed the public relations work of the hospital. The personal relationship with patients which might have been maintained over the years.

CHAPTER III. THE COUNTY HOSPITAL, ITS ACCEPTANCE BY THE COMMUNITY AND SATISFACTION BY THE USERS

Description of Hospital Life in the Two Hospitals

The county hospital first opened its doors in December, 1950. It is a 40 bed hospital with nine physicians on the active staff. This includes three physicians from the proprietary hospital, who rarely avail themselves of the county hospital's facilities. One physician in the county seat uses both hospitals, but has his office in the proprietary hospital. Another physician located in a near-by village also uses both hospitals as well as a hospital outside the county. In addition to those physicians mentioned there is a physician in a near-by village, who has never joined the staff, although he is eligible for membership.

One of the weak spots of the county hospital may be seen in the fact that the average occupancy for the hospital is only 14 patients per day. The average length of stay is 4.6 days and the average cost per patient is \$25.56.

The staff of the county hospital includes thirty-three regular employees, of which eight are registered nurses. A major problem with which the hospital has had to cope is the rapid turn over of the nursing staff.¹ The hospital has also had the problem of being over-staffed during slack periods and under-staffed during busy periods.

The proprietary hospital is equipped with 19 beds and a staff of 16. There are four physicians on the staff, although all physicians in

1. The secretary to the administrator noted that the rapid turn-over of nurses damaged the public relations since it destroyed any close personal relationship with patients which might have developed over the years.

the county are invited to use the facilities. The hospital also has three registered nurses on its staff. Two of the three registered nurses are Negroes. The average occupancy is 12 patients and the cost per patient and length of stay is approximately the same as that of the county hospital.²

The proprietary hospital was first opened in 1947 and at that time it was the only hospital in the county. The hospital is now owned by two physicians who have their offices in the building. The original owner and still the major partner in the hospital is a physician of long standing in the community. He has served the county for 34 years and was preceded by his father who was also a physician. One user of the proprietary hospital stated, "His name has become synonymous with doctor in this county."

Of the two hospitals the county hospital appears to have a nicer plant and is generally conceded to have better equipment. The county hospital has maintained accreditation with the Mississippi Hospital Association since 1957. Nevertheless the county hospital has never been able to pay its own way, largely due to a lack of patients.

Acceptance of the County Hospital by the Community

Introduction

One of the main focal points of the overall project, of which this thesis is only a small segment, has been determining the acceptance of the Hill-Burton hospital by the community of which it is a part. The term acceptance in this thesis will be used in the manner in which

2. The hospital administrator of the proprietary hospital was unable to give exact statistics in these areas.

Windham and Loftin indicated in their paper read at the 1960 meeting of the Southern Sociological Society.³

Gerald O. Windham and Marion T. Loftin cited three single item indexes of acceptance in their paper which was read at the annual meeting of the Southern Sociological Society in 1960. These are: "(1) use of hospitals, (2) likes and dislikes toward hospitals in general, and (3) likes and dislikes of specific hospitals."⁴ Feeling that a single item index was inadequate, the authors constructed a multiple item index which was used to measure acceptance in this project.

The index consists of seven attitude items which were arranged in such a manner as to represent a continuum from merely thinking about the county hospital to active support through use.⁵ These questions were designed to ascertain the general attitudes held by the respondents toward the county hospital.

3. Windham and Loftin, op. cit., p. 3.

4. Ibid., p. 4.

5. These questions were: (1) Generally speaking, do you think this community or county has any institutions of which a community of this size could really be proud; (2) If an outstanding person from another state came to this community and asked you to show him your outstanding institutions which one would you show him first, (the respondent was to name six in all); (3) Generally speaking, how do you think the local hospital compares with hospitals in communities of similar size from the point of view of general appearance; (4) How do you think the local hospital compares with these same hospitals from the point of equipment, services offered, etc., (in questions 3 and 4, the respondents were to check one of the following answers; better, as good, not as good, much worse, can't say), (5) The next question asked the respondent to recommend a hospital to a newcomer with a gallstone condition; (6) This question asked the respondent which hospital she would use for a heart condition; (7) The respondent was asked if she would vote for a bond issue to improve the hospital.

Table 1 shows the per cent and number of the respondents who fell into each of the eight categories, (which range from having no favorable attitudes toward the hospital, to persons having seven favorable attitudes toward the hospital).

Table 1. Number and Per Cent of Persons Interviewed with Scores From Zero to Seven on the General Acceptance Index.

Scores on General Acceptance Index	Number of Respondents	Per Cent
0	8	5
1	11	7
2	19	13
3	33	22
4	31	21
5	28	19
6	14	9
7	6	4
Total	150	100

Acceptance and Use of the County Hospital

There seems to be a very close relationship between acceptance of the county hospital and previous use of the hospital, as is indicated in Table 2.

It may be noted that respondents who scored high on the acceptance index were individuals who had had previous contact with the hospital, whether through personal use or through a member of the family who had used the hospital. Individuals who indicated the least acceptance of the hospital were generally those who had neither used the county hospital personally, nor had contact with the hospital through a hospitalized

family member. These findings are very similar to the findings of a hospital study in New Jersey, which found that about nine out of every ten persons interviewed had a favorable overall opinion of the hospital which they knew best.⁶ Thus it may be concluded that the respondents who had had previous contact with the hospital were more likely to express a more favorable attitude toward the county hospital than those individuals who had had no previous contact.

Table 2. Classification of Respondents by Use and Scores on the Hospital Acceptance Index.

Use of County Hospital	Scores Made on the Hospital Acceptance Index					
	0-2		3-4		5-7	
	No.	%	No.	%	No.	%
Used County Hospi- tal Personally	6	16	13	20	24	49
Family Member Used County Hospital	8	22	17	27	14	29
Never Used County Hospital	23	62	34	53	11	22
Totals	37	100	64	100	49	100

$$\chi^2 = 18.79$$

$$d. f. = 4$$

$$P. .001$$

Acceptance of the County Hospital and Level of Living

In addition to the finding indicated in Table 2, it was found that a close relationship existed between level of living and acceptance of

6. Opinion Research Corporation, New Jersey Residents Talk About Their Hospitals. Princeton, New Jersey: An Opinion Survey for New Jersey Hospital Association, March 8, 1955, p. ii.

the county hospital. Individuals who scored high on the level of living index also tended to have a more favorable attitude toward the county hospital than those who scored low, as may be seen in Table 3.

Table 3. Classification of Respondents by Level of Living Scores and Scores Made on the Acceptance Index.

Level of Living Index*	Scores Made on Acceptance Index					
	0-2		3-4		5-7	
	No.	%	No.	%	No.	%
0	2	5	2	3	-	-
1	5	14	3	5	6	12
2	2	5	2	3	3	6
3	3	8	6	9	5	10
4	2	5	6	9	4	8
5	4	11	4	6	7	14
6	5	14	8	13	6	12
7	6	16	10	16	7	14
8	5	14	12	19	8	16
9	3	8	11	17	3	6
Total	37	100	64	100	49	98**
$\chi^2 = 6.93$			d.f. = 6***		P. 50	

*Level of living was measured by a nine-item index which included: telephone, vacuum cleaner, bathroom, automatic washer, separate freezer, hardwood floors, separate dining room, subscription to daily newspaper, and subscription to two or more popular magazines.

**It may be noted that the total does not always equal 100 per cent as a result of the rounding process. This will be true throughout the remainder of the thesis.

***In order to use a chi square test of significance it was necessary to combine 0-2; 3-4; 5-6; and 7-9.

Level of living was the only factor which was statistically related to acceptance of the county hospital. Windham and Loftin perceived that given enough cases acceptance may also be related to such class-related factors as "education, type of employment, and certain qualitative aspects of formal social participation."⁷ There were, however, no other factors which were significantly related to acceptance.⁸

It may be noted that acceptance is a construct which is extremely difficult to measure. This is largely due to the fact that people are often quick to express an opinion on something important, and this opinion is generally favorable.⁹ However, when acceptance is measured by this index, there does appear to be a close relationship between use and acceptance of the county hospital.

Satisfaction With the County Hospital

Satisfaction with the county hospital was measured by an eight item index designed to ascertain satisfaction with the county hospital's facilities and services by respondents who had either used the hospital personally or had visited in the hospital.

As Expressed by Rural White Housewives in the County

Table 4 classifies the respondents according to their scores on the satisfaction index. It may be noted that nine respondents were not

7. Windham and Loftin, op. cit., p. 9.

8. A thorough discussion of other factors and their association with acceptance is given in a work by Gerald O. Windham, Marion T. Loftin, and Elisabeth J. Stojanovic, Attitudes Toward a New Hill-Burton Hospital in a Northeast Mississippi County, State College: Mississippi State University, Preliminary Report in Sociology and Rural Life No. 16, February, 1961.

9. Walter G. Partlow and Stanley L. Payne, "A Tool for Evaluating Company-Community Relations", The Public Opinion Quarterly, Vol. 13, No. 3, Fall, 1949, p. 405.

tested on this index since they had never been inside the county hospital.

The figures in the table indicate an overwhelming satisfaction with the hospital. It seems that many people are often prone to complain about the hospital and its service while they are patients in the hospital, but most of them, once they are restored to good health, are complimentary toward the hospital.¹⁰

Table 4. Classification of Respondents Who Had Had Personal Contact with the County Hospital by Scores Made on the Satisfaction Index.

Satisfaction Index*	Number of Respondents	Per Cent
0	1	1
1	0	-
2	1	1
3	2	1
4	9	6
5	14	9
6	27	18
7	43	29
8	44	29
Does Not Apply	9	6
Total	150	100

*The Satisfaction Index is made up of eight specific questions concerning satisfaction with various aspects of the hospital. These included: beds, bathrooms, personnel, nurses, cleanliness, visiting hours, quietness, and treatment received from the business office.

The questions used in the interviews were not designed to test the emotional reactions of the respondents upon being admitted to the

10. Paul B. Sheatsley, "Public Attitudes Toward Hospitals," Hospitals, Vol. 31, No. 10, May 16, 1957, p. 47.

hospital. Nevertheless it has been observed by several authors that one of the primary needs of a hospitalized individual is a feeling of security, and unless this need is met the patients will be highly dissatisfied. Ernest Dichter, in a series of three articles for The Modern Hospital,¹¹ Rose Laub Coser in a journal article for Social Problems,¹² and Talcott Parsons in his book The Social System,¹³ observe that most patients revert to a childlike stage shortly after admittance to the hospital. The patient then desires a similar amount of care given to a child. This desire must be met if the patient is to be fully satisfied.

