

THE OPINIONS OF 266 STUDENTS REGARDING
THE SERVICES OF A HEALTH CENTER IN
A SELECTED COMMUNITY COLLEGE

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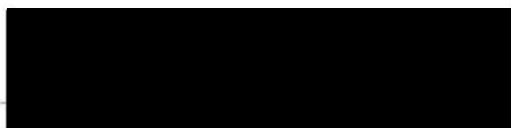
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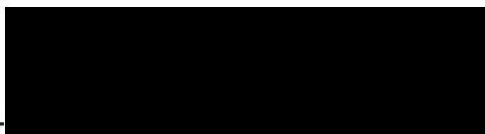
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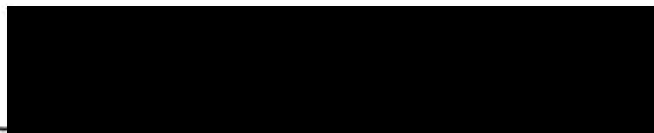
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CHAPTER I

INTRODUCTION

Introduction to the Problem

The college student must be in good physical and mental health to take full advantage of learning opportunities. This implies an effective health program. The importance of the planning process in reaching the goal of a quality health program cannot be overemphasized. The need for creative thinking during the planning process, which includes a definition of the needs and objectives of a program, has been emphasized.

Workshop groups at the thirty-third annual meeting in 1969 of the Pacific Coast College Health Association concluded that the students, as well as the faculty and administration, should have a significant role in the development of objectives for the health program. (44)

Johns stated:

Integrating learning opportunities into the college Health program--as a means of providing a comprehensive, QUALITY PROGRAM--requires a team of health professionals, faculty, administration, and students who--HAVE THE DESIRE, TAKE THE TIME TO PLAN, IMPLEMENT THE PLAN, COORDINATE FUNCTIONS, AND EVALUATE THE RESULTS. (33)

Student committee involvement in health service activities is basically an activity of communication. It is understood that students will not intrude on matters of professional responsibility. Their fresh viewpoint can be of great value to administrators. Student participation is considered of distinct value when enrollment is 1,000 or more. (3) In the Proceedings of the Thirty-Fourth Annual Meeting of the American College Health Association it was stated:

The positive contributions that student participation may offer are 1. The experience is of significant educational value to future leaders of communities. 2. The receptive point of view made necessary by the existence of such a (student) committee will aid professional people in avoiding isolation from the opinions and desires of their patients. 3. The existence of such an organization is of potential value in transmitting and interpreting sound professional and administrative opinion. (3, p. 22)

The "team" approach concept was also recognized officially in the 1969 revision of the Recommended Standards and Practices for a College Health Program. (39)

Statement of the Problem

The selected community college was established in 1966. There are now more than 3,000 students attending full or part-time in day and evening courses. A student population of that size necessitates the maintenance of health services. Since this is a commuting population, no infirmary is provided. However, emergencies arise,

physical and emotional problems are present and other needs for health services are prevalent.

A College Health Center has been established. Staffing consists of one professional nurse employed six hours daily and a physician who serves as a consultant. The designated services of the Health Center may or may not be adequate to meet the needs of the student population. Accordingly, this study is undertaken.

Purposes of the Study

Purposes of this study were:

1. To determine what Health Center services students believe should be available.
2. To determine the relative importance of each service to the student.

Limitations of the Study

This study is limited to data collected by an opinionnaire administered to 266 students enrolled in the selected community college.

Definition

For the purposes of this study the definition of "values," as given by Knutson, will be operational. Values refer then to "what

one feels that one should do, ought to do, or must do, whether or not one is consciously aware that these imperatives, acquired through socialization and learning, are giving direction to thoughts and action."

(35)

Importance of the Problem

The health service of the selected college has existed only since October 1969. The findings of the study may reveal unmet needs which should promote expanded services.

With the selected community college about to embark on a self-evaluation study prior to official accreditation, there is considerable interest in the assessment of how present needs are being met. The rapid growth of the college means that the health center will also need to expand in both size and service rendered. Due to these factors encouragement has been given for this study.

Design of the Study

Sources of Data

The study is a normative survey of a descriptive nature.

The primary sources of data were responses to an opinionnaire submitted to 266 students at the selected community college.

Secondary sources of data were derived from a review of the related literature and related studies.

Steps of the Study

The problem, purpose and scope of the study were defined.

A frame of reference for the broad variety of services offered in a health center was developed by use of an historical approach in the review of related literature. Value systems were also explored to give a broader understanding of the underlying bases for choice in terms of degree of importance respondents attached to each service.

A data collection tool was devised similar to one used in a survey of colleges in Washington in 1970. The Washington questionnaire was concerned with 20 functions of health service personnel. It was learned that one of the primary purposes of the questionnaire was to put before the students, faculties, and administrators the various functions performed by the health personnel.

The questionnaire used in the Washington study was revised and converted into an opinionnaire which consisted of twenty-seven services to be checked for degree of importance, and six completion items. These included age, sex, whether the respondent was aware that there was a health service, whether he had used the health service, and whether a college transfer student or a vocational student. The participants were requested to note any services that they would like to see offered that had not already been listed. (Appendix B)

The deans of the college were contacted for permission to submit the questionnaire to all nine o'clock classes on a specified Wednesday morning. Wednesday was chosen because the greatest number of students were on campus on that day. All deans and faculty were willing to cooperate. An explanatory letter with the proper number of opinionnaires was delivered to each instructor the previous day. The instructors administered and collected the opinionnaires. A total of 266 responses were returned. An objective in terms of sample size was one-tenth of the college enrollment or an n of 300. The actual sample of 266 was, however, considered adequate.

The responses were tabulated by the data processing method on an International Business Machine 360, model 20, submodel 5 computer. Data were then entered on master tabulation sheets, tables were constructed, and the findings were interpreted and discussed. The study was summarized, conclusions drawn, and recommendations made for further study.

Overview of the Study

This study has been organized into four chapters as follows:

Chapter I has consisted of the statement of the problem, purposes of the study, the importance of the problem, its limitations and design. Chapter II contains a review of the literature and related studies providing an historical background and frame of reference for

including the various services listed on the opinionnaire. Chapter III describes the study, the treatment of the data, and the interpretation of the findings. Chapter IV presents a summary, conclusions drawn, and recommendations for further studies.

CHAPTER II

REVIEW OF RELATED LITERATURE AND STUDIES

Review of the Related Literature

Historical Overview

Recognition of the importance of health to the successful completion of an academic program has long been established. Though few colleges had health officers on the staff prior to 1910, the great majority now offer health services. (23)

It seems reasonable to suggest that college health services are an outgrowth or a continuation of the concerns of leaders in both education and public health. The first impetus to school health programs in the United States derived from problems in sanitation and communicable disease control. The exact beginnings of these causal factors are difficult to identify, and to state precisely why they have evolved as they have, is impossible. Wilson suggested however that among the many factors which have exerted "directing and modifying influences" have been:

1. Changes in educational philosophy
2. Alterations in social viewpoints regarding child welfare
3. Increases in medical knowledge and in understanding of child growth and development
4. Expansion of public health programs

5. Leadership by professional associations, governmental agencies, voluntary associations, and institutions of higher learning
6. Development of organized civic groups whose concern stems from parental interest.
7. Generous financial support, particularly in the fields of research, experimentation, and demonstration, by large philanthropic funds and commercial groups interested in child welfare. (61)

All of these factors have brought about, directly or indirectly, improvement and better integration of school health programs as well as the development of the philosophy which guides school health services of today. (61)

Change in educational philosophy was characterized by the shift in emphasis from subject matter to child development. Until the turn of the century teachers and administrators as a group were more concerned with the intellectual development of the child and the subject matter he could absorb. This changed with the rampant epidemics of diphtheria and scarlet fever in the early 1890's and the high rates of absenteeism. Medical inspections were initiated in New York City and Boston. The decreases in cases of communicable disease was most gratifying. Chicago followed in 1895, and Philadelphia in 1898. (61)

A significant number of children were excluded from school when medical inspection revealed the presence of scabies, pediculosis, and impetigo. Many received no care. Lillian Wald in New York

arranged for a Henry Street visiting nurse to give demonstrations to interested parents in the handling of such problems. Home visits were made with the purpose of encouraging mothers to secure treatment. Procedures were demonstrated. This proved so successful that the first municipally supported school nursing service in the country was established in New York in 1902. Thus the physical needs of the child were brought into focus. Educators began to realize the profound importance of physical development, hearing, vision and nutrition. Health has now become universally accepted as a cardinal objective of education.

Wilson explained that with the changes in emphasis in education came rapid expansion and specialization in social services. This social phenomenon was characterized by a trend away from methods of alleviation (of ignorance, poverty and illness) to the more constructive methods of prevention and re-education. The modern philosophy of social welfare recognizes the value of education. It was inevitable that welfare groups turned to childhood and youth as the logical field for preventive work in the solution of many social and public health problems. The schools took on an array of health activities, some partly educational, and some purely educational. Wilson said that, "Many areas of service became, and still are, 'no-man's land' because of the confusions caused by conflicting divergencies in the evolution of public education, public health, and public welfare." (61)

It may be for these same reasons that college health service personnel sought solutions to all these divergent problems.

