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SURVEY ON PEOPLE'S HEALTH CONSCIOUSNESS  
AND  
THEIR EXPECTATION FOR LIFE IN OLD AGE

Japanese Nursing Association  
Survey & Research Section  
Development & Promotion  
Department

OUTLINE OF SURVEY

**1. Purpose of Survey**

This survey was conducted to clarify the public idea for health and aged life, to define people's expectation for services to be rendered by physicians and nurses, and to discuss the findings in a symposium to be held on the "National Nursing Day" in 1992. Additional survey among physicians and nurses was conducted using the same questionnaires to identify the difference between perceptions of general public and those of people working in medical fields.

**2. Profile of Samples**

- \* General Public :                      Those who live in Tokyo Metropolitan areas and aged between 20 and 60. Samples were chosen equally among men and women, evenly diffusing samples by age group.
- \* Health Care Provides :                Physicians and nurses working at nine hospitals in Tokyo

**3. Method of Survey**

The survey was conducted by distributing questionnaires which will be answered and returned by individual responder.

#### **4. Time of Survey**

- \* General Public : March 1992
- \* Medical People : July 1992

#### **5. Valid Responses**

- \* General Public : 844 samples  
(Male : 414, Female : 430)
- \* Medical People : 399 samples  
(Physicians : 64, Nurses : 335)

### **SURVEY FINDINGS AND IMPLICATIONS**

#### **1. Experience of Hospitalization / Caring for Someone**

51.3% of respondents have been hospitalized. 90.8% have their family members or relatives who were in the hospital. Thus majority of respondents have been in contact with hospitals or nurses.

21.9% of respondents (male : 15%, female : 29%) have cared for the aged who had difficulty in walking or who suffered from senile dementia. 4.5% are now caring for them (male : 2%, female : 7%).

#### **2. Health Consciousness and Current Health Conditions**

16.1% of respondents always care about their own health 'very much,' while 55.3% 'fairly' care about their daily health conditions, and 28.4% do not care about their health 'so much' or 'at all.' Female respondents are more conscious about their health than male, and majority of them care 'fairly' about their health.

#### **3. Medical Consultation**

5% of respondents ask a physician's explanation on prescribed medicines, while 44% (male : 52%, female : 36%) only take medicines prescribed by doctors without confirming purposes and/or kinds of these medicines. Thus almost a half of respondents are very passive when they consult physicians. Compared to female respondents, males tend to take no special action when

conditions are not too bad, and they are more passive to doctor's advice.

#### **4. Selection of Hospitals**

73.9% of respondents choose 'hospitals with good physicians,' while 60.3% choose 'those with sufficient manpower and sincere service' and 49.4% choose 'those equipped with up-to-date medical facilities.' 32.3% would choose 'nearby convenient hospitals' when they would actually go to hospital, while 31.9% would choose ones 'according to the advice of their acquaintances' and 21.2% choose ones 'by public evaluation.' Only 9% of them choose their hospitals 'consulting others and/or books and magazines.' Thus the selection of hospitals is passive in general. One reason for their passive selection may be that information for selecting a hospital is limited.

#### **5. Public Consciousness and Available Information about Nursing**

Most of respondents care about the quality of care (nursing) when they actually go to hospital (very much : 25.0%, fairly much : 50.6%, a little : 14.7%). But available information on the quality of nursing by each hospital is limited, and they actually become conscious about the quality after they are hospitalized. 54.6% of respondents, who answered that they care about the quality of nursing, inquire about the quality to 'those who have ever been to certain hospitals.' Few (0.6%) consult books and/or magazines about the quality of nursing.

#### **6. Expectations for Nurses**

Ideal types of nurses are 'reliable nurses even if they are strict' rather than 'flexible but not too strict ones,' and 'experienced and confident ones' rather than 'young and active ones.' 56% of general respondents like 'nurses who are loyal to doctors,' while 37.6% would like 'nurses who judge by themselves and act flexibly to their own judgment.'

78.8% of respondents expect nurses 'to assess patients' conditions accurately and inform their conditions to physicians without fail.' 57.2% expect them 'to listen to patients who express their anxiety for examinations, treatment, and diseases, and then explain them with easy words.'

#### **7. Location of Care and Assistance of Elimination**

In case of chronic diseases, there are observed two opposite opinions between 'care in

hospital' and 'care at home' : 51.3% prefer the former while 47.9% prefer the latter when respondents themselves would get chronic diseases, and 47.4% prefer the former while 49.4% prefer the latter when their parents get chronic disease. There were observed identical difference between men and women when they themselves would get chronic diseases. In case of their parents' diseases, most of male respondents answer that 'they would send their parents to hospitals for care,' while female answer that 'they would like to take care of their parents at home.' 25.9% of respondents think that they would like to be cared for at home when they need assistance for their elimination, while 43.4% think that they would like to assist parents at home when they come to need assistance for elimination. And 26.3% would ask 'assistance at hospital for themselves,' and 18.4% for their parents. 15.9% ask 'public service' for themselves, and 16.9% for their parents. 11.3% would ask 'payable service' for themselves, and 7.2% for their parents.

In case of their parents (excluding respondents who answered that they had never considered it) a half of respondents think that family members would assist them at elimination. But in case of themselves, less expect assistance by their family members.

As to assistance for elimination, difference between answers was large by age group. The younger respondents expect more 'assistance at home,' while elder groups expect more 'assistance at hospital' and 'public service.'