The schedule used in the interviews did not question the respondents' satisfaction with the physician. Earl Lomas Koos in his four-year study in New York, however, found that much of the dissatisfaction expressed by the respondents actually stemmed from poor communication between the physician and the patient. Koos expressed the feeling that the physicians built up an "artificial" barrier between themselves and the patients.¹⁴

11. Ernest Dichter, "A Psychological Study of the Hospital-Patient Relationship: What the Patient Really Wants from the Hospital," The Modern Hospital, Vol. 83, No. 3, September, 1954, pp. 51-54, 136. Ernest Dichter, "A Psychological Study of the Hospital-Patient Relationship: The Patient's Greatest Need is Security," The Modern Hospital, Vol. 83, No. 4, October, 1954, pp. 56-58, 134. Ernest Dichter, "A Psychological Study of the Hospital-Patient Relationship: 'How 'Secure' is Your Hospital?'" The Modern Hospital, Vol. 83, No. 5, November, 1954, pp. 61-63.

12. Rose Laub Coser, "A Home Away From Home", Social Problems, Vol. 4, No. 1, July, 1956, pp. 3-17.

13. Talcott Parsons, The Social System, Glencoe, Illinois: The Free Press, 1951, pp. 439-447.

14. Koos, op. cit., p. 77.

The majority of the complaints about the county hospital were in two areas: visitation and noise in the hospital. Thirty-eight respondents indicated dissatisfaction with the visiting in the hospitals, but the major complaint was not with the visiting hours as such, but rather the lax enforcement of the visiting hours. Twenty-seven respondents complained about an excess of noise in the hospital. Next in order among the complaints were those centering around the business office and the food.

Generally most respondents were reluctant to express any complaints which they had. Persons who had never been patients in the hospital tended to show dissatisfaction with the visiting hours and the noise in the halls.

Satisfaction as Expressed to the Physicians And Hospital Administration

The most frequent complaints which the respondents made to the physicians were: staph disease in the hospital, and the high costs. The latter was one of several complaints against the business office. Very closely akin to the "high costs" complaint, were the complaints of coldness and "money-mindedness" of the office.

The hospital administrator noted that complaints about the high costs constituted the most frequent area of dissatisfaction expressed to him personally. The three members of the board of trustees who were interviewed indicated that the most frequent complaint directed to them or overheard by them concerning the hospital, was a complaint about the prices.

Satisfaction as Expressed by the Hospital Auxiliary
And The Board of Trustees

Those individuals who had dealings rather frequently with the hospital administrator were the persons more likely to make the administrator the target of their complaints. This was especially true of the hospital auxiliary and the members of the board of trustees. The role of the administrator, the hospital auxiliary and the board of trustees in hospital-community relations will be discussed in a later chapter, and is mentioned here only to indicate an area of dissatisfaction with the county hospital.

Summary

From the preceding it may be concluded that the respondents who had used the county hospital were generally well satisfied with the hospital. Most respondents were reluctant to indicate any general dissatisfaction with the county hospital. Without doubt the respondents were much more prone to express favorable opinions about the county hospital. The physicians, the hospital auxiliary, and the board of trustees gave strong evidence of dissatisfaction with the hospital administrator.

If Dichter, Coser, and Parsons are correct in their observations concerning the patient's main need as being a feeling of security, and there is every reason to believe that they are correct, then the county hospital is obviously meeting this need. The question, however, which this author raises, is, what happens when two hospitals in the community meet this basic need? What then becomes the major criteria in the choice and use of a particular hospital? This is the question with which the following two chapters shall deal.

CHAPTER IV. CHARACTERISTICS OF THE RESPONDENTS IN
RELATION TO THE TYPE OF CONTACT
WITH THE COUNTY HOSPITAL

Introduction

It is the position of this thesis that the choice and use of one hospital in preference to another cannot satisfactorily be explained by the objective characteristics of the persons involved. In order to test this hypothesis, twelve characteristics, most of which had been proven in other studies to be highly related to the use of hospitals in general, were tested to determine their relationship to the use of a particular hospital.

The overall project has been concerned with the relations between the Hill-Burton hospital and the community in which it is located. For this reason the interviews were structured in such a manner as to focus attention on the use of the county hospital. Such a situation necessitates that the tables and discussions found in this chapter be more concerned with the use of the county hospital.

This chapter serves as a report on the findings obtained when these twelve factors were related to the type of contact which the respondents had had with the county hospital. The respondents were divided into three mutually exclusive groups: (1) respondents who had used the county hospital personally, (2) respondents who had had contact with the county hospital through a family member who had been a patient there, and (3) respondents who had neither used the county hospital, nor had a family member who had used it.

Table 5. Classification of Respondents By Type of Contact With the County Hospital.

Type of Contact With The County Hospital	Respondents	
	Number	Per Cent
Used County Hospital Personally	43	29
A Member of the Family Used the County Hospital	39	26
Never Used the County Hospital	68	45
Totals	150	100

Table 5 indicates that approximately 55 per cent of the respondents had had contact with the county hospital, either through personal use or through a family member who had used this hospital. Twenty-nine per cent of the respondents had used the county hospital personally, and 26 per cent had had contact with the hospital through the hospitalization of a family member. Despite the fact that the county hospital had been in operation for 10 years, 45 per cent of the respondents had neither used the county hospital personally nor had a family member who had used it.

It is the contention of this work that it would be unwise to combine the individuals who had used the county hospital personally with those whose family members had used it. There appears to be two main types of patients in the group designated, "use of the county hospital by a family member." In this group there are persons who consider the county hospital to be "their hospital", in the sense that this is the hospital which the members of the family would choose in the event of hospitalization for any medical attention. At the same time there are

many families represented in this group which would ordinarily use the proprietary hospital. In this latter group the member of the family who used the county hospital often did so for surgery or in time of an emergency when the proprietary hospital was filled. This same division existed on a minor scale among the ones who had used the hospital personally. Thus combining these two groups would destroy any homogeneity which may have existed in the group of respondents who had used the hospital personally.

Characteristics Related to the Type of Contact
With the County Hospital

Location of the Respondent's Residence

It was observed by Loftin and Galloway that the location of the residence, especially in terms of distance from the hospital, was highly related to the use of hospitals.¹ It was suspected that the location of the family residence might also be related to the type of contact with the county hospital. This suspicion was not confirmed by the findings indicated in Table 6.

Beat one had the largest percentage of respondents who had used the county hospital personally and beat four had the smallest percentage, largely due to the smaller number of respondents interviewed from this beat. However, the table rather clearly indicates that there is little difference in the use of the county hospital among the respondents according to the location of the family residence.

1. Loftin and Galloway, op. cit., p. 78.

Table 6. Classification of the Respondents by the Type of Contact With the County Hospital and Location of Residence.

Beat Number	Personal use of County Hospital		Use of County Hospital by some member of family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
1	14	33	9	23	12	18	35
2	12	28	8	21	22	32	42
3	6	14	8	21	12	18	26
4	5	12	8	21	8	12	21
5	6	14	6	15	14	21	26
Totals	43	101	39	101	68	101	150
$\chi^2 = 7.43$ d. f. = 8 P. 50							

The Age Factor

In a study made by Robert B. Sheatsley, involving over 2,000 respondents throughout the nation, there was an attempt to ascertain the readiness of individuals to go to a hospital.² He found that age was the most highly correlated factor to the type of answer given. The data indicated that two-thirds of the younger group (under 30) disagreed with the statement "nobody should go to a hospital unless there's just no other way to take care of him properly." On the other hand, two-thirds of the older age group, 65 and over, agreed with that same statement.

The majority of the respondents interviewed in this study were over 40 years of age. This fact then tended to make a more homogeneous group with respect to age. The fact that the respondents were generally

2. Sheatsley, op. cit., p. 48.

older would seemingly indicate that there would be a greater use of the hospitals, since older persons require more hospitalization.³

Table 7. Classification of the Respondents by the Type of Contact With the County Hospital and Age.

Age or the Res- pondent	Personal use of the County Hospital		Use of the County Hospital by some member of the family		Never used County Hospital		Total
	No.	%	No.	%	No.	%	
10-19	0	-	1	3	3	4	4
20-29	5	12	2	5	6	9	13
30-39	12	28	11	28	17	25	40
40-49	7	16	9	23	15	22	31
50-59	9	21	9	23	13	19	31
60-69	5	12	5	13	11	16	21
70 and over	5	12	2	5	3	4	10
Totals	43	101	39	100	68	99	150
<hr/>							
$\chi^2 = 7.57$		d. f. = 10*			P. 70		

*The age groups "10-19" and "20-29" were combined for the purpose of using chi square.

Table 7 indicates that there is very little difference with respect to age between persons using the county hospital rather than some other hospital. It does, however, indicate that a higher percentage of respondents 70 years old or older tend to use the county hospital. Considering all the respondents who are 60 years of age or older as being in

3. Harold F. Kaufman, "Use of Medical Services in Rural Missouri", Columbia Missouri A. E. S. Research Bulletin 400, Columbia, Missouri, April, 1946, p. 2.

the older group, the percentages are about equal. Twenty-three per cent of those respondents who have used the county hospital are 60 or over. Almost 21 per cent of the respondents who had never used the county hospital were 60 or over.

There also appears to be little difference between the respondents who are under 40 years of age and the type of contact with the county hospital. It may be observed that 39 per cent of the respondents who had used the county hospital personally were under 40 years of age, 36 per cent of the respondents who had family members who had used the county hospital were under 40, and 38 per cent of the respondents who had never used the county hospital were in this same category.

The data in this study indicate that age is not necessarily an important factor in selecting a hospital.

Length of Residence in the Present House

It was hypothesized that individuals who had lived in the community for the longest period of time would be more likely to state that they had never used the county hospital. This hypothesis was developed by talking with individuals in the community and through informal talks with researchers who had past experience in the health study involving this county.

Table 8 substantiates this hypothesis in part. It may be noted that 50 per cent of the persons who had never used the county hospital had lived in the same house for over 10 years, but only 35 per cent of the respondents who had used the hospital personally had lived in the present house for 10 years or over. At the same time

almost 54 per cent of the respondents who had family members who had used the county hospital had lived in their present house for 10 years or more.

Table 8. Classification of Respondents by Type of Contact With the County Hospital and Length of Residence in Present House.

Length of Residence in Present House	Personal use of the County Hospital		Use of the County Hospital by some other member of the family		Never used County Hospital		Total
	No.	%	No.	%	No.	%	
Under 1 year	3	7	3	8	6	9	12
1-2 years	9	21	2	5	7	10	18
3-4 years	4	9	6	15	11	16	21
5-6 years	10	23	1	3	5	7	16
7-9 years	2	5	6	15	5	7	13
10 years and over	15	35	21	54	34	50	70
Totals	43	100	39	100	68	99	150
$\chi^2 = 23.37$ d. f. = 10 P. .02							

Twenty-eight per cent of the respondents who had used the county hospital personally had lived in their present house less than three years. Only 19 per cent of the respondents who had never used the county hospital had lived in their present house for less than three years.

The findings from this table gave a clue that tradition was quite probably entering the picture. This factor will be discussed in greater detail in the following chapter which deals with the non-quantitative factors related to the choice of a hospital.

