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THE PARTICIPATION OF OCCUPATIONAL
GROUPS IN LOCAL EFFORTS TO OBTAIN
HOSPITAL SERVICES

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THE PARTICIPATION OF OCCUPATIONAL GROUPS IN LOCAL
EFFORTS TO OBTAIN HOSPITAL SERVICES

By

Joseph Hamilton Locke

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PREFACE

This research is a preliminary investigation into one aspect of the non-occupational behavior of occupational groups. It is concerned with the occupational affiliation of 670 persons who were designated as the "most active" participants in 218 separate local efforts to obtain hospital services. It is also concerned with the kinds of local efforts that are associated with particular occupational groups.

This research is an extension of a part of a larger study of local efforts to obtain health services, conducted cooperatively by the Social Research Service of Michigan State College, The Farm Foundation of Chicago, Illinois, and the Agricultural Extension Service and the Agricultural Experiment Station of Michigan State College. The name of the larger study is "An Appraisal of the Community Organizational Aspects of Health in the United States".

The Farm Foundation has suggested this research be done in the hope that a systematic review of a number of efforts of localities all working toward the same kind of goal might provide some insight into "community organization process." The occupational aspects of this total research are important because little effort has been made to identify the leaders in this kind of activity, or to relate phases in the process of local organization to possible differences in leadership.

The writer has been working with the Social Research Committee making this study in the capacity of Graduate Research Assistant. The close identification with this committee has been of great value in the development

of the thesis. He is particularly indebted to Dr. William H. Form and Dr. Duane L. Gibson for their critical review of this thesis, and to Paul A Miller, Chairman of the Research Committee, for his cooperation and advice.

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CHAPTER I

INTRODUCTION

This research is designed to provide information about one phase of the "off the job" behavior of occupational groups, and to test certain hypotheses about this behavior. These hypotheses pertain to, (1) regional and local variations in the participation of occupational groups in efforts to obtain hospital services and (2) the association that exists between the occupational affiliation of the active persons and the specific methods used in these efforts. Knowledge of the roles, rights and duties assigned to persons of different occupations is of primary importance in understanding western society. Social scientists have devoted considerable attention to the analysis of occupational group behavior. Before proceeding to an outline of the present study a review of some related research will be given.

I Review of the Literature

Knowledge of the behavior of occupational groups has developed from the following two kinds of research: (1) research in which a specific kind of social behavior is examined occupationally, and (2) research focused on a single occupational group. An important dimension in each of these approaches is the extent to which both "on" and "off the job" behavior is considered. In general an occupational analysis of some specific social phenomena has neglected the "on the job" behavior of the occupational groups, while concentration on a single occupation has neglected the "off the job" aspects. Research which has focused on a

specific form of social life will be considered first.

Occupational Studies of Specific Kinds of Social Behavior:

Social class and the concepts related to social class, such as mobility, education and occupational status itself, account for a large portion of the occupational analyses of specific kinds of social behavior. Occupational--Social class behavior is frequently examined in the context of a general community study, such as W. Lloyd Warner's, The Social Life of a Modern Community.¹ Warner points out that there is a high correlation between type of occupation and class position in Yankee City. Professional men and proprietors tend to be in the upper or middle class, and unskilled workers tend to be restricted to the lower class. Only professional, proprietary and clerical workers are found throughout the six classes, and there are no skilled or semi-skilled workers higher than the upper-middle group.

Many of the occupational studies of the concepts related to "social class" are integrated in Miller and Form's analysis of the social adjustment of the worker.² Included in this integration are such factors as the process of vocational choice and mobility, work adjustment and security, education, occupational position of the father, intelligence and social adjustment.

A number of analyses of the behavior of occupational groups in crisis or social change situations have been made. Middletown in Transition,

¹ W. Lloyd Warner and Paul S. Lunt, The Social Life of a Modern Community, New Haven, Yale University Press, 1941, pp. 201-202

² Delbert C. Miller and William H. Form, Industrial Sociology, New York, Harper and Brothers, 1951, pp. 635-675

by Robert and Helen Lynd,³ and The Social System of the Modern Factory,⁴ by Warner and Associates, were made during periods of economic depression and industrial conflict.

In the first successful strike held in "Yankee City" it was found that the owner managers reacted differently to the strike situation than did the salaried managers. The workers had more faith in the salaried managers, especially if they were local persons. Differences were also noted in the behavior of absentee and local owners, and local small business men and city officials were placed in a position of stress by the strike activity of the workers. Their problem was one of maintaining at least a semblance of neutrality.

A number of smaller studies which appeared in the two decades after 1930 concerned themselves with the occupational reaction to the national depression. One such study reported in the New York Times, indicates that in relation to their contribution to the total work force professional, proprietary and office workers are least effected by economic depression, while semi-skilled and unskilled workers are most effected.⁵

An example of an exhaustive analysis of occupational participation in a specific area of social behavior is Anderson and Davidson's, Ballots and the Democratic Class Struggle.⁶ This research is largely based on the

³ Robert S. Lynd and Helen M. Lynd, Middletown in Transition, New York, Harcourt Brace and Company, 1937

⁴ W. Lloyd Warner and J. O. Low, The Social System of the Modern Factory, The Strike, A Social Analysis, New Haven, Yale University Press, 1947, pp. 134-158

⁵ Paul H. Landis, Rural Life in Process, New York, McGraw Hill Book Company, 1948, p. 473 citing Corrington Gill, "Who are the Jobless? What Can They Do?", New York Times, November 24, 1935

⁶ Dewey Anderson and Percy E. Davidson, Ballots and the Democratic Class Struggle, Stanford University Press, 1943, pp. 139-162

party affiliation and voting behavior in a California county electorate in 1934. In this study occupational affiliation is examined as one of the significant forces behind social, economic, and political behavior generally, and as a factor associated with party membership, registration and voting. This research also indicates the degree to which residence, sex, nativity, property ownership, class alignment and education are associated with occupational--political behavior.

The literature discussed above is illustrative of research in which a specific form of social behavior is examined occupationally. Following is a brief review of research in which a single occupational group is the focus of interest.

Studies of Single Occupational Groups:

A number of studies have been made which examine the social world of specific occupational groups. Generally this kind of research has emphasized the "on the job" or "work plant" situation, and has not contributed greatly to understanding the role of the occupational group in the larger community.

Early examples of this kind of research are Frances Donovan's studies The Saleslady⁷ and The Woman Who Waits⁸, and N. Anderson's, The Hobo⁹. These early efforts were usually descriptive and based on a form of

⁷ Frances, R. Donovan, The Saleslady, Chicago, Chicago University Press, 1929

⁸ Frances, R. Donovan, The Woman Who Waits, Boston, R. G. Badger, 1920

⁹ Nels Anderson, The Hobo, Chicago, Chicago University Press, 1923

participant observation. Later research, such as W. Fred Cottrell's study of The Railroader,¹⁰ C. Wright Mills's¹¹ analysis of labor leaders and Logan Wilson's, The Academic Man,¹² attain a higher degree of sophistication in research design.

