

# Attitudes and Health Promoting Behavior Of Medical and Law Students

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**Abstract:** An entering class of medical students is compared with an entering class of law students on attitudes toward self-responsibility for health and reported health behaviors. Students' health behavior patterns are contrasted with those of practicing physicians and lawyers. Data were collected by self-administered questionnaires. Results indicated that medical students were stronger on self-responsibility and also reported more often engaging in health promoting behavior than law students. The same pattern of differences was reported for practicing physicians and lawyers. (*Am J Public Health* 1982; 72:725-727.)

This paper reports a comparison of a class of first year medical students with a class of first year law students on attitudes toward self-responsibility for health and reported health-promoting behavior. The study was suggested by a published report that compared health-promoting behaviors of samples of practicing physicians and lawyers.<sup>1</sup>

## Materials and Methods

Data were collected by means of self-administered questionnaires during the first week of class for first year medical students and first year law students in the same midwestern, private university. Usable questionnaires were returned from 217 freshman law students (100 per cent) and 152 freshman medical students (98 per cent).

The questionnaires were identical in questions asking for demographic information (age, sex, race, social class), opinions on health issues, a six-item index to assess attitude toward self-responsibility for health, a measure of personality type, and reported health behaviors. Questions which measured perspective on their profession differed only in the referent, i.e., questions referring to medicine or physicians were asked of medical students and questions about law and lawyers were asked of law students. Data were analyzed by chi square and correlational techniques.

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## Results

### Demographic Profiles

The medical and law students are compared on socio-demographic descriptors in Table 1. Significant differences were found for four of the characteristics. Although these differences may be statistically significant, they had little substantive or analytic importance in this study. Age, religion, and social class were not significantly associated with any of the attitudes or behaviors being examined here. There were a few differences between male and female students on these variables and these are noted below.

### Physical Activities

Reported health behaviors are shown in Table 2. Almost all students in both groups engage in some kind of physical exercise each week. Jogging is the most popular activity in both groups although more medical students than law students jog, while walking and calisthenics are more common among the latter. These differences may be due to the significant differences in proportions of male and female students in each group (more males among medical students).

### Safety

About one-fourth of medical and law students claimed never to use seat belts when driving. However, 49 per cent of the medical students said they used seat belts at least half the time compared with 33 per cent of the law students ( $p < .01$ ).

### Smoking Habits

Substantial differences between medical and law students on cigarette smoking were found in this study ( $p < .01$ ). Data in Table 2 show that a very low percentage of

**TABLE 1—Comparison of First Year Medical and Law Students on Sociodemographic Descriptors**

Descriptor	Medical Students (N = 152)	Law Students (N = 217)
Mean Age at Admission	22.6*	24.9
Sex (% Male)	77.6*	64.5
Race (% White)	94.7	89.6
Religious Preference (% Catholic)	50.0*	59.2
Marital Status (% Never Married)	80.5	75.6
Socioeconomic Status (% Class I)	53.0*	34.9

\*significant at  $p < .05$  or better

**TABLE 2—Reported Health Behaviors of Medical and Law Students**

Health Behavior	Medical Students (N = 152)	Law Students (N = 217)
Physical Activity	%	%
At least one activity per week	95	95
Mean frequency of exercise per week	3.0	3.3
Safety*		
Never use seat belts	24	27
Use seat belts 50% of the time or more	49	33
Smoking Status*		
Never smoked	81	66
Former smoker	12	15
Current smoker	7	19
Alcohol Use		
Not at all	14	7
Once per week or less	42	43
2+ times per week	44	50

\*p < .01

medical students is currently smoking cigarettes and this is consistent with previous studies.<sup>2</sup> Although almost three times more law students than medical students are currently smoking, the rate for law students is less than half of that for the general population in this age group.<sup>3</sup>

**Drinking Behavior**

No significant differences were found between medical and law students in drinking behavior. The frequency of drinking was moderate. Female students drink less than male students in both groups, but only for law students was the difference significant (p < .05). The most frequently consumed beverage in both groups is beer.

**Attitudes toward Health Promotion**

Medical students had a significantly greater mean score on the index of self-responsibility than did law students (p <

.01). Two items in the index shown in Table 3 appear to account for most of the differences between the two groups. One item referred to "locus of control" over illness, the other item referred to use of technology. In both cases, medical students expressed a stronger view for self-responsibility than did law students.

**Comparison with Practitioners**

These findings for medical and law students parallel the results of the survey of medical and legal practitioners.<sup>1</sup> Slightly more lawyers than physicians exercised. Physicians significantly more often used seat belts than did lawyers. The prevalence of cigarette smoking was 14 per cent for doctors and 20 per cent for lawyers, both well under the average percentage for the general population in those same age groups.<sup>3</sup> Physicians also drank less alcohol than did lawyers.

