





THE RECEPTION OF HOSPITAL PUBLICITY  
AMONG FORMER HOSPITAL PATIENTS

by

James R. Dove

AN ABSTRACT

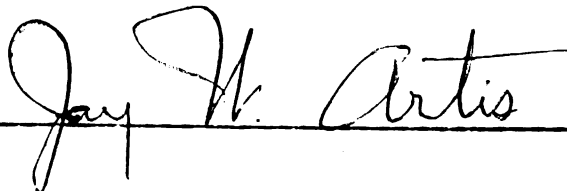
Submitted to the College of Science and Arts  
of Michigan State University of Agriculture  
and Applied Science in partial fulfillment  
of the requirements for the degree of

MASTER OF ARTS

Department of Sociology and Anthropology

1959

Approved

A handwritten signature in cursive script, reading "Jay H. Artis", is written over a horizontal line.

Because of a belief that the local community is not understanding or sympathetic with local hospital problems, the hospital administrator attempted to reach the members of his community with information about the hospital with mass communications. This having failed, he then concluded that mass communications used exclusively, without public relations practices within the hospital, were ineffective.

The hospital administrator then became "public relations minded" and sought to promote public relations within the hospital through the application of "public relations practices." Once this was accomplished he felt that mass communications would be effective; whereas, before they were not. This is based on the belief that the reception of hospital publicity is dependent upon previous experiences with the hospital, and the assumption is made that "former hospital patients" will be attentive to hospital publicity; whereas, "non-former hospital patients" will remain inattentive.

This position is not too far removed from the concept of the unification and consensus producing powers extended to mass communications by such sociologists as Louis Wirth and Herbert Blumer. They are similar in that both rely upon the "common experience" which is believed to occur in exposure to a piece of communication. The hospital administrator deviates from this belief to the extent that hospital experience is believed to provide a common experience; and mass communications then reinforce the pre-existing favorable disposition toward communications favoring the hospital, only

among former hospital patients.

Numerous researchers have produced findings which would contest the beliefs of the public relations minded hospital administrator. They have shown the reception of public affairs publicity, such as is hospital publicity, to be associated with socio-economic factors and that reception increases in the direction of higher status. This framework has provided a basis for testing the following general hypothesis. "Among former hospital patients, the reception of hospital publicity will be associated with socio-economic status." This hypothesis is tested by comparing the reception of hospital publicity to the following four measures of socio-economic status: Occupation, income, education, and organization membership.

A random sample of one hundred former hospital patients, selected from the admittance records of the two major general service hospitals in Jackson, Michigan, were interviewed. Information was recorded relevant to their former hospital experience, their reception of hospital publicity, and their socio-economic status. Scores were then obtained for the informant's reception of hospital publicity and the four measures of socio-economic status were ranked.

Chi-square tests for which  $p = .05$  revealed that the reception of hospital publicity was associated with occupation, education, and organization membership, but not with income. However, observation of the data revealed that in all four measures of socio-economic status the reception of hospital

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publicity tended to increase in the direction of higher status. Further, chi-square tests failed to indicate any association between former hospital experience and reception of hospital publicity.

The general replication of other research findings provided by this study tend to discourage both the belief that mass communications provide a unifying force and consensus producing agent and the belief that hospital experience influences the reception of hospital publicity. It does indicate that the reception of hospital publicity, as a form of public affairs publicity, is associated with socio-economic factors.

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6-10-57

6-8-206

### ACKNOWLEDGMENTS

I wish to acknowledge Dr. Charles R. Hoffer for his initial stimulation of interest in the general field of hospital research. Gratitude is also extended to Dr. Jay W. Artis who, in acting as my thesis advisor, provided me with constant support and supervision throughout the study. Appreciation is extended to the many graduate students whose interest and aid was of great value in the completing of this thesis.

Gratitude is also extended to Mr. Thomas Deming for his assistance in the collection of the data and finally, to my wife, Barbara, for her careful reading of the thesis.

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## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

In recent years many of our nation's hospitals have become inadequate in providing the services and accommodations for which a hospital is held to be responsible, due to increasing patient loads and out-moded equipment. In order to remedy this situation, the hospital administrator has called for the financial support of the members of his community to aid in modernizing and making more efficient the community's hospital. He has attempted to make known the needs of the hospital by publicizing them through the various means of communication, chiefly the press and the radio. In a great number of cases, the members of the community have not responded favorably to the administrator's plea for funds. This, the administrator has interpreted, is evidence of a lack of community understanding and good will toward the hospital.

In order to develop community understanding and good will, the hospital administrator has called upon the services of the public relations man. In working to develop community understanding and good will, the public relations man has brought to the hospital an idea which closely resembles the concept that unification and consensus can be achieved

by exposing all members of a community to mass communications. This concept of unification and consensus is one which is vigorously supported by such sociologists as Louis Wirth and Herbert Blumer. They would contend that a heterogeneous and disorganized society can be unified and consensus within it developed through the application of mass communications. In the context of hospital public relations, this concept is seen to be represented by the notion that community support and understanding may be solicited by exposing the members of the community to publicity which promotes the hospital's cause.

The hospital administrator, having previously experienced frustration in attempting to reach the community members with the exclusive use of mass communications, has been more inclined to apply "public relations practices" by becoming more concerned with the types of experiences the patient is exposed to while in the hospital. A conscientious attempt is made to provide service and care for the patient that, it is felt, will incline the patient to be favorably impressed with the hospital. Thus, the hospital administrator's response to public relations has been to place the emphasis on providing experiences for the patient which are believed to be designed to promote an understanding attitude toward the hospital.

Once this has been accomplished, the hospital administrator is then willing to indulge in the intensive use of mass media in order to obtain the financial support of the

community. This is based on the premise that if the patient has experienced "public relations practices" within the hospital, his understanding attitude will incline him to be receptive to mass communications which promote the hospital's needs, rather than reject such communications, as was felt to be the case, prior to any attempt to apply "public relations practices" in the hospital.

There are a number of assumptions made tacitly by the hospital administrator in his public relations scheme, which, when isolated, would provide a number of research opportunities. The first and most basic of these assumptions is that by widely distributing a piece of communication throughout a community, all members of the community will actually receive the communication. That is, by potentially exposing all members of the community to publicity distributed by mass communications, all of those who have been exposed will receive the publicity. Another basic assumption of the public relations minded hospital administrator is that the community is composed of two classes of people, namely, "former hospital patients" and "non-former hospital patients". This assumption is seen to be reflected by the further assumption that of all those who have received a piece of hospital publicity, those persons who are former hospital patients will be more highly receptive to the hospital's position than those who are not former hospital patients. This would lead to still a further assumption that of the two classes of people composing the community,

those who are former hospital patients, in being favorably predisposed to hospital publicity as a result of their hospital experiences, would exhibit a greater degree of reception of hospital publicity than those persons who are not former hospital patients. Likewise, it would be assumed that those former hospital patients having greater exposure to the hospital would exhibit greater reception than those former hospital patients with less exposure to the hospital. The final tacit assumption of the public relations minded hospital administrator would be that the two classes of people comprising the community would exhibit no intra-class characteristics such as differential age, sex, occupation, education, etc. which would account for the extent of reception of hospital publicity.

There is an abundance of research findings in the field of mass communications which would cast serious doubt on these assumptions of the hospital administrator. Numerous studies have shown that, first, the reception of any publicity of a public affairs nature, as some hospital publicity would be, is relatively low. Likewise, it has been demonstrated in mass communications research that the factors which account for the reception of public affairs publicity are social characteristic factors, such as age, sex, occupation, education, etc., and, further, that the extent of such reception is positively correlated with increasing socio-economic status.

It is the purpose of this study to examine the public

relations minded hospital administrator's assumption that the reception of hospital publicity is associated only with the individual's experience as a hospital patient, to the exclusion of other factors. For the purpose of this study, the extent of reception of hospital publicity among former hospital patients will be measured in terms of social characteristic factors as indices of socio-economic status. An attempt will be made to show an association between the reception of hospital publicity and socio-economic status among a selected sample of former hospital patients.

### Hospital Public Relations

#### Recognition of a Need for Public Relations

The hospital, as a public service institution, has met with two particularly outstanding conditions which have caused considerably more attention to be focused upon it in recent years. First, an ever increasing population is providing an ever increasing public which demands attention and care in the hospital. The average daily census of hospital inpatients has grown from 830,098 in 1934, to 1,342,508 in 1954.<sup>1</sup> In proportion to the respective total populations of these two years, the increase in the average daily census represents an increase in hospital admissions of 187% in general and special hospitals.<sup>2</sup> Second, a continuously increasing amount of technical knowledge is being accumulated

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<sup>1</sup>Dr. Louis Block, "Hospital Trends," Hospital Topics (Chicago), 1956, p.31.

<sup>2</sup>Ibid., p. 39.

which is increasing the number of services for which the hospital has become responsible. The net result of these two conditions is that a great number of our present hospitals are no longer adequate to provide for the high caliber of professional medical service which is expected of them. Many hospitals are being pressed for bed space, storage space and equipment.

In many cases, when the hospital administrator realized that his hospital was falling below the standard of medical care which he felt his hospital should provide, he sought to remedy the situation by providing more space and facilities. This generally requires funds which the hospital does not ordinarily have and, thus, expansion and development of the hospital depends on securing the aid of the members of the local community. The administrator has depended upon a belief that the members of the community would be willing to provide for the continuous growth of the hospital so that it could provide satisfactory services. Such a belief is based on the following concept of the place of the hospital in relation to the community:

The modern hospital represents the community's efforts to bring together the various professional skills required in modern care and to place at their disposal the highly trained technical personnel and expensive equipment upon which that care is increasingly dependent. The community is willing to provide the funds because it believes that this is the only way it can secure complete and coordinated medical care. The community realizes that the march of medicine has long since out-stripped the contents of the doctor's black bag and the facilities of his office. For this reason the members of the community have been willing to pool their resources in order to obtain the medical services that the

individual physician could no longer provide, and in order to efficiently utilize all the professional skills which now make up medical care.<sup>3</sup>

This concept of the place of the hospital in the life of the community impute a great deal of rationality and understanding to the public of the community. It implies that the public would be ever ready to continue to "pool their resources in order to obtain the medical services" which are necessary for adequate hospital care. It is, perhaps, due to this concept that, in a great many instances in which the hospital administrator has called upon the financial support of the members of his community and been refused their support, he has become aware of what he considered to be a lack of community understanding and good will toward the hospital.

A survey of articles in the journals and publications of both state and national hospital organizations will reveal a large number of articles devoted to just this type of problem. One writer, who reported meeting high resistance and antagonism to a local hospital fund raising campaign, claimed that the board of trustees attempted to determine the source of the resistance.

....they discovered how little known the hospital was to the general public. We found the public's indifference to the hospital and its ignorance of the hospital's functions almost unbelievable.<sup>4</sup>

Thus, the hospital administrator came to learn that the sympathies of the public he had been attempting to serve have

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<sup>3</sup>Ray E. Brown, "Hospital Professional Relations," Hospitals, January 1, 1957, p.32.

<sup>4</sup>Victor W. Knouth, "Low Pressure - High Results," Hospitals, October 16, 1956, p. 41.

not always been what he expected. Further, the hospital administrator came to learn that the hospital could not exist apart from the consent and support of the community. In a journal written for hospital trustees, this statement of awareness was made: "The hospitals you serve are peculiarly dependant upon the beliefs and opinions of your communities."<sup>5</sup>

Still another type of incident has sometimes been the instrument which brought about recognition of a felt need for better community understanding and good will toward the hospital. A sudden rash of adverse newspaper publicity, touched off by an incident involving the death of a child due to hospital policy of refusing welfare cases, was reported in one article appearing in an American Hospital Association's publication. The writer claimed that it took this kind of incident to begin an organized effort to develop better public relations for the hospitals in that area. He claimed that the newspapers were writing for a public which they knew to be hostile to the local hospitals, a situation which would not have existed had the hospital administrators in the area done a good job of educating the public.<sup>6</sup> In this case, the blame for the hostile attitude of the public was laid to a poor job of education, a poor job of developing better understanding of the hospitals.

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<sup>5</sup>Kennerly Woody, "Telling is the Key to Selling," Trustee, December 12, 1957, p. 7.

<sup>6</sup>Delbert L. Price and David Kinzer, "Cooperation is the Key of New Chicago Hospital - Press Code," Hospitals, February 1, 1957, p. 29.

Another writer, in attempting to show the importance of public understanding, made the following comment:

Too often hospitals tend to overlook this human tendency to criticize what is not well understood. To bring about better understanding is certainly one of the fundamental objectives of any public relations program.<sup>7</sup>

Thus, the hospital administrator has been impressed with what he feels to be the necessity of having an understanding public and he has been impressed by the apparent fact that quite often he does not have much public understanding of his hospital. He has realized, as one writer put it, that:

"...communities seem to expect so much (from the hospital), but often give so little in return."<sup>8</sup>

The journals published by the various hospital organizations have taken up the crusade to develop more and better public understanding of the hospital. The chief method by which this objective is felt to be obtained is by the practice of public relations. Rarely is a journal published which does not contain some article advancing the techniques and methods which are felt to be effective in securing a sympathetic and understanding public. Frequently, articles are submitted by hospital administrators or members of hospital boards of directors, in which they explain either successes or failures with various public relations techniques which they have encountered. None ever suggest that public relations are unnecessary -- rather, many unpleasant tasks are

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<sup>7</sup>Allen H. Barth and Thomas D. Griffiths, "You - The Ambassador," Hospitals, August 1, 1958, p. 40.

<sup>8</sup>Kennerly Woody, Op.cit., p. 7.

justified only because of their "public relations value".

### Definitions of Public Relations

An exact definition of what public relations are is never outwardly discussed in journal articles which discuss public relations practices. Rather, it would appear that public relations is something that everybody knows about; and a tacit agreement seems to prevail which would indicate that it is unnecessary to ponder academic questions about its nature. In order to determine what public relations refer to, it is generally necessary to leave the specific contextual material written about public relations and seek definitions from more generalized sources.

Various writers have offered the following definitions of public relations.

A public relations program is a conscious, sincere, directed endeavor to create and strengthen contacts which contribute to the development of mutual understanding, good will, and respect between an institution (or business) and its public.<sup>9</sup>

Public relations is ... the total effect of the actions of all of the people who are associated with your hospital on all the people who come in contact with your hospital.<sup>10</sup>

Public relations involves applying the art of mass communication to influence public opinion so that some positive action is taken by the public involved.<sup>11</sup>

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<sup>9</sup>Alden B. Mills, Hospital Public Relations, (Chicago: Physician Record Company, 1939), p. 3.

<sup>10</sup>Douglas Mueller, "The Substance of a Public Relations Program," Trustee, February, 1958, p. 1.

<sup>11</sup>Charles S. Steinberg, The Mass Communicators: Public Opinion, Public Relations, and Mass Media, (New York: Harper and Brothers, 1958), p. 45.