Cottrell bases his study of the people who work for the railroads on his intimate knowledge of a single regional railroad system, but checks its meaningfulness for other regions. This research recognized that there are a number of occupational positions in the organization of a railroad, and that differences in behavior can be expected for each of them. In national politics for instance, railroaders might be adequately represented as a unity, but in local affairs there would be greater differences between the more and the less mobile railroad workers than between all railroaders and the rest of the community.¹³

These studies of single occupational groups provide some insight into the position of the worker in the larger community. Mills points out that the typical style of life for the national labor leader is like that of any middle class businessman in an urban area. As the union grows in stature in the community the leader is increasingly called on to serve with business, church, and social leaders on boards of philanthropy, educational institutions, and other civic bodies.¹⁴ Similarly

¹⁰ W. Fred Cottrell, The Railroader, Stanford University, California, Stanford University Press, 1940

¹¹ C. Wright Mills, The New Men of Power, New York, Harcourt Brace and Company, 1948

¹² Logan Wilson, The Academic Man, New York, Oxford University Press, 1942

¹³ Cottrell, op. cit., p. 58

¹⁴ Mills, op. cit., p. 168

Cottrell indicates that because the railroad worker must work at odd and unpredictable hours civic participation is difficult. No membership on governing boards is feasible, and any effort to be of community service may be made impossible by a change in work schedule.¹⁵

The literature reviewed above, classed as to whether it is concerned with an occupational analysis of a specific social phenomena, or with the broader study of a single occupational group, is only indicative of the kinds of research done in recent years contributing to knowledge of occupational groups behavior. Another source of occupational information, that will only be mentioned here, is the ever increasing body of research in which a specific area of behavior is considered, and in which the position of one or two related occupational groups is mentioned. An excellent example of this kind of source is Who Shall Be Educated,¹⁶ by Warner, Havighurst and Loeb. This book describes in considerable detail the "off the job" role of the professional educator.

The following section will describe some of the difficulties encountered in occupational research, and indicate the position of the present research in regard to these difficulties.

Problems in Occupational Research:

There are strength and weaknesses inherent in either of the main approaches mentioned above. There is a limit to the attention that can be given to any single occupation when a complete occupational analysis of a particular social phenomena is made. In addition, when complete

¹⁵ Cottrell, op. Cit., p. 73

¹⁶ W. Lloyd Warner, Robert J. Havighurst, and Martin B. Loeb, Who Shall Be Educated? New York, Harper and Brothers, 1944, pp. 98-119

understanding of a single occupational group is desired, information gained piecemeal from a large number of studies is more difficult to handle than the information obtained in an integrated research. On the other hand, when a single occupational group is studied exhaustively the researcher is faced with the problem of deciding which of all the possible relationships shall be attended to. At the present time it appears that there is greater consensus about a classification of occupations to be used in phenomena oriented research than there is about the specific areas of social behavior to be attended to in the study of a single occupational group.

The agreement on a classification of occupations is, however, far from complete. One of the persistent difficulties in the use of occupational data is inconsistency in the classification used. In any attempt to compare the results of two studies in which different methods of classification have been used, the scheme with the fewer classes must be utilized. This difficulty is most apparent when a simple breakdown such as "business class" and "working class" is used as in Middletown by Robert and Helen Lynd.¹⁷ Comparison is also difficult when relatively complex classifications are employed, such as that of the bureau of census. Occupational information which has made a division based on the relationship of the individual to an employer cannot be directly related to information using the single census classification of "proprietors, managers and officials".

Another point of difficulty in occupational research centers on the inter-relationship of the "on the job" and the "off the job" behavior. This problem has been pointed out by C. L. Lastrucci, who feels that while

¹⁷ Robert S. and Helen M. Lynd, Middletown, New York, Harcourt Brace and Company, 1929, pp. 511-528

considerable attention has been given to the effect of job affiliation on non-occupational behavior, little has been given to the way in which man's characteristic way of life is reflected in his occupational activity.¹⁸

Some of the problems mentioned above are avoided in the present research, while others are not. This research is concerned with the occupational analysis of a narrowly defined kind of social behavior. As such it provides limited insight into the total behavior of any one occupational group. It also omits any reference to the "on the job" behavior of any of the occupations. Effort is made to use a classification of occupations that may be related to most other occupational research. The classification used takes into account both the kind of work done and the relationship of the individual to an employer. A detailed description of the kinds of occupations included in the various classes is found in Appendix B, page 65.

II Outline of the Present Research

Sources and Nature of Data:

The 218 localities studied in this research do not represent the universe of cases in which hospitals have been built in the last ten years. Only local areas with a town centered population of 7,500 or less are included. Hospitals paid for by the philanthropy of individuals or groups have been omitted, and only those which have used federal funds provided by the Hill Burton Hospital Survey and Construction Act are included.

¹⁸ C. L. Lastrucci, "The Status and Significance of Occupational Research", American Sociological Review, February 1946, p. 80

The localities used in this study represent approximately 60 percent of all cases in the United States that fit these criteria. Concern is also limited to the "most active" persons in each case. Six hundred seventy persons, an average of three or four in each case, were so designated by informants. In the field studies made following up the questionnaire stage of this research it was found that these individuals were the initiating and guiding forces. The decisions made and the success of the projects were to a great extent traceable to these individuals.

The information used in this research was obtained from mailed questionnaires, from examination of the files of the Division of Hospital Facilities, United States Public Health Service, Washington D. C., and from studies made in the field. The field study localities were chosen because they represented the pattern of situation and method used in the major geographical regions of the United States. The information collected by these methods are: (1) the occupational affiliation of the active persons, (2) the methods used in working toward the hospital goals, and (3) the characteristics known about the local area.

Assumptions and Working Hypotheses:

The decision to include a question about the occupational affiliation of the active persons was in part based on an impression gained in the early stages of the research that the pattern of occupational participation was running contrary to expectation. It was noticed, for instance, that farmers and rural professional persons were less active than the businessmen and professionals of the town. This trend was contrary to the assumption that in the semi-rural localities the rural people would

play an important or even a dominant role. In response to this trend a tentative hypothesis was formed that the activity being studied was a town-centered, business and professional dominated movement. Examination of the patterns of occupational participation in Chapter II will indicate the extent to which this is true.

Since several hundred localities throughout the United States were to be contacted it was assumed that regional and local variations in the characteristics of these localities would be accompanied by variation in the relative participation of the occupational groups. Certain associations were postulated based on information known about regional and rural ways of living. It was believed, for instance, that in the more urban regions of the North East and Middle States business men would be relatively more active, while in the rural South and West the farmers and ranchers would be more active. It was also believed that the South, with its dominant county form of government, would show an increase in the activity of county government officials. The extent to which these working hypotheses are correct will be seen in the second part of Chapter II.

As it became apparent that considerable variation existed in the methods by which the individual areas went about reaching their hospital goal, certain correlates to these variations were suggested. One of the related factors was assumed to be the occupational affiliation of the active persons. Working hypotheses were developed on the belief that the various occupational groups are not equally familiar with certain methods or channels of communication or influence, that they do not have

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equal access to them, and will not benefit equally from their use.

In the following Chapters every effort will be made to account for the associations indicated between occupational affiliation, character of the local area, and methods used in working toward the hospital goal.¹⁹ Where explanation is not adequate, or where the data seems to contradict existing thought, the need for additional research will be indicated.

This introductory chapter has indicated the general sociological problem of obtaining additional knowledge of the behavior of occupational groups; has reviewed some of the literature pertinent to this problem; and has given a brief outline of the present research. The following chapter will first consider the pattern of occupational participation on the national scene, and will then review the variations in this pattern that are associated with regional and local variations in the character of the areas studied.

¹⁹ Within this thesis discussion will be limited to distributions having a Chi square value of 0.05 or below. This value will indicate that there are no more than five chances in one hundred that the obtained Chi square could be due to chance.

