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Hospitals must work to change image

by John L. McKnight

Campaigns to present the story to the public must contain a realistic appraisal of the public's impressions of all institutions

FOR A MONTH and a half I recently clipped the articles about hospitals in Chicago newspapers. They were all critical. An analysis of the articles indicated an interesting array of criticisms, criticizers, and criticized. The criticisms were focused upon three issues: cost, access, and quality of care.

The critics were varied. There were public officials complaining of increasing costs to the public. Representatives of the "health consumer" movement described methods to defend against excessive costs of low-quality care. Minority groups attacked issues of access and urban hospital flight. Researchers reported that hospitals are, increasingly, places where one may get sick. Finally, everyday patients complained of inhumane treatment.

While the critics focused upon hospitals, it is important to note that their criticism implicitly involved an attack upon the other elements of the medical system: the physicians and the drug and hospital supply industries as well as the insurers. To the general public, however, these four interests may be viewed as a single entity—the medical care system—and hospitals appear to be the most visible element of the system. Indeed, hospital criticism may be a shorthand way of attacking all of the system or parts of the system over which hospitals have no control.

If hospitals are unfairly attacked for the failings of the entire system, part of the reason may be that the other interests have been more active in defending their public image.

Consider the cost issue. Physicians' associations advertise how little their fees have increased compared to those of other professions. Insurers advertise their efforts to cut costs. The pharmaceutical industry places ads showing how much it expends for research and how low its profits are. Hospitals are left holding the bag, and the $80 per day bills that patients receive probably confirm the impression that the cost problem is a hospital problem.

A similar analysis applies to complaints about access. Insurers try to pay for access, industry is not involved, and overworked physicians do their best to serve everyone they can, but the hospitals often appear to be the recalcitrant party. They have waiting lists, resist certain kinds of emergency departments use, move their facilities out of cities, or don't exist in rural areas. Again, hospitals take the rap.

In terms of the quality of care, the industry and the insurers are usually viewed as valuable servants. However, the physician shares the criticism with the hospital. Nonetheless, current research reports finding that hospitals may create illness through errors or inadequate protection against infection may shift even this presently shared burden to hospitals.

The net effect is that the critics and their criticisms tend to use the word hospital as a symbol for the entire medical system. Nonetheless, hospitals are not a symbol for all that is wrong with the medical system. It is important to recognize that hospitals have positive as well as negative symbols that are an important part of popular understandings. It is useful to consider the nature of these positive and negative 'symbols in analyzing the image of the hospital.

Of the positive symbols, the most important is the hospital as lifesaver. Hospitals are the ultimate beneficiary of the fear of

death. In fact, were hospitals not viewed as places to escape death, their images might be much worse.

Second, hospitals care. In a world that seems devoid of human concern, the hospital as a house of caring is a powerful symbol. Hospitals' association with religious denominations supports this image.

Third, hospitals are generally viewed as not-for-profit institutions designed to serve rather than sell. The symbol of service is highly valued in an overcommercialized world.

In tension with these positive symbols are negative images associated with hospitals. Peculiarly, they are often the result of the application of modern management techniques to the treatment of illness.

- The "institutional" feeling of modern hospitals contradicts the symbols of humanistic care. The anonymity of large scale systems creates a sense of carelessness.
- At the same time, the hospital often seems "disorganized" because of well-managed, efficient, and orderly practices. From a patient's perspective, the result is often a troupe of anonymous people who perform unexplained tasks at times that have no relationship to the patient's needs or feelings. The sense of being served is often replaced by a feeling that one is managed.
- The cost of hospital service contradicts the symbols of service that have been associated with not-for-profit and religious institutions.

Thus, modern hospital management must face the fact that the very scale, efficiency, and associated costs of modern hospitals often diminish the positive symbols of care and service that protect the credibility of their institutions. Indeed, should there be much more evidence that hospitals are places where mishaps or infection create iatrogenic problems, the critical life-saving image of hospitals may also be devalued.

In the face of public criticism of hospitals, it is a natural reaction to feel that public relations campaigns should be instituted to communicate the positive symbols and counteract the negative images.

I would like to suggest that this is not only a short-term strategy, but also basically counterproductive. The reason is that the negative image of hospitals is basically a reflection of the general loss of credibility of U.S. institutions. All the recent opinion polls indicate that it is not just hospitals and the medical system that has lost credibility. The educational, business, legal, government, military, and media systems have had phenomenal decreases in public respect during the past decade. So the image problem of hospitals is not unique. Therefore, it is not likely that public relations campaigns will significantly reverse the hospital image, because hospitals are basically confronted with the general loss of faith in U.S. institutions. If anything, hospitals and the medical system have shown the least precipitous drop in public respect.