Previous Residence of Respondent

A factor which was felt to be closely allied with the number of years in the present house was the previous residence of the respondent. Talks with the hospital administrator, his secretary, and persons affiliated with this project led to the development of the hypothesis that persons moving into this county from another county or state would be more likely to use the county hospital than the proprietary hospital or some other hospital in a nearby county. Table 9 provided little evidence to accept such a hypothesis. The table is more indicative of the stability which is found in the rural areas of the county.

Table 9. Classification of the Respondents by Type of Contact With the County Hospital and Location of Previous Residence Before Moving into the Present House.

Location of Family Residence Before Occupancy of Present House	Personal Use of County Hospital		Use of the County Hospital by some member of family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
Always lived in present house	1	2	2	5	9	13	12
Another house, same community	20	47	21	54	29	43	70
Another community, same county	14	33	8	21	13	19	35
Another county	7	16	5	13	10	15	22
Another state	1	2	3	8	7	10	11
Totals	43	100	39	101	68	100	150

$$\chi^2 = 9.67$$

$$d. f. = 8$$

$$P. 30$$

Table 9, as did the preceding table, indicates that persons who have lived in their present house for the longest period of time are less likely to have used the county hospital. Contrary to that which was hypothesized, a higher percentage of the respondents who had moved into the county from another county or state had never used the county hospital than had used it personally or had contact with it through a hospitalized family member.

The Education Factor

Loftin and Galloway found education to be an important factor in the use of general hospitals. Their data indicated that in families in which the housewife had nine years or more of formal education, there was a much greater use of the hospitals than in families in which the housewife had less than nine years of education. In fact the members of the families in which the housewife had more than nine years of education spent nearly 40 per cent more days per 1,000 persons in a general hospital, than families whose female head had less than nine years.⁴

The figures in Table 10 indicate a higher percentage of persons with less than nine years schooling falling in the category of never having used the county hospital. From the findings of Loftin and Galloway, as well as other studies, this is to be expected. Some of these respondents have never used any hospital.

It may also be noted that 28 per cent of the respondents with 13 to 15 years of education have never used the county hospital. On the other hand 16 per cent of the respondents who have finished college had used the county hospital.

4. Loftin and Galloway, op. cit., pp. 72-73.

Table 10. Classification of Respondents by the Type of Contact With the County Hospital and Years of Education.

Years of Education	Used the County Hospital personally		Use of County Hospital by some member of the family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
0-8 years	6	14	7	18	13	19	26
9-12 years	22	51	24	62	30	44	76
13-15 years	8	19	4	10	19	28	31
16 years or over	7	16	4	10	6	9	17
Totals	43	100	39	100	68	100	150

$$\chi^2 = 7.43$$

$$d. f. = 6$$

$$P. 30$$

The respondents who have used the hospital personally and those who have never used it are almost evenly divided when one draws the line at 12 years of education. Sixty-five per cent of the respondents who have used the county hospital have had at least 12 years of education, and 63 per cent of those individuals who have never used the county hospital have at least 12 years of education.

The real difference is seen in the group of respondents whose contact with the county hospital stems from having a family member who used it. It may be noted in a later table that this group has the highest percentage of persons with a low income. This would lead this author to suspect that many of these respondents with less than eight years of schooling are charity patients and use the proprietary hospital for this reason.

The Influence of Three Channels of Communication

It has been observed that most people do not form an opinion toward the hospital on the basis of what they read or hear, but rather on the basis of their own personal experience.⁵ Nevertheless, an earlier study of this same county found that persons who remembered having read something in the local paper about the county hospital tended to express more favorable attitudes toward the hospital.⁶

Three different channels of communication were tested to ascertain their relation to the type of contact with the county hospital. These three were: (1) the influence of the local paper, (2) the influence of a club meeting program, and (3) the influence of an employee of the county hospital.

The members of the Hospital Auxiliary and hospital administrator mentioned the use of the local newspaper to promote better relations between the hospital and the community. In an attempt to discern the role of the local newspaper in determining the hospital to be used, the respondents were asked if they remembered reading anything in the local paper concerning the county hospital. Table 11 provides a summary of the answers to this question.

It may be observed that less than 50 per cent of the respondents remembered reading something about the county hospital in the local paper. By noting the table it may be surmised that the influence of the paper is negligible. At the time of the study, the county had only a weekly paper,

5. "The Public Likes Doctors Better than Hospitals", The Modern Hospital, November, 1958, Vol. 91, No. 5, p. 65.

6. Windham, Loftin, and Stojanovic, op. cit., p. 14.

and with the situation of two hospitals in the same community it was virtually impossible for the editors to over-publicize one hospital at the risk of offending the users and management of the other hospital.

Table 11. Classification of Respondents by Type of Contact With the County Hospital and Whether They Have Read Something in the Local Paper About the County Hospital.

Read Something about the Hospital in the Local Paper	Personal Use of County Hospital		Use of the County Hospital by Some Member of the Family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
Yes	16	37	16	41	31	46	63
No	27	63	23	59	37	54	87
Totals	43	100	39	100	68	100	150

$$\chi^2 = .76$$

$$d. f. = 2$$

$$P. 70$$

Table 12 denotes the role of the second channel of communication, that of the club meeting program, which was tested to determine its relation to the type of contact with the county hospital.

Table 12. Classification of Respondents by the Type of Contact With the County Hospital and Whether They Have Heard the County Hospital Discussed as Part of the Program at a Club Meeting.

Attend Club Meeting at Which the County Hospital Was Discussed as Part of the Program	Personal Use of County Hospital		Use of County Hospital by Some Member of the Family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
Yes	11	26	7	18	18	27	36
No	32	74	32	82	50	74	114
Totals	43	100	39	100	68	101	150

$$\chi^2 = 1.01$$

$$d. f. = 2$$

$$P. 70$$

Table 13. Classification of Respondents by Type of Contact with the County Hospital.

There appears to be little relation between having heard a discussion of the county hospital at a club meeting and the type of contact with the county hospital. The respondents who have used the hospital personally and those who have never used it are almost evenly divided with respect to having heard such a discussion. The large majority of the respondents who have had contact with the county hospital through a family member have never heard the county hospital discussed formally at a club meeting.

A third source of information concerning the hospital, which was tested in the interviews, is the influence of hospital personnel, excepting physicians, upon the type of contact with the hospital.

Table 13 implies that persons who knew someone employed by the county hospital were more likely to have used the county hospital personally or to have had contact with it through a family member who used the county hospital. Sixty per cent of the respondents who had contact with the county hospital, either personally or through a family member, knew someone who was employed by the county hospital. Forty-four per cent of the respondents who had never used the county hospital knew someone who was employed by the county hospital.

It may be noted by observing Tables 11, 12, and 13 that the factor of knowing someone employed by the county hospital is the most highly related communication factor to the type of contact with the county hospital which was tested.

Table 13. Classification of Respondents by Type of Contact with the County Hospital and Acquaintance with Someone Employed by the Hospital.

Knows Someone Who is Employed by the County Hospital	Personal Use of County Hospital		Use of County Hospital by Some Member of the Family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
No	18	42	15	39	38	56	71
Yes, a good friend	6	14	9	23	5	7	20
Yes, a friend	13	30	10	26	11	16	34
Yes, a Speaking Acquaintance	6	14	5	13	14	21	25
Totals	43	100	39	101	68	100	150
$\chi^2 = 9.46$			d. f. = 6		P. 20		

Personal Health Practices

It has been previously stated in this work that the county hospital is generally conceded to have better facilities and equipment. This thought gave rise to the hypothesis that the users of the county hospital were more conscious of these facilities, and consequently more conscientious about their own personal health practices.

Table 14 displays the fact that for the most part, the respondents are fairly evenly distributed with respect to their own personal health practices. The table also indicates to some degree the amount of health consciousness in the county. From a discussion of this table with a local health department it was discovered that the personal health practices followed by the respondents in this county correspond very closely with the health practices followed in most of the counties in this particular section of the state.

Table 14. Classification of Respondents by the Type of Contact With the County Hospital and Personal Health Practices Followed.

Health Practices Followed	Personal use of County Hospital		Use of the County Hospital by Some Member of Family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
Immunization shots within the past two years	6	14	8	21	10	15	24
Dental Check-up within the past two years	9	21	6	15	15	22	30
Complete medical checkup within the past year	14	33	12	31	12	18	38
Chest X-ray within the past year	13	30	11	28	26	38	50
None of the above	1	2	2	5	5	7	8
Totals	43	100	39	100	68	100	150
$\chi^2 = 6.36$							
d. f. = 8							
P. 50							

There was a higher percentage of persons following none of the health practices in the group which had never used the county hospital. It may well be that these individuals not only eschew the county hospital, but other hospitals as well, as indicated by their low score on the health practices index.

Table 14 connotes the idea that persons who have used the county hospital personally or persons who have never used the county hospital cannot be identified by their personal health practices.

Family Occupational Composition

Loftin and Galloway discovered that the rural non-farm population is more prone to use general hospitals than the rural farm population.⁷ With this in mind, the respondents in this county were classified by the type of contact with the county hospital and the family occupational composition in order to ascertain any difference between the persons who had used the local Hill-Burton hospital, or had a family member who used the county hospital, and those persons who had never used the county hospital.

Table 15. Classification of Respondents by Type of Contact With the County Hospital and Family Occupational Composition.

Family Occupational Composition	Personal use of County Hospital		Use of County Hospital by Some Member of the Family		Never used County Hospital		Total
	No.	%	No.	%	No.	%	
Rural Farm Family	11	26	19	49	34	50	64
Rural Nonfarm Family	32	74	20	51	34	50	86
Total	43	100	39	100	68	100	150
<hr/>							
$\chi^2 = 7.18$		d. f. = 2		P. .05			

By observing Table 15, it may be noted that 74 per cent of the respondents who stated that they had used the county hospital were from rural nonfarm families. Respondents who had never used the county hospital were evenly divided, with 50 per cent of the respondents being from

7. Loftin and Galloway, op. cit., p. 65.

rural farm families and 50 per cent from rural nonfarm families. There is then, a close degree of relationship between the family occupational composition and the type of contact which the respondents have had with the county hospital.

It may be concluded that respondents from rural nonfarm families are more likely to have used the county hospital and respondents from rural farm families are more likely to have never used the county hospital.

Level of Living of the Respondents

It has been noted in several health studies, that level of living is a very important factor when related to the total number of days spent in a hospital per year.⁸ For this reason level of living was introduced to ascertain its role in the present problem.

As indicated in Table 16, there was found to be a low degree of relationship between level of living and the type of contact with the county hospital.

Forty-six per cent of the respondents who have used the hospital personally would fall in the highest group, and 41 per cent of the respondents who have a family member who has used the hospital would fall in the same category. At the same time, almost 43 per cent of the respondents who have never used the county hospital would fall in the group scoring highest on the level of living index.