CHAPTER II

PATTERNS OF OCCUPATIONAL PARTICIPATION

The purpose of this chapter is to examine the pattern of occupational participation throughout the 218 localities studied, and to observe whether or not variation in the characteristics of the local areas is associated with variation in this pattern of participation.

I National Pattern of Participation

Review of Table I to an extent confirms the first hypothesis that the hospital activity is predominantly town centered, and that rural professionals and farmers play only a minor role. Self employed business men and employed managers who are the most clearly business and town oriented, constitute more than 50 percent of all "active" persons. Farm owners and operators, the most typically rural group, on the other hand, constitute only 10 percent of the total. Although the total occupational composition of the rural and semi-rural areas studied is not ascertainable, it is clear that farmers are under-represented among the active people. All other occupations are probably split between town and country. Less than a dozen of the professional group were clearly rural in orientation. An indication of the rural nature of the areas studied and its association with occupational participation can be obtained from the discussion of Table III beginning on page 20.

In general this town domination of hospital building activity is born out in the field studies. Business men and their organizations have dominated the process in each case. When farmers were active, as they were in the Wyoming and New York communities visited, the local people felt that they were not typical farmers, and spoke of them as "business man-farmers" or as not being "dirt" farmers.

The field studies have also pointed out that the small number of rural persons reported among the active group could be misleading. In these localities, the rural population provided a powerful, if not an active force. In an Indiana town the failure to involve certain rural leaders made it possible for an antagonistic faction to all but defeat the bond issue that was to pay for the hospital. Also in the Wyoming study even the persons closest to the project were prone to underestimate the value of the stamp of approval given their project by the local Farm Bureau President. His backing was well recognized by the rural people who had voted favorably.

Beyond indicating that the hospital building movement was dominantly a business and professional persons activity, Table I indicates some additional trends. The most notable of these is the low level of participation of non-supervisory employees, especially when compared with professional and business participation. Some explanation for this pattern may be found by looking at this kind of civic activity as a form of social class behavior.

Participation as Social Class Behavior:

It has been observed that those who participate in community activity

TABLE I
OCCUPATIONAL AFFILIATION OF PERSONS ACTIVE
IN LOCAL HOSPITAL BUILDING PROJECTS

Occupations	Number	Percent
Self employed businessmen	231	34.0
Professionals	180	27.9
Employed managers	107	15.8
Farm owners or operators	69	10.1
Civil Officials	56	8.2
Non-supervisory employees	27	4.0
Total	670	100.0

and become its leaders, are those who have higher income, prestige, and power in the community. These factors are largely set by the occupation of the breadwinner in the family. The nature of the occupation, and the demands it places on the worker's time, largely explain the ability or inability to become involved. In general, community events tend to be geared to the money levels and time schedules of the middle class.¹ Since the lower classes are largely made up of workers below the supervisory level² it is not likely that many of them will be found active in the kind of activity being studied. The contribution of these workers to the hospital project is more likely to take the form of money contribution, possibly through a payroll deduction plan.

II Regional and Local Patterns of Occupational Participation

The second assumption guiding this research is that variation in the characteristics of the 218 localities contacted will be accompanied by variation in the relative participation of occupational groups. In examining this assumption the following factors will be considered.

1. The region of the nation in which the locality is found.
2. The rural-urban balance of population.
3. The degree of unmet need for hospital services.

¹ Delbert C. Miller and William H. Form, Industrial Sociology, New York, Harper and Brothers, 1951, pp. 120-121

² W. Lloyd Warner and Paul S. Lunt, The Social Life of a Modern Community, New Haven, Yale University Press, 1941, p. 261

4. The area of potential use of the hospital services.
5. The population of the hospital service area.
6. The income index of the local area.

Region:

The areas included in this research are located in each of the major regions of the United States as outlined by Odum and Moore.³ The largest number of these cases fall in the Southeast and Middle States, and the smallest in the Northeast and Far West.

Table II shows the pattern of occupational participation for each of the six major regions. It is evident from review of this table that the relative pattern of occupational participation changes from region to region. Although self employed, professionals, and employed managers play a dominant role throughout the nation their relative position varies among the regions. Also in the Far West and Northwest the farmers are relatively more active than the employed manager group. Civil officials and non-supervisory employed persons generally maintain their position of least participation in all regions.

The tentative hypotheses made regarding the regional patterns of participation are substantiated in varying degrees. The suggestion that the participation of business oriented persons will increase in the urbanized Northeast and Middle States is evidently an over-simplification. This trend did hold true in the Northeast where the combined self employed business and the employed manager groups constituted approximately two

³ Howard W. Odum and Harry Estell Moore, American Regionalism, New York, Henry Holt and Company, 1938, p. 436

TABLE II
REGIONAL PATTERNS OF OCCUPATIONAL PARTICIPATION
IN HOSPITAL BUILDING PROJECTS

Occupation	Middle States	South East	North West	South West	North East	Far West	Total
Self employed businessman	25.8	32.3	46.2	38.7	35.6	33.3	34.0
Professional	29.8	30.4	19.7	32.0	24.7	20.4	27.9
Employed manager	20.2	13.9	9.8	12.0	27.4	13.0	15.8
Farm owner or operator	10.7	9.5	12.9	8.0	5.5	14.7	10.0
Civil official	9.6	10.1	9.1	8.0	2.7	5.6	8.2
Non-supervisory employee	3.9	3.8	2.3	1.3	4.1	13.0	4.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	N=178	N=158	N=132	N=132	N=75	N=54	N=670

Chi square = 30.9

p = $\begin{matrix} < .05 \\ > .02 \end{matrix}$

thirds of all active persons. Review of the relative level of participation of these two groups in other regions indicates that other forces are at work.

In addition to representing the most active occupational group in all regions, self employed business men are particularly important in the Northwest, while in the same region employed managers are relatively inactive. These divergent trends may be related to the fact that all but two of the states in this region are in the lowest quartile of states classed according to amount of industry and number of wage earners.⁴ With this pattern of business and industry it is likely that fewer employed managers exist, and that the self employed business men will own smaller businesses and be able to devote more time to civic affairs. The converse of this reasoning may account for the relatively high level of employed manager participation in the Northeast and Middle States, particularly when coupled with the lower than expected participation of self employed business men. Stated as a trend it seems that in moving from a non-industrial region to an industrial one the role of the self employed business man in promoting this kind of civic venture is assumed by the employed manager.

The level of farmer participation varies from region to region. As might be expected this group is least well represented in the more urbanized Northeast. The level of farmer participation is lower in the Southeast and Southwest than in the Northwest and Far West. Since all of these

⁴ Ibid, p. 470

regions are "rural" by one measure or another⁵ this differential in farmer participation may be traceable to some factors related to the position of the farmers in those regions.

Loomis and Beegle point out that the degree of intimacy between farm families and urban middle class business men and professionals, varies from area to area. In the farming areas most nearly coincident with the Northwest and Far West the farmers are at home with the urban business and professional group, and are frequently business men themselves. In the cotton belt, however, only the larger planters hold such a familiarity with the urban middle class. The farmer in the Northwest and Far West is also more likely to live in the population center, and thus stands a greater chance of interacting with non-farmers.⁶

The belief that civil officials would be relatively active in the Southeast appears to be justified, particularly when compared with the town oriented Northeast. The similarly high level of participation of civil officials in all other regions except the Far West and the Northeast, however, indicates that the civil officials' position in county administrated areas is more than a "southern" phenomena.

