EMPLOYEES VIEW THE BROOKDALE EMPLOYEE HEALTH SERVICE

A Report to

The Brookdale Hospital Medical Center

Brooklyn, N.Y.

NATIONAL OPINION RESEARCH CENTER

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Survey 4184

ABSTRACT

A hospital employee population is studied to obtain a measure of employee satisfaction with employee health services. The population is defined and its correspondence, in terms of demographic variables, to national hospital employees and to the national labor force is documented. The unique clusterings of age and sex variables within each of five major occupation groups in the sample are presented.

A substantial minority of dissatisfied users of employee health services is uncovered. Dissatisfaction varies by occupation with each occupation group retaining a substantial minority of dissatisfied users of employee health services.

The respondent population is shown to exhibit more ambulatory physician utilization and negative health status characteristics than local or national adult samples. Independent data are referenced indicating that high levels of negative health status characteristics are to be anticipated in studies of hospital employee populations.

Higher levels of physician services utilization, inpatient utilization, costs for physician care, and negative health status characteristics are found to be associated positively with employee dissatisfaction with employee health services.

Lack of receipt of specific services (especially annual physical examinations and physician visit) and the perceived attitude of the staff providing services are found to be associated with dissatisfaction with employee health services. Exceptionally high use of private or union physicians by the dissatisfied population is documented.

Union membership is found not to be associated with satisfaction/dissatisfaction with employee health services. Receipt of some services is found to vary for workers of various shifts but no relationship between shift work and overall satisfaction with employee health services is found.

The methods of data collection and reduction are described and appended. A descriptive analysis of nonresponse is included.

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1.0 INTRODUCTION

1.1 Background and Purpose of the Study

An Occupational Health Program, aided by the National Institute of Occupational Safety and Health, has been in existence at Brookdale Hospital Medical Center since 1965. The National Opinion Research Center (NORC) was asked to develop a survey research methodology to aid in evaluating the Program.

In addition to serving employees of small industries and business establishments in the catchment area of the Brookdale Center, the Occupational Health Program also serves the employees of Brookdale Hospital through their Employee Health Service.

Employees of the small industries and business establishments have (or do not have) access to the Occupational Health Program's services through the variable decisions of disparate employers. Accordingly, the employer was the major unit of pre-evaluation analysis used in the development of a research construct, A Survey Research Design To Evaluate A Hospital-Based Occupational Health Program,[1] which provides some indications of the impact of the Occupational Health Program on the small-industry target employees.

The Brookdale Hospital Medical Center, being the largest participant in the Program (over 2,000 employees), being the center of the Occupational Health Program activities as well as the provider of OHP services, and being the only participant employer of its "industry" type in the area, was not included in the above pre-evaluation analysis. It was proposed, instead, that Brookdale's Employee Health Service be viewed separately, utilizing the employee as the main unit of analysis.

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[1] National Opinion Research Center, University of Chicago, Chicago, Illinois. August 1973. Report 4163

1.2 Type of Survey

A mail questionnaire survey was employed since mail questionnaires have a number of advantages over personal, face-to-face interviews; advantages which are cogent to this research endeavor.

One advantage is cost. Since personal, face-to-face interviews normally cost at least four times as much as mailed, self-administered questionnaires, it was possible to obtain data from a greater number of employees within the scope of available research funds.

Other advantages pertain to the quality of the collected data. Mail questionnaires allow more privacy to the respondent and avoid biases potentially arising from the interaction between respondents and interviewers. Other investigators' evidences indicate that without the social component of face-to-face contact with an interviewer, as in mail and telephone surveys, respondents are less likely to offer socially acceptable responses.[2,3,4]

Mail questionnaires also avoided conducting interviews in the hospital setting. They involved no disruption in hospital routines. Sampled respondents did not have to be publicly "singled out" to participate. Day and night workers were able to be contacted readily and uniformly through the use of mailed, self-administered questionnaires.

Attempts to compensate for the main disadvantages of mail surveys--low return rates[5] and particular item nonresponse[6]-- were made. Experienced, bilingual, NORC interviewers telephoned respondents who had not returned their questionnaires by certain dates. The interviewers completed these interviews by telephone. Also, the same interviewers contacted respondents by telephone who returned questionnaires but did not respond to some questions within the instrument.

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2. See, for example, Lenski, Gerhard E, and John C. Leggett, "Caste, Class and Deference in the Research Interviewer", American Journal of Sociology, 1960, Vol. 65, pp. 463-467.

3. Hochstim, Joseph, "Comparison of Three Information Gathering Strategies in a Population Study of Sociomedical Variables," American Statistical Association, Proceedings of the Social Statistics Section, 1962.

4. Colombotos, John, "Personal Versus Telephone Interviews: Effect on Responses," Public Health Reports, Vol. 84, No. 9, September, 1969.

5. Hackler, James C., and Bourgette, Patricia, "Dollars, Dissonance, and Survey Returns," The Public Opinion Quarterly, Summer, 1973, Vol. 37, p. 276

6. Ferber, Robert, "Item Nonresponse in a Consumer Survey," The Public Opinion Quarterly, Fall, 1966, Vol. 30, p. 399.

1.3 The Sample

The sample was drawn from the automated records comprising Brookdale's Employee Master List which is a listing of all employees on the payroll at a given point in time. The file used was that produced for the monthly period ending October 31, 1973.

Exempt hospital personnel (administrators and executives) were not sampled. Physicians were not sampled, whether they were exempt personnel or not.[7] Temporary personnel and listed employees of the Employee Health Service were also not sampled.

The permanent, non-exempt, non-physician universe of hospital personnel was sampled using a selection interval to yield a 20% sample of this universe, utilizing the random start generating capability of the Hospital's Data Processing Department.

The sample consisted of 436 employees.

1.4 The Questionnaire

Exhibit 1 of this report is the questionnaire utilized. The initial questions in the instrument are concerned with length of service, utilization of medical care, medical care costs, bed days due to illness and injury, and self-rating of health status. The recall period of 12 months is used to retain some level of comparability to other health care utilization studies. To stimulate recall over this period, inpatient as well as various types of ambulatory care experiences are inquired into separately by type instead of asking for a global or total number on non-EHS (Employee Health Service) medical care experiences in the period.

The next topics covered are satisfaction/dissatisfaction with the EHS, aspects of EHS liked and disliked, direct inquiry into experiences of not being able to see a physician at EHS and not receiving other services, and the rating of six aspects of a service operation on an excellent to poor continuum.

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7. Physicians have patterns of seeking health care peculiar to their training, superior knowledge of where and who to turn to for specific conditions, and professional and peer constellations determining patterns of care and prevention. Most physicians on the Employee Master List are exempt personnel.

Questions on likes and dislikes of EHS were left open. The respondents were not prompted by presenting long lists of a priori possible likes and dislikes to check off. The open-ended questions were utilized to garner likes and dislikes salient to the employees. It is probably true, however, that most respondents read an instrument through before responding. Topics covered in other questions may be presumed to have served as prompts to the like and dislike questions. These topics are:

General physical check-ups and prevention (Questions 10, 11, 22, 23)
Physician unavailability (Question 16)
Staff attitude (Question 17)
Staff quality (Question 17)
Privacy (Question 17)
Physical appearance of rooms (Question 17)
Waiting area comfort (Question 17)
Individualized service (Question 17)
Hours of operation (Questions 18, 28)
Family member coverage (Questions 19, 31)
Referrals (Question 11)
Prescription services (Question 11)

1.5 Methods of Data Collection and Processing

The initial mailing of questionnaires to respondents occurred on February 15, 1974. The envelope indicated that the sender was the NORC and large, stamped letters on the envelope indicated the contents; "Brookdale Hospital Medical Center, Employee Health Service Survey." The envelopes were sent by first-class mail with "Address Correction Requested" notices affixed; a procedure of the Postal Service informing the sender, for a fee, of the new address to which the mail has been forwarded.

Included with the questionnaire was a letter from the Brookdale Hospital Medical Center informing the sampled employees of the survey and authorizing the survey as a legitimate inquiry (Exhibit II of this Report).

The initial mailing also included an explanatory letter from NORC (Exhibit III of this Report) and a postage-paid return envelope for returning completed questionnaires. Respondents were asked not to sign their

names to the completed questionnaires. Each return envelope was prenumbered with an identifying number for survey control purposes. A very small number of respondents attempted to obliterate this number when they returned completed questionnaires, obviously concerned that their names would be associated with their replies in some way.

On February 21, 1974, follow-up reminder postal cards were sent to all those who had not yet responded. This postal card (Exhibit IV of this Report) suggested telephone interviews if the respondent so desired and gave the names and telephone numbers of the NORC interviewers whom respondents could call, day or evening, to ask questions about the survey or about the questionnaire or to be interviewed over the telephone. Some respondents did call in and their interviews were conducted by telephone. A Spanish guide to the questionnaire was developed (Exhibit V of this Report) tc be utilized during telephone interviews, where necessary.

Telephone interviewers reported a consistent but relatively low volume of stated concern by respondents regarding the connection between their names and their responses. In a follow-up letter to respondents who had not returned questionnaires (Exhibit VI of this Report) the use of the identifying number for control purposes was explained in detail.

For those respondents who did not return questionnaires, a search of public telephone directories was made as well as inquiries to the telephone company's information service. Telephone interviews were conducted with respondents found through this search.

Initially, telephone numbers of respondents were not provided with the sample names and addresses. Telephone numbers resided in a file separate from the automated one used to draw the sample. Telephone numbers in the separate file were rarely updated and some telephone numbers were unlisted, given to the hospital for specific purposes only. This file was not accessed.

Respondents were not contacted by mail at the departments within the hospital in which they worked, and no telephone contacts were made to employees on the job. Telephone calls to the job station could not control for privacy of response. A large proportion of hospital personnel do not have access to telephones for their incoming calls and would have to be called to telephones located in zones frequently occupied by supervisory personnel and others.

Completed interviews were coded by NORC. Responses to the open-ended questions were reviewed for the first one-third of the returns. From this review, code categories were established. Coding Instructions used by the coding staff are given as Exhibit VII of this Report.

The interview data were transferred to tape and subjected to a computer edit procedure to control for keypunch and coder error. Composite variables were constructed combining responses to two or more questions and selected cross tabulations were run by NORC.

2.0 RESPONSE RATES

2.1 Net Sample

Table I presents the net sample size after deducting terminated employees and employees unable to be contacted by mail or telephone. The gross sample was drawn from October 1973 records while the survey was conducted in February and March 1974; an interim period long enough for terminations to occur.

Some employees still listed as employees in February 1974 did not receive their questionnaire and had no record of a telephone number. These employees were unaware that they had fallen into the sample.

The net sample size, after deducting these two categories of employees, was 399 employees.

2.2 Completion Rates

The completion rate was 76.2% of the net sample, as shown in Table I. Mail return completions were 45.4% of the net sample and telephone completions were 30.8% of the net sample.

Overt refusal to participate was negligible. No letters of refusal or blank questionnaires were received. Respondents reached by telephone who reported that they had mailed in their questionnaires but whose returns were never received were categorized as refusals. They accounted for 8.3% of the net sample.

The major category of loss was "no reply". These respondents apparently received the initial mailing, the postal card reminder, and the second mailing since the postal service made no return. These respondents could not be contacted by telephone due to lack of a telephone contact number record. The "no reply" category accounted for 15.5% of the net sample and probably includes a sizeable proportion of refusal to participate.

2.3 Nonresponse Profile

In order to assess the impact of nonresponse on the representativeness of the data, some comparisons of respondents and nonresponders were made.

Data for nonresponders were available from the February, 1974 Employee Master Listing. These data include age, hire date, current department, and indicate the sex of the employee. Terminated employees did not

TABLE I

FINAL DISPOSITION OF EMPLOYEE HEALTH SERVICE SURVEY SAMPLE

		N
A.	Gross Sample	436
B.	Mailings returned by Postal Service and no telephone contact possible	26
C.	Employment terminated	11
D.	Net Sample (A -(B+C))	399

Disposition of net sample:

	N	%
Completion by mail return	181	45.4
Completion by telephone interview	123	30.8
Mail and telephone contact made, refusal to participate	33	8.3
No reply to repeated mailings, no telephone contact possible	62	15.5
Total	399	100.0

appear in this Listing and, therefore, are excluded from the comparisons.

Data for the respondents are the questionnaire data.*

Table II compares respondents to nonresponders on the variable of length of service. Newly hired and long-termed employees, as groups, tended to participate in the survey more than those employed one to less than five years. Fifty-two per cent of the nonresponders were employed for one to less than five years at Brookdale, versus 42% of the respondents.

Table III compares respondents to nonresponders by age. As might be anticipated by the response behavior of newly hired and long-termed employees, the youngest and the oldest employees, by age groups, tended to participate in the survey more than those in the middle groupings. Thirty-eight per cent of the nonresponders were aged 25-34, versus 30% of the respondents.

Table IV compares respondents and nonresponders by sex. The nonresponders contain a disproportionate amount of male employees. Expressed in another way, 34% of the sampled male employees did not respond versus 28% of the sampled female employees.

Sampled employees were from 70 departments within the Brookdale Hospital Medical Center. Departments range in size from one member to over three hundred members. The number of employees sampled within a department is proportionate to the number of non-exempt, non-physician, permanent employees in the department. Table V distributes the gross sample and the survey respondents by the number of sampled employees drawn from departments.

From smaller departments (those with eight or less sampled members) the proportion of survey respondents is slightly but consistently higher than would be expected based on the gross sample distribution. For larger departments (those with nine or more sampled members) the proportion of survey respondents is slightly but consistently less than would be anticipated based on the gross sample distribution. While 54.6% of the gross sample was composed of employees working in departments from which 9 or more members were sampled, 50.7% of the survey respondents were from these departments

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*Four questionnaires were received too late to be cycled with the coding-keypunch-computer edit operations resulting in respondent data being based on 300 observations.

TABLE II

SURVEY RESPONDENTS AND NONRESPONDERS

BY LENGTH OF SERVICE

Length of Service	Respondents (N = 300)	Nonresponders (N = 121)	Total (N = 421)
	%	%	%
Less than one year	17	13	16
One year to less than three	29	34	31
Three years to less than five	13	18	14
Five years or more	41	35	39
Total	100%	100%	100%

TABLE III

SURVEY RESPONDENTS AND NONRESPONDERS
BY AGE

Age	Respondents (N = 300)	Nonresponders (N = 121)	Total (N = 421)
	%	%	%
24 or less	11	6	9
25-34	30	38	32
35-44	26	28	27
45+	32	28	31
No information	2	--	1
Total	101%	100%	100%

TABLE IV

SURVEY RESPONDENTS AND NONRESPONDERS

BY SEX

Sex	Respondents (N = 300)	Nonresponders (N = 121)	Total (N = 421)
	%	%	%
Male	30	36	32
Female	70	64	68
Total	100%	100%	100%

TABLE V

GROSS SAMPLE AND SURVEY RESPONDENTS
BY NUMBER OF SAMPLED EMPLOYEES
DRAWN FROM DEPARTMENTS

Number of Sampled Employees Drawn from Departments	Gross Sample (N = 436)	Survey Respondents (N = 300)
	%	%
1-2	8.0	8.7
3-4	9.0	10.4
5-6	11.7	13.1
7-8	16.7	17.1
9-10	8.3	7.7
11-15	8.5	7.1
16-20	8.0	7.4
21+	29.8	28.5
Total	100.0%	100.0%

The larger departments which contributed substantially to the loss rate (41% of losses) were Medical and Surgical Nursing, Patient Feeding, Security, and Building Services; departments with large proportions of service workers.

While the anaylsis of nonresponse reveals no severe lopsidedness of the respondent population relative to the gross sample, nonresponders tended to differ in nonrandom ways from respondents. Nonresponders tended to be disproportionately male, employed in larger "service worker" departments, in their late 20's and early 30's and employed at Brookdale for one to less than five years.

3.0 HEALTH CARE PATTERNS

3.1 Occupation and Health Care

The Occupational Health Program at Brookdale HMC is the first hospital-based program in the nation and there is, accordingly, high interest in the Brookdale experience. The manner in which major occupation groups within hospitals pattern their health care with the existence of an employee health service is of major concern.

Table VI presents the occupational correspondence of Brookdale's respondents to the 1970 profile of occupations in United States' hospitals, after factoring out physicians, doctors of osteopathy, managers and officials from the national data.[9] Relative to the national profile, the Brookdale respondent distribution shows, proportionately, notably less service workers. Almost one-half of the defined hospital employees in the nation are in service occupations, versus less than one-third in the Brookdale respondent population. Clerical workers, a largely female group, comprise almost a quarter of the Brookdale respondent population and only 14% of the national hospital employees. Differential nonresponse to this survey, as described earlier, doubtlessly contributes somewhat, but not totally, to these differences between the Brookdale respondent population and aggregate national data. Health care pattern data will be given by major occupation groupings, as well as totally, in this section.

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[9] U.S. Bureau of the Census, Statistical Abstract of the United States: 1972. (93rd Edition) Washington, D.C., 1972. p. 71.

TABLE VI

BROOKDALE SURVEY RESPONDENTS AND NATIONAL HOSPITAL EMPLOYEES, BY OCCUPATION

(Per Cent)

Occupation	Brookdale Respondents	National Hospital Employees
Registered Nurses	22	17
Other Professional and Technical Workers	15	16
Clerical Workers	24	14
Service Workers (aides, orderlies, practical nurses, janitors and cleaners, other service workers)	31	47
Craftsmen, Operators, Laborers	6	6
Unreported	3	--
Total	**101%**	**100%**

3.2 Ambulatory Physician Visits, Referrals and Costs by Occupation Groups

The Brookdale respondent population reports 4.8 physician visits in the year preceding survey. The mean number of physician visits for northeastern residents in the years of most likely labor force participation is 4.6.[10]

The mean number of physician visits varied by the occupation of the respondents; registered nurses (4.3), other professionals (5.2), clerical workers (4.9), service workers (4.7) and craftsmen and operators (4.8). The small number of respondents who did not report their occupation, reported 4.6 visits in the year preceding survey.

The question on ambulatory physician visits asked the respondent to report physician visits by listed sources. The Employee Health Service was one of the listed sources. Table VII presents physician visits by sources for the respondent population.

[10] U.S. Bureau of the Census. op. cit. p. 69.

TABLE VII

PHYSICIAN VISITS IN THE YEAR PRECEDING SURVEY
BY SOURCE

(Per Cent)

Source	Number of Visits					Total	N
	None	1	2-4	5-9	10+		
Employee Health Service at Brookdale HMC	40.3	22.3	29.7	5.7	2.0	100.0	(300)
Private or union doctor	46.3	14.3	24.0	11.7	3.7	100.0	(300)
Emergency rooms	66.0	19.0	14.7	0.3	0.0	100.0	(300)
Hospital outpatient clinics	88.7	4.0	4.7	1.7	1.0	100.1	(300)
Non-hospital clinics	94.7	1.3	4.0	0.0	0.0	100.0	(300)
All sources	15.0	13.3	32.0	27.7	11.9	99.9	(300)

Eighty-five per cent of the Brookdale respondent population reports having seen a physician within the year. The U.S. population as a whole and two Brooklyn communities, Red Hook and Bedford Stuyvesant-Crown Heights, report 67%, 76% and 73% respectively, on this variable.[11,12,13] The national and community data, moreover, include children and the elderly who are much more likely to have physician visits than persons in their years of most likely labor force participation.

When the sources for the Brookdale population are ranked according to proportion utilized at least once, the Employee Health Service ranks first with 60% of the respondents seeing a physician there in the last year. Private or union doctors and emergency room physician visits rank second and third, respectively, with 54% and the 34% of the Brookdale respondents seeing these doctors in the last 12 months.

Considering all sources of ambulatory physician care, fully 72% of the Brookdale respondents report 2 or more physician visits in the last year. This is not the case at all in other populations. The Brookdale employees are one and a half times more likely to have multiple physician visits in a year than their non-hospital employee counterparts in the population, as the following comparisons indicate:

	Physician visits in year - all sources -		
	1	2-4	5+
U.S. population; all age groups	21%	27%	20%
Red Hook, Brooklyn; labor force participation years	22%	23%	27%
Bedford Stuyvesant-Crown Heights; labor force participation years	23%	24%	24%
Brookdale HMC respondents	13%	32%	40%

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[11] National Health Survey. Vital and Health Statistics (July 1966-June 1967) Series 10, No. 49.

[12] Richardson, W.C., Red Hook Neighborhood Health Survey, National Opinion Research Center, University of Chicago, Chicago, Ill., Aug. 1969.

