

State *Of the* State Survey

*Confidence in Michigan's
Health Care Professionals*

*by Larry Hembroff
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Confidence in Michigan's Health Care Professionals

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The analyses and interpretations in SOSS Briefing Papers are those of the authors and do not necessarily represent the views of IPPSR or of Michigan State University.

THE SURVEY

A telephone survey of 952 adult residents of the state of Michigan was conducted by Michigan State University's Institute for Public Policy and Social Research between June 10, 1997 and July 30, 1997. This was the eleventh quarterly MSU State of the State Survey (SOSS). The survey was designed to provide information on health status; utilization of health care services; sources of health information; confidence in professionals, especially healthcare professionals; confusion regarding health recommendations; and childcare preferences. The overall sampling error is $\pm 3.2\%$. For questions discussed in this paper which were asked of only a portion of respondents, the sampling error is slightly larger; how much larger depends on the number of people who were asked a question and on how their answers are distributed.

The sample was designed to provide representative information for respondents from major regions of the state: Detroit City, Southeast Michigan (excluding Detroit), Southwest Michigan, Central Michigan (West and East), northern Lower Michigan, and the Upper Peninsula. (See attached information sheet for a list of the counties included in each region.) The data reported here are weighted to make the results representative of the adult population of Michigan.

BACKGROUND

Over the past five years, there have been tremendous changes in the health care field. Reforming the delivery system, the reimbursement system, and the management of health care has been the focus of great discussion, political pressures, market pressures and press attention. As managed care arrangements proliferate, the role of physicians in decision-making about care is changing, particularly in relation to the increasing roles of both patients and insurers or managed care administrators. How much confidence does the public have in health care providers generally? In particular types of health care professionals? Does the public's confidence vary across the state? Among individuals of differing backgrounds? Is their confidence influenced by their own health or their recent experiences using the health care system? A portion of SOSS 11 addressed these questions.

Although we have no historical data on the public's confidence in health care providers against which to compare these findings, we did ask about a variety of other professionals to provide a benchmark against which to judge the standing of health care professionals. We deliberately chose some professionals such as news reporters and elected public officials who are much maligned and in whom the public frequently expresses little confidence, as well as research scientists such as those in chemistry, genetics and astronomy. It is in context with these and several others also that we asked how much confidence the public has in various health professionals.

KEY FINDINGS

Confidence in Health Care Workers

- **Health care workers generally receive higher levels of confidence than many other groups of professionals.** (See Figure 1.) With the exceptions of medical insurers and psychologists and psychiatrists, all of the health care-related professionals received substantially higher confidence ratings than did any of the other types of professionals listed except for research scientists in the "hard sciences." (Question 1-- *exact wording is given below.*)

Among all health care related professionals, the average confidence rating was 6.6 (6.8 if medical insurers are excluded) compared to an average rating of only 5.4 for all other professionals listed (5.3 if insurers are included with this group).

- **Overall, Michiganians place 13% more confidence in health workers than in the other professionals listed in the interview.** (Q. 1, Q. 2)
- **Among health care-related professionals, those who provide insurance receive little confidence on the part of the general public in Michigan.** Whereas the average confidence rating for all other health care-related professionals is 6.8, the average rating for medical insurance providers is only 5.1. (Q. 2)
- **Specialist physicians and hospital nurses enjoy the highest levels of confidence of all health care providers.** General practice physicians and especially psychiatrists and clinical psychologists receive appreciably lower levels of confidence. Michiganians have more confidence in lab technicians, medical researchers, and hospital nurses than in general practice physicians.

The Demographics of Confidence

- **Sex, race, household income, and region of the state bear no relationship to the level of confidence people have in various health professionals.** (Table 1)
- **Age and education are related to confidence in health care professionals.** Confidence is lowest among those in their 40s and 50s and significantly higher among those who are either younger or older than this. People with greater levels of education express significantly less confidence in health professionals than their less educated counterparts. (See Table 1.)
- **Confidence may be related to where people receive care.** People who usually get their health care at a private physician's office, an urgent care facility, or a hospital emergency room tend to express greater confidence in health professionals than do those who usually get their care at an HMO clinic or a health center, although these differences are not statistically significant. Those who claim not to get health care have significantly less confidence in health professionals than do any of these others.
- **The better our health, the more confidence we have in health care providers.** Michigan residents who rate their own health as only fair or poor and those who indicate having been unable to do normal activities of daily living for at least 10 days in the past month express significantly less confidence in health professionals than do their healthier counterparts.

