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Perceptions of College Students Towards Healthcare Provisions on Campus

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The University of Southern Mississippi

Perceptions of College Students Towards Healthcare Provisions on Campus

by

Sarah Houtz

A Thesis
Submitted to the Honors College of
The University of Southern Mississippi
in Partial Fulfillment
of the Requirements for the Degree of
Bachelor of Science in Nursing
in the Department of Professional Nursing Practice

May 2018

PERCEPTIONS OF COLLEGE STUDENTS

PERCEPTIONS OF COLLEGE STUDENTS

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Abstract

Healthcare on university campuses is not a new concept. There is little evidence surrounding the effectiveness and adaptability of services provided to students by providers or healthcare facilities located on campus. Literature describes individual concepts of healthcare resources provided on campus including convenience, holistic care, abilities to refer to off campus specialty clinics, and factors related directly to the patient's beliefs and values. However, there is a considerable gap in tools used to measure opinions directly related to the services, quality, perception, initiatives, and overall satisfaction with the provisions provided by healthcare professionals located on university campuses. Of the 23 public institutions of higher education (PIHE) in the state of Mississippi, only three surveys were obtained for evaluation. This research reveals not only the lack of surveys being used by PIHE in the state of Mississippi, but also a lack of standardization in the surveys currently being utilized.

Keywords: Mississippi, patient satisfaction, satisfaction surveys, healthcare, healthcare on campus, healthcare professionals

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Dedication

I would like to dedicate the completion of this project to my family and friends who so kindly encouraged and patiently guided me throughout nursing school. I can truly say this project would not have been possible if you had not answered many of my frantic phone calls. I cannot express how thankful I am for the love and support of each of my family members and friends.

I would like to express a special thank you to my Mom, who has made my education possible. She has gone above and beyond to ensure that all of my needs were met while I focused on pursuing my dream of becoming a nurse. Your expectations have driven my persistence and made my success as a student possible. I will be forever grateful for your love and support.

I would also like to express gratitude to a very special nurse, Mrs. Toni Wild, who has mentored me throughout nursing school. Your guidance, encouragement, and friendship will have an impact on my personal and professional life for years to come. I am truly grateful for the love you have shown and the many lessons you have taught me. Thank you for always reminding me to be a little “Wild at Heart.”

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Without the Honors College at Southern Miss, this project would not exist. Thank you for your commitment to undergraduate research.

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List of Abbreviations

PIHE: Public Institution of Higher Education

FIH: Factors Influencing Student Health

TUP: Techniques Utilized by Providers

UHS: Utilization of Healthcare by Students

MPS: Measurement of Patient Satisfaction

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Chapter 1: Introduction

Healthcare on university campuses is not a new concept. There is little evidence surrounding the effectiveness and adaptability of services provided to students by clinics or healthcare facilities located on campus. The American College Health Association (ACHA) was founded in 1920 to connect healthcare professionals from across the country with a mission of: “advancing the health of college students and campus communities through advocacy, education, and research” (ACHA, 2). This statement is expressed today through a multitude of (a) actions, (b) provisions, and (c) advancements in the healthcare students can receive on their campus and in the surrounding community. When the ACHA was founded almost a century ago, many campuses considered healthcare of students to fall under an already existing department on campus (i.e., the physical education department). Today, many campuses have separate entities for the medical care they provide for students. Not only has the (a) safety, (b) quality, and (c) compass of care advanced over time, the needs and desires of students seeking care from healthcare providers on campus has evolved (ACHA, 2016).

There is much research surrounding individual concepts of the healthcare resources provided on campus including:

- Convenience (Sunil and Zottarelli, 2011),
- Holistic care (Lamot, 2015),
- Abilities to refer to off campus specialty clinics (Eisenburg et al., 2012), and
- Factors related directly to the patient’s beliefs and values (Sunil and Zottarelli, 2011).

Each of these areas has a different influence on a student’s likeliness to use the healthcare resources provided on campus or seek out healthcare resources from an alternate location.

However, there is a considerable gap in tools used to measure opinions directly related to the (a)

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services, (b) quality, (c) perception, (d) initiatives, and (e) overall satisfaction with the provisions provided by healthcare professionals located on university campuses.

Many college students lead busy lives involving a multitude of (a) academic, (b) social, and (c) extracurricular activities. Despite advertising efforts and provisions available to students on campuses, research shows that students are not likely to seek out preventative care (e.g. vaccinations) due to the misconception that students are immune or unlikely to acquire certain illnesses (Sunil and Zottarelli, 2011).