The act of communicating, in a public relations sense, involves the relaying or transmitting of a sign or symbol -- verbal, written or pictorial -- from a specific source to a specific audience or receiver, by means of any one, or all, of the several media that act as channels for the transmission of the symbols -- newspaper, magazines, books, radio, television, motion pictures, or direct speech -- for the express purpose of influencing the opinion and actions of the receiving individual or group, i.e., the public.<sup>12</sup>

The public relations man serves as a useful middleman or catalyst between management and the public, interpreting each to the other. The mass media are the avenues of intercommunication.<sup>13</sup>

The basic media through which and within which public relations techniques operate are the press, radio, television, motion picture, magazine and book. Related areas in which public relations techniques are applied include direct-mail, promotion, brochures, posters, display cards, and other written and graphic presentations. Thus, public relations, as an umbrella title, embraces or covers the areas of advertising, publicity, promotion, and exploitation.<sup>14</sup>

An attempt to explain the conditions under which public relations arose helps to determine the nature of public relations.

... as it became harder for people with different backgrounds to understand and know about each other, the first necessity was for one group to tell others about itself. It (public relations) also tells the group what others think of it; it helps the group determine what it must do to get the good will of others; it plans ways and means of winning that good will; and it carries on activities designed to win it.<sup>15</sup>

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<sup>12</sup>Ibid., p. 22.

<sup>13</sup>Ibid., p. 7.

<sup>14</sup>Ibid., p. 117

<sup>15</sup>Philip Lesly, "Exactly What is Public Relations," Public Relations Handbook, Edited by Philip Lesly, (New York: Prentice-Hall, 1950), pp. 4-5.



It is evident from these explanations and definitions of public relations that, basically, public relations is a term attached to the practice of applying mass media for the purpose of obtaining the understanding and good will of some designated group. In this respect, it does not appear to be too far removed from propaganda.

### The Hospital Administrator's Position on Public Relations

There appears to be a general feeling among writers of hospital public relations articles, that hospital public relations is essentially a staff or hospital employee problem. Statements such as the following tend to bear this out:

Good public relations begins internally with the training of employees to provide good service and with the education of employees in good public relations practices.<sup>16</sup>

Employees are a hospital's good will ambassadors and should be well informed public relations representatives.<sup>17</sup>

Sell them (hospital employees) on the idea that the way they conduct themselves is the bedrock of hospital public relations.<sup>18</sup>

Hospital staffs and personnel, its trustees and auxiliary members reach into all parts of the community -- into homes, into larger organizations and assemblies. If they have been given the facts about their hospital; if they can answer questions about its facilities, its practices. (sic) If they can be counted on to carry their hospital's story across the dinner tables; the bridge tables and the back fences of their town -- then hospitals<sup>19</sup> won't have much worrying about community relations.

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<sup>16</sup> Allen H. Barth and Thomas D. Griffiths, Op. cit., p. 40.

<sup>17</sup> Anthony J. Borowski, "Public Relations Check-List for Administrators," Hospitals, February 1, 1958, p. 43.

<sup>18</sup> Delbert L. Price and David Kinzer, Op. cit., p. 32.

<sup>19</sup> Kennerly Woody, Op. cit., p. 9.

One writer of hospital public relations, a hospital trustee, listed the various people associated with hospitals, in the order of their importance from a public relations standpoint, as he conceived of it.

First on the list of people to be won as friends are, I think, the people who are closest to it: its own employees. Employees are the most important single channel of communication with the public.<sup>20</sup> A hospital is trying to win over to its side.

Numerous other articles express the same general idea, that public relations is primarily an internal hospital affair, but explain more specifically some of the different areas of hospital operation where individual employees could promote public relations. Members of various different hospital departments within local hospital organization have contributed public relations articles to the hospital journals, many claiming that their own department's services are the basic starting point for hospital public relations programs. A hospital dietitian wrote that the service of quality food is the key to good hospital public relations.<sup>21</sup>

Another area of hospital operation that has received attention from the public relations position is the admitting and billing department. A writer on this subject maintained that:

Patient-hospital relations will be greatly improved if the hospital makes every effort to make the patient's admission and payment of bills as easy and

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<sup>20</sup> Douglas Mueller, op. cit., p. 3.

<sup>21</sup> Fern W. Gleiser, "We Help Train Dietitians to be Managers," Hospitals, May 1, 1958, p. 76.

as pleasant as possible for him.<sup>22</sup>

Another writer on the same subject claimed that:

The public and even the members of the voluntary hospital system frequently do not understand the nature of hospital charges nor how they are set. This situation has created some of the hospital's most serious problems, such as: poor patient relations ... poor public relations.<sup>23</sup>

On the subject of admitting practices, this comment was noted:

... the routine interview can give the admitting personnel more time to spend on the public relations aspect of admitting -- a vital factor to an institution that is always 'in the public eye', and in need of constant public support.<sup>24</sup>

Other writers seek to encourage the hospital administrator to make greater use of his hospital's women's auxiliary and other voluntary organizations because of their public relations value.

A strongly united and well-informed auxiliary is a potent factor in maintaining the highest quality of community relations. It is a significant aid to administrators in establishing proper public sentiment.<sup>25</sup>

... as the hospital auxiliary may become the voice of the hospital in the community, its opportunities for influencing public attitude grows.<sup>26</sup>

Activities of the women's auxiliary are a contributing

<sup>22</sup>D. W. Walsh, "Let the Patient Know What He's Paying For," Hospitals, April 16, 1957, p. 52.

<sup>23</sup>E. C. Laetz, "Give the Public a Package They Understand," Hospitals, September 1, 1957, p. 48.

<sup>24</sup>Harry T. Haver and John F. Lateham, "Roll Out the Red Carpet," Hospitals, November 16, 1956, p. 44.

<sup>25</sup>Anthony J. Borewski, op. cit., p. 43.

<sup>26</sup>Kenneth Williamson, "The Hospital and Government," Hospitals, April 16, 1957, p. 46.

factor in the creation of good will in the community.<sup>27</sup>

The same general emphasis on public relations as being essentially an internal hospital affair involving primarily the staff was indicated further in a tendency to underplay the importance of the various mass media as effective instruments in promoting public understanding and good will toward the hospital. The journal writer previously referred to who ranked the importance of various public relations techniques, not only placed the behavior of the employees at the top of the list, but relegated general publicity methods to the bottom of the list. He maintained that:

Compared to these primary channels of communication to the public -- the employees, the patients and visitors, and others associated with the hospital's work -- the usual publicity channels are not nearly so important.<sup>28</sup>

He does, however, feel that publicity methods may have some value after good public relations have been established within the hospital; but the emphasis should always remain on the side of the employees.

Another writer expressed the view that it was somewhat too much to expect the newspapers to do an adequate job of educating the public on hospital matters, as evidenced by an experience in which the local hospitals practiced little public relations other than relying upon the press.<sup>29</sup> This same attitude was expressed by another writer who reported

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<sup>27</sup>Julian Priver, "Twenty Ways Our Women's Auxiliary Polishes Hospital Service," Hospitals, August 16, 1956, p. 128.

<sup>28</sup>Douglas Mueller, op. cit., pp. 4-5.

<sup>29</sup>Delbert L. Price and David Kinzer, op. cit., p. 96.

that the types of questions asked by persons observing a hospital exhibition at a rural county fair indicated that the press and radio alone had not been successful in promoting understanding of the hospital.<sup>30</sup>

This same general attitude toward public relations and the relatively low evaluation of the effectiveness of mass media when used alone, to the exclusion of internal public relations, was revealed through interviews with seven hospital administrators representing all of the hospitals in Jackson County, Michigan.<sup>31</sup> Each of the hospital administrators was questioned relative to their hospital's public relations program. The responses were highly similar in each case. The general attitude was one of achieving public understanding and good will by providing "good patient care". The administrators claimed that the hospital employees were the crux of their public relations program because a hospital which provides good patient care does not have a public relations problem. The emphasis on the importance of mass media techniques was somewhat underplayed, although all of the hospitals in question had made use of various mass communications. One administrator made his position clear in evaluating public relations in terms of internal hospital practices as opposed to mass media publicity by commenting to the effect that, if the hospital personnel antagonized the patients and visitors or if they left a bad impression, then

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<sup>30</sup>Howard K. Read, "A Hospital Goes to a Fair," Hospitals, May 1, 1958, p. 45.

<sup>31</sup>See Chapter II, p. 47f.

all of the publicity in the world favoring the hospital would be of no value. Once, however, the patients and visitors were favorably impressed with the services and care provided by the hospital, then mass communications would be helpful in promoting good will and understanding of the hospital.

In summary of the position taken by public relations minded hospital administrators, as revealed in articles on hospital public relations written by them, the chief purpose of public relations is seen to be the achieving of an understanding public which extends good will toward the hospital. This is expected to be achieved first and foremost by providing services and care for the patient which are felt to render the patient favorably inclined toward the hospital. Mass communications are seen to be the follow-up of internal public relations practices. That is, once it is felt that the hospital has been successful in developing a favorable impression on the patients, these persons will then exhibit an understanding attitude which will permit mass communications to be effective in promoting understanding of hospital affairs and problems. ] Mass communications used exclusively, without internal public relations practices, are felt to be ineffective because patients were not favorably inclined toward the hospital; and because of this they rejected the publicity favoring the hospital as being unworthy of serious consideration.

Implicit Assumptions in the Hospital Administrator's View of Public Relations Indicating Agreement with the Concept of Achieving Consensus Within the Mass Society Through Applying Mass Communications

There are a number of tacit assumptions made by the public relations minded hospital administrator, regarding the ability of public relations practices and mass communications to bring about consensus and cohesion among members of society. These assumptions are highly suggestive of the concept held by some sociologists and widely held by public relations men in general, that mass communications provide a means of developing and maintaining cohesion and consensus within a disorganized group. This concept is found to be in association with the theory of Mass Society as advanced by Louis Wirth and others. A brief discussion of the theory of Mass Society and the concept of cohesion by mass communications, will clarify the relationship between this concept and the position of the public relations minded hospital administrator.

Mass Society ✓

Probably the most articulate statement of the Mass Society has been made by Louis Wirth. According to Wirth, the mass society, first,

...involves great numbers. Second ... almost by definition, it consists of aggregates of men widely dispersed over the face of the earth, as distinguished from the compact local groups of former periods. Third, the mass is composed of heterogeneous members in that it includes people living under widely different conditions, under widely varying cultures, coming from diverse strata of society, occupying different positions, engaging in different occupations, and hence, having different interests, standards of

life and degrees of prestige, power and influence. Fourth, the mass is an aggregate of anonymous individuals ... Fifth, the mass does not constitute an organized group. It is without recognized leadership and a well-defined program of action. Sixth, the mass has no common customs or traditions, no institutions and no rules of governing the actions of the individuals. And finally, the mass consists of unattached individuals, or, at least, individuals who, for the time being, behave not as members of a group, playing specific roles representative of their position in that group, but rather as discrete entities. In modern urban industrial society, our membership in each of the multiple organizations to which we belong represents our interests only in some limited aspect of our total personal life.<sup>32</sup>

Wirth's main emphasis is, then, on the heterogeneity of society and the implication that there is no common basis for behavior. Herbert Blumer, another supporter of the mass society, has described it in terms of disorganization or lack of direction in behavior.

...the mass can be viewed as constituted by detached and alienated individuals who face objects or areas of life which are interesting, but which are also puzzling and not easy to understand and order. Consequently, before such objects, the members of the mass are likely to be confused and uncertain in their actions. Further, in not being able to communicate with each other, except in limited and imperfect ways, the members of the mass are forced to act separately, as individuals.<sup>33</sup>

Eliot Freidson has described the behavior of the mass as representing essentially individual behavior which has no direction in terms of being influenced by others. This would be the case as according to the other descriptions of mass

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<sup>32</sup>Louis Wirth, "Consensus and Mass Communication," American Sociological Review 13: 1948, pp. 2-3.

<sup>33</sup>Herbert Blumer, "The Mass, The Public, and Public Opinion", Reader in Public Opinion and Communication, Ed. Bernard Berelson and Morris Janowitz, (Glencoe: The Free Press, 1950), p.44.

society, there is really no societal character to it at all. Within the non-societal mass, behavior is determined only by each individual attempting to gratify his own needs.<sup>34</sup>

#### Unification of the Mass Society by Mass Communications

Running simultaneously with the discussions on mass society is the further position that it is possible to unify, integrate, or establish consensus within the mass through the use of the various mass media. Lazarsfeld reported that when mass media first began to stir the imaginations of people, many were of the opinion that mass media would reconstruct the atmosphere of the village within the large metropolitan centers. It was felt by many people that the spirit of the town meeting could be produced by exposing all members of the community to informative materials.<sup>35</sup> The image of all society and mass communications held by these people, according to Lazarsfeld, was of,

An atomistic mass of millions of readers, listeners and movie-goers prepared to receive the Message; and secondly, they pictured every Message as a direct and powerful stimulus to action which would elicit immediate response. In short, the media of communication were looked upon as a new kind of unifying force -- a simple kind of nervous system -- reaching out to every eye and ear, in a society characterized by an amorphous social organization and a paucity of interpersonal relations.<sup>36</sup>

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<sup>34</sup>Eliot Freidson, "Communications Research and the Concept of the Mass," American Sociological Review 18: 1953, p. 314.

<sup>35</sup>Elihu Katz and Paul F. Lazarsfeld, Personal Influence, (Glencoe: The Free Press, 1955), p. 15.

<sup>36</sup>Ibid., p. 16.

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The position that mass media serve to integrate a disorganized mass and bring about consensus is not entirely without its backers today. Wirth would have us believe that mass communications are capable of providing either unity or further disorganization, depending on the motives of the communicator.

The instrumentalities of mass communication lend themselves particularly well to the dissemination of (integrative symbols) on a scale hitherto thought impossible. We happen to live in a world in which despite barriers of technology and of politics, the whole human race becomes potentially exposed to the same symbols. They are weapons of offense or defense, and they are bonds of union or discord, depending upon the purpose which those who use them have in mind.<sup>37</sup>

Wirth feels that the power of the mass media as a force of integration and building consensus has not yet been fully appreciated or determined. He further feels that mass communications as distributed by the various media may be basic, or prove to be basic, to all other forms of power because of the potential for developing consensus.

In mass communications we have unlocked a new social force of as yet incalculable magnitude. In comparison with all previous social means for building or destroying the world this new force looms as a gigantic instrument of infinite possibilities for good or evil. It has the power to build loyalties and to undermine them, and thus by furthering or hindering consensus to affect all other sources of power.<sup>38</sup>

Blumer imputes cause of both disorganization and integration to the power of the mass media.

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<sup>37</sup>Louis Wirth, op. cit., p. 6.

<sup>38</sup>Ibid., p. 12.

Under conditions of modern urban and industrial life, mass behavior has emerged in increasing magnitude and importance. This is due primarily to the operation of factors which have detached people from their local cultures and local group settings. Migration, changes of residence, newspapers, motion pictures, the radio, education -- all have operated to detach individuals from customary moorings and thrust them into a new and wider world. ...At such times (the mass) is likely to be influenced by excited appeals as these appear in the press or over the radio...<sup>39</sup>

Blumer is somewhat more conservative in his claims for the power of mass media than is Wirth. However, the implication for the consensus developing potential for mass media remains very much a part of Blumer's thesis. He goes on to explain that the disorganized mass, when reacting to the press or radio, expresses a difference of opinion at first. Such differences of opinion are aired through the mass media, producing discussion through which public opinion eventually becomes unified.<sup>40</sup> The mass media are seen as playing the most crucial role in the development of consensus or unified public opinion in that the degree to which public discussion is effective is directly dependant on the availability and flexibility of the agencies of public communication, such as the press, the radio, and public meetings.<sup>41</sup>

Evidence of this position on mass communications and its ability to bring about unification of a detached or disorganized society is frequently found in both public relations as well as mass media literature. While often this position

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<sup>39</sup>Herbert Blumer, op. cit., p. 45.