The foregoing discussion, with its historical frame of reference, has been introduced for its value in determining reasons for the great variety of functions of a college health service. With the passing of time it seems reasonable to believe that the scope of services will increase.

The earliest reference to college health service indicated that in 1856 the president of Amherst College, Dr. Stearns, announced his concern for those forced to leave college due to illness. He had several distinguished physicians lecture to the students on "the laws of health." He subsequently drew up a prospectus for a Department of Hygiene and Physical Education in the hope of furthering "the great ends of education, which are to make men." (26)

In 1953 a survey of 1, 157 colleges revealed that about one-third had no clinical service; one-third took care of only minor ailments; and approximately one-third were able to take care of both minor and major disorders. (26) The American College Health Association had been in existence thirty-two years and had been available for consultation.

It was the observation of Mrs. Ethel Ginsburg that there was no dearth of information about what to do or how to do it but rather a "lack of conviction about why or whether a college should be

concerned about the health of its students." The findings of the 1953 survey showed that the percentages of colleges with comprehensive clinical programs did not vary much from one region of the country to another. They were found in about the same proportion in colleges located in large cities, small cities, and rural areas. Whether a college was private, church supported or public, or all male, all female or coeducational there was no significant difference in the comprehensiveness of its health program. Those having high academic standards were found to have high standards for all phases of a comprehensive health program. Though it was difficult to provide all services to the individual as needed, it could be done according to Dr. John Summerskill, who summarized the 1953 survey.

"Responsibility is the point at issue." (26)

By 1953 when the Fourth National Conference on Health in Colleges was held, students were active participants for the first time. The conference theme was "Teamwork in Meeting the Health Needs of College Students." Value of student participation was acknowledged in many of the committee reports. (26)

Value Systems

It was an essential part of this study to have respondents place a degree of importance on each of a series of services routinely included in most college Health Centers or that will at one time or

another be expected of those professionals serving the students through the auspices of the Health Center. In eliciting a degree of importance a value system is implied.

Knutson's definition of values, already mentioned, refers to them as "...what one feels that one should do, ought to do, or must do, whether or not one is consciously aware that these imperatives, acquired through socialization and learning, are giving direction to thoughts and action." A value system in turn is a set of values with a certain degree of cohesiveness. Knutson further stated that "...values influence action and give general direction to behavior." This leads to the understanding that "values, as ideal goals, may actually have some motivational qualities." (35)

Help-Seeking Behavior

Mechanic discussed the meaning of "illness behavior" and inferred that the patient's perspective of his illness determines his "illness behavior." Patterns of response to illness are socially and culturally conditioned, functionally relevant, and easily demonstrated by different societies. Mechanic reviewed the literature on studies of socially defined responses to illness and help-seeking, but cautioned that the character of the symptoms themselves were not to be ignored. He elaborated on factors influencing the help-seeking behavior and further defined these in terms of "self-defined" and

"other-defined." He identified the following variables:

1. The nature and quality of symptoms.
2. Visibility, recognizability, or perceptual salience of symptoms.
3. The perceived seriousness of symptoms.
4. The extent to which symptoms disrupt family, work, and other social activities.
5. The frequency of the appearance of symptoms, their persistence, or frequency of recurrence.
6. The tolerance threshold of those who are exposed to and evaluate the deviant signs and symptoms.
7. Available information, knowledge, and cultural assumptions and understandings of the evaluator.
8. Perceptual needs which lead to autistic psychological processes.
9. Needs competing with illness response.
10. Competing possible interpretations that can be assigned to the symptoms once they are recognized.
11. Availability of the treatment resources, physical proximity, and psychological and monetary costs of taking action. (39)

Point six may have particular significance for personnel in college health centers. Attitudes of tolerance toward deviant behavior, in general, are related to general expectation levels of others where deviance is not involved.

A person's values about stoicism and independence may affect his tolerance for pain and discomfort as well as how he responds to symptoms and what he does about them. Mechanic cited a study by Lambert which clarified that "the amount of pain that people are willing to tolerate will depend upon the significance and meaning they

attribute to the painful event." Another factor found to influence tolerance of pain to some extent was to what the person has become accustomed. (39)

Because of the presence of some ethnic groups in the campus community where the study was done, it was considered of value to include some general findings relating to these segments of the population.

Mechanic reported that the more ethnocentric and socially cohesive groups included more persons who know little about disease, who were skeptical toward professional medical care, and who reported a dependent pattern when ill. Along with the culturally learned differences in illness behavior, developmental experiences may determine reactions to threatening circumstances. It was found that first-born and only children were more likely than other adults to desire to be in the presence of another person when threatened in adult life. A fairly large correlation was found between persistent complaints of pain and the patient's age and/or family size. Both older people and those from large families were more likely to be persistent complainers. In children, boys were found to be more stoical than girls and older children were more stoical than younger children. Boys had a higher accident rate than girls of the same age. There was a tendency for delay in seeking treatment to be associated with a structure of ingrained socio-medical habits which appears to

be typical in the United States of the lower socio-economic groups. It was determined that social and demographic factors were better predictors of the use of health facilities than the seriousness of the patient's condition. (39)

The Coping Response

There is an increasing awareness of emotional factors precipitating illness. Studies of psychosomatic ailments give evidence that "distress"--conflict and frustration--is often more influential in its effects on seeking help and on the expression of illness than it is on the actual occurrence of the condition. It is often an underlying emotional problem that is masked by presentation of somatic symptoms or complaints. This may be an adaptive technique for seeking reassurance and support in a socially acceptable way when it is difficult for the person to present the underlying problem in an undisguised form. Often the person is unconscious of his real problem. This has been interpreted by Mechanic as an attempt to cope. (39)

Review of Related Studies

Mechanic and Volkart in 1961 published a study concerning the relationship between measures of "stress" and measures of illness behavior, and their joint effect on the use of medical facilities. The

operational hypothesis was that frequency of medical visits is a function of both the inclination to adopt the sick role and of experienced stress. The three specific variables were frequency of visits to a medical facility for diagnosis and treatment; stress; and inclination to adopt the sick role. The purpose of the study was to investigate both of the variables, separately and in combination, and their influence on frequency of reported illness.

Stress was measured by the relative frequency that the subject reported as being bothered by "loneliness" and "nervousness." The third variable was tested by asking the respondents to answer three questions pertaining to hypothetical situations.

The subjects were sophomore male students who had lived in the freshman dormitories during the preceding academic year. Reasons for selecting this particular group included the fact that their ages were approximately the same, and they lived and ate their meals in the same dormitory situation. Academic demands were essentially similar, the admission standards high, and it could be assumed that many would find this experience stressful particularly if this was the first prolonged separation from family and friends. Medical care at this University was free and the health center was conveniently located.

Analysis of the data and conclusions drawn from the 614 male respondents indicated that the tendency to adopt the sick role was a

more influential variable than stress in causing one to seek the use of a medical facility. However, both variables were clearly related to the use of the college health service. Among students with a high inclination to use medical facilities and high "stress," 73 percent were frequent users of medical services (three or more times during the year), while among the low inclination-low "stress" group, only 30 percent were frequent users of such services. (41)

A health services survey in two community colleges was undertaken to determine how students and faculty view the function of health service personnel. Data were collected by a questionnaire consisting of a list of 20 functions. The respondents were requested to indicate the degree of importance they assigned to each by checking one of three columns, namely, "a most important" function, "a possible or occasional" function, and a "least important" function. The results were tabulated and converted into percentages. The highest percentages in the most important column pertained to first aid and accidents and taking care of health emergencies. In all other areas there was a considerable variation in the responses. It was not reported how the survey findings were to be used. One outgrowth of the survey was the production of a Manual for Developing a Health Service Program in Community Colleges, State of Washington. (47)

Rice studied the health problems of a selected class of diploma school student nurses. She investigated the effect of health problems

of 48 out of 89 students in one class who had been granted leaves of absence or who withdrew from the school for reasons of health. The number of episodes of illness, days of absence, and hospitalizations were determined for each of the 48 students. She determined the relationship of the students' grade point ratios to the number of absences and the students' utilization of the health service.

Findings indicated that two percent of the "person days" of the nursing program were lost due to health problems; single episodes in the categories of infectious diseases, surgeries, and orthopedic injuries caused many days of absence; and one-fourth of the students accounted for 56 percent of the total days of absence. All students missed some time from classes. This ranged from 1 day to 119.5 days. The average number of health problems was five per year per student. The health service was utilized for 87 percent of these problems. Those who withdrew from school for reasons of health did so more for socio-psychological reasons than for conditions that were organic in origin. The mean of days absent for students with medium grade point ratios was significantly higher than the mean of days absent for students with high grade point ratios. (49)

Wilder's thesis, A Study of Health Problems in a Group of Student Nurses in a Selected Collegiate School, recognized that the attitude of the faculty toward the student and the health service might have great effect on the good the student gets from the health service

regardless of the actual quality of care. The attitude of the health service staff toward the student likewise affected the student's use of the service. (60)

Farnsworth commented that there has been little research on the reactions of students to health services and that this type of study would be most important to the planning and structuring in the future development of college health services. (23)

Zahl reported a study in three sequential issues of Community College Health Services. She conducted a student evaluation of the health services at a community college. Data were obtained by a questionnaire developed with the cooperation of the Student Personnel Services staff and subsequently approved by the College Affairs Committee.