Non-supervisory employed persons are the least active although in terms of the total labor force they are the largest group. This low level of participation is reflected in every region but the Far West. In this region non-supervisory employees are relatively more active than civil

⁵ Charles P. Loomis and J. Allan Beegle, Rural Social Systems, New York, Prentice Hall, Inc., 1950, pp. 249-300

⁶ Ibid., p. 287

officials and are on a par with farmers and employed managers.

The following discussion will consider the variations in patterns of occupational participation that are associated with differences in the rural-urban balance of the population in the area.

Rural-Urban Balance of Population:

Most of the localities included in this research are dominantly rural. In Table III the 670 active persons are ranked according to the percentage of their locality classed as rural farm or rural non-farm by the United States Department of Census. The entire range of rurality has been divided into a low range, in which 20 percent to 69 percent of the population is rural, a middle range of 70 percent to 89 percent, and a high range of over 90 percent. More than 75 percent of all areas in the study fall in the last two ranges.

As the occupational composition of the active group is viewed, moving from the least to the most rural situation, two trends are noticed. As might be expected the participation of farmers increases consistently, while the participation of employed managers decreases. This decrease in employed manager participation is probably due to the decrease in the size of business and industry in the more rural situation, much like that noted in the more rural regions for the same group.

The point was made earlier that typically rural professionals, such as County Extension Workers, Vocational Agriculture Teachers, and Farm Bureau Agents are relatively inactive in the hospital programs.⁷ The professionals who are active, however, are concentrated in the most rural

⁷ See also, Appendix B, p. 69

TABLE III
OCCUPATIONAL PATTERNS OF PARTICIPATION
IN AREAS OF VARYING RURALITY

Occupation	Percent of Population Rural			
	20 to 69	70 to 89	90 to 100	Total
Self employed businessman	30.8	39.9	30.9	34.5
Professional	23.7	23.5	32.5	26.8
Employed manager	26.9	15.3	9.5	15.9
Farm owner or operator	5.1	10.1	14.0	10.3
Civil official	7.7	8.6	8.6	8.4
Non-supervisory employee	5.8	2.6	4.5	4.1
Total percent	100.0	100.0	100.0	100.0
Number	N=156	N=268	N=243	N=667*

Chi square = 38.9

p = < .01

* Information not available for three cases.

situations. Professionals are the most active group in the seventy-two localities having more than 90 percent of their population classed rural. This jump in participation is in a sense a compensation for the drop in activity for both self employed business men and employed managers.

The trend of participation of self employed business men is not consistent along the complete range of rurality. This group reaches its highest level in the middle range. Since this is essentially different from the trend for employed managers it offers some indication that a business orientation per se is not necessarily a handicap to participation in a rural situation.

Since a positive correlation exists between need for medical services and degree of rurality the above discussion is followed by an examination of the association of degree of unmet need and occupational participation.⁸

Degree of Need for Hospital Services:

Need for hospital services is a common factor in all localities studied. The "need" referred to in this research was determined by a survey of the existing facilities in each state cooperating with the United States Government under the provisions of the Hill Burton Hospital Survey and Construction Act. To this extent "need" has been determined by the use of similar criteria in each case, with the degree of need being relative to the needs of the individual state. The locality visited in New York, for instance, had at least four good hospitals in a radius of fifty miles, but was rated as a "High Need" area. The same facilities in Wyoming would have been considered more than adequate and rated "Low

⁸ Loomis and Beegle, op. cit., p. 716

Need". Another aspect of the ideas of "need", and one not controlled here, is the degree to which the "need" was recognized or "felt" by the people. It is not the purpose of this research to determine the relationship of "felt need" to "objectively determined need". It is assumed that a relationship exists.

In constructing Table IV all cases have been separated into: (1) those showing the least need for hospital facilities, from zero to 19 percent unmet need, (2) a middle range of 20 to 39 percent unmet need, and (3) a range of greatest need, extending from 40 percent and above. The relative participation of each of the occupational groups is shown within each of these ranges of need.

Two occupational groups show a consistent trend in level of participation as varying conditions of need are examined. Farmer participation decreases consistently with need, and employed manager participation increases. Self employed business men reach their highest level of involvement in the middle need range, while professionals are least active in this range.

Some insight may be obtained into the divergent participation patterns of self employed business men and employed managers by looking at the differences in their working patterns, and also at their position in the social class structure. Both of these groups are relatively less active in the areas of lowest need, and both increase considerably in the middle need range. In the areas of highest need, however, the involvement of employed managers continues to increase while that of the self employed business man drops off.

TABLE IV
PATTERNS OF OCCUPATIONAL PARTICIPATION IN AREAS
OF VARYING NEED FOR HOSPITAL SERVICES

Occupation	Percentage of Unmet Need			
	00 to 19	20 to 39	40 and over	Total
Self employed business man	30.8	43.7	36.1	34.5
Professional	30.1	18.5	25.4	26.8
Employed manager	12.4	18.5	21.9	15.9
Farm owner or operator	13.5	8.4	4.7	10.3
Civil official	9.5	5.0	8.3	8.4
Non-supervisory employee	3.7	5.9	3.6	4.0
Total percent	100.0	100.0	100.0	100.0
Number	N=379	N=119	N=169	N=667*

Chi square = 31.99

p = <.01

* Information not available for three cases.

In the areas with the greatest need for hospital services those who obtain services at all must often travel great distances to do so. Self employed business men are most able to do this, because they have freedom to arrange their work schedule, and are financially able to pay the cost. Having established this pattern they are likely to be less concerned with a new hospital. This is especially true if they feel that the new local facilities will be inferior.

One other possibility presents itself that can only be suggested at the present time. This possibility is based on the idea that the behavior studied is "middle class" and that participation in the areas of greatest need involves increased financial burden. It would seem possible that the participation of employed managers in this kind of activity is in the nature of an effort to achieve or maintain a position in the class structure, and that they persist even when the initial cost is prohibitive. On the other hand self employed business men may participate only because it is expected of them or because it is good business, and be more able to give it up when the factor of additional cost appears.

The relative level of farmer participation decreases steadily as the need for hospital service increases. One factor that may throw some light on this trend is the lack of familiarity that farmers have with the purposes of hospitals, and an attendant lack of appreciation of their value. In some areas there are many farmers or ranchers who have never had an experience with a hospital, and do not know anyone who has. The head nurse of a hospital in Wyoming indicated that one of her most difficult jobs was fighting the misconceptions that the ranchers held of the new hospital. She said that in the short time the hospital was in operation

she could notice a change in their attitudes. She accounted for the change in terms of increasing information spread by word of mouth by those ranchers who had been in the new hospital either as emergency patients or as visitors.

Keeping the educational value of existing hospital facilities in mind, it is reasonable to suppose that farmers will increase in participation where some facilities already exist. Where there are some hospital services available, even though inadequate, the rating of need will be lower, and the information level of the farmer will be higher.

The participation pattern for professionals is also erratic. Beginning high in the areas of least need, it drops in the middle need range, and rises again in the areas of greatest need. This pattern may be due to two situations characteristic of the extremes in need. In the area of least need the value system and the financial ability to pay may result in a relatively high level of hospital service, and also provide a corps of well trained professional workers who will show an interest in making the hospital services even better. At the other extreme, where no adequate hospital services are supported, the professionals who are in the area may be abnormally concerned with obtaining at least a minimum of hospital service. In the middle need range, where hospital services are mediocre, and the professional services possibly the same, professional participation might be expected to be low.

Financial ability to pay is probably not the crucial factor in this trend, since no related trend appeared when participation was examined in localities grouped by income index. The association of occupational

participation and the area of potential use of the service will be examined in the following section.

