Staff and student perceptions of a student health service

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SUMMARY. Results of a survey at one English university suggest that, of the various student personnel services provided by that institution, the Student Health Service was the best known and most used by the students. Both students and academic staff attributed greater importance to that particular service than to any other. Ways in which these two groups of university members justified such special provision are presented and discussed.

Introduction

An editorial in the *Journal of the Royal College of General Practitioners* (1973) briefly considered the case for and against student health services. The review itself was inconclusive and the editorial ended with the question " Are separate medical services justified or not? "

Most of the authoritative advocates (e.g. Malleson, 1964; Ryle, 1969; Gunn, 1970; Cauthery, 1974) do seem to be agreed on two basic premises. The first is that students *qua* students have special needs and problems which can best be met directly *via* specialised, institutionally based services. The second is that in the context of an educational institution, a student health unit is not simply an adjunct, but an integral part of the whole educational enterprise. However, many of these authorities are themselves university medical officers and although they write from direct professional experience, they may also be somewhat prone to " suboptimisation—the tendency of the various units in an organisation to exaggerate the importance of their own contribution and to begin to think of the organisation in terms of the goals of the particular unit with which they are associated " (Gross, 1969).

However, if there is to be debate about whether separate medical services are justified or not then the views of other members of the institutions—students and academic staff especially—surely warrant attention. Students, after all, are the clients and potential clients whose needs are presumably the prime objects of concern. And while academic staff may be colleagues of the medical officers they are also the agents who, as teachers, are most directly involved in the educational enterprise. While it does not follow that the views of either students or staff should be the major determinants of institutional or of agency policy, what they expect of student health services and how they evaluate them should be of more than academic interest.

The study

Some light is thrown on these questions by a recent study of a system of university-provided student personnel services. One of the aims was to discover whether and how groups occupying different positions in the university organisation differed or were in accord in their perceptions of that system, its components, tasks and functions (cf. Katz *et al.*, 1969, for a comparable study of differential perceptions of universities' features).

With a current student population approaching 4,000, Hull university has more than doubled in size since 1960. The student personnel services it provides (besides the Student Health Service they comprise agencies dealing with accommodation, careers, appointment, and counselling) are arranged—physically and organisationally—into four separate, independently operating units. Since such a pattern is common to most British universites so it affords a convenient case study.

The Student Health Service is housed in a purpose-built health centre prominently situated opposite the main gates of the University. In addition to nursing and ancillary staff it has three full-time medical officers and a consultant psychiatrist in attendance. Consultation, inpatient

and ' first-aid ' services are offered to all students enrolled at the University. All students have to pay an annual fee towards the cost of the health centre whether or not they actually register there as National Health Service patients.

Method

After interviews with professional staffs of the various services and a pilot study involving recent graduates, postal questionnaires were constructed and distributed in the spring of 1974 to samples of students and academic staff at the University. The student questionnaire, sent to a one in eight sample of the undergraduate population, achieved a 68 per cent response. The staff questionnaire, sent to all academic members of Senate, all wardens and tutors in charge of residential units, and a one in two sample of other academic staff, achieved a 62 per cent response.

Questions were pre-coded and forced choice. Students, for example, were asked a standard set of questions about the nature of their acquaintance and the level of their satisfaction with each of the four services. Both students and staff were asked to rate the importance of each service on a five-point scale (plus ' Don't know ') ranging from ' Should not be provided ' to ' Of absolutely top importance.'

Normative expectations, i.e. the importance which the services should attach to various tasks, were measured in similar manner; an adaptation of the method formulated by Gross and Gramsch (1968). By presenting respondents with pre-formulated task statements it was possible both to measure the degree of emphasis which a particular task statement elicited from an individual group and to identify differences in emphasis between groups.

Fifteen task statements referred specifically to the Student Health Service. Obviously the list did not exhaust the full range of tasks which might be attributed to that service, and anyway some respondents may have found the forced choice method too restricting. All were therefore invited to write in comments of their own and most did so. In addition, follow-up interviews with 70 student and 70 staff respondents explored—*via* open questions—issues raised in the postal questionnaires. Besides enabling respondents to use their own words, this procedure checked on how items in the postal questionnaires had been interpreted.