[13] Richardson, W.C., Charles Drew Neighborhood Health Center Survey, Bedford Stuyvesant-Crown Heights, Brooklyn, National Opinion Research Center, University of Chicago, Chicago, Ill., April 1969.

The phenomena of large proportions of multiple visits to physicians, and the very small likelihood of having one and only one visit in the year, runs consistently through all Brookdale occupation groups as the following data indicate:

	Physicians visits in year - all sources -		
	1	2-4	5+
Registered nurses	14%	34%	42%
Other professionals	11%	36%	39%
Clerical workers	17%	32%	42%
Service workers	13%	32%	38%
Craftsmen, Operators, Laborers	18%	18%	35%

It is clear from Table VII that of all the sources of ambulatory physician care, private or union doctors and the Employee Health Service account for most of this multiple visit care. Thirty-seven per cent of respondents report more than one visit to the physician at the Employee Health Service. Thirty-nine per cent of the respondents report more than one visit to private or union physicians.

Later in the questionnaire, respondents were asked for the number of times in the last twelve months they received the service of referral to other doctors or clinics through the Employee Health Service. Except for Registered Nurses, there appears to be a direct relationship between receiving referral service through the Employee Health Service and multiple physician visits in the year by the other major occupation groups, as the following data indicate:

	Per cent receiving EHS referral service	Per cent with 2 or more physician visits in year - all sources -
Craftsmen, Operators, Laborers	12%	51%
Service workers	23%	70%
Other professionals (not R.N's)	25%	75%
Clerical workers	25%	76%

Tables VIII A-E distribute last year's physician visits for each of the major occupation groups at Brookdale, by source of ambulatory physician care. Table VIII A synopsizes the Registered Nurses' experiences.

TABLES VIII A-E

PHYSICIAN VISITS IN LAST YEAR BY SOURCE,

AND BY OCCUPATION GROUPS

(Per Cent)

Source	Number of physician visits					Total	N
	0	1	2-4	5-9	10+		
	A. REGISTERED NURSES						
Employee Health Service	36.9	32.3	27.7	3.1	0.0	100.0	(65)
Private or union doctor	43.1	12.3	27.7	15.4	1.5	100.0	(65)
Emergency rooms	63.1	18.5	18.5	0.0	0.0	100.1	(65)
Hospital out-patient clinics	87.7	6.2	6.2	0.0	0.0	100.1	(65)
Non-hospital clinics	93.8	1.5	4.6	0.0	0.0	99.9	(65)
All sources, all visits	10.8	13.8	33.8	33.9	7.7	100.0	(65)
	B. OTHER PROFESSIONAL AND TECHNICAL WORKERS						
Employee Health Service	45.5	18.2	27.3	4.5	4.5	100.0	(44)
Private or union doctor	36.4	20.5	25.0	13.6	4.5	100.0	(44)
Emergency rooms	56.8	36.4	6.8	0.0	0.0	100.0	(44)
Hospital out-patient clinics	81.8	9.1	2.3	4.5	2.3	100.0	(44)
Non-hospital clinics	97.7	2.3	0.0	0.0	0.0	100.0	(44)
All sources, all visits	13.6	11.4	36.3	22.8	15.9	100.0	(44)

TABLES VIII A-E
(continued)

PHYSICIAN VISITS IN LAST YEAR BY SOURCE,

AND BY OCCUPATION GROUPS

(Per Cent)

Source	Number of physician visits					Total	N
	0	1	2-4	5-9	10+		
	C. CLERICAL WORKERS						
Employee Health Service	43.1	16.7	34.7	4.2	1.4	100.0	(72)
Private or union doctor	40.3	18.1	27.8	9.7	4.2	100.1	(72)
Emergency rooms	66.7	20.8	11.1	1.4	0.0	100.1	(72)
Hospital out-patient clinics	88.9	2.8	5.6	1.4	1.4	100.1	(72)
Non-hospital clinics	95.8	0.0	4.2	0.0	0.0	100.0	(72)
All sources, all visits	9.7	16.7	31.9	34.7	7.0	100.0	(72)
	D. SERVICE WORKERS						
Employee Health Service	37.2	22.3	30.9	7.4	2.1	99.9	(94)
Private or union doctor	53.2	12.8	20.2	10.6	3.2	100.0	(94)
Emergency rooms	68.1	11.7	20.2	0.0	0.0	100.0	(94)
Hospital out-patient clinics	90.4	2.1	5.3	1.1	1.1	100.0	(94)
Non-hospital clinics	95.7	1.1	3.2	0.0	0.0	100.0	(94)
All sources, all visits	19.1	11.7	31.9	21.3	16.2	100.2	(94)

TABLES VIII A-E
(continued)

PHYSICIAN VISITS IN LAST YEAR BY SOURCE,

AND BY OCCUPATION GROUPS

(Per Cent)

Source	Number of physician visits					Total	N
	0	1	2-4	5-9	10+		
	E. CRAFTSMEN, OPERATORS, LABORERS						
Employee Health Service	41.2	17.6	23.5	11.8	5.9	100.0	(17)
Private or union doctor	70.6	5.9	11.8	5.8	5.8	99.9	(17)
Emergency rooms	76.5	11.8	11.8	0.0	0.0	100.1	(17)
Hospital out-patient clinics	94.1	0.0	0.0	5.9	0.0	100.1	(17)
Non-hospital clinics	88.2	0.0	11.8	0.0	0.0	100.1	(17)
All sources, all visits	29.4	17.6	17.6	17.6	17.6	100.0	(17)

Eighty-nine per cent of Brookdale's responding Registered Nurses have had a physician visit in the last year. Sixty-three per cent of the Registered Nurses received one or more physician visits at the Employee Health Service. Of all the occupation groups and the sources of ambulatory physician care available to them, Registered Nurses are most likely to utilize the EHS physician, followed closely by Service Workers and Craftsmen/Operators/Laborers. Other Professional and Technical Workers and Clerical Workers, on the other hand, are most likely to utilize private or union doctors.

As with all the other occupation groups, the Employee Health Service and private or union doctors are the two largest sources of ambulatory physician care. Emergency rooms, outpatient clinics and non-hospital clinics play relatively minor roles in Brookdale employees receipt of ambulatory physician care.

Registered Nurses and the other Professional and Technical Workers differ on a number of characteristics. Besides being an almost all-female and non-unionized occupation group, 60 per cent of the R.N.'s are in the age group 25-44. Other Professional and Technical Workers contain 46% male workers and fully 73% of the occupation group are age 34 or younger. This occupation group reports 82% unionization. Given these differences, one would expect to find different patterns of ambulatory physician care when these two occupation groups are contrasted; with R.N.'s having seen physicians more, having more multiple visits, and utilizing "private or union" doctors less. To a very small extent, all of these differences occur but not of the magnitudes that one would expect. The ambulatory physician care patterns for the two occupation groups are quite similar.

Registered Nurses are more likely to have only one visit to the Employee Health Service than other Professional and Technical Workers. The Nurses also received less referral services from EHS (17% reporting referrals) than other Professional and Technical Workers (25% reporting referrals)*

Ninety per cent of Clerical Workers have seen a physician in the last 12 months. This occupation group had the highest mean number of physician visits (5.2 per year) of all the Brookdale occupation groups.

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* data not shown in Table VIII

Forty per cent of this group had two or more visits to the physician at EHS in the last year. Forty-two per cent of the Clerical Workers had two or more visits to private or union doctors. Eighty-two per cent of this group reports unionization. Fully 63% of this occupation group are females over the age of 35 (39% are 45+). Twenty-nine per cent of this occupation group received referrals to other doctors and clinics, through EHS, in the last year. This is the highest level of EHS referral of the occupation groups.

Service Workers and Craftsmen/Operators/Laborers show the lowest proportions of having seen a physician in the last year of the five occupation groups. Eighty-one per cent of the Service Workers and 71% of the Craftsmen/Operators/Laborers report having seen a physician. These groups rely on the EHS physician a great deal. Forty per cent of the Service Workers and 41% of the Craftsmen/Operators/Laborers have had two or more visits to the EHS physician in the last year. Yet their use of private or union doctors is sparse relative to the high use of these doctors by other occupation groups. These groups report the lowest levels of EHS referral service, except for R.N.'s, and are highly unionized (Service Workers report 98% unionization, Craftsmen/Operators/Laborers report 77%). Full 65% of the Service Workers are female and 50% are females over the age of 35. All of the Craftsmen/Operators/Laborers are male and 65% of this occupation group are over the age of 35. Craftsmen/Operators/Laborers is the only hospital occupation group which reflects the utilization pattern of persons on the "outside" in their labor force participation years; about 70% having seen a physician in the last year and about equal proportions having had one or multiple visits.

The three occupation groups which comprise most (67.7%) of the Brookdale respondent population -- R.N.'s, Clerical Workers, and Service Workers -- are heavily female groupings. Without controlling for age and sex, it would appear that the high levels of utilization noted are due to the high proportion of older females in the Brookdale population; a group which traditionally utilizes a large volume of physicians' services.

Table IX compares the Brookdale respondent population to the 1971 U.S. labor force in terms of sex and age. It is clear from this comparison that the Brookdale respondents, relative to the U.S. work force, would normally require a greater number of physician visits throughout the year. Males traditionally use physicians less and there is a steady rise in the utilization of physicians as age increases from the teens to forty-five years of age and over in the general population.

TABLE IX

U.S. LABOR FORCE AND BROOKDALE SURVEY RESPONDENTS

BY SEX AND AGE

(Per Cent)

Sex and Age	1971 U.S. Labor Force	Brookdale Survey Respondents
Male, 24 or under	13.9	3.3
25 - 34	14.1	10.0
35 - 44	12.3	7.0
45 +	22.7	9.0
age indeterminate	0.0	0.3
Males, total	63.0%	20.6%
Female, 24 or under	9.6	7.3
25 - 34	6.8	20.0
35 - 44	6.9	18.7
45 +	13.6	22.7
age indeterminate	0.0	1.7
Females, total	36.9%	70.4%
Total, all ages, both sexes	99.9%	100.0%

In addition to the peculiarities of the composition of the Brookdale work force, most of the occupation groups at Brookdale have extensive coverage for the costs of physicians' service. Table X reports the expenditures made by respondents for medical doctor bills in the last 12 months which were not fully covered by any insurances, a union plan or an employer -- bills for the respondents' health care only. The U.S. per capita outlay for physicians' services in 1970 was $65.28. Eighty per cent of the Brookdale respondents in '73-'74 expended $50 or less for physicians' service. Sixty-eight per cent expended no funds at all. Considering that the respondents were not asked to factor out of their replies costs for physicians' services for inpatient care, there apparently is no appreciable cost barrier for any of Brookdale's occupation groups for ambulatory physician care.

TABLE X

YEARLY EXPENDITURES FOR PHYSICIANS SERVICES,

BY BROOKDALE OCCUPATION GROUPS

(Per Cent)

Occupation	Expenditure					Total	N
	None	$1 - 50	$51 - 100	$100 +	No data		
Registered Nurses	64.6	18.5	7.7	6.1	3.1	100.0	(65)
Other Professional, Technical	61.4	11.4	11.4	13.6	2.3	100.1	(44)
Clerical Workers	61.1	13.9	9.7	12.5	2.8	100.0	(72)
Service Workers	75.5	6.4	1.1	13.9	3.2	100.1	(94)
Craftsmen/Operators/Laborers	88.2	11.8	0.0	0.0	0.0	100.0	(17)
Total *	68.0	11.7	6.3	11.1	3.0	100.1	(300)

* Includes 8 persons who did not report occupation.

3.3 Ambulatory Physician Visits by Sex/Age Groups

Table XI presents the age/sex breakdown of the occupation groups. No two occupation groups are comparable in terms of their age/sex distribution; each occupation group is a unique clustering of socioeconomic, age and sex characteristics. Not shown in Table XI is the proportion of hospital employees aged 55 or older. Ten per cent of the respondent population are 55 or older; 9 per cent are females so aged and 1 per cent are males so aged. Only 3% of the Registered Nurses are in this age category versus 15.3% of the female Clerical Workers and 12.8% of the female Service Workers. It was decided to control for sex and age of the respondents in viewing EHS and other utilization behavior. Table XII presents ambulatory physician use by the sex/age groups in the respondent population.

TABLE XI

BROOKDALE OCCUPATION GROUPS BY SEX AND AGE
(Per Cent)

Occupation	MALES					FEMALES					TOTAL	N
	24 or less	25-34	35-44	45+	Age unreported	24 or less	25-34	35-44	45+	Age unreported		
Registered Nurses	0.0	1.5	4.6	0.0	0.0	15.4	41.5	18.5	12.3	6.2	100.0	(65)
Other Professional/ Technical	11.4	25.0	9.1	0.0	0.0	13.6	22.7	11.4	6.8	0.0	100.0	(44)
Clerical Workers	6.9	6.9	4.2	1.4	0.0	5.6	12.5	23.6	38.9	0.0	100.0	(72)
Service Workers	0.0	8.5	7.4	19.1	0.0	1.1	12.8	20.2	29.8	1.1	100.0	(94)
Craftsmen/Operators/ Laborers	0.0	29.4	23.5	41.2	5.9	0.0	0.0	0.0	0.0	0.0	100.0	(17)
Occupation not Reported	0.0	0.0	0.0	12.5	0.0	12.5	25.0	37.5	12.5	0.0	100.0	(8)
TOTAL	3.3	10.0	7.0	9.0	0.3	7.3	20.0	18.7	22.7	1.7	100.0	(300)

TABLE XII

PHYSICIAN VISITS IN LAST YEAR BY SEX/AGE GROUPS
(Per Cent)

Group	Physician Visits, All Sources					TOTAL	N
	None	1	2-4	5-9	10+		
Males, 24 or under	0.0	10.0	50.0	40.0	0.0	100.0	(10)
25-34	20.0	10.0	36.7	20.0	13.3	100.0	(30)
35-44	28.6	19.0	9.5	28.6	14.3	100.0	(21)
45+	25.9	11.1	37.0	14.8	11.1	99.9	(27)
Males, all ages*	22.5	12.4	31.5	22.5	11.2	100.1	(89)
Females, 24 or under	4.5	13.6	40.9	36.4	4.5	99.9	(22)
25-34	6.7	6.7	35.0	36.7	15.0	100.1	(60)
35-44	10.7	21.4	30.4	28.6	8.9	100.1	(56)
45+	19.1	14.7	29.4	22.1	14.7	100.0	(68)
Females, all ages*	11.8	13.7	32.2	29.9	12.3	99.9	(211)
Both sexes, all ages*	15.0	13.3	32.0	27.7	12.0	100.0	(300)

* Includes indeterminate age

Contrary to expectations, older males and older females were not the sole contributors to the unique utilization pattern noted earlier; relatively high proportion of seeing a physician in the year, small likelihood of only one visit, and large proportions with multiple visits. One hundred per cent of the males aged 24 or under and 80% of the males aged 25-34 had a physician visit in the last year, versus 71% of the males aged 35-44 and 74% of the males aged 45 and over. Moreover, 90% of the youngest male age group and 70% of the males aged 25-34 report two or more physician visits in the year, versus 52% and 63% of the older male age groups. The two older male age groups report higher probabilities of seeing a physician once, and only once, than the younger males.

The pattern is similar with females. Ninety-six per cent of the females 24 or under and 93% of females aged 25-34 report seeing a physician in the last year,versus 89% of the females aged 35-44 and only 81% of the females aged 45 and over. With females, there is an inverse relationship between age and seeing a physician in the year. Eighty-two per cent of the youngest female age group and 86% of the females aged 25-34 report two or more physician visits in the year, versus 68% and 66% of the older female age groupings. To a greater degree than males, the two older female age groupings report higher probabilities of seeing a physician once, and only once, than the younger females.

The direction and size of the differences noted appear to rule out two probable explanations for the noted utilization behavior. It would not appear that younger persons are utilizing physicians more because they are more apt to be "new hires" and necessary physical examinations are adding visits to the younger persons' experience. The large proportions of multiple visits indicate that something more is operative with the younger males and females. Also, since both younger males and females exhibit the same pattern of care relative to their respective elders, a "child-bearing years" hypothesis for the younger female ambulatory care behavior likewise seems remote. In the realm of effect of survey nonresponse on utilization data, it was originally thought that younger males, differentially tending not to respond to the survey, would have had relatively low levels of ambulatory physician care and would tend to spuriously inflate observed utilization for the responding population in general. Given the observed ambulatory physician care

utilization data of younger males, this hypothesized nonresponse effect is made untenable.

For the two largest sources of employee ambulatory medical care, the EHS and private or union doctors, similar sex/age distributions of physician visits are presented in Tables XIII - XV.

TABLE XIII

EHS PHYSICIAN VISITS IN LAST YEAR BY SEX/AGE GROUPS
(Per Cent)

Group	Number of EHS Physician Visits					TOTAL	N
	None	1	2-4	5-9	10+		
Males, 24 or under	30.0	30.0	30.0	10.0	0.0	100.0	(10)
25-34	26.7	30.0	26.7	10.0	6.7	100.1	(30)
35-44	47.6	23.8	23.8	4.8	0.0	100.0	(21)
45+	40.7	22.2	25.9	7.4	3.7	100.0	(89)
Males, all ages*	37.1	25.8	25.8	7.9	3.4	100.0	(89)
Females, 24 or under	36.4	31.8	27.3	4.5	0.0	100.0	(22)
25-34	26.7	28.3	38.3	5.0	1.7	100.0	(60)
35-44	50.0	17.9	25.0	5.4	1.8	100.1	(56)
45+	51.5	14.7	27.9	4.4	1.5	100.0	(68)
Females, all ages*	41.7	20.9	31.3	4.7	1.4	100.0	(211)
Both sexes, all ages*	40.3	22.3	29.7	5.7	2.0	100.0	(300)

* Includes indeterminate age

TABLE XIV

EHS REFERRALS IN LAST YEAR BY SEX/AGE GROUPS
(Per Cent)

Group	EHS Referrals			TOTAL	N
	None	1	2+		
Males, 24 or under	70.0	30.0	0.0	100.0	(10)
25-34	66.7	30.0	3.3	100.0	(30)
35-44	85.7	4.8	9.5	100.0	(21)
45+	85.2	14.8	0.0	100.0	(27)
Males, all ages*	77.5	19.1	3.4	100.0	(89)
Females, 24 or under	81.8	18.2	0.0	100.0	(22)
25-34	68.3	25.0	6.7	100.0	(60)
35-44	80.4	12.5	7.1	100.0	(56)
45+	79.4	14.7	5.9	100.0	(68)
Females, all ages*	76.7	17.5	5.7	99.9	(211)
Both sexes, all ages*	77.0	18.0	5.0	100.0	(300)

* Includes indeterminate age

TABLE XV

PRIVATE OR UNION DOCTOR VISITS IN LAST YEAR BY SEX/AGE GROUPS
(Per Cent)

Group	Number of Private or Union Doctor Visits					TOTAL	N
	None	1	2-4	5-9	10+		
Males, 24 or under	40.0	20.0	30.0	10.0	0.0	100.0	(10)
25-34	73.3	10.0	16.7	0.0	0.0	100.0	(30)
35-44	61.9	9.5	9.5	19.0	0.0	99.9	(21)
45+	70.4	3.7	18.5	0.0	7.4	100.0	(27)
Males, all ages*	66.3	8.9	16.9	5.6	2.2	99.9	(89)
Females, 24 or under	27.3	18.2	31.8	18.2	4.5	100.0	(22)
25-34	31.7	20.0	28.3	16.7	3.3	100.0	(60)
35-44	39.3	16.1	30.4	10.7	3.6	100.1	(56)
45+	44.1	13.2	22.1	14.7	5.9	100.0	(68)
Females, all ages*	37.9	16.6	27.0	14.2	4.3	100.0	(211)
Both sexes, all ages*	46.3	14.3	24.0	11.7	3.7	100.0	(300)

* Includes indeterminate age

Where EHS physician visits are examined alone by the sex/age groups (Table XIII), the younger males and younger females persist in showing higher proportions of seeing the EHS physician than their respective elders. The pattern of the younger males and females having greater proportions of one, and only one, visit relative to older groups is reversed when EHS physician visits alone are viewed. About a third of younger males report one, and only one, visit to the EHS physician, versus less than a quarter of the older males. The pattern of the young having proportionately more multiple visits than older employees, controlled by sex, is still observeable but less distinct when EHS physician visits alone are viewed. Both younger males and females tend to have one visit only at the EHS and to be referred. Table XIV indicates that the two younger categories of males and the two younger categories of females obtain the highest proportions of EHS referrals. Of particular interest is the 25-34 age group of both males and females. They represent 30% of the respondent population. Thirty-three per cent of these males received EHS referral as well as 32% of females so aged. These are the highest levels of referral for all the sex/age groups and well above the average proportion of referrals for males and females.

