

Attitudes of Medical Interns Toward Patients and Health Professionals*

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The semantic differential technique was used to survey the medical interns of a large municipal hospital for their attitudes toward selected types of health professionals and selected types of patients. On the Evaluative, Activity and Potency Factors, the intern responses were more favorable toward the health professional group than toward the patient group. The interns displayed very little variation in the degree of positive attitudinal responses toward the health professionals. Among the patient types the interns were most favorable toward the acutely ill patient and least favorable toward three types of long-term patients. Some possible explanations and implications of these findings are discussed.

Background of the Study

AMONG medical educators, interest is growing in the educational environment and social processes involved in the field of medical education. Among a number of factors involved in awakening medical educators to the role of behavioral sciences in medicine, Merton (1957) stressed the tremendous advancement of medical knowledge and the renewed emphasis on the patient as a person vs. simply a specimen of diseased biology.

In considering the process and attitudinal consequences of professionalization of the young physician, Bloom (1958) illuminated the effects of the dehumanization and compartmentalization implicit in the whole medical curriculum, and the institutional emphasis implicit in the training of young physicians mainly in the hospital setting. Supporting these observations, Becker et al. (1961) studied cultural roots of medical students' attitudes toward patients and found the overwhelming influence on the students' attitudes to derive from student culture, with lesser influence from the medical and lay cultures.

Christie and Merton (1958) utilized the semantic differential technique (Osgood et al., 1957) to study the images of Ideal Physician, Patient, and Myself among medi-

cal students. They interpreted their findings as showing that the medical student's image of the Ideal Physician was one of high extroversion, slight emotionality, thorough dominance, and a handsome appearance. The medical student's image of Myself was quite similar to that of the Ideal Physician. However, his image of the Patient contrasted markedly with the image of the Ideal Physician; the patient was envisioned as introverted, emotional, weakwilled, and ugly. Christie and Merton's (1958) findings were supported by a similar study by DeBrabander and Leon (1968), in which medical students displayed less favorable attitudes toward the patients than toward physicians, and their unfavorable attitudes toward patients worsened as the medical students neared the end of their student careers.

Several interesting studies on attitudes of medical students toward specific types of patients have been published. Becker et al. (1961) noted that two major patient stereotypes are "crocks" and "interesting cases." The "interesting cases" are usually patients who can give a lucid history, have evident pathology, and have some potential for improvement through medical management. The "crocks" are usually seen as patients without "disease," from whom the medical student can learn little or nothing, and who may actually cause the medical student distress, frustration, and embarrassment. Mumford (1970) noted the appearance of two other patient types—"gomers" and

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"turkeys"; these are hospitalized patients who the young physician feels should not have been admitted, since their illness is too minor to warrant his spending time on them.

Stoller and Geertsma (1958; Geertsma and Stoller, 1959, 1966) examined the responses of senior medical students to the concepts of Ideal Patient, Typical Organically Ill Patient, and Typical Emotionally Ill Patient. They found the most favorable attitudes toward the Ideal Patient, but the image of the typical organically ill patient was much closer to the ideal patient than was that of the typical emotionally ill patient. Spence et al. (1968) observed that medical students share the general societal misconceptions and unfavorable biases toward geriatric patients; moreover, senior medical students did not differ from freshman medical students in this regard, indicating that the medical socialization and educational process failed to ameliorate these unprofessional attitudes.

Ford et al. (1962) and Ort et al. (1965) found medical students to exhibit generally unfavorable attitudes and expectations toward chronically ill patients, despite objective proof that these same students had actually admitted to having positive emotional and educational experiences with these patients. The authors interpreted this inconsistency of attitudes and objective experiences as demonstrating a negative bias of the medical students toward this group of patients.

The preceding studies and observations indicate that medical students vary considerably in their attitudes toward physicians and patients and fail to exhibit the unbiased, egalitarian, and professional stance that the physician is taught and expected to hold.

The present study attempts to delineate further the attitudes of young physicians toward their patients and their colleagues. To do this, we examined the following hypotheses; (1) that young physicians, and particularly house staff physicians, view health professionals as a group more favorably than patients as a group, and (2) that within the patient group the acutely ill patient is looked upon more favorably than

the long-term organically or emotionally ill patient.