See for example, Koos, op. cit., and Loftin and Galloway, op. cit.

Table 16. Classification of Respondents by Type of Contact With County Hospital and Level of Living.

Level of Living Index*	Personal use of County Hospital		Use of County Hospital by Some Member of Family		Never used County Hospital		Total
	No.	%	No.	%	No.	%	
0	0	-	2	5	2	3	4
1	3	7	5	13	6	9	14
2	2	4	1	2	4	6	7
3	6	14	3	8	5	7	14
4	2	5	5	13	5	7	12
5	5	12	5	13	5	7	15
6	5	12	2	5	12	18	19
7	8	19	6	16	9	13	23
8	7	16	5	13	13	19	25
9	5	12	5	13	7	10	17
Totals	43	101	39	101	68	99	150

$$\chi^2 = .42$$

$$d. f. = 4^{**}$$

$$p. 98$$

*The Level of Living Index is the same as that used in Chapter III.

**In order to use chi square 0 through 3; 4-6; and 7-9 were combined.

Twenty-five per cent of those respondents who have used the county hospital personally, 28 per cent of those who have a family member who has used the county hospital, and 25 per cent of the respondents who have never used the county hospital made scores of three or below on the level of living index.

Thus, it may be stated that level of living does not play a major role in distinguishing persons who have used the county hospital

from those who have not.

Total Income of the Respondents' Family

Closely related to level of living is the total family income. Table 17 indicates that the distribution of the respondents is about the same as that which existed in Table 16, with one exception. The respondents who have a member of the family who has used the county hospital have a higher per cent of persons in the lowest income group than is true of the other two groups of respondents.

The respondents vary only slightly from one group to another with respect to the total income, with the one exception which has been noted. It is believed, that this group of respondents who have a small income are charity patients and used the proprietary hospital themselves.

Table 17. Classification of Respondents by the Type of Contact With the County Hospital and Total Family Income.

Total Income Per Year	Personal Use of County Hospital		Use of County Hospital by Some Member of the Family		Never Used County Hospital		Total
	No.	%	No.	%	No.	%	
Under \$500	0	-	0	-	1	2	1
\$500-999	3	7	5	13	4	6	12
\$1000-1999	3	7	6	15	6	9	15
\$2000-2999	5	12	2	5	6	9	13
\$3000-3999	7	16	4	10	12	18	23
\$4000-4999	6	14	6	15	8	11	20
\$5000 & over	19	44	16	41	31	46	66
Totals	43	100	39	99	68	101	150

$$\chi^2 = 3.28$$

$$d. f. = 4^*$$

$$P. 70$$

*In order to use chi square incomes ranging from under \$500-1999 and \$2000-4999 were combined.

The preceding tables, Tables 14 and 15, give evidence to the hypothesis that neither level of living nor income is related to the use of the county hospital.

Summary

There appear to be very few distinctive objective characteristics which may be used to distinguish the type persons who have used the county hospital personally from the person who has never used the county hospital. Only length of residence in the present home and family occupational composition proved to be statistically significant when related to type of contact with the county hospital.

The findings illustrated in this chapter tend to add evidence to the hypothesis that the objective characteristics of these respondents do not satisfactorily explain the choice of a particular hospital. The next chapter is devoted to a description of those nonquantitative factors which appear to be more closely related to the choice of a particular hospital.

CHAPTER V. CHARACTERISTICS OF RESPONDENTS AS RELATED TO FACTORS INVOLVED IN THE CHOICE OF A HOSPITAL AND REASONS FOR THE CHOICE

Introduction

In this thesis, the position is taken that the factors which motivate the choice of a hospital stem from factors and emotions which lie beneath the surface. It is necessary to go beyond such objective characteristics as age, income, and education to ascertain the basis upon which persons choose a hospital. Throughout the preceding chapter it was noted that there are many quantitative factors which play a major role in the amount of use of hospitals in general, but that these same factors do not satisfactorily account for the choice of a particular hospital.

This chapter is devoted to an attempt to discover the factors, which in this county, appear to be related to the choice of either the county hospital or another hospital. Most of the information was supplied by raw data in the form of answers to open-end questions.

It has been observed that most people no longer have a great fear of hospitals, as was true in years past. Having lost much of the fear and dread of hospitals, the majority of the population now accepts hospitalization when such medical care is needed.¹ In a doctoral dissertation, Lewis Jones noted that in some rural areas, especially among Negroes, the major choice is not the hospital to be used, but

1. Sheatsley, op. cit., p. 47.

whether to accept hospitalization at all.² Such a situation is a carry-over from a period in which the hospital was avoided on the grounds that it was a death house. This situation, no doubt, still exists among the poorer whites and Negroes. The feeling of avoiding hospitals altogether was not prevalent among the respondents in this study and only one person exhibited real animosity toward hospitals in general.

Choice of Hospital for a Heart Condition

The respondents were asked which hospital they would recommend for a person with a gallstone condition. They were then asked which hospital they would use for a heart condition, and why. The respondents were free to choose any hospital they desired, and not limited to the two hospitals within the county.

The raw data from the answers to the second question were analyzed and it was found that the answers could be fitted into one of four categories. The respondents tended to choose a hospital on the basis of one of the following: (1) Loyalty to the doctor, (2) Past experience with the hospital, (3) Better facilities, and (4) Recommendation of the physician.

The figures in Table 18 are somewhat misleading. The reader may observe that the total number of respondents who would choose the

2. Lewis W. Jones, "Medical Care Practices in Four Rural Neighborhoods: A Study in Choice Alternatives", a doctoral dissertation, (Columbia, New York: Columbia University, 1955).

county hospital corresponds exactly with the total number of respondents who had used the county hospital. This is purely a coincidence. Not all the respondents who indicated that they had used the hospital personally stated they would choose the county hospital for a heart condition. On the other hand, some of the respondents who had recently moved into the community had never used the county hospital, but stated that they would go to the county hospital to ask for the recommendation of the best hospital for a heart condition. Of the 21 respondents who indicated that they would choose some hospital other than the county hospital on the basis of the physician's recommendation, 12 stated that they would procure the recommendation from a physician on the staff of the county hospital.

Table 18. Classification of Respondents by the Choice of Hospital for a Heart Condition and the Nonquantitative Factors Behind the Choice.

Nonquantitative Factors	County		Other		Total
	No.	%	No.	%	
Loyalty to the Physician	7	16	52	49	59
Past Experience with the Hospital	8	19	16	15	24
Better Facilities	21	49	18	17	39
Recommendation of the Physician	7	16	21	20	28
Totals	43	100	107	101	150
<hr/>					
$\chi^2 = 20.64$		d. f. = 3		P. .001	

A study in New York State revealed that the majority of the public evaluates the hospital by its physicians. They felt that the best thing about hospitals is the physicians and the worst aspect is the arrangement for paying bills.³

The interviews in the present study disclosed the evidence that many users of the proprietary hospital had a deep attachment to the major partner in the proprietary hospital. Many respondents indicated that they would feel that they were being disloyal to this physician if they were to choose another hospital.

This physician is a very pleasant man in his early sixties. As was stated earlier, his father was a physician in the county before him, and he originally built the proprietary hospital. The statement that his name is synonymous with the name doctor, is literally true for many people in the county. This is especially true of those individuals who have lived in the county for many years themselves. He has gained a stalwart following in many rural areas of the county, and one interviewer noted that the entire interview consisted of little more than listening to the respondent praise this particular physician.

Most of the physicians who serve the county hospital are relatively young (under 40 years of age) and it appears that few of them command nearly as much respect as does the major partner in the proprietary hospital. Nevertheless seven persons indicated that they would choose the county hospital largely because "their doctor" is there.

3. "The Public Likes Doctors Better than Hospitals", op. cit., pp. 65-66.

As was stated in the preceding chapter, there are 43 respondents who had used the county hospital personally and 39 who had a family member who used the hospital. However, only eight persons would choose the county hospital because of past experience. Sixteen respondents would choose some other hospital on the basis of past experience. The most common statements made were, "I've never used any other hospital," or "My husband had the same trouble and they helped him."

Nine of the respondents who indicated that past experience with the hospital was the major reason in their choice, stated they would use the proprietary hospital, six stated that they would choose a hospital in a neighboring county, and one stated she would choose the Baptist Hospital in New Orleans.

The factor which appeared most frequently among the persons who would choose the county hospital was the indication that the county hospital had better facilities and equipment. Only two persons chose the proprietary hospital because they felt it had better facilities. Sixteen persons indicated that they would go to a specialist, and thus were classified with the respondents who would make their choice on the basis of better facilities.

Twenty-eight respondents indicated that they would seek the advice and recommendation of a physician before making a choice. There were seven respondents who noted that they would go to the county hospital, and if they needed to be transferred to another hospital, they could trust their physician to make a recommendation that they do so. As has been indicated earlier, 12 persons who would choose a hospital

other than the county hospital stated that they would make their choice on the recommendation of a physician who serves the county hospital. Nine persons would go to the proprietary hospital to get the advice of one of the physicians on the staff there.

There appears to be two kinds of trust involved in the choice of the hospital. Many of the persons who stated that they would choose the proprietary hospital indicated a trust in their physician's ability to treat them. On the other hand, many respondents who would choose the county hospital exhibited a trust in the physician's judgment in recommending the best hospital.

Returning to the observation made by Parsons, Dichter, and Coser, it may well be true that each of these respondents made her choice on the basis of the security which the hospital held for her. It is quite possible to observe this desire for security in almost every response which the respondents made to this question.

The study made in New York State by The Modern Hospital asked their respondents if they felt that some hospitals were better than others, or if they were all about the same. Eighty per cent stated that they thought that there were some hospitals which they considered better than others. When asked to describe some of the differences, the respondents gave as their most frequent answer a contrast⁴ between city and private hospitals.

4. Ibid., p. 67.

One of the findings by Burling, Lentz, and Wilson was the fact that even in the same town, people discriminate between two hospitals according to "local traditions and history". These same three authors found a situation very similar to the one portrayed in this county. In their study the new hospital was the equal of the old hospital in equipment and services, but the older persons considered it more fashionable to continue to use the old hospital. The new hospital had to depend on recent arrivals to the community for the majority of its business, and was never able to gain very much support from these older families.⁵

These authors found that people in small communities often have long memories, as is true in the community under study. When the county hospital first opened it was forced into the position of having to struggle to pay its debts. This led the hospital to adopt the policy of requiring the patients to pay a deposit upon their entrance to the hospital. This soon gave the hospital the name of being mercenary, and interested only in money. After the hospital realized the ill effect which this policy had upon its community relations, it retracted the policy and no longer asked for a deposit. This change of mind came too late as far as many of the persons in the county were concerned. The proprietary hospital was praised by many persons for its more humanitarian outlook and gained even more loyal support among certain elements. This appears to be especially true in the rural areas of the county.