<sup>40</sup>Ibid., p. 47.

<sup>41</sup>Ibid., p. 49.

is the un verbalized assumption upon which comments are made, many actual written assertions of the integrative nature of mass media may be found.

A book which was written to promote the use of radio contained the following comment on the potential influence of local radio stations, which provides a clear example of the concept of the integrative power of mass media:

The opportunity is two fold -- to increase social solidarity within communities by bringing tension and difference out into the open, and to relate national and global issues, in relevant terms, to the immediate interests and environment of the local listener. Over the local stations the chances are far greater of achieving a modern counterpart of the old town meetings. A fuller sense of participation (because of greater knowledge and a more immediate sense of the relevance of local issues raised) can be achieved. At the local level too, radio discussion has a far better chance of resulting in actual decisions. Local radio stations might easily become the most vital influence in a community for harmony and cooperative action.<sup>42</sup>

In another source on radio, a comment is made that would imply integrative powers to the radio, by virtue of the tremendous effectiveness of radio as a means of communication attributed to it by the author. The writer's position was made clear in a short discussion of the potential consequences of applying radio for the purpose of general education. The writer maintained that such action would result in the immediate loss of jobs for an "immense army of teachers and others employed in the maintenance of our school systems", and that all related occupations such as book publishers

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<sup>42</sup>Charles S. Siepmann, Radio's Second Chance. (Boston: Little, Brown and Company, 1946) p. 127.

and public transportation employees would suffer immediate unemployment.<sup>43</sup> That radio is capable of producing this type of result is a point seriously in doubt.

Morris Jenowitz has attempted to develop a case for the capacity of the community newspaper to develop and maintain some degree of social solidarity and community consensus. Jenowitz felt that the local, community newspaper, by writing about local people and events provided a reinforcement of community cohesion and integration. The following statement is felt to be representative of the position advanced in Jenowitz's study.

If the individual has any personal knowledge of these persons and institutions (which have been discussed in the local newspaper) close at hand or any sense of identification with them, he in turn feels a sense of solidarity and cohesion well beyond merely being informed.<sup>44</sup>

This point cannot be disputed, but the representativeness of the total population of newspaper readers who would be in a position to have "personal knowledge of" or feel "close at hand" with those persons and events which are likely to be discussed in the community newspaper may be seriously questioned. The segment of the population which would feel any enhancement of cohesion with the community would more than likely be a relatively small, select group to begin with. Persons and events with which the bulk of the community's

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<sup>43</sup>Anthony B. Meeny, Radio-TV: Perils to Prosperity (New York: Pageant Press, Inc., 1955), p. 94.

<sup>44</sup>Morris Jenowitz, The Community Press in an Urban Setting (Glencoe: The Free Press, 1952), p. 157.



population might be familiar are not generally those persons and events which are discussed in the newspaper.

Bernard Berelson is willing to attach some small amount of consensus producing ability to the press, but not without strong reservations. He would maintain that the appearance of an issue in the press over a prolonged period of time may, in some way, give the impression of having produced consensus; but he feels that the more basic effect is one of forcing people to make up their minds on the issue.<sup>45</sup> He would contend that the person's personal predisposition on the issue would determine the nature of his decision. Those persons who did not previously have a well developed predisposition on the issue might be induced to take the position being advanced in the press or other medium of communication, and given that the existing predispositions on the issue were evenly divided, then the final outcome of decisions would place the position of the press in the majority.

Content emphasis increases agreement, but it is not so strong a determinant of agreement as predisposition.<sup>46</sup>

The following classic proposition of Berelson's would further discourage counting him among the followers of the belief that mass media are capable of unifying a mass society:

Some kinds of communications on some kinds of issues, brought to the attention of some kinds of people

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<sup>45</sup>Bernard Berelson, "The Effect of Print Upon Public Opinion", Print, Radio and Film in a Democracy, Douglas Weples (Chicago: The University of Chicago Press, 1942), p. 53.

<sup>46</sup>Ibid., p. 54.

under some kinds of conditions, have some kinds of effects.<sup>47</sup>

Public relations literature has also contributed to the support of the consensus producing ability of mass media and is, in fact, to some extent, basically premised on this notion. One writer on the subject of public relations contends that the optimum task of public relations is the development of "rapport" (which might be construed to be some form of consensus) between the various diverse groups that comprise a public.<sup>48</sup>

Another example is found in the accounts they give for why public relations (as relying almost exclusively on the use of mass media) exists. One writer has stated the following conception of the origin of public relations:

Public relations is a phenomenon and a necessity of our times. It has been created by the forces that increased the tempo of the world, cast people into many diversified groups, all seeking different objectives yet all having to work together toward common advantages and progress.<sup>49</sup>

Here, the inference is that public relations will serve to reconstruct that set of cooperative relationships that existed previous to the events which "cast people into many diversified groups." As the public relations man has already been seen to rely for the most part on the use of mass media, then it would follow that he intends to reconstruct cooperative

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<sup>47</sup>Bernard Berelson, "Communication and Public Opinion," Bernard Berelson and Morris Janowitz ed. Reader in Public Opinion and Communication (Glencoe: The Free Press, 1950), p. 451.

<sup>48</sup>Charles S. Steinberg, Op. cit., p. 31.

<sup>49</sup>Philip Lesly, Op. cit., p. 4.

relationships through the application of mass communications.

Another public relations writer develops the same position but goes on to maintain that it was the industrial revolution which caused the original disorganization. The writer, rather dramatically, contends that,

...individuals and institutions of all kinds were broken loose from their moorings and cast adrift upon a tide of uncertainty and uneasiness. Added to the existing tendencies breeding social tensions and disrupting smooth relations among people and institutions, the elements of fear and uncertainty made demands that brought public relations to the fore. It quickly became a necessity.<sup>50</sup>

While, again, the author does not actually say that public relations, through the application of mass communications, is going to remedy the situation of social disorganization that is felt to exist, the inference is that public relations and mass communications will achieve just that.

A final example of the consensus and cohesion theme which runs through a great deal of the public relations literature is taken from a proposal written for a publicity campaign designed to promote favorable attitudes toward a bond issue for the construction of a new wing of a community hospital. The proposal was written by a professional public relations man who had this to say about the goals of the publicity campaign:

Another goal is the utilization of this campaign as a unifying factor in the community relations at large. between tightly-organized labor groups who normally do not cooperate with other elements of the community, management groups who have the same introspective viewpoint, local neighborhood clans,

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<sup>50</sup>Rex F. Harlow and Marvin M. Black, Practical Public Relations (New York: Harper and Brothers, 1952), p. 5.

PTA's, clubs, everybody. If they can get together even in such an obvious effort as this, they might stay together for awhile and permit other community needs to be surveyed.<sup>51</sup>

The unification, cohesion theme of this statement is self-evident. Emphasis on the consensus producing ability of mass media was likewise specifically advanced in the publicity campaign proposal. The writer of the proposal claimed that "unanimous agreement", which would be another term for consensus, was going to be achieved by making use of "every form of public address -- newspaper, radio, direct mail and meetings..."<sup>52</sup>

The Relation of Hospital Public Relations to the Concept or Unification of the Mass Society by Mass Communications

[ Stated very simply, the concept of the unification of the mass society through the application of mass communications involves the conception of society as being composed of numerous people representing heterogeneity and diverseness to the extent that there exists no common basis of behavior for the members of the society. Mass communications are seen to provide the only common experience upon which directed and organized behavior could result. ] The assumption which the public relations minded hospital administrator makes in his public relations scheme is that the experiences received through hospital "public relation practices" by those persons who are hospital patients, provides a common basis of experience on which a unified opinion of hospitals is expected

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<sup>51</sup>Kent Segendorph, "Help Your Hospital Campaign", Unpublished paper, Jackson, Michigan, 1957, p. 2.

<sup>52</sup>Ibid., p. 6.

to emerge.] That is to say, it is assumed that all patients will receive experiences while in the hospital, which are in fact the same experiences for all patients, and that further, [the interpretations patients make of these experiences will result in unanimous consensus, in that all patients will henceforth be favorably inclined toward the hospital.] In the case of the position of those who adhere to the concept of unification of mass society by mass media, the basis of common experience is the reception of mass communications; whereas in the case of the hospital administrator's position, the common basis of experience is viewed as the reception of public relations practices in the hospital. [The hospital administrator would then contend that the application of mass communications favoring the hospital would act as reinforcement of the consensus of opinion regarding the hospital among former hospital patients.]

Both the concept of the unification of mass society by mass communications, as promoted by Wirth and Blumer, and the hospital administrator's view of providing consensus among hospital patients by applying "public relations practices", are based on the same assumption involving common experience.

The public relations minded hospital administrator is willing to attribute consensus making powers to mass communications but in a somewhat more restricted capacity than those who follow Wirth and Blumer. The difference results from the different conceptions of how the common basis of experience is achieved and in the interpretations of the composition of

society. Those who follow Wirth and Blumer conceive of mass communications as providing a common basis of experience for a highly segmented and heterogeneous society; whereas, the hospital administrator, insofar as the mass communication in question is hospital publicity, and in maintaining that hospital experiences provide the common basis of experience, would conceive of society as being composed of only two general classes of people. That is, the hospital administrator recognizes the hospital publicity receiving public as being composed of "former hospital patients" and "non-former hospital patients". Thus, the hospital administrator would be willing to attribute consensus making powers to hospital publicity in that those who are former hospital patients will, in receiving the publicity, tend to reinforce or solidify their already favorable impression of the hospital. ]

The hospital administrator would arrive at the two-class conception of community composition in respect to the reception of hospital publicity because of his belief that mass communications used alone, to the exclusion of internal hospital public relations practices, will be ineffective. He has maintained that once public relations practices have been established within the hospital, then mass communications which promote the needs of the hospital will be given serious consideration by those who have been hospital patients. In other words, former hospital patients, because of their shared experiences of having been exposed to "public relations practices" within the hospital, will give serious consideration

to hospital publicity; whereas those who have not received "public relations practices" in the hospital will not seriously consider hospital publicity.] Thus, by implication, the hospital administrator recognizes only the two classes of people in respect to the reception of hospital publicity; namely, "former hospital patients" and "non-former hospital patients".

Because the hospital administrator's frame of reference in viewing mass communications is limited to the specific context of hospital publicity and the consequent recognition of only two classes of people, "former" and "non-former" hospital patients, he has broken with the more generalized conception of mass communications as advanced by Wirth and Blumer. However, in doing so, the public relations minded hospital administrator is forced into making further related assumptions regarding mass communications, which merit special consideration.

It has been established that the public relations minded hospital administrator has maintained that of the hospital publicity receiving public, those who are former hospital patients will give more serious consideration to hospital publicity, due to their exposure to hospital "public relations practices", than those who are not former hospital patients. Therefore, it would have to be assumed that in order for one to give more serious consideration to hospital publicity, one would have to give more attention to it than those who do not give serious consideration to it, and consequently, the extent or degree of reception of hospital publicity would have to

be greater. Thus, the hospital administrator would have to maintain that the extent of reception of hospital publicity would be greater among former hospital patients than among non-former hospital patients.

In doing so, [the hospital administrator has maintained that the extent of reception of hospital publicity is dependent upon exposure to hospital experience.] If this is so, it would likewise be plausible to assume that those former hospital patients having greater exposure to the hospital would exhibit greater reception of hospital publicity than those former hospital patients having less exposure to the hospital.

This being the case, the hospital administrator would then have to maintain that former hospital patients would exhibit no intra-class characteristics which might account for the reception of hospital publicity. This would preclude the possibility of such factors as differential age, sex, occupation, education, etc. as having any effect on the extent of reception of hospital publicity.

The position taken by both those who adhere to the unification powers of mass communications as advanced by Wirth and Blumer, and by the public relations minded hospital director, does not hold up well in the face of mass communications research findings. There is an abundance of literature in the field of mass communications which would cast serious doubt on these assumptions, found implicitly imbedded in Wirth's and Blumer's position on mass communications and in the position taken on mass communications by the hospital

administrator. That these assumptions are untenable will be demonstrated in the following survey of research findings from the field of mass communications.

### Mass Communications Research Findings

One of the most outstanding studies done, which would tend to discourage placing a great deal of faith on the effectiveness of mass media in general, was done in Cincinnati in an attempt to promote understanding and interest in the United Nations.) A previous survey had revealed that a certain segment of the Cincinnati population was both uninterested and uninformed about the United Nations. A mass media campaign was designed to reach these people and every available means of communication was employed: newspapers, radio spots, signs and posters, street car cards, direct mail, meetings, leaflet and pamphlet distribution were used in order to promote interest and information. After six months of intensive campaigning a second survey was taken. The results showed that those persons who had originally been informed and interested had received the publicity whereas those persons who had been identified as the uninterested and uninformed, and towards whom the campaign was directed, had failed to assimilate the publicity and remained uninterested and uninformed. The writer of the report concluded that,

...the surveys indicate that people who have pre-existing favorable attitudes are the ones who will pay attention to publicity. That is, that people seek information which is congenial to their attitudes.<sup>53</sup>

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<sup>53</sup>Shirley Star and Helen M. Hughes, "Report on an Educational Campaign: Cincinnati Plan for the United Nations", American Journal of Sociology 55: 1950, p. 398.



Further data were provided by this study, however, which serves to substantiate a position taken by many writers in the field of mass communications, namely, that the reception of serious or educational publicity tends to be positively correlated with socio-economic status as measured by a variety of indices. In this case, the level of education provided further weight to this proposition. The author of the report claimed that 68% of the college educated informants received information through three or more media, while only 43% of the high school educated informants made the same claim, and 17% of the grammar school educated informants claimed to have received information through three or more different media.<sup>54</sup>

Other research has likewise indicated that serious or educational publicity, as opposed to publicity of a purely amusement type, is more readily received by persons of relatively higher socio-economic status. A study which involved "leadership" done by Katz and Lazarsfeld concluded that both the amount of knowledge and interest in public affairs increases with socio-economic status.<sup>55</sup> As a part of their study, Katz and Lazarsfeld asked informants to identify persons whom they felt to be influential and expert in public affairs. They found that,

Each of the three major criteria of social and economic status that are available indicates that the persons designated as generally influential

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<sup>54</sup> Ibid., p. 397.

<sup>55</sup> Elihu Katz and Paul F. Lazarsfeld, op. cit., p. 274.

are higher up on the status ladder than the people who named them, and that each successive group of experts stands higher than its predecessor; this is true of income, of the intuitive rating of socio-economic status employed by our interviewers, and of occupations.<sup>56</sup>

This, coupled with the further observation that those persons designated as influential and expert in public affairs, as well as other areas of interest, were relatively more exposed to all major forms of mass communications<sup>57</sup> would add further impetus to the proposition that reception of serious or educational publicity tends to be positively correlated with socio-economic status.

Wilber Schramm and David White have also provided research findings which would tend to confirm this proposition. A study of newspaper reading, in terms of social characteristic factors, showed that in general there was a close positive correlation between the reading of serious or educational news and a number of indices of socio-economic status.<sup>58</sup> They claim, on the basis of their research findings, that,

...it appears that readers on the lower end of the educational curve tend to use the newspaper for entertainment, sensational news, and pictorial material. Those at the top of the educational curve tend to use it less for entertainment, more for information on public affairs.<sup>59</sup>

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<sup>56</sup> Ibid., p. 283.