Area of Potential Use of Services:

The areas of potential use of the hospitals examined in this research are best described in terms of differing configurations of town and country and of single and multiple county units. Table V indicates the distribution of the active persons throughout these locality patterns. In approximately one half of the cases the area of use consisted of a single and entire county. The next most frequent pattern was a clustering of towns and the area surrounding them. This was followed closely by units of two or more counties, and then by the least popular pattern of a single town and the area which surrounded it. Seventy of the 218 areas are in this class.

Two deviations from the general pattern of occupational participation are found when the various areas of potential use are viewed separately. These center around the farmers reaction to the county as an administrative unit, and the kind of orientation that is necessary to promote cooperation across county lines when sparse population or inadequate finances makes this necessary.

Farmer participation is highest where a single and entire county constitutes the area of potential use. This is in keeping with the traditional county orientation of the farmer. T. Lynn Smith has indicated that 98 percent of the farmers in the United States live in areas where a county or a parish type of government exists.⁹ In addition to

⁹ T. Lynn Smith, The Sociology of Rural Life, New York, Harper and Brothers, 1947, p. 441

TABLE V
PATTERNS OF OCCUPATIONAL PARTICIPATION IN DIFFERING
AREAS OF POTENTIAL USE OF HOSPITAL SERVICES

Occupation	Entire County	Multiple County Unit	Several Towns and Surrounding Area	Single Town and Surrounding Area	Total
Self employed business man	34.0	29.7	39.0	39.2	34.7
Professional	26.7	31.2	22.8	27.0	26.9
Employed manager	12.2	22.6	16.9	16.2	15.9
Farm owner or operator	14.5	3.7	10.3	6.7	10.4
Civil official	9.6	6.4	6.6	9.5	8.3
Non-supervisory employee	3.0	6.4	4.4	1.4	3.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number	N=303	N=141	N=136	N= 74	N=654*

Chi square = 32.49

p = <.01

* Information not available on six cases.

the county form of government other agencies familiar to the farmer, such as the weekly newspaper and the County Extension or Farm Bureau Office operate on a county basis.

In contrast to the above trend the level of farmer participation is lowest where several counties are involved as a unit. This may indicate that familiarity with the process of intra-county organization does not necessarily involve familiarity with the processes by which inter-county cooperation is achieved.

In the areas in which several counties comprise the area of potential use professionals and employed managers assume a higher degree of responsibility. Neither of these groups are as likely as the farmer to consider the county to be the legitimate subdivision to handle a hospital building program. The employed manager particularly is likely to be connected with a business or industry that is the hub of a trade area larger than the county. He is also less likely to be a "native son", and if he is a branch manager of a chain store there is a good chance that he has had experience in some more urban situation where the county was less important.

Contrary to what might be expected the self employed business man is relatively inactive in a multi county situation. This may be an indication that in the poorer and dispersed areas in which counties must combine to support a hospital the self employed business men are of necessity small. The sphere of interest of this group may well be confined to a town centered trade and service area. This suggestion is bolstered by relatively high levels of participation for this group in the situations

described as "one or more towns and the surrounding area". This kind of area is quite similar to the kind of **trade and service** area with which small business men are familiar.

The two situations that best describe self contained legal subdivisions are the ones in which civil officials are most highly represented. This might be expected, since this group will find it difficult to justify their involvement in a project in which funds might pass out of their area of jurisdiction. County officials similarly will not be interested in a service serving only a part of their county.

Region, rural-urban balance of population, degree of unmet need, and area of potential use have shown an association with the pattern of occupational participation. In addition to these factors two other locality characteristics were examined which were not found to be significantly associated with occupational participation. These factors were the population and the income index of the hospital service area. The total Chi square for the table on population and occupational participation was 19.44. This was significant between the 0.05 and 0.10 level. The only notable trend in this table was an increase in farmer participation in the areas having the least population. The total Chi square for the table showing the association of occupational participation to the income index of the area was 19.59, which indicated significance between the 0.05 and 0.10 level.

The locality characteristics used in this analysis are probably not discrete factors. There are relationships known to exist between rurality and need for hospital services. Similarly it is recognized that some

regions are more rural than others. Since the number of cases in the study does not permit adequate partial analysis, each of these factors are assumed to be totally related to occupational participation.

As evidence that these factors are to a degree operating independently we find that employed managers participate relatively more in urban settings, but relatively less in the areas of lowest need. Similarly farmer participation goes up in the rural areas, but down in the areas of greatest need. In other instances it appears that region and rurality are operating together. Employed managers participate at a high level in the Northeast (an urban region) and at a low level in the Northwest (a rural region). This is consistent with their pattern of participation in the most and least rural areas. In this case partial analysis should be made to determine which factor these individuals are responding to.

The national pattern of occupational participation has been examined, and it appears to indicate that the hospital organizing activity being studied is largely the concern of town centered, business and professional persons. There is also an indication that the activity is a middle class or "white collar" phenomena. Farmers, as was expected, were particularly active in the more rural situations. They were also active in areas where the area of potential use was a single and entire county. The only deviation from a low level of participation of non-supervisory employees was in the Far West. These associations to a large extent substantiate the working hypotheses that were formulated from the assumption that the general pattern of occupational participation will vary in relation to

regional and local differences among the 218 localities studied.

The following chapter will examine the association of occupational affiliation to the specific methods used in working toward the goal of a community hospital.

CHAPTER III

OCCUPATIONAL PARTICIPATION AND THE METHODS USED TO OBTAIN LOCAL HOSPITAL SERVICES

The final assumption guiding this research is that the methods used by individual localities in working toward their hospital goal are in some measure a function of the occupational affiliation of the most active persons. As a tentative hypothesis it is believed that a method will be used by any occupational group in rough proportion to the degree of familiarity, access, or advantage it has in so doing.

The particular activities that will be used in this analysis are as follows:

1. The method used to introduce the idea of building a new hospital.
2. The nature of the most important central group.
3. The method of determining the membership of the central group.
4. The method used to pay for the hospital.
5. The kinds of appeals used in the campaign.
6. The method used to communicate the appeals to the public during the campaign for support or for money.

In terms of time these activities involve more than the period of concentrated effort often referred to as a "campaign". The first three of the phases listed above describe activity preliminary to any concentrated effort. In many cases this took place months, or even years before any successful "campaign" was possible. The last three phases more closely approximate a fund raising or electioneering "campaign". In the following analysis this historical sequence will be followed.

Each of the tables in this section indicate the associations between occupation and method on the total national scene. Each has also been examined region by region, and although the cell totals in these sub-analyses did not permit statistical manipulation the trends noted on the national scale were also present in the individual regions. A second point peculiar to the tables in this section is that the nature of the phenomena being studied permits each individual to fall in more than one classification. This in a sense obscures the sharpness of the association, and is reflected in the contingency tables.