The most striking comparison to be found in Table XV, is the male-female differential in seeing a private or union doctor in the year. Sixty-six per cent of the male respondent population did not see a private or union doctor in the year, versus 38% of the female respondent population. Males, aged 25-34, previously noted as receiving the most referral service by EHS show the highest proportion, of all the sex/age groups, of not seeing a private or union doctor in the year. They are apparently referred elsewhere since their overall utilization of physicians' services is high.

Females heavily utilize private or union doctors; younger females especially. Seventy-three per cent of the females 24 or less and 68% of the females aged 25-34 utilized private or union doctors in the year, versus 61% and 55% of the two older female groups. Not only is higher private or union doctor utilization not associated with older females particularly, there are inverse relationships within the female respondent population between age and seeing a private or union doctor in the year, between age and seeing such a doctor once, and between age

and multiple visits to private or union doctors.

In examining physician utilization by sex and age groups for the Brookdale respondent population it is clear that, for males, the EHS is the primary source of ambulatory care and, for females, the primary source is private or union doctors.

For the Brookdale respondent population, the expected pattern of physician utilization usually noted in the general population, with utilization positively related to age in the adult years, is not observed. An inverse relationship is noted.

Table XVI distributes emergency room utilization behavior by sex/age groups. Again, younger males use emergency room physicians more than their elders. Seventy per cent of the youngest males used emergency room physician services in the year, versus 26% of the oldest category of males. As would be expected, multiple visits of five or more to the emergency room are virtually non existent for males as well as females.

Forty-three per cent of females aged 25-34 used emergency room physician care; the highest proportion of all the female age groups. Twenty per cent of females in this age category had more than one visit, again the highest proportion of all female age groups.

Although hospital outpatient clinics served only 11% of the total respondent population, when physician visits at OPC's are distributed, the same pattern appears, with younger males and females utilizing more than their elders.*

There were too few visits to non-hospital clinics for similar comparisons to be made.

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* Data not shown

TABLE XVI

EMERGENCY ROOM PHYSICIAN UTILIZATION BY SEX/AGE GROUPS
(Per Cent)

Group	ER Physician Visits					TOTAL	N
	None	1	2-4	5-9	10+		
Males, 24 and under	30.0	50.0	20.0	0.0	0.0	100.0	(10)
25-34	60.0	20.0	20.0	0.0	0.0	100.0	(30)
35-44	71.4	9.5	19.0	0.0	0.0	99.9	(21)
45+	74.1	11.1	14.8	0.0	0.0	100.0	(27)
Males, all ages*	64.0	18.0	18.0	0.0	0.0	100.0	(89)
Females, 24 and under	68.2	22.7	9.1	0.0	0.0	100.0	(22)
25-34	56.7	23.3	20.0	0.0	0.0	100.0	(60)
35-44	64.3	17.9	16.1	1.8	0.0	100.1	(56)
45+	80.9	11.8	7.4	0.0	0.0	100.1	(68)
Females, all ages*	66.8	19.4	13.3	0.5	0.0	100.0	(211)
Both sexes, all ages*	66.0	19.0	14.7	0.3	0.0	100.0	(300)

* Includes indeterminate age

3.4 Health Status Characteristics by Occupation Groups

In 1967, national hospitals showed the highest rate of employee absence for part of a week for illness when compared to sixteen industry classifications ranging from construction and durable and non-durable goods manufacture through the service and public administration industries. Moreover, the rate for hospitals was 30% higher than the total for industry in general, which included mining and excluded farm and private household workers.[14] Full-week absence in the same year, of all the industry groups, was highest for hospitals and railroads. The hospitals' and railroads' rate for full-week absence was 20% higher than industry in general.

In 1972, when the survey was repeated, hospitals again had the highest rate of part-week absence due to illness and the rate was again about 30% higher than the rate for industry in general, with most industries showing rising rates. In 1972, hospitals again shared with railroads and other transportation the highest rates of full-week absence. The hospital 1972 rate for full-week absence was 16% higher than the hospital rate for 1967, while industry in general showed a 9% rise in the full-week absence rate in the interim.

National data for all non-farm and non-private household workers show an inverse relationship between age, for males and females, for part-week absence due to illness. For full-week absence, there is a direct relationship with age, for males as well as females.[15]

The Brookdale survey used, as one measure of illness, bed-disability days due to illness or injury (See Questions 6-8 of Exhibit 1). This measure was used in lieu of work-loss days due to illness to lessen any suspicion on respondents' part regarding use of the data to "check up" on volume of sick leave taken. Used sick leave undoubtedly includes some portion of absence for miscellaneous personal reasons such as attending to family responsibilities, personal business, or "just didn't feel like working." The bed-disability day measure does not have to include "valid" sick leave days when the person is not confined to bed nor does it refer to working days only; weekend, holiday

14. Hedges, Janice Neipert, "Absence From Work - A Look at Some National Data," Monthly Labor Review, July 1973.

15. Hedges, op. cit. p. 28

and other non-work days could be included if the person spent all or most of the day in bed. This measure shows a remarkable degree of stability when the general population responded to it in the years '60, '65, '69, and '70.[16]

Table XVII presents reported bed-disability days for illness and injury in the last 12 months for the Brookdale respondent population, by occupation groups, and contrasts the Brookdale findings against the same measures' findings when utilized with adults in the two Brooklyn community studies cited earlier.

Full 61% of the Brookdale respondent population reports bed-disability days, versus 39% of Red Hook adults who normally are in the labor force and 34% of Bedford Stuyvesant - Crown Heights adults who normally are in the labor force.

Almost a quarter of the Registered Nurses report bed-disability days totaling 10 days or more; the highest proportion of all the occupation groups. Registered Nurses are also the most likely to report any bed disability days; full 72% of them reporting bed-disability days.

The Service Workers and Craftsmen/Operatives/Laborers, being two widely divergent groups in terms of sex composition, show similar patterns of bed-disability days and are more like the Brooklyn adults who keep house, in terms of bed-disability days.

Table XVIII distributes bed-disability days by sex/age groups within Brookdale in the last 12 months prior to survey.

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16. U.S. Bureau of the Census, op. cit. p. 79

TABLE XVII

BED-DISABILITY DAYS REPORTED BY BROOKDALE OCCUPATION GROUPS
-AND SELECTED ADULTS IN TWO BROOKLYN COMMUNITIES
(Per Cent)

Group	Bed-disability Days						Total
	None	1-4	5-9	10-24	25+	No reply	
Brookdale:							
Registered Nurses	26	40	9	17	6	2	100.0
Other Professional/ Technical	34	36	16	14	0	0	100.0
Clerical Workers	31	35	17	10	8	0	101.0
Service Workers	47	17	16	12	4	4	100.0
Craftsmen/Operatives/ Laborers	47	18	18	12	6	0	101.0
Brookdale:							
Total	37	29	15	13	5	2	101.0
Red Hook:							
Adults, usual activity is working	61	21	9	7	2	-	100.0
Bedford Stuyvesant-Crown Heights:							
Adults, usual activity is working	66	13	10	6	5	-	100.0
Red Hook:							
Adults, usual activity is keeping house	49	23	14	10	5	-	101.0
Bedford Stuyvesant-Crown Heights:							
Adults, usual activity is keeping house	50	14	13	13	11	-	101.0

TABLE XVIII

BED-DISABILITY DAYS IN LAST YEAR BY SEX/AGE GROUPS
(Per Cent)

Group	Bed-Disability Days							Total	N
	None	1	2-4	5-9	10-24	25+	No data		
Males, 24 and under	20.0	30.0	40.0	0.0	10.0	0.0	0.0	100.0	(10)
25-34	33.3	10.0	16.7	23.3	16.7	0.0	0.0	100.0	(30)
35-44	66.7	4.8	9.5	4.8	9.5	0.0	4.8	100.0	(21)
45+	66.7	7.4	11.1	11.1	0.0	3.7	0.0	100.0	(27)
Males, all ages*	49.4	10.1	15.7	13.5	8.9	1.1	1.1	99.8	(89)
Females, 24 and under*	31.8	4.5	22.7	18.2	13.6	9.1	0.0	100.2	(22)
25-34	25.0	3.3	31.7	16.7	13.3	10.0	0.0	100.0	(60)
35-44	33.9	3.6	23.2	10.7	16.1	7.1	5.4	100.0	(56)
45+	36.8	4.4	23.5	16.2	14.7	2.9	1.5	100.0	(68)
Females, all ages*	31.8	3.8	26.5	15.2	14.2	6.6	1.9	100.0	(211)
Both sexes, all ages*	37.0	5.7	23.3	14.7	12.7	5.0	1.7	100.1	(300)

* Includes indeterminate age

Bed-disability days are reported more frequently, again, by the younger age groups of both sexes. Eighty per cent of youngest male age group reports disability days versus 33% of the oldest male age group. While one national pattern for workers can be seen somewhat in Brookdale males -- the shorter absences being inversely related to age with younger males having more short absences -- the national pattern of longer absences being directly related to age is not apparent. Fully 40% of Brookdale males aged 25-34 report bed-disability days of 5 days or longer; the highest of male age groups.

Nationally, female workers show an 85% higher part-week absence rate than male workers. The Brookdale employees tend to reverse this national pattern. For bed-disability days totalling one, males are two and one half times more likely than females to report only one day of bed-disability. For bed-disability days totalling 2-4 days, females show only a 65% higher rate than males. Females are extremely unlikely to report only one bed-disability day in a year.

Nationally, female workers show a 45% higher full-week absence rate than do male workers. For the Brookdale employees, females report bed-disability days of 5 days or more at a rate which is 53% higher than males reporting of 5 or more days of bed-disability.

For females aged 25-34, 70% report bed-disability days; the highest of all female age groups. Females aged 24, or under, report 41% with five or more disability days; the highest proportion of the female age groups. With Brookdale females, there is a reversal of the national data for female workers; the younger the female Brookdale employee the more likely she is to report bed-disability days of 5 days or more.

Respondents were asked to report separately those bed-disability resulting from injury and those resulting from "illness." Data presented so far are total bed-disability days for injury and illness. Table XIX presents bed-disability days reported for injuries for the Brookdale sample by age and sex.

TABLE XIX

BED-DISABILITY DAYS DUE TO INJURY IN LAST YEAR, BY SEX/AGE GROUPS
(Per Cent)

Group	Bed-disability days due to injury							Total	N
	None	1	2-4	5-9	10-24	25+	No data		
Males, 24 and under	80.0	10.0	0.0	0.0	10.0	0.0	0.0	100.0	(10)
25-34	83.3	0.0	3.3	0.0	13.3	0.0	0.0	100.2	(30)
35-44	90.5	0.0	0.0	0.0	4.8	0.0	4.8	100.1	(21)
45+	88.9	7.4	3.7	0.0	0.0	0.0	0.0	100.0	(27)
Males, all ages*	85.4	3.4	2.2	1.1	6.7	0.0	1.1	99.9	(89)
Females, 24 and under	86.3	0.0	4.5	0.0	9.1	0.0	0.0	99.9	(22)
25-34	85.0	5.0	3.3	5.0	0.0	1.7	0.0	100.0	(60)
35-44	87.5	0.0	0.0	0.0	5.4	1.8	5.4	100.1	(56)
45+	95.6	0.0	1.5	0.0	1.5	0.0	1.5	100.1	(68)
Females, all ages*	89.6	1.4	1.9	1.4	2.8	1.0	1.9	100.0	(211)
Both sexes, all ages*	88.3	2.0	2.0	1.3	4.0	0.7	1.7	100.0	(300)

* Includes indeterminate age

The younger age groups of both sexes, again, are more likely than their elders to report bed-disability days due to injury.* Thirteen per cent of males aged 25-34 and 10% of males 24 or under report bed-disability days due to injuries totalling 10 days or more. The older males do not report large totals of bed-disability days due to injuries. In comparing Tables XVIII and XIX it is clear that the vast bulk of bed-disability days for all age/sex groups in the Brookdale respondent population is not due to injuries, but to "illness."

Table XX distributes bed-disability days due to injury by occupation groups. Craftsmen/Operators/Laborers are most likely to report disability days due to injury. Twenty-nine per cent of this all-male group reports injury disability days, and 12% report total injury disability days of ten days or more.

Registered nurses also report a sizeable number of injuries, about 18% reporting disability days during the year due to injury. For the hospital employee population in general, most reports of disability days due to injury fall into the 10-24 day category. The average lost workdays for work-related injury among persons involved in services during July - December 1971 in the U.S. labor force was 13 days.

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* Injury data do not necessarily apply to the work situation. Respondents were not asked where the injury occurred; at home, work or elsewhere. Also, the number of bed-disability days cannot be related to a number of injuries. Respondents were not asked how many injuries they sustained which resulted in the total number of bed-disability days.

TABLE XX

BED-DISABILITY DAYS DUE TO INJURY IN LAST YEAR, BY OCCUPATION GROUPS

(Per Cent)

Group	Injury Bed-Disability Days							Total	N
	None	1	2-4	5-9	10-24	25+	No data		
Registered Nurses	81.6	3.1	3.1	4.6	4.6	1.5	1.5	100.0	(65)
Other Professional/ Technical	93.2	0.0	2.3	0.0	4.5	0.0	0.0	100.0	(44)
Clerical Workers	94.5	1.4	0.0	0.0	2.8	1.4	0.0	100.1	(72)
Service Workers	89.4	3.2	0.0	0.0	3.2	0.0	4.3	100.1	(94)
Craftsmen/Operators/ Laborers	70.6	0.0	11.8	5.9	11.8	0.0	0.0	100.1	(17)
TOTAL*	88.3	2.0	2.0	1.3	4.0	0.7	1.7	100.0	(300)

* Includes indeterminate occupation (N=8)

In comparing Tables XX and XVII, only one occupation group -- Craftsmen/Operators/Laborers -- shows a significant impact of injuries on total bed-disability days. Fifty-six per cent of these employees reporting any bed-disability days report injury disability days. Service Workers show this impact to a lesser extent; 20% of these employees reporting any bed-disability days report injury disability days. For the employees in remaining occupation groups -- Clerical Workers, Other Professional/Technical and Clerical Workers -- over 90% report no injury disability days in their reports of total bed disability days.

Registered Nurses show the highest report of all occupation groups of total bed-disability; 74% of this occupation group reporting one or more bed-disability days in the year. Although this group reported a sizeable number of injuries, only 11% of the Nurses reporting any bed-disability days report injury disability days. Eight per cent of the Clerical Workers reporting any bed-disability days and 10 per cent of the Other Professional/Technical workers reporting any bed-disability days, report injury disability days.

Respondents were asked to include in their reports of total bed-disability days, any days in the year spent as an inpatient in a hospital. Craftsmen/Operators/Laborers, who show the greatest impact of injury on their total bed days, report no hospitalizations during the year. Twenty-six per cent of Service Workers reporting any bed disability days reported hospital stays in the year. Twenty-two per cent of the Clerical Workers reporting any bed-disability days and 21% of the R.N.'s reporting any bed-disability days, reported hospital stays during the year. Of the Other Professional/Technical Workers reporting any bed disability days, only 10% report hospitalizations during the year. Table XXII distributes the Brookdale respondent populations' experience with inpatient care by occupation groups.

TABLE XXII

PER CENT REPORTING HOSPITALIZATIONS IN YEAR BY OCCUPATION GROUP

Group	Per Cent Reporting Hospitalizations in Year	Total length of stays in year - nights - (Per Cent)					
		1-2	3-4	5-7	8-14	15-21	22-98
Registered Nurses	15.4	1.5	4.6	1.5	3.1	3.1	1.5
Other Professional/ Technical	6.8	2.3	0.0	0.0	4.5	0.0	0.0
Clerical Workers	15.3	2.8	2.8	2.8	5.6	4.2	0.0
Service Workers	13.8	2.1	0.0	2.1	7.4	1.1	1.1
Craftsmen/Operators/ Laborers	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	12.7	2.0	1.7	2.3	4.7	1.3	0.7

* Includes indeterminate occupation

Assuming that each report of any inpatient care nights is equal to one admission, the rate of admissions for the Brookdale respondent population is 12.7 per 100. This crude rate compares to 12.7 in the Red Hook population for persons in their years of most likely labor force participation and to 11.3 for persons in the Bedford Stuyvesant-Crown Heights population in their years of most likely labor force participation. Undoubtedly, some of the Brookdale population had more than one hospitalization in the year which would further raise the Brookdale rate of admissions. (Respondents were asked only to report nights in a hospital in the year and not the number of admissions.)

Respondents were asked to rate their own health on an excellent-good-fair-poor continuum. The results are presented in Table XXIII, along with a comparison to national data for this measure.

TABLE XXIII

SELF-PERCEPTION OF HEALTH, BY BROOKDALE OCCUPATION GROUPS AND NATIONAL ADULT SAMPLE
(Per Cent)

Group	Self-perception of health						Total
	Excellent	Good	Fair	Poor	Don't know	No reply	
Brookdale:							
Registered Nurses	21.5	67.7	7.7	1.5	0.0	1.3	99.7
Other Professional/Technical	34.1	52.3	13.6	0.0	0.0	0.0	100.0
Clerical Workers	15.3	59.7	22.2	2.8	0.0	0.0	100.0
Service Workers	18.1	62.8	14.9	2.1	0.0	2.1	100.0
Craftsmen/Operatives/Laborers	23.5	52.9	17.6	0.0	0.0	5.8	99.8
Brookdale:							
Total	21.0	61.3	14.7	1.7	0.0	1.3	100.0
U.S. National:							
Adult Sample	31.8	39.8	20.9	7.1	0.1	0.2	99.9

Thirty-two per cent of adults, nationally, rate their health as excellent; only 21% of Brookdale respondents do so. Other Professional and Technical Workers is the only Brookdale occupation group with rates its health higher than the national sample of adults; 34% choosing "excellent." Only 15% of the Clerical Workers rate their health as excellent and a quarter of them rate their health as only fair or poor. In all the occupation groups, however, the modal response was "good." The national adult sample includes the elderly and those at home disabled with chronic conditions and unable to work which may account for the relatively lower proportion of Brookdale respondents reporting fair or poor health. The three largely female occupation groups - R.N.'s, Clerical Workers, and Service Workers, are least likely to view their health as excellent.

4.0 EHS SERVICES RECEIVED

EHS physician visit patterns and EHS referral services were treated in detail in the previous section. This section reports employees' receipt of other EHS services.

4.1 Immunizations

Respondents were asked to report the number of immunization services received in the 12 months prior to survey through the Employee Health Service. Twenty per cent of the Brookdale respondent population reported immunizations. The following breakdown of immunization services by occupation groups shows fairly uniform receipt of immunization services across occupations.

	EHS Immunizations in Year		
	None	One	2 or More
Registered Nurses	77%	15%	8%
Other Professional/Technical	80%	18%	2%
Clerical Workers	81%	14%	6%
Service Workers	79%	14%	7%
Craftsmen/Operators/Laborers	82%	18%	0%
All respondents	80%	15%	6%

Under the category "2 or more" immunizations are included 1% of the entire respondent population who received 3 or more immunization services. The majority of those categorized as receiving "2 or more" received 2 immunization services.

4.2 Chest X-Ray

Receipt of chest x-ray services through the Employee Health Service is also presented by occupation groups within Brookdale:

	EHS Chest X-ray in Year		
	None	One	2 or More
Registered Nurses	49%	45%	6%
Other Professional/Technical	61%	34%	5%
Clerical Workers	74%	21%	6%
Service Workers	51%	42%	8%
Craftsmen/Operators/Laborers	53%	47%	0%
All respondents	58%	36%	6%

Registered Nurses, Craftsmen/Operators/Laborers, and Service Workers, the three groups most likely to use EHS physician services rather than private or union doctors, report higher proportions of receipt of chest X-rays through EHS than do the two groups who are most likely to use private or union doctors -- Clerical Workers and Other Professional/-Technical personnel.

4.3 Prescription Services

Receipt of EHS prescriptions for medicine or medical supplies in the 12 months prior to survey was reported by 43% of the Brookdale respondent population. The following data synopsize receipt of this service by occupation groups within Brookdale:

	EHS Prescription Services in Year				
	None	1	2-3	4-5	6-11
Registered Nurses	54%	26%	14%	5%	2%
Other Professional/Technical	55%	30%	11%	2%	2%
Clerical Workers	57%	15%	17%	8%	3%
Service Workers	63%	16%	11%	6%	4%
Craftsmen/Operators/Laborers	59%	12%	18%	0%	12%
All respondents	57%	21%	13%	5%	3%

Prescription services are rendered fairly uniformly across occupation groups within Brookdale. The R.N.'s and Other Professional/-Technical personnel report fewer prescription services totalling over 4 in a year than do the Clerical Workers, Service Workers and Craftsmen/Operators/Laborers.