<sup>57</sup> Ibid., pp. 310-311.

<sup>58</sup> Wilber Schramm and David M. White, "Age, Education, Economic Status: Factors in Newspaper Reading", Journalism Quarterly, June, 1949, p. 150.

<sup>59</sup> Ibid., p. 154.

In a later report, Schramm offers the suggestion that news associated with such topics as crime, corruption, accidents, disasters, sports, society and human interest provide the reader with an immediate reward. News associated with such topics as public affairs, economic matters, social problems, science and education provide the reader with more of a delayed reward. He contends that reading for delayed rewards is a more sophisticated form of learning behavior which is closely associated with higher education and "similar experience".<sup>60</sup>

The same general findings have resulted from studies of radio listening. H. M. Beville reported finding that radio programs having an educational or serious appeal were followed most frequently by persons of relatively higher income groups.<sup>61</sup> "This heavy skewing toward the upper (income) groups is characteristic of educational programs of serious content."<sup>62</sup>

Lazarsfeld sights the optimistic attitude of some educators that radio would bring education and serious content to persons of low educational background and low income. He devised a "cultural level" index in which informants were classed on the basis of occupation, education, telephone ownership, and reading habits. A study of actual radio

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<sup>60</sup>Wilber Schramm, "The Nature of News", Journalism Quarterly, September, 1949, pp. 259-269.

<sup>61</sup>H. M. Beville, Jr., "The ABCDs of Radio Audiences", Public Opinion Quarterly, June, 1940, p. 202.

<sup>62</sup>Ibid., p. 203.

listening habits showed that people actually do less serious listening as the "cultural level" descends.<sup>63</sup> In a more recent book, Lazarsfeld reports the following:

Programs of serious music and discussion of public issues are selected as favorites twice as frequently in the college group as in the grade school group. In other words, the program types which reveal most marked differences in tastes are those which have come to symbolize radio's cultural or educational mission. They are favorites of the highly educated listeners, but they hold relatively little appeal for listeners on the lower strata.<sup>64</sup>

Lazarsfeld claims that his research findings of radio listening revealed that 63% of the college educated people interviewed selected "public affairs" as a favorite type of radio program; 43% of the high school educated informants selected "public affairs"; whereas only 35% of the informants who had received less than high school educations selected "public affairs" as a favorite type of radio program.<sup>65</sup>

[It is clear that educational or serious type of radio programs and newspaper articles are not received by the less educated and lower paid segments of our population. The American policy on broadcasting and newspaper writing is to "give the audience what it wants".<sup>66</sup> The audience, in this

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<sup>63</sup>Paul F. Lazarsfeld, Radio and the Printed Page. (New York: Duell, Sloan and Pearce, 1940), p. 21.

<sup>64</sup>Paul F. Lazarsfeld and Patricia L. Kendall, Radio Listening in America (New York: Prentice-Hall, Inc., 1948), p. 25.

<sup>65</sup>Paul F. Lazarsfeld, "Audience Research", Reader in Public Opinion and Communication, Bernard Berelson and Morris Janowitz (Glencoe: The Free Press, 1950), p. 339.

<sup>66</sup>Judith C. Waller, Radio - The Fifth Estate (Boston: Houghton Mifflin Company, 1946), p. 8.

case, is made up chiefly by people who are "less educated" and "lower paid". Gordon Allport has claimed that one of the reasons for this apparent rejection of programs and news articles of a serious nature, such as discussions of public affairs, is that consideration of such matters is an anxiety producing situation. "...the average man (desires) to be freed as quickly as possible from the tension or worry and annoyance in matters of public policy".<sup>67</sup> This being the case, it is increasingly difficult to believe that any great number of people are going to voluntarily place themselves in a position of being confronted with weighty problems of public affairs.

It has been the conclusion of many researchers in the field of mass media that the actual effect of mass media in contributing to decisions on public affairs matters is practically nil. If the communication contributes anything at all, it serves to force a decision.<sup>68</sup> This does not imply that the position being advanced in the communication will be advocated by the recipient. Rather, as Berelson has stated it:

...the whole complex of social characteristics - income, occupation, education, age, sex, religion, group membership and group loyalties, and so forth ...inclines people confronted with public issues to respond in certain ways and not in others.<sup>69</sup>

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<sup>67</sup>Gordon W. Allport and Janet M. Faden, "The Psychology of Newspapers: Five Tentative Laws", Public Opinion Quarterly, December, 1940, p. 702.

<sup>68</sup>Bernard Berelson, 1952, p. 53.

<sup>69</sup>Ibid., p. 49.

Berelson is not alone in this view. Lazarsfeld has also arrived at this conclusion, based on many years of research in mass communications. He has claimed that an individual's decisions on matters of public affairs and issues are determined primarily by a few of his social characteristics - religious affiliation, amount of schooling and economic level.<sup>70</sup>

#### Public Relations and Social Science

It would be misleading not to account for a small minority of public relations writers who recognize that the findings of mass communications research place serious limitations on the effectiveness of mass media. Charles S. Steinberg, in a recently published book on public relations, has included some research findings which indicate that a media receiving public may be stratified by social class, and may be, in fact, many different publics, all of whom receive the communication differently.<sup>71</sup> Likewise, Rex F. Harlow has recently published a book which is an attempt to bring public relations practices into closer harmony with the findings of social science.<sup>72</sup> These two sources are not, however, representative of the general field of public relations literature. The majority of sources would remain in agreement with Wirth's belief that the only thing holding what is felt to be our disorganized

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<sup>70</sup>Paul F. Lazarsfeld, "The Effects of Radio on Public Opinion", Print, Radio and Film in a Democracy, Douglas Waples (Chicago: The University of Chicago Press, 1942), p. 72.

<sup>71</sup>Charles S. Steinberg, op. cit.

<sup>72</sup>Rex F. Harlow, Social science in Public Relations (New York: Harper and Brothers, 1957).



and highly segmented society together, is mass media.<sup>73</sup>

Fallacy of the Position that Mass Media Have Unification Powers, and of the Position of Public Relations Minded Hospital Administrators Regarding Mass Communications

The above review of mass communications research findings would tend to indicate that the position held by the followers of Wirth and Blumer, and the position held by public relations minded hospital administrators, that mass communications provide a powerful enough stimulus to promote unified action and consensus, is erroneous. Star, in reporting the failure of the Cincinnati publicity campaign for the dissemination of information on the United Nations, concluded that:

If pamphlets are not read, if radio announcements are not heeded, or if meetings are unattended, then success in providing information stops right there.<sup>74</sup>

Replication of this conclusion is a familiar finding in a review of mass media research literature.

Of particular interest is the research finding which would indicate that the reception of public affairs publicity is closely associated with social characteristic factors, such as age, sex, occupation, education, income, etc. In this respect the research also pointed out that the extent of reception of public affairs publicity tends to increase in the direction of increasing social status. It will be recalled that one of the implicit assumptions made by the hospital administrator, in his public relations scheme, was that the reception of hospital publicity (of which a great deal is

<sup>73</sup>Louis Wirth, op. cit., p. 10.

<sup>74</sup>Shirley A. Star and Helen M. Hughes, op. cit., pp. 389-390.



public affairs) is associated only with the exposure to hospitals. He has further contended that the extent of reception of hospital publicity would increase with greater exposure to hospitals.]

It is these last two assumptions of the public relations minded hospital administrator which provide the central focus of this study. Research findings have been produced which would contest these assumptions. However, in order to empirically test either the accuracy of the hospital administrator's assumption or the accuracy of the research findings, certain conditions must be present.

#### Conditions Necessary for the Study of Reception of Hospital Publicity

In order to put to the empirical test any proposition concerning the reception of hospital publicity, it would first be necessary to locate a community in which the local hospital or hospitals, had become highly prominent in public affairs. This would be necessary due to the over-all slight number of communications which ordinarily pass through to the community about hospitals, under normal conditions, when the hospital is not involved in public affairs. Further, the over-all quantity of news topics dealing with public affairs in general is slight. Swenson, in a study of newspaper content discovered a general lack of news topics dealing with public affairs and specifically with local government. In a general category of "news-editorial-feature" types of newspaper content, "local government" as a single class received only



1.5% coverage in comparison with all other classes of news.<sup>75</sup>

In order to obtain any evidence of reception of local hospital publicity, a situation in which the local hospital or hospitals had become a source of major concern in public affairs would have to be located. Preferably, a situation in which the local hospital or hospitals had become the center of controversy over an issue which would produce partisan followers. Thus, in order to promote a following, those involved with the controversy would make use of every available means of communication. The hospital would then receive a great deal of publicity; more so than during times when the hospital was not the source of any conflict.

#### Conditions Under Which This Study Was Conducted

Jackson, Michigan, is an industrial community in the south-central part of the state. The current population of the city has been estimated to be about 52,550.<sup>76</sup> The chief industrial activity in the community is the production of automobile parts and tires.

There are a total of seven hospitals in the county, all of which are either within the corporate limits of the city of Jackson or immediately adjacent to it. Of these hospitals, two are general service medical hospitals, one is a general service osteopathic hospital, one is a general service proprietary hospital, one is a tuberculosis sanatorium maintained by the county, and the remaining two are county

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<sup>75</sup>Charles E. Swanson, "What They Read in 130 Daily Newspapers", Journalism Quarterly, Fall, 1955, p. 417.

<sup>76</sup>Estimate made by the Planning Commissioner of the City of Jackson.

welfare maintained institutions. Of the two general service medical hospitals, one is operated by the Catholic church and the other is a public tax supported hospital. It is this latter hospital which provides the focus for this study of the reception of hospital publicity.

In 1957, the board of directors of the tax supported hospital, called [Foote Hospital,] determined that in order to provide for much needed additional facilities, a new wing would have to be constructed on the hospital. As a tax supported hospital, there was not available sufficient funds to permit the construction of new facilities. A general obligatory bond issue was thought by the board of directors to be the best solution to the financial problem. The year previously, Mercy Hospital, the Catholic hospital, had conducted an extensive fund raising campaign, so that the board of directors felt that "hospitals" were probably "on the public mind", but that another fund raising campaign would not be well received. The use of a bond issue was likewise felt to present problems in that the use of public taxes to pay off a bond issue for the hospital required a revision of the city charter, obtainable only by a vote of approval on the part of city voters.

As it was anticipated by the board of directors that the voters of the community would fear an increase in taxes, a publicity campaign was designed to gain the support of the public through general education to the problems of the hospital as it then stood, and through the general understanding



of the bond issue proposals.

Included in the publicity campaign was a thorough use of the community newspaper during the month and a half that the campaign went on; extensive radio discussion and spot announcing; a speaker's bureau sent representatives to meet with 72 different organizations representing service clubs, labor locals, fraternal organizations, church and women's clubs; folders on the bond issue containing information about Foote Hospital were distributed to "every household in Jackson"; 150 posters were placed in store windows and on light posts throughout the community; and six full sized advertising bill boards were used.

During the normal course of events in Jackson, the local hospitals received comparatively little publicity, although all seven hospitals made some use of mass communications. Occasional speeches are made to local organizations, and an occasional news item appears in the press. Two local radio stations report hospital news only as it is received from the press and include a listing of all births for the day. Both the newspaper and the radio stations publicize annual hospital events such as hospital open-houses during National Hospital Week, the "Pink Ball", a dance sponsored each year by Mercy Hospital, and an annual fashion show sponsored by Foote Hospital's women's auxiliary. Literature about the two general service medical hospitals is supplied patients upon entrance to the hospital, but no attempt is made to distribute literature to the non-patient community members.

While the general amount of hospital publicity in Jackson is slight, the incident of the bond issue provided a great amount of publicity concerning Foote Hospital. As such, a situation was developed which permitted a study of the reception of hospital publicity.

### Statement of Hypotheses

Given this situation in which a local hospital became prominent in local public affairs, serious attention may be given to the proposition affirmed by public relations minded hospital administrators, that the reception of hospital publicity is associated only with exposure to the hospital. Likewise, the proposition affirmed in the mass communications research literature may be investigated. That is, that the reception of public affairs publicity (as was the hospital publicity in Jackson) is associated with social characteristic factors and with socio-economic status.

The following general hypothesis is submitted:

Among former hospital patients, the reception of hospital publicity will be associated with socio-economic status.

In order to provide a test of association between the reception of hospital publicity and socio-economic status, the following working hypotheses are submitted:

1. Among former hospital patients, reception of hospital publicity<sup>77</sup> will not be associated with occupational ratings.<sup>78</sup>

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<sup>77</sup>See Chapter II, pages 63-65 for details on scoring the reception of hospital publicity.

<sup>78</sup>See Chapter II, page 66 for a description of the Occupational ratings used.



2. Among former hospital patients, reception of hospital publicity will not be associated with income ratings.<sup>79</sup>
3. Among former hospital patients, reception of hospital publicity will not be associated with educational ratings.<sup>80</sup>
4. Among former hospital patients, reception of hospital publicity will not be associated with membership in local organizations.<sup>81</sup>

The following chapter will describe the general methods employed in this study along with a description of the indices used.

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<sup>79</sup>See Chapter II, page 68 for a description of the income ratings used.

<sup>80</sup>See Chapter II, page 68 for a description of the educational ratings used.

<sup>81</sup>See Chapter II, page 67 for a description of the organization membership ratings.

## CHAPTER II

### METHODS

#### Hospital Public Relations and Publicity Survey

In attempting to determine if the amount of hospital publicity released in Jackson, Michigan during the year of Foote Hospital's bond issue was of a sufficient amount to warrant a study of the reception of hospital publicity, an informal survey was made. This survey covered the general topic of hospital public relations and publicity and was concentrated on the local hospital administrators and representatives of local hospital women's auxiliaries. As a check on the accuracy of their comments, the managers of the two local radio stations were asked to open their station's "log" for investigation regarding the use made by local hospitals during 1957. Also, the local library clipping service provided a check on the use of newspaper publicity.

#### Hospital Administrators

During the summer of 1958, each of the seven hospital administrators in the city of Jackson was approached with a simple set of guideline questions relative to the previous year's hospital publicity activity.<sup>1</sup> Information was gathered

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<sup>1</sup>The questions used in this survey were designed only to obtain general information and were not designed to obtain

concerning the use of various modes of communication, the cooperation of those who control the local newspaper and two radio stations, the frequency of use of each mode of communication, and a general summary of the administrator's estimate of the effectiveness of these media. Information was also gathered regarding the administrators' feelings about the intended audience of these modes of communication and the reasons for aiming publicity at these people. Also, each administrator was given an opportunity to express his feelings regarding his hospital's general public relations program.

#### Hospital Women's Auxiliary Representatives

In order to obtain a more thorough impression of the local hospitals' claimed use of publicity methods and their feelings regarding public relations, representatives from all local hospital women's auxiliaries were questioned. The same general types of questions asked of the hospital administrators were asked of the women's auxiliary representatives, omitting questions involving direct administrative duties. Only Foote, Mercy, and the Osteopathic hospitals had such organizations.

#### Follow-Up Procedure

In order to determine the accuracy of the estimates made by both local administrators and representatives of local

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specific quantitative data. As such, no exact interview schedule was developed. The questions asked have been summarized in the remainder of the paragraph.



women's auxiliaries, interviews were held with the managers of the two local radio stations. An investigation of each radio station's "log" revealed the exact data on the use of radio by the local hospitals.