Results

(1) *Student acquaintance and satisfaction*

Table 1 presents the kinds of acquaintance and table 2 the levels of satisfaction which students recorded on the postal questionnaire for each of the student staff services. It is at once apparent that the vast majority of undergraduates (over 90 per cent in each case) claimed to know that the services existed. Acquaintance which went beyond general awareness varied considerably between the services; in particular it is apparent that the Student Health Service was the best known and most used, while the Student Counselling Service was the least known and the least used.

TABLE 1

STUDENTS' ACQUAINTANCE WITH STUDENT PERSONNEL SERVICES (PERCENTAGES TO THE NEAREST WHOLE)

Acquaintance	*Health* %	*Counselling* %	*Careers* %	*Accommodation* %
Have little or no knowledge concerning it	*6*	*40*	*27*	*32*
Realise there is such a service on the campus	*98*	*92*	*95*	*94*
Have read about it (e.g. in prospectus, *Students' Manual*)	*80*	*50*	*59*	*58*
Know where it is located	*91*	*39*	*59*	*53*
Have made use of it	*67*	*9*	*40*	*36*
N 273 (=100 %)				

TABLE 2

STUDENTS' SATISFACTION WITH OPPORTUNITIES AVAILABLE ON CAMPUS FOR OBTAINING VARIOUS KINDS OF ADVICE (PERCENTAGES TO THE NEAREST WHOLE)

Type of problem/advice	*Very satisfied* %	*Fairly satisfied* %	*Don't know* %	*Somewhat dissatisfied* %	*Very dissatisfied* %	*No answer* %
Medical	*35*	*39*	*16*	*9*	*3*	*0*
Personal	*16*	*23*	*52*	*6*	*3*	*1*
Careers	*23*	*23*	*46*	*6*	*2*	*1*
Accommodation	*13*	*27*	*42*	*12*	*5*	*1*
N 273 (=100%)						

These different patterns of acquaintance are to an extent paralleled by the responses to the questions concerning 'satisfaction.' While the balance of evaluation was in each instance towards 'satisfaction,' it was most pronounced with regard to opportunities for obtaining medical advice. Similarly it is also clear that this item elicited by far the smallest proportion of non-committal responses.

(2) *Importance attributed to the services*

Table 3 shows the proportions of staff and students who, in reply to the questions " How important is it that the University should provide a (. . .) Service for its students? " indicated that it was of *at least* " considerable importance." While the results suggest that both groups considered the Student Health Service was the most important component of the system of student personnel services it appears that academic staff were the more inclined to rate it higher than other services. For, while students rated the Careers Service about as highly as Health, staff clearly did not.

TABLE 3

PROPORTIONS OF STAFF AND STUDENTS ATTRIBUTING A HIGH DEGREE OF IMPORTANCE TO VARIOUS STUDENT PERSONNEL SERVICES (PERCENTAGES TO THE NEAREST WHOLE)

Group	*N=100*	*Health* %	*Counselling* %	*Careers* %	*Accommodation* %
Staff	127 (*weighted*)	*91*	*71*	*78**	*87*
Students	273	*92*	*74*	*91**	*89*

* Difference between staff and students significant at ·001 level using χ^2 test.

(3) *Normative expectations of a Student Health Service*

Table 4 displays the proportions of students and staff who indicated that the already formulated statements should be of at least 'considerable importance' as aims or tasks of a Student Health Service. In the table the statements are arranged in the order of their relative importance from the student point of view. In the postal questionnaires they were presented in random order.

The first feature of the table which warrants comment is the quite remarkable agreement between staff and students about the emphasis which in their view should be given to most tasks. In many respects both groups seemed to be advocating the same idealised model of a student health service, comprising primary, secondary, and 'community' services. These, however, do not simply replicate what is available to the general public, but are directly geared to the context in which they exist. For example while over 75 per cent of both groups emphasised the importance of general-practitioner provisions, similar proportions laid stress on the provision of psychiatric services which have been deemed particularly necessary in a university context (Still, 1966; Payne, 1969; Ryle, 1969). However, they may not be so directly related to that setting as other items which were also stressed. Thus great emphasis was given to the availability

TABLE 4

NORMATIVE EXPECTATIONS: PROPORTIONS OF STUDENTS AND STAFF INDICATING THAT AT LEAST CONSIDERABLE IMPORTANCE SHOULD BE ATTRIBUTED TO VARIOUS TASKS (PERCENTAGES TO THE NEAREST WHOLE)

