A VOLUNTARY ORGANIZATION: VARIABLES RELATING TO PERCEIVED AND DESIRED CONTROL

Thesis for the Degree of M. A.

MICHIGAN STATE UNIVERSITY

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1966

ABSTRACT

A VOLUNTARY ORGANIZATION:
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by Frederick A. Brodt

Voluntary organizations in the United States sometimes take the form of large, complex bureaucratic systems like their profit seeking counterparts. Many of these voluntary organizations are organized and operated with a mixed staff of both paid and volunteer workers. The Red Cross Blood Program with its structure of 56 regional programs and their participating local units is such an organization. Within this voluntary organization, the local units elect volunteer leaders as chapter representatives on the administrative body known as the Regional Blood Program Committee. This committee has been assigned administrative control over certain functions by the parent organization.

The central concern of the thesis relate to the participating chapters of the regional blood programs, and are threefold:

(1) Relationship of the desire to control certain administrative functions to the proportionate level of the chapter's obligation to the system.
(2) Relationship of this same desire to control to the commuting problem faced by the chapter volunteers.
(3) Relationship of perceived control over the same functions to the level of goal attainment.

The opinions of blood program leaders in the participating chapters were sought through means of a questionnaire. They were given an array of 14 items and told which of five groups (National Headquarters, Area Headquarters, Regional Blood Program Committee, Blood Center Staff, and Center Chapter) had been delegated administrative responsibility over each of the 14 items. The chapter leaders individually were asked to indicate which of the five listed groups actually had control and which group they felt should have control. One of the five groups was the Regional Blood Program Committee, which consists entirely of representatives from the participating chapters. The frequency of the responses from each chapter indicating that the Regional Blood Program Committee did or should control the listed items were tallied. A simple mean of the frequency divided by the number of respondents from each chapter was made in the case of perceived control. In the case of an evidence of desire that the Regional Blood Program Committee have control, the frequencies of each respondent were squared before the chapter mean was computed. This weighting provided a clue to the intensity of this desire.

Data on the participating chapter's proportionate share of the blood goal, its relative productivity, and the commuting time from the participating chapter(s) to the blood center were obtained by means of another questionnaire to the administrator of the blood center. The data so obtained were plotted with the data from the other questionnaire on

three scattergrams and then subjected to statistical tests.

The three hypotheses tested were:

(1) The greater the chapter's assigned responsibility, the stronger is its desire that the chapter representatives constituting the Regional Blood Program Committee control the regional blood program.

(2) The longer the commuting time between the chapter and the blood center, the stronger is the desire of the chapter to control the regional blood program.

(3) The more control a chapter attributes to the Regional Blood Program Committee, the greater is the chapter's productivity.

The findings of this study did not support these hypotheses. A voluntary organization of the type studied seems to be different in response than other types of organizations. A replication with modification is strongly suggested.

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A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF ARTS

Department of Sociology

1966

ACKNOWLEDGEMENTS

The writer wishes to express his gratitude to Dr. Sheldon G. Lowry, thesis advisor, for his counsel and guidance during the preparation of the thesis, to Dr. Charles Hoffer and Dr. Robert C. Anderson for their constructive suggestions, and to Dr. Edward O. Moe for his encouragement in the initiation of this study. Thanks are due to the American National Red Cross for making the data available. Thanks are also due to Dr. Dagmar E. Brodt, my wife, for her encouragement and constructive criticism during the preparation of the manuscript.

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CHAPTER I

INTRODUCTION

The western world, and particularly the United States, has been accused of being singularly preoccupied with the pursuit of profits. In the western world, other than in the communistic block, pursuit of profits in and of itself is encouraged. Much thought has been devoted to the structuring of many organizations in such a manner as to maximize profits. Weber saw in modern bureaucracy the ideal type of organizational structure to go along with capitalism as we know it in the western world.[1]

Blau refers to bureaucracy as an efficient administrative mechanism.[2] Efficiency in this sense is generally equated with the ability to produce a profit. When the paramount concern of an organization is the pursuit of maximum profits, the emphasis is apt to be placed on the efficiency of the mechanism.

Considerable attention has been given to the subject of profits. It is, therefore, not surprising that much sociological research in organization and administration has been devoted to various facets of

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[1] Max Weber, "Power and Bureaucracy", Max Weber. Edited by S.M. Miller, New York: Thomas Y. Crowell Co., 1963, p. 72.

[2] Peter M. Blau, Bureaucracy in Modern Society, New York; Random House, Inc., 1963, p. 22.

profit seeking organizations. Nevertheless, a substantial segment of American society possesses a considerable interest in voluntary organizations.

Voluntary Organizations

Voluntary organizations exist to provide services to the community or to the membership of the organizations. By their nature they are characterized by the absense of the profit motive. Some voluntary organizations are organized and operated without any paid staff. Other voluntary organizations have a mixed staff of both paid and unpaid workers. The blood program of the American National Red Cross, a voluntary organization of the second type, provides the framework for this study.

The American Red Cross Blood Program

The Blood Program is one of several nationwide activities conducted by the parent organization, the American National Red Cross. This organization derives its authority from the Congress of the United States. A 50 member Board of Governors, none of whom are paid for this activity, constitute the governing body. An executive committee is responsible for implementing their policy decisions. This committee, which consists of the top administrative paid staff from national headquarters and the four area offices, operates through four area offices. The area offices maintain contact with the chartered

local units known as chapters and with the 56 regional blood centers which are located in certain selected chapters. A small, field based, paid national staff helps maintain this contact between the national organization and the local units.

Each of the 56 regional blood centers is the focal point of a regional blood program. The vast majority of these regional blood programs consist of a regional blood center, located in a chapter, and a number of participating local Red Cross chapters. As a matter of practice, these participating chapters are generally contiguous with the center chapter and/or each other. In a few instances, the center chapter is the sole chapter in that regional blood program. It is still identified as a regional blood program, even though it has no participating chapters other than the center chapter. The regional blood programs receive their authority, guidance, and technical supervision through one of the area offices or directly from national headquarters.

Written directives for the formation and operation of the regional blood program are provided in the Blood Program Administrative Manual. This manual stipulates that each regional blood program shall establish a minimum regional organization consisting of a Regional Blood Program Committee and a Regional Medical Committee. The former committee consists of an unpaid representative from each of the participating chapters including the center chapter. The Regional

Medical Committee consists of a group of volunteer physicians. The Regional Medical Committee is excluded from this study. In some instances, the representative on the Blood Program Committee may represent a grouping of chapters rather than a single participating chapter. In addition each chapter has a Blood Program Committee of its own. Frequently the chairman of the chapter Blood Program Committee is also a member of the Regional Blood Program Committee.

The Regional Blood Program Committee maintains two standing subcommittees. These are the Finance Committee and the Quota and Scheduling Committee. The Finance Committee is responsible for reviewing budgets and expenditure reports of the regional program, and for explaining the plan for financing the regional program to the participating chapters. The Quota and Scheduling Committee works closely with the center and administrative staff in developing adequate blood collection quotas and schedules for the mobile units; and reviews and adjusts quotas and schedules as necessary to insure that all requirements for blood and derivatives are met.[3] The organization of the regional blood programs requires that paid staff and volunteers share responsibility for certain aspects of the blood program.

The American Red Cross, including its blood program, is organized

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[3]Blood Program Administrative Manual, Washington, D.C.: The American National Red Cross, 1954, Part 2, Section III, p. 2.

as a bureaucratic structure. In this regard it is somewhat similar to the federal civil service system. Implicit in this organization is a hierarchy of carefully worked out grade classifications and attendant pay scales, and formal job descriptions. The volunteer is often uncertain of his grade classification, and he may have a problem knowing how to fit well into this structure. Other factors which influence either the perception or the fulfillment of the volunteer's responsibility include the following: (1) The Administrative Manual permits each regional blood program to exercise a high degree of self-determination in the pattern of organization for a specific region; (2) the different regional blood programs vary greatly in the extent of the total geographic area they serve; (3) the population is unequally distributed within the area served by most of the regional blood programs; (4) a considerable variation exists in the amount of blood and funds for which the participating chapters are responsible to their regional blood program.

The factor of self-determination has an influence on the distribution of authority in the Regional Blood Program Committee and the Blood Center Staff. This same factor also affects the use and basic role of the Regional Blood Program Committee. This committee is virtually the only representation that the participating chapters have in the administration of the program. Yet in some regional blood programs, this committee has no voice in how the program is operated.