DISCUSSION

The relatively high degree of confidence enjoyed by health care professionals does not seem to vary appreciably among individuals of quite different backgrounds, especially compared to the variation in confidence people of different backgrounds have for other professionals. In this sense, confidence in health professionals seems to reflect a more or less general phenomenon, a broad-based cultural esteem. The confidence judgments we have found and reported here will be helpful to use as a baseline measure against which to assess confidence several years from now as the institution continues to be transformed and the relationship of providers to patients and the public continues to change.

The questions posed to Michigan residents instructed them in thinking about their confidence to consider how much they “trust each to act responsibly, to do what’s right, to be truthful, and to be dependable.” While it may be troubling that the rating for insurers is so much lower than for others in

the health care field, it is probably also noteworthy that they still were regarded with greater confidence than were advertisers, elected public officials, and news reporters.

It is worrisome that general practice physicians not only enjoy less confidence than do specialist physicians, they also enjoy less confidence than do lab technicians, medical researchers, and even hospital nurses. This is a potentially serious problem in that increasingly, general practice physicians are being asked to assume the primary care role of gatekeeper under managed care. That is, they are the professionals who decide whether or not a patient should be referred to other specialists for care. As patients the public may sometimes think they need to see a specialist but cannot because their primary care provider thinks it unnecessary. This may reduce the public's confidence in general practice physicians. Also, because general practice physicians refer some types of cases to specialists, the public may come to believe that these doctors may lack the expertise not only to treat the problem but also to be able to recognize when there is a problem that should be referred to specialist care. It is also easy to see how, under managed care, the public might come to regard the general practice primary care physician as having the potential for conflict of interest in the decision to treat or to refer a patient to someone else.

There were relatively uniformly high ratings of confidence in the health professionals across the various demographic segments. This general lack of difference was quite different from what was found regarding confidence in other professionals. (See Table 1.) The table indicates that there were significant differences in the public's ratings of other professionals based on sex, race, age, and education.

To learn more, we examined the data further. In an exploratory statistical analysis, we looked at the relationship between the confidence ratings of health professionals and a variety of potential predictor variables. These included sex, race, age, education, income, geographic area of residence, community type (urban-suburban-rural), smoking status, activity status, perceived health status, days of ill health in past month, drinking status, marital status, and whether or not the rater usually seek non-medical sources of care. Controlling for the effects of other variables led to the conclusions shown above in the final two paragraphs on the demographics of confidence.