The local community library maintained a clipping service in which all newspaper articles regarding the local hospitals were categorized by date and hospital. This provided an exact impression of the use of newspaper as a means of disseminating hospital information.<sup>2</sup>

A "speakers bureau" list of organizations provided a means of determining which local organizations had received speeches regarding the Foote Hospital bond issue. Speeches regarding hospitals, but not specifically dealing with the bond issue, were not recorded.

The admitting departments of three of the local general service hospitals provided information regarding the distribution of literature to incoming patients, and a campaign proposal for the Foote Hospital bond issue disclosed the use of literature for that purpose.

A follow-up on the use of displays in disseminating information about local hospitals was not amenable to direct investigation. Only the claimed use of this device made by hospital administrators and representatives of local women's auxiliaries was obtained.

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<sup>2</sup>The estimates made by both hospital administrators and representatives of local hospital women's auxiliaries regarding the use of newspaper and radio were found to be slightly low. Investigation of radio station "logs" and newspaper clippings revealed a somewhat greater use of these means.



On the basis of this information it was determined that the amount of hospital publicity released during 1957 in the community of Jackson was of sufficient quantity to warrant an investigation of the reception of this publicity. The information obtained from hospital administrators and representatives of local hospital women's auxiliary groups regarding hospital public relations was found to be in close alignment with the position on public relations as advanced in hospital journals, so as to warrant the study of reception specifically among former hospital patients.

### Survey of Reception of Hospital Publicity

#### The Sample

The selection of former hospital patients used in this study was restricted by the following limitations:

1. Only persons having been admitted to the hospital during the year 1957 were eligible for selection into the sample.

This restriction does not preclude the selection of persons who have been hospital patients both prior to or after the year 1957. It refers only to the fact of admittance during that year. This restriction was felt necessary in order to assure a sample of former patients, all of whom had been exposed to a hospital within a specified time span. Further, the selection of the year 1957 was based on the fact that the greatest amount of hospital publicity was released during that year due to the occurrence of Foote Hospital's bond issue.



2. Only persons having been hospitalized in Foote or Mercy Hospital were eligible for selection into the sample.

This restriction does not preclude the selection of persons who have been hospitalized in hospitals other than Foote or Mercy. It refers only to the fact of admittance to either Foote or Mercy during the year 1957. These two hospitals were selected in lieu of the others because they received the greatest amount of publicity, Foote because the bond issue and Mercy because of the construction of a new wing. The Osteopathic Hospital did not receive much publicity due to a policy of the state organization of osteopathy which discourages the use of publicity. The proprietary hospital was rejected because of having received little publicity and its servicing of relatively few patients. Further, it is located outside the city limits of Jackson. The remaining hospitals were rejected because of the fact that they serve mainly chronically ill and old-age patients, consequently, returning few to the community.

3. Only persons whose residence is within the city limits of the city of Jackson were eligible for selection into the sample.

This restriction was felt necessary in order to limit the geographical distribution of patients to a specific locality.

4. Only persons between the ages of 18 and 65 at the time of admittance in 1957 were eligible for selection into the sample.

This restriction was felt necessary in order to obtain intelligible interviews.

Therefore, the sample of former hospital patients used in this study may be said to be composed of persons between the ages of 18 and 65, who live within the city limits of Jackson, who were hospitalized in either Foote or Mercy Hospital during 1957.

### Selection of the Sample

In order to select former hospital patients who conformed to the above limitations, the 1957 admittance records of Foote and Mercy Hospitals were used. These records provided a guide for the above limitation excepting the age restriction in the case of Foote. The records for this hospital did not include the age of the patient.

[It was determined that a total sample of 100 cases would be sufficient for a test of association between the reception of hospital publicity and socio-economic status. Fifty were to be selected from Foote Hospital and fifty from Mercy. However, in order to account for a high possible number of rejections, due to leaving the city of Jackson since release from the hospital, moving within Jackson but without leaving a change of address, death, refusals, etc., it was determined that at least twice the number of informants required for the study should be selected. Therefore, a total of 100 former patients were selected from the admittance records of each hospital.

An unbiased sample of 100 patients from each hospital was obtained by drawing every "n'th" patient number from the admittance records. "N", in the case of Foote Hospital, was

every ninety-third patient number as the total number of admittances at Foote Hospital for the year 1957 was 9,296.<sup>3</sup>

At Mercy Hospital, the total number of admittances in 1957 was 17,643, so that every 176th patient number was drawn.<sup>4</sup>

In the event that the patient number drawn was attached to an individual whose residence was listed outside of the city of Jackson, the next closest patient number conforming to the residence restriction was selected. In the event that there were two such individuals residing within the city of Jackson whose patient numbers were equidistant from the original number selected, the final selection was alternated between highest and lowest patient number. The same procedure was used for the selection of patients conforming to the age restriction in the case of Mercy, where age is recorded. In the case of Foote Hospital, where age is not recorded in the admittance records, a number of individuals were drawn into the sample who did not conform to the age restriction. These were rejected in the process of interviewing the sample.

The final procedure in drawing the sample was the dividing of the 100 patients from each hospital into a "master" sample list and an "alternate" sample list. This was done by selecting every other patient number for placement on the master sample list.

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<sup>3</sup>Statistical Report for the Fiscal Years 1948-49 through 1957-58 (Jackson: W. A. Foote Memorial Hospital, 1958).

<sup>4</sup>Mercy's total annual admittance was recorded as a part of the admittance record.

During the interviewing phase of this study, when an individual on the master sample list could not be obtained for interviewing due to any reason, the respective individual on the alternate sample list was interviewed.<sup>5</sup>

### Questionnaire Design

A questionnaire was designed for the purpose of obtaining a measurement of an informant's claimed reception of hospital publicity.<sup>6</sup> Each of the means of communication was isolated and the informant asked if he or she had ever seen or heard any hospital publicity from these sources. This was done with the newspaper, radio, literature, displays and speeches. When the informants claimed that they had received hospital publicity through any of these sources, information was gathered about which hospitals were involved and what the publicity was specifically about. After each mode of communication was reviewed, questions were asked regarding the most highly publicized events which had occurred in 1957. This included hospital open-houses, women's auxiliary events, and Foote Hospital's bond issue.

Questions were also designed to provide a measurement of each informant's "potential exposure"<sup>7</sup> to the known means of

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<sup>5</sup>See Table 1 for a comparison between "rejected" and "replaced" informants by age, sex, and residence.

<sup>6</sup>See Appendix A for a copy of the questionnaire used.

<sup>7</sup>Potential exposure is defined as the fact of being confronted with any means of communication containing hospital publicity. This is distinct from actual exposure which would be the fact of recognition and the paying of attention to the communication.



communication. That is, questions were included to determine whether or not the informant subscribed to the local newspaper, regularly listened to local radio stations, and to determine the extent of participation with local organizations. It was felt that questions relative to the exposure to hospital literature and displays were unnecessary due to the known equal distribution of literature, and in the case of displays, the widespread nature of their distribution during the bond issue. In both cases, "potential exposure" was judged equal. The questionnaire was also designed to obtain information regarding the informant's hospital experiences. Questions were also asked regarding the number of times the informant had ever been a hospital patient, total number of times in the past two years, total number of family admittances in the past two years, general purpose of all of the informant's admittances in the past two years, and the use of hospitalization insurance. Questions were also designed to obtain the informant's evaluation of his hospital experiences in terms of "satisfactory or unsatisfactory" services and accommodations.

Finally, the questionnaire was designed to obtain information regarding each informant's relative socio-economic status. Questions regarding the occupation of both the informant and the provider of the household's chief means of support were included. The same was included regarding formal education. Questions were included to provide an index of the family or household's annual income in 1957. Organization

membership and regularity of attendance for the informant was also provided for in the questionnaire. The remaining questions dealt with age of the informant, status in the family or household, number of children living at home, and whether or not the informant provided the family or household's chief means of support.

### Pre-Test of the Questionnaire

The pre-testing of the questionnaire was conducted on a specially drawn pre-test sample taken from the admittance records of Mercy Hospital. The method of selection of the pre-test sample was the same as the selection of informants for the final study; the exception being that every tenth patient number was selected until a total of twenty pre-test informants had been drawn. A pre-test was conducted on twelve of these for the purpose of assuring clarity and understanding of the questions.

The results of the pre-test revealed that first, respondents tended to equate the word "publicity" with "advertising" so that in the final wording of the questionnaire careful attention was given to defining "publicity" in terms of general information and news about local hospitals. The pre-test also revealed that the respondents reacted to many of the questions as though the interview was a test of their knowledge, consequently producing a high number of "don't know" responses. It was determined, on the basis of the pre-test, that informants should be led to believe that the questionnaire was not a test of knowledge, but rather that it

constituted a method, on the part of the interviewer, of learning about the kinds of publicity which had been released in the previous year. In the final survey, the informant was given the impression that the interviewer knew nothing of local hospital publicity and that by questioning people about what they had seen or heard, the interviewer would determine what publicity had actually been released. This procedure was felt to produce a greater number of useful "yes" and "no" responses. Questions concerning the reception of hospital publicity were then worded in terms of "have you ever...", rather than "do you know if...".

#### Characteristics of the Sample

In completing the 100 interviews, a total of 43 informants were drawn from the alternate sample list to replace informants rejected from the master sample list. Of the 43 rejections from the master sample list, more than half were rejected because of having moved their residence; 54% had either moved outside the city limits of Jackson or moved to another town. Over 16% were rejected, (all from Foote) because of age restrictions; 7% were too old and 9% were too young; 11% were rejected due to death and 9% because of having listed a false address with the hospital so that they could not be located. Slightly less than 6% were rejected due to mental problems which precluded intelligible interviewing, and a final 2% refused to be interviewed.

Of the 54% rejected because of moving, it was found that

60% had lived in areas of the city which were industrialized or in areas immediately adjacent to industrialized areas. Normally high rates of mobility in such areas would tend to account for the high rate of informant rejections from these areas.

A total of 26 persons, whose residences in 1957 were in industrial areas or adjacent to industrial areas, were rejected from the master sample list for all reasons combined. Because of high mobility in these areas it was only possible, in replacing the rejections, to obtain 17 informants from such areas. As a consequence, the final sample contained 9 less informants from industrial and semi-industrial areas than the master sample would have provided.

The differences in ages between those rejected from the master sample and those replaced from the alternate sample could only be tabulated for Mercy Hospital's representatives. Foote Hospital did not record ages of patients in their admittance records. Nineteen of the 43 rejections represented Mercy. In only 1 age category (36-40), was the difference between the number of rejections and the number of replacements as high as 3. In 2 age categories there was a total difference of 2, and in 3 age categories there was a total difference of 1.

A total of 10 males and 33 females were rejected from the master sample for all reasons combined. These were replaced by 11 males and 32 females.

TABLE 1

DIFFERENCES BETWEEN REJECTED AND REPLACED  
INFORMANTS BY AGE, SEX, AND RESIDENCE

	Number Rejected	Number Replaced	Difference
20 or less	2 <sup>a</sup>	1	-1
21 - 25	4	6	2
26 - 30	2	4	2
31 - 35	2	2	0
36 - 40	3	0	-3
Age 41 - 45	1	1	0
46 - 50	1	1	0
51 - 55	1	1	0
56 - 60	1	2	1
61 or more	2	1	-1
Sex Males	10	11	1
Sex Females	33	32	-1
Resi- dence Industrial	13	7	-6
Semi-Indus.	13	10	-3
Non-Indus.	17	26	9

<sup>a</sup> Age comparisons are for Mercy Hospital only.

The final sample included a total of 36 males and 64 females, whose ages formed the following age-sex distribution:

Figure 1

## AGE - SEX DISTRIBUTION OF THE SAMPLE

<u>Number</u>	<u>Age</u>	<u>Number</u>
7	////////( 61+ )///	3
1	/(56 - 60)////////	6
3	///(51 - 55)///	3
4	////(46 - 50)////	5
6	////////(41 - 45)/	1
4	////(36 - 40)////////	9
3	///(31 - 35)//////////	12
3	///(26 - 30)//////////	10
3	///(21 - 25)//////////	14
2	/( 20- )/	1
36	MALES	FEMALES 64

The apparent disproportionate number of women 40 years of age and under is accounted for by the fact that over half of the women in this age group listed "maternity" for at least one of their hospital admittances.

Nearly half of the informants, 48%, provided the family's or household's chief means of support. Of this number, 33 were male and 15 were female. The occupational distribution of the providers of the family's or household's chief means of support, along with the occupational distribution of the informants is summarized in Table 2.

TABLE 2

DISTRIBUTION OF OCCUPATIONS BY  
CHIEF PROVIDERS AND INFORMANTS

Occupational Class <sup>b</sup>	Chief Providers	Informants
Professional-Technical	12	6
Proprietors, Managers	6	3
Clerical Workers	6	8
Sales Workers	6	8
Craftsmen, Foremen	16	5
Operatives	33	14
Service Workers	7	12
Laborers	5	3
Pension, Welfare	8	6
Housewives	0	33
None Reported	1	2

<sup>b</sup>This occupational classification is based on the one used by the U.S. Census. The two classes of "service workers" have been combined; farm related occupations omitted; and "housewives" included.

The educational distribution was tabulated for the provider of the family's or household's chief means of support as well as for the informant. These distributions are summarized in Table 3.

TABLE 3  
DISTRIBUTION OF EDUCATIONAL ACHIEVEMENT BY  
CHIEF PROVIDERS AND INFORMANTS

Amount of Schooling	Chief Providers	Informants
Some Elementary School	9	6
Completed Elementary School	16	15
Some High School	29	32
Completed High School	28	33
Some College	10	12
Completed Four Years College	3	0
More than Four Years College	4	2

The organization membership of the informants, when tabulated, revealed that slightly less than a third of the entire sample, 32%, belonged to no organizations at all. Another third, 31%, belonged to only one organization. Twelve percent belonged to 2 organizations and another 12% belonged to 3. Seven percent claimed membership in 4 organizations, and 2% were members of five different organizations. Four percent claimed membership in 6 or more organizations. None belonged to more than 7 different organizations.

The total annual income for the family or household in 1957 was distributed as indicated in Table 4.

TABLE 4

DISTRIBUTION OF INCOMES OF FAMILY  
OR HOUSEHOLD IN 1957

<u>Income</u>	<u>Number</u>
\$4,000 or less .....	16
\$4,001 - \$6,000 .....	47
\$6,001 - \$8,000 .....	14
\$8,001 - \$10,000 .....	12
\$10,001 - \$12,000 .....	1
\$12,001 - \$15,000 .....	0
\$15,001 - \$20,000 .....	2
\$20,001 or more .....	1
"Don't Know" .....	6
Refused to Answer .....	1

Analysis of the Data

Scoring of Publicity Reception

Nine different questions regarding the reception of hospital publicity were evaluated to determine an index score for the individual informant's reception. These items were concerned with: (1) newspaper, (2) radio, (3) displays, (4) literature, (5) speeches, (6) hospital open-houses, (7) hospital sponsored dances, (8) women's auxiliary events, and (9) the bond issue. The informant's responses to these items were evaluated in terms of the specificity of the response, the accuracy of the response, and in the case of items numbers 6 and 8, participation or attendance. Each item was scored individually from 0 to 5, with 0 indicating no reception and 5 indicating greatest reception. A perfect reception score would then be 45.