Geographic area ranges all the way from extremely compact regional programs with maximum commuting distances between the chapter headquarters and the blood center where meetings of the Regional Blood Program Committee take place from under 20 miles to one having commuting distances up to 400 miles. Commuting distance has a bearing on such factors as the cost of operating the mobile units, the representation attained at meetings, and the degree of identity which participants in the outlying areas may have with the blood center.

There is a positive relationship between blood quotas and the size of the population of the jurisdiction of the participating chapter. Blood quotas are based on the size of population of the jurisdictional area served. Each participating chapter pays a share of the cost of the operation of their regional blood program. The amount is prorated to each participating chapter according to the size of its population. A chapter could carry responsibility for a major portion of the regional total, a mid-range share, or a very small share of the regional total.

The Blood Program Organization

A fully staffed regional blood program normally has the following positions:

(1) Chapter Chairman - a volunteer who is the chief administrative officer of a Red Cross chapter board. He and his board make the policy decisions which affect the kind of programs the chapter conducts.

Normally the chapter chairman appoints the blood program committee and chairman.

(2) Blood Program Chairman - a volunteer who is chairman of the Blood Program Committee in each participating chapter.

He controls the operational aspects of the blood program in his chapter. Often he also represents his chapter on the Regional Blood Program Committee.

(3) Chairman of the Regional Blood Program Committee - a volunteer who is elected by and from the representatives from the participating chapters and blood center chapter who make up the Regional Blood Program Committee.

He chairs the meetings of the Regional Blood Program Committee when they meet to conduct the business of the regional program which is the responsibility of that group. He is the highest ranking volunteer in a regional blood program.

(4) Chapter Executive - the highest ranked paid staff member in a chapter employing paid staff. Most Red Cross chapters are staffed entirely by volunteers.

The executive supervises the implementation of the decisions of the chapter board. This includes the chapter's blood program. In the special case of the center chapter, the executive often supervises the non-medical staff and the fiscal affairs of the regional blood program.

(5) Medical Director - a physician who is a member of the paid staff of the regional blood center. In some regional programs he serves in the dual capacity as medical director and administrative director.

He supervises the medical-technical aspects of the regional blood program.

(6) Administrative Director - a key paid staff member in a regional blood program. He supervises all staff not reporting to the medical director.

In most regional programs the administrative director works closely with the chapter executive and with the regional blood program committee. Except as noted above, he is responsible for the administrative details.

(7) Chief Nurse - a key paid staff member employed by the regional blood program.

She supervises the staff and volunteer nurse both in the blood center and on the mobile unit operations.

(8) Other staff - this includes the laboratory technicians, the professional recruitment staff, the semi-professional and non-professional paid staff in the blood center and on the mobile unit runs, and the host of volunteers who serve side by side with paid staff in many administrative and operational capacities.

Whether a given regional blood program is fully organized depends in large measure on the volume of blood handled by the particular regional program. If volume is relatively small, the chapter executive frequently performs the functions of the administrative director. On other occasions the medical director is given or assumes overall administrative responsibility of the program. In the participating chapters, there may be only a chapter chairman and a chairman of the blood program committee if the chapter is small. The list of other staff (8) is very flexible in size.

The persons in the positions defined above share responsibility for the operation of their regional blood program. How clearly each

incumbent of a given position perceives his responsibility obviously varies from person to person. A bureaucratic organization tends toward formally defined role expectations which allows little deviation. However, the perceived role expectations held by the incumbents of the given positions may be at considerable variance with the formal definition of the role as delineated in the Administrative Manual.

Statement of the Problem

The central concern of this thesis relate to the participating chapters of the regional blood programs, and are threefold: (1) Relationship of the desire to control certain functions of the blood program to the proportionate share which that chapter has of the total blood quotas of the region; (2) the relationship of the desire to control certain functions of the blood program to the commuting problem; (3) the relationship of perceived control of these functions to the degree of success in recruiting blood donors.

Operational Definitions

(1) Blood Program Functions - refers to the 14 administrative activities which have a bearing on the operation of a regional blood program. These functions and their respective locus of authority are:

National Headquarters	(a) Establish policies regarding collection and distribution of whole blood. (b) Establish policies regarding distribution of blood derivatives obtained through fractionation.

National Headquarters	(c)	Establish medical-technical standards and procedures for the operation of Regional Blood Programs.
	(d)	Establish professional qualifications of key blood center personnel.
	(e)	Have final approval authority over the operating budget for the Regional Blood Program.
Area Headquarters	(f)	Have authority for determining whether chapter meets criteria for entry into blood program.
	(g)	Have authority to remove chapter from Regional Blood Program.
	(h)	Have authority to determine whether or not medical-technical standards are being met.
Regional Blood Program Committee	(i)	Establish collection quotas for each participating chapter.
	(j)	Take remedial measures when blood quotas and/or prorate payments are not met.
Center Chapter	(k)	Establish salary schedules for center staff.
	(l)	Appoint and discharge blood center staff.
	(m)	Prepare an estimated budget for the operation of the Regional Blood Program for fund campaign purposes.
	(n)	Prepare and submit the operating budget for the Regional Blood Program.

According to the Administrative Manual, functions (a) through (e) are under the control of national headquarters; functions (f) through (h) are under the control of the area headquarters; functions (i) and (j) are under the control of the regional blood program committee; and functions (k) through (n) are under the control of the center chapter.[4] Present practice varies considerably from the assignements of control as specified in the Administrative Manual. The respondents from the participating chapters show considerable difference of opinion about which group does and should control the various functions listed above.

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[4] Ibid.

(2) Desire for Control - as used in this study refers to those instances in which the respondents chose the response "Regional Blood Program Committee" rather than any of the other four possible alternatives to the question, "Where do you believe the primary responsibility should rest for each listed function?"[5] There were fourteen listed functions. The respondents from each participating chapter were asked to indicate whether they desired the control of each listed function to be vested in National Headquarters, Area Headquarters, Regional Blood Program Committee, Blood Center Staff, or the Center Chapter. The Index of Desire for Control was computed through the following steps:

(a) The frequency with which the respondents from each chapter chose the Regional Blood Program Committee to control the 14 listed functions was tallied.
(b) The frequencies from each chapter were squared and totalled.
(c) The totalled squared frequencies were divided by the number of respondents from each participating chapter. The mean squared frequency for each participating chapter was its Index of Desire for Control.

Squaring the frequencies provided a geometric progression rather than an arithmetic progression, and thus emphasized the relative strength of the desire that the chapter indicated favoring control by the Regional Blood Program Committee.

(3) Level of Assigned Responsibility - refers to the percentage of the blood production goal of the regional blood program which is assigned to each participating chapter.

This figure is computed by dividing the blood production quota of the participating chapter in the study by the total blood production goal of their regional blood program. The percentage figure so derived is used as the measure of the

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[5] Ibid

level of assigned responsibility. This quota is based on the size of the population residing in each chapter.

(4) Opportunity to Participate - refers to the relative ease or difficulty experienced by members of the regional blood program committee to take part in meetings where decisions are made which are of concern to him.

In order to achieve a rough approximation of the opportunity to participate, the administrator of each center was asked to state the average one-way commuting time to the nearest quarter hour from the blood center to the headquarters of the participating chapter from his region. Although this is a rough approximation, it has the advantages of being simple to measure and common to all members of the regional blood program committee in each of the chapters included in the study.

(5) Perceived Control - refers to the frequency with which the chapter in this study indicated that they thought their representatives on the regional blood program committee were responsible for the functions listed above. It has previously been noted that perceived control often deviates from legitimate control as defined in the mannual. Perceived control also sometimes deviates significantly from active control.

Perceived control was measured by adding the frequencies with which the respondents from a participating chapter thought that the regional blood program committee had control of the listed functions and then dividing this sum by the number of respondents from that chapter.

(6) Productivity - refers to the degree of attainment of the blood quota by the participating chapter in reference to the degree of attainment of the regional program as a whole.

The index of productivity is computed by first determining the percentage of goal attainment experienced by the region as a whole and by the participating chapter. The percentage figure of the participating chapter is then divided into the percentage figure of the region. This index indicates the productivity of the chapter in relation to the region to which it belongs. If the participating chapter had a rate of

productivity equal to its region, this index would be 1.00. If it performed better than its region the figure would be over 1.00; and if it performed less well than its region, the figure would be less than 1.00.

Basic Theoretical Considerations

A review of the literature reveals that several sociologists have addressed themselves to the organizational relationships which have been indicated in the statement of the problem. The regional blood program is organized as expressed by Gouldner when he speaks of representative bureaucracies with the characteristic of collaborative rule formation;[6] that is, the volunteer leaders of the program, as representatives from the participating chapters, share responsibility with the paid staff in the blood center, the area headquarters, and the national headquarters for the administrative functions previously listed.