It was found that students used the health services as necessary, seemed to be informed concerning availability of services and were realistic about identifying their needs. The researcher recommended extended efforts toward education and increased orientation of students and faculty regarding health problems. Further recommendations were concerned with environmental control and some reorganization of the health services. (62, 63, 64)

Summary of Literature and Related Studies

According to the literature it was established that the percentages of colleges with comprehensive clinical programs do not vary much geographically. Those colleges having high academic standards also provide high standards of clinical care. The value of student participation in developing health programs seems well documented.

Factors that influence the frequency of use of a health facility were explored. These were categorized as help-seeking behaviors and the coping responses. These patterns of response to illness are socially and culturally conditioned and functionally relevant. The manner in which the student perceives the health service and its usefulness to him determines the extent to which he will utilize it either for direct care or for preventive measures.

CHAPTER III

REPORT OF THE STUDY

This descriptive study was undertaken for the purposes listed in Chapter I and followed the steps as described therein. The study was conducted in a community college situated in a suburban and rural area. The northern boundary is adjacent to an urban area with a population of approximately 378,000. The rest of the area has a population distributed in communities varying in size from approximately 1,500 to 14,000.

The enrollment winter 1971 was 3,136. Of this number 46 percent were married. A little over one-third of the students ranged in age in the 19 to 21 year-old category; another one-third ranged from 22 to 36 years of age, and the rest were 37 years and over. Veterans numbered 370 which was a 220 percent increase over the previous year.

Special federal and state programs represented on campus included Manpower Development Training Act, Social Welfare, Valley Migrant League, Bureau of Indian Affairs, Service Veterans, Vocational Rehabilitation, Veterans Rehabilitation, Commission for the Blind, and Work Incentive (WIN). Reference is made to these

programs because they may reflect a fairly low social and economic status which in turn could be significant in terms of what the majority of students viewed as desirable services rendered by the Health Center.

Procedure for Collecting the Data

Data were collected by means of an opinionnaire administered to all in attendance at classes held at 9:00 A.M. on a selected Wednesday. The faculty for each class distributed and collected the forms. The data were later tabulated by the data processing department.

Interpretation of the Findings

There were 266 usable responses; one other was discarded due to being undecipherable. The age range of the participants was 16 to 80 years. It had already been established that one-third of the students were below 21 years in age and another third over 37. The respondents consisted of 157 who were 21 years of age and under, 74 who were between 22 and 36, and 24 over age 37. The distribution appears to be atypical to the general college population. The study population consisted of 134 men, 127 women and 5 who did not indicate their sex. These data are shown on Table 1.

Table 1. Distribution of Study Group by Age and Sex

| Age | Men | Women | Totals |
|--------------|----------|----------|----------|
| 21 and Under | 79 | 78 | 157 |
| 22 - 36 | 48 | 26 | 74 |
| 37 and Over | 6 | 18 | 24 |
| No Age Given | 1 | 5 | 6 |
| No Sex Given | <u>-</u> | <u>-</u> | <u>5</u> |
| Totals | 134 | 127 | 266 |

Perhaps collecting data at 9:00 A. M. resulted in data from full-time students rather than a cross-section of all who were in attendance throughout the class schedule which ranged from 8:00 A. M. to 10:00 P. M.

Further data were obtained to determine if the students were enrolled for college transfer credit or occupational credit. Some indicated both, some neither, and some failed to make any designation. The data showed 78 men and 50 women were in the college transfer group, and 31 men and 52 women were seeking occupational credit. For some students a mixed program is feasible as shown by the 9 men and 6 women who marked both college transfer and occupational credit. For 20 students the classification did not appear to be important; they designated being enrolled in neither category. Nine omitted any designation. The data are shown in Table 2.

Table 2. Distribution of Respondents According to Age, Sex and Type of Program

| Type of Program | Age 21 years and under | | Age 22-36 years | | Age 37 years and over | | Total | | Sum Total |
|-----------------|------------------------|-------|-----------------|-------|-----------------------|-------|-------|-------|-----------|
| | Men | Women | Men | Women | Men | Women | Men | Women | |
| | College Transfer | 52 | 34 | 24 | 13 | 2 | 3 | 78 | |
| Occupational | 12 | 33 | 16 | 10 | 3 | 9 | 31 | 52 | 83 |
| Both | 4 | 3 | 5 | 0 | 0 | 3 | 9 | 6 | 15 |
| Neither | 10 | 6 | 0 | 2 | 0 | 2 | 10 | 10 | 20 |
| Omitted | 1 | 2 | 3 | 1 | 1 | 1 | 5 | 4 | 9 |
| Omitted Age/Sex | — | — | — | — | — | — | — | — | <u>11</u> |
| Total | 79 | 78 | 48 | 26 | 6 | 18 | 133 | 122 | 266 |

Before ascertaining the participants' opinions regarding the importance of the various health services, it was deemed feasible to identify how many had used the college Health Center services. It was found that only 39 had attended the Health Center. It would appear that the responses to the degree of importance placed on the health services would be influenced little if at all by personal experience.

It was noted that a greater number of men in the college transfer categories used the Health Center as compared to use by women. However, this could be qualified by stating that the enrollment of men in the college transfer group is nearly twice that of women. Three times as many occupational women students used the Health Center as did the men; women comprised 61 percent of the occupational students in this study. The responses have been tabulated by

age, sex and type of program as shown in Table 3.

Table 3. Distribution of Thirty-nine Respondents Who Have Used the Health Center Services According to Age, Sex and Type of Program

| Type of Program | Age 21 years and under | | Age 22-36 years | | Age 37 years and over | | No age given | | Sum Total |
|---------------------|------------------------|----------|-----------------|----------|-----------------------|----------|--------------|----------|-----------|
| | Men | Women | Men | Women | Men | Women | Men | Women | |
| | College Transfer | 6 | 5 | 7 | 5 | 0 | 0 | 1 | |
| Occupational Credit | 0 | 6 | 3 | 1 | 0 | 1 | 0 | 1 | 12 |
| Both | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Neither | <u>1</u> | <u>1</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>2</u> |
| Total | 7 | 12 | 10 | 6 | 0 | 2 | 1 | 1 | 39 |

Another item sought to determine how many of the respondents were aware that the college provided health services. It was found that 45 men and 37 women were unaware of the availability of health services. It is not known if the orientation of new students gave insufficient emphasis to the Health Center services or if the 82 students who expressed themselves as being unaware of the services did not participate in the orientation. There is no Health Center Handbook at this time. The community college catalogue, issue 1970-71, includes this statement:

A student Health Service is provided for all students. The Health Office is staffed by a registered nurse under the direction of a physician. The Health Service provides treatment for common illnesses and injuries, and assistance with referrals, health information and counseling. A physical examination is required of all new students taking nine or more credit hours. (13)

More detailed coverage is given to the Health Center Services and availability of insurance in the Student Handbook 1970-71 edition. In view of these statements it would appear that all students should be aware of the existence of the Health Center. (14)

The body of the opinionnaire (Appendix B) consisted of a list of 27 services with three columns which the respondents were instructed to check according to their opinions regarding the service being Very Important, Important, or Least Important. A blank space would indicate an opinion that the service should not be provided. The researcher then had four sets of data representing the opinions of the respondents.

All items had been selected because of their relevancy to the purposes of the study. Each item as a Health Center service can be substantiated by the literature. Farnsworth and others (2, 4, 10, 11, 36) have identified services pertinent to a well-functioning student health center and have demonstrated ample justification for each activity.

For this study the 27 functions can reasonably be classified into categories of direct nursing or medical care, counseling, health education, preventative measures, and administrative or business services. In many instances there is a crossing over or integration of a category into one or more others. Rarely are the lines discrete. This is mainly because the primary reason a student usually comes

to, or is brought to the Health Center is for medical attention; this can be a learning experience as well as therapy.

Items 1, 2, 13 and 14 fall into the nursing and medical care category.

Items 21 through 25 have both education and counseling connotations as do 9, 16, 17, 18, and 19. Numbers 9, 19 and 24 have implications for emotional and mental disorders.

Items 5, 6, 7, 10, 11, and 12 were considered under health education.

Numerous items relate to preventative services but largely such relationship is secondary in importance, hence they have been attributed to other categories. However, items 8, 15 and 20 imply prevention as an outgrowth of the service.

A final category has to do with business or administrative activities which result in health services. No items refer solely to the administrative processes of Health Center management. Items 3, 4 and 26 are concerned with services beneficial to students and faculty.