Sunil and Zottarelli (2011) suggest other factors also influence the response of students towards seeking out healthcare resources on campus including (a) benefits, (b) knowledge, as well as (c) perceived level of public health threat. Current researchers suggest a need to seek out techniques to reach a greater number of students, with the aim of decreasing outbreaks of communicable diseases through methods targeting the areas students report as being influential in their decision making process, including friends, relatives, and education (Sunil & Zottarelli, 2011).

Frequently sought-after healthcare resources on university campuses include (a) sexual health resources (i.e. condoms, oral contraceptive medications, pregnancy testing or care) and (b) sexually transmitted infection testing. However, many students are concerned about violations of privacy relating to (a) peers, (b) healthcare workers, and (c) the university. Concerns include

- judgment by healthcare providers and peers when they are seeking access to items that promote safer sex,
- the quality or safety of the condoms available to the students for free, as well as
- communication of and distribution methods for these resources.

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Due to the large number of students actively engaging in sexual activities, providing adequate education and convenience are necessary to gaining the trust of and protecting students against potentially serious health conditions (Eisenberg et al., 2012).

In consideration of providing a holistic approach to healthcare resources on college campuses, mental health has been shown to have a correlation with self-reported health and acquired infections in university female students. Lamont (2015) indicates that women who report lower self-esteem also feel unhealthy and report more frequent infections. In combination with other factors, such as (a) smoking, (b) obesity, and (c) depression or anxiety, the study suggests a relation to physical health and immunity. Further research concerning the complexity of holistic care as it relates to students on university campuses is needed to confirm potential ties between mental and physical health in relation to the success of university students (Lamont, 2015).

As previously expressed, there is a gap in the literature regarding methods and tools that can be utilized to measure the success of healthcare on campus as it relates to student patient satisfaction. However, there are resources concerning factors and measurement in the adolescent setting, which can provide leads as to aspects of both the patient and the healthcare that are essential to determining overall satisfaction. Adolescent patients can be defined by various ages. One study described adolescent patients as persons aged 16-20 years and found significant relationships between (a) physical, (b) psychological, (c) spiritual, and (d) social aspects and overall wellness (Spurr et al., 2012).

A proposal for the research to follow incorporates concepts of patient (a) views, (b) values, and (c) validations. In the realm of healthcare, the patient is the highest priority and ensuring their confidence is essential. An evaluation of current satisfaction is necessary to make

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improvements and strive towards a patient-centered environment. The question to be answered is: How are the perceptions of college students towards the healthcare provisions provided on campus measured? This study provides feedback as to how public institutions of higher education in the state of Mississippi can begin to work towards a more student-centered approach, provides insight related to current patient satisfaction assessment methods, and provides leads towards future discussion or research on more specific factors concerning student satisfaction as it relates to healthcare on campus by evaluating tools currently used to measure patient satisfaction.

Chapter 2: Literature Review

The following literature was obtained via a search of the Cumulative Index to Nursing and Allied Health (CINAHL), which was filtered to exclude articles published over five years ago. Key terms included (a) perception, (b) self-concept, (c) psychological well-being, (d) Perlow Self Esteem Scale, (e) Health Belief (Iowa NOC), (f) healthcare, (g) medical, (h) hospital, (i) clinic, (j) care, (k) college students, (l) students, and (m) undergraduates. The search returned over 100 related articles and 15 related articles have been reviewed. The 15 articles were chosen based on relevance to healthcare on college campus and patient satisfaction measurement tools. The emerging themes included (a) factors influencing students' health, (b) utilization of healthcare resources by students, (c) measurement of patient satisfaction, and (d) techniques used by providers.

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Factors Influencing Students' Health

Mental

A study by Moshki and colleagues (2012) defines self-esteem as “the extent to which a person values his or her ability and importance” that is indicated by “personal success and moving towards determined purposes” (p. 715); they sought to discover correlations between the self-esteem of medical students and the Health Locus of Control (HLC)—originally suggested by Rotter’s Social Learning Theory. Rotter’s theory focused on internal and external factors that impact an individual’s perception of self and world (Sue, 1987). The study found a positive significant relationship between the HLC and mental health concerns amongst students. Students who reported a more external focus with a basis of fate and luck were more likely to experience mental health issues than those students who reported internal focus (Moshki, Amiri, & Khosravan, 2012).