Likert, in his studies of voluntary organizations, found "that when the economic motive is not present in an organization, the manner in which other motives function stand out much more clearly."[7] The economic motive is absent only from the volunteer leaders, even

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[6]Alvin Gouldner, "Organizational Analysis", in Robert K. Merton, et al., (eds.), Sociology Today, New York: Basic Books, 1959, p. 400.

[7]Rensis Likert, New Patterns of Management, New York: McGraw-Hill Book Co., Inc., 1961, p. 140.

though the American National Red Cross is a non-profit organization. For purposes of this study, all respondents from the participating chapters stand in a volunteer relationship to the regional blood center. Likert's idea suggests the notion that it might be profitable to look closely at how the participating chapter leadership views the role of the regional blood program committee. How much control does chapter leadership think the committee has over administrative functions? How much control should this committee have? What difference does it make how the participating chapter leadership feels about the control of certain aspects of the program through their representatives on the regional blood program committee?

Likert indicates that members of a voluntary organization can be expected to feel that they should have more influence (control) than they now have on matters which directly concern them.[8] In the case of the key chapter leaders who are responsible for a large allocation of the blood donor recruitment and fiscal requirements of the region, one may expect that these leaders would want the Regional Blood Program Committee to exercise more control. Those chapters which are responsible for a small allocation may be expected to feel less strongly about control of the program by their representatives on the

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[8]Ibid., p. 146.

Regional Blood Program Committee. The relationship between the level of assigned responsibility and the degree of control is discussed by Berelson and Steiner. "When authority and responsibility within an organization do not at least roughly correspond to the (perceived) contributions of the members, there is likely to be more than the normal amount of tension within the organization."[9] While it is recognized that resolution of tension may take several forms, it is hypothesized that in this case it is most likely to take the form of pressure for a greater voice for the Regional Blood Program Committee in the operation of the regional blood program. Likert corroborates a relationship between level of member influence (control) and level of activity.[10] Within the blood program, member activity is directly related to the amount of blood to be collected which has previously been defined as the level of assigned responsibility. The above considerations leads one to hypothesize a relationship between the level of assigned responsibility and the desire by the chapters that the Regional Blood Program Committee control the administrative functions of the program.

The regional blood program has been established as the means by which the participating chapters have a voice in the control of their

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[9]B.R. Berelson and I.D. Steiner, Human Behavior, New York: Harcourt, Brace, & World, 1964, p. 377.

[10]Likert, op. cit., p. 148.

blood program. The representatives from the participating chapters must attend the meetings of the regional blood program committee if this linkage is to be of maximum operational efficiency. It has been previously noted that the geographic areas served vary considerably among the regional blood programs. Some of the members of the regional blood program committee from the outlying participating chapters experience difficulty in attending meetings of the committee by reason of extensive commuting distance and time. Compact regional blood programs, whose participating chapters are less than an hour commuting time, are generally more accessible to their members. Firey defines accessibility "in terms of savings in time and cost attendant upon location near major points of population confluence."[11] Because of these two economies, the representatives of the regional blood program committee who live close by, as all do in compact programs, are more likely to attend the meetings of the committee more regularly than are his colleagues from the distant chapters. Scaff, in his study on participation in community organizations, discovered that participation rate declines sharply as commuting distance increases.[12] Hartley and Hartley in their discussion about group

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[11]Walter Firey, "Ecological Consideration in Planning for Rurban Fringes", in Paul K. Hatt and Albert Reiss Jr. (eds.), Cities and Society, New York: The Free Press of Glencoe, Inc., 1961, p. 791.

[12]Alvin H. Scaff, "The Effect of Commuting on Participation in Community Organizations", American Sociological Review, 17, (April, 1952), p. 215.

processes stress the relationship between regular participation in the group and the development of a feeling of security in the group, identification with the group, and emergence of collective goals.[13] Volunteer leaders from chapters where commuting time to the blood center is relatively short can form a cohesive group in which the present division of administrative control between National Headquarters, Area Headquarters, Regional Blood Program Committee, Blood Center Staff, and Center Chapter is accepted as a group norm. One would have reason to expect that easy accessibility would tend to increase activity. Where a strong identification with the group exists, the increased activities would likely take forms which are not in conflict with the group norms.

In contrast, it would be more difficult for members from distant participating chapters to attain identity with the regional blood center and accept the norms of that group. Even though they cannot readily identify with the group, the volunteer leaders are not likely to withdraw from the program. The recruitment of sufficient blood donors to meet their community blood needs is so important that they continue in the program even though they may feel little identity with the blood center group. Blood program committee members from distant chapters,

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[13] E. L. Hartley and R. E. Hartley, Fundamentals of Social Psychology, New York: Alfred A. Knopf, 1955, pp. 391-2.

when given an opportunity to express their opinion on the subject of locus of control are likely to seek a greater share of control. Directives on what to do, how to do it, and when to do it most often come from the blood center to the remote outlying area. The chapters not having face to face contact when decisions affecting them are made can be expected to want changes, and the most attractive alternative is to seek greater control for themselves so as to reduce what appears to be arbitrary directives.

The basic task of the chapters in the Red Cross blood program is to insure an adequate blood supply through the recruitment of a sufficient number of acceptable blood donors. Each chapter is assigned a blood quota which is the production goal based on the size of the population in the chapter's jurisdiction. Productivity has been defined in terms of how well the chapter meets its assigned blood quota in comparison with how well the region as a whole attained its goal. Likert has found that "the more pressure people feel to participate, the more active they are."[14] He goes on to point out that members react negatively to outside pressures, but they react positively to pressures from within, and, that the more members feel pressure to participate,

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[14]Likert, op cit., p. 142.

the greater their level of activity.[15] Pressures on participating chapters to produce enough blood donors to meet the assigned blood quota emanate from several sources. These sources include the blood center staff, the national field staff, the local doctors and hospitals, and chapter leadership including the representative on the regional blood program committee. Chapters who feel that their representative has considerable control over the administrative functions of the blood program are likely to be more active and demonstrate greater productivity. The possibility of a relationship between productivity and perceived control is supported by Berelson and Steiner. They found that "If the small group's activities are imposed from the outside, the norms set by the group are likely to be limited in character; if they are determined from within, they are more likely to take on the character of ideal goals, to be constantly enlarged and striven for."[16] Each local chapter blood program committee is a small group which has linkage to the blood center through its representative on the regional blood program committee. If the chapter feels that its representative and his colleagues on the regional blood program committee have much influence over the administration of the regional blood

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[15] Ibid. Beyond a given point the reverse is true.

[16] Berelson and Steiner, op. cit., p. 336.

program, that chapter can be expected to make a greater effort to achieve greater productivity than if the chapter felt the lack of influential representation. There seems to be reason to expect a positive relationship between the degree of control the chapter leaders believe the regional blood program committee possesses and how adequately the chapter fulfills its blood production goal.

Hypotheses

Considerations of the manner in which the blood program of the American National Red Cross is organized, and the review of the related sociological literature suggest the following three hypotheses:

(1) The greater the chapter's assigned responsibility, the stronger is its desire that the chapter representatives constituting the Regional Blood Program Committee control the regional blood program.

(2) The longer the commuting time between the chapter and the blood center, the stronger is the desire of the chapter to control the regional blood program.

(3) The more control a chapter attributes to the Regional Blood Program Committee, the greater is the chapter's productivity.

CHAPTER II

SOURCE OF DATA

The data for this study were obtained from two primary sources and by two different methods. Data in the form of opinions by selected leaders in the participating chapters came from materials collected by the American National Red Cross in connection with a national study of its blood program. The organization made these data available for use in this analysis. Data were collected in 1964.

Data consisting of figures on blood quotas, blood production, and commuting time were obtained directly from the blood centers which had one or more participating chapters included in the study. These data were solicited by letter from the administrators of the regional blood programs represented in the study. A copy of this letter appears in Appendix B.

Sample

The sample of participating chapters was selected on a stratified random basis. The universe of participating chapters was stratified according to the Red Cross system of chapter grouping. This grouping is as follows:

Group I - population of headquarters city over 500,000
Group II - population of headquarters city 100,000 to 500,000.
Group III - population of headquarters city 25,000 to 100,000.
Group IV - population of headquarters city 10,000 to 25,000.
Group V - population of headquarters city under 10,000.