5. Burling, Lentz, and Wilson, op. cit., pp. 21-22.

Role of Hospital Personnel in Hospital-Community Relations

One of the most frequent statements made by the members of the hospital auxiliary is that the county hospital just seems to run itself. Obviously this hospital does not run itself but is operated and manipulated by its personnel. These are the people who hold the key to hospital-community relations. Burling, Lentz, and Wilson made the observation that the hospital which is full of tension is not one which is conducive to proper rest and recovery by the patients.⁶ Nor is it one which stimulates good community relations. The interviews obtained in the present study disclosed an awareness on the part of the more well informed respondents, of a tension which had previously existed among the personnel of the county hospital.

The personnel must also be able to meet its publics well. J. V. D. Saunders and J. H. Bruening note that the hospital administrator holds the key role from the standpoint of hospital-community relations.⁷ The hospital administrator of the county hospital is pictured by many physicians in the county as being dominated by one of the members of the board of trustees. Many members of the hospital auxiliary describe him as "lazy" and rather hostile toward the hospital auxiliary. He has had rather poor relations with two rural physicians in the county, one of whom he has never met. These physicians seem to have the impression that

6. Ibid., p. 24.

7. Saunders and Bruening, op. cit., pp. 50-51.

the administrator and the hospital are snobbish. However, the administrator is recognized for his efforts in establishing better relations among the hospital personnel. Undoubtedly the hospital administrator is in a position to strengthen the hospital in the eyes of the public, and this administrator can do much to aid his hospital.

Not to be overlooked in its role of aiding hospital-community relations is the board of trustees. Raymond P. Sloan makes a plea to members of the boards of trustees to enlighten the public concerning the hospital and the role of the board of trustees.⁸ The divided situation which exists in the county has made some of the members reluctant to speak out in favor of the hospital, because of a fear of offending someone who uses the proprietary hospital. Two members of the board almost never attend the board meetings and consequently are of little value in bettering the hospital-community relations.

Burling, Lentz, and Wilson found that one of the most potent areas for better hospital-community relations lies in the role of the hospital auxiliary. These authors feel that the contacts which the auxiliary make with the public can lend invaluable service to the hospital.⁹ The members of the hospital auxiliary can be literally bearers of good will toward the hospital, both within and outside of their official capacities at the hospital.

8. Sloan, op. cit., pp. 241-252.

9. Burling, Lentz, and Wilson, op. cit., p. 23.

Henry Southmayd and Geddes Smith emphasize the important role of the leadership of the hospital, by stating that it is the leadership of the hospital which allows it to grow to full stature.¹⁰ Without effective leadership the hospital follows a meandering path, sometimes gaining the favor of the community, and at other times antagonizing it.

Having found those factors which are highly related to the choice of the hospital, another question arises, is it possible to discover factors which will aid in describing the individual who would choose a hospital on the basis of loyalty or one of the other three factors?

Objective Characteristics Related to the Choice of
A Hospital and the Reasons for the Choice

Location of Residence

The first factor discussed is the location of the respondent's residence. There are certain beats in the county which give more support to one hospital than another. It was hypothesized that in those beats in which there was a predominance of long time residents, there would also be a large number of respondents who would choose the proprietary hospital.

Table 19 classifies the respondents by the choice of hospital, the reason given for that choice, and the location of the respondent's home.

10. Southmayd and Smith, op. cit., pp. 16-17.

Table 19. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Location of Residence.

Beat Number	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
1	0	-	13	25	0	-	4	25	8	38	5	28	2	29	3	14	35
2	1	14	16	31	2	25	4	25	6	29	5	28	0	-	8	39	42
3	3	43	5	10	2	25	3	19	2	9	4	22	3	43	4	19	26
4	1	14	4	8	4	50	3	19	4	19	0	-	2	29	3	14	21
5	2	29	14	27	0	-	2	12	1	5	4	22	0	-	3	14	26
Totals	7	100	52	101	8	100	16	100	21	100	18	100	7	101	21	100	150
$\chi^2 = .95$																	
d. f. = 4*																	
P. 95																	

*For the purpose of using chi square, 1, 2, and 3 were combined, as were 4 and 5.

It may be noted that the county hospital drew over 52 per cent of the patients in beat four, and 39 per cent of the patients from beat three. These two beats supplied almost 50 per cent of the total number of patients who said that they would choose the county hospital.

The overwhelming majority of respondents from beats one, two, and five indicated that they would use a hospital, other than the county hospital. Only 10 respondents from beat four stated they would choose a hospital other than the county hospital. Forty per cent of these would choose another hospital on the basis of loyalty to their physician.

Beat five appears to be the weakest area for the county hospital, from the standpoint of the number of respondents from the area who stated that they would choose this hospital for a heart condition. Only 11 per cent of the respondents from this beat indicated that they would choose the county hospital. Of the 23 respondents from this beat who indicated that they would use another hospital, 61 per cent did so on the basis of loyalty to their physician. This beat is composed of many large scale farmers who tend to cling to tradition. This finding was in keeping with the hypothesis that the older, well established rural families tended to use the proprietary hospital. Twenty of the 23 respondents indicated that they would choose the proprietary hospital.

Thus, it may be observed that those people who would choose the county hospital are clustered in two beats, beats three and four, and those respondents who would choose another hospital are found largely in the three remaining beats.

Type of Residence

Table 20 indicates that 91 per cent of the respondents who would choose the county hospital were from the open country. Eighty-three per cent of the respondents who stated they would choose another hospital were from the open country.

The county hospital did not have the support of the persons living in the two villages in which their relations had not been good. Forty-five per cent of the respondents living in a hamlet or village indicated that they would use the proprietary hospital, and 27 per cent indicated that they would choose a hospital outside the county.

With such a large majority of the respondents coming from the open country, it is difficult to draw any conclusions as to the relation between choice of the hospital and the type of family residence.

The Age Factor

Table 21 discloses a weak relationship between age of the respondent, and the reason for the choice of a hospital. It does show that 44 per cent of the respondents who stated that they would choose the county were over 60 years of age. Fifty-five per cent of these indicated that they would make their choice on the basis of the recommendation of the physician and the better facilities of the county hospital. Half of these same respondents, stated that they would want one of the physicians from the proprietary hospital to treat the condition.

Eighty-three per cent of the respondents under 40 years of age indicated that they would choose a hospital other than the county hospital.

Table 20. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Type of Family Residence.

Type of family residence	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Open Country	5	71	45	86	8	100	15	94	20	95	14	78	6	86	15	71	128
Hamlet or Village	2	29	7	14	0	-	1	6	1	5	4	22	1	14	6	29	22
Totals	7	100	52	100	8	100	16	100	21	100	18	100	7	100	21	100	150

$$\chi^2 = 3.43$$

$$d. f. = 4^*$$

$$P. 50$$

*Slightly over eighty-five per cent of the respondents were from the open country and fifteen per cent from a hamlet or village.

Table 21. Classification of Respondents by Choice of the Hospital, Reasons for Choice, and Age.

Age	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
10-19	0	-	1	2	0	-	0	-	0	-	0	-	0	-	0	-	1
20-29	0	-	2	4	0	-	0	-	0	-	1	6	0	-	1	5	4
30-39	0	-	4	8	0	-	0	-	2	10	2	11	1	14	4	19	13
40-49	4	57	12	23	1	12	4	25	6	29	6	33	1	14	6	29	40
50-59	0	-	12	23	1	12	6	38	3	14	5	28	0	-	3	14	30
60-69	1	14	15	29	3	38	1	6	4	19	2	11	2	29	3	14	31
70 & over	2	29	6	12	3	38	3	19	4	19	1	6	1	14	1	5	21
No information	0	-	0	-	0	-	2	12	2	9	1	6	2	29	3	14	10
Totals	7	100	52	101	8	100	16	100	21	100	18	101	7	100	21	100	150

$$\chi^2 = 4.15$$

d. f. = 4*

P. 50

*The factors in the stub were collapsed to form two groups, those over forty-nine years of age and those who are forty-nine and under.

Older respondents tended to make their choice on the basis of loyalty to the doctor and past experience with the hospital. The younger respondents placed more emphasis on the facilities of the hospital and the recommendation of the physician.

The Education Factor

Sixty-eight per cent of the respondents had 12 years or less of formal education. Twenty-five per cent of these have had only eight years or less as indicated by Table 22.

There appears to be little difference in the amount of education between the persons who would choose the county hospital and the persons who would choose another hospital. Thirty-three per cent of the respondents who would choose a hospital other than the county hospital have had more than 12 years of formal schooling. Twenty-nine per cent of those who would choose the county hospital have had more than 12 years of schooling.

The table also indicates that education is not highly related to the reason for the choice. The respondents are almost evenly divided with respect to education and the basis of the choice of a hospital.

One interesting point is the fact that 19 per cent of the respondents who would choose a hospital other than the county hospital had only eight years or less education. Not a single person with eight years or less education indicated they would choose the county hospital on the basis of loyalty to their physician. Those ten persons, that make up the 19 per cent indicated extreme loyalty to the major partner in the proprietary hospital.

Table 22. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Years of Education Completed.

Years of Edu- cation	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
0-8	0	-	10	19	2	25	3	19	6	29	0	-	2	29	3	14	26
9-12	5	71	26	50	3	38	7	44	10	48	13	72	3	43	9	43	76
13-15	2	29	13	25	2	25	3	19	4	19	2	11	1	14	4	19	31
16 yrs.	0	-	3	6	1	12	3	19	1	5	3	17	1	14	5	24	17
Totals	7	100	52	100	8	100	16	101	21	101	18	100	7	100	21	100	150

$$\chi^2 = .52$$

d. f. = 4*

P. 99

*In order to use chi square the respondents were divided into two groups: those who had twelve years or less of schooling and those who have had more than twelve years of schooling.

Family Occupational Composition

Table 23 shows that 37 per cent of the respondents who stated that they would use the county hospital were from rural farm families. Forty-five per cent of the respondents who stated that they would use another hospital were from rural families.

Despite the fact that rural-nonfarm families outnumbered the rural farm families 86 to 64, 51 per cent of the respondents who would choose a hospital on the basis of loyalty to their physician were from rural farm families. On the other hand, 64 per cent of the respondents who would make their choice on the basis of better hospital facilities were from rural-nonfarm families.

The respondents who indicated that they would make their choice on the basis of past experience or recommendation of the physician were from rural-nonfarm families in six cases out of 10.

Going behind the figures illustrated in the table, it may be found that over 50 per cent of the respondents who would choose the proprietary hospital were from rural farm families. On the other hand, the table depicted the trend for the county hospital to draw most heavily upon the rural-nonfarm families.

Length of Residence in Present House

It may be remembered from Chapter IV that one of the factors which was statistically significant when related to use of the county hospital was the length of residence in the present house. Table 24 pictures length of residence in the present house as it related to the choice of a hospital and the reasons for that choice.

Table 23. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Family Occupational Composition.