Physical

Body image is defined in multiple ways yet is most commonly associated with internal and external factors of fixation that impact an individual’s everyday life in mental and physical ways. The idea that body image is only (a) physically or (b) mentally influential has been disclaimed by recent studies that show relationships between the internal and external factors of body image (Leone, Partridge, & Maurer-Starks, 2011). Leone and colleagues (2011) discovered significant relationships between low self-reported body image and high levels of maladaptive coping behaviors. With the increasing levels of emphasis on body image and health, the researchers proposed support for the idea of “normative discontent,” which indicates a sense of normalcy related to being unsatisfied with the objectivity of the body (Leone, et al., 2011, p.17). Leone and colleagues (2011) found that (a) muscle mass and tone, (b) body weight, (c) overall

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physical fitness, and (d) facial features were most highly associated with risky behavior modifications. Risky behavior modifications included (a) use of steroids, (b) extreme diet modifications, (c) following extensive exercise regimens, and (d) other methods of coping. The researchers indicated a need for increased programs of study or educational programming for undergraduate college students related to body image and coping mechanisms (Leone, et al., 2011).

Trait body shame found in undergraduate women has been linked to (a) “negative attitudes towards bodily processes” and (b) low self-health reports (Lamont, 2015). Lamont (2015) determined a correlation between trait body shame and physical health outcomes. These characteristics (a) trait body shame, (b) body responsiveness, (c) health evaluation, and (d) health outcomes were measured using (a) the Objectified Body Consciousness Scale, (b) the Body Responsiveness Scale, (c) the Multidimensional Body-Self Awareness Questionnaire, and (d) Patient Health Questionnaire, respectively. The study found links between trait body shame and (a) increased rate of infections and (b) decreased self-rate health in a two-part study (Lamont, 2015).

Social

Leaver (2014) presented a study of the impact of social health factors of students attending an elementary school who visited the nurse. The students were compared based on the frequency of their visits to the school nurse. Frequently visiting students were students who visited more than 5 times per year, while infrequently visiting students were students who visited fewer than 5 times per year (Leaver, 2014). The criteria used to measure social well-being included (a) health status, (b) school environment, (c) social relationships, and (d) school as a

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means of self-fulfillment. Health status was found to have the highest correlation with repeated visits to the school nurse (Leaver, 2014).

Utilization of Healthcare by Students

Preventative Care

The likeliness of students to utilize healthcare resources on campus is influenced by a multitude of factors. Sunil and Zottarelli (2011) measured the effectiveness of a preventative vaccination effort based on the following categories: (a) benefits, (b) barriers, and (c) knowledge. Benefits were based on (a) ability of the vaccine to prevent acquisition of disease, (b) effectiveness of vaccine on preventing the spread of disease to family and friends, and (c) the importance of getting preventative vaccines. Barriers measured included (a) time, (b) cost, (c) pain, (d) importance, and (e) likeliness of the vaccine causing illness rather than preventing it. Factors concerning the spread of disease were used to measure knowledge. These factors were (a) handshaking followed by touching face, (b) touching a doorknob, (c) walking through the same area as an infected individual, and (d) walking through the same area as someone who has been exposed but not infected. The authors revealed the most influential factors to college students are (a) “removing barriers to action,” (b) “increasing awareness of the benefits of action,” and (c) considering the “influence of peers and family on the decisions to receive vaccination” (Sunil & Zottarelli, 2011).

Sexual Health

College students are the population that is the most likely to be sexually active and most likely to participate in high risk sexual behaviors; therefore, most campus clinics provide some level of sexual health resources to students (Eisenberg, et al., 2012). The resources that are sought most often by students are (a) condom distribution, (b) campus clinics, (c) off campus

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clinics, and (d) access to sexual health information. According to students, the three most important factors to sexual health resources on campus are (a) accessibility, (b) comfort, and (c) usefulness. Students suggested (a) “increasing communication of available resources,” (b) clarity about availability and access to current resources, (c) “additional sexual health resources,” and (d) sexual violence resources would be beneficial additions to on campus resources. Eisenberg and colleague’s (2012) research suggests communication through (a) email or (b) other electronic messaging could increase utilization of on campus healthcare resources by making the resources more (a) “accessible,” (b) “available,” and (c) “user friendly” (Eisenberg, et al., 2012).