Task statement	*Should be of at least considerable interest*	
	Students %	*Staff* %
1. Maintain complete doctor/patient confidentiality.	*95***	*82***
2. Provide inpatient care for those students who cannot be nursed in their place of residence.	*87*	*84*
3. Offer all students a regular general-practitioner service	*77*	*76*
4. Provide psychiatric services for all students who require them.	*76*	*82*
5. Influence the University and Departments to modify such arrangements as seem to cause health and emotional problems for students.	*71***	*49***
6. Promote awareness among all members of the University—staff and students—of the incidence and nature of student health problems and their possible effects on academic performance.	*69*	*60*
7. Give advice and treatment to students who experience stress due to examinations and academic assessment.	*65*	*65*
8. Offer general counselling to those who experience emotional disturbance.	*57*	*54*
9. Seek to influence examining boards, aegrotats committee, by providing medical evidence on particular cases.	*56*	*60*
10. Encourage all students to register with the University Health Service.	*56*	*52*
11. Arrange for students suffering from stress to take examinations in ' sheltered ' conditions, e.g. in the health centre.	*54*	*57*
12. Liaise and consult with academic staff and/or other university help agencies about the problems of individual students.	*50**	*67**
13. Consult with the Students' Union about problems of student health and their treatment.	*35**	*50**
14. Provide occupational health services, advise on safety, working and living conditions in University property.	*31*	*40*
15. Give advice and support to students experiencing work and study problems.	*28*	*30*
N=100	273	127 (weighted)

Using χ^2 test:
*Difference between students and staff significant at ·01 level.
**Difference between students and staff significant at ·001 level.

on campus of ' inpatient care,' while the special problem of treating ' examination stress ' also loomed large.

It may be, then, that these are seen as both desirable and necessary responses by the institution to problems which stem directly from the university in which student-clients are placed. They suggest a Student Health Service with an institutional orientation. Some comments made in the follow-up interviews indicated a greater readiness on the part of the academic staff to talk of a ' student health specialism.' One professor, for example, argued that

" Just as doctors in mining areas should develop expertise in treating miners' diseases, so should a university health service develop expertise in treating student illness."

Another, who also used the ' mining ' analogy, stated:

" A university is a specialised community . . . and a university health service should keep abreast of the occupational health hazards faced by students. I'm thinking here of those arising from examination stress, maybe sexual relationships, the difficulties of adjusting to a way of life that is new and cutting them adrift from the culture at home."

Students, by and large, were at once less dramatic and more instrumental. Said one:

" Students suffer a lot of stress and are consequently subject to a lot of ailments . . . . One can get a better relationship with a doctor concerned purely with student problems."

Others seemed to argue that the University's responsibility for providing separate medical services was a corollary of the academic demands it made upon students. In the words of one student:

" It ties up with the role of a university to equip students academically. If a student is not fit, his academic work suffers. The University should remedy illness and provide a health centre as a place of rehabilitation and a place of rest and medical attention."

And according to another:

" They provide a facility within the University structure. Students in the centre can still continue with their studies. If in hospital they lose touch."

However, it is a further distinguishing feature of the model which perhaps gives it a controversial quality for university members, not least for the medical staff themselves: namely its ' community ' services as made manifest in ' involvement ' in the processes of the educational institution. Both academic staff and undergraduate students appeared to favour involvement. According to one professor:

" The Service should be potentially educative for Departments as regards their activities and arrangements which cause stress and problems for students."

A student stated:

" Apart from looking after student health I think the doctors should make known to the university authorities the tremendous collective neurosis that afflicts the student body at examination time, and not just accept it as a necessary evil."

And yet there does seem to have been a tendency for staff and students to contemplate different *forms* of involvement. In the responses to the postal questionnaire, for example (table 4), students tended more than staff to emphasise ' promoting awareness ' and, especially, ' influencing the University.' Academic staff, on the other hand, tended to put greater stress on ' liaison and consultation ' than did students. And while both groups certainly emphasised the importance of ' confidentiality,' staff were significantly less emphatic than the students. That this could raise delicate issues which the medical staff of a Student Health Service have to negotiate is illustrated by an observation made by another professor at interview:

" I suppose I am critical of the confidentiality rule. It could be relaxed a bit for the good of the student. I don't see how you can decide what is good for him—medically or academically—unless you have the full picture."

One wonders whether either the doctors or the students would agree.