Family Occupational Composition	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Rural Farm Family	2	29	28	54	1	12	8	50	9	43	5	28	4	57	7	33	64
Rural Non- Farm Family	5	71	24	46	7	88	8	50	12	57	13	72	3	43	14	67	86
Totals	7	100	52	100	8	100	16	100	21	100	18	100	7	100	21	100	150

$$\chi^2 = 3.75$$

$$d. f. = 4$$

$$P. 50$$

Table 24. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Length of Residence in Present House.

Length of Resi- dence in present house	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Under 1 yr.	0	-	6	12	1	13	2	13	2	10	0	-	1	14	0	-	12
1-2 yrs.	1	14	5	10	2	25	0	-	2	10	4	22	1	14	3	14	18
3-4 yrs.	0	-	6	12	0	-	0	-	3	14	4	22	0	-	7	33	20
5-6 yrs.	0	-	4	8	0	-	1	6	3	14	3	17	2	29	3	14	16
7-9 yrs.	1	14	6	11	0	-	1	6	3	14	1	6	1	14	2	10	15
10 yrs. and over	5	72	5	48	5	63	12	75	8	38	6	33	2	29	6	29	69
Totals	7	100	52	101	8	101	16	100	21	100	18	100	7	100	21	100	150

$$\chi^2 = .70$$

$$d. f. = 4^*$$

$$P. 98$$

*In order to use chi square, the respondents were placed in two groups: Those who had lived in the same house for ten years and over, and those who had lived in their present house for less than ten years.

One of the first things that may be noted is the high relationship between length of residence in the same house and the reason for the choice of a hospital. Sixty-three per cent who would make their choice on the basis of loyalty to their physician and 75 per cent of the respondents who would base their choice on past experience have lived in the same house for at least seven years or more. At the same time, 46 per cent of the respondents who would choose a hospital on the basis of its facilities and 43 per cent who would make their choice on the recommendation of the physician have lived in the same house for seven years or more.

A second important finding is that length of residence in the present house is not closely related with the choice of a hospital. Fifty-eight per cent of the respondents who would choose the county hospital have lived in the present house for seven years or more. Fifty-four per cent of the respondents who would choose some other hospital have lived in the present house for seven years or more.

Location of the Previous Residence

Table 25 indicates that 23 per cent of the respondents who would choose the county hospital moved to their present residence from another county. Twenty per cent of the respondents who had moved to their present residence from another county stated that they would use some other hospital.

Eighty per cent of the respondents who had always lived in the same county would choose a hospital on the basis of loyalty to their physician. But, as was indicated in Chapter IV, the main thing which is shown is the stableness of the population, and few definite conclusions can be drawn as to the relationship between previous residence and either

choice of a hospital or the reason for that choice.

Hospital Which Would be Recommended to a Newcomer

Table 26 depicts a factor which proved to be statistically significant. The respondents were asked which hospital they would recommend to a newcomer who had a gallstone condition. It was found that respondents tended to recommend the same hospital which they themselves would choose for a heart condition.

There was one exception worthy of noting. Those respondents who indicated that they would go to a specialist for a heart condition, because of the better facilities offered, tended to recommend the county hospital to a newcomer. Respondents who would choose a hospital other than the county hospital on the basis of the recommendation of the physician also tended to recommend the county hospital to a newcomer.

Hospital Used in the Past, and the Hospital Which Would Be Chosen

Table 27 shows another factor which proved to be statistically significant, the relation between the hospital used in the past and the hospital which would be selected in case of a heart condition. Most respondents would use the hospital which they had previously used. There was an almost equal number of respondents who would use some hospital other than the one which they had previously used, who changed from either the county hospital to another hospital or who changed from the proprietary hospital to another hospital.

Table 25. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Location of Previous Residence.

Previous Residence	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Always lived in Rural County	7	100	40	77	3	38	13	81	18	86	15	83	5	71	18	86	119
Another County or State	0	-	12	23	5	63	3	19	3	14	3	17	2	29	3	14	31
Totals	7	100	52	100	8	101	16	100	21	100	18	100	7	100	21	100	150
$\chi^2 = 3.75$																	
d. f. = 4																	
P. 50																	

Table 26. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Hospital which they would recommend for a Gall Stone Condition.

Hospital Re- commended for gall stone condition	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Local hospital	3	43	10	19	8	100	2	12	17	81	13	72	7	100	13	62	73
Other	4	57	39	75	0	-	14	88	3	14	4	22	0	-	6	29	70
Depends, can't say*	0	-	3	6	0	-	0	-	1	5	1	6	0	-	2	10	7
Totals	7	100	52	100	8	100	16	100	21	100	18	100	7	100	21	101	150

$$\chi^2 = 16.4$$

$$d. f. = 4$$

$$P .01$$

*All but one of these respondents indicated that they would recommend a hospital other than the county hospital, but were not sure which hospital would be the best. When working chi square these were combined with those who would recommend some other hospital.

Table 27. Classification of Respondents by Choice of Hospital and Previous Type of Contact with the County Hospital.

Type of Contact with the County Hospital	County		Other		Total
	No.	%	No.	%	
Use by Respondent Personally	19	44	24	22	43
Use by a Family Member	16	37	23	22	39
No Direct Contact with the County Hospital	8	19	60	56	68
Totals	43	100	107	100	150

$$\chi^2 = 17.4$$

$$d. f. = 2$$

$$P. .001$$

The Relation of Communication Patterns to the Choice
And Reasons for Choice

The findings put forth in Tables 28, 29, and 30 add further evidence to the hypothesis that the influence of others is not as important as personal experience in choosing a hospital.

Almost 50 per cent of the persons stated that they did not know anyone personally who was employed by the county hospital, and only slightly over half of the persons who knew someone had discussed the hospital with him. There was no question employed in the interviews which questioned the respondents concerning their acquaintance with employees of the proprietary hospital. There were questions, however, testing the influence which others had, such as, do you know anyone who is against the county hospital? There were also questions concerning the person to whom the respondent would go to obtain information about the hospital.

Rumors, however, have played a rather important role in hospital-community relations. The hospital administrator remarked that he felt that the hospital had been weakened in the eyes of the public

Table 28. Classification of Respondents by Choice of Hospital, Reasons for the Choice, and Whether They

Table 28. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Acquaintance with Someone Employed by Hospital.

Knows Some- one connected with county Hospital	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
No	3	43	23	44	6	75	7	44	6	29	9	50	2	29	15	71	71
Yes, a good friend	0	-	9	17	0	-	4	25	3	14	1	6	2	29	2	10	21
Yes, a friend	3	43	11	21	1	13	2	13	9	43	6	33	1	14	1	5	34
Yes, a speak- ing acquaint- ance	1	14	9	18	1	12	3	19	3	14	2	11	2	29	3	14	24
Totals	7	100	52	100	8	100	16	101	21	100	18	100	7	101	21	100	150

$$\chi^2 = 5.38$$

$$d. f. = 4^*$$

P. 30

*In order to use chi square, the respondents were grouped according to whether they knew someone personally, who is employed by the county hospital.

Table 29. Classification of Respondents by Choice of Hospital, Reasons for the Choice, and Whether They Have Read Something in the Local Paper about the County Hospital.

Read Something in Local Paper about County Hospital	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Yes	5	71	24	46	2	25	4	25	9	43	9	50	1	14	9	43	63
No	2	29	28	54	6	75	12	75	12	57	9	50	6	86	12	57	87
Totals	7	100	52	100	8	100	16	100	21	100	18	100	7	100	21	100	150
$\chi^2 = 1.74$																	
d. f. = 4																	
p. 80																	

Table 30. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Whether They have Attended a Club Meeting at Which the Hospital was Discussed as Part of the Program.

Attended Club Meeting Where Hospital Was Discussed as Part of Program	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total	
	County		Other		County		Other		County		Other		County		Other			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Yes	2	29	16	31	0	-	4	25	5	24	4	22	1	14	4	19	36	
No	5	71	36	69	8	100	12	75	16	76	14	78	6	86	17	81	114	
Totals	7	100	52	100	8	100	16	100	21	100	18	100	7	100	21	100	150	
X ² = .93					d. f. = 4					P. 90								

by false rumors in the community. In a recent bond election there was an attempt to merge the two hospitals in the county. There was a rumor circulated among some parts of the county that the county hospital would return to its policy of charging a deposit before it would accept patients. Thus, despite the fact that the owners of the proprietary hospital were strongly in favor of the merger, the bond issue failed.

Less significant areas of communication were the newspaper and programs at club meetings. As was noted in the preceding chapter, only 42 per cent of the respondents had read anything in the local paper about the county hospital, and only 24 per cent had attended a club meeting at which the local hospital was discussed as part of the program.

Choice of Hospitals and Scores on the Acceptance Index

It will be remembered that Chapter III was concerned to some extent with the acceptance of the county hospital by the community. Using the same hospital acceptance index, it was found that the degree of acceptance of the county hospital was closely related to the hospital which would be chosen for a heart condition.

Table 31 indicates that 60 per cent of the persons who stated that they would choose some hospital other than the county hospital scored in the lower third on the acceptance index; that is, scores of from zero to three. Only 14 per cent of the respondents who indicated that they would choose the county hospital scored from zero to three, and 45 per cent made a score of six or above. Slightly under four per cent of the respondents who would choose another hospital scored six or above.

Respondents who indicated that they would choose a hospital other than the county hospital on the basis of loyalty to the physician or past experience tended to score in the lower half on the acceptance

Table 31. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Sources Made of the Hospital Acceptance Index.

Hospital Acceptance Index	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
None	0	-	2	4	0	-	4	25	0	-	1	6	0	-	0	-	7
1	0	-	4	8	0	-	2	12	0	-	1	6	0	-	4	19	11
2	0	-	9	17	0	-	3	19	1	5	2	11	0	-	4	19	19
3	1	14	17	33	1	12	4	25	3	15	5	28	0	-	2	10	33
4	3	43	10	19	1	12	2	12	4	19	3	16	1	14	7	33	31
5	2	29	8	15	3	38	1	7	5	24	5	28	2	29	3	14	29
6	0	-	2	4	1	13	0	-	6	27	1	6	3	43	1	5	14
7	1	14	0	-	2	25	0	-	2	10	0	-	1	14	0	-	6
Totals	7	100	52	100	8	100	16	100	21	100	18	101	7	100	21	100	150

$\chi^2 = 20.06$

d. f. = 4*

P .001

*For the purpose of using chi square, the respondents were placed in two groups: 0-3 and 4-7.

index. Persons who would choose a hospital on the basis of better facilities or the recommendation of the physician tended to score higher on the acceptance index.

These figures tend to indicate that acceptance, when measured by this index, is closely related to the choice of a hospital. Persons who score high on the index consistently indicated that they would choose the county hospital for a heart condition. On the other hand, persons who scored lowest on the hospital acceptance index repeatedly indicated that they would choose another hospital.