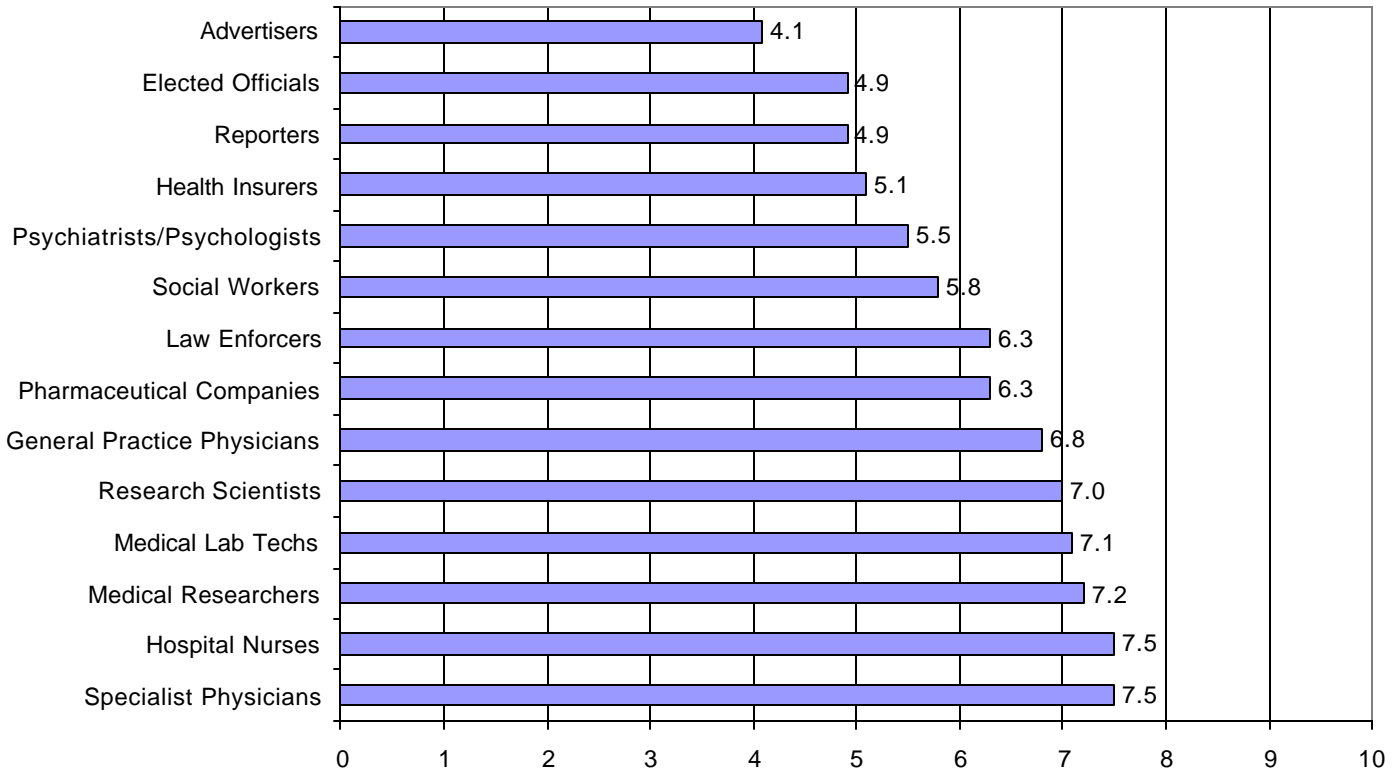
Since this analysis controlled for the both relative ill-health and recent use of health care, it raises a number of additional questions. Why do those with more education have less confidence in these other highly educated professionals? Is it a result of less "social distance," or because they have a greater appreciation for the ambiguities and uncertainties in what is known about health and many other fields, or because they have been trained to be more independent, self-directed individuals generally? Do citizens in the rural and suburban areas have less confidence in health professionals than their town and urban counterparts for the same reasons? Does the lower confidence among those in rural areas reflect actual lower quality of care they receive, a greater likelihood of receiving care from non-specialists, or a more general lower regard for medicine and science? Does the lower confidence among suburban citizens have similar roots, or might it reflect a greater or lesser involvement in managed care delivery systems? Perhaps other research efforts might shed light on these questions.

TABLE 1. Mean Confidence Rating for Health Professionals, Other Professionals, by Respondent Demographic Characteristics

| Category | Mean Confidence Rating of. . . | |
|------------------|--------------------------------|---------------------|
| | Health Professionals | Other Professionals |
| Overall | 7.2 | 5.4 |
| Sex | | |
| Man | 7.2 | 5.1*** |
| Woman | 7.3 | 5.6 |
| Race | | |
| White | 7.2 | 5.3* |
| African Amer. | 7.3 | 5.6 |
| Age | | |
| 18-24 | 7.4* | 5.7*** |
| 25-29 | 7.7 | 5.9 |
| 30-39 | 7.1 | 5.3 |
| 40-49 | 7.0 | 5.0 |
| 50-59 | 7.0 | 5.0 |
| 60-64 | 7.4 | 5.1 |
| 65or Older | 7.4 | 5.5 |
| Education | | |
| Less than H.S. | 7.9** | 5.9** |
| H.S. | 7.3 | 5.4 |
| Some College | 7.1 | 5.2 |
| College + | 7.2 | 5.4 |
| Household Income | | |
| < \$10,000 | 6.8 | 5.3 |
| \$10,000-19,999 | 7.4 | 5.4 |
| \$20,000-34,999 | 7.2 | 5.5 |
| \$35,000-49,999 | 7.1 | 5.3 |
| \$50,000 + | 7.3 | 5.4 |

* p < .05; ** p < .01; p < 001 (F statistic)

**Figure 1. How Much Confidence Do You Have in Professionals?
by Profession**



“I’d like you to think about how much you trust each to act responsibly, to do what’s right, to be truthful, and to be dependable. How much confidence do you have in ... ?”