The sample included all of the Group I chapters which were not blood center chapters but which did participate in a regional blood program. The national Red Cross is geographically divided into the Eastern Area, the Southeastern Area, the Midwestern Area, and the Western Area. It was considered desirable to have each area proportionately represented in the sample. By management determination, all of the Group I chapters were included first. Then the remaining positions in the sample were allocated to the areas on the basis of their comparative size of population. The allocation in each area was further divided according to chapter groups excluding Group I. This sub-allocation was on the basis of the relative size of the total population represented by each group. Once this was accomplished, the individual participating chapters were chosen by lot. Since this final determination was by lot, some regional blood programs had none of their participating chapters included, some had one chapter included, and some had more than one included. The sample included one or more participating chapters in 31 of the 56 regional blood programs. A total of 100 participating chapters were included in the sample and were requested to participate in the study.

Collection of Data

A questionnaire was distributed to the following chapter leaders from each of the chapters in the sample: (a) chapter chairman, (b) chapter blood program chairman, (c) chapter executive where such was employed, and (d) chairman of the Regional Blood Program Committee if he resided in that particular chapter. These are the key leaders of the chapter's blood program. As such they are the logical spokesmen for the chapter on blood program matters. Each respondent was instructed to independently complete the questionnaire. The composite of these independent responses from each chapter was considered to be a representative chapter response.

A copy of the questionnaire is found in Appendix A. Returns were secured from 163 individual respondents from 51 different chapters. A total of 53 returns were incomplete in that the relevant sections of the questionnaire were not answered.

A letter was addressed to the administrators of the 31 regional blood programs requesting data on the blood goals and production for their region as a whole and for all of the participating chapters which had been included in the sample. The administrators were also asked to supply the one-way commuting time from the Blood Center to each chapter included in the study. Responses were received from 30 of the 31 regional programs of whom a request had been made. A copy of the letter is found in Appendix B.

CHAPTER III

ANALYSIS OF THE DATA

Level of Assigned Responsibility and Desire for Control

Data for these two variables, which have been previously defined, were compared and analyzed to test the hypothesis which states:

> "The greater the chapter's assigned responsibility, the stronger is its desire that the chapters representatives constituting the Regional Blood Program Committee control the program."

Usable data were obtained from 50 participating chapters. These 50 chapters varied in the percentage of regional blood quotas for which they were responsible. The range was 0.36 precent to 22.36 percent. This indicates that some participating chapters have a much higher level of responsibility assigned to them than do others. The mean of Level of Assigned Responsibility for the sample is 4.83 percent and the standard deviation is 3.76.

Desire for Control was defined in Chapter I in terms of the weighted frequency with which the respondents from the participating chapters expressed the opinion that the control of the 14 listed functions should be controlled by the Regional Blood Program Committee rather than any of the other four alternatives listed. The weighted scores so derived provided indices of the intensity of the chapter's desire that the

Regional Blood Program Committee control the blood program. The range in the scores of Desire for Control was 2.5 to 100.0. The mean of this variable is 19.86 and the standard deviation is 18.65. Table 1 lists these variables and the chapters included in the study.

Table 1

List of chapters included in this study ranked according to the Index of Desire for Control with each chapter's corresponding Level of Assigned Responsibility

Name of Chapter	Index of Desire for Control	Level of Assigned Responsibility*
Garfield Co., Kansas	100.0	4.07
Arkansas City, Kansas	65.0	1.43
Hopewell, Va.	61.3	1.14
Long Beach, California	59.7	7.34
Klamath Basin, Oregon	38.0	2.96
Macon Co., Illinois	36.5	12.48
Clinton Co., Iowa	33.8	3.78
North Central Kansas	33.7	4.21
Marion Co., Oregon	33.0	7.01
Dubois, Pa.	28.3	1.62
Gaston Co., N.C.	27.0	6.05
Worchester, Mass.	25.0	6.45
Chester-Wallingford, Pa.	25.0	3.86
Summit Co., Ohio	25.0	17.50
Carbon Co., Utah	25.0	3.43
Newport News, Va.	22.5	4.82
Tompkins Co., N.Y.	22.5	3.86
Stearns Co., Minn.	22.5	3.93
Pottawattamie Co., Iowa	21.7	6.21
Sunbury, Pa.	21.7	1.87
Greensboro, N.C.	20.5	8.90
Johnson City Washington Co., N.C.	19.0	5.36
Allen Co., Ohio	18.0	7.14
Washington Co., Miss.	16.0	3.36
Cleveland Co., N.C.	14.7	2.78

Name of Chapter	Index of Desire for Control	Level of Assigned Responsibility*
Genesee Co., Michigan	13.7	22.36
Sheboygan Co., Wisconsin	13.0	5.81
Berkshire Co., Mass.	13.0	3.46
Blue Earth Co., Minn.	12.5	2.27
Anaheim, California	10.7	2.29
Cole Co., Missouri	10.0	1.36
South Orange Co., Calif.	10.0	4.33
New Britain, Conn.	10.0	5.91
Madison Co., Alabama	9.0	2.04
Attleboro, Mass.	9.0	5.12
Macomb Co., Michigan	8.5	11.49
Utica, N.Y.	8.0	10.46
Albemarle Co., Va.	4.0	2.41
Kanawha-Clay, W.Va.	4.0	2.05
San Saba Co., Texas	4.0	1.64
Greater Brockton, Mass.	4.0	2.90
St. Mary's Co., Md.	4.0	0.81
St. Clair Co., Michigan	4.0	2.29
Adams Co., Wisconsin	4.0	0.36
Mower Co., Minn.	4.0	2.14
Bannock Co., Idaho	4.0	8.29
Crawford Co., Ohio	2.5	1.21
Lexington-Davison Co., N.C.	2.5	2.52
LaCrosse, Wisconsin	2.5	4.94
Bridgeport, Conn.**	0.0	8.70

$r = .05$

* Expressed as a percent of the total regional blood quota.

** Not included in this part of the study due to lack of response to inquiry on items pertaining to the Index of Desire for Control.

The above data were plotted on a scattergram to illustrate the relationship. This scattergram appears on Figure 1. The distribution of the plottings suggests the possibility of a slight positive linear relation between the Index of Desire to Control and the Level of Assigned