It will be noted that items relating to each of categories are dispersed throughout the list. Largely this came about because the tool was modelled after others with the addition of items derived from the literature and by consultation with knowledgeable persons. The items relative to nursing and medical care (category 1) showed that much importance was attached to each. No other category elicited such

large response. There were 241 who indicated the service of providing temporary care of the sick was either Very Important or Important (item 1) and 260 who responded in the same manner to giving first aid to students in case of accident or injury (item 2). Items 13 and 14 are related to first aid and disaster, namely the health center as a place to bring victims of fire and explosion (item 13) and for planning and assisting with emergency rescue and evacuation (item 14). Both elicited over 200 responses in the Very Important and Important columns. Sixteen thought item 1 was Least Important and nine did not think the service should be provided. For item 2, only four checked Least Important, and two that the service of first aid should not be given. Paradoxically for items 13 and 14 which have to do with mass disaster, 41 and 40 respectively checked Least Important, with 15 and 21 who left the spaces blank and thus effectively said the services should not be provided.

Since there was a high degree of unanimity for all four items no attempt was made to compare the responses by age, sex or type of program in which enrolled. The data for Category 1 are shown in Table 4.

Table 4. Responses of 266 Participants Regarding Health Services Related to Nursing and Medical Care

| Item | Very Important | Important | Least Important | Not to be Provided |
|--------------------------------------|----------------|-----------|-----------------|--------------------|
| 1. Temporary care of the sick | 135 | 106 | 16 | 9 |
| 2. First aid | 222 | 38 | 4 | 2 |
| 13. Place for disaster victims | 141 | 69 | 41 | 15 |
| 14. Plan and assist emergency rescue | 108 | 97 | 40 | 21 |

Category 2 consisted of items related to counseling services of a wide variety. There was a greater spread of opinion throughout this category than above, but responses showed high interest in some services, namely, handling emotional crises (item 9), with 193 Important or Very Important responses; providing birth control information (item 22) with 187 high responses; and drug abuse counseling and referral (item 24) which 206 regarded as Very Important or Important. Items which related to personal, family or academic counseling did not elicit as much importance. Item 16 relative to emergency personal needs for food, clothing and shelter was deemed Very Important by 41, Important by 104, Least Important by 83 and a service not needed by 38. Although over half of the respondents gave importance to this item, 121 considered it less important or a service not to be performed by the Health Center. Items 17, 18, and 19 were

concerned with the relationship of health to academic achievement and absenteeism. Largely these matters were considered Least Important or services not to be rendered by the Health Center. However 130 persons did indicate that it was Important or Very Important to counsel students with health problems relating to class performance (item 19). In reference to item 25 the giving of pertinent health information to students with physical handicaps, 190 participants considered this service to be Very Important or Important. Pre-marital counseling (item 21) was considered Least Important by 126 persons and a service not to be provided by 39. This is in contrast to the large number who advocated that the Health Center provide birth control information (item 22). Assisting the students to obtain health services for their families was considered Least Important by 105 and not necessary by 41. The data for category 2 are shown on Table 5.

Category 3 consisted of six items related to providing health education. As indicated earlier many items could be included in more than one classification but for purposes of this study the categorizing was based on how the services had been designated in previous studies or in the literature.

In all but one instance the items in this category elicited more than half of the responses in the Very Important or Important columns. Those with the highest responses were counseling students with known

Table 5. Responses of 266 Participants Regarding Health Services Related to Counseling

| Item | Very Important | Important | Least Important | Not to be Provided |
|--|----------------|-----------|-----------------|--------------------|
| 9. Handle emotional crisis | 100 | 93 | 54 | 19 |
| 16. Emergency personal needs for food, clothing, shelter | 41 | 104 | 83 | 38 |
| 17. Absenteeism and health | 30 | 91 | 102 | 43 |
| 18. Determine when may not attend class | 27 | 82 | 111 | 46 |
| 19. Health problems and class performance | 30 | 100 | 95 | 41 |
| 21. Premarital counseling | 38 | 63 | 126 | 39 |
| 22. Birth control information | 107 | 80 | 62 | 17 |
| 23. Health Services for family | 32 | 88 | 105 | 41 |
| 24. Drug abuse | 104 | 102 | 41 | 19 |
| 25. Health information for physically handicapped | 69 | 121 | 50 | 26 |

health problems (item 6) in which 203 indicated the importance of the service; assistance to students and faculty in handling emergencies was a priority for 208 participants (item 11). There were 197 who felt it important to advise students who requested health information (item 5). The matter of serving as a resource for students and faculty seeking health information, speakers, films and the like, elicited 36 responses as Very Important, 105 as Important; there were 108 who expressed this as Least Important and 17 did not think the service necessary (item 7). Item 10 which referred to helping the student assess personal health with the objective of pinpointing problems could very well have been included in the category of counseling. However, it was placed in the category of health education because of the large amount of health information which necessarily is disseminated in the process of assisting students in health assessment. There were 154 responses in the Very Important and Important columns but 88 regarded the service as Least Important and 24 did not think it should be provided. Item 12 is closely related to item 10 in that it refers to being involved with instructors and counselors in helping students solve personal problems. This likewise has connotations for counseling. There were 124 who gave high rank to the item, 97 who considered it Least Important and 45 who did not consider it necessary. The data for this category are shown on Table 6.

Table 6. Responses of 266 Participants Regarding Health Services Related to Health Education

| Item | Very Important | Important | Least Important | Not to be Provided |
|---|----------------|-----------|-----------------|--------------------|
| 5. Advise students requesting information | 71 | 126 | 51 | 18 |
| 6. Counsel regarding known health problems | 74 | 129 | 49 | 14 |
| 7. Serve as resource | 36 | 105 | 108 | 17 |
| 10. Assess personal health | 32 | 122 | 88 | 24 |
| 11. Help students and faculty learn first aid | 114 | 94 | 39 | 19 |
| 12. Help faculty and counselors with student problems | 28 | 96 | 97 | 45 |

The category of preventative measures could consist of many of the items in the opinionnaire, however has been confined to items 8, 15, 20. There were scattered responses to item 8 regarding the promotion of personal and environmental health on campus to the effect that 129 considered the service important and 137 either Least Important or not necessary. Item 15, that of furnishing medical service to needy students, was placed in this category because those with low financial resources are apt to avoid seeking medical care. Such service, available through the Health Center, can be regarded as preventative as well as therapeutic. Over 200 gave this item high ranking. Providing advice in sports and Physical Education as related to general health (item 20) was ranked by 101 as Least

Important and deemed not necessary by 34. The data for this category are shown in Table 7.

Table 7. Responses of 266 Participants Regarding Health Services Related to Preventative Health Measures

| Item | Very Important | Important | Least Important | Not to be Provided |
|---|----------------|-----------|-----------------|--------------------|
| 8. Personal and environmental health | 27 | 102 | 107 | 30 |
| 15. Medical services for needy students | 101 | 100 | 45 | 20 |
| 20. Advice regarding participation sports and P. E. | 43 | 88 | 101 | 34 |

The final category consisted of three items concerned with business and administrative processes beneficial to students and faculty, namely items 3, 4 and 26. In reference to item 3, collecting and analyzing health information, only 99 ranked the item high; 167 considered it Least Important or should not be provided. Advising the faculty concerning health problems (item 4) was accorded importance by 135 respondents, but ranked low by 131 others. Item 26 referred to offering a general medical-surgical-hospital insurance plan. Either the students carry their own insurance, or do not want any or else consider that the school should not become involved. The data are shown in Table 8.

Table 8. Responses of 266 Participants Regarding Health Services Related to Administrative Processes

| Item | Very Important | Important | Least Important | Not to be Provided |
|---|----------------|-----------|-----------------|--------------------|
| 3. Collect and analyze information | 17 | 82 | 124 | 43 |
| 4. Advise faculty regarding student health problems | 18 | 117 | 96 | 35 |
| 26. Offer insurance | 13 | 26 | 36 | 191 |

The final item provided opportunity for listing services not mentioned. There were 19 comments, very few of which designated a service not listed in the opinionnaire. Comments were made by 4 women, 14 men and 1 who did not indicate sex. Those who responded ranged in age from 18 to 49. Three were occupational students, others were college transfer students. The data for this item have been summarized in Appendix D.

The responses have been summarized by age and sex. The data for the male respondents are in Table 9. It will be noted that the degree of importance varied little according to age. The greatest difference seemed to be in the services not deemed necessary. A greater proportion of the youngest age group left the item blank, thus in effect indicating it was not to be offered.