Newspaper and radio reception were evaluated in terms of the number of specific hospital topics the informant claimed

to have read about or heard discussed. Display reception was evaluated in terms of the number of displays seen and the location of the displays. Reception of hospital literature was evaluated in terms of the accuracy of the informant's response.<sup>8</sup> Reception of hospital speeches was evaluated in terms of the informant's ability to specify the topics discussed. Reception of hospital open houses was evaluated in terms of the informant's attendance and ability to specify what was observed.<sup>9</sup> Reception of hospital sponsored dances was evaluated in terms of the accuracy of the response.<sup>10</sup> Reception of women's auxiliary events was evaluated in terms of attendance and ability to specify what occurred.<sup>11</sup> Reception of information about Foote Hospital's bond issue was evaluated in terms of the following criteria: (1) Accuracy in acknowledging that a bond issue had occurred, (2) accuracy in identifying the hospital involved, and (3) accuracy in specifying the actual issues involved. The total number of points received for each item was then added in order to

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<sup>8</sup>This was possible because in all cases the actual reception of literature was known excepting isolated communications, not of a publicity nature.

<sup>9</sup>Attendance was necessary for reception of publicity distributed at an open house. Knowledge that open houses were held was accounted for in newspaper and radio reception.

<sup>10</sup>This was possible because the actual occurrence of hospital sponsored dances was known.

<sup>11</sup>Attendance was necessary for reception of publicity distributed at such events. Knowledge that auxiliary events had occurred was accounted for in newspaper and radio reception.

arrive at the informant's total reception score.

The distribution of reception scores obtained in this study, along with the final grouping of the scores for an index of reception to be used in testing the hypotheses, is indicated in Table 5, below.

TABLE 5

DISTRIBUTION OF HOSPITAL PUBLICITY  
RECEPTION SCORES

Reception Score	Number of Informants	Class	Number of Informants	Composition
41 - 45 points	0	I.	18	16 - 45 points (High Reception)
36 - 40	0			
31 - 35	1			
26 - 30	3			
21 - 25	3			
16 - 20	11	II.	82	1 - 15 points (Low Reception)
11 - 15	14			
6 - 10	28			
1 - 5	40			

Socio-Economic Status Indices

Each of the four measures of socio-economic status used in this study, has been ranked from highest to lowest. For purposes of this study, the occupational status of the family or household's chief provider has been used instead of the occupational status of the informant. This has been done primarily because the chief provider of a family sets the income

level which, in turn, determines the style of life for the family. Also, a third of the informants interviewed, 33%, claimed "housewife" as their own occupation. "Housewife," as an occupational class tells one nothing about the individual's social status.

The following table indicates the chief providers occupational distribution, along with the occupational classes used in testing the occupation hypothesis of this study.

TABLE 6

## DISTRIBUTION OF CHIEF PROVIDERS OCCUPATIONS

Occupational Group	Number of Cases	Class	Number of Cases	Composition
Professional-Technical	12	I.	30	White Collar
Proprietors, Managers	6			
Clerical Workers	6			
Sales Workers	6			
Craftsmen, Foremen	16			
Operatives	33	II.	69	Blue Collar
Service Workers	7			
Laborers	5			
Pension-Welfare	8			

The educational level of the informant has been divided into three basic classes for the purpose of testing the education hypothesis of this study. The distribution of informant's educations and the classes used in this study is indicated in Table 7.

TABLE 7  
DISTRIBUTION OF INFORMANTS  
EDUCATIONAL LEVEL

Amount of School.	Number of Informants	Class	Number of Informants	Composition
More than 4 yrs. College	2	I.	14	College
Completed 4 yrs. College	0			
Some College	12			
Completed High School	33	II.	65	High School
Some High School	32			
Completed Grammar School	15	III.	21	Grammar School
Some Grammar School	6			

The informant's participation in local organizations has been divided into three basic classes for the purpose of testing the "organization" hypothesis of this study. The distribution of informant's participation in local organization, along with the classes used in this study, is indicated in Table 8.

TABLE 8  
DISTRIBUTION OF INFORMANTS PARTICIPATION  
IN LOCAL ORGANIZATIONS

Number of Organization Memberships	Number of Informants	Class	Number of Informants	Composition
Five or More	6	I.	13	Four or More
Four	7			
Three	12			
Two	12	II.	24	Two to Three
One	31			
None	32	III.	63	One or Less

For purposes of this study, the family or household's total income for the year 1957 has been divided into two broad classes. The distribution of family incomes, along with the classes used in the test of the "income" hypothesis, is indicated in Table 9.

TABLE 9

## DISTRIBUTION OF FAMILY OR HOUSEHOLD'S INCOMES

Income	Number of Cases	Class	Number of Cases	Composition
\$20,001 or more	1			
\$15,001 - \$20,000	2			
\$12,001 - \$15,000	0			
\$10,001 - \$12,000	1			
\$8,001 - \$10,000	12			
\$6,001 - \$8,000	14	I.	30	\$6,001 or more
\$4,001 - \$6,000	47	II.	63	\$6,000 or less
\$4,000 or less	16			

Testing of the Hypotheses

The joint distribution of each of the above four measures of socio-economic status, with the reception index, will be presented. A chi-square test of association between the reception of hospital publicity and each of the four measures of socio-economic status will then be made. Rejection of each null hypothesis will require a value of chi-square greater than the chi-square for which  $P = .05$ .

## CHAPTER III

### FINDINGS

#### Test of the Hypothesis

A test of the general hypothesis (that among this sample of former hospital patients, the reception of hospital publicity is associated with socio-economic status) will be accomplished by a chi-square test of association between reception and each of the four measures of socio-economic status. For purposes of this test, the reception scores have been categorized into two general classes: Class I representing "High Reception", and Class II representing "Low Reception".

A test of the first null hypothesis, involving the association between reception and occupation, required a collapsing of occupational categories into two general occupational classes: White collar and blue collar. The joint distribution of the two general classes of reception with the two general classes of occupation is indicated in Table 10.

TABLE 10

#### THE RECEPTION OF HOSPITAL PUBLICITY BY OCCUPATION

Reception	Occupation		Total
	Blue Collar	White Collar	
Class I.	7 (13)	11 (5)	18
Class II.	62 (56)	19 (25)	81
Total	69	30	99

$$\chi^2 = 12.051, P < .05$$

Since the chi-square value necessary to reject the hypothesis that the reception of hospital publicity is not associated with occupation is only 3.841, and the obtained value of chi-square was 12.051, it is possible to reject the null hypothesis. This data would, then, tend to indicate that there is, in fact, an association between the reception of hospital publicity and occupation.

In order to test the null hypothesis that there is no association between the reception of hospital publicity and income, it was necessary to collapse the categories of income into two general classes: Those having incomes of \$6,001 or more, and those having incomes of \$6,000 or less. The joint distribution of the two general classes of reception with the two general classes of income, is indicated in Table 11.

TABLE 11

## THE RECEPTION OF HOSPITAL PUBLICITY BY INCOME

Reception	Income		Total
	\$6,000-	\$6,001+	
Class I.	9 (12)	9 (6)	18
Class II.	54 (51)	21 (24)	75
Total	63	30	93
$\chi^2 = 2.801, P > .05$			

The chi-square value necessary to reject the null hypothesis that there is no association between the reception of hospital publicity and income is 3.841. Since the obtained value of chi-square was only 2.801, it is impossible to reject the hypothesis. Rather judgment will be reserved.

A chi-square test of association between the reception of hospital publicity and education required a collapsing of the educational categories into three basic groups: Those having grammar school educations only, those having high school educations and those having college educations. The joint distribution of the two general classes of reception with the three classes of education is indicated in Table 12.

TABLE 12

THE RECEPTION OF HOSPITAL PUBLICITY  
BY EDUCATION

Reception	Education			Total
	G.S.	H.S.	Col.	
Class I.	0 ( 4)	11 (11)	7 ( 3)	18
Class II.	21 (17)	54 (54)	7 (11)	82
Total	21	65	14	100
$\chi^2 = 11.728, P < .05$				

Since the value of chi-square for which  $P = .05$  is 5.991, and the obtained value of chi-square was 11.728, it is possible to reject the null hypothesis that there is no association between the reception of hospital publicity and education. The data would tend to strongly support the assertion that there is, in fact, an association between these two variables.

The final working hypothesis to be tested states that there is no association between the reception of hospital publicity and participation in local organizations. In order to test this hypothesis, it was necessary to collapse the

number of organizations into three basic groups: One or less, 2 to 3, and 4 or more. The joint distribution of the reception of hospital publicity with participation in local organizations is indicated in Table 13.

TABLE 13

THE RECEPTION OF HOSPITAL PUBLICITY  
BY NUMBER OF ORGANIZATIONS

Reception	Organizations			Total
	One or Less	Two to Three	Four or More	
Class I.	3 (11)	6 (4)	9 (3)	18
Class II	60 (52)	18 (20)	4 (10)	82
Total	63	24	13	100
$\chi^2 = 26.548, P < .05$				

Since the value of chi-square necessary to reject the hypothesis that there is no association between the reception of hospital publicity and participation in local organizations was 5.991, and the value for chi-square obtained was 26.548, it is possible to reject the hypothesis. The data would suggest that there is an association between the two variables.

[Taken together, the three hypotheses which posited no association between the reception of hospital publicity and (1) occupation, (2) education, and (3) participation in local organizations, were rejected.] This would tend to substantiate the general hypothesis that the reception of hospital publicity is associated with measures of socio-economic status.] Only the inability to reject the hypothesis concerning reception

and income tend to discourage this conclusion.

It is possible that the failure of the income data to coincide with the data obtained on the other three variables is indicative of a general difficulty in research to obtain accurate information regarding what is considered by many informants to be highly personal. While the question regarding income was answered by 93% of the informants, it is possible that the responses obtained were not valid.

Therefore, while it is not necessary to reject the general hypothesis that there is an association between the reception of hospital publicity and socio-economic status, it may be advisable to revise the hypothesis in such a way as to exclude "income". On the basis of the findings of this study, the hypothesis would then be: Among former hospital patients, the reception of hospital publicity will be associated with socio-economic status as measured by occupation, education, and participation in local organizations.

### Other Findings

#### Reception and Increasing Socio-Economic Status

While no statistical test was made to determine if the reception of hospital publicity tended to increase in the direction of increasing socio-economic status, a brief examination of the data would suggest that this may, in fact, be the case.

For example, in the case of reception and occupation, 61% of those having "high reception" were white collar as opposed to 39% blue collar. Likewise, of those receiving "low

reception" scores, only 23% were white collar as opposed to more than 76% blue collar. These percentages would strongly suggest that the reception of hospital publicity tends to increase among white collar workers.

In the case of education and reception, those informants classed as having "high school" educations were found to have more representatives in both "high reception" and "low reception" groups. However, those having college educations accounted for nearly 39% of the "high reception" group as opposed to only 8.5% of the "low reception" group. Informants of the grammar school group contributed none to the "high reception" group, but contributed over 25% to the "low reception" group. Thus, it would also appear that the amount of reception of hospital publicity tends to increase as one achieves more education.

In the case of income and reception of hospital publicity, it was found that those informants receiving "high reception" scores were evenly distributed between the two income groups. However, it was also found that those of the lower income group contributed to nearly three-fourths of the "low reception" group, while the higher income group contributed only one-fourth of the "low reception" group. While these data do not permit a strong assertion that the reception of hospital publicity tends to increase with greater income, there is some evidence to indicate that this may be so.

The joint distribution of the reception of hospital publicity with the number of local organizations in which the

informants claimed membership also tends to point out increasing reception in the direction of greater participation with local organizations. A full half of the informants belonging to four or more organizations received "high" reception scores as opposed to only 5% having "low" reception scores. Further, nearly three-fourths of those informants with "low" reception scores claimed membership in only 1 or no organizations.

[In each measurement of socio-economic status used in this study, evidence was found which would suggest increasing reception of hospital publicity in the direction of increasing socio-economic status.<sup>1</sup> These findings are highly compatible with the findings of many mass communications researchers. Lazarsfeld has repeatedly asserted that persons of relatively higher socio-economic status, as measured by a number of different indices, make more use of mass communications media for public affairs information and are, generally, more informed about public affairs issues than persons of lower socio-economic status.<sup>1</sup> Wilber Schramm has likewise contended that public affairs communications are more highly utilized among persons with higher educations and generally higher socio-economic status.<sup>2</sup>

#### Reception and Former Hospital Experience

Returning, briefly, to the position taken by the public relations minded hospital administrator, it will be recalled that one of the assumptions on which his public relations

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<sup>1</sup>See Lazarsfeld: 1940, 1948 and 1955.

<sup>2</sup>Wilber Schramm and David M. White, op. cit., pp. 150-56.

scheme is premised is the assumption that the reception of hospital publicity will be closely associated with former hospital experiences. While this assumption has heretofore been tacitly rejected as invalid, in this study, evidence may be found in the data which would suggest that the rejection of the assumption may have been well founded.

A series of chi-square tests of association between the reception of hospital publicity and a number of measures of hospital experience was made. The total results of the statistical examination showed that null hypotheses concerning the reception of hospital publicity and hospital experience measures could not be rejected. The following table summarizes the results.

TABLE 14

RESULTS OF CHI-SQUARE TESTS OF ASSOCIATION BETWEEN  
THE RECEPTION OF HOSPITAL PUBLICITY AND  
MEASURES OF HOSPITAL EXPERIENCE

Null Hypotheses	Findings	
	Obtained $\chi^2$ Value	Value Required for Rejection at $P=.05$
The reception of hospital publicity will not be associated with:		
Total number of patient days in past two years.	1.466	5.991. $P > .05$
Total number of family admittances in past two years.	3.177	7.815. $P > .05$
Total number of times "ever been a hospital patient".	3.554	7.815. $P > .05$
Use or non-use of hospital insurance.	1.581	3.841. $P > .05$

It is evident that hypotheses stating an association between the reception of hospital publicity and these measures

of hospital experience are not supported by the evidence.<sup>3</sup>

### Summary of Findings

Chi-square tests of association between the reception of hospital publicity and four measures of socio-economic status were made. It was found possible to reject three null hypotheses which posited no relationship between the reception of hospital publicity and (1) occupation, (2) education, and (3) organization membership. The data did not permit a rejection of the null hypothesis concerning reception and income. However, due to the possible invalidity of the income data, it was felt that the general hypothesis, which states that there is an association between the reception of hospital publicity and measures of socio-economic status, could not be rejected. The general hypothesis was then revised to state: Among former hospital patients, the reception of hospital publicity will be associated with socio-economic status as measured by occupation, education, and participation in local organizations.

[The data were found to support many mass communications research findings which contend that the reception of public affairs publicity tends to increase among relatively higher socio-economic groups.] [It was found that there was a general

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<sup>3</sup>A number of other measures of former hospital experience were obtained in this study, but found to be inapplicable to chi-square analysis. Other measures, involving the informant's evaluation of hospital services and accommodations, along with an evaluation of the total hospital experience, were found to be constant.

tendency for greater reception of hospital publicity among those with white collar jobs, higher educational levels, greater incomes and membership in a greater number of organizations.]

[The data obtained in this study also tended to discourage the assumption made implicitly in the public relations minded hospital administrator's public relations scheme, that the reception of hospital publicity is associated with former hospital experiences. A series of chi-square tests of null hypotheses which declared no association between reception of hospital publicity and some measures of hospital experience indicated that such null hypotheses could not be rejected.