General Physical Check-ups

Respondents were asked if they received either a pre-employment physical check-up or a general physical check up in the last year at the Employee Health Service. Receipt of a physical check-up at Brookdale EHS is given by occupation groups:

	Received physical check-up at EHS
Registered Nurses	48%
Other Professional/Technical	39%
Clerical Workers	29%
Service Workers	43%
Craftsmen/Operators/Laborers	47%
All respondents	40%

Other Professional and Technical Personnel and Clerical Workers, the two groups most likely to utilize private or union doctors relative to the EHS physician, report the lowest proportion of receipt of a general physical check-up at EHS.

4.5 Other EHS Services

Respondents were also asked to report receipt of other services through EHS, services which were not listed on the questionnaire. Only 8% of the respondent population reported such additional services. Craftsmen/Operators/Laborers reported none; 15% of the R.N.'s reported additional services, as did 9% of the Professional/Technical grouping, 8% of Clerical Workers and 5% of Service Workers. Because of these small proportions, the specific additional services receipt is not presented by occupation group:

	Per Cent of Respondents Reporting Specific EHS Services:
Blood test	1.3%
Urine test	0.6%
Glucose Tolerance test	0.7%
G.I. Series	0.3%
T.B. test	0.7%
X-Rays:	
Limbs	0.3%
Trunk	0.7%
Mammagram	1.0%
Unspecified	0.7%
Electrocardiagram	0.3%
Pap Smear	0.3%
Medical procedures -(dressed cut finger, removed stitches, ear wax removal, etc.)	0.7%
Aid with forms, administrative routines etc.	0.7%

4.6 Shift Work and the Receipt of EHS Services

Respondents were asked whether they regularly worked the day, afternoon or night shifts at Brookdale in order to investigate the relationship between normally working at hours when the EHS is not in operation and the receipt of EHS services, New Hires, those persons who were hired within the "survey year," are not included in the following comparisons since they came on staff at variable points in the survey year and few of them were in afternoon and evening shift work.

The first EHS service investigated was receipt of EHS physician visits by shifts:

		EHS Physician Visits in Year					
	(N)	None	One	2-4	5-9	10+	Total
Day shift	(167)	42%	18%	29%	8%	3%	100%
Afternoon	(40)	38%	21%	35%	5%	2%	101%
Night	(37)	46%	19%	32%	0%	3%	100%

Night shift workers are twice as likely not to have a physician visit in the year, when compared to afternoon and day workers. The night shift is composed heavily of Nurses and Service Workers; two employee groups which rely heavily on the EHS physician as we have seen in the previous section. The night shift contains very few Clerical Workers, Other Professionals and Craftsmen/Laborers. The night shift workers also show less multiple visits to physicians in the 5-9 visit category than do their day and afternoon peers.

The night shift also reports less referral services rendered by the EHS:

		EHS Referrals in Year			
	(N)	None	One	2 or More	Total
Day Shift	(167)	73	22	5	100%
Afternoon	(40)	75	18	8	101%
Night	(37)	87	8	5	100%

Immunization, Chest X-ray, and prescription services by shift are also distributed:

	None	One	2 or More
EHS Immunizations			
Day Shift	83%	14%	4%
Afternoon	95%	3%	3%
Night	92%	3%	6%
EHS Chest X-Ray			
Day Shift	66%	29%	5%
Afternoon	68%	30%	3%
Night	68%	22%	11%
EHS Prescription Services			
Day Shift	55%	17%	28%
Afternoon	55%	28%	18%
Night	60%	27%	14%

Both the afternoon and night shifts are less likely to receive immunizations and prescription services through EHS than the day shift. There is no difference between the various shift workers in receipt of chest x-ray services via the EHS.

The afternoon shift workers, however, are more likely to receive general physical examinations at the EHS than day or night workers:

	Receipt of EHS General Physical Check-Up
Day Shift	28%
Afternoon	38%
Night	27%

In this analysis of a shift differential in the receipt of EHS services, it can be noted that the proportions of employees reporting general EHS physical check-ups and chest x-rays drop a great deal from the proportions reported in Sections 4.4 and 4.2 for the entire respondent population. This is due to our not employing the "new hires" in the shift differential analysis because of their variable-length "base year." ifty respondents were excluded, all of whom reported a pre-employment physical. All of them also report chest x-ray through the EHS; undoubtedly as part of the pre-employment physical. Without the requirement of the pre-employment physical, Brookdale employees are less likely to receive an EHS general physical check-up than the data in section 4.4 infers. The data presented here, in Section 4.6, for general physical check-ups are for employees with one year or more service at Brookdale HMC.

For visits to physicians by all sources during the year, the effect of dropping the "new hires" is not noticeable. "New hires" of every shift show as high rates of physician utilization in the last year as do Brookdale employees employed for one year or more. (This suggests that high rates of physician utilization are not necessarily a function of employment at Brookdale. These "new hires," many of them in the younger age groups, were not at Brookdale for all the year yet consumed a relatively high volume of physician services, including the multiple visit pattern observed earlier. This may suggest that medical service personnel attracted to work in hospitals require more medical care. Hedges[21] reports that medical service personnel not employed in hospitals but elsewhere, show a rate for part-week absence due to illness 16% lower than the rate for hospital personnel. Non-hospital medical service personnel report a rate for full-week absence 32% lower than the rate for hospital personnel.)

Respondents were asked to indicate their degree of agreement or disagreement with the statement, "The Employee Health Service at Brookdale HMC should be open nights and weekends." The following

21. Hedges, J.N., op. cit. p. 27

distribution of replies was received from the workers of the various shifts:

EHS Should be Open Nights and Weekends

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Have no Opinion
Day Shift	38%	20%	13%	6%	24%
Afternoon	38%	25%	9%	3%	25%
Night	48%	12%	8%	16%	16%

Curiously, the night workers while showing the highest proportion of strong agreement to the statement, contain 40% who either disagree with the statement or report having no opinion on the matter. Twenty-four per cent of the night workers report some degree of disagreement with the statement; the highest rate of disagreement by shifts. Almost a quarter of the afternoon and day shifts report no opinion on the matter. Another quarter of both the afternoon and day shifts chose the category "agree somewhat." New hires, whose replies are not shown in the above distribution of data, are mostly (74%) day workers and their pattern of replies is quite similar to the day workers employed at Brookdale one year or more.

The night crew is made up chiefly of Nurses and Service Workers (76%). Nurses account for 35% of the night shift and Service Workers account for 41% of the night shift. Nurses and Service Workers, as occupation groups regardless of shift, closely parallel each other in their views, or lack of opinion, of whether the EHS should be open nights and weekends:

	Agree	Disagree	No opinion
All Registered Nurses	58%	16%	25%
All Service Workers	60%	20%	21%

Other Professional/Technical personnel, as an occupation, report 80% agreement with the statement and 7% with no opinion on the matter, but they are largely absent from the night shift.

4.7 Respondents' Perceptions of the Non-Receipt of EHS Services

When asked a direct question about the availability of an EHS physician, "In your visits to the EHS, were there times when you did not get to see a doctor there, whey you felt you should have seen one?," 13% of the Brookdale respondents who had ever used EHS said, "yes;" 37% of those responding "yes" reported more than one such occurrence. Table XXIV presents the proportions replying "yes" to this question by occupation groupings. The two smallest groups in the sample, Craftsmen/Operators/Laborers, and those who chose not to report their occupation, report the highest proportions of perceived EHS physician unavailability.

TABLE XXIV

RESPONDENT REPORTS OF EHS PHYSICIAN "UNAVAILABILITY",

BY OCCUPATION GROUPS

Occupation	N= ever used EHS	Proportion reporting perceived physician unavailability
Registered Nurses	62	.11
Other Professional/ Technical	36	.11
Clerical Workers	64	.16
Service Workers	87	.09
Craftsmen/Operators/ Laborers	13	.31
Occupation not reported	7	.29
Total	269	.13

Later in the questionnaire, the following question was also asked, "Was there any time when you went to the EHS and you did not get some kind of help you wanted for yourself?" Fifteen per cent of the respondents replied "yes," with Registered Nurses reporting the highest proportion of "yes" replies:

Registered Nurses	21%
Other Professional/Technical	14%
Clerical	11%
Service	14%
Craftsment/Operators/Laborers	15%
Occupation not reported	14%

The most frequent kind of help mentioned as not being received was physician visit. Twenty-eight of the respondents replying "yes," reported not being able to see the EHS physician. Clerical Workers and Registered Nurses comprised 64% of the group reporting not being able to see a doctor at EHS.

Twenty-three per cent of those responding "yes" to the perceived non-receipt of some service, reported not receiving a treatment which the respondent perceived as appropriate to receive. Most (67%) of these respondents were Registered Nurses.

The remaining respondents' reports were spread over about a dozen areas of care. (See codes for Q. 21 in Exhibit VII.) Very few respondents mentioned not being able to receive a general physical when they requested one, and very few mentioned lack of receipt of medication they deemed appropriate or lack of adequate referral.

5.0 EMPLOYEE SATISFACTION/DISSATISFACTION WITH THE EHS

5.1 Listed Aspects

Six aspects of a service operation were prelisted on the questionnaire and respondents were asked to rate the EHS on these aspects using an excellent-good-fair-poor continuum with a provision for a "Don't know" reply. Only respondents who had used the EHS were asked this question. The distribution of replies is given in Table XXV.

TABLE XXV

RESPONDENTS' RATINGS OF SIX ASPECTS OF EHS

(Per Cent)

Listed Aspects of EHS	Respondent Ratings						Total	(N)
	Excellent	Good	Fair	Poor	Don't Know	No reply		
The attitude of the staff of the Employee Health Service -- how they treat you as a person	28.6	39.8	15.2	7.4	0.0	8.9	99.9	(269)
The quality of the staff -- how well they do their job	23.0	45.0	16.0	3.7	2.6	9.7	100.0	(269)
The amount of privacy you have when being asked questions or being examined	25.3	38.3	16.4	8.9	1.1	10.0	100.0	(269)
The physical appearance of the examining rooms	19.0	48.0	16.7	5.9	0.7	9.7	100.0	(269)
The comfort of the waiting area	10.7	34.2	30.5	14.9	0.4	9.3	100.0	(269)
The time the staff takes to explain things enough for you	13.0	42.4	20.4	13.4	1.1	9.7	100.0	(269)

None of the pre-listed aspects of EHS received a majority rating of "excellent". Respondents chose, as their modal response to all six pre-listed aspects, the category "good". The aspect of EHS which received the most negative rating by the Brookdale respondent population was the comfort of the waiting area -- 45% rating it as fair or poor with only an 11% "excellent" rating.

One third of the Brookdale respondent population rated "the time the staff takes to explain things enough for you" as fair or poor with only a 13% "excellent" rating. Curiously, it is the professionals -- Registered Nurses and other Professional/Technical personnel -- who contribute most to this rating of the time the staff takes to explain things -- 42% of the Professional/Technical personnel rate this aspect of EHS as only "fair" or "poor", together with 37% of the Registered Nurses. Clerical Workers and Service Workers show 33% and 27%, respectively, rating this aspect of EHS as fair or poor.

Other Professional/Technical personnel were the most likely, of all the occupation groups, to give negative ratings - fair or poor - to all six pre-listed aspects of the EHS. Service Workers were the most likely, of all the occupation groups, to give positive ratings - excellent or good - to the six pre-listed aspects of the EHS.

For the item on privacy, the professionals -- R.N.'s and other Professional and Technical personnel -- showed the highest proportions of negative rating; 31% of each group rating privacy as fair or poor. The remaining three occupation groups were also consistent on this item but on a lower level; 23% of the Clerical Workers, Craftsmen, and Service Workers rated privacy as fair or poor.

Clerical Workers and Service Workers were most approving of the attitude of the staff; 74% of each group rating staff attitudes as excellent or good. Two-thirds of the Nurses rated staff attitude as excellent or good as did 69% of the Craftsmen/Operators/Laborers. Other Professional/Technical personal, again, were least approving with 55% rating staff attitude as excellent or good.

A similar pattern exists with ratings of the quality of the staff. Nurses (71%), Clerical Workers (67%), Service Workers (74%) and Craftsmen/Operators/Laborers (77%) were approving of the quality of the staff as shown by their proportions of excellent or good ratings. Only 47% of the other Professional/Technical Workers rated EHS staff quality as excellent or good.

The item, comfort of the waiting area, showed a sharp divergence of opinion between the professional groups and the other occupation groups at Brookdale. While a majority of nurses (60%) and other Professional/Technical personnel (64%) rated the comfort of the waiting area as only "fair or poor", majorities of the other groups rated the comfort as "good" or excellent; Service Workers (56%), Craftsmen/Operators/Laborers (69) and Clerical Workers (55%).

About 10% of the Brookdale population who had ever used EHS did not reply to the questions on ratings of pre-listed aspects and satisfaction questions. An analysis of these persons reveals that most are "new hires", nurses and other professionals, and on the afternoon and night shifts. They probably felt they had insufficient experiences with the EHS for the questions to apply to them.

5.2 Overall Satisfaction/Dissatisfaction

Respondents who had ever used the EHS were asked for their overall level of satisfaction or dissatisfaction with the Employee Health Service (Q. 13 of Exhibit 1). Table XXVI presents the replies by occupation groups within Brookdale.

TABLE XXVI

OVERALL SATISFACTION/DISSATISFACTION WITH EHS,
BY OCCUPATION GROUPS
(Per Cent)

Group	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	No Reply	Total	N
Registered Nurses	14.5	37.1	19.4	16.1	12.9	100.0	(62)
Other Professional/ Technical	11.1	33.3	22.2	11.1	22.2	99.9	(36)
Clerical Workers	15.6	48.4	20.3	9.4	6.3	100.0	(62)
Service Workers	26.4	36.8	12.6	16.1	8.1	100.0	(87)
Craftsmen/Operators/ Laborers	46.2	15.4	15.4	23.1	0.0	100.0	(13)
All respondents*	19.7	38.3	17.1	14.5	14.5	10.4	(269)

* includes 8 occupations unreported

Almost a third (31.6%) of the Brookdale respondent population expresses some degree of overall dissatisfaction with the Employee Health Service. Each occupation group contains a substantial minority of dissatisfied users. The only group showing a high "Very satisfied" response is the small Craftsmen/Operators/Laborers group with 46% very satisfied; the same occupation group, however, also shows the highest proportion of very dissatisfied users.

5.3 Salient Aspects

Following the question on overall satisfaction/dissatisfaction, two open ended questions attempted to uncover the salient likes and dislikes employees have of the EHS. Every user, satisfied or dissatisfied, was asked to answer both the like and the dislike questions. Each respondent was also asked to record any comment they would like to make regarding the EHS. Responses which were positive toward the EHS were categorized into 24 seemingly mutually exclusive categories, negative responses were categorized into 36 seemingly mutually exclusive cagetories (see Exhibit VIII).

Thirty-three per cent of the users left the question on "likes" blank and made no comment. Twenty-nine per cent of the users left the question on "dislikes" blank and made no comment. Twenty-two per cent of the respondents recorded the fact that there was nothing they could think of as something they liked the most about EHS; 17% of the respondents recorded the fact that there was nothing they could think of which which they disliked the most about EHS. Forty-five per cent of the respondents did offer "like" responses; 11% offered two "like" responses and 8% offered three. Fifty-four per cent of the respondents did offer "dislike" responses; 20% offered two "dislike" responses and 8% offered three.

There was a clear relationship between overall satisfaction with the EHS and responding to the like and dislike questions. Thirty-four per cent of the respondents who left the question on "likes" blank were dissatisfied users of the EHS. Twenty-two per cent of the respondents who left the question on "likes" blank were satisfied users of the EHS. Thirty-three per cent of the respondents who recorded the fact that they could think of nothing they liked most were dissatisfied users; 21% were satisfied users.

With the dislike question, the relationship between overall satisfaction/dissatisfaction with the EHS and responding to the open-ended question was immediately apparent. Thirty-one per cent of the respondents who were satisfied with the EHS left the question on dislikes blank and 28% recorded the fact that they could think of nothing they disliked most about the EHS. Dissatisfied users, however, used the question on dislikes heavily; only 6% of the dissatisfied users left the question blank and only 2% recorded the fact that they could think of nothing they disliked the most about EHS.

The most often mentioned likes involved physical existence and convenience factors; 47% of specific "like" responses were in this area:

Like	Per Cent of Specific "Like" Responses
No or little waiting time	19%
Its existence; the fact that it does exist, to know its available for my use	17%
Ease of availability; easily reached, its near the place of work	7%
Physician services readily available	3%

Following physical existence and convenience factors, the courtesy and concern of the staff in general, comprised 32% of the specific like responses.

Like	Per Cent of Specific "Like" Responses
Courteous attention, friendly not disrespectful (no specific staff members mentioned)	19%
Good effort, concern, help, individual care and attention (no specific staff members mentioned)	12%

The EHS Nurses were mentioned specifically by ten per cent of the respondents giving specific replies to the "like" question:

Like	Per Cent of Specific "Like" Responses
Good nurses	9%
Courteous, nice nurses	4%

Seven per cent of specific "like" responses involved the EHS physicians:

Like	Per Cent of Specific "Like" Responses
Physician is good, knowledgeable, thorough, gives good treatment	4%
Physician is courteous, nice	3%

Only 5% of the specific likes mentioned the fact that specific services were available; 3% mentioned the availability of physical check-ups as a specific like and 2% mentioned the referral service of EHS as a specific like.

Only 2% of the specific likes mentioned liaison between EHS and private physicians; such as honoring test requests and exchange of medical reports.

Dislikes, mentioned much more frequently than likes covered about three dozen specific concepts which could be grouped into seven main areas of dislike:

Dislikes	Per Cent of Specific "Dislike" Responses
Physical Inconvenience Factors	27%
Specific Services Dislikes	22%
EHS Physician Dislikes	20%
Operating Policy, Perceived Procedures Dislikes	12%
Staff Attitude Dislikes	11%
Not Enough Personnel	4%
EHS Nurses Dislikes	4%

The most frequently mentioned area of dislike - physical inconvenience factors - had the following components:

	Per Cent of Specific "Dislike" Responses
Waiting time too long	17%
Dislike hours of operation; EHS should be open longer	5%
Larger quarters needed, space inadequacy	2%
Red tape, pink slip, forms	2%
Physical inadequacies other than space, chilly, uncomfortable	1%
Inconvenient, have to cross traffic to get there	1%

Occupation groups varied widely in voicing physical inconvenience factors as dislikes; 26% of the R.N.'s who had ever used EHS voiced this criticism as well as 33% of Clerical Workers who had ever used EHS, versus only 17% if the other Professional and Technical Workers, 14% of the Service Workers and none of the Craftsmen, Operators, Laborers.

Dissatisfied users and satisfied users did not differ too widely in voicing physical inconvenience dislikes; while 25% of the dissatisfied users expressed this dislike, so did 19% of the satisfied users of EHS.

The second most frequently mentioned area of dislike was specific services dislikes. This area of dislike had the following components:

	Per Cent of Specific "Dislike" Responses
Dislike lack of arrangements for annual physical check-ups	9%
Dislike incompleteness, lack of thoroughness in routine physical exams or exams when ill	7%
No or laggard follow-up on referrals, on your illness	1%
Referral appointments too far in future	1%
Specific tests, exams not given, blood tests, tests take too long	2%

No respondents complained of immunization not given or of chest x-rays not received; less than 1% of the specific service complaints mentioned dislike of referral to the Brookdale Emergency Room.

The specific service dislike area was mentioned by 21% of Nurses who had ever used EHS, 23% of Clerical Workers who had ever utilized and by 23% of Craftsmen/Operators/Laborers who had used EHS. Seventeen per cent of other Professional and Technical Workers who had used EHS expressed specific service dislikes, as well as 12% of Service Workers.

Dissatisfied users and satisfied users differed sharply in expressing specific service dislikes; 36% of dissatisfied users mentioned specific service complaints, versus only 11% of the satisfied users. Dissatisfied users were three times more likely to mention lack of arrangements for physical examinations than satisfied users; dissatisfied users were twice as likely to mention incompleteness of physical examinations than satisfied users.