Techniques Used by Providers

Educational Methods

Motivational interviewing (MI) is a technique that can be used by providers to offer counseling and patient-centered care to their clients. McNamara and colleagues (2014) measured usefulness and barriers of HCP to utilizing MI during the patient interview for current tobacco users. The variables measured included (a) role of tobacco cessation treatment, (b) barriers, (c) confidence, and (d) training and beliefs about tobacco cessation treatment. Barriers to the use of MI by HCP were based on (a) unfamiliarity with intervention techniques, (b) belief in the ability of interventions to be effective, (c) perception of patient’s receptiveness of interventions, and (d) lack of experience in intervention with tobacco users. Confidence was self-reported based on the HCP’s confidence level in motivating patients to seek tobacco cessation measures. The training and beliefs about tobacco cessation treatment had two variables (a) measure of the belief in effectiveness of brief interventions and (b) determine of any level of formal training in tobacco treatments and counseling. McNamara and colleagues, (2015) study found that, despite

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previously reported evidence of the effectiveness of MI in college students, many providers did not utilize this technique when interviewing their patients (McNamara et al., 2015).

Another study concerning the attitudes of HCP towards using MI in a campus clinic setting found that HCPs saw the effectiveness and benefits of utilizing the method to improve relations and care provided to students; however, they felt the use of traditional MI techniques was too time consuming for the setting (Rash, 2008). These providers reported a new desire to incorporate some form of MI into their patient interview process in the future because of the response seen from patients when the technique was utilized. Ultimately, Rash (2008) determined that HCPs are willing to incorporate certain aspects of MI into their everyday practice, with elements of their own style, to benefit their provider-patient relationship (Rash, 2008).

Education may play a role in how likely patients are to engage in alternative medical treatments, including (a) meditation, (b) multi-disciplinary therapies, and (c) exercise or yoga (Liu et al., 2014). A major responsibility of HCPs is to educate the patient and family on appropriate medical treatment options and provide culturally competent care to all patients, which may include incorporating traditional medical practices with Western medical practices. Liu and colleagues (2014) found that undergraduate students who were receiving education surrounding the principles and benefits of complementary and alternative medicine were more likely to utilize these types of treatments in their own medical regimens. Other factors influencing student use include (a) effectiveness in relation to time, (b) curiosity, (c) recommendation, and (d) personal preference. However, the researchers found education, or lack thereof, was a major source of influence in the likeliness of undergraduate patients to seek out complementary or alternative medical techniques (Liu et al., 2014).

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Personal Beliefs and Bias

HCPs are equipped with training and education to serve all populations equally despite (a) cultural, (b) lingual, (c) racial, (d) gender, or (e) socioeconomic barriers. HCPs are often faced with making decisions concerning patients' direct care and medical treatment options; thus, personal beliefs and bias must be identified and overcome to provide adequate care to all patients (Nazione & Silk, 2013). In 2013, Nazione and Silk found that racial bias still played a role in the attitudes and offerings of medical students. A major finding of this study revealed that (a) race and (b) proposed responsibility for symptoms or illness may indicate the response of future HCPs. Nazione and Silk (2013) determined that racial bias was largely present amongst Caucasian providers and bias was often present when no information surrounding compliance issues was provided by the patient. Conversely, Rasmor and colleagues (2014) determined the need for nurse practitioner students to gain experience in free clinics, which often serve low socioeconomic populations and the uninsured. The findings from Rasmor and colleagues (2014) imply correlations between exposure to minority patients and improved (a) knowledge, (b) concerns, and (c) acceptance, which is essential to developing culturally competent HCPs (Rasmor, et al., 2014).

Measurement of Patient Satisfaction

Patient Satisfaction

Patient satisfaction may be defined many ways; however, ultimately, it is a combination of experiences in a variety of healthcare settings influenced by both independent and dependent variables through quantitative and qualitative approaches to provide feedback towards the evolution of healthcare services (LaVela & Gallan, 2014). Agreeance upon the (a) significance, (b) measurement, and (c) implications is difficult to determine across (a) settings, (b) services,

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and (c) populations. LaVela and Gallan (2014) suggest there is a discrepancy amongst (a) surveyors, (b) providers, (c) services, and (d) patients concerning the exact meaning of terminology being utilized to measure the concept of patient satisfaction. The terminology being used may have overlapping indications for use and may not be well defined in the measurement tool, or one term may be associated with similar outcomes for other terms. The terminology that is most often miscommunicated includes (a) patient satisfaction, (b) patient perception, (c) patient engagement, (d) patient participation, and (e) patient preference (LaVela & Gallan, 2014).