The data for 127 women respondents are shown in Table 10. Age did not appear to influence the nature of the responses, nor did

Table 9. Distribution of Responses of 134 Men According to Age Groups

Key: Age Group a = 16 through 21 years; n = 79

b = 22 through 36 years; n = 48

c = 37 years and over; n = 6

| Item | Age Group | Very Important | Important | Least Important | Not to be Provided |
|---|-----------|----------------|-----------|-----------------|--------------------|
| 1. Temporary care of the sick | a | 36 | 35 | 7 | 1 |
| | b | 26 | 19 | 2 | 1 |
| | c | 3 | 3 | 0 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 2. First aid | a | 62 | 15 | 2 | 0 |
| | b | 41 | 6 | 1 | 0 |
| | c | 5 | 1 | 0 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 3. Collect and analyze information | a | 5 | 23 | 42 | 9 |
| | b | 4 | 15 | 23 | 6 |
| | c | 1 | 1 | 4 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 4. Advise faculty regarding student health problems | a | 4 | 33 | 29 | 13 |
| | b | 5 | 20 | 19 | 4 |
| | c | 1 | 2 | 3 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 5. Advise students requesting information | a | 16 | 36 | 21 | 6 |
| | b | 14 | 22 | 9 | 3 |
| | c | 4 | 2 | 0 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 6. Counsel regarding known health problems | a | 14 | 43 | 17 | 5 |
| | b | 19 | 20 | 9 | 0 |
| | c | 3 | 1 | 1 | 1 |
| | no age | 1 | 0 | 0 | 0 |
| 7. Serve as resource | a | 9 | 32 | 31 | 7 |
| | b | 6 | 13 | 26 | 3 |
| | c | 1 | 2 | 3 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 8. Personal and environmental health | a | 10 | 23 | 32 | 14 |
| | b | 5 | 17 | 22 | 4 |
| | c | 1 | 3 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 9. Handle emotional crisis | a | 23 | 27 | 20 | 9 |
| | b | 19 | 16 | 13 | 0 |
| | c | 2 | 3 | 1 | 0 |
| | no age | 1 | 0 | 0 | 0 |

Table 9. (continued)

| Item | Age Group | Very Important | Important | Least Important | Not to be Provided |
|--|-----------|----------------|-----------|-----------------|--------------------|
| 10. Assess personal health | a | 12 | 29 | 30 | 8 |
| | b | 8 | 22 | 16 | 2 |
| | c | 1 | 3 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 11. Help students and faculty learn first aid | a | 27 | 34 | 11 | 7 |
| | b | 20 | 14 | 9 | 5 |
| | c | 2 | 2 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 12. Help faculty and counselors with student problems | a | 8 | 26 | 28 | 17 |
| | b | 6 | 15 | 21 | 6 |
| | c | 0 | 4 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 13. Place for disaster victims | a | 40 | 21 | 11 | 7 |
| | b | 25 | 15 | 7 | 1 |
| | c | 4 | 0 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 14. Plan and assist emergency rescue | a | 28 | 27 | 13 | 11 |
| | b | 21 | 15 | 9 | 3 |
| | c | 3 | 1 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 15. Medical services for needy students | a | 30 | 27 | 16 | 6 |
| | b | 13 | 22 | 9 | 4 |
| | c | 2 | 2 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 16. Emergency personal needs for food, clothing, shelter | a | 8 | 30 | 29 | 12 |
| | b | 9 | 17 | 15 | 7 |
| | c | 1 | 1 | 4 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 17. Absenteeism and health | a | 9 | 22 | 31 | 17 |
| | b | 7 | 20 | 16 | 5 |
| | c | 0 | 2 | 4 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 18. Determine when may not attend class | a | 6 | 20 | 35 | 18 |
| | b | 8 | 21 | 15 | 4 |
| | c | 1 | 2 | 3 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 19. Health problems and class performance | a | 5 | 23 | 34 | 17 |
| | b | 10 | 15 | 19 | 4 |
| | c | 0 | 5 | 1 | 0 |
| | no age | 1 | 0 | 0 | 0 |

Table 9 (continued)

| Item | Age Group | Very Important | Important | Least Important | Not to be Provided |
|---|-----------|----------------|-----------|-----------------|--------------------|
| 20. Advice regarding participation sports and P. E. | a | 15 | 27 | 29 | 8 |
| | b | 10 | 13 | 19 | 6 |
| | c | 0 | 4 | 2 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 21. Premarital counseling | a | 16 | 20 | 30 | 13 |
| | b | 4 | 13 | 22 | 9 |
| | c | 2 | 1 | 3 | 0 |
| | no age | 0 | 0 | 1 | 0 |
| 22. Birth control information | a | 39 | 23 | 11 | 6 |
| | b | 18 | 19 | 9 | 2 |
| | c | 4 | 1 | 1 | 0 |
| | no age | 0 | 1 | 0 | 0 |
| 23. Health services for family | a | 14 | 22 | 28 | 15 |
| | b | 8 | 18 | 17 | 5 |
| | c | 0 | 4 | 2 | 0 |
| | no age | 0 | 1 | 0 | 0 |
| 24. Drug abuse | a | 27 | 31 | 14 | 7 |
| | b | 22 | 16 | 7 | 3 |
| | c | 4 | 1 | 1 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 25. Health information for physically handicapped | a | 19 | 33 | 19 | 8 |
| | b | 12 | 24 | 7 | 5 |
| | c | 3 | 2 | 1 | 0 |
| | no age | 1 | 0 | 0 | 0 |
| 26. Offer insurance | a | 9 | 34 | 28 | 8 |
| | b | 10 | 14 | 17 | 7 |
| | c | 2 | 0 | 4 | 0 |
| | no age | 0 | 1 | 0 | 0 |

Table 10. Distribution of Responses of 127 Women According to Age Groups

Key: Age Group a = 16 through 21 years; n = 78

b = 22 through 36 years; n = 26

c = 37 years and over; n = 18

| Item | Age Group | Very Important | Important | Least Important | Not to be Provided |
|---|-----------|----------------|-----------|-----------------|--------------------|
| 1. Temporary care of the sick | a | 42 | 27 | 3 | 6 |
| | b | 12 | 11 | 2 | 1 |
| | c | 11 | 6 | 1 | 0 |
| | no age | 3 | 1 | 1 | 0 |
| 2. First aid | a | 67 | 9 | 1 | 1 |
| | b | 23 | 3 | 0 | 0 |
| | c | 15 | 3 | 0 | 0 |
| | no age | 4 | 1 | 0 | 0 |
| 3. Collect and analyze information | a | 2 | 25 | 34 | 17 |
| | b | 2 | 10 | 10 | 4 |
| | c | 1 | 6 | 6 | 5 |
| | no age | 0 | 0 | 4 | 1 |
| 4. Advise faculty regarding student health problems | a | 3 | 37 | 23 | 15 |
| | b | 3 | 10 | 11 | 2 |
| | c | 1 | 12 | 5 | 0 |
| | no age | 0 | 2 | 3 | 0 |
| 5. Advise students requesting information | a | 22 | 41 | 9 | 6 |
| | b | 6 | 13 | 5 | 2 |
| | c | 7 | 8 | 3 | 0 |
| | no age | 0 | 1 | 3 | 1 |
| 6. Counsel regarding known health problems | a | 35 | 35 | 14 | 6 |
| | b | 6 | 14 | 5 | 1 |
| | c | 6 | 10 | 2 | 0 |
| | no age | 1 | 1 | 2 | 1 |
| 7. Serve as resource | a | 10 | 37 | 26 | 5 |
| | b | 1 | 13 | 8 | 4 |
| | c | 6 | 4 | 8 | 0 |
| | no age | 0 | 1 | 4 | 0 |
| 8. Personal and environmental health | a | 7 | 36 | 27 | 8 |
| | b | 0 | 12 | 12 | 2 |
| | c | 3 | 8 | 6 | 1 |
| | no age | 0 | 1 | 3 | 1 |
| 9. Handle emotional crisis | a | 28 | 28 | 15 | 7 |
| | b | 14 | 9 | 1 | 2 |
| | c | 11 | 4 | 3 | 0 |
| | no age | 1 | 2 | 2 | 0 |

Table 10. (continued)

| Item | Age Group | Very Important | Important | Least Important | Not to be Provided |
|--|-----------|----------------|-----------|-----------------|--------------------|
| 10. Assess personal health | a | 6 | 37 | 26 | 9 |
| | b | 3 | 15 | 5 | 3 |
| | c | 1 | 8 | 7 | 2 |
| | no age | 0 | 2 | 3 | 0 |
| 11. Help students and faculty learn first aid | a | 40 | 25 | 10 | 3 |
| | b | 11 | 8 | 5 | 2 |
| | c | 6 | 10 | 1 | 1 |
| | no age | 2 | 2 | 1 | 0 |
| 12. Help faculty and counselors with student problems | a | 8 | 29 | 25 | 16 |
| | b | 2 | 12 | 9 | 3 |
| | c | 0 | 9 | 7 | 2 |
| | no age | 1 | 1 | 3 | 0 |
| 13. Place for disaster victims | a | 41 | 21 | 11 | 5 |
| | b | 12 | 9 | 5 | 0 |
| | c | 12 | 4 | 1 | 1 |
| | no age | 3 | 0 | 2 | 0 |
| 14. Plan and assist emergency rescue | a | 36 | 29 | 10 | 3 |
| | b | 7 | 12 | 5 | 2 |
| | c | 9 | 8 | 0 | 1 |
| | no age | 1 | 4 | 0 | 0 |
| 15. Medical services for needy students | a | 37 | 26 | 9 | 6 |
| | b | 10 | 11 | 4 | 1 |
| | c | 8 | 6 | 3 | 1 |
| | no age | 1 | 3 | 1 | 0 |
| 16. Emergency personal needs for food, clothing, shelter | a | 13 | 34 | 21 | 10 |
| | b | 5 | 11 | 7 | 3 |
| | c | 0 | 9 | 6 | 3 |
| | no age | 1 | 1 | 2 | 1 |
| 17. Absenteeism and health | a | 5 | 25 | 29 | 19 |
| | b | 3 | 9 | 13 | 1 |
| | c | 2 | 9 | 6 | 1 |
| | no age | 0 | 3 | 2 | 0 |
| 18. Determine when may not attend class | a | 6 | 19 | 33 | 20 |
| | b | 3 | 8 | 14 | 1 |
| | c | 2 | 7 | 7 | 2 |
| | no age | 0 | 1 | 4 | 0 |
| 19. Health problems and class performance | a | 7 | 30 | 24 | 17 |
| | b | 2 | 15 | 8 | 1 |
| | c | 2 | 8 | 6 | 2 |
| | no age | 1 | 1 | 3 | 0 |