To deal with the image problem, hospital leaders must understand the basic causes of the popular loss of faith in our institutions. The answer may rest in another finding uncovered by popular attitude polls. These findings indicate that as the credibility of our institutions has dropped, there has been a corresponding decrease in the individual's sense of influence over his life. People have a grim sense that they are powerless. Each year, Americans report an increased sense of impotence, a feeling that they have no control over their futures.

This feeling may be the critical problem faced by hospitals and all other institutions. The public may be far more concerned about their impotence in the face of institutions created to serve them than they are troubled by issues such as cost, access, and quality. If that is the case, manipulating the symbols relating to these issues are short-term placebos, if not irrelevant efforts.

The popular sense of powerlessness operates on at least two levels. One level involves the seeming inability of the public to obtain the kind of high-quality, low-cost, easily accessible care that it believes is due to it. That is the level that medical and other institutions have dealt with in trying to improve their images.

The second level, and more important to the public, may be gaining control over its destiny. People apparently want to have more caring, community-connected empowering relationships that do not depend on institutional intervention.

A singular probelm for hospitals in trying to solve the image problem is that the two levels may operate against each other. The solution to the first level may, in fact, exacerbate the problems at the second level. As more and better services are provided by hos-

pitals, and as hospitals grow in size and efficiency, the public may be further frustrated by its inability to control its health. The frustration may be increased because other types of institutions will also have undertaken similar activities on the first level.

Consider how hospitals make the patient feel impotent. The first thing that is done in the hospital is to remove the patient's clothes. He is then assigned to a room in which members of the staff move around in incomprehensible ways with mysterious devices. They often tell the patient little or nothing. In fact, the patient is allowed to do little for himself and is subjected to what seems an endless stream of directions and instructions. No other institution provides such a sense of impotence.

At a more basic level, people may also be led to feelings of impotence if hospital practices foster the belief that hospitals are the real source of health. If the facts subsequently indicate that something less is actually true, the hospital will be blamed. When the public recognizes that hospitals cannot really stop on-premises smoking, or prevent accidents, or stop other environmental abuses that cause so much of our ill health, the hospital will be the object of all the anger generated by false claims that the medical system produces health.

The public may be willing to tolerate the contradiction until the costs become intolerable. However, when they recognize that they are paying dearly for irrelevant services, they will become even more cynical. It is dangerous to the credibility of medical institutions to promote the idea that health is in hospitals or that health can be consumed. Because the cause of ill health is increasingly beyond the reach of hospitals, they can only damage their credibility by claiming that they "produce" health and that the public "consumes" it. If the public believes that claim, it becomes ever more impotent and hospitals' credibility will fall.

If hospitals and the medical system are to be viewed as credible, there are some new symbols that will need to be reflected in their practices. They are going to have to think in terms of institutional limits, low technology, and citizen health action as central symbols during the coming years. The traditional concept of unlimited medical growth as a basic sign of improved health is a thing of the past.

To effect the credibility of hospitals, professionals must redefine their practice. Manipulating symbols regarding cost, access, and quality will ultimately increase popular impotence, frustration, and anger. Therefore, the credible professional will influence hospital policy so that:

- The services that are provided are understandable. The hospital promotes impotence if it mystifies, if it uses coded language and techniques. People need to understand what is happening, why, and what the possible effects may be.
- The patient has a role in his care. If hospitals treat patients as though they have no role in dealing with their own health, they are health "miseducators." Hospital practice must involve people called patients in the repair of their health if these people are to assume responsibility for their recovery and for their future health maintenance.
- Friends and neighbors have a role in caring for the hospitalized. Hospitals often act as though "community involvement" means representation on hospital boards. While this is an important step, it does not deal with the more basic need for the community to be involved in the provision of care. Hospitals must create new ways to open up the hospital to the care and curative power of friends and neighbors.
- Serious consideration is given to the impotence produced by the increasing hospital monopoly on birth and death. As hospitals become the places where the most basic life functions are removed from family and community, they may be creating the ultimate sense of powerlessness by removing even the capacity to create and complete life.
- People who deal with the medical system are not defined as being in need of medical care when they really need friends, community, political changes, environmental changes, or self-discipline. When hospital practices persuade people that hospitals can cure the ills of society, hospitals will soon become the target of citizen disillusions. They will be seen as an institutional placebo.

Finally, the credible professional knows that hospitals have a valid, legitimate, and limited role in supporting the human condition called health. He also knows that health cannot be "produced" in hospitals or "consumed" by patients. He has a clear idea of the limits of his profession, the limits of hospitals, and the limits of medicine as they relate to health. Therefore, he works toward those practices that will ensure against the abuses and impotence that develop when citizens come to believe that health is in hospitals—that professionals produce it and we consume it. ■

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