Variables

While it is important to consider demographic and socioeconomic factors such as (a) age, (b) gender, (c) culture, and (d) education level, there are also factors which are directly influenced by the healthcare services and providers such as (a) patient education, (b) respect, (c) communication, and (d) knowledge (Al-Abri & Al-Balushi, 2014). Each of these factors influences a patient's healthcare experience and feedback. Patient feedback may be influenced by (a) credibility, (b) experience or quality, and (c) fulfillment, which can cause potential bias to patient reported satisfaction (LaVela & Gallan, 2014). Therefore, continuing to measure patient satisfaction as well as factors associated with improving satisfaction is essential to (a) meeting the evolving needs of patients, (b) creating plans to improve overall performance of healthcare facilities from the patient perspective, and (c) synthesizing a standardized method of measuring patient satisfaction (Al-Abri & Al-Balushi, 2014).

Spurr and colleagues considered adolescent (defined as individuals between 16-20 years of age) wellness specifically and identified four key pillars (a) social, (b) psychological, (c) physical, and (d) spiritual. Students reported significant relationships between social well-being

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and (a) peer relationships and (b) school connectedness. There were significant findings in psychological well-being and (a) parent/guardian relationship, (b) peer support, (c) happiness, (d) coping skills, (e) initiative, and (f) adjustment abilities. Factors of physical well-being considered significant by students were (a) physical activity and (b) healthy nutrition. Spurr and colleagues found no significant correlation between (a) body weight, (b) smoking/drug/alcohol abuse, and (c) wellness. The lack of data related to these factors may indicate a misinterpretation of the importance of these factors to well-being among adolescents (Spurr et al., 2012).

Quantitative Versus Qualitative Approaches

There are advantages to both qualitative and quantitative approaches to the measurement of patient satisfaction. A quantitative approach is most commonly tested by using standardized surveys, such as the CAHPS or PSQ-18, to target specific information from the patient concerning the healthcare visit (Al-Abri & Al-Balushi, 2014). Qualitative approaches, which may include in-person interviews, allow patients more freedom to provide feedback they consider relevant to their healthcare experience. While quantitative allows for efficient processing and outcome identification, the approach can be considered restrictive due to the small scope of the research (Al-Abri & Al-Balushi, 2014). LaVela and Gallan (2014) note that major takeaways of quantitative research are (a) patterns, (b) associations, and (c) trends. Qualitative, on the other hand, provides the patient with the opportunity to answer questions without being restricted to outlined responses; however, it can make the data processing and analysis more tedious. The advantages of qualitative research, according to LaVela and Gallan (2014), are (a) insight on areas for improvement and design, (b) business matters related to finance and processing, and (c) patient-centered care. Patient satisfaction can also be measured

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with a mixed methods approach, which includes qualitative and quantitative measures, to receive the benefits of both forms of patient feedback (LaVela & Gallan, 2014).

Chapter 3: Methods

Purpose

The project was built upon the foundation of patient satisfaction surveys, which are applied across the healthcare discipline to determine the needs of the patient, goals for the providers, and overall satisfaction with services provided in a particular setting. This research focused specifically on reviewing literature and evaluating student satisfaction surveys from public institutions of higher education across the state of Mississippi. Since the literature review is completed, surveys were obtained from healthcare services at the eight public institutions of higher education.

The goal of the project was to use points determined to be significant to college student satisfaction with healthcare services in the literature to evaluate presence of these characteristics in surveys currently utilized by institutions in Mississippi. These characteristics include factors influencing student health (FIH), utilization of healthcare by students (UHS), techniques used by providers (TUP), and measurement of patient satisfaction (MPS).

Sample

A sample was obtained from two and four-year public universities in the state of Mississippi. All of the public institutions of higher education with on-campus health clinics were contacted to determine their usage of a patient satisfaction survey and asked for permission to view and utilize the survey in the research being performed. The participants were ensured the identity of the respondents would not be revealed in the research and that no survey results are needed or considered in the research. The surveys were already existent and utilized by the clinic

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in order to provide accurate results on current tools used to measure college student patient satisfaction.

Data Collection

Data collection occurred through the individual contact on healthcare services directors at the eight public institutions in Mississippi. An email was sent to the director of each clinic by the researcher outlining the project and purpose and requesting PDF or patient portal access to the satisfaction survey currently utilized by the institution. If there was no response two weeks following the email, a phone call was made to request the information. If there was still no response from the phone call or message, another phone call was made four weeks following the first phone call.