I Activity Leading up to the Campaign

Introducing the Idea:

Once conceived the idea of building a new hospital must be communicated to larger segments of the local population. This usually takes the form of an informal effort, not to raise money or to get votes, but to enlist the agreement of specific persons or groups that the idea is a good one. In general newspaper articles and editorials, community meetings, and informal discussions are the methods most widely used to make the introduction. To a lesser degree the facilities of various associations, churches, and businesses serve this purpose. Examination of Table VI indicates that these methods were not used equally by the various occupational groups. To this extent support is given to the assumption that the methods used in the local efforts are in part a

TABLE VI

THE METHODS USED BY OCCUPATIONAL GROUPS TO INTRODUCE
THE IDEA OF A HOSPITAL BUILDING PROGRAM

Occupation	Community Meetings	Newspaper	Informal Conversation	Service Clubs and Fraternal Groups	Local Business	Schools Churches	Farm Groups	Total Percent
Self employed business man	27.0	13.4	20.1	6.5	14.1	10.0	8.9	100.0 N=653
Professional	19.6	20.5	15.8	14.2	11.0	10.7	8.2	100.0 N=692
Employed manager	19.6	20.6	15.9	14.5	12.7	10.4	6.3	100.0 N=441
Farm owner or operator	20.0	24.4	13.3	14.9	8.2	6.3	12.9	100.0 N=255
Civil official	15.5	21.7	15.6	16.0	10.4	10.8	10.0	100.0 N=231
Non-supervisory employee	24.5	21.4	15.3	14.3	8.2	10.2	6.1	100.0 N= 98
Total	21.5	19.2	16.7	12.4	11.6	10.0	8.6	100.0 N=2370*

Chi square = 70.32

p = < .01

* Total N = the total number of methods used by all individuals.

function of the occupation of the active persons.¹

It was suggested earlier that in carrying out a hospital organization project, the occupational groups would tend to utilize the methods with which they were most familiar, or to which they had most ready access. Considering first the point of familiarity it seems that self employed business men, the group that is probably most familiar with the value of the newspaper in the promotion of business, used this medium sparingly. Similarly in terms of access, these business men directed only a small proportion of their efforts through service clubs and fraternal groups, Although they represent a good portion of their membership.

In other cases occupational groups appear to favor methods with which they might logically be most familiar, or to which they have most ready access. Business men and employed managers, for instance, utilize local business facilities to a greater extent than other groups do. Farmers also are more often found using the opportunities presented by farm organizations. In the same manner farmers, who are isolated from many of the other communication channels, rely quite heavily on the newspaper.

Looking at several of these methods in combination it appears that self employed business men are consistently higher than both farmers and

¹ In constructing this table all local areas which had used a specific method, as for instance a community meeting, were isolated. The number of persons of each occupation in these localities was then noted. This operation was done for each group of localities which had used each of the specific methods. The total number of times that a specific occupation appeared in conjunction with all methods was then obtained, and percentages computed which show what percentage of all the activity of a specific group each of the methods represents.

civil officials in the use of the face to face media of informal conversation and community meetings, and that these farmers and civil officials are considerably higher than the business men in the use of the indirect media of the newspaper. A possible explanation of this trend is that self employed business men prefer a face to face situation because it permits them to sense the reaction of their audience immediately, and to qualify their stand if a negative reaction appears. Introduction of an idea for a local project such as a hospital by way of a news article or advertisement does not permit this kind of immediate evaluation of how the idea is being received. This situation has particular meaning to the self employed business man who is sensitive to public opinion, and whose motives in promoting a public venture might be suspected.

Although farmers are not as concerned as business men about maintaining good public relations they nevertheless can appreciate the value of a face to face situation in successfully promoting an idea. The fact remains that they are relatively isolated, and must use the available channels. Their heavy use of the newspaper in the kind of a situation requiring town and country cooperation is probably aided by the unique position which the weekly newspaper, and its editor, holds between the town and the farm population. It has been pointed out that the hospital projects were in general town centered, but that farmers became relatively more important as the area became more rural.² In the more rural situations where farmers did become involved the cooperation between town and country may well have been mediated by the newspaper.

² Supra, p. 21

The avoidance of the face to face contact, particularly in community meetings, by civil officials is more difficult to explain. One possibility is that a public meeting sponsored by a public official will be deemed "political", no matter what the subject is. The same meeting sponsored by a business man may well be thought of as "democratic".

After the idea of building a new hospital has been introduced the development of the project depends on an assumption of responsibility by some group of persons. This group may be formed specifically for the purpose at hand, or an existing group may adopt the project as its own. The following sections will consider the nature of the central group and the manner in which its membership is determined.

The Responsible Group:

In very nearly one half of the cases the responsibility for the administration of the hospital project was assumed or vested in an official hospital group. In many cases this was a temporary "Hospital Association", or "Hospital Committee" whose avowed function was to provide the funds and direction needed to build the hospital, and to dissolve when this task was done. In other cases a "Hospital Board" either new or carried over from some already existing hospital, assumed this responsibility.

In the cases where such an official "Hospital Group" did not assume responsibility a variety of other kinds of groups did. These groups were frequently local organizations such as a Community Council or Planning Commission. The distinguishing characteristics of these groups were that they had not been formed specifically to obtain the hospital, and that they were not affiliated with any organized business, service,

social, or fraternal group. In the remainder of the cases business and service groups, civil groups such as county boards of supervisors, and social and fraternal groups became the responsible bodies.

One of the tentative hypotheses suggested is that occupational groups will use those facilities to which they have most ready access, or with which they are most familiar. The most graphic realization of this is seen in the degree to which civil groups are responsible in the efforts which involve civil officials. Other such associations are not as clear cut, principally because not enough is known about the membership patterns of the various kinds of groups. Another point that is not known that would aid in analysing the data is the prestige or power position of the various occupations within such groups as business or service and fraternal organizations.

Table VII indicates that business men, especially employed managers, appear in conjunction with business and service sponsored projects to a greater extent than do professionals and civil officials. This low figure for civil officials can be more readily explained by lack of familiarity or access than can the figure for professionals. Under the assumption that professionals and business people have relatively equal access to business and service groups some other reason must be sought. It is possible that the position of professionals within these groups is such that they cannot successfully involve the group. Another factor that may be operating is that over a third of the professionals are medical doctors, and since they have an obvious interest in the building of a hospital they may refrain from promoting their interest through the business group.

TABLE VII

THE GROUPS RESPONSIBLE FOR HOSPITAL BUILDING PROJECTS AS
ASSOCIATED WITH THE VARIOUS OCCUPATIONAL GROUPS

Occupation	Hospital Group	Local Community Group	Business and Service Group	Civil Group	Social and Fraternal Group	Total Percent
Self employed business man	48.8	13.1	15.2	10.6	12.3	100.0 N=283
Professional	42.6	17.5	13.3	18.0	8.6	100.0 N=234
Employed manager	48.9	21.2	17.5	5.8	6.6	100.0 N=137
Farm owner or operator	45.1	10.8	14.0	18.3	11.8	100.0 N= 93
Civil official	36.1	11.1	11.1	27.8	13.9	100.0 N= 72
Non-supervisory employee	38.5	17.9	20.5	7.7	15.4	100.0 N= 39
Total	45.2	15.4	14.8	14.0	10.6	100.0 N=858

Chi square = 49.78

p = < .01

* Total N = total number of methods used by all individuals.

Professionals and farmers are more closely associated with civil groups as responsible organizations than either self employed business men or employed executives. In rural areas especially there is a close tie between the farmer and the civil administrative group. In situations where a movement toward obtaining a public service is accomplished by signed petition the civil body is likely to be more impressed if both the rural and urban constituents are behind the movement. Where they are not there is a good chance that the project will be advanced more successfully by some other group.

The association of professionals with civic group sponsored projects is not as readily explainable either in terms of access, familiarity, or economic advantage. There is a possibility that the association of civil officials with hospital projects based on a bond issue or taxation method is entering at this point, and that the professionals are responding more to the method of payment than to the nature of the central group. If this is the case a contributing factor might be a tendency away from a "free enterprise" system of public welfare, and toward a system of public responsibility, based upon the factor of the additional education these professionals have had. A more detailed analysis of these partial associations should be made.