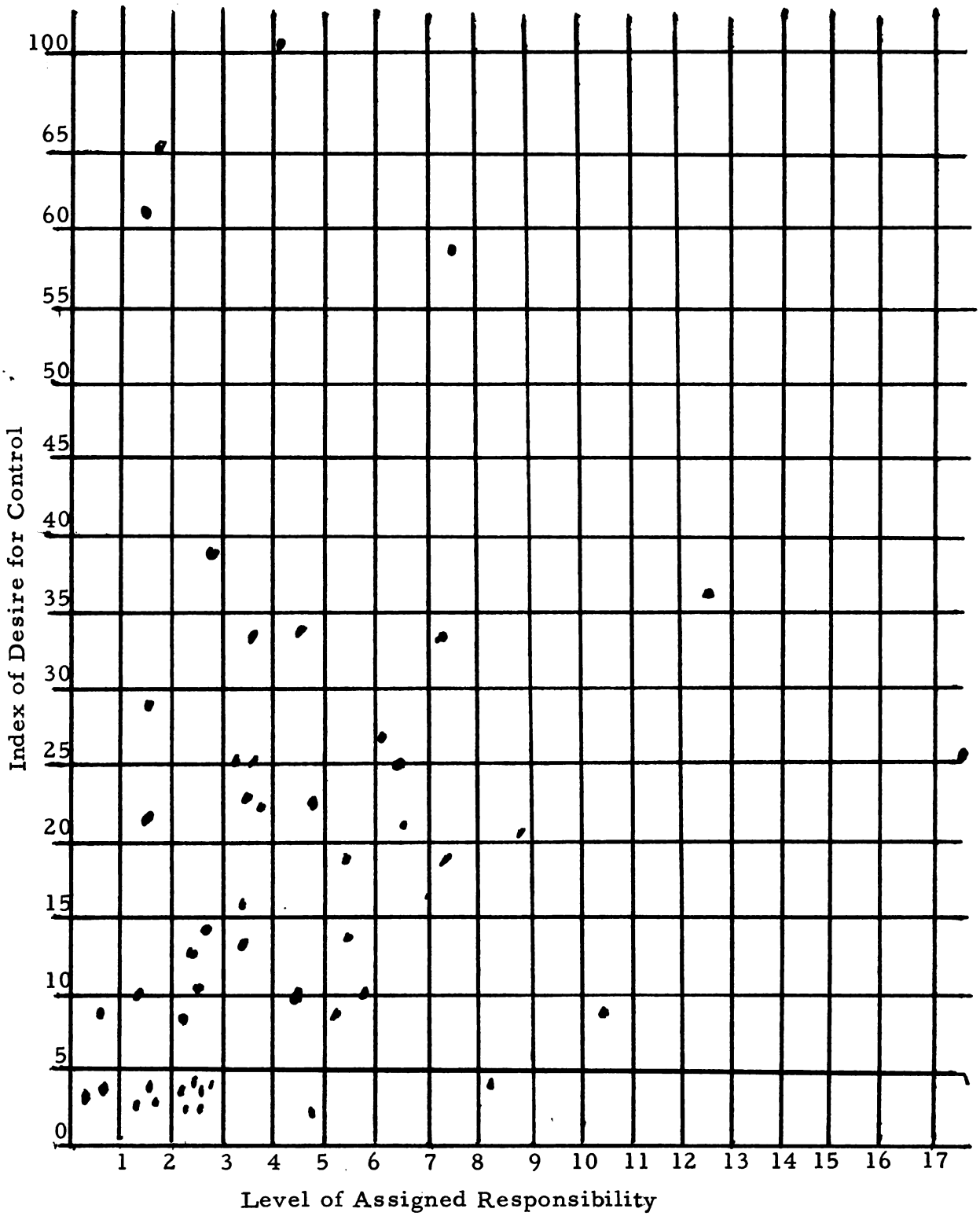

Figure 1. Scattergram comparing Index of Desire for Control (mean of squared frequency of response by chapter leaders favoring control of administrative functions by the Regional Blood Program Committee) with the Level of Assigned Responsibility (chapter's percent of regional blood quota).

Responsibility. Two of the chapters indicating an unusually high Index of Desire to Control were found to be in the same regional program. This is the Wichita Regional Blood Program. The two participating chapters are also a part of an experimental design for service to chapters with its headquarters in Wichita. There may be an unusually strong desire to be independent of the control from Wichita.

On the basis of the relationship suggested by the scattergram, the data were tested statistically by application of the Pearson product-moment correlation coefficient.[1] Computation of the standard formula for "r" resulted in r equals .05. This computation indicates practically no statistical relationship between a chapter's assigned responsibility and its desire to control the regional blood program.

Commuting Time and the Desire for Control

Regional programs vary considerably in their size in square miles, in the number of participating chapters, and in geographic configuration. In certain parts of the country where population is especially dense, there may be several Red Cross chapters in a single county. These

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[1] $r = \dfrac{\frac{\Sigma XY}{N} - \frac{\Sigma X \Sigma Y}{N}}{\sigma_x \sigma_y}$

See: Monroe Calculating Machine Methods General Statistics, Orange, N. J., Monroe Calculating Machine Company, Inc., 1960.

factors influence commuting time between the participating chapter and the blood center to attend meetings. The information in Chapter I suggests the possibility of a relationship between commuting time and desire for control. The 50 chapters comprising the sample possess a commuting time ranging from one half hour to 7 hours each direction. The mean commuting time is 2.03 and the standard deviation is 1.29. The one-way commuting time required of a participant to attend the regional blood program meetings and the Index of Desire for Control for each of the 50 chapters included in the study are recorded in Table 2.

Table 2.

List of chapters included in this study ranked according to the Index of Desire for Control with each chapter's corresponding one-way commuting time.

Name of Chapter	Index of Desire for Control	One-way Commuting Time
Garfield Co., Kansas	100.0	2.5
Arkansas City, Kansas	65.0	1.5
Hopewell, Virginia	61.3	2.0
Long Beach, California	59.7	0.75
Klamath Basin, Oregon	38.0	6.0
Macon Co., Illinois	36.5	1.75
Clinton Co., Iowa	33.8	2.5
North Central Kansas	33.7	2.0
Marion Co., Oregon	33.0	0.75
Dubois, Penn.	28.3	2.5
Gaston Co., N.C.	27.0	0.5
Worchester, Mass.	25.0	0.75
Chester-Wallingford Penn.	25.0	1.0

Table 2 (continued)

Name of Chapter	Index of Desire for Control	One-way Commuting Time
Summit Co., Ohio	25.0	2.25
Carbon Co., Utah	25.0	3.0
Newport News, Virginia	22.5	0.75
Tompkins Co., N.Y.	22.5	1.75
Stearns Co., Minn.	22.5	2.25
Pottawattamie Co., Iowa	21.7	0.5
Sunbury, Penn.	21.7	2.0
Greensboro, N.C.	20.5	2.5
Johnson City-Washington Co., N.C.	19.0	2.0
Allen Co., Ohio	18.0	2.5
Washington Co., Miss.	16.0	7.0
Cleveland Co., N.C.	14.7	1.25
Genesee Co., Michigan	13.7	1.25
Sheboygan Co., Wisconsin	13.0	3.0
Berkshire Co., Mass.	13.0	4.0
Blue Earth Co., Minn.	12.5	1.75
Anaheim, California	10.7	0.75
Cole Co., Missouri	10.0	4.0
South Orange Co., California	10.0	1.0
New Britain, Conn.	10.0	0.5
Madison Co., Alabama	9.0	2.0
Attleboro, Mass.	9.0	1.0
Concord, N.H.	9.0	0.75
Macomb Co., Michigan	8.5	0.75
Utica, N.Y.	8.0	1.0
Albemarle Co., Virginia	4.0	2.5
Kanawha-Clay, West Virginia	4.0	1.25
San Saba Co., Texas	4.0	2.5
Greater Brockton, Mass.	4.0	0.75
St. Mary's Co., Maryland	4.0	1.75
St. Clair Co., Michigan	4.0	2.0
Adams Co., Wisconsin	4.0	2.0
Mower Co., Minn.	4.0	2.0
Bannock Co., Idaho	4.0	4.5
Crawford Co., Ohio	2.5	1.5
Lexington-Davison Co., N.C.	2.5	1.5
LaCrosse, Wisconsin	2.5	3.5