The third main area of specific dislikes was dislikes of the EHS physician. This area of dislike had the following components:

	Per Cent of Specific "Dislike" Responses
Aloofness, Indifference of the EHS physician	11%
Lack of competence	6%
Lack of thoroughness	2%
General, unspecific, mention of dislike of physician	2%

Occupation groups differed widely in their reporting of physician dislikes. R.N.'s and other Professional/Technical personnel were most likely to express dislike, 18% of Nurses who had ever used EHS mentioned this dislike as well as 22% of other Professionals who had used EHS. Clerical Workers who had used EHS report 18% dislike of the physician, as do 8% of the Service Workers. Craftsmen/Operators/Laborers did not express this sentiment at all.

Dissatisfied users of the EHS differed sharply again, from satisfied users in expressing physician dislikes, with dissatisfied users 5½ times more likely to express this view. Thirty-three per cent of dissatisfied users mention dislike of the physician versus 6% of the satisfied users.

The fourth area of dislike mentioned most frequently was the area of perceived operating policy and procedures of the EHS. This area had the following components:

	Per Cent of Specific "Dislike" Responses
"Return to work" instructions too stringent, not compassionate. Respondent describes a treatment, exam procedure perceived as designed to discourage malingerers	9%
Too much referral to private physicians	3%

Service Workers were most likely to offer perceived operating policy criticisms; 17% of Service Workers who had ever used EHS mention this area, versus 11% of R.N.'s, 8% of Craftsmen/Operators/Laborers and 6% each of other Professionals and Clerical Workers.

Twenty-four per cent of dissatisfied users mentioned this criticism, versus only 5% of satisfied users.

The fifth area of dislikes concerned criticisms of staff attitudes without reference to specific personnel. This area had the following components:

	Per Cent of Specific "Dislike" Responses
Uncaring, unconcerned, minimal effort personnel	6%
Discourteous, coolness of staff	2%
Privacy invaded, lack of confidentiality	2%

Other Professional/Technical Workers were more likely to express this area of criticism, 17% of those who had ever used EHS reported staff attitude dislikes. Comparable proportions for the other occupation groups are as follows: R.N.'s 10%, Clerical Workers 11%, Service Workers 2%, Craftsmen/Operators/Laborers did not express this view at all.

Twenty per cent of the dissatisfied users mention this area of dislike versus 5% of the satisfied users.

The area of insufficient numbers of EHS personnel had the following components.

	Per Cent of Specific "Dislike" Responses
Not enough physicians	2%
Not enough staff-unspecified at to type	2%

Equal proportions of satisfied and dissatisfied users expressed this view. R.N's and Clerical Workers were most likely to express this view with no other occupation group expressing this view.

Dislikes associated with the EHS nurses comprised the final area of stated criticisms of EHS. The components of this area are:

	Per Cent of Specific "Dislike" Responses
Inefficient nurses	2%
Discourteous nurses	1%
Nurses gossip; do not respect confidentiality	1%

The occupation group most likely to express this criticism was, again, other Professional and Technical Workers. R.N.'s did not express this area of dislike at all, nor did Craftsmen/Operators/Laborers. Two per cent of the Clerical Workers who ever used EHS expressed this view, as well as 4% of the Service Workers.

Six per cent of dissatisfied users expressed the criticisms of EHS nurses, versus 2% of satisfied users.

In this section we have attempted to present the salient concerns of EHS services consumers. It should be noted that the dislikes described above cannot be readily projected to the universe of hospital personnel. For one thing, there is a direct relationship between the articulateness of our respondents and the dislikes recorded. R.N.'s, other Professionals, and Clerical Workers, who represent 60% of the responding population, were more apt to closely follow the questionnaire instructions and reply

to the like as well as dislike questions. Moreover, these three groups were more likely to offer more than one dislike. Ninety-five per cent of the Clerical Workers ever using EHS offered codeable dislikes, as did 89% of the R.N's and 87% of the other Professionals. Those presumably with less education and less ability with printed instructions -- the Service Workers and Craftsmen/Operators/Laborers offered less codeable dislikes; 63% of the Service Workers offered codeable dislikes as did 41% of the Craftsmen/Operators/Laborers.

The reader is referred to Exhibit VII, where actual responses are given as part of the coding instructions, to obtain the flavor of respondents' replies which could not be adequately summarized here.

The comparison of satisfied and dissatisfied users does however, give us some insight into the reasons why respondents classified themselves as such. Physical invonvenience factors and the perception of lack of sufficient numbers of EHS personnel do not segregate the satisfied from the dissatisfied. Specific service dislikes such as lack of arrangements for physical exams do predict the satisfied or dissatisfied users. Human factor dislikes do separate the satisfied and dissatisfied users; 59% of the dissatisfied users mention dislike of the physician, nurses or staff in general, versus only 13% of the satisfied users.

6.0 THE CORRELATES OF OVERALL DISSATISFACTION WITH EHS

The substantial minority of Brookdale employees who are dissatisfied with the EHS, as measured by the overall dissatisfaction item, differ in a great number of ways from their satisfied peers.

6.1 Sex/Age

The following distributions present the sex/age composition of the dissatisfied and satisfied DHS users:

	Dissatisfied (N=85)	Satisfied (N=156)
Males, 24 or less	2.4%	3.8%
25-34	5.9	12.8
35-44	5.9	3.8
45+	7.1	7.1
indeterminate age	0.0	0.0
All males	21.3%	27.5%
Females, 24 or less	10.6%	4.5%
25-34	23.5	21.2
35-44	24.7	15.4
45+	16.5	30.1
indeterminate age	3.5	1.3
All females	78.8%	72.5%
TOTAL	100.1%	100.0%

Earlier in this Report we observed the high volume of physician visits consumed by the young; males and females in the age categories of 25-34 and younger. The satisfied group of employees is more likely to contain the young males (17%) than the dissatisfied group (8%). Young females (under 34) however, comprise fully 34% of the dissatisfied employees versus 26% of the satisfied employees.

Older females (those 45+) comprise 30% of the satisfied employees but only 17% of the dissatisfied employees. Females, aged 35-44, tend to be represented higher in the dissatisfied group of employees than in the satisfied group.

Given this age/sex distribution of our dissatisfied and satisfied workers, together with the utilization data presented earlier, we should expect the dissatisfied users of EHS to be substantial consumers of physician services.

6.2 Physician Services

The following distributions present physician visits from all sources for our dissatisfied and satisfied EHS users:

Dissatisfied EHS Users

Number of Physician Visits in Year (Per Cent)

Source	None	1	2-4	5-9	10+	Total	N
EHS	29.4	24.7	35.3	9.4	1.2	100.0	(85)
Private or union doctor	27.1	16.5	36.5	14.1	5.9	100.1	(85)
ER's	60.0	21.2	18.8	0.0	0.0	100.0	(85)
OPC's (hospital)	87.1	4.7	4.7	3.5	0.0	100.0	(85)
Non-hospital clinics	89.4	1.2	9.4	0.0	0.0	100.0	(85)
All sources	2.4	10.6	30.6	41.1	15.2	99.9	(85)

Satisfied EHS Users

Number of Physician Visits in Year (Per Cent)

Source	None	1	2-4	5-9	10+	Total	N
EHS	28.2	27.6	35.3	5.8	3.2	100.1	(156)
Private or union doctor	53.8	14.1	19.2	9.6	3.2	99.9	(156)
ER's	64.7	20.5	14.1	0.6	0.0	99.9	(156)
OPC's (hospital)	88.5	3.8	5.8	0.6	1.3	100.0	(156)
Non-hospital clinics	95.5	1.9	2.6	0.0	0.0	100.0	(156)
All sources	13.5	14.7	34.6	24.4	12.9	100.1	(156)

Segregating the Brookdale employees on the variable of satisfaction/dissatisfaction with EHS results in remarkably different patterns of utilization being displayed. Practically all (98%) of the EHS--dissatisfied users have seen a physician in the last year, versus 87% of the satisfied EHS users. The number of multiple visits consumed by dissatisfied EHS users is phenomenal; 56% having had 5 or more physician visits in the year! Thirty-seven per cent of the satisfied users had 5 or more physician visits in the year.

Satisfied EHS users and dissatisfied EHS users use ER's and hospital OPC's in almost precisely the same way; minimally. Dissatisfied users tend to use non-hospital clinics slightly more than satisfied EHS users.

Tremendous differences are apparent between the satisfied EHS users and dissatisfied users in the use of private or union physicians. Dissatisfied users of the EHS are almost twice more likely to use private or union doctors than satisfied users of the EHS. And in doing so, dissatisfied users of EHS are almost twice more likely to have multiple visits (2 or more) than their satisfied peers. Fifty-seven per cent of the dissatisfied EHS users have had 2 or more private or union doctor visits in the year; 32% of satisfied EHS users have had 2 or more private or union doctor visits in the year.

Yet on the variable of EHS physician utilization, the dissatisfied and satisfied EHS users show exactly the same pattern of utilization. Moreover, EHS referral data are also remarkably similar for the satisfied and dissatisfied EHS utilizers; exactly 72% of both groups report no EHS referral, 22% of both groups report one referral by EHS and 6% of both groups report two or more referrals by EHS.

On the variable of yearly expenditures for physician services, 71% of the satisfied EHS users report no costs at all and 15% report costs of $51 or more. This is not true for the dissatisfied users; 55% report no costs at all and 27% report out-of-pocket costs of $51 or more.

Given the general pattern noticed earlier in this Report of physician utilization generally following health status characteristics, we would expect our EHS-dissatisfied population to show more negative health status characteristics, despite the group's age, than the EHS-satisfied users.

6.3 Health Status Characteristics

The following distribution of total bed-disability days in the year, fulfills the expectation of the dissatisfied EHS users having more total bed-disability days:

	None	One	2-4	5-9	10-24	25+	No data
EHS Dissatisfied	24.7%	3.5%	27.1%	18.8%	15.3%	8.2%	2.4%
EHS Satisfied	38.5%	5.8%	21.8%	16.0%	12.8%	5.1%	0.0%

The EHS-satisfied user is much more likely to have no or only one bed-disability day in the year than the EHS-dissatisfied user. For every group of days of 2 days or more, the dissatisfied EHS user reports proportionately more bed days than his EHS-satisfied peers.

A similar pattern is noticeable in bed-disability days due to injury:

	None	One	2-4	5-9	10-24	25+	No data
EHS Dissatisfied	83.5%	2.4%	3.5%	1.2%	5.9%	1.2%	2.4%
EHS Satisfied	91.7%	1.9%	1.3%	0.6%	3.8%	0.6%	0.0%

For every category, except "none", of bed-disability days due to injury, the dissatisfied EHS user reports proportionately more bed days than his EHS-satisfied peers.

Fifteen per cent of the EHS-dissatisfied users report hospitalizations in the past year, as do 13% of the EHS-satisfied users. Eleven per cent of the EHS-dissatisfied users report hospital stays totalling 8 days or more, versus 6% of the EHS-satisfied users.

Finally, on the variable of self-perception of health, there are marked differences between the EHS-dissatisfied user and the EHS-satisfied user. Twenty-six per cent of EHS-dissatisfied users rate their health as only fair or poor; 13% of EHS-satisfied users do so. Fifty-five per cent of EHS-dissatisfied users rate their health as "good"; 67% of EHS-satisfied users do so. Fifteen per cent of dissatisfied users rate their health as excellent; 20% of satisfied users do so.

6.4 Non-Receipt of EHS Services

Given these negative aspects of health concentrated in our dissatisfied population, one would expect the EHS physician to be utilized more by this group than by satisfied users, instead of the pattern of equal use observed. When asked the direct question about not being able to see a physician at EHS in their visits there, the following replies ensued from EHS-dissatisfied and EHS-satisfied users:

	Respondent Reports of EHS physician "unavailability"
EHS-dissatisfied	22.4%
EHS-satisfied	9.6%

Six per cent of the EHS dissatisfied users report this occurrence 3 times or more, versus 1 per cent of the EHS-satisfied user. Seventeen per cent of EHS-dissatisfied users report this occurrence once or twice, versus 8% of the EHS-satisfied users.

The following distributions summarize the receipt of EHS services by the EHS-dissatisfied and EHS-satisfied users.

	Dissatisfied Users	Satisfied Users
EHS immunizations	10.6%	28.2%
EHS chest X-ray	34.1%	50.6%
EHS Prescriptions:		
one	20.0%	26.9%
two	8.2%	11.5%
3-5	16.5%	9.6%
6+	4.8%	3.8%
EHS pre-employment physical	11.0%	25.0%
EHS annual physical check-up	14.1%	27.6%

Except for multiple EHS prescriptions, the dissatisfied users receive substantially less EHS services than do EHS satisfied users. Given the health status characteristics of the dissatisfied population and their equal probability of utilizing the EHS physician when compared with EHS-satisfied users, the reasons for non-receipt of EHS services are not readily apparent.

When asked the direct question about not obtaining services wanted from EHS, 37% of the dissatisfied EHS users report at least one instance of non-receipt of service. Six per cent of EHS-satisfied employees report at least one such instance. The following distributions present the kinds of services reported as not received by the dissatisfied and satisfied users, as a per cent of those reporting any instance of non-receipt of service.

EHS Service not obtained when wanted	EHS-Dissatisfied Users (N=31)	EHS-Satisfied Users (N=9)
Routine annual physical exam	3%	0%
Physical exam needed for a specific purpose	3%	0%
Did not get to see EHS M.D.	16%	67%
Correct diagnosis	6%	0%
Adequate referral	10%	0%
Timely referral	0%	11%
Adequate management of condition	3%	0%
Adequate investigation of complaint	10%	0%
Complete tests for condition	6%	0%
Treatment deemed appropriate	16%	11%
Desired medication	6%	11%
Efficient handling of medical tests	6%	0%

Exhibit VII lists examples of respondents' actual replies defining the above categories.

6.5 Listed Aspects of EHS

From the replies to the open-ended questions on likes and dislikes of the EHS one, again, would expect the EHS-dissatisfied user to rank the pre-listed factors of EHS as less to his liking. The following comparisons of EHS-dissatisfied and EHS-satisfied users bear out this expection:

	EHS-Dissatisfied users	EHS-Satisfied users
EHS Staff Attitude fair or poor	48.2%	12.2%
Quality of EHS Staff fair or poor	47.1%	7.7%
Amount of Privacy fair or poor	53.0%	14.1%
Physical appearance of Examining Rooms fair or poor	45.9%	13.4%
Comfort of the Waiting Area fair or poor	70.6%	37.8%
The time the staff takes to explain things enough for you fair or poor	67.0%	21.1%

6.6 Shift Work

Satisfaction/Dissatisfaction with EHS is not associated with the shift the respondent works:

	Dissatisfied EHS user	Satisfied EHS user
Day Shift	72%	71%
Afternoon	12%	16%
Night	15%	11%
Regularly alternate	1%	1%

When asked to express agreement or dissagreement with the statement stating that EHS should be open nights and weekends, EHS-satisfied and EHS-dissatisfied workers expressed about equal views:

EHS Should be Open Nights/Weekends

	Agree	Disagree	No opinion	No reply
EHS-dissatisfied	61%	16%	21%	1%
EHS-satisfied	58%	18%	24%	0%

6.7 FAMILY-MEMBER CARE AT EHS

When asked to express agreement or disagreement with a statement stating that employees' family members should be eligible for care at EHS, a large proportion of the EHS-dissatisfied users disagreed with the statement:

Employees' Family Members Should be Able to Receive Medical Attention Through the EHS

	Agree	Disagree	No opinion	No reply
EHS-dissatisfied	46%	39%	11%	5%
EHS-satisfied	69%	19%	11%	1%

The EHS-satisfied employees are more likely to want EHS care for their families.

The respondent population, in general, reports 56% agreement with the statement, 24% disagreement, and 10% with no opinion, with 10% not replying to the question.

Agreement with statement is not directly related to the number of children, under 18, which the respondent has at home, as the following distributions indicate:

	Agree	Disagree	No opinion	No reply
Males, no children	73%	13%	10%	3%
Males, with children at home	54%	12%	15%	20%
Females, no children	47%	32%	11%	9%
Females, one child	65%	18%	8%	10%
Females, two children	62%	27%	0%	12%
Females, three or more	57%	35%	4%	4%

Males with no children at home are the most likely to agree with the statement on EHS care for family members. Females with 3 children at home disagree with the statement as much as females with no children. Females with two children disagree with the statement more than females with one child. EHS satisfaction/dissatisfaction is the greater predictor of agreement with the statement.

6.8 LENGTH OF SERVICE

The relationship of length of service at Brookdale HMC to EHS satisfaction/dissatisfaction is not clear. More exposure to the EHS appears to result in more EHS dissatisfaction:

	EHS-Dissatisfied	EHS-Satisfied
Less than one year	8%	19%
One to less than 3 years	28%	27%
3 to less than five years	20%	9%
5 years or more	45%	45%

6.9 UNION MEMBERSHIP

Union membership bears no relationship to EHS satisfaction/-dissatisfaction, 70% of the EHS-dissatisfied users are currently union members as well as 74% of the EHS-satisfied users.

6.10 PREVENTION/CARE

All respondents were asked whether a person, if feeling "all right", should get a general physical exam every year or not (Q. 22, Exhibit 1). As expected, there was near unanimity for the yearly physical exam; almost all EHS-dissatisfied users and EHS-satisfied users answered for the physical exam.

Respondents were then asked to make a choice of the area in which EHS should ideally concentrate -- prevention or care (Q. 23, Exhibit 1). There was a noticeable difference between in EHS-dissatisfied and EHS-satisfied users in their replies:

	Prevention	Care	Concentrate on both	Cannot decide	No reply
EHS-dissatisfied	62%	25%	4%	6%	4%
EHS-satisfied	55%	34%	2%	6%	3%

The EHS-dissatisfied consumer appears to be more concerned with prevention as the ideal mission of the EHS.

7.0 RESPONDENTS' SUGGESTIONS FOR FUTURE EHS OPERATIONS

All respondents who had ever used the EHS, were asked to name the health services they would like to see included or expanded within the EHS in the future. Respondents did not limit themselves, however, to health services alone and the question was used similarly to the like and dislikes questions used earlier; with EHS-dissatisfied employees' answering the question more and giving more specific, codeable suggestions. The following suggestions were offered by the EHS-dissatisfied and EHS-satisfied employees:

	EHS-Dissatisfied N=85	EHS-Satisfied N=156
Larger quarters needed - space inadequacy	1%	1%
Move to main building	4%	1%
Improve hours of operation	2%	3%
Reduce waiting time	1%	1%
One-stop care suggestions, care without referral	8%	1%
Competent doctors	9%	0%
More doctors	6%	3%
Female doctor	0%	1%
Provision of annual check-ups	22%	8%
Complete annual check-up	9%	2%
CA dection check-up	0%	3%
Medication, drugs	2%	1%
Immunizations	1%	0%
X-Ray services	4%	3%
Dental care	11%	10%
Better follow-up of care	4%	1%
Referrals to specialists	0%	1%
Opthalmological/Optometric services	2%	6%

	EHS-Dissatisfied N=85	EHS-Satisfied N=156
Hearing tests	0%	1%
Gyn services	1%	3%
Podiatry services	0%	8%
Family use of EHS	2%	3%
Employees' ER	0%	1%
Beds in EHS	0%	1%
Sickle cell tests	0%	1%
Better equipped exam rooms	1%	0%
Reduce time between referral visits	1%	1%
More personnel (unspecified)	2%	1%
No new services needed, Ambulatory Care Clinics sufficient	1%	5%
No reply	19%	33%
Don't know, can't think of anything	12%	21%

Again, one-third of the dissatisfied users mention the provision of annual check-up and their completeness, versus 10% of satisfied users.

Dissatisfied users as well as satisfied users see the provision of dental care by the EHS as being desirable in equal proportions. Opthalomological, Hearing, Podiatry and Gyn services together account for 18% of the EHS-satisfied users suggestions.

Hours of operation, larger quarters and other physical convenience factors do not serve to differentiate the EHS-satisfied and dissatisfied users. Less fragmented care, physician characteristics, and numbers of physicians are mentioned more by the dissatisfied users.

The concept of no new services being required considering the availability of other ambulatory care clinics at Brookdale was offered spontaneously by 5% of the EHS-satisfied users, versus only 1% of the EHS-dissatisfied users. One can assume that this concept is also imbedded in the large proportions proferring "no reply" and "can't think of anything."