By gender, most of female responders aged between 30 and 50 think that they would take care of their family members at home, while they would go to hospital when they themselves come to need assistance. They think that they can manage to assist family members, but they cannot expect the same for themselves. On the other hand, male responders aged between 40 and 60, compared with other age groups, expect more 'assistance at hospital' for their family members, while they expect more 'care at home' for themselves. It seems that they expect care by their wives. Female respondents in their 60s, on the contrary, expect 'care at hospital' for their family members and for themselves at the highest ratio. Many of women in their 60s have experienced care of the aged actually, and through their experience, they found the difficulties of care at home. As a result, they think that they cannot help asking assistance at medical institutions.

## **8. Consciousness and Anxiety for Life in Old Age**

23.2% of responders (male : 19%, female : 27%) always think of their aged life, 28.7% think about it sometimes, 32.0% think about it at a certain occasions, and 13.5% (male : 19%, female : 8%) never think of their aged life. In general, women are more concerned about their aged life.

Anxiety of health in aged life is high among respondents : 41.8% (male : 35%, female : 49%) are worried 'if they would become senile,' 40.9% (male : 35%, female : 47%) are worried 'if they would have difficulty in walking and have to stay in bed,' and 33.5% (male : 29% female : 38%) are worried 'if they would be alone without anyone to assist them.' In general, anxiety in aged life is higher among female than male responders, especially for health problems.

## **9. Consciousness about Mutual Supports/Burden**

60-70% of respondents think that 'they will be supported by many people when they get old,' and they are trying to 'build up a favorable relations with others to support mutually'. Actually, 64.8% of responders have someone who will assist them when they get sick, 30-40%, on the other hand, believe in their individuality rather than mutual assistance, saying that 'they will be independent when they get old,' and 'they will solve any problem in the future based on their own life plan.'

Even though those who emphasize the importance of mutual supports, many often hesitate to ask assistance from people other than their family members, 57.8% noted that 'they hesitate to ask a stranger's assistance, although it may be alright to ask family members' assistance.'

Financially, most of them (81.0%) think that 'they are willing to pay now to prepare for satisfactory care and service in the future.'

There are many male respondents who think that they will live their aged life independently. The idea of 'mutual support' is more obvious among female respondents, and many of female respondents are affirmative in investing for the future. This tendency comes from the fact that woman are more anxious about their healthy aged life and that many of women do not expect care by family members.

## **10. Difference of Consciousness between the General Public and Medical Persons -- Expectation for Hospitals**

Public expectations for hospitals differ much from those of people working in medical fields.

The most important reason to choose a hospital for the general public (i.e. non-medical personnel) is 'hospitals with good physicians,' followed by 'those with sufficient and kind nurses,' and 'those equipped with up-to-date facilities.' But people working in medical fields do not care much about whether 'hospitals are equipped with up-to-date facilities' : both physicians and nurses pointed out the most important point is whether 'they have sufficient work force including nurses,' and 'equipment' is only the fifth important reason.

Higher percentage of respondents from medical fields answer that they care much about the quality of care. They put emphasis on 'care,' while the general public tend to put emphasis on 'cure' by 'good physicians' and 'up-to-date equipment.'

Higher percentage of respondents from medical fields prefer 'home care' to 'care at hospitals' when they need cares (general people : 47.9%, physicians : 81.3%, nurses : 81.2%). The similar is observed in case of their parents.

As for assistance of elimination, people working in medical fields prefer 'home care' at a higher rate, and they prefer 'public welfare service' to 'care at hospital' (opposite to answers by non-medical personnel). People working in medical fields seem to regard hospitals as place for 'cure,' and hospital is not an appropriate place where sick people live a daily life. Many members of the general public, on the contrary, expect care including assistance of excretion at hospital. There was observed a contradiction among the general public expecting assistance of elimination at hospital, while they care much about the quality of 'cure' by 'good doctors' and 'up-to-date equipment.'

## **11. Difference of Consciousness between the General Public and Nurses -- Expectation for Nurses**

There was a difference between the expected figure of 'a nurse' by the general public and the ideal figure drawn by nurses themselves ; whether nurses respect their own judgment, or

whether they are loyal to instructions of doctors. Among general respondents, 56.2% expect nurses 'to be loyal to instructions given by doctors.' On the contrary, 82.1% of nurses (64.1% of doctors) think that 'they should judge by themselves and take necessary action according to their own judgment.' Nurses think that their judgment is more important for care, while they obey to doctor's instructions. for 'cure.' But patients and their family members believe in and are depending on doctors, and therefore, they expect nurses to be loyal to doctors at any time.

Nurses themselves think that they are responsible for 'care,' but the general public respect nurses' responsibility to assist 'cure' conducted by doctors. Above difference of perception of responsibilities between the general public and nurses causes significant troubles among nurses.

## **12. Implications for Practice**

Results of this survey indicate that ① people expect too much for today's medical technology and equipment, ② they are too depending on physicians, and ③ current nursing service does not always satisfy substantial needs. Public perception described above affects significantly today's medical system.

Therefore, it is essential for nurses to enlighten people that there is a limit to 'cure' by physicians, and that it is possible to improve the quality of life of sick people by improving their health conditions through care by nurses, even if cure by physicians is limited, as well as to offer necessary information to obtain better nursing service.

Furthermore, this survey points out that many people expect a wide range of services (care) at hospital for those who need care for a long period of time, while many others expect care at home after cure at hospital. This indicates that there is a limit of home care, although they want care at home. And there is no place, other than at hospitals, where they can ask for such service.

Hospital, however, is a place for cure, and they cannot always afford to assist patients' daily living (care). Therefore, it is urgent and essential to supply sufficient number of care centers where they can live their daily lives, and to complete visiting-nurse systems to support them at home and public home-care services. For financial responsibilities for the above, national consensus will possibly be obtained. And at the same time, it is essential to diffuse the idea of 'mutual support' among the general public.