Table 10. (continued)

| Item | Age Group | Very Important | Important | Least Important | Not to be Provided |
|---|-----------|----------------|-----------|-----------------|--------------------|
| 20. Advice regarding participation sports and P. E. | a | 9 | 24 | 31 | 14 |
| | b | 3 | 10 | 10 | 3 |
| | c | 0 | 4 | 12 | 2 |
| | no age | 1 | 2 | 2 | 0 |
| 21. Premarital counseling | a | 10 | 19 | 34 | 15 |
| | b | 3 | 7 | 13 | 3 |
| | c | 0 | 1 | 15 | 2 |
| | no age | 0 | 1 | 3 | 0 |
| 22. Birth control information | a | 28 | 26 | 18 | 6 |
| | b | 10 | 8 | 8 | 0 |
| | c | 3 | 3 | 11 | 1 |
| | no age | 2 | 0 | 3 | 0 |
| 23. Health services for family | a | 4 | 29 | 32 | 13 |
| | b | 4 | 9 | 9 | 4 |
| | c | 1 | 3 | 10 | 4 |
| | no age | 0 | 1 | 4 | 0 |
| 24. Drug abuse | a | 26 | 32 | 12 | 8 |
| | b | 14 | 10 | 2 | 0 |
| | c | 7 | 7 | 4 | 0 |
| | no age | 2 | 1 | 1 | 1 |
| 25. Health information for physically handicapped | a | 17 | 40 | 12 | 9 |
| | b | 6 | 13 | 5 | 2 |
| | c | 8 | 4 | 4 | 2 |
| | no age | 1 | 3 | 1 | 0 |
| 26. Offer insurance | a | 11 | 24 | 27 | 16 |
| | b | 6 | 7 | 9 | 4 |
| | c | 4 | 4 | 7 | 3 |
| | no age | 1 | 0 | 4 | 0 |

the women show great variation from the way men responded.

It can be noted from the foregoing discussion and tabulation that certain items elicited a high degree of agreement as to importance. This was particularly noticeable in items 1 and 2 related to providing temporary care of the sick and giving first aid in case of accident and injury. For both items the percent of agreement that the service was Very Important or Important was above 90. Those two columns were combined and the number of responses converted to percentages which were rank ordered from highest to lowest. (See Appendix C, Master Tabulation Sheet III). It can be noted that there was above 70 percent agreement on 12 of the items. Those items with the lower ranks were regarded as of less importance. There were no items with which there was less than 37 percent agreement. The data are shown on Table 11.

As was noted previously the opinionnaire used in this study was modelled on one used in community colleges in the state of Washington. A comparison of the six highest items of agreement shows marked similarity as depicted in Table 12.

Table 11. Agreement of 266 Respondents Regarding Importance of 26 Items Shown by Percent and Rank Order from Highest to Lowest

| | Item | Percent | Rank |
|-----|--|---------|------|
| 2. | First aid | 97.6 | 1 |
| 1. | Temporary care of the sick | 90.5 | 2 |
| 13. | Place for disaster victims | 78.9 | 3 |
| 11. | Help students and faculty learn first aid | 78.1 | 4 |
| 24. | Drug abuse | 77.3 | 5 |
| 14. | Plan and assist emergency rescue | 77.0 | 6 |
| 6. | Counsel regarding known health problems | 76.2 | 7 |
| 15. | Medical services for needy students | 75.4 | 8 |
| 5. | Advise students requesting information | 73.9 | 9 |
| 9. | Handle emotional crisis | 72.4 | 10 |
| 25. | Health information for physically handicapped | 71.3 | 11 |
| 22. | Birth control information | 70.2 | 12 |
| 10. | Assess personal health | 57.8 | 13 |
| 16. | Emergency personal needs for food, clothing, shelter | 54.4 | 14 |
| 7. | Serve as resource | 52.9 | 15 |
| 4. | Advise faculty regarding student health problems | 50.6 | 16 |
| 20. | Advice regarding participation sports and P. E. | 49.1 | 17 |
| 19. | Health problems and class performance | 48.7 | 18 |
| 8. | Personal and environmental health | 48.4 | 19.5 |
| 26. | Offer insurance | 48.4 | 19.5 |
| 12. | Help faculty and counselors with student problems | 46.5 | 21 |
| 17. | Absenteeism and health | 45.4 | 22 |
| 23. | Health services for family | 45.0 | 23 |
| 18. | Determine when may not attend class | 40.9 | 24 |
| 21. | Premarital counseling | 37.8 | 25 |
| 3. | Collect and analyze information | 37.1 | 26 |

Table 12. Comparison of Percent of Agreement of 266 Students
with that of 150 Students in the Washington Study

| Item | Percent (n = 266) | Percent (n = 150) |
|---|----------------------|----------------------|
| 2. First aid | 97.6 | 98 |
| 1. Temporary care of the sick | 90.5 | 90 |
| 13. Place for disaster victims | 78.9 | 91 |
| 11. Help students and faculty learn first aid | 78.1 | 74 |
| 14. Plan and assist emergency rescue | 77.0 | 78 |
| 6. Counsel regarding known health problems | 76.2 | 81 |

CHAPTER IV

SUMMARY, CONCLUSIONS, RECOMMENDATIONS FOR FURTHER STUDY

Summary

This study was undertaken for the purpose of ascertaining what Health Center services students believe should be available and to determine their opinions of the relative importance of each service. A data collecting device in the form of a 27 item opinionnaire was constructed; 26 items pertained to health services, one item to suggestions for additional services. The degree of importance could be indicated in columns headed Very Important, Important, and Least Important. A blank indicated that the service need not be offered.

The opinionnaire was administered to all students attending class at 9:00 o'clock in the morning on a selected day. There were 266 usable returns. The data were tabulated numerically, converted to percentages and rank ordered.

It was found the respondents ranged in age from 16 to 80; there were 134 men, 127 women, plus 5 who did not indicate sex. Almost half of the participants were enrolled in the college transfer program with the majority in the younger age group. Only 39 had used the

College Health Center services. Eighty-two were unaware that Health Center services were available despite reference in the catalog and Student Handbook.

There was a high percentage of agreement for such items as providing temporary care for the sick, giving first aid to the injured, providing a place to bring victims in a crisis such as fire or explosion, helping faculty and students learn first aid, providing drug abuse counseling, and advising students with known health problems. For 12 items the degree of agreement was over 70 percent; there were no items which elicited less than 37 percent. For all items there were responses that reflected opinions that the service was unimportant or should not be provided. This was particularly noted in items that implied a policing action on the part of the Health Center as illustrated by helping determine when a student may not attend classes for health reasons, and inquiring reasons for prolonged absenteeism. It is interesting to note that many negated the need for providing premarital counseling, but there was a high degree of interest in obtaining birth control information. Those items which might overlap with social services were heavily negated; to illustrate, assisting students to obtain health services for their families. The activity of collecting and analyzing health information was not considered pertinent.

Age, sex and type of program had no influence on the nature of the responses.

There were very few suggestions for additional services to be provided by the Health Center. There was a request for abortion counseling and referral, and one for abortion services as well as a request for "the pill" for those who want it. These requests were made by men students.

Conclusions

Findings from a descriptive study of this type cannot be generalized beyond the responses of the participants which represented about one-tenth of the student population. However, it can be concluded that:

1. There was a high degree of agreement regarding the importance of the services that provide direct care.
2. The respondents regard it as unimportant for the Health Center to become involved in any services that possibly overlap responsibilities of other departments such as counseling or financial aid.
3. The information about the Health Center disseminated to students has not been fully comprehended.

Recommendations for Further Study

The importance of obtaining data from students regarding health services has been demonstrated. It is recommended that:

1. This study be replicated periodically to ascertain if student opinions regarding the health services reveal the need for making changes.
2. The faculty, administrative personnel and classified staff be given opportunity to complete the opinionnaire. The findings of such a study could have implications for expansion, reorganization, employment of more personnel, and of the future delivery of health care to the general population. In terms of the latter implication, certain curriculum changes might ensue, necessitated by the need for preparing various categories of health personnel.

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APPENDICES

APPENDIX A
Correspondence

College Health Center
_____ Community College

April 18, 1971

Director of Health Services
(Name of Community College)
(Address of Community College)
(Name of City, State, Zip Code)

Dear Director:

Last fall at the Pacific Coast College Health Association meeting in Portland, a copy of the results of a health service "function" survey used at your college, came to my attention. It was a state-wide survey of how students and faculty view the function of the health services personnel on each campus. I anticipate making a similar study at this school. I would appreciate information regarding your findings. Are any reports available? Did changes occur in health services as a result of the study? I look forward to hearing from you.