Discussion

This paper was conceived as a contribution to the debate which might be prompted by the question in the Editorial in this *Journal* " Are separate medical services justified or not? " The results reported above suggest that at least so far as members of one university are concerned the answer is definitely ' yes.' But the fact that these students were better acquainted with the Student Health Service than they were with any other of the student personnel services available in itself affords no justification of special provision. Neither, for that matter, does the fact that it seems to be the service that was most used and most positively evaluated by the student-clients.

Similarly the agreement between students and academic staff that it is the most important component of the student staff system sheds no light upon the grounds on which those parties might base such a judgment. These facts may be interesting about the way one student health service operated, but that interest could be simply parochial. Thus it is the *grounds*—the *terms* in

which these parties might seek to justify *any* student health service—that have general significance and which introduce the further necessary perspective into the wider debate. And when indicating and discussing what a student health service *should* do these staff and students echoed, however naively, the views of the authorities mentioned in the introduction.

While ready accessibility and convenience were indeed stressed by staff and students, both were agreed too that the Service should be different from that available ' outside the walls.' Besides personal general-practitioner provisions, both groups appeared to envisage something which recognises certain special features of the situation in which a *university* service operates. Moreover, that ' something ' could not be achieved simply by the availability of a sick bay and the willingness of some local general practitioners to take a particular interest in student patients.

For as well as treating problems which might be precipitated by the situation in which these clients live and work, both students and staff envisaged an institutionally-provided service as somehow being involved in and trying to change that situation. In the opinion of many, not only did the large and periodic influxes of students into an area introduce a burden with which local services would not cope anyway, but this further role could not be assumed by ' outsiders.' They would not be sufficiently in tune with the situation, would not have quite the right authority or status within the context of the primarily *educational* institution, and in consequence would not win the necessary respect and confidence of either academic ' colleagues ' or student clients.

But exactly *how* involved in the parent institution should a university health service be? It will be recalled that as well as similarities the survey revealed some differences between the normative expectations of staff and students. Thus the answer to this question could very much depend upon the particular interest and the particular point of view of the group concerned. For insofar as staff and student interests are not necessarily congruent, by responding to the preferences of one group the Service could appear to run counter to those of the other. This may be illustrated by the pronouncement made by a professor who had some claim to authority in matters of institutional policy:

" A university health service should understand how the special health hazards of students come from freedom being enjoyed by those who are not ready for it. This is what gives a university service its special quality."

Even if this view is not typical of academic staff, it does highlight a fundamental problem. If the Service does recognise that students have special needs which require special skill, and if it is integral and not just an adjunct to the ' educational enterprise,' it almost inevitably takes on a ' political ' complexion also (Davy, 1968; Ryle, 1969; Szasz, 1970; Maddison, 1973). At the very least its neutral role in the enterprise is more difficult to sustain and its position, like that of perhaps all student personnel services, becomes somewhat ambivalent. As Wrenn (1970) has observed:

" There is a general feeling among college people that student personnel work is for students, that it is designed primarily to help them. Yet there is also a rather uneasy parallel feeling that students need to be watched, to be controlled to some degree and that it is the student personnel worker who does that too. In the latter case, is it the student who is now being helped in a kind of big brother *in loco parentis* manner—or is it the institution's peace of mind and public image that is being safeguarded? "

Although, then one may conclude that the members of this one university thought that separate medical services were justified, the question of their actual *justification* remains open. That question is also controversial.

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THE ELDERLY IN HOSPITAL: RECENT TRENDS IN USE OF MEDICAL RESOURCES

The number of beds occupied by patients aged 65 years and over gives some indication of their use of hospital resources. Patients in this age group, which constitutes 13 per cent of the total population, make up 20 per cent of hospital inpatients (derived from number of discharges and deaths) and occupy about 45 per cent of the beds. Women over 75, who constitute three per cent of the total, occupy 20 per cent of the beds. The rate of hospitalisation (the number of hospital discharges and deaths per 10,000 population) of persons over 65 has been rising steeply for several years.

Relatively few diseases account for the bulk of hospital bed usage by the elderly. Four conditions account for half of the beds they occupy, while the ' stroke ' syndrome alone accounts for nearly 20 per cent.

While medical and geriatric departments figure prominently among those which deal with a large number of elderly patients about 35 per cent of beds in surgical wards are occupied by patients over 65, and this proportion is rising.

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