In addition to the eight public four-year institutions in the state, two-year institutions in the state of Mississippi were added to the study and were contacted by a series of phone calls.

Review Criteria

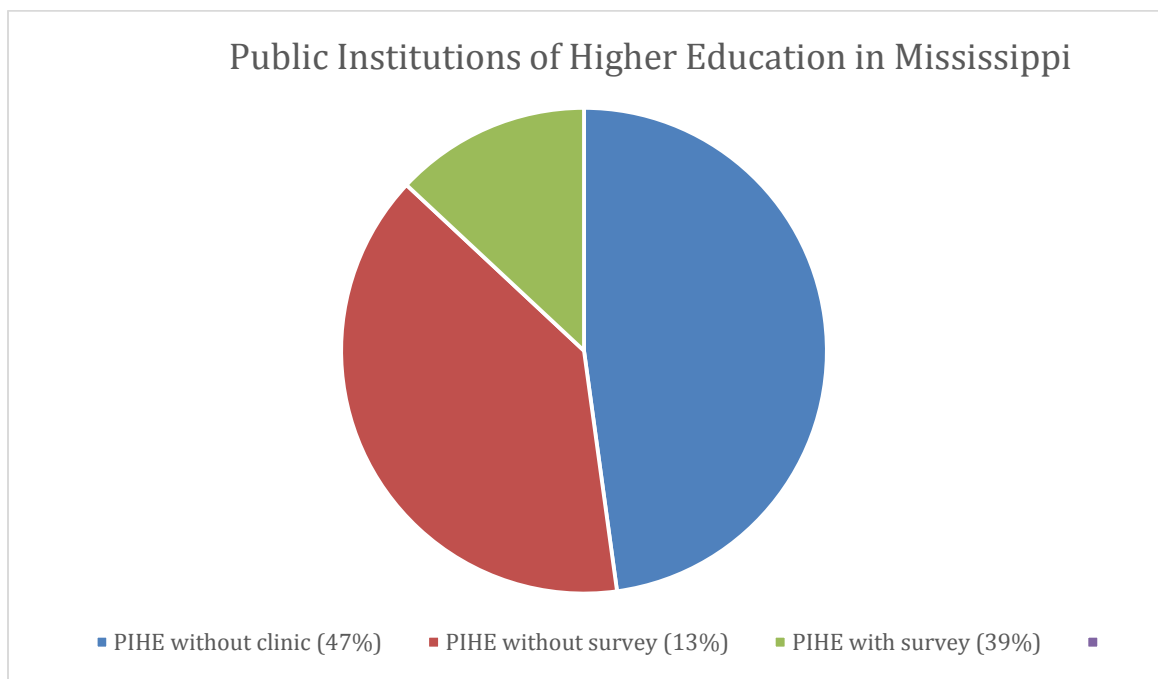
All surveys were reviewed based upon pre-defined elements and categories established in the literature review. A checklist was created, which defines the categories and elements and provides three options. The options are yes, meaning the survey addresses at least one element of the category; no, meaning the survey does not address any element of the category; and non-applicable, meaning the categories were not relevant to the particular survey. There was also a line for notes under each category assessed.

The first category being assessed is FIH: mental, physical, or social elements. The second category is UHS: preventative care or sexual health elements. The third category is TUP: educational methods or personal belief and bias, and the final category is MPS: patient satisfaction or variables.

Chapter 4: Results

There are 23 PIHE in the state of Mississippi. Of the 23 PIHE in the state of Mississippi, 12 of the institutions reported a clinic on their campus. From the 12 institutions with campus clinics, 3 of the institutions reported no survey was utilized at their campus clinic, 3 of the institutions responded with surveys utilized to measure patient satisfaction at their clinic, and the remaining 3 did not respond (Figure 4.1). This indicates that 75% of PIHE with a campus clinic are not reporting use of a patient satisfaction surveys.

Figure 4.1. PIHE in Mississippi Clinic Breakdown



The remaining 25% of responding clinics (n=3) reported survey use. Each of the surveys obtained was evaluated using the measurement tool attached in Appendix A. While all of the surveys averaged 50% on the evaluation, each one measured different elements of the categories. Figure 4.2 provides visualization of results from evaluation of surveys.