8.0 SUMMARY

The Brookdale Hospital respondent population, quite different demographically from U.S. national hospital employees and the U.S. work force, exhibits more ambulatory physician utilization and negative health status characteristics than regional or national adult samples. Independent data indicate that high levels of negative health status characteristics are perhaps to be anticipated in studies of hospital employee populations. Given the utilization behavior of sex/age groups in the work force together with the lack of a significant financial barrier to care, there should be great demands on the EHS for treatment, referrals and discretionary or preventive care. It should also be remembered that a sizable portion of persons eligible for care at the EHS (exempt personnel and non-exempt physicians) were not surveyed. Their demands for service and referral are added daily to the demands of the occupation groups surveyed. The sampled population alone, when its behavior is projected, demands 8,300 physician visits in a year; a demand not equally shared. Satisfied users demand the expected mean number of visits, 4.7 per year; dissatisfied users demand an extraordinary 6.2 visits a year.

The young are especially demanding. Younger males who are more apt to receive one, and only one, visit at EHS and then to be referred, do not necessarily concentrate their care heavily with private or union doctors and are more apt to be satisfied users of the EHS. Younger females, also more apt to receive one, and only one, visit at EHS and then to be referred do emerge as concentrated utilizers of private and union physician care and more apt to be dissatisfied with EHS services. Receiving a larger volume of care outside the hospital setting, dissatisfied users report less of every EHS service except referrals and the honoring of prescriptions. If the dissatisfied users were obtaining annual physical examinations through their heavy use of outside physicians they would be less likely to be reporting this as a source of dissatisfaction. Dissatisfied users are oriented more towards prevention; satisfied users are noticeably less so oriented yet receive proportionately more of this service through EHS.

That dissatisfied users are more oriented towards prevention is related to occupation; R.N.'s and other Professional and Technical Workers comprise 41% of the EHS-dissatisfied population versus 32% of the EHS-satisfied consumers. Clerical Workers and Service Workers comprise 63% of the EHS-satisfied consumers versus 53% of the EHS-dissatisfied consumers.

The reports of lack of receipt of specific services, most notably physician visit and complete, annual exams, therefore, do serve to differentiate the satisfied and dissatisfied users. Satisfied users, more oriented to care, are more likely to suggest specialized care; podiatry, optometric, hearing, and gynecological services and to spontaneously stress the availability of the ambulatory care clinics at the hospital.

An area which could not be covered by the questionnaire -- using the EHS and other physicians to "validate" unscheduled absence as illness-related -- may be an uncovered component of the utilization findings. Mobile, younger workers and women workers with children at home, in every industry, are more likely to take unscheduled absences. Depending on the policies of the employing institution, there is differential pressure on the employee to attempt to categorize the absence as illness-related and seek "validation" through a physician visit. While such behavior may be a component of the utilization findings, data for hospitals in general, together with the health status characteristics reported by the respondents and the large volume of visits indicate that something more is operative. In addition, the heavy-utilizer dissatisfied respondents report quite reasonable sources of dissatisfaction with EHS; their concern with their health appears high and unfabricated.

That some employees do abuse sick leave benefits and seek validation through physician visits probably accounts for some of the reports of wariness or perceived unconcern on the part of the EHS staff. A quarter of the dissatisfied users mention the dislike of being treated in a fashion designed to discourage such abuse of benefits. Service Workers are the most likely to mention this. These stresses, in addition

to the heavy demand on a relatively small staff, may account for the heavy reports of EHS staff indifference and poor attitude toward employees. Fifty-six per cent of the dissatisfied users mention either dislike of the physician, staff in general, or the EHS nurses. The EHS satisfied users also perceive this, but to a lesser extent.

From the employees' point of view then, there is much which can be done to improve the EHS.

* * *

1. How long have you worked at Brookdale Hospital Medical Center? PLEASE CHECK ONE BOX.

If you worked on and off at Brookdale HMC, please total the lengths of time you worked.

If you work at the Samuel Schulman Institute, please do not count time worked at Rockaway in answering this question.

- Less than 6 months . . . . . ☐ 1 — 9/
- 6 months to less than one year . . ☐ 2
- One year to less than three. . . . ☐ 3
- Three years to less than five. . . ☐ 4
- Five years to less than ten. . . . ☐ 5
- Ten years or more. . . . . ☐ 6

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2. In the last 12 months, have you been a bedpatient in any hospital? PLEASE CHECK ONE BOX.

- Yes . . . . . ☐ 1 — 10/
- No. . . . . ☐ 2

IF YES, PLEASE ANSWER: How many nights, altogether, were you a bedpatient in a hospital during the last 12 months?

Number of nights: ☐ 11-13/

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3. In the last 12 months, how many times did you see a medical doctor about your own health at the following kinds of places . . .

WRITE IN A NUMBER FOR EACH. IF NONE, PLEASE WRITE IN "0".

- any hospital emergency rooms . . . . . ☐ 14-16/
- any hospital outpatient clinics. . . . . ☐ 17-19/
- the Employee Health Service at Brookdale HMC . . . . . ☐ 20-22/
- any clinics not connected with a hospital. . . . . ☐ 23-25/
- private or union doctor, in the doctor's office. . . . . ☐ 26-28/
- talk to a private or union doctor over the telephone (about a health matter, not just about an appointment or billing, etc.) . . . . . ☐ 29-31/
- see a private or union doctor in your home about your own health . . . . . ☐ 32-34/

4. In the last 12 months, did you go anywhere else not listed in Question 3 to see a medical doctor about your own health? (Not counting times you were a bedpatient in a hospital)

Yes . . . . . ☐ 1 35/

No. . . . . ☐ 2

IF "YES", PLEASE WRITE IN THE TYPES OF PLACES AND THE NUMBER OF VISITS

PLACES:	NUMBER OF VISITS:	
_____	. . . . .	☐ 36-39/
_____	. . . . .	☐ 40-43/
_____	. . . . .	☐ 44-47/

---

5. In the last 12 months, did you have any medical doctor bills which were not fully covered by any insurances, a union plan, or by an employer? (Please count bills for your own health care only)

Yes . . . . . ☐ 1 48/

No . . . . . ☐ 2

IF "YES", PLEASE ANSWER: In the last 12 months, what was the total cost of these bills to you, after deducting the amounts insurances, health plans, or employers paid or will pay?

$ ☐ 49-52/

---

6. Altogether during the last 12 months, how many days did you have to stay in bed all or most of the day because of illness or injury? (Include here any days you were a patient in a hospital)

IF NO DAYS, WRITE IN "0" AND GO TO QUESTION 9. ☐ 53-55/

---

7. How many of the days in Question 6 were due to injury?

IF NONE, PLEASE WRITE IN "0" ☐ 56-58/

---

8. How many of the days in Question 6 were due to illness?

IF NONE, PLEASE WRITE IN "0" ☐ 59-61/

9. In general, over the last 12 months, would you say your health was . . .
PLEASE CHECK ONE BOX.

Excellent	☐ 1	9/
Good.	☐ 2	
Fair.	☐ 3	
Poor.	☐ 4	

---

10. Please check the boxes which apply to you . . .

In the last 12 months, I have had a pre-employment physical check-up at the Employee Health Service of Brookdale HMC	☐ 1	10/
In the last 12 months, I have had a general physical check-up at the Employee Health Service at Brookdale HMC	☐ 2	11/
None of the above apply to me.	☐ 3	12/

---

11. In the last 12 months, how many times did you receive the following kinds of services from the Employee Health Service at Brookdale HMC . . .

WRITE IN A NUMBER FOR EACH. IF NONE, PLEASE WRITE IN "0"

Immunizations.	☐☐	13-14/
Chest X-ray.	☐☐	15-16/
Prescriptions for medicine or medical supplies	☐☐	17-18/
Referrals to a dental clinic or to a dentist	☐☐	19-20/
Referrals to an eye clinic or eye doctor	☐☐	21-22/
Referrals to other clinics or doctors.	☐☐	23-24/

---

12. In the last 12 <u>months</u>, did you receive any <u>other kinds of services not listed in Questions 10 or 11</u>, from the Employee Health Services at Brookdale HMC?

Yes	☐ 1	25/
No	☐ 2	

IF "YES", PLEASE WRITE IN THE KINDS OF SERVICES: 26-27/

28-29/

_____ _____ _____ _____ 30-31/

32-33/

_____ _____ _____ _____

13. On the whole, how satisfied or dissatisfied are you with the Employee Health Service at Brookdale HMC? PLEASE CHECK ONE BOX.

Very satisfied	☐ 1	34
Somewhat satisfied	☐ 2	
Somewhat dissatisfied.	☐ 3	
Very dissatisfied.	☐ 4	
Never used the Employee Health Service.	☐ 9	

IF YOU HAVE NEVER USED THE EMPLOYEE HEALTH SERVICE, GO TO QUESTION 22

---

14. What do you <u>like most</u> about the Employee Health Service?

35-36/

37-38/

39-40/

---

15. What do you <u>dislike most</u> about the Employee Health Service?

41-42/

43-44/

45-46/

---

16. In your visits to the Employee Health Service were there times when you did not get to see a doctor there, <u>when you felt you should have seen one</u>?

Yes	☐ 1	47
No.	☐ 2	

<u>IF "YES", PLEASE ANSWER</u>: About how many times did this happen?

Number of times: ☐ 48-49

17. Please rate the following aspects of the Employee Health Service. For each one, please check one box to show if you rate it as excellent, good, fair or poor.

	Excellent	Good	Fair	Poor	Don't Know	
The attitude of the staff of the Employee Health Service -- how they treat you as a person	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9	9/
The quality of the staff -- how well they do their job	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9	10/
The amount of privacy you have when being asked questions or being examined	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9	11/
The physical appearance of the examining rooms.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9	12/
The comfort of the waiting area	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9	13/
The time the staff takes to explain things enough for you.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9	14/

18. Please check one box to show how much you agree or disagree with the following statement:

The Employee Health Service at Brookdale HMC should be open nights and weekends.

Agree strongly	☐ 1	15/
Agree somewhat	☐ 2	
Disagree somewhat.	☐ 3	
Disagree strongly.	☐ 4	
No opinion on this	☐ 9	

19. Please check one box to show how much you agree or disagree with the following statement:

Employees' family members should be able to receive medical attention through the Employee Health Service at Brookdale HMC.

Agree strongly	☐ 1	16/
Agree somewhat	☐ 2	
Disagree somewhat.	☐ 3	
Disagree strongly.	☐ 4	
No opinion on this	☐ 9	

---

20. What health services for employees would you like to see included or expanded in the Employee Health Service?

17-18/

19-20/

21-22/

---

21. Was there any time when you went to the Employee Health Service at Brookdale HMC and you <u>did not</u> get some kind of help you wanted for yourself?

Yes	☐ 1	23/
No.	☐ 2	

<u>IF "YES" PLEASE ANSWER</u>: What was it that you did not get?

24-25/

26-27/

About how long ago was that (the last time it happened)?

28-29/

22 If a person is feeling all right, do you think he should get a general physical examination every year or so, or is it not worth the trouble unless the person has some complaint? PLEASE CHECK ONE BOX.

Get exams. . . . . ☐ 1 30/

Not worth the trouble. . . . ☐ 2

Don't know . . . . . ☐ 3

---

23. Some people say that an Employee Health Service should pay most of its attention to prevention of illness by concentrating on annual physical examinations, immunizations, and other prevention programs.

Other people say that an Employee Health Service should pay most of its attention to the treatment and care of employees' existing health problems.

If you were forced to make a choice, which one of these areas would you say the Employee Health Service should give the most attention to -- prevention of illness or the treatment and care of existing health problems? (PLEASE CHECK ONE BOX)

Prevention . . . . . ☐ 1 31/

Treatment and care . . . . . ☐ 2

Cannot decide. . . . . ☐ 3

PERSONAL BACKGROUND QUESTIONS

24. What is your age? ☐☐ 32-33/

---

25. Are you -- Male. . . . . ☐ 1 34/

Female. . . . . ☐ 2

---

26. Are you now a full-time or part-time employee of Brookdale HMC?

Full time . . . . . ☐ 1 35/

Part time . . . . . ☐ 2

---

27. Are you now a union member?

Yes . . . . . ☐ 1 36/

No. . . . . ☐ 2

28. Do you work the day shift mostly, the afternoon shift mostly, the night shift mostly, or do you regularly alternate shifts?

Day shift mostly . . . . . ☐ 1 37/

Afternoon shift mostly . . . . ☐ 2

Night shift mostly . . . . . ☐ 3

Regularly alternate shifts . . ☐ 4

---

29. What is your current job at the Brookdale HMC (Samuel Schulman Institute)?

JOB:_____ 38-40/

---

30. What was your gross salary from this job, before taxes and other deductions, for the last 2-week pay period?

$ ☐ 41-44/

---

31. How many of your children, 17 years of age or under, do you now have living at home with you?

IF NONE, PLEASE WRITE IN "0"

☐ 45-46/

---

32. About how long does it usually take you to get to your job from your home?

Hours: ☐ Minutes: ☐ 47-49/

Thank you very much for your cooperation and time! PLEASE DO NOT SIGN YOUR NAME.

Use this space for any comments you would like to make about the Employee Health Service which were not covered by the questions:

THE BROOKDALE HOSPITAL MEDICAL CENTER
Linden Boulevard at Brookdale Plaza, Brooklyn, New York 11212 • (212) 240-5000

Affiliated with
New York University
Medical and Dental Centers

February, 1974

Dear Brookdale Employee:

The enclosed letter asks for your cooperation in a survey being carried out by the National Opinion Research Center (NORC). The survey is being conducted to help evaluate the Employee Health Service from the employees' point of view and is consistent with The Brookdale Hospital Medical Center's practice of providing an opportunity for all employees to contribute toward making The Brookdale Hospital Medical Center an even better place in which to work.

NORC is a non-profit research organization founded over 30 years ago and over the years they have conducted hundreds of surveys by which the opinions and experiences of thousands of persons have been incorporated into the planning and evaluation of many important programs. In addition, the confidentiality of the statements of people who have participated in their studies has always been maintained.

It is important that all employees be represented in the survey. We are asking your cooperation by filling out the questionnaire candidly and returning it to the NORC research office as soon as possible.

The survey will help us in the plans for, and evaluation of, the Employees Health Service. In addition, the results can help other medical centers throughout the country in their plans for employee health programs.

Thank you.

Sincerely,

Charles E. Callan

Charles E. Callan
Personnel Administrator

CEC:
enclosure

"EXHIBIT III"

national opinion research center

NORC

UNIVERSITY OF CHICAGO

New York Office
817 Broadway
New York, New York 10003
(212) 677-4740

Pearl Zinner
Director of New York Operations

Dear Employee:

The Brookdale Hospital Medical Center, with the support of the National Institute of Occupational Safety and Health, has asked us to conduct an independent evaluation of Brookdale's Employee Health Service from the employees' point of view.

Since we could not speak with all employees directly, we have scientifically drawn a random sample of employees to participate in a mail survey. You are in that sample, and we need your help to make the results of the survey valid and complete.

Your answers to the questions will be kept confidential; replies will be presented only as statistical summaries in professional reports. Replies will be tabulated by the National Opinion Research Center staff only.

Please take a few minutes to complete the questionnaire and return it to the NORC research office. The return envelope does not require postage.

We need your answers and opinions even if you have not used the Employee Health Service recently or at all.

Thank you for your help. Please be assured that you are performing a valuable service for your fellow employees.

Sincerely yours,

Robert Banacki

Robert Banacki
Associate Study Director

RB/lw

P.S. If you would like to receive a copy of the preliminary report of the survey's findings, please fill out and return the enclosed card with the questionnaire.

"EXHIBIT IV"

Dear Brookdale Employee:

A few days ago we mailed you a short questionnaire regarding your views of the Employee Health Service.

We have not yet received your completed questionnaire. Won't you please complete it and return it now?

If you have not received your questionnaire, or prefer to be interviewed by telephone, or have any questions about the survey, please call one of the following interviewers:

Mrs. Zensi Saulsbury	Carolyn Farrar	Mrs. Herminia Badano
677-4740	335-9107	659-7756
(day)	(day or evening)	(day or evening)

If you have already mailed in your questionnaire, thanks!

NATIONAL OPINION RESEARCH CENTER
University of Chicago

New York Office
817 B'way NYC 10003

EXHIBIT V

1. ¿Por cuánto tiempo ha trabajo Ud. en el Centro Médico de Brookdale Hospital?
POR FAVOR MARQUE UNA CAJA

Si ha trabajado de vez en cuando en el Centro Médico de Brookdale Hospital, por favor totaliza todos los tiempos que Ud. ha trabajado.

Si ha trabajado en el Samuel Schulman Institute, por favor no cuente tiempo trabajado en Rockaway en contestando esta pregunta.

- Menos de 6 meses. . . . . ☐ 1
- 6 meses a menos de un año. . . . . ☐ 2
- Un año a menos de tres. . . . . ☐ 3
- Tres años a menos de cinco . . . . . ☐ 4
- Cinco años a menos de diez . . . . . ☐ 5
- Diez años o mas . . . . . ☐ 6

---

2. ¿En los últimos 12 meses, ha sido Ud. un paciente postrado en cama?
POR FAVOR MARQUE UNA CAJA

- Sí. . . . . ☐ 1
- No. . . . . ☐ 2

SI RESPUESTA SÍ, CONTESTA:

¿Por cuantos noches, en total, fue Ud. un paciente postrado en cama en un hospital durante los últimos 12 meses?

Número de noches: ☐☐

---

3. ¿En los últimos 12 meses, cuantas veces ha visto Ud. a un doctor de medicina acerca de su propia salud en los siguientes lugares . . .

ESCRIBE UN NÚMERO PARA CADA UNO. SI NINGUNA, POR FAVOR ESCRIBE "0".

- Sala de emergencia en cualquier hospital. . . . . ☐
- Hospital con clinica para parientes ambulatorios en cualquier hospital . . . . . ☐
- El Servicio de Salud de Empleados (Employee Health Service) en el Centro Médico de Brookdale Hospital . . . . . ☐
- Cualquier clinica no conectado con un hospital. . . . . ☐
- Doctor privado o del unión, en la oficína del doctor. . . . . ☐
- Hablado con un doctor privado o del unión sobre el teléfono (sobre un cosa de salud, no solamente de una sita o una cuenta). . . ☐
- Visto un doctor privado o del unión en su casa acerca de su propia salud. . . . . ☐

4. ¿En los últimos 12 meses, ha ido Ud. a cualquier otro lugar no anotado en cuestión 3 para ver un doctor de medicina acerca de su propia salud? (Sin contando veces cuando estaba Ud. un paciente postrado en la cama)

Sí . . . . . ☐

No . . . . . ☐

SI RESPUESTA SÍ, POR FAVOR ESCRIBE LOS TIPOS DE LUGARES Y LOS NUMEROS DE VISITAS

LUGARES	NÚMERO DE VISITAS
_____	☐
_____	☐
_____	☐

---

5. ¿En los últimos 12 meses ha tenido Ud. algunas cuentas de doctores de medicina que no fueron completamente cubierto por algunos seguros, plan del unión o por el empleador? (Por favor cuenta solamente cuentas por su propia salud)

Sí . . . . . ☐

No . . . . . ☐

SI RESPUESTA SÍ, POR FAVOR CONTESTA:

¿En los últimos 12 meses, que fue el gasto total de estas cuentas a Ud., despues de deducir la cantidad que pagaron o pagarán seguros, planes de salud, o empleadores?

$ ☐

---

6. ¿En total durante los últimos 12 meses, por cuantos dias tenia que quedarse en cama por causa de enfermedad o herida? (Incluye aquí cualquieras dias que Ud. fue un paciente postrado en cama)

☐

SI NO HAY DIAS, ESCRIBE "0" Y SIGUE AL CUESTIÓN 9

---

7. ¿Cuantas dias en cuestión 6 fueron por causa de herida?

SI NINGUNO, ESCRIBE "0" ☐

---

8. ¿Cuantas dias en cuestion 6 fueron por causa de enfermedad?

SI NUNGUNO, ESCRIBE "0" ☐

9. ¿En general, sobre los últimos 12 meses, diría Ud. que su salud fue . . .
POR FAVOR MARQUE UNA CAJA

Excelente . . . . . ☐ 1
Bueno . . . . . ☐ 2
Regular . . . . . ☐ 3
Pobre . . . . . ☐ 4

---

10. Por favor marque la caja que le aplica a Ud. . . .

En los últimos 12 meses, ha tenido un examen fisico antes de empleamiento en el Servicio de Salud de Empleados (Employees Health Service) del Centro Médico de Brookdale Hospital. . . . . ☐ 1

En los últimos 12 meses, he tenido un examen fisico general en el Servicio de Salud de Empleados (Employee Health Service) del Centro Médico de Brookdale Hospital . . . . . ☐ 2

Ninguna de las declaraciones arriba me pertenece a mi . . . . . ☐ 3

---

11. En los últimos 12 meses, cuantas veces ha recibido Ud. las siguientes clases de servicios del servicio de salud de Empleados del Centro Médico de Brookdale Hospital . . .