Methods

All thirteen medical interns at a large municipal hospital (a major teaching center for two medical schools) were asked to respond anonymously to a questionnaire in December of their 1967-68 internship year, and again the following May. There was 100 per cent response and full cooperation on the part of the medical interns.

The questionnaire utilized the semantic differential technique and contained thirteen polarized adjectival scales along which each of eleven stimulus persons were to be individually judged. Each bipolar scale contained seven degrees separating one pole from its contrasting pole. The eleven stimulus persons to be judged along the bipolar scales included four patient types and seven members of the health care team.

Three-factor loadings (Osgood, 1957) were represented in the thirteen bipolar adjectival scales: the Evaluative Factor, the Activity Factor, and the Potency Factor. The questionnaire results were analyzed for internal correlations of the bipolar scales of each factor, and only the scales with the highest internal correlations were selected for use in analyzing attitudinal differences displayed by the interns. For the Evaluative Factor three bipolar scales were found to be highly intercorrelated and were selected: (1) clean-dirty, (2) reputable-disreputable, and (3) grateful-ungrateful. For the Activity Factor the bipolar scale strong-weak was chosen. For the Potency Factor two scales were found to be highly intercorrelated and were selected: (1) active-passive and (2) fast-slow.

Results

The selected bipolar scales were used to calculate the mean score for the entire medical intern group on each of the three factors for all eleven stimulus persons. Mean scores theoretically could range from 7.0 (highest) to 1.0 (lowest). These mean scores were then placed in rank order, the highest mean score was ranked first (see Table 1).

TABLE 1. RANK ORDER OF ELEVEN STIMULUS PERSONS ON THE EVALUATIVE, ACTIVITY, AND POTENCY FACTORS

Stimulus persons	Factors					
	Evaluative		Activity		Potency	
	*Mean Score	Rank Order	*Mean Score	Rank Order	*Mean Score	Rank Order
Medical Student	5.7	3.5	5.0	3.5	5.5	3.0
Local Physician	5.7	3.5	5.0	3.5	5.5	3.0
University Physician	5.7	3.5	5.0	3.5	5.5	3.0
Registered Nurse	5.7	3.5	5.0	3.5	5.5	3.0
Licensed Practical Nurse	5.7	3.5	5.0	3.5	5.5	3.0
Social Worker	5.7	3.5	5.0	3.5	4.0	6.5
Acutely Ill Patient	5.3	7.0	4.0	7.5	4.0	6.5
Chronically Ill Patient	4.3	8.0	3.0	9.0	2.5	10.5
Hospital Aide	4.0	9.5	4.0	7.5	3.0	8.5
Emotionally Ill Patient	4.0	9.5	2.0	10.5	3.0	8.5
Crock	3.3	9.5	2.0	10.5	2.5	10.5
	p	< 0.027	p	< 0.006	p	< 0.027

* Highest possible score = 7.0; lowest possible score = 1.0.

The Mann-Whitney *u* test (Guilford, 1956) was employed to analyze the probability that the observed rank order of the members of the two groups of stimulus persons, the professionals and the patients, could have occurred by chance (see Table 1). The *p* value for the sequence observed in the rank order of the members of these two groups on the Evaluative Factor was 0.027; on the Activity Factor the *p* value was 0.006, and for the Potency Factor the *p* value was 0.027. Hence there is only a very small probability that the observed distribution of rank orderings occurred by chance.

It is clear from the data in Table 1 that the whole team of health professionals, with the exception of the hospital aide, was viewed higher on the Evaluative scales than any of the patient types. The group of health professionals, which includes the medical student, university physician, local physician, registered nurse, licensed practical nurse, and social worker, were all tied on the Evaluative Factor with a mean score of 5.7, whereas the four patient types received lower Evaluative mean scores ranging from the acutely ill patient score of 5.3 to the "crock" mean score of 3.3. The only health team member with an Evaluative mean score in this lower range was the hospital aide, with a mean score of 4.0.

The identical questionnaire was admini-

stered to the same medical interns in May, 1968, five months after the initial administration. During these five months the medical and nursing staffs made vigorous attempts to improve the attitudes of the interns toward the long-term patients through alterations in the intern-patient relationship, informal talks, discussions on teaching rounds, and other mechanisms. Nonetheless, the scores and the rank ordering of the mean scores were essentially identical to the initial responses shown in Table 1. Hence, despite efforts to change them, these attitudes of the interns appear remarkably stable over the period of time studied.

