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Alexis Ferrand

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The forming of opinions about quality of health care in local discussion networks

Alexis Ferrand

Professor of Sociology

Faculty of Economics and Social Sciences

Laboratory CNRS CLERSE

University of Sciences and Technologies Lille 1, France,

alexis.ferrand@univ-lille1.fr

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Regulation of health systems implies controls on the quality of care. Two kinds of controls exist:

1) Formal controls are organized by professional associations or by health organizations and insurances, or by the States .

Friedson (1963) has shown that the “processes of control in a company of equals” can be weak.

2) Indirect controls are exerted by patients as clients when – for example - they decide to consult such or such practitioner.

Patients’decisions and controls imply that they evaluate and judge various dimensions of the quality of cares.

This is not simple for them

1) due to the asymmetry of knowledge about the technical content of the medical practice and to the fundamental uncertainty of medical “art” ;

2) due to the difficulty to test and to compare the qualities of several practitioners.

The importance of discussion networks

E.Freidson (1960) has suggested that people exchange information and form their opinion about practitioners and medical care through “lay referral systems”, i.e. personal networks.

L. Karpic (1989) in a quite similar domain of the “economy of quality” supposes that justiciables look for a layer through “systems of interpersonal relations” because it is very difficult for them to judge the quality of services they can offer.

We have tried to test three hypothesis :

- 1) The existence of “lay refferal systems” as discussion networks about health issues ;
- 2) The effect of these networks on the formation of opinions on health care ;
- 3) The local variability of these networks (in a kind of Wellman ‘s community perspective)

Freidson : Client control and medical practice *American Journal of Sociology*, 1960,65

L.Karpic : L’économie de la qualité *Revue Française de Sociologie* 1989, XXX

Samples

- Two cities : Lens (37M) and Tourcoing (100M) ; 250 interviewed in each.
- In each, two sub-samples : a) blue collars (men) and low wages clercks (wemen); b) professionals and managerial staff.

Networks : three names generators

1) *Own health*

It can happen that you talk about your own health with personal acquaintances, family members, colleagues, friends... For example you discuss a disease you recently caught, drugs you take, a diet you go on, with someone who is not one of your physicians... During the last six months, did it happen that you discuss about your health with someone...

2) *A physician*

It can happen that you talk about a physician, remedies he prescribes, or care he takes of you... During the last six months, did it happen that you discuss about a physician...

3) *Three diseases*

Finally I am going to ask you if you discuss about specific diseases... During the last six months, did it happen that you discuss one of theses diseases :a) cancer ; b) heart troubles ; c) nervous breakdown...

Number of persons cited : topics and taboos

Topic of discussion	Number of persons cited			%	N
	0	1	2 et +		
Own health	28	38	34	100	516
A physician	57	25	18	100	516
Three diseases	55	25	20	100	516

More than one person out of two is unable to talk with someone about *a physician* or about *three diseases* (57% ; 55%).

Twice more people is unable to talk about *a physician* or about *three diseases* than about *own health* (55% vs 28%).

The existence of “lay refferal systems” is not generalized in the population.

The discrepancy between *own health* and the two other topics shows that a specific taboo exists when the question is to discuss medical practice or illness.

The effect of networks on the formation of opinions about quality of local treatments

We have asked the opinion of interviewed about the quality of treatments in the locality for the three illness : cancer, heart troubles, nervous breakdowns.

If interviewed answers “I don’t know” for at least two diseases, then he/she is categorized as *dubious*.

Proportion of dubious people, by number of persons cited, by topic of discussion (cells percentages)

Number of persons with who one discusses	Own health	A physician	Three diseases
Zero or one cited	23	22	22
Two and more cited	10	4	4
Chi2 Prob	14 0.00	15 0.00	19 0.00

22% of people who have cited zero or one person with who they discusses about a physician are dubious, can’t form an opinion about the quality of local treatment.

That proportion is five time lower (4%) when people have cited at least two persons.

There is a strong effect of discussions networks on the **possibility** to have an opinion about quality of local treatments

Triads : the elementary structure of formation of opinions

Empirical evidences that people who discuss are more able to form an opinion fit well with interactionist theory : the dyadic discussion process implies the expression of opinions.

In our results the discussion must implies Ego, plus two persons, i.e. a **triad** to decrease dramatically the proportion of dubious people.

That effect is independent from locality and social milieus : it is not an effect of cultural capital nor of local norms.

The proportion of each kind of ties in networks are the same : it is not an effect of the composition of networks.

We have to think of the triad as a specific structure in which opinions are formed :

- because triads allows confrontations and disputes ;
- and / or because triads are the first “collective” structure, i.e. able to transform shared inter-individual uncertainty in collective opinion.

Difference between localities and social milieus

Number of person with who it is possible to discuss of a physician

Social milieu Locality A : LENS	Number of persons cited		
	0	1	2 et +
Professional	70	21	9
Working class	52	32	16
Chi2=8.4 Prob=0.01	60	27	13

Locality B : TOURCOING

Professional	57	23	20
Working class	51	24	25
Chi2= 1.1 Prob=0.55	54	23	23

Differences between localities. **In Lens : a stronger taboo**

In Lens, more people can not discuss about a physician 60/54

In Lens, less people have large networks 13%/23%

In Lens : a stronger difference between social milieus

In lens – it is contradictory with a “cultural capital” hypothesis - professionals are less able to discuss about a physician than working class milieu (70% vs 52%), when in Tourcoing there is no difference between social milieus (57% vs 51%, n.s.).

In fact, in Lens exists a stronger taboo among professionals.

Abstract

Alexis Ferrand*

The building up of opinions on the quality of care in local discussion networks

Regulation of health systems implies controls on the quality of care. Apart of formal controls organized by professional associations or health organizations, patients, as clients, can play a role. But it needs that they evaluate and judge various dimensions of the quality of cares. And this is not simple for them due to the asymmetry of knowledge and legitimacy. We demonstrate that informal networks of discussion on health and cares exist – often, not always – and that they allows formation of opinion.

An empirical research compares in two cities networks of discussion about health among people. Items about opinions on the quality of care allow a description of references used by practitioners and by people to evaluate care. We examine the effects of belonging to various social milieus and to different local communities on the types of networks build and the types of opinions they convey. Doing so we propose new insights on the process by which quality of care is controlled by informal networks.

* Sociologue, Université Lille 1, France, CNRS CLERSE (Communication is part of a research on « Local systems of health » with Philippe Lardé, Chargé de Recherche au CNRS, and directed by Geneviève Cresson , Université Lille 3)