## CHAPTER IV

### CONCLUSIONS

#### Conclusions

On the basis of the findings presented in this study, the general [conclusion may be drawn that the success of mass communications in reaching any diverse and heterogeneous society with information of a public affairs nature is highly limited.] This would appear to be the case due to the distribution of reception of public affairs publicity among the members of the receiving audience. If mass communications were to be a successful method of producing an informed and educated "public," then the reception of communications designed to achieve this result would have to be evenly distributed among all segments of the "public" or audience. As the data have shown, this does not appear to be the case. Rather, it has been shown that the reception of this type of communication is not distributed evenly and is, in fact, differentially received among the various strata of the receiving group so that there are "informed publics" and "un-informed publics."

This conclusion follows from the finding that the reception of hospital publicity, as a form of public affairs information, is associated with socio-economic status as

measured by occupation, education, and participation in local organizations. This finding is in strong agreement with the findings of similar studies performed by such social scientists as Lazarsfeld<sup>1</sup>, Star<sup>2</sup>, Beville<sup>3</sup>, and Schramm<sup>4</sup>, only to mention a few.

While no actual test was made in this study of the relative reception of hospital publicity by increasing socio-economic status, the data were strongly suggestive that reception tended to increase with higher status positions. This was true of all four measures used in the study. A possible explanation of why this relationship would exist, in the case of organization membership, might be found in the purported influence of "direct communication contact." The speeches received by organization members, in connection with the Foote Hospital bond issue, would be an example of direct communication contact. One writer, at least, has maintained that this type of communication is the most powerful means of communications yet devised and, as such, the reception of a speech would enhance the individual's reception of publicity.<sup>5</sup> As membership in local organizations was a criterion of socio-economic status, it might be expected that, other things being equal, those persons belonging to

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<sup>1</sup>Paul F. Lazarsfeld, 1940, p. 21, and Elihu Katz and Paul F. Lazarsfeld, op. cit., p. 274.

<sup>2</sup>Shirley Star and Helen M. Hughes, op. cit., p. 397.

<sup>3</sup>H. M. Beville, Jr., op. cit., pp. 202f.

<sup>4</sup>Wilber Schramm and David M. White, op. cit., pp. 259ff.

<sup>5</sup>Charles S. Steinberg, op. cit., p. 123.

organizations which received bond issue speeches would obtain higher reception scores than those persons who did not belong to such organizations, and hence a higher membership rating would be related to higher reception scores.

In the case of the education criterion of socio-economic status, a possible explanation of the suggested relationship between higher status and higher reception might be found in the purported ability of better educated people to better express themselves. Lazarsfeld has claimed that:

Educated people can articulate their thoughts with greater ease, they are better able to discriminate between the different types of (content)..., and they have wider interests.<sup>6</sup>

If this is true, then it would be expected that persons having more education would obtain higher reception scores than persons with less education.

Further, if educational background is closely related to occupation and income as is commonly held and justified by studies of social class, then it could also be held that more highly evaluated occupations and higher income groups would, likewise, obtain higher reception scores. This was also shown to be indicated by the data obtained in this study.

Another conclusion which can be made on the basis of the findings presented in this study is that the reception of public affairs publicity is not particularly dependent on previous experience with the issues or public affairs involved. That is, to say, in the context of hospital publicity, former hospital experience does not appear to be an influential factor

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<sup>6</sup>Paul F. Lazarsfeld and Patricia L. Kendall, op. cit., p. 20.

in association with the relative amount of reception of publicity which the individual experiences. This conclusion runs contrary to the assumptions suggested by the public relations minded hospital administrator in that he would contend that former hospital experience is the one crucial factor which accounts for the reception of such publicity. Thus, while no comparative test was made of reception between former hospital patients and non-former hospital patients, the data obtained using only former patients is seen to cast serious doubt on the assumptions premising the public relations minded hospital administrator's public relations scheme.

Still another conclusion would follow from the data concerning Wirth and Blumer's contentions regarding the unification powers of mass communications. The amount of variability found in the reception scores of the informants would seem to pose a question about the common basis of experience provided by mass communications as imputed by Wirth and Blumer. If a piece of communication is received in highly differential amounts by different strata of a receiving public, then there would appear to be little common basis of experience between the strata. Likewise, regardless of the potential exposure to a piece of communication, little common basis of experience would result between those who fully received the communication and those who failed to receive it altogether. As the data obtained in this study, along with findings of many similar studies, did, in fact, indicate

differential reception, the contention that mass communications act as a unification force and a consensus producing agent is held to be in serious doubt.

One final conclusion may be drawn concerning the potential use of the findings of this study by those most directly concerned; first, public relations minded hospital administrators, and second, social scientists.

The public relations minded hospital administrator would find this study of comparatively little value. Public relations men, in general, have chosen to neglect the findings of mass communications research regardless of findings which contest their position. Part of the reason for this is found in the pragmatic orientation of public relations itself. That is, public relations practices, including the use of mass communications, are applied for specific purposes such as the increasing of sales, the development of rapport between management and labor groups, or, in the case used in this study, the passing of a bond issue by public vote. The measure of success of the public relations practices is the success or failure in achieving the desired goal. As one writer in public relations state it:

The communication process, from a functional viewpoint, illustrates one aspect of the philosophy of pragmatism. An act of communication, generated for reasons of influencing public opinion, is successful if it accomplishes the original public relations objective of motivating public opinion to some overt act.<sup>7</sup>

Thus, the success of the mass media campaign in Jackson for the passing of a bond issue was measured in terms of

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<sup>7</sup>Charles S. Steinberg, op. cit., p. 23.

whether or not the bond issue passed or was voted down. In this case the bond issue passed. This would lead the public relations man and the hospital administrator to regard the campaign as a successful use of mass communications, thereby imputing validity to the assumptions regarding mass communications on which the campaign was premised. Although the results of this study have indicated that these assumptions are for the most part false, the public relations man and the hospital administrator are satisfied because the original purpose was accomplished.

The social scientist, on the other hand, would regard the findings of this study in quite a different light. The sociologist, interested in mass communications, is primarily concerned with the gaining of knowledge relative to the nature, dynamics, and effects of mass communications rather than with the specific practical results achieved by those who employ the media.

Having this orientation towards mass communications, the sociologist would consider the findings of this report to be of value in that they provide for the additional support of findings obtained in other similar studies dealing with public affairs publicity. The replication of findings which have resulted from studies in a number of contextual areas serves to strengthen the knowledge about the general field of interest. Additional confirmation of the validity of the findings is obtained. As such, the sociologist would regard this study as a contribution to knowledge about the general field of mass communications in that it has shown a

general proposition (the reception of public affairs publicity is associated with socio-economic status) to be supported in a new context of study.

### Implications of the Findings

The important implications provided by the findings of this study would seem to apply to an area outside of the context of hospital public relations. The study has provided findings corroborating other research findings which have indicated that mass communications fail to provide for unified action or consensus. This being the case, it would appear that such findings pose some serious questions regarding the democratic society.

The importance of an intelligent and informed body of voters to a democratic society cannot be disputed. Democracy is premised on the participation of the members of a society in the government through the use of their vote. However, when the democratic society becomes characterized by heterogeneity, large numbers of people and the other criteria which indicate that the society is becoming similar to Wirth's "mass," then it becomes increasingly difficult to obtain the necessary intelligent and informed body of voters. The members of the society become sufficiently separated from the affairs of state that knowledge of such affairs and participation in the government becomes increasingly remote. In order to develop and maintain closer relationships between the members of the democratic society and the government mass communications are used. It is believed that mass communications

will help to inform and educate the voting members of society to the public affairs and issues of government.

The findings of this study, together with the findings of many other studies dealing with the reception of communications of a public affairs nature, indicate that public affairs communications are not received by the members of the lower socio-economic groups to as great an extent as by the members of the higher strata. As the members of the lower socio-economic groups comprise the bulk of the population in this democratic society, one would have to conclude that mass communications are ineffective as a means of bringing about an informed and educated voting body. The basic conditions of democracy are, therefore, seen to be unfulfilled to some extent. As long as public affairs communications remain the only means of attempting to obtain the necessary informed and educated voting body, the great majority of potential voters will remain uninformed and uneducated.

In consideration of the fact that mass communications are the only plausible means yet devised for the dissemination of public affairs information, together with the consideration that these means are for the most part ineffective, one might well assert that the general field of mass communications demands considerable more attention from social science. It would appear that we need to know a great deal more about the dynamics of mass communications reception.

Various writers in the social sciences have contributed research findings indicating factors associated with the reception of mass communications other than socio-economic

status. As yet, these other factors, together with the general field of knowledge about mass communications, have not been integrated into a theory which is adequate in explaining the dynamics of mass communications reception. Both Lazarsfeld and Star have submitted the suggestion that the individual's "predisposition" toward an issue may determine the extent of reception of communications regarding the issue.<sup>8</sup> Steinberg suggests that the individual's access to the medium of communication determines reception.<sup>9</sup> Bernard Berelson has claimed that "personalism" effects reception.<sup>10</sup> He would submit that the more personalized the approach is, the more effective it will be. Douglas Waples believes that the two factors which account for both the exposure to and reception of written materials are: First, accessibility to the materials and, second, the readability of the materials.<sup>11</sup>

Thus, social scientists have contributed knowledge about factors associated with the reception of mass communications and this knowledge is of great value. However, it is perhaps due to the failure of social science to produce a well integrated theory about mass communications that practical steps have not been taken to produce more effective means of

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<sup>8</sup>Paul F. Lazarsfeld, 1942, p. 68, and Shirley Star and Helen M. Hughes, op. cit., p. 398.

<sup>9</sup>Charles S. Steinberg, PhD., op. cit., p. 126.

<sup>10</sup>Bernard Berelson, 1950, pp. 451f.

<sup>11</sup>Douglas Waples, "The Relation of Subject Interest to Actual Reading," Reader in Public Opinion and Communication, ed. Bernard Berelson and Morris Janowitz, (Glencoe: The Free Press, 1950) p. 351.

reaching the voters of this democratic society with the information necessary to intelligent, informed participation in public affairs.

### Limitations of the Study

This study was not performed without its limitations. The study and its results should be evaluated with the following shortcomings in view.

In the collection of the data, two particular limitations were cited. First, the information obtained regarding former hospital experiences was not as complete and detailed as might have been desirable. A more adequate test of the public relations minded hospital administrator's assumptions regarding former hospital experience and publicity reception would demand considerably more information than was obtained for this study. What information was obtained was limited, for the most part, to the objective factors of admittances, purposes, expenses, etc. While some attempt was made to obtain former experience information of a more subjective nature, such as the informant's evaluation of services and accommodations, favorable or non-favorable impressions of persons encountered in the hospital, etc., no adequate measure of the subjective experiences can be claimed. More precise data along these lines may have produced considerably different results in terms of the association between hospital experience and publicity reception.

Another shortcoming in the collection of data was the failure to provide for a more adequate measure of exposure

to hospital publicity sources. What information was obtained regarding "exposure" was limited, for the most part, to measures of the informant's "potential exposure." That is, information was obtained relative to the subscription or non-subscription to the local newspaper, listening or non-listening to local radio stations, and extent of participation in local organizations. These sources of communication provide only for the potential exposure to items dealing with hospital affairs, but they do not account for the probability of the informant's selecting these items for consideration and attention. A more adequate approach to the question of exposure would have provided for a measure of the informant's likelihood of selecting hospital publicity for consideration as opposed to other topics of information.

Three particular methodological problems are also cited. The first of these involves the length of time between the release of the hospital publicity in 1957 and the survey of reception of the publicity in 1958. Ideally, the survey would have been taken immediately after the bond issue campaign was completed. However, as somewhat more than a year had elapsed at the time of the survey, the possibility of forgetting may have distorted the responses connected with the bond issue questions.<sup>12</sup> If this had, in fact, occurred the received reception scores would have been lower than at the time of

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<sup>12</sup>An individual known personally to the writer was heard discussing the bond issue in detail at the time of the campaign in 1957. At the time of the survey, however, this person could recall only that a bond issue had occurred and that it involved Foote Hospital.

the bond issue campaign. This would, in turn, raise some questions regarding the relation of forgetting about the bond issue publicity to socio-economic status. At the present, these questions must go unanswered.

Another methodological limitation is cited in connection with the scoring system employed in evaluation of hospital publicity reception. Each of the nine publicity items were rated on a scale from zero to five in the direction of increasing reception. The individual scores for each item were then totaled for the informant's reception score. This system of scoring reception involves the assumption of intra-item equality in that all publicity items were assumed to be of equal importance as either a form of communication or a content area. That this may not have been, in fact, the case was not determined. A more refined system for the scoring of reception may have produced more valid reception scores.

A final limitation to the study is cited in the necessity of collapsing many of the measurement categories used for both the reception index and the four indices of socio-economic status. In order to render the data amenable to the chi-square test of association a great deal of information was necessarily sacrificed. It was necessary to dichotomize the various occupational categories as well as the income groups. Likewise, the reception index had to be dichotomized. As a result, much of the information was lost. The collapsing of categories was a necessity because of the small numbers of cases obtained for many of the categories. A larger sample

would have provided more satisfactory results.

### Suggestions for Further Research

In order to more fully investigate the question of reception of public affairs communications, specifically within the context of hospital publicity, two suggestions for additional research are submitted. First, it would seem to be of some value to more thoroughly investigate the possible relationship of an individual's subjective evaluation of hospital experiences to the reception of hospital publicity. This particular aspect of former hospital experience was not adequately provided for in this study so that, at the present, no conclusions can be drawn regarding what might be termed "patient attitudes" and hospital publicity reception. It is, therefore, suggested that methods for obtaining information from former hospital patients regarding their subjective evaluations of hospital experience be devised in order to examine the influence, if any, of this factor on hospital publicity reception.

A second suggestion for additional research within the context of hospitals would involve a more thorough analysis of the relationship between hospital publicity reception and socio-economic status in terms of the direction and intensity of the relationship. That is to say, it would seem to be of value to determine more precisely the strength of relationships at each level of socio-economic status. This would involve a more powerful statistical examination of the data and would eliminate the problem of sacrificing data as was

the case with chi-square.

In view of our present state of knowledge regarding mass communications reception, two suggestions for additional research in this general area are submitted. First, it would seem to be of value to provide for additional research which would account for some of the other factors found to be associated with the reception of mass communications by other researchers. Studies involving the factors of personalism, accessibility, predisposition, etc., along with socio-economic status might provide for a firmer basis of theory formulation.

Finally, along the lines of the practical problems involved in reaching members of lower socio-economic groups with public affairs information, it would seem to be of value to provide for additional research which would indicate more effective methods of communication. Additional studies, such as those performed by Katz and Lazarsfeld and reported in Personal Influence<sup>13</sup> which involve the flow of communication or the lines of communication travel among all those who receive a piece of communication, might indicate more satisfactory methods of disseminating public affairs information or point out the problem areas which hinder the flow of communication.

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<sup>13</sup>Elihu Katz and Paul F. Lazarsfeld, op. cit.

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## APPENDIX\*

### Reception of Hospital Publicity

Schedule No. \_\_\_\_\_

Date \_\_\_\_\_

#### Hospital Exposure

1. Have you or any member of your family ever been a hospital patient?

0 - Yes, self only	3 - No
1 - Yes, others	4 - Don't know
2 - Yes, self and others	9 - No response

2. About how many times would you say that you have been a patient in a hospital? \_\_\_\_\_ times.

3. Most of the information that we're interested in concerns only the past two years or so, say from the beginning of 1957. So now I'd like to ask you the same two questions again; only this time we are only interested in the past two years. Have you or any member of your family been a hospital patient within the past year or two?