r = .005

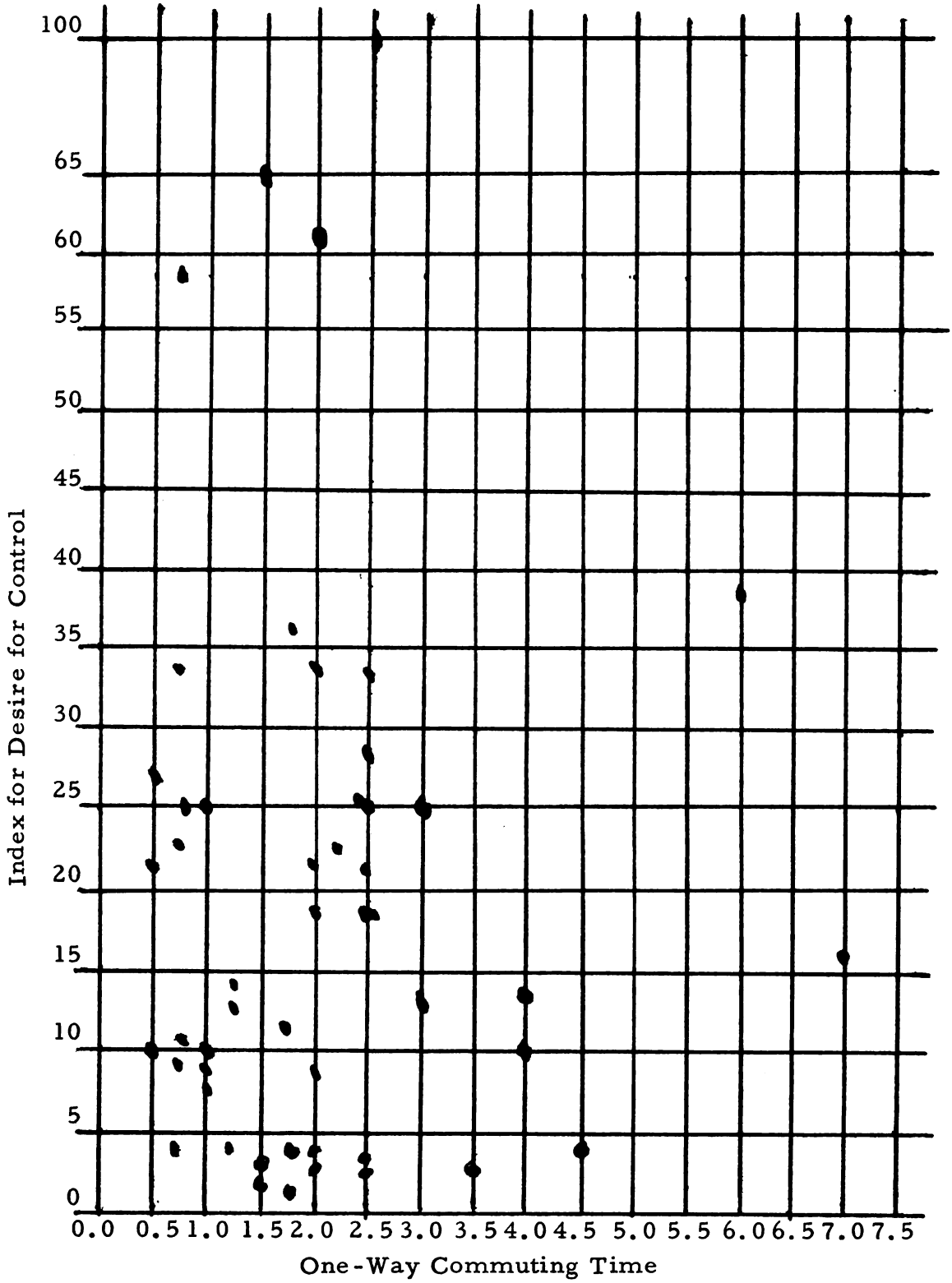

Figure 2. Scattergram comparing Index of Desire for Control (mean of squared frequency of response by chapter leaders favoring control of administrative functions by the Regional Blood Program Committee) with the one-way commuting time from the participating chapter to the blood center.

The above data were plotted on a scattergram to illustrate the relationship between these two variables. This scattergram appears in Figure 2. The distribution of the plotting suggests the possibility that there is no relationship. Computation of the standard formula for "r" resulted in r = .005. A Pearson product-moment coefficient of correlation was computed after eliminating the five most deviant responses. This resulted in r = .098. This "r", while somewhat stronger, also fails to support the hypothesis. Hypothesis two cannot be supported on the basis of the data available for this study.

Index of Productivity and Index of Perceived Control

The concepts used in these two variables have previously been defined. The relationship of productivity to perceived control is shown in Table 3.

Table 3

List of chapters included in the study ranked according to the Index of Perceived Control with each chapter's corresponding Index of Productivity.

Name of Chapter	Index of Perceived Control	Index of Productivity (times 10)
Hopewell, Virginia	7.3	13.16
Bridgeport, Conn.	7.0	6.62
Clinton Co., Iowa	6.0	10.10
Carbon Co., Utah	6.0	6.20
Utica, N.Y.	5.5	10.30
Gaston Co., N.C.	5.0	9.87
Washington Co., Miss.	5.0	6.80

Table 3 (continued)

Name of Chapter	Index of Perceived Control	Index of Productivity (times 10)
Arkansas City, Kansas	4.5	13.79
Newport News, Virginia	4.0	13.02
Kanawha-Clay, West Virginia	4.0	11.24
Concord, N.H.	4.0	7.76
Pottawattamie Co., Iowa	4.0	5.3
Anaheim, California	3.7	12.43
Blue Earth Co., Minn.	3.5	12.81
Chester-Wallingford, Penn.	3.5	10.69
Macon Co., Illinois	3.5	9.11
Attleboro, Mass.	3.5	7.5
Long Beach, California	3.3	10.59
Berkshire, Mass.	3.0	10.76
South Orange Co., California	3.0	9.71
Marion Co., Oregon	3.0	8.12
Sunbury, Penn.	2.7	9.76
Genesee Co., Michigan	2.7	8.97
Johnson City-Washington Co., N.C.	2.7	8.39
Worchester, Mass.	2.5	13.85
North Central Kansas	2.5	10.48
LaCrosse, Wisconsin	2.5	9.8
New Britain, Conn.	2.5	8.58
Stearns Co., Minn.	2.5	7.0
Macomb Co., Michigan	2.3	11.06
Cole Co., Missouri	2.3	9.47
Bannock Co., Idaho	2.0	13.91
Mower Co., Minn.	2.0	11.09
St. Mary's Co., Maryland	2.0	10.53
Tompkins Co., N.Y.	2.0	10.15
San Saba Co., Texas	2.0	9.74
Sheboygan Co., Wisconsin	2.0	9.71
Greensboro, N.C.	2.0	9.63
Ablemarle Co., Virginia	2.0	9.68
Summit Co., Ohio	2.0	9.26
Lexington-Davison Co., N.C.	2.0	8.5
St. Clair Co., Michigan	2.0	8.41
Greater Brockton, Mass.	2.0	5.96
Allen Co., Ohio	1.7	12.38

Table 3 (continued)

Name of Chapter	Index of Perceived Control	Index of Productivity (times 10)
Cleveland Co., N.C.	1.7	10.9
Crawford Co., Ohio	1.5	11.73
Klamath Basin, Oregon	1.0	11.51
Adams Co., Wisconsin	1.0	9.75
Garfield Co., Kansas	1.0	7.01
* Madison Co., Alabama	0.0	13.85
* Dubois, Penn.	0.0	9.76
	r = -.26	

* Not included in this part of the study due to lack of response.

The section of the questionnaire from which the data on perceived control were gathered was answered by respondents in 49 chapters. The Index of Perceived Control, as shown above, ranges from 1.0 to 7.3. This index has a mean of 3.05 and a standard deviation of 1.47.

The Index of Productivity was multiplied by 10 to emphasize the differences between chapters when compared with their own region. An index of 10.0 shows that the chapter did as well as the region as a whole. Indices less than 10 indicate sub-standard performance within the region. In contrast indices greater than 10 indicate above average performance. The Index of Productivity ranges from 5.3 to 13.91. The mean is 10.05 and the standard deviation is 2.3. The scattergram in Figure 3 illustrates the relationship between these variables. An examination of the scattergram fails to suggest a positive relationship