MSU State of the State Survey (SOSS), N=952, Sampling Error=3.2%, June-July 1997, Michigan State University IPPSR

SURVEY QUESTIONS

NOTE: The full wording of questions for items discussed in this briefing paper is given here. The order in this list conforms with the order of questions in the survey instrument. The actual question number for the instrument is presented in brackets after the question, for example [CON1]. Overall, the interviews lasted an average of 22 minutes. The questions about confidence in various professionals consumed about four minutes of that time. Half the people were asked about their confidence in law enforcement officials, while the other half were asked about their confidence in social workers. Everyone was asked all the other questions.

Q. 1. Now I'd like to ask you about your confidence in several different kinds of professionals and organizations. I'd like you to think about how much you trust each to act responsibly, to do what's right, to be truthful, and to be dependable. On a scale from one to ten, where one is no confidence at all and ten is almost total confidence, how much confidence do you now have

in advertisers?[CON1]

In reporters for newspapers and television? [CON2]

In elected officials, like mayors, city councilmen, and legislators? [CON3]

In research scientists in fields such as chemistry, biology, astronomy, and genetics? [CON4]

In psychiatrists and clinical psychologists? [CON5]

EITHER

In law enforcement officials, such as police or sheriff deputies? [CN6a]

OR

In social workers? [CN6b]

Q. 2. Now I'd like to ask you the same sort of question about professionals and organizations involved in health care. Once again, on a scale from one to ten (where one is no confidence at all and ten is almost total confidence), how much confidence do you now have

in general practice physicians? [CON7]

In specialist physicians, such as surgeons, cardiologists, neurologists, obstetricians, and radiologists? [CON9]

In medical lab technicians and technologists? [CN10]

In medical researchers? [CN11]

In pharmaceutical or drug companies? [CN12]

In health care insurance companies? [CN13]

In hospital nurses? [CN14]

REGIONAL CATEGORIES

NOTE: These regions are the ones used by the Michigan State University Extension Service, except that we treat Detroit City as a separate region.

Detroit: City of Detroit

Southeast: Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)

Southwest: Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren

West Central: Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

East Central: Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola

Northern L.P.: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford

U.P.: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Background Information

Michigan State University State of the State Survey [MSU SOSS]

What Is MSU SOSS?

The MSU State of the State Survey is a quarterly statewide survey of a random sample of the residents of Michigan. Although dozens of surveys are conducted in Michigan every year, no other one is designed to provide a regular systematic monitoring of the public mood in major regions of the state. Through SOSS, MSU aims to fill this information gap. SOSS has five main purposes: (1) to provide timely information about citizen opinions on critical issues; (2) to provide data for scientific and policy research by MSU faculty; (3) to provide information for programs and offices at MSU; (4) to develop survey research methodology; and (5) to provide opportunities for student training and research.

Each quarterly round or “wave” of SOSS has a different main theme. The general plan for the themes is: (a) Winter–quality of life, governmental reform, higher education; (b) Spring–family, women, and children; (c) Summer–ethnic and racial groups, Michigan communities; (d) Fall (even numbered years)–politics, the election, and political issues; (odd-numbered years)–health and the environment. This wave of SOSS departed from this pattern and focused predominantly on health care related issues.

Who Is Conducting SOSS?

The State of the State Survey is administered by the Survey Research Division (SRD) of the Institute for Public Policy and Social Research (IPPSR), using its computer-assisted telephone interviewing (CATI) technology.

The design and overall planning of SOSS is the responsibility of a 17-person Steering Committee chaired by Dr. Brian D. Silver. The Steering Committee consists of representatives from sponsoring units, which are primarily colleges and other administrative offices within MSU.

Subject to final approval by the Steering Committee, the questionnaire for each wave of SOSS is developed by a Working Group, most of whom also serve as principal investigators or analysts for that wave. The people listed below (all from Michigan State University) comprised the Working Group for the Spring 1997 survey (Wave 11):

Clifford Broman, Associate Professor, Department of Sociology
Robert Griffore, Professor, Department of Family and Child Ecology
Larry Hembroff, Senior Survey Methodologist, Institute for Public Policy and Social Research
John Herrick, Professor and Associate Director, School of Social Work
E. James Potchen, Professor and Chairperson, Department of Radiology
Arlene Sierra, Director of Clinical Services, Department of Radiology
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Rosemary Walker, Professor, Department of Family and Child Ecology
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