ESCRIBE UN NUMERO PARA CADA UNA. SI NINGUNA, POR FAVOR ESCRIBE "0".

Inmunizaciones . . . . . ☐
Rayos X del Pecho (X-Rays) . . . . . ☐
Prescipción para medicinas o materiales medicales. . . . . ☐
Referencias a una clinica dental o a una dentista. . . . . ☐
Referencias a una clinica de vista o a una doctor de vista . . ☐
Referencias a otras clinicas o doctors . . . . . ☐

---

12. En los últimos 12 meses, recibió Ud. alguna otra clase de servicios que no son contados en cuestiones 10 y 11 del Servicio de Salud de Empleados del Brookdale Hospital?

Sí. . . . . ☐ 1
No. . . . . ☐ 2

SI RESPUESTA SI, POR FAVOR ESCRIBE LAS CLASES DE SERVICIOS:

_____ _____ _____ _____

_____ _____ _____ _____

13. ¿Generalmente, cuanto satisfecho o descontento esta Ud. con el Servicio de Salud de Empleados (Employee Health Service) en el Centro Médico de Brookdale Hospital? POR FAVOR MARQUE UNA CAJA

Muy satisfecho . . . . . ☐ 1

Algo satisfecho. . . . . ☐ 2

Algo descontento . . . . . ☐ 3

Muy descontento. . . . . ☐ 4

Nunca ha usado el Servicio de Salud de Empleados (Employee Health Service) . . ☐ 9

SI NUNCA HA USADO EL SERVICIO DE SALUD DE EMPLEADOS, SIGUE CON LA PREGUNTA 22

---

14. ¿Que le <u>gusta más</u> del Servicio de Salud de Empleados (Employee Health Service)?

---

15. ¿Que le <u>disgusta más</u> del Servicio de Salud de Empleados (Employee Health Service)?

---

16. ¿En sus visitas al Servicio de Salud de Empleados, habían veces cuando no llegaba a ver un doctor allí cuando Ud. se sentía que debería haber visto uno?

Sí . . . . . ☐ 1

No . . . . . ☐ 2

<u>SI RESPUESTA SI, POR FAVOR CONTESTA</u>:

Como cuantas veces ocurió esto?

NÚMERO DE VECES ☐

17. Por favor clasifique los siguientes aspectos del Servicio de Salud de Empleados (Employee Health Service). Para cada una, por favor marque una caja para mostrar si Ud. lo clasifique como exelente, bueno, regular o pobre.

	Excelente	Bueno	Regular	Podre	No Se
El actitude del cuerpo del servicio de Salud de Empleados - como es que le tratan como una persona	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
El calidad del cuerpo - cuanto bueno hacen su trabajo	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
La cantidad de soledad que Ud. tiene cuando le hacen preguntas o le examínan.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
El aspecto fisico de los salones de examinación.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
La comodidad de la área de esperar.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
El tiempo que el cuerpo toma para explicarle las cosas sufieientamente	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

---

18. Por favor marque una caja abajo para mostrar cuanto de acuerdo o en desacuerdo esta Ud. con la siguiente declaración:

El Servicio de Salud de Empleados del Centro Médico de Brookdale Hospital debe estar abierta noches y fines de semanas --

- Fuertemente de acuerdo . . . . . ☐ 1
- Algo de acuerdo. . . . . ☐ 2
- Algo en desacuerdo . . . . . ☐ 3
- Fuertemente en desacuerdo. . . . . ☐ 4
- Sin opinión en esto. . . . . ☐ 9

19. Por favor marque una caja abajo para mostrar cuanto de acuerdo o en desacuerdo esta Ud. con la siguiente declaración:

Los miembros de la familia de empleados deben poder recibir atención médico a traves del Servicio de Salud de Empleados del Centro Médico de Brookdale Hospital.

Fuertemente de acuerdo . . . . . ☐ 1

Algo de acuerdo. . . . . ☐ 2

Algo en desacuerdo . . . . . ☐ 3

Fuertemente en desacuerdo. . . . ☐ 4

---

20. ¿Cuales servicios de salud para empleados le gustaría ver incluido o extendido en el Servicio de Salud de Empleados?

---

21. ¿Había algún tiempo cuando Ud. fue al Servicio de Salud de Empleados en el Centro Médico de Brookdale Hospital y no recibió alguna forma de ayuda que Ud. quería por si mismo?

Sí. . . . . ☐ 1

No. . . . . ☐ 2

SI RESPUESTA SÍ, CONTESTA: ¿Que era lo que Ud. no recibió?

¿Como cuánto tiempo hace eso (la última vez que ocurió)?

22. ¿Si una persona se siente bien, crea Ud. que debe tomar un examen fisico general como cada año, o no vale la pena a menos que la persona tiene algún quejido?

Toma examen . . . . . ☐ 1

No vale la pena . . . . . ☐ 2

No se . . . . . ☐ 3

---

23. Algunas personas dicen que un Servicio de Salud de Empleados debe atender más a la prevención de enfermedad por concentrandose en examens fisicos anuales, inmunización y otras programas de prevención.

Otras personas dicen que un Servicio de Salud de Empleados debe atender más al tratamiento y cuidado de las problemas actuales de salud de los empleados.

¿Si Ud. tenía que escoger, cuales de estas áreas diría Ud. que el Servicio de Salud de Empleados se debe atender más -- prevención de enfermedad o el tratamiento y cuidado de problemas actuales de salud?

Prevención. . . . . ☐ 1

Tratamiento y cuidado . . . . . ☐ 2

No puede decidir. . . . . ☐ 3

CUESTIONES DE SI MISMO

24. ¿Qué es su edad? ☐

---

25. ¿Es Ud. . . .

hombre. . . . . ☐ 1

mujer . . . . . ☐ 2

---

26. ¿Esta Ud. trabajando tiempo completo o parte del tiempo en el Centro Médico de Brookdale Hospital?

Tiempo completo . . . . . ☐ 1

Parte de tiempo . . . . . ☐ 2

---

27. ¿Es Ud. miembro de una unión?

Sí . . . . . ☐ 1

No . . . . . ☐ 2

28. ¿Trabaja Ud. por major parte la tanda del dia, por major parte la tanda de la tarde, por major parte la tanda de la noche, o regularmente vária Ud. las tandas?

Tanda del dia por major parte . . . . . ☐ 1

Tanda de la tarde por major parte . . . . . ☐ 2

Tanda de la noche por major parte . . . . . ☐ 3

Regularmente varia tandas . . . ☐ 4

---

29. ¿Cúal es su trabajo actual en el Centro Médico del Brookdale Hospital (Samuel Schulman Institute)?

Trabajo _____

---

30. ¿Cúal era su salario total de este trabajo, antes de los impuestos y otros reducamientos, para el último periodo de pagamiento de 2 semanas?

$ ☐

---

31. ¿Cuantos de sus niños, 17 años de edad o menos, tiene ahora viviendo en casa con Ud.?

SI NINGUNO, POR FAVOR ESCRIBE "0"

☐

---

32. ¿Como cuanto tiempo le toma usualmente a llegar a su trabajo de su casa?

Horas: ☐ Minutos: ☐

Muchas gracias por su cooperación y su tiempo.

POR FAVOR NO FIRME SU NOMBRE

Usa este espacio para cualquier comentario que le gustaría hacer acerca del Servicio de Salud de Empleados (Employee Health Service) que no fueron cubiertos por las cuestiones:

"EXHIBIT VI"

national opinion research center

NORC

UNIVERSITY OF CHICAGO

New York Office
817 Broadway
New York, New York 10003
(212) 677-4740

Pearl Zinner
Director of New York Operations

Dear Brookdale HMC Employee:

It has now been a couple of weeks since we sent you a short questionnaire regarding your views of, and experiences with, Brookdale's Employee Health Service. Many of your fellow employees have already replied and we are starting to tabulate the results. We have not yet received your completed questionnaire.

It is very important to the reliability of the survey that all of the sampled employees respond. You know how accurate surveys and polls can be once we are sure that all the members of a true cross section have replied to the questions.

The survey is being done with the cooperation of the National Institute for Occupational Safety and Health to help evaluate the Employee Health Service. The only way to obtain a true, meaningful picture of employees' satisfaction or dissatisfaction with the services they receive is to ask the employees themselves. In this way, the employees' point of view is incorporated into plans for future services and plans which could be used by other health centers throughout the country instituting employee health programs.

How do we protect the confidentiality of your reply? When we receive your return envelope, which has a number on it, we cross your number off a list and add your questionnaire to the others received. Do not sign your name on the questionnaire. Once we are satisfied that we have contacted everyone and urged them a few times to participate in the survey, we destroy the list of numbers and names and work only with the unsigned questionnaires in doing the tabulating and analysis. Please be assured that your name will never be connected with your reply. We are researchers only, and have no other motive but good research.

We have enclosed another questionnaire in case you have misplaced yours or never received yours for some reason. Please take a few minutes and fill it out now.

If you have any questions about the survey, or don't understand some of the questions, or prefer to be interviewed by telephone so you don't have to mail in anything, please call any one of the following telephone interviewers who are trained to help you:

Minette Tolciss	Carolyn Farrar	Herminia Badamo
(677-4740)	(335-9107)	(659-7756)
(day)	(day or evening)	(day or evening)

If you have already mailed in your questionnaire, thank you for all your help.

Even if you have not used the Employee Health Service recently or at all, your reply is very important to the survey results.

Sincerely,

Robert Banacki
Associate Study Director

RB/gp

CODING INSTRUCTIONS
EXHIBIT VII

4184

EMPLOYEE HEALTH SERVICE
SURVEY

DECK 1

Q.	Col.	
	1-8	CASE NUMBER
1	9	Precoded 1-6 9=No Data
2	10	Precoded 1-2. 9=No Data
	11-13	001-365, 999 No Data If 1/10 equals '1' then 1/11-13 must contain a code. ZERO FILL
3	14-16 17-19 20-22 23-25 26-28 29-31 32-34	000-365 If no data enter 000 NEVER BLANK ZERO FILL
4	35	Precoded 1-2 9=No Data
	36-39 40-43 44-47	See memorandum
5	48	Precoded 1-2. 9=No Data
	49-52	0001-9998. 9999=No Data If 1/48 equal '1' then 1/49-52 cannot be blank. ZERO FILL

DECK 1

Q.	Col.	
6	53-55	000-365 If no data enter 999 1/53-55 is equal to or greater than 1/11-13. If 1/11-13 is not blank then 1/53-55 must contain a code. 1/53-55 equals 1/56-58 + 1/59-61. ZERO FILL
7	56-58	000-365 ZERO FILL, No Data = 999
8	59-61	000-365 ZERO FILL, No Data = 999
	62-75	Always blank
	76-79	Study number 4184 preprinted
	80	Deck number 1 preprinted

DECK 2

Q.	Col.		
	1-8	Case number	
9	9	Precoded 1-4. 9=No Data	
10	10	Precoded 1	If 02/10, and 02/11 and 02/12 are blank, enter 9 for all cols. If at least one col. contains a code, then others are "R"
	11	Precoded 2	
	12	Precoded 3	
11	13-14	00-99	
	15-16	Enter 00 for No Data	
	17-18	NEVER BLANK	
	19-20	ZERO FILL	
	21-22		
	23-24		

DECK 2 (continued)

Q.	Col.	
12	25	Precoded 1-2. 9=No Data
	26-27 28-29 30-31 32-33	See memorandum
13	34	Precoded 1-4,9. 8=No Data If 2/38 equals '9' 2/35-49 and 3/9-29 are all blank.

CODING INSTRUCTIONS Q.'S 14-15

Likes	Dislikes	
2/35-36	2/41-42	First like or dislike mentioned
(first fields)		Codes 01-89 (SPECIFIC OR GENERAL LIKES/DISLIKES) -- See memorandum
		Code 97 = entire response to Q. is, "Don't know, nothing I like most, nothing I dislike most, can't answer, never thought about it, was only there a few times so can't answer, what's to like?, etc."
		Code 97 in first field only. If first field = 97, then second and third fields must = 98 (no second reason given, no third reason given)
		99 = no comments recorded (code in all three fields)
2/37-38	2/43-44	Second like or dislike mentioned.
(second fields)		Codes 01-89 (SPECIFIC OR GENERAL LIKES/DISLIKES) -- See memorandum
		98 = no second reason given
		99 = entire question shows no comments recorded.
2/39-40	2/45-46	Third like or dislike mentioned.
		Codes 01-89 (SPECIFIC OR GENERAL LIKES/DISLIKES) -- See memorandum

CODING INSTRUCTIONS Q.'S 14-15
(continued)

DECK 2

Likes Dislikes

98 = no third reason given

99 = no comments recorded for entire question

Q.	Col.	
16	47	Precoded 1-2. 9=No Data
	48-49	01-87 99=No Data If 2/47 equals '1' 2/48-49 must contain a code. ZERO FILL
	50-75	Always blank
	76-79	Study number 4184 preprinted
	80	Deck number 2 preprinted

DECK 3

Q.	Col.	
	1-8	Case number
17	9 10 11 12 13 14	Precoded 1-4, 9. 8=No Data If 2/34 equals '9' these col's must be blank
18	15	Precoded 1-4, 9. 8=No Data
19	16	Precoded 1-4, 9. 8=No Data

DECK 3 (continued)

Q.	Col.	
20	17-18 19-20 21-22	If 2/34 does not equal '9' 3/17-22 must contain a code. See attached memorandum
21	23	Precoded 1-2. 9=No Data
	24-25 26-27	If 3/23 equal '1' 3/24-27 must contain codes. See attached memorandum
	28-29	If 3/23 equals '1' 3/28-29 must contain a code. 01 = less than 1 year ago 02 = 1 to 2 years ago 03 = more than 2 years ago 97 = don't know, don't remember 99 = no comment recorded If more than one time period given, code most recent.
22	30	Precoded 1-3. 9=No Data
23	31	Precoded 1-3. 9=No Data 4 = Equal attention to both
24	32-33	15-96 97=97 or more 99=No Data
25	34	Precoded 1-2
26	35	Precoded 1-2. 9=No Data
27	36	Precoded 1-2. 9=No Data

DECK 3 (continued)

Q.	Col.	
28	37	Precoded 1-4. 9=No Data
29	38-40	If no data code 999 SEE OCCUPATION CODE BOOK
30	41-44	0001-9998 9999=No Data ZERO FILL
31	45-46	ZERO FILL 99=No Data
32	47-49	Record in minutes. 999=No Data ZERO FILL
	50	$ = comments in blank space
	51-75	Always blank
	76-79	Study number 4184 preprinted
	80	Deck number 3 preprinted.

CODING INSTRUCTIONS - Q. 20

3/17-18 — First "improvement" mentioned.

Codes 01-89 (SPECIFIC OR GENERAL ITEMS)
See memorandum

(first field) — Code 97 = entire response to Q. is, "Don't know, nothing I can think of, can't answer, how should I know?, I don't know what they offer now, etc."

99 = no comments recorded (code in all three fields)

3/19-20 — Second "improvement" mentioned. (Codes 01-89) See memorandum

(second field) — 98 = no second "improvement" mentioned

99 = entire q. shows no comments recorded

3/21-22 — Third "improvement" mentioned. (Codes 01-89 to be developed)

98 = no third "improvement" given

99 = no comments recorded for entire question

CODING INSTRUCTIONS - Q. 21A

first field 03/24-25 — Codes 01-89 See memorandum
First lack mentioned.

97 = entire response to Q. is vague, unclear

Code 97 in first field only. If first field = 97, then second field must = 98.
(no second lack given)

99 = no comment recorded (code in both fields)

second field 13/26-27 — Codes 01-89 See memorandum
Second lack mentioned

98 = no second lack mentioned

99 = no comments recorded for entire q.

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MEMORANDUM

To Leonard Mangano

From Bob Panacki

Subject Deck 01/36-39, 40-43, 44-47 Q. 4 Coding/Editing Instructions

Date March 7, 1974

Information in Q. 4 cannot duplicate numbers of visits given elsewhere. Check responses to Q. 3 and Q. 4; if apparent duplication, code only in Q. 3.

Dentists do not count towards a "yes" response. Chiropractors do not count towards a "yes" response. Inpatient (bed patient) hospital care does not count towards a "yes" response.

Allowable Codes 01/36, 01/40, 01/44

1 - Armed Forces facilities
2 - Schools, school doctors
3 - Plant, factory doctors
4 - Miscellaneous
8 - Vague, indeterminate source

If 01/35 = 1 but no date in sub question code, "9000" in all three fields; 01/36-39, 01/40-43, 01/44-47.

If 01/36, 01/40, or 01/44 = 1-8, the corresponding fields 37-40, 41-43, or 44-47 should contain a three digit code for number of visits. Zero fill. Do not use 999 for no information; consult supervisor.

MEMORANDUM

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To Leonard Mangano

From Bob Banacki

Subject Deck 02/26-27
28-29
30-31
32-33
Q. 12 coding

Date March 7, 1974

If 02/25=1, use the four subsequent fields to code up to four types of tests, exams, procedures or administrative routines:

01 - Blood tests

02 - Urine test

03 - Glucose Tolerance test

04 - GI series

05 - TB test

06 -

07 - X rays to limbs (edit "chest X-rays" to 02/15-16)

08 - X rays unspecified

09 - Mammogram, breast X ray

10 - Electrocardiogram

11 - Pap Smear

12 - X rays to trunk (back and hips)

13 -

14 -

MEDICAL PROCEDURES

15 - Dressed cut finger, removed stitches, ear wax removal, dressings, minor procedures

MEDICINE OR PROSTHETIC SUPPLIES

Edit to 02/17-18

ADMINISTRATIVE ROUTINES

16 - An "OK" to return to work following sick time; aid with forms, etc.

17 -

MISCELLANEOUS SERVICES

18 - Services not codeable above

If 02/25=1 but no data in subquestion code "99" in all four subsequent fields.

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MEMORANDUM

To Leonard Maugano

From Bob Banacki

Subject Deck 02/35-36
37-38 } codes for Q. 14
39-40

Date March 6, 1974

If 02/34≠9, coders should use the item after Q. 32 as an "Anything Else" probe and incorporate those likes and dislikes mentioned into Q. 14 and 15 coding procedures.

If 02/34=9, then no such incorporation should take place. The $ sign in 03/50 is entered whether or not the comments were incorporated into Q. 14 and 15 coding procedures.

Codes: Likes

PHYSICAL EXISTENCE AND CONVENIENCE FACTORS (01-08)

01 - General likes about existence of EHS

"The fact that it does exist"

"To know it's available for my use"

"That I can go there"

02 - Ease of availability of EHS--no specific service mentioned, convenience

"It's easily available"

"Easily reached"

"It's near the place of work"

"The convenience of getting help if needed at work"

03 - Physician services (readily) available

"Being able to see a doctor if necessary"

"Can get to see a doctor if you're ill during working hours"

04 - No or little waiting

"fast service"

"prompt attention"

"quick attendance"

"no waiting"

"little waiting"

"no long wait"

"no need to wait like at a general clinic"

05 - Lack of "red tape"

"there's no red tape"

06 - Convenience for liaison with other Brookdale departments, clinics

"convenient for communication with nursing office"

07 -

08 -

EHS PHYSICIAN FACTORS (09-16)

09 - General mention of like of EHS Physician

"the doctor" "the doctor is good"

"the doctor there"

10 - Physician is knowledgeable

"the doctor is knowledgeable"

11 - Physician is thorough

"the physician there is thorough"

12 - Likes treatment received by physician

"the good treatment I received from the doctor there"

13 - Physician is courteous, "nice"

"the doctor is nice" "the doctor is friendly"

"the doctor is courteous"

"the doctor is Polite"

"the doctor is accommodating"

"he doesn't brush you off"

14 -

15 -

16 -

EHS NURSES FACTORS (17-20)

17 - General mention of like of EHS nurses

"the nurses"

"nursing service"

"they have very good nurses"

18 - Nurses are courteous, "nice"

"the pleasant attitude of the nursing staff"

"the nurses are accommodating"

"the nurses are very nice"

19 -

20 -

HUMAN FACTORS NOT ASSOCIATED WITH SPECIFIC PERSONNEL (21-24)

21 - Courtesy, "nice" ("Staff," "girls," "they," or no personnel mentioned)

"courteous attention"

"courtesy"

"they are not disrespectful"

"they are very nice"

"courteous service"

"they are friendly"

22 - Care, concern, help, good effort (by "staff," "girls," "they," or no personnel mentioned)

"A very good effort is made to help all the employees."

"Good individual care and attention"

"They have helped me when I needed them."