A factor contributing to the professional favoring of civil sponsored projects might also be the high percentage of professionals who are medical doctors. In supporting a drive for a hospital the doctor is in somewhat of a dilemma. While he is probably the person who can best estimate the need for a hospital he must guard against a feeling that he wants the community to build a workshop for him that he will run for his own profit.

In cases where a civil group is interested and prepared to administer the hospital in the interest of the public, this problem is minimized.

Considerable difference is noted in the extent to which the two business oriented groups, self employed business men and employed managers, are associated with projects organized around a local community group such as a health, or community council. Presumably this kind of group does not have the kind of occupational membership requirements or restrictions that business and service groups often have. To this extent they are more equally available to all persons. Some other reasons must be suggested for the different degree to which they are used.

It was suggested earlier that participation in this kind of local effort is "middle class" behavior, and that it might have different meanings to people in different positions in the class structure. Specifically it was suggested that self employed business men participate because it is expected of them, and that the employed managers participate in order to achieve or maintain a position in the structure. It might follow that a certain number of these "achievers" have become associated with these "community" groups because membership was on a voluntary basis. This would be especially true if they did not have access to other "closed" groups which were doing the same kinds of things.

Membership of the Responsible Group:

The methods that were used to determine the membership of the central group range from the relatively "democratic" method of election, through a federal system of representation from other groups, to the relatively autocratic methods of appointment by local officials or self appointment. All of these methods were used extensively with election

the most popular and appointment from other organizations the least popular. The associations found between occupation and these various methods were significant between the 0.05 and 0.10 level. This relative lack of association may indicate that "ideal" methods, or "democratic" principles of organization are not as important as "opportunity". Any occupational group is evidently willing to go along with or promote an effort established by either election or self appointment.

The processes of local organization considered thus far have set the stage for a more intensive campaign. The following sections will first look at the crucial question of how the money is to be raised, and then at the kinds of campaign appeals and techniques that were used.

II The Campaign

Methods Used in Obtaining Funds:

One of the important decisions to be made in any locality that wants to build a hospital is the method that will be used to raise the money. The most popular method throughout all 213 areas studied was a locally administered public subscription campaign. This method was particularly favored by self employed business men and employed managers, and by non-supervisory employees. A public bond issue or taxation plan ranked second in popularity, and was preferred by civil officials and farmers. The remaining method was a public subscription campaign under the direction of a professional fund raiser. Employed managers and non-supervisory employees were the largest users of this method.

A regional analysis of methods used in fund raising indicates that

professional fund raising was the dominant method in the Northeast. Locally run public subscription was favored in the Middle States and the Northwest, and bond issue or taxation plans were most used in the Southeast, Southwest and Far West.

Two issues are involved in the making of a choice among the three fund raising methods. The first is concerned with a choice between bond issue or public subscription. The point at issue here is not only one of a tax versus a gift basis of payment, but also includes the problem of a tax supported publicly administered institution versus a privately administered, non-profit one. The second problem is contingent upon an initial decision to pay for the hospital by public subscription. The issue centers around whether the campaign will be run by a local person or by a professional fund raiser.

From the standpoint of the bond issue or public subscription question it seems that more than half of all groups except farmers and civil officials favored some form of public subscription. The divergent groups, of course, favored a bond issue or taxation method.

Familiarity and accessibility doubtless play a role in the association of farmers and civil officials with projects based on a bond or tax method. Civil officials are most familiar with the procedure by which such an issue is brought to vote, and can most readily obtain the information regarding the possibility of an additional tax levy. Such information as how much of an increase is permissible by law, and how politically expedient an additional levy would be, is probably more available to civil officials than to any other group. In addition, if the civil officials are politically active the political implications are greater, both from

TABLE VIII

THE FUND RAISING METHODS USED BY OCCUPATIONAL GROUPS
IN HOSPITAL BUILDING CAMPAIGNS

Occupation	Locally Run Public Subscription	Bond Issue or Taxation	Professional Fund Raiser	Total Percent
Self employed business man	51.9	34.1	14.0	100.0 N=285
Professional	43.5	42.4	14.1	100.0 N=248
Employed manager	51.4	31.1	17.5	100.0 N=148
Farm owner or operator	40.00	49.5	10.5	100.0 N= 95
Civil official	34.3	51.4	14.3	100.0 N= 70
Non-supervisory employee	43.8	28.1	28.1	100.0 N= 32
Total	46.5	38.7	14.8	100.0 N=878*

Chi square = 30.26

p = <.01

* Total N = total number of methods used by all individuals.

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the standpoint of the jobs that will be created within the new hospital and because of the political value in being responsible for a new public welfare institution.

The trend of self employed business men toward the use of public subscription methods and away from any taxation system of payment for the hospital is particularly amenable to an economic interpretation. Because of their taxable interests the self employed business men may shy away from a tax plan. A bond issue will be directly reflected in the tax rate for many years to come, while a direct gift, even though it amounts to the same sum, can be largely recovered in the form of income tax deductions over several years. This answer is not decisive, however, since farmers who are also interested in tax rates, favor a bond issue plan.

Another factor that indicates this reasoning is incomplete is that employed managers, and non-supervisory employees, who are not so likely to have as much real estate, and who do not as often get into the income brackets where gift deductions are as profitable, favor public subscription. This hanging together of business men and people who work for business men indicates that some other factor is present. It is possible that a "white collar" ideology may be operating here, so that economic advantage is superceeded. It is also possible that the margin of economic advantage is smaller for these groups, so that they will not be hurt by following along with the business owners.

Once the crucial decision is made about the method for raising the necessary funds the "campaign" may officially begin. The object of this

campaign is either to obtain money by gift or to get voters support to use county or town money. In some cases the county administration can accomplish this without a vote, but presumably not without voters support. The kinds of appeal used, and the means by which the appeals were communicated to the people are discussed below.

Appeals to the Public:

Included among the appeals that were used during the campaign were appeals to civic pride, admonition of civic responsibility, appeals to prestige, opportunities for conspicuous consumption, and threats of ill health or community disaster. Pride, civic responsibility, and prestige appeals were used in practically all campaigns, and fear of ill health or community disaster was used sparingly by all groups. There is no discernable association between the kind of appeal used and the occupation of the active person. The total Chi square for this contingency table was 5.29 and p was 0.99.

A similar situation exists for the methods used to communicate these appeals to the total area. Newspaper and informal conversation were the most popular methods, followed by speeches and radio or movie techniques. The few occupational preferences for any of these techniques did not indicate more than a chance association. The total Chi square for this table was 13.83, and p was 0.95.

In view of this almost chance association of method and occupational affiliation very little can be said about familiarity, access, or economic advantage. The fact that several of the kinds of appeals and also methods of communication were used in practically all localities indicates that promotional techniques have become so standardized that the same

pattern is followed no matter who is involved in the campaign.

This analysis of the association of occupational affiliation with the methods used to organized and carry out a hospital building program concludes the initial presentation of data in this research. The preceding chapters have presented the sociological problem in broad outline, reviewed the literature contributing to the problem, and indicated the position of the present research in relation to the problem. The second chapter reviewed the national, regional, and local variations in patterns of occupational participation, and this chapter has looked at the association of occupational affiliation with method used. The following chapter will summarize what has gone before and will outline the conclusions the data seem to suggest.