Choice of Hospital and Personal Health Practices

Table 32 indicates that 63 per cent of the respondents who would choose a hospital other than the county hospital, and 49 per cent of the respondents who would choose the county hospital scored in the upper half of the scores on the personal health practices index. Thirty per cent of the former group stated that they would use a hospital outside the county.

Sixty-one per cent of all the respondents who would make their choice on the basis of loyalty to their physician scored in the upper half on the health practices index. This group scored higher on the index than any of the other three groups. Those who would make their choice on the basis of past experience scored lowest, but even here 54 per cent of the respondents were in the upper half of the scores made on the index. Thus, it may be seen from these percentages that each of the four groups scored high on the personal health index, and persons who would choose a hospital other than the county hospital scored higher than respondents who would choose the county hospital.

Table 32. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Scores on Health Practices Index.

Health Practices Index	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
None	0	-	1	2	4	50	1	7	0	-	0	-	0	-	2	10	8
1	0	-	7	14	1	12	2	12	6	29	2	11	3	43	3	14	24
2	3	43	12	23	1	12	2	12	4	19	4	22	0	-	4	19	30
3	3	43	10	19	1	13	3	19	5	24	7	39	4	57	5	24	38
4	1	14	22	42	1	13	8	50	6	29	5	28	0	-	7	33	50
Totals	7	100	52	100	8	100	16	100	21	101	18	100	7	100	21	100	150

$\chi^2 = 3.34$

d. f. = 4*

P. 50

*For the purpose of using chi square, 0-2 were combined and 3-4 were combined.

Level of Living

Table 33 shows that 46 per cent of the respondents who would choose the county hospital were in the lower half of the scores made on the level of living index. Only 31 per cent of the respondents who would choose some other hospital were in the lower half of the scores.

Respondents who would make their choice on the basis of loyalty to the doctor, and the physician's recommendation scored highest on the index. Persons who would choose a hospital on the basis of past experience scored in the lower half of the scores.

The findings here would tend to give weight to the idea that the proprietary hospital is supported by many well established families. This conclusion was reached on the basis of the fact that most of the persons who indicated they would use a hospital other than the county hospital generally referred to the proprietary hospital.

The table also indicates that the proprietary hospital receives very loyal support from both higher and lower class persons in the community. This may be seen in other tables such as education and total income.

Total Income of the Respondents

By observing Table 34 it may be noted that 53 per cent of the respondents who would choose the county hospital had a yearly income of less than \$4,000 a year. At the same time, only 38 per cent of the respondents who would choose some other hospital had a yearly income of less than \$4,000. Forty-two per cent of the latter group indicated that they would make their choice on the basis of loyalty to the physician.

Table 33. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Scores Made on the Level of Living Index.

Scores on Level of Living Index	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
0-4	1	14	17	33	6	75	4	25	10	48	6	33	3	43	6	29	53
5-9	6	86	35	67	2	25	12	75	11	52	12	67	4	57	15	71	97
Total	7	100	52	100	8	100	16	100	21	100	18	100	7	100	21	100	150

$\chi^2 = 6.67$

d. f. = 4

P. 20

Table 34. Classification of Respondents by Choice of Hospital, Reasons for Choice, and Total Family Income.

Total Family Income	Loyalty to the Doctor				Past Experience with the Hospital				Better Facilities				Recommendation of the Physician				Total
	County		Other		County		Other		County		Other		County		Other		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Under \$500	0	-	0	-	0	-	1	6	0	-	0	-	0	-	0	-	1
500-999	2	29	3	5	3	38	2	12	0	-	1	6	0	-	1	5	12
1,000-1,999	0	-	6	12	1	12	0	-	6	28	1	6	1	14	0	-	15
2,000-2,999	0	-	3	5	0	-	2	12	3	14	1	6	0	-	4	19	13
3,000-3,999	1	14	6	12	1	12	1	7	2	10	5	27	3	43	4	19	23
4,000-4,999	0	-	6	12	1	13	3	19	2	10	3	16	2	29	3	14	20
5,000 and over	4	57	28	54	2	25	7	44	8	38	7	39	1	14	9	43	66
Totals	7	100	52	100	8	100	16	100	21	100	18	100	7	100	21	100	150

$\chi^2 = .82$

d. f. = 4*

P. 95

*In order to use chi square, the figures in the stub were combined into two groups: \$3,999 and under, and \$4,000 and over.

Sixty-four per cent of the respondents who indicated loyalty to the physician as the reason behind their choice of hospitals had a yearly income of \$4,000 or more. The remaining categories had 54 per cent of their respondents who earned more than \$4,000 a year.

Again it may be seen that the wealthier respondents tended to use a hospital other than the county hospital. Persons who would make their choice on the basis of loyalty to their physician tended to be divided between poorer families and the higher income families.

Summary

From the evidence presented in this chapter it may be concluded that the respondents in Rural County would choose a hospital on one of four bases: loyalty to the physician, past experience with the hospital, better facilities which are offered by a hospital, or the recommendation of the physician.

The persons who would choose the proprietary hospital tend to be from rural farm families with higher income and higher socio-economic standing in the community. However, there is a group of respondents who have a relatively small amount of education and consequently a lower socio-economic standing in the community who tend to be extremely loyal to the proprietary hospital.

There seems to be a close attachment between the physicians on the staff of the proprietary hospital and its patients, as indicated by the high percentage of respondents who would go to this hospital because of a feeling of loyalty to a physician there.

In an interview with the county hospital administrator he stated, "I feel sure that the people of this community consider this hospital to

be the best one in the county, but they are so attached to Dr. _____ that they would go to him even if he only had a chicken coop and a blanket to partition off the patients." It would seem that the findings of The Modern Hospital are valid,¹¹ at least for Rural County, where these people also tend to like the doctors better than the hospitals.

It also appears that the county hospital has never been able to face the community as a smooth working team, a factor which has tended to damage hospital community relations.

The data indicated that such factors as age and education are not related to the choice of a hospital. Nevertheless, 44 per cent of the respondents who stated they would choose the county hospital were 60 years of age or older.

The evidence concerning the main source of opinions about hospitals was in keeping with the findings of other studies.¹² That is, that most people form their opinion about the hospital through personal contact with the hospital rather than from various other sources of information concerning the hospital.

It was also found that respondents generally recommend the hospital which they themselves use. This was in keeping with the findings of a hospital study in Minnesota, which found that four out of five respondents would be willing to recommend the hospital which they use to another person.¹³ Along this same line, the data disclosed that persons

11. "The Public Likes Doctors Better Than Hospitals", op. cit., p. 65.

12. Ibid., p. 65.

13. Hospital Public Relations Survey of Minneapolis Area Residents, Minneapolis, Minn.: University of Minnesota, conducted by Research Division, School of Journalism, April, 1953, p. 1.

would generally use the same hospital for a heart condition which they had used for hospitalization on a previous occasion.

Persons who had lived in the same residence for a long period of time, ten years or over, tended to be more likely to use a hospital other than the county hospital. However, there was little relation between the choice of a hospital and the previous residence of the respondent.

The most important factors in the choice of a hospital are the non-quantitative factors. Various sub-hypotheses involving the relationship between the characteristics of the respondents and the choice of hospital were also tested. The study may be divided into three parts: (1) A description of the hospital situation and the acceptance and satisfaction of the county hospital on the part of the rural community of which it is a part, (2) An attempt to determine the objective characteristics of the persons who had either had personal contact with the county hospital or had never used it, and (3) An attempt to ascertain the nonquantitative factors which help to account for the choice of the hospital, and then to seek the objective characteristics of the individuals which are related to the choice.

To accomplish this task, the rural doctor himself, the physicians in the county, the administrator of the county hospital, the board of trustees, and the hospital auxiliary were interviewed. The bulk of the data was obtained from the 113 subjects and in interviewing the 100 households.

CHAPTER VI. SUMMARY AND CONCLUSIONS

The purpose of the study was to describe hospital-community relations and to determine the factors which are related to the choice and use of a hospital in Rural County, Mississippi. Two general hypotheses were tested in the thesis: (1) Use of the hospital cannot be fully explained by the use of quantitative variables alone, and (2) The most important factors in the choice of a hospital are the non-quantitative factors. Various sub-hypotheses involving the relationship between the characteristics of the respondents and the choice of hospital were also tested. The study may be divided into three parts: (1) A description of the hospital situation and the acceptance and satisfaction of the county hospital on the part of the rural community of which it is a part, (2) An attempt to determine the objective characteristics of the persons who had either had personal contact with the county hospital or had never used it, and (3) An attempt to ascertain the nonquantitative factors which help to account for the choice of the hospital, and then to seek the objective characteristics of the individuals which are related to the choice.

To accomplish this task, 150 rural white housewives, the physicians in the county, the administrator of the county hospital, the board of trustees, and the hospital auxiliary were interviewed. The bulk of the data was obtained from the schedules used in interviewing the 150 housewives.

A Description of the Hospital Situation

The county under study is served by two hospitals, a 40 bed Hill-Burton hospital which was opened in 1950 and a 19 bed proprietary hospital which first opened its doors in 1947. The founder and major partner in the proprietary hospital has served the county for 34 years and his father served the county as a physician before him. The proprietary hospital has become established in the hearts and minds of many of the long-time residents of the county and generally enjoys the support of the persons who occupy the higher socio-economic positions in the rural areas.

The county hospital has had almost constant financial trouble and has never been able to pay its own way since it began operation in 1950. Despite the fact that the hospital has received accreditation from the Mississippi Hospital Association and is generally recognized as offering better facilities and equipment to the public, its patient load has been rather light.

The county hospital started rather poorly in the eyes of the public by requiring a deposit before admitting a prospective patient into the hospital. Many rural people still cling to the idea that the county hospital is too "money minded". The hospital administrators and the board of trustees have been able to do little to establish a more favorable picture of the county hospital in the minds of many of the rural citizens.

Using a hospital acceptance index constructed by Gerald O. Windham and Marion T. Loftin, it was determined that hospital acceptance was highly related to use of the county hospital. Those individuals who scored high on the acceptance index were the respondents who would

most likely use the county hospital. It was also found that those persons who scored high on the level of living index were more likely to score high on the acceptance index.

Almost everyone who had either used the county hospital personally or had visited patients there scored high on the hospital satisfaction index. Over 90 per cent of the respondents scored in the upper half of the index. The most frequent complaints about the county hospital centered around the lax regulation of the visiting hours, noise in the halls, and the high costs.

The hospital administrator and the physicians were reluctant to talk about any complaints, but they did note that the major complaints were staph disease and high costs. The hospital auxiliary aimed most of its complaints at the hospital administrator.

Objective Factors Associated with the Type of Contact with the County Hospital

Forty-three persons, constituting 29 per cent of the respondents, had used the county hospital personally. Thirty-nine respondents, or 26 per cent, had had contact with the county hospital through a family member who was a patient there. Sixty-eight respondents, composing 45 per cent of the total number, had never used the county hospital.