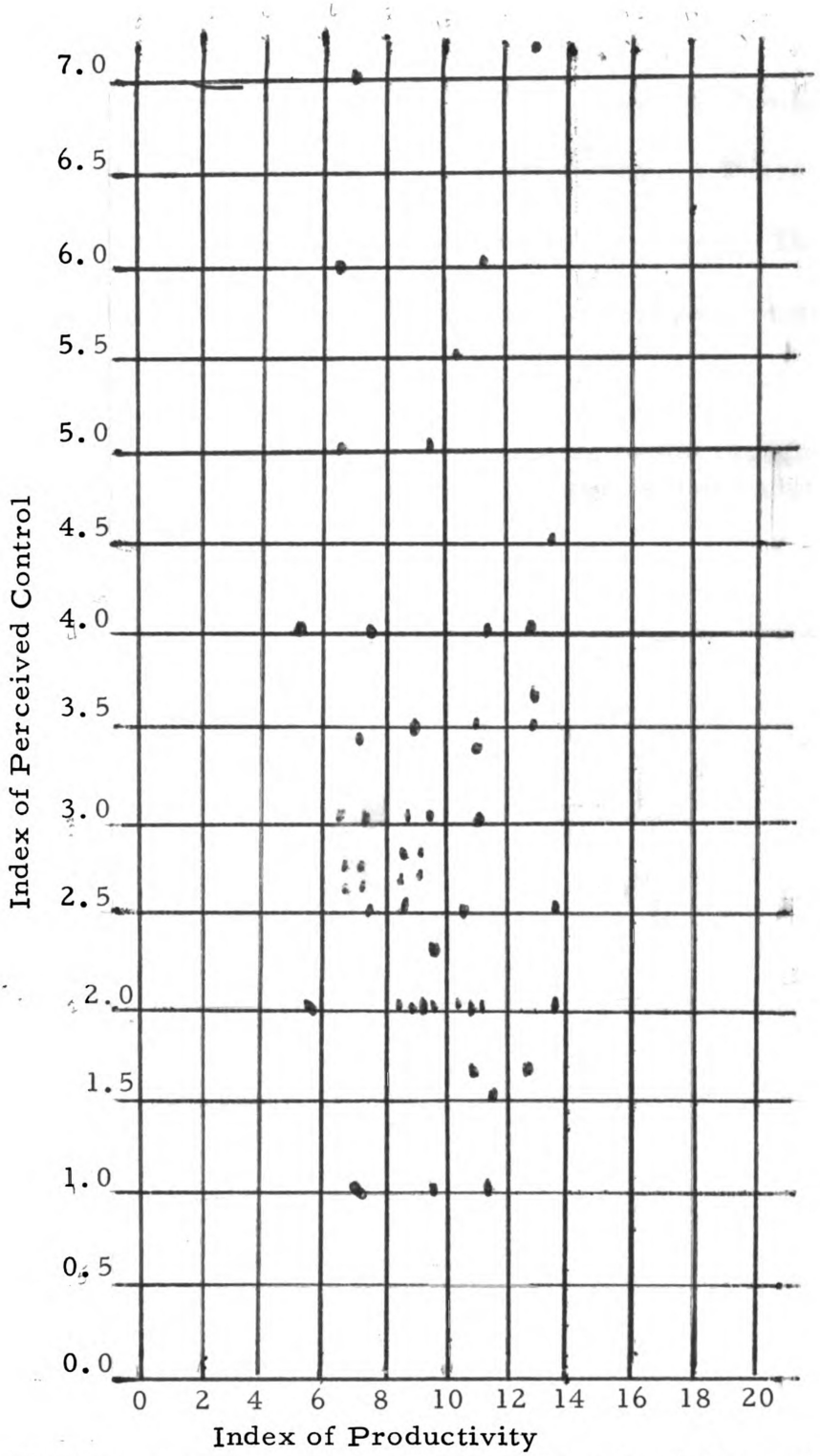

Figure 3. Scattergram comparing Index of Perceived Control (mean of frequency of response by chapter leaders perceiving control of administrative functions by the Regional Blood Program Committee) with the Index of Productivity (degree of attainment of blood quota by the chapter in relation to the regional degree of attainment).

between the Index of Perceived Control and the Index of Productivity. In order to verify the findings from the scattergram, a Pearson product-moment coefficient of correlation was computed. This computation resulted in $r = -.26$. This negative correlation refutes hypothesis 3 which states,

> "The more control a chapter attributes to the regional blood program committee, the greater is that chapter's productivity."

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The data showed that there is no significant statistical relationship ($r = .05$) between a chapter's assigned responsibility for recruitment of blood donors and the desire on the part of that chapter's blood program leaders to have the Regional Blood Program Committee control the program. The data for this study fail to support Likert's report of a relationship between the level of member influence (control) and the level of member activity.[1] It is suggested that perhaps "desire for control" as used in this study and "influence" as used by Likert have little in common.

The data failed to support the hypothesis of a relationship between commuting time to meetings where decisions affecting the blood program are made and the desire to have the Regional Blood Program Committee control the program. It was not possible from the available data to determine the actual effect of commuting distance on participation in decision making about the blood program. Scaff asserted a relationship

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[1]Rensis Likert, New Patterns of Management, New York: McGraw-Hill Book Co., Inc., 1961, p. 148.

between participation (attendance at meetings) and commuting distance.[2] Since the actual attendance at meetings is not known, Scaff's findings cannot be supported or refuted by the data available for this study.

The available data indicate a weak negative relationship ($r = -.26$) between the amount of control which a chapter attributes to the Regional Blood Program Committee and that chapter's productivity. This negative correlation suggests that effective donor recruitment is not actually a function of the Regional Blood Program Committee.

Conclusions

The study suggests that the leadership in participating chapters expect the volunteer leaders of the blood program to exercise more control than is usually accorded to the volunteer leadership under a bureaucratic structure. The intensity of the desire for a change in the locus of control is reflected by a mean Desire for Control of 19.86. Concurrance with the assigned locus of functional responsibility would yield a mean of 4.0. The product of this disparity is likely to be an undesirable level of intra-organizational tension. Achievement of a closer approximation between assigned responsibility and the expressed Desire for Control would seem to be desirable. Some redistribution of

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[2]Alvin H. Scaff, "The Effect of Commuting on Participation in Community Organization", American Sociological Review, 17, (April, 1952), p. 215.

functional responsibility seems indicated. It is not the purpose of this study to indicate the nature, degree, or direction of such redistribution.

It has been shown that there is no significant relationship between the desire to have administrative control in the hands of the Regional Blood Program Committee and the level of responsibility which a chapter has toward the total blood goal of the region. It has also been shown that the attainment (perceived) of greater administrative control does not assure operational success in terms of productivity. Some chapters may be satisfied failures. Indeed, the data shows a negative tendency ($r = -.26$) which indicates that perceived administrative control may even result in a lessening of production effort. This finding appears to be inconsistent with Likert's outcome from his study of a different type of voluntary organization where he reported a relationship between level of member influence (control) and level of member activity.[3] There may be a type of activity not related to productivity. In this case the activity under study was blood donor recruitment by means of a comparison of productivity with perceived administrative control. This control was that ascribed to the role of a member of the Regional Blood Program Committee by the administrative leaders of the producing units. Perhaps the problem arises in the linkage between that

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[3]Likert, op. cit., p. 148.

leadership and the line operation whose members may be unaware of the degree of influence ascribed to or actually held by the members of the Regional Blood Program Committee in their particular blood program. This study did not examine this linkage in the local participating chapters.

The sample in this study was skewed in favor of one-way commuting times of two hours or less. Out of the universe of 50, a total of 34 were in the category of two hours or less. The 16 in the sample having a one-way commuting time greater than two hours had to spend an average of six hours and 45 minutes on the round trip from their home city to the committee meeting and back home again. Nevertheless, the average score of this group on the Index of Desire for Control was only22.03 compared to an overall mean of 19.86 with a standard deviation of 18.65. It must be concluded that commuting distance by itself does not have any significant relationship to desire for control. A larger and less skewed sample along with the actual records of participation at meetings and the nature of the meetings would provide more adequate data for assessing the differential effects from various commuting times. It might be conjectured that other factors such as the nature of the meeting (purpose, content, etc.) would be found to effectively negate the deterrent effects which Scaff leads

one to anticipate as commuting distance increases.[4] One may find that the commuting time barrier moves according to the priority the potential participant accords the activity which he is supposed to attend. The intensity of dedication to a cause, as in the case of many religious persons, may overcome the normal reluctance to spend much time behind the wheel of a car. The blood program is known to have an extremely strong appeal to many volunteers.

Sociologists and others interested in voluntary organizations may wonder why the Blood Program of the American Red Cross failed to provide data which would support hypotheses drawn from the literature. Much of this theoretical basis was drawn from previous studies of voluntary organizations, but, for some reason, the theories from the sources used did not subsume the blood program on any of the three hypotheses. The serious student will want to differentiate between those voluntary organizations whose goals are considered very important and those whose goals are more casual. The mixture of paid and volunteer staff in a bureaucratic organization may be different from those organizations treated in other studies. These may be the basic reasons why the hypotheses in this study were not validated by the data.

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[4]Alvin H. Scaff, "The Effect of Commuting on Participation in Community Organizations", American Sociological Review, 17, (April, 1952), p. 215.

Implications for Voluntary Organizations

The management of a voluntary organization employing both paid and volunteer staff should be especially careful to realistically define the roles and role relationships of both staffs. The guide-lines should be sufficiently specific to avoid the broad range (1.0 - 7.3) which showed up in the Index of Perceived Control.

Evidently a generalized permissiveness was viewed in some participating chapters as a license to have most any kind of administrative structure that they desired. As previously noted, perception and practice may not coincide. Nevertheless, voluntary organizations must be aware of factors such as perceived control if there is to be effective organization.

The Index of Desire for Control reveals a broad dissatisfaction with the administration of many of the regional blood programs. Many want the Regional Blood Program to have more control than they now possess. Just giving the chapters more representation does not seem to be the answer. As previously discussed pressure for a greater voice in the control of the program is evident from the mean of 19.86 which contrasts sharply with the legitimate mean of 4.0 for the Index of Desire for Control. Some method of providing more meaningful involvement for the participating units is indicated.

Since there was no relationship between perceived control of the administrative functions and productivity, the organization must either

establish a strong linkage between the administrative unit and the production unit or use completely different channels to insure adequate production.

An organization with a very worthwhile goal can be somewhat reassured that the factor of distance of itself does not interfere with the feelings of the participants toward the way the program is administered. The management of a voluntary organization would do well to evaluate the reason for region-wide meetings and the adequacy of the announcements and timing of the meetings. The commuting factor, when the stakes are high and the purpose of the meeting clear to the volunteer, appears to have little bearing on attendance. Identification with a goal like meeting the need for blood is not diluted by the relative difficulty in getting to a meeting where matters important to the achievement of that goal are discussed. This study indicates no special advantage to the compact region in regard to the satisfaction of the participating chapters with the administration of the program.