"Very helpful"

"the attention"

"the results are very satisfactory"

"everyone is interested in your care"

"they care"

23 - Candor

"They tell you the truth about your condition"

24 -

OPERATING POLICY FACTORS (25-28)

25 - No charge

"It's free"

26 - Liaison/cooperation with private physicians

"You can have medical tests made and the reports sent to your own physician"

"they honor test requests ordered by your private m.d."

"they honor prescriptions by private m.d.'s"

27 -

28 -

SPECIFIC SERVICES LIKES (29-38)

29 - Annual physical check ups

30 - tests (not chest-X rays)

31 - prescriptions

32 - immunizations

33 - chest-X rays

34 - provide referrals to other doctors/clinics

35 -

36 -

37 -

38 -

77 - Likes too general and vague to be coded elsewhere

MISCELLANEOUS (not codeable in 01-38)

89 - Miscellaneous likes

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MEMORANDUM

To Leonard Mangano

From Bob Banacki

Subject Deck 02/41-42
43-44 } codes for Q. 15
45-46

Date March 1, 1974

If 02/34 ≠ 9, coders should use the item after Q. 32 as an "Anything Else" probe and incorporate those likes and dislikes mentioned into Q. 14 and 15 coding procedures.

If 02/34 = 9, then no such incorporation should take place. The $ sign in 03/50 is entered whether or not the comments were incorporated into Q. 14 and 15 coding procedures.

Codes: Dislikes

PHYSICAL INCONVENIENCE FACTORS (01-08)

01 - Larger quarters needed - space inadequacy

"Need more room so employees can get a yearly check-up"

"It's too small"

"Needs expansion considering the number of employees"

"Waiting area is inadequate"

02 - Specific physical inadequacies other than space

"Waiting area is chilly in the winter"

"The chairs are uncomfortable"

03 - Dislike hours of operation

"Should be open 24 hours for all shifts"

"The hours aren't convenient"

"The hours are not sensible for a 24-hour institution"

"Waiting to see the doctor after a tour of night duty"

"That I have to go in the mornings and I work nights - I work 11-7 and have to wait until they open"

04 - The waiting time

"Long waits"

"The waiting to see the doctor too long"

"Doctor comes in late in A.M. when you have to get back to work. Then he sits and has his coffee and takes his time"

"The nurses leave you sitting until they are ready - then they do you a favor and call you"

05 - Red tape

"The idea of having to bring a pink slip - by the time I went back for it I was too sick to return to EHS"

"Waiting for a return to work OK from them when slip from private M.D. states, "Return to work".

"Have to fill in union form before seeing patient"

06 - Too cumbersome and inconvenient to use

"If you're sick you get sent here and there for medical attention, getting prescriptions stamped, etc. - it's OK if you're healthy".

"Even if I was very sick, I had to walk up to them"

"Have to cross heavy traffic when you're sick to get there"

07 -

08 -

EHS PHYSICIAN FACTORS (09-13)

09 - General mention of dislike of EHS physician

"dislike the doctor" (unspecif.)

"do not like doctor" (unspecif.)

10 - Competence of physician

"very poorly trained physician with a poor reputation among his fellow physicians"

"the doctor is not good"

"the physician is not up to par"

"the inefficiency of the doctor"

11 - Thoroughness of physician

"The doctor doesn't investigate your health thoroughly"

12 -

13 - Aloofness/Indifference of the physician

"At times the doctor seems more like a machine and not a person - P.S. - that's his problem not yours"

"Lack of interest by the physician in charge"

"The indifference of the physician"

"The doctor has a tendency to treat patients in a patronizing manner"

"The doctor never seems to have much to say to me"

"I dislike the attitude of the doctor"

14 -

15 -

16 -

EHS NURSES FACTORS (17-20)

17 - General mention of dislike of EHS nurses

"don't like the nurses there"

18 - Nurses are not courteous, not "nice"

"the nurses treat you like they are doing you a favor"

"the coolness of the nurses"

19 - Nurses are inefficient

"the inefficiency of the nurses who work there"

"nurses sit around and fool around doing nothing"

20 - Nurses gossip, do not respect confidentiality

"the nurses gossip about employee patients"

"the nurses shout in front of others (when asking you personal questions)"

HUMAN FACTORS NOT ASSOCIATED WITH SPECIFIC PERSONNEL (21-24)

21 - Not courteous, not "nice" ("Staff," "girls," "they," or no personnel or clearly definable personnel mentioned)

"The coolness of the staff"

"Do not like the ladies who work with the doctor in the back, not the clerical ladies up front, but the ones in the back (unspec.)"

"They are discourteous there"

"Unfriendly bunch"

22 - Uncaring, unconcerned, unhelpful, minimal effort (by "staff," "girls," "they," or no definable personnel mentioned) (no mention of "back to work" procedures or suspicion of malingering)

"The lack of interest to your needs at the time you need it"

"The lack of interest in a patient at times"

"Get some people there that understand people"

"The lack of real concern on part of EHS staff"

23 - Do not proffer information about your health

"No one really tells you how ill you are or how long you can expect to be ill"

"They should tell the patient the results of the specimen sent--whether negative or positive"

"Your own health is kept a big secret from you"

24 - Invasion of privacy

"Discussion of your personal and private matters in front of others"

"Lack of confidentiality"

"Everything should be in strict confidence--why should the Director of Nursing be informed if I had pediculosis, for example?"

"Not confidential enough--one girl was told she was pregnant, she wasn't, but everyone was talking about her pregnancy"

"A girl was told she had a probable breast tumor--everyone then knew about this. I would not go there if I had a contagious disease for fear of broadcasting same"

OPERATING POLICY, PERCEIVED PROCEDURES FACTORS (25-28)

25 - Costs

"Too money hungry--hospital charges the union $35 for each visit made"

26 - Too much referral to private physicians

"You're made to see a private physician of your own choosing--would rather get my care right then and there"

"I feel that if the EHS thinks an employee needs medical treatment, they should inquire as to whether or not the employee would like to have treatment given by EHS or his own private doctor--before they tell you you must see your own doctor"

27 - "Return to work" instructions too stringent, not compassionate. Do not let you go home. Respondent describes a seemingly cursory, routine, treatment procedure designed to discourage malingerers.

"I do not like the EHS because when you go sick all they give you is aspirin, that's all they give you and they say go back to work--work?--is no good"

"If you don't have a 102 degree temp you are not considered ill"

"At times you go there feeling very ill, and the staff seems to think nothing is wrong. They give the attitude that they think you are lying"

"The reason for going there is because you are sick and want attention. The only thing you get is to wait there to find out you still feel bad and can't go home"

"If you are in pain and they don't see why--that's that. Its back to work for you"

"Sometime when you really need to go home to rest, the dr. sends you back to work with your germ to make other people sick"

"They don't take care of you as an employee--they think you only come to get sick days off"

"The EHS is to help you when you get sick--get a cold or the flu sometimes--you can't even talk clearly having to talk to patients and the doctor sends you back to work which I think is no good"

"I am the type of person that doesn't get a temperature no matter how sick I am. The doctor in EHS won't let you go home unless you have one and its very hard to work if you are ill"

"I was sent back to duty despite complaint of not feeling well"

"I think they should give more thorough investigation to employees when they visit the Health Service and not just 2 aspirin--people's health should be taken more seriously and not just lightly"

28 -

SPECIFIC SERVICES DISLIKES (29-39)

29 - Dislike lack of arrangements for annual physical check ups; dislike not being able to obtain annual check-up. (Dislike of frequency, not quality)

"No routine check ups available"

"Employees should get complete physical exams at least once a year--EHS does not do this"

"It's maybe 4 or 5 years since I've had a good physical exam at employee's health"

"Check-ups more often. If you don't call them they don't call you"

"Each employee should be sent a letter to have a complete physical examination yearly, according to the time that's convenient to the Health Service"

"Its failure to provide annual complete check-ups"

"Have a physical examination every year as they once did"

"I dislike not being called to have a check up yearly"

"I have not been called for the annual exam for the last three years even though I requested one each year and have reported this fact to my supervisor"

"With workers dealing with patients an annual check-up should be mandatory"

"Poor arrangements for seeing to it that employees obtain yearly physicals--there are no reminders--they should enforce a yearly physical routine"

"You can only get a check up if you're ill--you cannot get it routinely"

30 - Dislike that tests are not given (not chest x-ray)

"Its failure to conduct blood tests that would enable it to give a diagnosis"

31 - Medication, prescription dislikes

"They do not give good medicines"

32 - Do not provide immunizations

33 - Do not provide chest x-rays

34 - Do not like referral to Brookdale Emergency Room for specific and unspecific reasons

"The EHS sends employees to the ER when they are very ill--employees there keep them sitting all day and they are very abrupt to employees. It's terrible, you are being treated worse than an animal. This needs to be checked. 8-4 shift"

"Being sent to the ER--the people there should be more efficient--I've seen old people waiting and bleeding in the ER after 5 PM and these people were suffering. Tell those people in ER (after 4 PM shift) to get the lead out"

35 - No or laggard "follow-up" on the referrals EHS makes

"I was sent to a clinic--Health Service did not know or care what was going on with me"

"No follow up on the referrals they make"

36 - No or laggard "follow-up" on your illness, no "follow-up" unspecific

"They do no follow up work"

"There is no follow up on your condition"

"The doctor refused to make a follow-up after I was sick to see if I was better or not"

"Better follow ups after illness"

"Follow up treatment appointments too far apart"

37 - Dislike incompleteness, lack of thoroughness in routine physical exams or exams when "ill" (Concept of quality of examination, not frequency)

"You never get a proper examination"

"Examination is cursory and incomplete"

"Unsatisfactory check-ups"

"I do not get a proper exam when going for illness. When I'm sick I feel more confident going to my own private M.D."

38 - Referral appointments too far apart

"Appointments with clinic doctors are given too far in the future"

39 - Test results take too long

"Sometimes special tests are ordered and so called "emergency" cases have to wait 6 weeks before the tests can be done"

PERSONNEL NEEDS (40-42)

40 - Not enough physicians

"Not enough doctors for the amount of employees"

"A hospital with as many employees as BHMC should have more full time medical personnel in order to carefully evaluate and diagnose employees' presenting complaints"

41 - Not enough nurses

42 - Not enough staff-- unspecified as to type of staff

"Need larger staff so employees can get a yearly check up"

"Insufficient help"

UNSPECIFIELD COMPAINTS (77)

77 - Dislikes too general and vague to be coded elsewhere

"The Health Service is lax in many ways"

"Poor treatment and management"

"Dislike medical care"

MISCELLANEOUS (not codeable in 01-77)

89 - Miscellaneous dislikes

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MEMORANDUM

To Leonard Mangano

From Bob Banacki

Subject Deck 03/17-18, 19-20, 21-22 Codes for Q. 20

Date March 7, 1974

PHYSICAL CONVENIENCE FACTORS (01-08)

01 - Larger quarters needed - space inadequacy

"A bigger clinic in order to have x-rays, etc." (d.c. 06)

02 - Move to main building so we don't have to go thru traffic

03 - Hours of operation

"Evening and night employees have little benefit from EHS"

"Stay open nights and weekends"

"Competent doctors should be there 24 hours a day"

04 - Reduce the waiting time

"Employees should be seen quickly so that if possible, they can return to work without delay"

05 - Install a day care center

06 - Suggestions for one-stop care, care without being referred or sent elswhere

"EHS should be situated inside the hospital compound. When x-rays have to be taken employees should not have to wait their own turn with outside patients. The service should have a technician on duty especially assigned for employees."

"Diagnosing -- get quick care by linking the health service with consultants from the different services. Doctors should be available to deal with employees and not just sent to the various clinics to wait around."

"Laboratory and x-rays in the same place"

"Should be relocated for easy accesibility of x-ray, lab, etc. so that care is started immediately."

"We have to go all over for care; the ten days I spent in bed was for (DIAGNOSIS) in my foot."

"Ability to treat all illnesses and give adequate medications,

including all necessary injections without referring"

"When going in for illness, the EHS MD seems to be more of a referring MD than a GP or internist."

"An employee should be able to obtain any and all types of medical attention there."

07 -

08 -

EHS PHYSICIAN FACTORS (09-16)

09 -

10 - Competent doctors

"Good doctors"

"Competent doctors"

"The doctor in charge is totally incompetent."

"No expansion until the present doctor resigns"

11 -

12 - Female doctor

"A female doctor"

13 -

14 -

15 -

16 -

EHS NURSES FACTORS (17-20)

17 -

18 -

19 - Efficient, competent nurses

20 -

SPECIFIC SERVICES FACTORS (29-47)

29 - Provision of annual check-ups (frequency. See code 37 for quality)

"Reminder of yearly check-ups"

"Mandatory HAA test-annually and at inception of employment"

"Yearly check-ups"

"Annual physical examination for all employees"

"Routine physicals-yearly"

"A reminder for yearly check-ups"

"Once a year physical exams - complete" (d.c. 37)

"Regular annual check ups"

"Have a physical examination every year like they once did"

"Periodic check-ups"

"Not just included but enforced physical exam more often"

"Calling all employees for a yearly check-up"

30 - Cancer detection

"Cancer detection program"

"Cancer check-up"

31 - Medication, drugs

"Fill prescriptions from "outside" doctors given to employees"

"Honor the union drug plan"

32 - Immunizations

"Provide inoculations"

33 - X-ray services

34 - Dental care

"Dentist"

"Better dental plan"

"Dental check-ups"

"Dental care - We have a dental plan but we have nothing - we haven't enough coverage."

"Emergency dental service"

"Dental services - cleaning and repair"

"Dental treatment"

36 - Follow-up

"Better follow-up after an illness"

37 - Provision of <u>complete</u> annual check-up (d.c. 29 if frequency mentioned)

"Complete physical with complete chemistry study"

"Regular annual check-ups, including chest x-ray, cardiogram, pap smear, mammary x-ray"

"Voluntary complete annual physical examination including EKG, blood tests, and a check up by a team of specialists"

"Closer examination of employees"

38 - Referrals to specialists

"To be able to see specialists privately when referred by emp health doctor"

39 - Opthalmological/optometric services

"eyes - We have no eye coverage."

"vision test"

"receive eyeglasses"

"opthalmology exams and prescriptions"

"routine eye examination"

40 - Hearing test

41 - Gynecological and maternity services,

"More maternity service"

"More Gyn service"

"Gynecological facilities for employees"

"Vaginal exam and pre-natal care"

42 - Podiatry care

"Podiatry"

"Podiatry care or referral"

43 - Family use of EHS

"Family coverage"

"Employees family members should be given same medical privileges as employees"

"Children over age 17 living at home included in employees health care"

"When family member of employee needs attention, he should be able to obtain it through EHS."

44 - An employee's ER to treat minor injury

45 - Beds

"Would like to see at least two beds provided so that staff can rest for a while if not feeling well until transportation is available to pick them up"

46 - Sickle Cell Tests

47 - Better equipped examining rooms. (Instruments old fashioned)

48 - Reduce time between referral appointments "Referrals that do not require a clinic appointment of two months or more"

PERSONNEL NEEDS (50-52)

50 - Not enough physicians

"More doctors"

"Have more doctors"

51 - More nurses

52 - More personnel (unspecified)

"Additional medical personnel are also needed"

"A larger staff to cope with (my suggestions)"

76 - Statement that no new services are needed. (Code in first field only. Code '98' in both subsequent fields)

"I feel it would not be financially wise to incorporate other services into EHS since there are every available service in the Ambulatory Care Clinics where employees can go and receive all necessary medical care."

77 - Improvements too general and vague to be coded elsewhere

"The practice of preventive medicine"

"Clinical services"

"All aspects of health care"

"The entire EHS could be expanded"

Miscellaneous (not codeable in 01-77)

89 - Miscellaneous improvements

97 -

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MEMORANDUM

To Leonard Mangano

From Bob Banacki

Subject Deck 03/24-25, 26-27 } Codes for Q. 21

Date March 6, 1974

01 - Did not obtain routine, annual physical, or physical exam unspecified.

"I have asked for an appointment to have my annual physical and was told they were "too busy ".

02 - Did not obtain physical, exams needed for a specified purpose.

"Physical--to do a course in (STUDY)--needed a chest X-Ray and throat culture--had to go to a private doctor and pay for this."

03 - Did not get to see the doctor.

"Called for an appointment and was told to come in at 11:30 A.M. When I arrived was told the doctor would not be back until after 2:00 P.M. When you're sick you want relief now, not three or four hours later."

"Because of failure to produce pink slip, I was not permitted to see the doctor. I was directed back to my supervisor. I was too ill to return."

"Wanted to see the doctor -- he had no time to do this although I was the only patient there at the time."

"The doctor was out to a meeting and ER would not see you as long as EHS was open -- as a result I was shunted back and forth and had to go to a private doctor and was diagnosed with (DIAGNOSIS).

"I have (NAMED) condition. Even though I told the nurse I needed help, she replied, "Miss, you will have to go to the ER across the street or to your own private doctor." By the time I could get quick help I went into (NAMED KIND) shock. What are they there for?"

"I had pains in my (BODY PART) and the nurses said it could wait because the doctor was out."

04 - Did not obtain correct diagnosis.

"I went to employees' health for a severe pain in my (BODY PART).

The doctor that attended to me just asked where the pain was - to show him by pointing to it where the pain was located - I was given two types of medication to be filled and told that was it. Not whether I could return to work or not. The same day I was admitted to a hospital for (DIAGNOSIS) and was operated on same night, less than four hours later."

05 - Did not get adequate management of condition.

"Poor management of (TYPE) infection that resulted in being out of work for (X) weeks."

06 - Did not get adequate referral.

"Poor referral of a (BODY PART) problem that eventually needed surgery."

07 - Did not get anything more than a seemingly cursory, routine, treatment or investigation of complaint; R describes being involved in a system designed to discourage malingerers.

"I felt terrible - was told I was ridiculous and go back to work."

"I was sick - was told to go back to work - I went home - the doctor told me I wasn't sick. This happens to most employees. I don't complain of illness unless I am ill. An employee does not have to be in a coma to prove illness!"

08 - Did not get complete tests, exams for condition. R does not describe concepts 06, 01, 02.

"Having a (BODY PART) that was sore for a number of days, I do not think it was investigated enough."

"In my condition, I think a chest X-Ray should have been ordered and it was not."

09 - Did not get treatment R perceives as appropriate. R does not describe concepts 06, 03 or 04.

"Had a clogged ear -- I received medication for self-removal of ear wax!"

10 - Did not get desired medication.

"A drug to relieve a strong migraine headache."

11 - Did not obtain efficient handling of medical tests.

"I went for a blood test, urine and X-Rays - two weeks later there were no results. They had to call me back again. Don't know what they did with the tests."

"The doctor said I needed a blood test. The nurse could not get the blood. When I went back they refused to take it."

12 - Did not obtain timely referral. "My referral was given for 3 months later. I had to see a union doctor instead."

13 -

14 -

15 -

16 -

77 - Too vague to code elsewhere

Miscellaneous

89 - Miscellaneous lacks.

OCCUPATION CODES

4184
3:38/40
Ques. 29

064 - Pharmacist

065 - Anaesthesiologist

074 - Dietician

075 - Registered Nurse

076 - Respiratory Therapy Technician; Speech Pathologist

080 - Technologist (Lab); Hematology, Infant Care Technician

083 - X-Ray Technician

085 - Q.R. Technician; Surgical; EEG-EKG

4184
3:38-40/
Ques. 29
(Continued)

100 - Social Worker

184 - Editorial Assistant

4184
3:38-40/
Ques. 29
(Continued)

305 - Accounts/Payable Clerk

310 - Cashier

315 - Dispatcher; Time Keeper

325 - Personnel Clerk

343 - Computer Operator

364 - Receptionist

372 - Secretary

383 - Messenger (Lab.)

385 - Switchboard Operator

391 - Clerk; Registration Emergency Room; Chart Analyst

312 - Billing Supervisor

4184
3:38-40/
Ques. 29
(Continued)

401 - Air-Conditioning Specialist

430 - Electrician

495 - Engineering Maintenance; Junior Engineer/Mechanic

4184
3:38-40/
Ques. 29
(Continued)

545 - Watch Engineer

4184
3:38/40
Ques. 29
(Continued)

714 - Chauffer

740 - Animal Caretaker

4184
3:38/40
Ques. 29
(Continued)

901 - Linen Service

902 - Housekeeper; Porter

916 - Kitchen Man

922 - Dietary Aide

925 - Attendant - Central Services

926 - Licensed Practical Nurse; Nurses Aide; Orderly

954 - Case Aide

962 - Security Guard

999 - Unknown