Sincerely yours,

(Mrs.) Bonnie K. Hartley, R. N.
College Health Center

3850 S. W. Marigold Street
Portland, Oregon 97219
April 30, 1971

Dean of Academic Affairs
Dean of Occupational Education
Dean of Student Services
(Name of Community College)
(Address of Community College)
(City, State, Zip Code)

Dear _____:

At this time I would like to formalize my request to conduct a study for the purpose of obtaining students' opinions regarding the degree of importance they assign to the various services offered by the College Health Center. This study will assist me in the partial fulfillment of the requirements for the degree of Master of Science at the University of Oregon School of Nursing.

The study will involve the completion of a simple opinionnaire, a draft of which is attached. It should take only a few minutes for the students to complete.

It is my considered opinion that approximately 300 respondents, or about one-tenth of the student enrollment, will be an adequate sample size. It would be my request that class time be granted to administer the opinionnaire to the students enrolled in all Monday-Wednesday-Friday 9:00 A. M. classes.

It would be my hope that I could use the results to implement changes which would benefit the people who use our Health Center.

Thank you for giving your consideration to this request.

Sincerely yours,

(Mrs.) Bonnie K. Hartley, R.N.

APPENDIX B

Opinionnaire

**COLLEGE HEALTH CENTER
OPINIONNAIRE**

This survey is being used to determine how students view the services of the College Health Center. To the right of the list of items are three columns, one of which is to be checked according to the degree of importance you assign to each item. Using the scale below, check the column that best represents your opinion.

- #1 Column: a VERY IMPORTANT service. IMPORTANCE of the service is emphasized, not its frequency of use, though frequency of use could be a factor also.
- #2 Column: an IMPORTANT service. This is a service you see as essential but not as important as those in the #1 category.
- #3 Column: a LEAST IMPORTANT service. This service may be unimportant to you but you feel that it should be included.

Leave blank (DO NOT CHECK) any of the services you feel should not be provided.

| | #1 VERY IMPORT. | #2 IMPORT. | #3 LEAST IMPORT. |
|--|-----------------------|---------------|------------------------|
| I think the service-- | | | |
| 1. to provide temporary care of sick students is | | | |
| 2. to give first aid to students in case of accident or injury is | | | |
| 3. to collect and analyze health information is | | | |
| 4. to advise faculty concerning student health problems is | | | |
| 5. to advise students requesting health information is | | | |
| 6. to counsel students with known health problems is | | | |
| 7. to serve as resource to students and instructors seeking information in health related subjects, speakers, films, etc. is | | | |
| 8. to promote personal and environmental health on-campus through personal and group involvement is | | | |
| 9. to be a center for handling "SOS" or emotional crises situations is | | | |
| 10. to help the student to assess his or her personal health with the objective of pinpointing problems is | | | |
| 11. to help students and instructors learn how to handle emergency (first aid) situations is | | | |
| 12. to be involved with instructors and counselors in helping students solve personal problems is | | | |
| 13. to be a place to bring victims of a crisis such as fire or explosion is | | | |
| 14. to plan and assist with emergency rescue and evacuation is | | | |
| 15. to furnish medical service to needy students is | | | |
| 16. to counsel students with emergency personal needs such as food, clothing or shelter is | | | |
| 17. to inquire of the seriousness of an illness when a student's prolonged absence is thought to be due to poor health is | | | |
| 18. to help determine when a student may not attend classes for reasons of health is | | | |
| 19. to counsel students with health problems relating to class performance is | | | |
| 20. to advise on participation in sports and Physical Education as relating to general health is | | | |

| | #1 VERY IMPORT. | #2 IMPORT. | #3 LEAST IMPORT. |
|--|-----------------------|---------------|------------------------|
| 21. to provide premarital counseling is | | | |
| 22. to provide birth control information is | | | |
| 23. to assist students in obtaining health services for their families is | | | |
| 24. to provide drug abuse counseling and referral is | | | |
| 25. to give pertinent health information to students with physical handicaps is | | | |
| 26. to offer a general medical-surgical-hospital insurance plan is | | | |
| 27. or services, not mentioned on this opinionnaire, that should be provided by the College Health Center is/are | | | |
| | | | |
| | | | |

Check the degree of importance you would give your recommendations.

Age _____ Sex _____

Are you aware that the college does provide limited health services? Yes No

Have you ever used the College Health Center? Yes No

Are you a college transfer student? Yes No

Are you an occupational student? Yes No

APPENDIX C

Master Tabulation Sheets

MASTER TABULATION SHEET I
 TALLIES FOR THE 26 CHECK-OFF ITEMS
 (Verbatim Responses for Item Number 27 Appear in Appendix D)

| Item | Very Important | Important | Least Important | To Be Omitted |
|--|-------------------|-----------|--------------------|------------------|
| 1. Temporary care of the sick | 135 | 106 | 16 | 9 |
| 2. First aid | 222 | 38 | 4 | 2 |
| 3. Collect and analyze information | 17 | 82 | 124 | 43 |
| 4. Advise faculty regarding student health problems | 18 | 117 | 96 | 35 |
| 5. Advise students requesting information | 71 | 126 | 51 | 18 |
| 6. Counsel regarding known health problems | 74 | 129 | 49 | 14 |
| 7. Serve as resource | 36 | 105 | 108 | 17 |
| 8. Personal and environmental health | 27 | 102 | 107 | 30 |
| 9. Handle emotional crisis | 100 | 93 | 54 | 19 |
| 10. Assess personal health | 32 | 122 | 88 | 24 |
| 11. Help students and faculty learn first aid | 114 | 94 | 39 | 19 |
| 12. Help faculty and counselors with student problems | 28 | 96 | 97 | 45 |
| 13. Place for disaster victims | 141 | 69 | 41 | 15 |
| 14. Plan and assist emergency rescue | 108 | 97 | 40 | 21 |
| 15. Medical services for needy students | 101 | 100 | 45 | 20 |
| 16. Emergency personal needs for food, clothing, shelter | 41 | 104 | 83 | 38 |
| 17. Absenteeism and health | 30 | 91 | 102 | 43 |
| 18. Determine when may not attend class | 27 | 82 | 111 | 46 |
| 19. Health problems and class performance | 30 | 100 | 95 | 41 |
| 20. Advice regarding participation sports and P. E. | 43 | 88 | 101 | 34 |
| 21. Premarital counseling | 38 | 63 | 126 | 39 |
| 22. Birth control information | 107 | 80 | 62 | 17 |
| 23. Health services for family | 32 | 88 | 105 | 41 |
| 24. Drug abuse | 104 | 102 | 41 | 19 |
| 25. Health information for physically handicapped | 69 | 121 | 50 | 26 |
| 26. Offer insurance | 45 | 84 | 98 | 39 |

MASTER TABULATION SHEET II

TALLIES FOR THE 26 CHECK-OFF ITEMS CONVERTED INTO PERCENTAGES

| Item | Very Important | Important | Least Important | To Be Omitted |
|---|-------------------|-----------|--------------------|------------------|
| 1. Temporary care of the sick | 50.7 | 39.8 | 6.0 | 3.3 |
| 2. First aid | 83.4 | 14.2 | 1.5 | .7 |
| 3. Collect and analyze information | 6.3 | 30.8 | 46.6 | 16.1 |
| 4. Advise faculty regarding student health problems | 6.7 | 43.9 | 36.0 | 13.1 |
| 5. Advise students requesting information | 26.6 | 47.3 | 19.1 | 6.7 |
| 6. Counsel regarding known health problems | 27.8 | 48.4 | 18.4 | 5.2 |
| 7. Serve as resource | 13.5 | 39.4 | 40.6 | 6.3 |
| 8. Personal and environmental health | 10.1 | 38.3 | 40.2 | 11.2 |
| 9. Handle emotional crisis | 37.5 | 34.9 | 20.3 | 7.1 |
| 10. Assess personal health | 12.0 | 45.8 | 33.0 | 9.0 |
| 11. Help students and faculty learn first aid | 42.8 | 35.3 | 14.6 | 7.1 |
| 12. Help faculty and counselors with student problems | 10.5 | 36.0 | 36.4 | 16.9 |
| 13. Place for disaster victims | 53.0 | 25.9 | 15.4 | 5.6 |
| 14. Plan and assist emergency rescue | 40.6 | 36.4 | 15.0 | 7.8 |
| 15. Medical services for needy students | 37.9 | 37.5 | 16.9 | 7.5 |
| 16. Emergency personal needs for food, clothing, shelter | 15.4 | 39.0 | 31.2 | 14.2 |
| 17. Absenteeism and health | 11.2 | 34.2 | 38.3 | 16.1 |
| 18. Determine when may not attend class | 10.1 | 30.8 | 41.7 | 17.2 |
| 19. Health problems and class perfor- mance | 11.2 | 37.5 | 35.7 | 15.4 |
| 20. Advice regarding participation sports and P. E. | 16.1 | 33.0 | 37.9 | 12.7 |
| 21. Premarital counseling | 14.2 | 23.6 | 47.3 | 14.6 |
| 22. Birth control information | 40.2 | 30.0 | 23.3 | 6.3 |
| 23. Health services for family | 12.0 | 33.0 | 39.4 | 15.4 |
| 24. Drug abuse | 39.0 | 38.3 | 15.4 | 7.1 |
| 25. Health information for physically handicapped | 25.9 | 45.4 | 18.7 | 9.7 |
| 26. Offer insurance | 16.9 | 31.5 | 36.8 | 14.6 |