0 - Yes, self only	3 - No
1 - Yes, others	4 - Don't know
2 - Yes, self and others	9 - No response

4. a) About how many times would you say that you have been admitted to a hospital during the past two years? \_\_\_\_\_ times.
- b) How many times have other members of your family been admitted to a hospital as patients within the past two years? \_\_\_\_\_ times.
- c) Total family admittances during past two years. \_\_\_\_\_

(Complete the following for each admittance of the informant.)

5. I'd like to get a little detail now if I could on your own hospital experiences since the beginning of 1957. (Starting with your earliest admittance in that year), can you recall the month and year that you were in the hospital?

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\*Irrelevant questions have been omitted.

6. What was the general purpose of your being in the hospital on that occasion?
- |                |                            |
|----------------|----------------------------|
| 0 - Surgery    | 4 - Maternity              |
| 1 - Diagnosis  | 5 - Other (write in) _____ |
| 2 - Medication | 6 - Don't know             |
| 3 - Isolation  | 9 - No response            |
7. What hospital were you in?
- |                |                            |
|----------------|----------------------------|
| 0 - Foote      | 4 - T. B. San.             |
| 1 - Mercy      | 5 - University Hospital    |
| 2 - Osteo.     | 6 - Other (write in) _____ |
| 3 - St. Paul's | 9 - No response            |
8. Approximately how long were you in the hospital on that occasion?
- |                     |                        |
|---------------------|------------------------|
| 0 - Over night only | 5 - Five days          |
| 1 - One day         | 6 - Six days           |
| 2 - Two days        | 7 - Seven days         |
| 3 - Three days      | 8 - More than one week |
| 4 - Four days       | 9 - No response        |
9. Can you recall approximately what the cost was for this hospital service?
- |                   |                   |
|-------------------|-------------------|
| 0 - \$25 or less  | 5 - \$126 - \$150 |
| 1 - \$26 - \$50   | 6 - \$151 - \$175 |
| 2 - \$51 - \$75   | 7 - \$176 - \$200 |
| 3 - \$76 - \$100  | 8 - \$201 or more |
| 4 - \$101 - \$125 | 9 - No response   |
10. Did you have any hospital insurance that helped pay the cost?
- |                           |                 |
|---------------------------|-----------------|
| 0 - Yes                   | 3 - Don't know  |
| 1 - Yes, but did not help | 9 - No response |
| 2 - No                    |                 |
11. Thinking back over your experiences in the hospital these past two years, who would you say made the greatest impression on you while you were a patient? \_\_\_\_\_
18. Would you tell me some of the things about the different services and accommodations that the hospital(s) offered that you feel you were most satisfied with? \_\_\_\_\_
19. Would you tell about some of the services and accommodations that the hospital(s) offered that you feel you were most dissatisfied with? \_\_\_\_\_
20. Have any of your friends or relatives been a patient in a hospital within the past year or two?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

21. (If "yes" to #20:) Do you know what services and accommodations they were most satisfied with? \_\_\_\_\_
22. Do you know what services and accommodations they were most dissatisfied with? \_\_\_\_\_
23. (If anything is listed in #22:) Do you think that their criticisms are justified? \_\_\_\_\_

Exposure to Hospital Publicity:

24. Have you ever been a member of any group or organization that helps out or gives services to a hospital?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

(If "yes", what is the name of the organization?) \_\_\_\_\_

25. Do you know of any friends or relatives that do?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

26. (If "yes" to #25:) Who is that?

0 - Family member  
1 - Other relative  
2 - Friend

3 - Knows someone who does,  
but can't remember who  
4 - Don't know  
9 - No response

27. (If "yes" to #25:) Does this person often talk to you about his (her) hospital affairs?

0 - Yes  
1 - No

9 - No response

Part of what we are trying to do is to find out what kinds of publicity programs that a community's hospitals have carried out in the past year or so. We have listed some of the types of publicity and ways of getting publicity out to the people in a community that hospitals sometimes use. What I'd like to do now is find out from you which of these you have heard about or seen in Jackson. This will give us a pretty good idea of what Jackson is doing in hospital publicity.

28. We have found that most community newspapers print articles or stories from time to time about their local hospitals. Have you read any in the Jackson paper within the past year or two?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

If "yes": b) Can you remember which of the hospitals you read about?

0 - Foote	4 - T. B. San.
1 - Mercy	5 - University Hosp.
2 - Osteo.	6 - Others (write in)____
3 - St. Paul's	9 - No response

c) Could you tell me what any of the articles you read were about? \_\_\_\_\_

29. Quite often a community's radio stations will broadcast information about local hospitals. Have you heard anything about hospitals over your radio within the past two years?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

If "yes": b) Can you remember which of the hospitals you heard about?

0 - Foote	4 - T. B. San.
1 - Mercy	5 - University Hosp.
2 - Osteo	6 - Other (write in)____
3 - St. Paul's	9 - Don't know

c) Could you tell me what any of the broadcasts you heard were about? \_\_\_\_\_

30. Sometimes hospitals will put up displays around town such as hospital equipment or posters or things that patients made. Have you seen anything of this sort in Jackson during the past year or so?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

If "yes": b) Can you remember which of the hospitals it was that put up the displays?

0 - Foote	5 - University Hosp.
1 - Mercy	6 - Other (write in)____
2 - Osteo	7 - Don't know
3 - St. Paul's	9 - No response
4 - T. B. San.	

c) Can you remember what any of the displays were? \_\_\_\_\_

d) Can you remember where it was that you saw them? \_\_\_\_\_

31. In some communities the hospitals like to keep in touch with the public by sending out or distributing literature about their hospitals. Have you read or received any literature about a Jackson hospital within the past two years?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

If "yes": b) Can you remember from which of the hospitals you received the literature?

0 - Foote	5 - University Hosp.
1 - Mercy	6 - Other (write in) ___
2 - Osteo	7 - Don't know
3 - St. Paul's	9 - No response
4 - T.E. San	

c) Can you tell me what any of the literature was about? \_\_\_\_\_

d) Can you remember how you received the literature? \_\_\_\_\_

32. Information about local hospitals is sometimes given at organization or club meetings. Have you attended a meeting during the past two years at which somebody spoke about one of the Jackson hospitals?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

If "yes": b) What meeting was that? \_\_\_\_\_

c) Which of the hospitals were discussed?

0 - Foote	5 - University Hosp.
1 - Mercy	6 - Other (write in) ___
2 - Osteo	7 - Don't know
3 - St. Paul's	9 - No response
4 - T.E. San	

d) Could you tell me what any of the speeches were about? \_\_\_\_\_

34. Sometimes hospitals will hold an "open house" for anybody who wants to visit the hospital. Have you attended a hospital "open house" within the past year or so?

0 - Yes  
1 - No

2 - Don't know  
9 - No response

If "yes": b) Can you tell me which of the hospitals here in Jackson you visited during "open house"?

- |                |                            |
|----------------|----------------------------|
| 0 - Foote      | 5 - University Hosp.       |
| 1 - Mercy      | 6 - Other (write in) _____ |
| 2 - Osteo      | 7 - Don't know             |
| 3 - St. Paul's | 9 - No response            |
| 4 - T.B. San   |                            |

c) What did you see at the "open house"? \_\_\_\_\_

d) Can you remember how you happened to know that there was going to be an open house?

---

36. Some hospitals held an annual dance in order to raise money. Does any Jackson hospital do that?

- |         |                 |
|---------|-----------------|
| 0 - Yes | 2 - Don't know  |
| 1 - No  | 9 - No response |

If "yes": b) Do you know which hospital that might be?

- |                |                            |
|----------------|----------------------------|
| 0 - Foote      | 5 - University Hosp.       |
| 1 - Mercy      | 6 - Other (write in) _____ |
| 2 - Osteo      | 7 - Don't know             |
| 3 - St. Paul's | 9 - No response            |
| 4 - T.B. San   |                            |

c) Could you tell me what they call the dance? \_\_\_\_\_

37. Have you attended any event sponsored by a hospital woman's auxiliary during the past two years?

- |         |                 |
|---------|-----------------|
| 0 - Yes | 2 - Don't know  |
| 1 - No  | 9 - No response |

If yes: b) Which hospital's woman's auxiliary was that?

- |                |                            |
|----------------|----------------------------|
| 0 - Foote      | 5 - University Hosp.       |
| 1 - Mercy      | 6 - Other (write in) _____ |
| 2 - Osteo      | 7 - Don't know             |
| 3 - St. Paul's | 9 - No response            |
| 4 - T. B. San. |                            |

c) Can you tell me what the event was? \_\_\_\_\_

39. In many towns hospitals have been forced to put up bond issues for public vote in order to finance various hospital projects. Has any Jackson hospital done this within the past year or so?

- |         |                 |
|---------|-----------------|
| 0 - Yes | 2 - Don't know  |
| 1 - No  | 9 - No response |

If "yes": b) Can you tell me which hospital it was?

0 - Foote	5 - University Hosp.
1 - Mercy	6 - Other (write in) _____
2 - Osteo	7 - Don't know
3 - St. Paul's	9 - No response
4 - T.B. San.	

c) Do you know how many proposals were to be voted on? \_\_\_\_\_

d) Could you tell me what the bond issue (proposals) was (were) about? \_\_\_\_\_

e) Do you recall when the election was held? \_\_\_\_\_

f) Did you happen to vote in that particular election?

0 - Yes	2 - Don't remember
1 - No	9 - No response

g) Did the bond issue pass or not?

0 - Passed	2 - Don't remember
1 - Did not pass	9 - No response

h) Would you mind telling me how you voted in that election?

0 - Voted for	3 - Refused to answer
1 - Voted against	9 - No response
2 - Don't remember	

General Information:

43. Informant:

0 - Husband	2 - Other (write in) _____
1 - Wife	

44. Occupation: a) Where do you (does your husband) work?

What kind of work does he do? \_\_\_\_\_

b) Is he (are you) currently employed?

0 - Yes	2 - Don't know
1 - No	9 - No response

c) Does the wife (or female head) work outside the home?

0 - Yes	2 - Don't know
1 - No	9 - No response

d) (If "yes") What kind of work does she do? \_\_\_\_\_

e) (If informant is other than male or female head) Where do you work? \_\_\_\_\_

What kind of work do you do? \_\_\_\_\_

45. Age: Would you mind giving me your approximate age?

0 - 20 or under

1 - 21-25

2 - 26-30

3 - 31-35

4 - 36-40

5 - 41-45

6 - 46-50

7 - 51-55

8 - 56-60

9 - 61-65

X - Refused to answer

46. Size of household: a) How many members of the family are living at home? \_\_\_\_\_

b) (If applicables:) What are the ages of the children? \_\_\_\_\_

c) Are there any others living in the home who are not immediate relatives of the family?

0 - Yes

9 - No response

1 - No

d) (If "yes":) What is the relationship and age?

47. a) Where did your husband (you) go to school? \_\_\_\_\_  
What was the last grade or year that he (you) completed?

0 - Some elementary

1 - Completed elementary

2 - Some high school

3 - Completed high school

4 - Some college

5 - Completed college

6 - More than 4 yrs. of college

7 - Don't know

8 - None

9 - No response

b) (If informant is not male head) Where did you go to school? \_\_\_\_\_

What was the last grade or year that you completed?

0 - Some elementary

1 - Completed elementary

2 - Some high school

3 - Completed high school

4 - Some college

5 - Completed college

6 - More than 4 yrs. of college

7 - Don't know

8 - None

9 - No response

48. Length of residence: How long has the family been a resident of Jackson?

- |                        |                 |
|------------------------|-----------------|
| 0 - Less than one year | 5 - 9-10        |
| 1 - 1-2                | 6 - 11 or more  |
| 2 - 3-4                | 7 - Don't know  |
| 3 - 5-6                | 9 - No response |
| 4 - 7-8                |                 |

49. Do you now subscribe to the local Jackson newspaper?

- |         |                 |
|---------|-----------------|
| 0 - Yes | 2 - Don't know  |
| 1 - No  | 9 - No response |

Approximately how long have you been subscribing to it? \_\_\_\_\_

50. a) Do you have a radio in your home?

- |         |                 |
|---------|-----------------|
| 0 - Yes | 2 - Don't know  |
| 1 - No  | 9 - No response |

b) About how often would you say that you listen to it?

- |                                  |                           |
|----------------------------------|---------------------------|
| 0 - Every day                    | 4 - Less than once a week |
| 1 - Once every two or three days | 5 - Never                 |
| 2 - Once every four or five days | 6 - Don't know            |
| 3 - Once a week                  | 9 - No response           |

c) What stations do you ordinarily listen to?

- |                |                   |
|----------------|-------------------|
| 0 - WIBM       | 3 - "All of them" |
| 1 - SKHM       | 4 - Don't know    |
| 2 - None local | 9 - No response   |

51. a) One of the last things we would like to know is what organizations you are a member of and your activities in these organizations. To help you recall, we have classified organizations into some different areas. Do you belong to any local business or professional associations such as the Chamber of Commerce, Businessmen's Associations, the Board of Realtors, Management or Labor organizations, or similar organizations or associations?

Name of Organization	Length of Membership	Have you held any office in past 2 yrs.	Do you attend regularly or not? (Reg.) (Irreg.)

51. b) Do you belong to any service clubs, such as Rotery, Kiwanis, Lions, or Junior Chamber of Commerce?

Name of Organization	Length of Membership	Have you held any office in past 2 yrs.	Do you attend regularly or not?

51. c) Are you presently associated with any civic or welfare organizations, such as the Community Chest, YMCA, YWCA, hospital boards, PTA, Boy or Girl Scouts; and public health organizations, such as TB Association, American Cancer Society, etc.?

Name of Organization	Length of Membership	Have you held any office in past 2 yrs.	Do you attend regularly or not?

51. d) Are you associated with any political or governmental activity such as City Council, Board of Education, any political party committees, or other organization of that nature?

Name of Organization	Length of Membership	Have you held any office in past 2 yrs.	Do you attend regularly or not?

51. e) Do you belong to any fraternal, social, or religious organizations such as the Masons, Elks, any women's clubs, or church groups or other similar activity?

Name of Organization	Length of Membership	Have you held any office in past 2 yrs.	Do you attend regularly or not?

51. f) Is there any organization or group that you belong to which isn't included in these categories that I've mentioned?

0 - Yes

1 - No

2 - Don't know

9 - No response

(If "yes":)

Name of Organization	Length of Membership	Have you held any office in past 2 yrs.	Do you attend regularly or not?

52. One last item and I'll be on my way. You have been very cooperative and I want to thank you for that. I'd like you to look at this card which lists different groupings of family incomes. You can see that they are quite broad categories. Would you please tell me the number next to the grouping in which you think your last year's income fell? (To be listed on the card.) \_\_\_\_\_

(Not to be listed on card:)

- 8 - Don't know  
9 - No response

BELOW IS A COPY OF  
THE INCOME CARD USED

MICHIGAN STATE UNIVERSITY

Department of Sociology and Anthropology

- CONFIDENTIAL -

0-\$4,000 or less	4-\$10,001 - \$12,000
1-\$4,001 - \$6,000	5-\$12,001 - \$15,000
2-\$6,001 - \$8,000	6-\$15,001 - \$20,000
3-\$8,001 - \$10,000	7-\$20,001 or more



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