**Discussion**

It is interesting to note the similarity in patterns of differences in health behavior between practicing physicians and lawyers and their student counterparts just beginning professional training. It also seems important that both practitioner and student groups have a lower percentage of cigarette smokers than the general population in the same age groups. Furthermore, both groups use seat belts more often than the general adult population.<sup>4</sup> A question may be raised as to why the relationship between medical and law students should mirror the relationship between practitioners of medicine and law so closely. A second question is why the student groups exhibit more personal health behaviors than the general population in these same age groups.

One possible explanation is self-selection. Students interested in a career in a helping profession in which personal responsibility for behavior is important may be more likely to be drawn to fields like medicine or law.

An alternative explanation suggests that the similarities may reflect anticipatory socialization into a profession. It is

**TABLE 3—Attitude toward Self-Responsibility for Health**

Statement	Medical Students (N = 152)	Law Students (N = 217)
	%	%
There is much I can do for myself to promote my own health (% Agree)	99.3	94.9
If I am going to get sick, I will get sick no matter what I do (% Disagree)	94.7	86.6*
With all the new drugs and medicines being developed now, people will be able to stay healthier (% Disagree)	44.7	36.4
Each adult person is responsible for himself or herself to avoid getting sick (% Agree)	74.3	69.6
By the time I get old, scientists will have found cures for diseases of today's old people (% Disagree)	47.4	30.4*
If a person gets sick, it is generally not his or her own fault (% Disagree)	57.9	53.1
MEAN SCORE	4.25	3.75*

\*p < .05 or better

possible that pre-med or pre-law experiences had sensitized students to professional values and provided them with an "image" of the responsible professional. The differences between medical and law students, then, may only reflect the salience of health-specific topics investigated here.

Third, the similarity in patterns of reported behavior may be a cohort effect. Young adults (students) nowadays may be more aware of the relationship between self-responsibility for personal health behavior and reduced health risks than young adults in previous generations. Older adults (represented by practitioners in the comparison study) may be reporting behavior that has evolved over time from professional experiences.

A fourth explanation is that students recruited to professions like medicine and law today are drawn primarily from upper-class levels and orientation to healthful behavior is a social class phenomenon rather than a professional one. There is some limited evidence that socioeconomic status is positively related to preventive health behavior,<sup>5</sup> especially activities that do not involve use of the health care system, e.g., smoking cessation, exercise, and use of seat belts.<sup>6</sup> Other studies suggest that socioeconomic status, especially the income dimension, has an indirect effect on use of preventive services through increased access and having a regular source of care.<sup>7</sup>

Clearly some other important issues are contained in these unresolved questions concerning how future practitioners feel about self-responsibility for health and how this may affect their performance as professionals with patients/clients; whether, over time, the health behavior orientation of students will change; and what role is played by the professional socialization process and by recruitment policies.

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## Chiropractic Use: A Test of Several Hypotheses

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**Abstract:** Several hypotheses concerning the use of chiropractic services were examined using data on health attitudes and health care utilization collected in central Wisconsin. The analyses indicate that the major differences between users and non-users of chiropractic services are that users are older, report more chronic health problems, have used physicians relatively frequently, but report difficulty in getting doctors' appointments. (*Am J Public Health* 1982; 72:727-730.)

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The most popular form of non-medical healing is chiropractic<sup>1,2</sup> and irrespective of whether it is beneficial<sup>3,4</sup> or harmful<sup>5,6</sup> it is an important source of care for many people. Unfortunately, although researchers have investigated the profession,<sup>7-12</sup> little is known about utilization patterns. This paper examines factors related to chiropractic use using data from an epidemiological study of health care use.

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#### *Materials and Methods*

The data were collected in interviews with a representative sample of 1,026 people, age 18 or older, living in a largely rural area of central Wisconsin. A multi-stage area probability sample was first used to select a 9 per cent sample of housing units in the area and then one adult was sampled from each housing unit.\* Eighty-eight per cent of the selected respondents were successfully interviewed. In addition, virtually all physicians in the area were visited and medical care utilization data were collected for respondents who signed an informed consent form.

The main source of medical care in the area is a central clinic at which about 159 physicians worked; approximately 30 other physicians worked at satellite clinics, independent clinics, or as solo practitioners. A prepaid health plan was available through all providers in the area. A more complete description of the study design and area is available elsewhere.<sup>13</sup>

During the interview, respondents were asked: "In the past 12 months, have you used a chiropractor or any other professional or agency for illness or health problems you've had?" If they responded yes, they were asked what kind

\*Because the sample was not a simple random one, in some cases calculations may overestimate the significance of results.