Limitations of the Study

The sample was well designed, but it was not designed to provide sufficient cases for analysis in depth. There were several reasons for the sample design which was used. Among the primary reasons were time limitations, economic limitations, a desire to cover a wide number of topics, and the desire to have maximum variety of Red Cross

positions represented in the study. As a result the sample was broad but quite shallow. A further limitation to the study was the fairly poor response to that section of the questionnaire which pertained to this study. The combination of inadequate sample size and poor response placed a heavy limitation on the study.

As a result of management decision, clue marks were included in one section of the questionnaire (see the "m" clues in Appendix A). It is quite likely that these guides produced some bias in the replies. In the pre-test in the absence of these clues, there was much more frequent and extensive deviation from the norms established by the Administrative Manual. A greater freedom of response in this section would have been valuable to the study.

It now seems that measurement of Desire for Control should be made directly in reference to the individual chapters rather than indirectly through their representatives on the Regional Blood Program Committee. This representative becomes part of another group, and, as such, he may or may not share his chapter's viewpoint about control of the program. Representation on the committee does not insure greater control by a given chapter, because one person only has one vote.

Lack of positive findings may be due to lack of a relationship between the variables tested; or it may be due to imprecise definitions of the variables, the poor response, or to a combination of two or all of these factors. Further refinement of the data are needed to provide more conclusive evidence.

Further research should take these limitations into account. An effort should be made to produce a larger sample with questions going to greater depth. The instrument of choice should not contain an inhibiting or limiting factor, such as the clue marks indicating the official position. The inclusion of these design changes should make possible the further extension of knowledge about voluntary organizations like the Red Cross Blood Program.

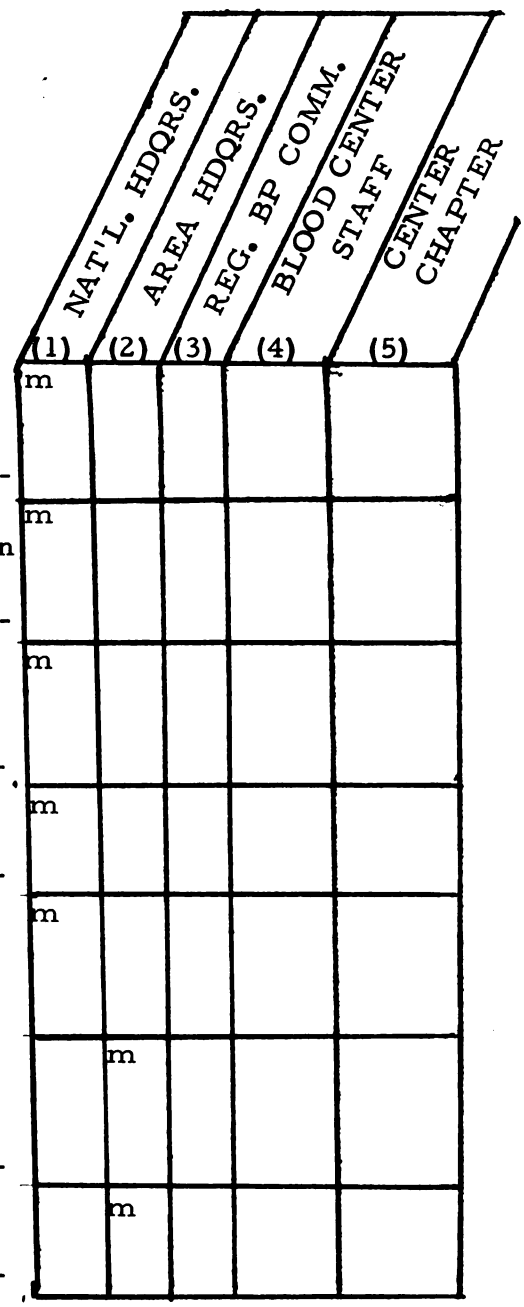
APPENDIX A

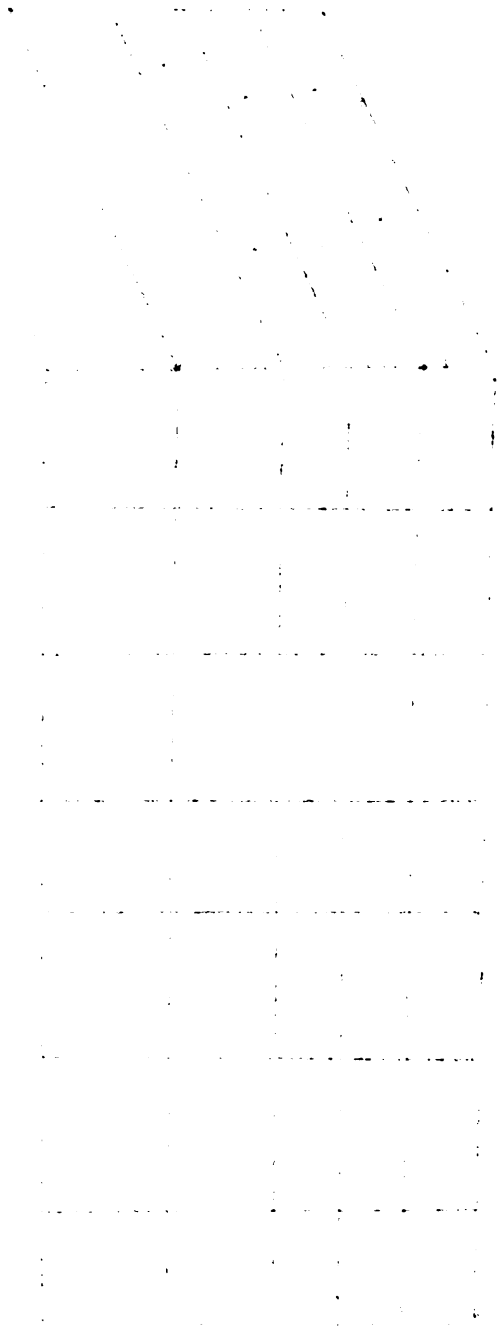
QUESTIONNAIRE

APPENDIX A

LISTED BELOW ARE A SERIES OF STATEMENTS REGARDING BLOOD PROGRAM FUNCTIONS WHICH ARE THE PRIMARY RESPONSIBILITY OF ONE OR MORE OF THE GROUPS IDENTIFIED IN THE HEADINGS. AN "m" HAS BEEN PLACED IN THE BOX DEFINED IN THE ADMINISTRATIVE MANUAL AS THE POINT OF PRIMARY RESPONSIBILITY. THIS MAY VARY SIGNIFICANTLY FROM CURRENT LOCAL PRACTICE.

Place an "X" where you see the focus of primary responsibility for each listed function as it now exists.
Place an "O" where you believe the primary responsibility should rest for each listed function. It is possible for these marks (m-X-O) to be in any one box or dispersed in several boxes.





	(1)	(2)	(3)	(4)	(5)
(h) Have authority to determine whether or not medical-technical standards are being met		m			
(i) Establish collection quotas for each participating chapter			m		
(j) Take remedial measures when blood quotas and/or pro-rate payments are not met			m		
(k) Establish salary schedules for center staff					m
(l) Appoint and discharge blood center staff					m
(m) Prepare an estimated budget for the operation of the Regional Blood Program for fund campaign purposes					m
(n) Prepare and submit the operating budget for the Regional Blood Program					m

APPENDIX B

LETTER OF INQUIRY

APPENDIX B

The American National Red Cross
Midwestern Area

February 24, 1966

Dear Blood Program Administrator:

I need your help in order to complete my work on a thesis which is based in part on data from the 1964 study of the Red Cross Blood Program. Bob Shea approved the project and my use of the data.

Your prompt provision of the data requested below will enable me to get my M. A. degree in sociology this summer. A stamped, addressed envelope is enclosed for your use.

Concerning the Regional Blood Program as a whole:

(1) Blood goal 1963-64 fiscal year?_____units
(2) Bloods collected during same period?_____units

Concerning the listed participating chapter(s) during same period:

	Blood Quota	Blood Collected	*Commuting Time Blood Center to Participating Chapter
A. _____Chapter	_____	_____	_____
B. _____Chapter	_____	_____	_____
C. _____Chapter	_____	_____	_____
D. _____Chapter	_____	_____	_____

*Average time to nearest quarter hour to travel from blood center to headquarters of the listed chapter.

Thanks for your help.

Sincerely,

Frederick A. Brodt
Assistant Regional Manager
Midwestern Area

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