Eleven objective characteristics were studied to determine their relationship with the type of contact with the county hospital. The only factor which proved to be statistically significant was "length of residence in present house". It was concluded that persons who had lived in their house for the longest time were more likely to have used some other hospital rather than the county hospital. It is felt that this is due to a strong feeling of clinging to tradition.

It was concluded that such factors as age, education, level of living, and total income could not be said to be significantly related to the type of contact with the county hospital. It was also determined that the influence of various sources of communication did not have a major effect upon the opinion of the respondent, who generally formed her opinion on the basis of personal experience.

It was found that the respondents who had family members who had used the county hospital were almost evenly divided between the county hospital and the proprietary hospital when the respondents indicated the hospital which they would choose for a heart condition. This meant that the biggest difference was expected to be found between the persons who had used the county hospital.

One of the major findings of the chapter was the discovery that the objective characteristics do not satisfactorily explain the real basis for the choice of a hospital, and thus the first general hypothesis was accepted. The major efforts were then turned to a search for the non-quantitative factors which would provide the key to an understanding of the major factors behind the choice of a hospital.

Nonquantitative Factors Involved in the Choice of a Hospital

The question used to ascertain the nonquantitative factors was an open-ended question which asked the respondents which hospital they would choose for a heart condition and why.

It was found that 29 per cent of the respondents stated that they would use the county hospital, and 71 per cent would use some other hospital. Fifteen per cent of the respondents stated that they would use a heart specialist outside the county. The remaining 134 respondents

would go to one of the two hospitals in Rural County, if for no other reason than to seek the advice of a local physician concerning the hospital which they should use.

Four nonquantitative factors were found to be related to the choice of a hospital. These factors were: (1) loyalty to the physician, (2) past experience with the hospital, (3) better facilities offered by the hospital, and (4) recommendation of the physician. Using chi square, these factors proved to be statistically related beyond the .001 level of probability.

Of the respondents who stated that they would use the county hospital, 16 per cent indicated that the basis of their choice was loyalty to the physician, 19 per cent made their choice on the basis of past experience with the hospital, 49 per cent would choose on the basis of the better facilities offered by the county hospital, and 16 per cent would make their choice on the basis of the recommendation of the physician. Altogether there were 43 respondents who stated that they would choose the county hospital, but these were not the same respondents who had used the county hospital personally. Many persons who had never used the county hospital indicated that they would do so on the basis of the better facilities of the county hospital. On the other hand, persons who had used the county hospital personally indicated that they would choose either the proprietary hospital or seek the services of a heart specialist outside the county.

Of the respondents choosing a hospital other than the county hospital, 49 per cent would do so on the basis of loyalty to the physician, 15 per cent on the basis of past experience with the hospital, seven per

cent on the basis of better facilities (90 per cent of these would choose a specialist), and 20 per cent of the respondents would make their choice on the basis of the recommendation of the physician.

From these figures it may be seen that the county hospital draws much of its support from persons who are seeking to take advantage of its facilities. The proprietary hospital is supported in a large measure by persons who feel a sense of loyalty to the physicians of the staff, especially to the major partner in the hospital.

Parsons,¹ Dichter,² and Coser,³ observed that the main objective which a person about to be hospitalized is seeking is a feeling of security. It may be seen that each of these four basic reasons which are behind the choice of a hospital.

Objective Characteristics of the Respondents

An attempt was made to ascertain the factors related to the choice of the hospital as well as the basis for making the choice. It was noted that the county hospital received most of its support from two beats in the county, and the proprietary hospital's support was concentrated in the remaining three beats.

The majority of the respondents interviewed were from open country neighborhoods rather than hamlets or villages. This meant that

1. Parsons, op. cit., pp. 439-447.

2. Dichter, "A Psychological Study of the Hospital-Patient Relationship", op. cit., pp. 56-57.

3. Coser, op. cit., pp. 3-17.

no definite conclusions could be drawn concerning the relationship between the type of residence and the choice of a hospital or reasons behind the choice.

Of the persons who stated that they would use the county hospital, 46 per cent were 60 years of age or older. Many of these respondents made their choice on the basis of the county hospital's better facilities and past experience with the hospital. The most frequent comment was, "My husband (or I) had that same trouble and they helped to save him (or me)." A heart condition appeared to be more real to the persons over 60 than those who were younger.

Some other hospital would be chosen by 83 per cent of the respondents under forty years of age. Only 30 per cent of the respondents who would choose another hospital were over 60 years of age.

This finding was quite different from that which was hypothesized. It was believed that the older persons would be more prone to be loyal to the proprietary hospital. There is still the belief that the older, well established families provide much of the loyal support of the proprietary hospital.

Years of education completed was a very significant factor in either the choice of the hospital or the reasons behind the choice. Nineteen per cent of the persons who exhibited a great amount of loyalty to the physician at the proprietary hospital had less than eight years of formal schooling. At the same time, 31 per cent of the respondents who indicated loyalty to the physician as the major reason in choosing a hospital had gone past high school. This tends to create a dichotomy which may be seen in many of the tables which followed. On the one hand,

there is one group which is low in education, level of living, and total income, which is loyal to the physicians at the proprietary hospital. On the other hand, there is a group which ranks high in years of education, level of living, and income, which also displays a great amount of loyalty toward the proprietary hospital.

Sixty-three per cent of the respondents who indicated that they would use the county hospital were from rural-nonfarm families. When only those choosing the proprietary hospital are studied, it may be seen that 52 per cent of these are from rural farm families. There seems to be the tendency for rural-nonfarm persons to indicate that they would choose the county hospital or some hospital outside the county, and the rural farm residents to choose the proprietary hospital.

Length of residence in the same house did not prove to be statistically significant, as it had when related to the type of contact with the county hospital. This is largely due to the fact that many older persons who had lived in their present house for a long time, but who had never used the county hospital personally, indicated that they would choose the county hospital for a heart condition, but would want one of the physicians from the staff of the proprietary hospital to serve as the physician.

Most of the respondents had moved to their present residences from another part of the same county, and only 20 per cent of the respondents had moved to their present residence from another county. This meant that no definite conclusions could be drawn concerning the relation between choice of a hospital and previous residence.

Respondents would generally recommend the hospital which they use to a newcomer in the community who has a gallstone condition. It was also

shown that persons would generally use the same hospital for a heart condition, that they had used for past hospitalization.

The findings from the chapter gave further evidence that persons form their opinions about hospitals on the basis of personal experience rather than from other sources.

There appears to be no significant difference between the personal health practices followed by the respondents and the choice of a hospital, or the reason for that choice. One can only conclude that the health practices followed are not so much a factor in the hospital to be chosen, but the promptness of hospitalization, or whether to even go to a hospital.

Forty-six per cent of the respondents who indicated that they would choose the county hospital were in the lower half of the scores on the level of living index. Only 31 per cent of the respondents who would choose some other hospital were in the lower half of the scores on the same index.

Again this scale indicated a dichotomy among those persons who would choose some hospital other than the county hospital. Fifty-two per cent of the respondents who were in the lower half of the scores and choosing some hospital other than the county hospital, indicated loyalty to the physician as the reason for their choice. At the same time, 69 per cent of the respondents who indicated loyalty to the hospital were in the upper half of the scores on the level of living index.

The table showing the relation between the total income and choice of a hospital and the reasons for that choice, also indicated that persons in the higher income brackets tended to select some hospital other than the county hospital for a heart condition.

Thus it appears that the proprietary hospital is deeply entrenched in the minds and hearts of the majority of the rural white citizens in Rural County. The hospital is supported by both the lower socio-economic elements, as well as the ole well established families.

The county hospital has had to cope with many difficult problems as a result of its later start and the loyalty toward the proprietary hospital which was in existence when the county hospital first opened its doors. With such a disadvantage, the county hospital has found it extremely difficult to build up a patient load which would be sufficient to meet the expenses involved in operating the hospital. It is the opinion of the management of the county hospital that this problem can best be solved by merging the two hospitals.

Implications for Further Research

It has been suggested that one area for further research which should prove useful would be to develop an index which would enable a researcher to predict the type person who would be more prone to choose one hospital over another or for some particular reason.

Another area which should yield fruits would be to study a similar hospital situation in which an urban area is involved. In this way the application of these findings may be tested to ascertain their value in areas other than rural ones.

It is felt that there is a need to explore the realm of non-quantitative factors to a greater extent in an attempt to ascertain their role in making a choice between hospitals. McIver gives warning that a key factor in one situation may be limited to that particular

phenomenon, or it may have universal application.¹ It would be necessary to do additional research to determine the applicability of the findings in this study.

One factor which was introduced in this study, the role of the hospital administrator in hospital-community relations, should merit the attention of some researcher who could probe more deeply into the administrator's role in establishing and maintaining good community relationships.

A study which should yield fruits would be one in which a county with good hospital-community relations would be compared with a county in which the hospital-community relations are rather weak.

which were related to the choice of a hospital by the respondents. Data for the study came largely from personal interviews with 150 rural white housewives. Additional data were obtained from interviews with the physician, hospital administrator, board of trustees, and hospital auxiliary.

The study began with a description of the hospital situation in the county, this included the acceptance of the county hospital by the community, and the satisfaction expressed concerning the services of the hospital.

The major part of the thesis involved an effort to determine the factors which were related to the choice of one of two hospitals

1. R. M. McIver, Social Causation, (Boston: Ginn and Company, 1942), p. 114.

ABSTRACT

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ABSTRACT

The objective of this study was to describe hospital-community relations in Rural County, Mississippi and to discover those factors which were related to the choice of a hospital by the respondents. Data for the study came largely from personal interviews with 150 rural white housewives. Additional data were obtained from interviews with the physicians, hospital administrator, board of trustees, and hospital auxiliary.

The study began with a description of the hospital situation in the county, this included the acceptance of the county hospital by the community, and the satisfaction expressed concerning the services of the hospital.

The major part of the thesis involved an effort to determine the factors which were related to the choice of one of two hospitals in the community, although persons who would choose a hospital outside the county were given consideration. To discover these factors, both quantitative and nonquantitative variables were tested to discover their relation to the choice made by the respondents.

The findings revealed that those persons who had had contact with the county hospital, either through personal use or through some member of the family, ranked high on the acceptance index. Those persons who had this contact with the county hospital were generally highly satisfied with its services.

It was also found that choice of a hospital could not satisfactorily be accounted for by the objective characteristics of the respondents. It was found that four nonquantitative factors were highly related to the choice of a hospital. These were: (1) loyalty to the physician, (2) past experience with the hospital, (3) the better facilities of a hospital, and (4) the recommendation of a physician.

It was concluded that hospital-community relations between the county hospital and the rural areas of the county were fairly weak. This was due to a later start of the county hospital, and also because of the great amount of loyalty to the physicians of the older hospital.

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