Survey A (50%) did address elements of TUP and MPS. In the category of TUP, Survey A addressed the clarity of instructions given by healthcare providers. In the category of MPS,

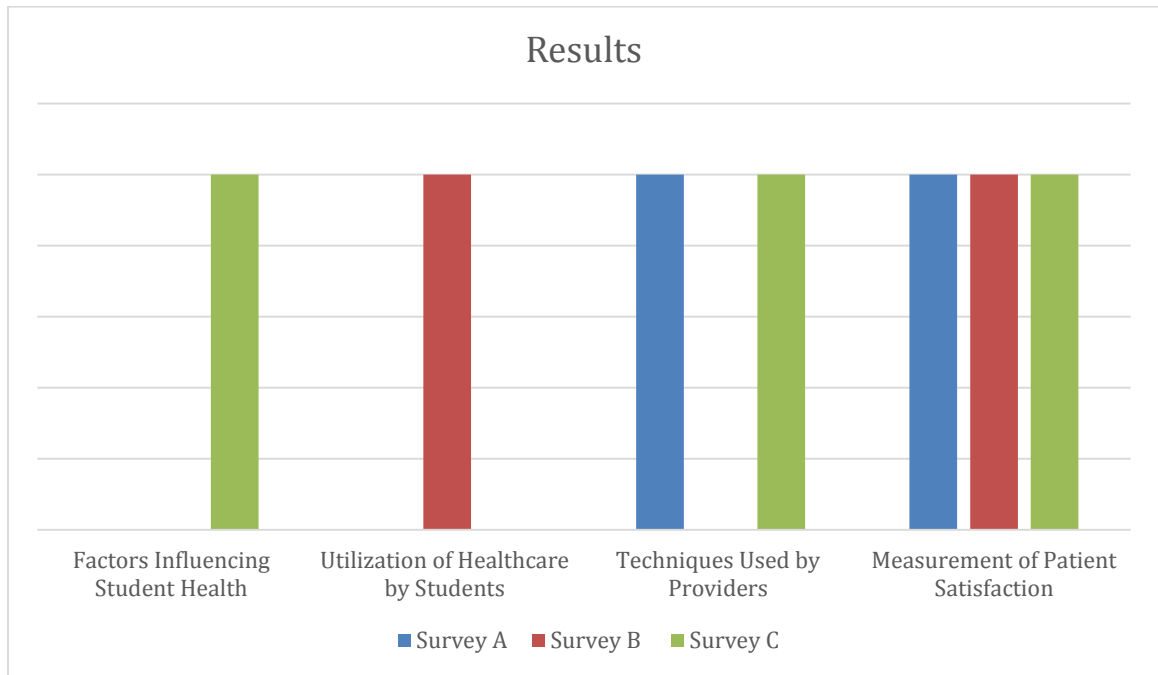
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Survey A addressed the cleanliness of the clinic, appearance of staff, professionalism and courtesy of the staff, wait time in lobby and room, overall satisfaction, and suggestions for improvement or other comments.

Survey B (50%) addressed elements of UHS and MPS. The category of UHS was addressed by asking the reason for seeking care. In the category of MPS, Survey B addresses timeliness, professionalism and confidentiality, handwashing, and recommendations for improvement.

Survey C (75%) addressed 3 categories of the evaluation, including FIH, TUP, and MPS. The category not addressed by Survey C is UHS. Survey C addressed whether or not the student lived on campus or off campus in the category of FIH. In the category of TUP, Survey C addressed the sensitivity of staff, and in the category of the MPS, Survey C addressed overall experience, hours, environment, confidentiality, timeliness, quality, competence, wait time, availability, friendliness, sensitivity, fees, website, insurance, 5 options for improvement, and other recommendations for improvement.

Figure 4.2. Results by Category



Chapter 5: Discussion

The findings from this study indicate a significant deficit in the measurement of college student satisfaction at PIHE in the state of Mississippi. Only three PIHE in the state of Mississippi report the use of a patient satisfaction survey for students who visit the on-campus clinic. These results reveal that the remaining nine PIHE with campus clinics reported they do not have a method of measuring patient satisfaction among student patients.

The evaluation of surveys currently utilized by PIHE in the state of Mississippi indicates that each survey measures 50-75% of what the literature suggests is influential to measuring patient satisfaction in college students (Figure 4.2). Survey A addresses clarity of instructions given by healthcare providers, cleanliness of the clinic, appearance of staff, professionalism and courtesy of the staff, wait time in lobby and room, overall satisfaction, and suggestions for improvement or other comments. Survey B addresses reason for seeking care, timeliness, professionalism and confidentiality, hand washing, and recommendations for improvement.