MASTER TABULATION SHEET III

SUMMATION OF PERCENTAGES OF "MOST IMPORTANT" AND "IMPORTANT"
SERVICES WITH CORRESPONDING RANKS

| Item | Very Important | Important | Least Important | Rank |
|---|-------------------|-----------|--------------------|------|
| 1. Temporary care of the sick | 50.7 | 39.8 | 90.5 | 2 |
| 2. First aid | 83.4 | 14.2 | 97.6 | 1 |
| 3. Collect and analyze information | 6.3 | 30.8 | 37.1 | 26 |
| 4. Advise faculty regarding student health problems | 6.7 | 43.9 | 50.6 | 16 |
| 5. Advise students requesting information | 26.6 | 47.3 | 73.9 | 9 |
| 6. Counsel regarding known health problems | 27.8 | 48.4 | 76.2 | 8 |
| 7. Serve as resource | 13.5 | 39.4 | 52.9 | 15 |
| 8. Personal and environmental health | 10.1 | 38.3 | 48.4 | 19.5 |
| 9. Handle emotional crisis | 37.5 | 34.9 | 72.4 | 10 |
| 10. Assess personal health | 12.0 | 45.8 | 57.8 | 13 |
| 11. Help students and faculty learn first aid | 42.8 | 35.3 | 78.1 | 4 |
| 12. Help faculty and counselors with student problems | 10.5 | 36.0 | 46.5 | 21 |
| 13. Place for disaster victims | 53.0 | 25.9 | 78.9 | 3 |
| 14. Plan and assist emergency rescue | 40.6 | 36.4 | 77.0 | 6 |
| 15. Medical services for needy students | 37.9 | 37.5 | 76.5 | 7 |
| 16. Emergency personal needs for food, clothing, shelter | 15.4 | 39.0 | 54.4 | 14 |
| 17. Absenteeism and health | 11.2 | 34.2 | 45.4 | 22 |
| 18. Determine when may not attend class | 10.1 | 30.8 | 40.9 | 24 |
| 19. Health problems and class perfor- mance | 11.2 | 37.5 | 48.7 | 18 |
| 20. Advice regarding participation sports and P. E. | 16.1 | 33.0 | 49.1 | 17 |
| 21. Premarital counseling | 14.2 | 23.6 | 37.8 | 25 |
| 22. Birth control information | 40.2 | 30.0 | 70.2 | 12 |
| 23. Health services for family | 12.0 | 33.0 | 45.0 | 23 |
| 24. Drug abuse | 39.0 | 38.3 | 77.3 | 5 |
| 25. Health information for physically handicapped | 25.9 | 45.4 | 71.3 | 11 |
| 26. Offer insurance | 16.9 | 31.5 | 48.4 | 19.5 |

APPENDIX D

Verbatim Responses to Item 27
and Other Remarks

APPENDIX D

VERBATIM RESPONSES TO ITEM 27 AND OTHER REMARKS

| Age | Sex | Col. Tran. Student | Occup. Student | Remarks |
|-----|-----|-----------------------|-------------------|--|
| 18 | M | 1 | | Item 27: "Abortion Counseling and Referral" (placed in "Very Important" category) |
| 19 | M | 1 | | Item 27: "Sale of First Aid Kits, " |
| 20 | M | 1 | | Item 27: "Abortion Services, " |
| 21 | M | | 1 | Item 27: "The pill for those who want it, " |
| 21 | M | 1 | | Item 27: "Make the current services more known as I wasn't aware that there were health facilities, " |
| 21 | W | | 1 | Item 27: "Doctor" (placed in "Very Important" category). |
| 22 | M | 1 | | Item 27: "free help from a doctor if needed, " |
| 24 | M | 1 | | Item 27: "If you need a band aide you should be able to obtain one without giving your life history. Health Service without a lot of senseless questions. |
| 36 | W | 1 | | Item 27: "Keep nose out of private business" (printed across the three columns). |
| 18 | M | 1 | | "Very Limited" (regarding awareness of there being a College Health Center). |
| 18 | M | 1 | | "What do you think M. D. 's are for?! Free medical service is provided by the county--" |
| 18 | M | 1 | | "Are you a Communist" Yes _____ No _____ |
| 19 | M | 1 | | "Yes <u>X</u> I am aware but not familiar with the services." |
| 19 | W | 1 | | "Most have it"--(pertaining to insurance plan, Item 26). |
| 20 | M | 1 | | "I think that the health center you relate less to counseling and more to helping with emeramy cases, and the information they gather about someone should be kept in private, not distrib. to the teacher. " |
| 24 | M | | 1 | "The College Health Center should be there to provide emergency care and that is all!! |

Appendix D (continued)

| Age | Sex | Co. Tran. Student | Occup. Student | Remarks |
|-----|--------------|----------------------|-------------------|---|
| 27 | M | 1 | | "There are programs for this." (Opposite Item 15) |
| 32 | W | 1 | | "Badly needed," (pertaining to insurance plan, Item 26.) "Much too limited to help." The word "limited" was circled in the question, "Are you aware that the college does provide limited health services?" |
| 49 | Not given | 1 | | "Far out!" (pertaining to Items 21 and 22). |

AN ABSTRACT OF THE THESIS OF

BONNIE JEANNE HARTLEY

For the MASTER OF SCIENCE IN NURSING EDUCATION

Date of receiving this degree: June 9, 1972

Title: THE OPINIONS OF 266 STUDENTS REGARDING THE
SERVICES OF A HEALTH CENTER IN A
SELECTED COMMUNITY COLLEGE

APPROVED:

Lucile Gregerson, M. Ed., Associate Professor,
Thesis Adviser

This study was undertaken for the purpose of ascertaining what Health Center services students believe should be available and to determine their opinions of the relative importance of each service. A data collecting device in the form of a 27 item opinionnaire was constructed; 26 items pertained to health services, one item to suggestions for additional services. The degree of importance could be indicated in columns headed Very Important, Important, Least Important. A blank indicated that the service need not be offered.

The opinionnaire was administered to all students attending class at 9:00 o'clock in the morning on a selected day. There were 266 usable returns. The data were tabulated numerically, converted to percentages and rank ordered.

Findings

It was found the respondents ranged in age from 16 to 80; there were 134 men, 127 women, plus 5 who did not indicate sex. Almost half of the participants were enrolled in the college transfer program with the majority in the younger age group. Only 39 had used the College Health Center services. Eighty-two were unaware

that Health Center services were available despite reference in the catalog and Student Handbook.

There was a high percentage of agreement for such items as providing temporary care for the sick, giving first aid to the injured, providing a place to bring victims in a crisis such as fire or explosion, helping faculty and students learn first aid, providing drug abuse counseling, advising students with known health problems. For 12 items the degree of agreement was over 70 percent; there were no items which elicited less than 37 percent. For all items there were responses that reflected opinions that the service was unimportant or should not be provided. This was particularly noted in items that implied a policing action on the part of the Health Center as illustrated by helping determine when a student may not attend classes for health reasons, and inquiring reasons for prolonged absenteeism. It is interesting to note that many negated the need for providing premarital counseling, but there was a high degree of interest in obtaining birth control information. Those items which might overlap with social services were heavily negated; to illustrate, assisting students to obtain health services for their families. The activity of collecting and analyzing health information was not considered pertinent.

Age, sex and type of program had no influence on the nature of the responses.

There were very few suggestions for additional services to be provided by the Health Center. There was a request for abortion counseling and referral, and one for abortion services as well as a request for "the pill" for those who want it. These requests were made by men students.

Conclusions

Findings from a descriptive study of this type cannot be generalized beyond the responses of the participants which represented about one-tenth of the student population. However, it can be concluded that:

1. There was a high degree of agreement regarding the importance of the services that provide direct care.
2. The respondents regard it as unimportant for the Health Center to become involved in any services that possibly overlap responsibilities of other departments such as counseling or financial aid.
3. The information about the Health Center disseminated to students has not been fully comprehended.

Recommendations for Further Study

The importance of obtaining data from students regarding health services has been demonstrated. It is recommended that:

1. This study be replicated periodically to ascertain if student opinions regarding the health services reveal the need for making changes.
2. The faculty, administrative personnel and classified staff be given opportunity to complete the opinionnaire. The findings of such a study could have implications for expansion, reorganization, employment of more personnel, and of the future delivery of health care to the general population. In terms of the latter implication, certain curriculum changes might ensue, necessitated by the need for preparing various categories of health personnel.

Typed by Ilene Anderton