Discussion

Our data indicate that the medical interns in this study view the members of the health team rather differently from the group of four patients included in our study. On all three factors tested (Evaluative, Activity, and Potency) all of the health team professionals, with the possible exception of the hospital aide, were rated higher than any member of the patient group. Indeed, it may be argued that the hospital aide does not belong in the health professional group at all because of his limited education and training.

Attitudes among the medical interns toward the four types of patients form an

interesting pattern. On all three factors the acutely ill patient was ranked highest of all the patient types, while the "crock" was consistently ranked lowest. Both the emotionally ill patient and the chronically ill patient were ranked somewhere between the acutely ill patient and the "crock," but their scores were much closer to that of the lowly ranked "crock." It may be suggested that the low rankings of the emotionally ill patient, the chronically ill patient, and the "crock" reflect the frustration and anxiety that often result when highly trained and cure-oriented young physicians encounter long-term patients whose pathologies are difficult to manage and treat successfully.

It is somewhat surprising that the interns did not make larger attitudinal differentiations between the health professionals included in this study. One might expect that data from other bipolar scales and a larger group of interns might more clearly define differences in attitudes held by young physicians toward the various members of the health professional team.

The data from the questionnaires support the hypotheses that this group of medical interns looks more favorably on health professionals as a group than upon patients as a group, and that among the patient group the acutely ill patient is viewed more favorably than the long-term patients and the "crock." They also support evidence from the literature suggesting that medical students view physicians more favorably than patients, and now further suggest that other members of the health professional team may be grouped with the physician in this dichotomy.

The medical interns appear to have categorized the eleven stimulus persons included in this study into the "us" of health professionals and the "them" of patients. The exception to this grouping is the hospital aide whom the interns seem to have excluded from their health professional group. This group identification is inherent in the education and functioning of the health team members, but may relate to other dimensions as well. Because of their higher socioeconomic and educational backgrounds, the medical interns as a social group are clearly distinct from their patients, particularly in the municipal hospital

setting; hence, considerable social distance separates these young physicians from the patient group. Moreover, the identification of the patients as "sick" and the health professionals as "not sick" adds to this social distance. The present orientation of medical education too often contributes to the image of the patient as a specimen of disease rather than a person afflicted by a disease, and this further widens the social distance between the young physician and his patient.

Implications

The difference in attitudes toward health professionals and patients shown by the interns in this study is potentially detrimental to the medical care of the patient types viewed least favorably, i.e., the chronically ill patient, the emotionally ill patient and the "crock." It has been observed that an individual from the health professional group who becomes ill is likely to receive an extra measure of medical attention and concern from his professional colleagues. In the same manner a close friend or relative of a health professional or one carrying high socioeconomic prestige in the eyes of the health professionals very often receives this same extra measure of medical attention and concern when he needs medical care. In these situations the attitudes of the health professionals are positively affecting the medical care they provide. Conversely, one might imagine that unfavorable attitudes of these same health professionals toward other patient types could negatively affect the medical care they give these patients. Health professionals are as subject to the frailties and biases of human nature as other groups in society; nonetheless, these preferential attitudes, with their potential effect of preferential treatment of some types of patients over others, are certainly contrary to the egalitarian and humanistic tenets of medical practice. Moreover, in light of the redefinition of medical care as a right instead of a privilege, these attitudes and their behavioral consequences may have serious legal implications.

This study is a preliminary attempt to explore one small part of the complex area of the attitudes and behavior of the medical

profession. Both are key components in the medical care process, and both gravely need further exploration and understanding if we are to rationally modify and improve our highly criticized medical care system. It is hoped that the findings of this study may stimulate wider interest in the origins and effects of the attitudes and behavior of the medical profession, and that further research on these important components of the medical care process will follow.

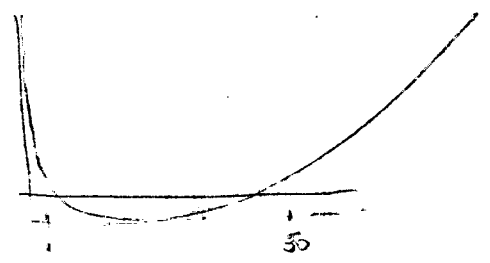
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