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Survey C addresses whether or not the student lived on campus or off campus, sensitivity of staff, overall experience, hours, environment, confidentiality, timeliness, quality, competence, wait time, availability, friendliness, sensitivity, fees, website, insurance, 5 options for improvement, and other recommendations for improvement. As can be seen, the only one of the categories addressed by each of the surveys included in the study was measurement of patient satisfaction. Two surveys addressed utilization of healthcare by students, while two surveys addressed techniques used by providers; however, none of the surveys was a comprehensive examination of student satisfaction based on components considered essential in the literature. From these results, a clear gap in measurement categories and standardization can be identified. This shows a need to develop a standardized survey for the measurement of patient satisfaction in college students across the state of Mississippi.

One major limitation of this study is the number of surveys obtained for evaluation. This is significant data to the study because it indicates a lack of surveys used to measure college student satisfaction at PIHE across the state of Mississippi. Only three surveys were received from PIHE in the state of Mississippi. Although the number of surveys in the research is small, the results are largely applicable to the future of measuring patient satisfaction in college students across the state of Mississippi.

Recommendations

The findings described above indicate a need for the development of a standardized criteria to be utilized by PIHE in the state of Mississippi. Efforts should be made to address FIH, TUP, UHS, and MPS. Researchers, students, clinicians, and other stakeholders should work collaboratively to develop tools that adequately measure student satisfaction pertaining to care received at PIHE-affiliated healthcare facilities in the State of Mississippi. Effective

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measurement of patient satisfaction requires a holistic approach to assess factors that target college students specifically. The efforts should not stop in Mississippi. Further research should be completed to look at a broader geographical area, reasons for the lack of patient satisfaction surveys, and potential ways to increase usage of a more standardized approach to measuring college student satisfaction with healthcare resources provided on campus.

Chapter 6: Conclusion

A significant gap can be seen in the categorical measurement of student health. Literature suggests this gap is a national phenomenon. Mississippi PIHE shows a need for increased patient satisfaction measurement. This provides grounds to assume other PIHE may have the same gap in measurement of patient satisfaction seen in the state of Mississippi. Effective measurement of patient satisfaction with campus healthcare services does not occur in PIHE across the nation. There is a need for effective categorical measurement of student health at PIHE nationally. It is necessary that PIHE across the nation establish a holistic survey to measure satisfaction among college students as it pertains to determining perceptions of college students toward healthcare provisions provided on campus.

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Appendix A

Patient Satisfaction Survey Evaluation

Components

Factors Influencing Student Health

Mental: an individual's view of self, which may be impacted by internal and external factors or view of world or purpose

OR

Physical: an individual's body image and factors used to adapt to body image including body shame or maladaptive coping mechanisms or risky behavior patterns

OR

Social: an individual's relationships with family or peers or self-fulfillment strategies or environmental factors

Utilization of Healthcare by Students

Preventative Care: an individual's use of vaccination based on preconceived ideas including benefits or knowledge or barriers

OR

Sexual Health: an individual's utilization of free condom distribution, services provided by campus clinic, and accessible sexual health information, which may be impacted by accessibility or comfort or usefulness

Techniques Used by Providers

Educational Methods: Motivational Interviewing or alternative education methods

OR

Personal Belief and Bias: the provider's ability to avoid personal implications during treatment

Measurement of Patient Satisfaction

Patient Satisfaction: an individual's perception of healthcare services, which may be impacted by personal or outside influences

OR

Variables: an individual's demographic or socioeconomic factors or experience that may impact the healthcare experience

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Evaluation

Yes

No

N/A

Factors Influencing Health

Notes _____

Utilization of Healthcare

Notes _____

Techniques Used by Providers

Notes _____

Measurement of Patient Satisfaction

Notes _____



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NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not

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later than 10 days following the event. This should be reported to the IRB Office via the “Adverse Effect Report Form”.

- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation. PROTOCOL NUMBER: 17102607 PROJECT TITLE: Measuring Perceptions of College Students Towards Healthcare Provisions on Campus PROJECT TYPE: Honor's Thesis Project RESEARCHER(S): Sarah Houtz COLLEGE/DIVISION: College of Nursing DEPARTMENT: School of Professional Nursing Practice FUNDING AGENCY/SPONSOR: N/A IRB COMMITTEE ACTION: Exempt Review Approval PERIOD OF APPROVAL: 12/18/2017 to 12/17/2018 **Lawrence A. Hosman, Ph.D. Institutional Review Board**