CHAPTER IV

SUMMARY AND CONCLUSIONS

The object of this research is to examine the occupational affiliation of the persons who are most active in a number of local efforts to obtain hospital services, and to identify the variations in relative occupational participation that might accompany regional and local differences such as degree of rurality, income index, and the area of potential use of the services. The second major area of investigation is to find out which methods used in working toward the local hospital goals are most closely associated with the individual occupational groups.

I Patterns of Participation

National:

From the outset it appears that the activity being studied is dominated by self employed business men, professionals, and employed managers. Farmers, civil officials, and non-supervisory employees play a much smaller part. This national pattern of participation indicates two things. First that even in the relatively rural situations studied the activity is dominated by town and business oriented persons, and second that the lower socio-economic class is largely excluded. From what is known about social class participation in this kind of local activity this latter trend could be expected. The town and business bias however, is contrary to the early expectations of the research committee.

Regional:

Examination of the patterns of relative occupational participation among the six major regions of the country shows that although the self employed, professionals, and business managers maintain their dominant role, their relative position varies from region to region. One general trend is that while self employed business men are the most active in all regions their role is increasingly assumed by employed managers in the industrial Northeast and Middle states. Conversely the participation of employed managers drops off in the Northwest and Far West. In these rural regions the farmers are more prominent, a trend which is probably augmented by the higher town-country pattern of interaction prevalent in these regions. In general it can be said that the national patterns of occupational participation apply throughout the various regions. Regional industrial patterns and rural living patterns do, however, seem to relate to minor changes within this general pattern.

Rural Urban:

As the more and less rural situations are examined the most obvious trends noticed are that farmers become more active in the more rural areas, and employed executives become less active. This trend for farmers is particularly important in qualifying the statement that farmers are relatively inactive in the behavior studied. Farmers do become more important in the extremely rural areas.

Degree of Need:

Two consistent but opposite trends appear as occupational participation is examined in association with degree of need. The first is an increase in the participation of employed managers as greater need presents

itself, and the second is a decrease in farmer participation as greater need appears. It seems that in the areas where some hospital services are available, and consequently a lower rating of need prevails, the knowledge that farmers have of the value of hospitals is greater and therefore their participation is greater. Where no facilities exist, and the information level is low, farmer participation is correspondingly low. The opposite trend for employed managers seems to indicate that need for hospital services is a social problem and that they are responding to it as such.

Other groups respond erratically to need. Self employed business men, for instance, dropped in participation in the areas of greatest need, possibly indicating that where facilities are at the lowest ebb they are better able than other groups to establish a pattern of going greater distances for hospital services. Professionals reach a low point in the middle range of need. An explanation postulated for this is that areas differ in the level of general welfare and personal services they are willing to support. An area providing reasonably competent professional services of all kinds will probably also provide reasonably adequate hospital services. In these areas the standards of the professionals possibly motivate them to strive for even better services. On the other hand there are probably areas where general welfare and professional services are not supported, and where the few existing professionals are overly concerned with this low level, and participate much more visably in any effort to raise the standard of services. There remains a range between the extremes where the level of support of public welfare, including hospital services, is mediocre, and where the professionals

are not motivated to act.

These trends seem to indicate that where some objective measure of need is possible, variation in occupational participation can be expected. In this case variations are centered around (1) a difference in opportunity for one group to appreciate the need. (the farmers evidently become active only when some examples of service are available), (2) the possibility one group has to develop its own solution to the problem. (self employed business men have an advantage in the ability to adjust their work schedule), and (3) the existence of a mediocre level of service that deters action toward a higher level. (professional and civil officials seem to be rather apathetic in the middle range of need.)

Area of Potential Use:

As the various configurations of town and country units and single and multiple county units that constituted the area of potential service are examined, several trends in occupational participation appear. Where the area of use most closely resembles a natural trade and service area, as when several towns and the surrounding area are involved, the participation of self employed executives reaches its highest level. Farmers on the other hand are most active when a single and entire county is involved, and least active when "two or more counties as a unit" is the area of use. In these same larger units the employed managers assume their most important position. Civil officials are most active in those situations where the area of use is coterminous with a civil division.

These trends seem to indicate that a wide variation exists in the makeup of the areas of potential use, and that there are definite patterns

of occupational participation associated with these different situations. Both political and economic considerations seem to be important; the farmer and the civil official preferring a well defined civil area and the business man preferring the kind of area best related to his business associations. A particular problem arises where several civil divisions of the same order must work in cooperation. This seems to indicate that ability to operate successfully within a civil unit does not insure ability to operate when the same unit needs to be represented in inter-unit cooperation.

II Occupational Participation and Methods Used

The activity of the local areas is reviewed, beginning with the introduction of the idea and the decisions as to what group should be responsible for the project, through the major decision on how the money is to be raised and finally to the kinds of appeals that are made and the methods used to make them. In general it is found that as the occupational groups are examined separately some are more highly associated with certain methods than others.

Introducing the Idea:

In regard to the methods used to introduce the idea familiarity and accessibility are often important factors. Business men and employed executives, for instance, utilize the facilities of business establishments more than any other group, and farmers are particularly ready to use farm organizations. Conversely farmers, who are relatively isolated rely quite heavily on the newspaper, while self employed business men, although familiar with the newspaper, seem to prefer the face to face

media of informal conversation and public meetings. There is a possibility that this preference for immediate contact situations is based on a desire to maintain a position of quick retreat or qualification if a negative reaction is forthcoming. Business men may be the quickest to recognize the value of this, since they have the most to lose if a negative reaction occurs.

The Responsible Group:

It is found that most hospital projects are headed up by some sort of voluntary or official "hospital" group. In some cases this is some form of hospital association, and in others it is a hospital board. In still other cases the responsibility is vested in a local community group, business or service group, civil group, or a social or fraternal organization.

The test of accessibility or familiarity does not sufficiently explain some of the associations found between occupational affiliation and the kind of group responsible for the project. Business oriented persons, for instance, appear in conjunction with business and service organizations more consistently than professionals, although professionals conceivably have as ready access to these groups as do the business people. It is possible that the relative power position of the occupational groups within the kinds of sponsoring groups involved must be studied before these patterns of activity can be understood. Considering that many of the professionals are medical doctors it is possible that these groups cannot be formally used to promote a vested interest of a member, even if he is in a power position.

Professionals are evidently in a more advantageous position where

civil bodies are concerned, Where such a group exists, and presumably can take over the administration of the new facility, the doctors are spared the accusation that they want the people to build them a "workshop" that they can use to their own economic advantage.

Of all the kinds of groups that are represented among the responsible bodies, "community" groups, such as local health councils and community councils probably have the fewest membership restrictions. In spite of this there is a wide variation in the extent to which they are used by different occupational groups. This kind of sponsoring group is most heavily used by employed managers, a trend that fits into the postulation that employed managers participate in this kind of activity as a means of maintaining or achieving social status equal to that of the business owners. Being denied access to other "closed" sponsoring groups there are possibly a number who will welcome opportunity to volunteer in a "community" group.

It seems from the above associations that in considering the behavior of occupational groups in this kind of local behavior, that in addition to familiarity with and accessibility to certain media, institutions, and associations, it is necessary to also consider the following factors:

- (1) the power position of the various occupations within these groups,
- (2) The implicit or explicit rules of conduct these groups have, and (3)

the variation in meaning that the behavior being studied has for the different occupational groups.

Raising the Funds:

Some distinct associations are found between occupational affiliation and the method used to raise the funds. These center first around

the question of tax supported systems versus public subscription, and second around the question of who will run the public subscription campaign if this system is used.

Economic advantage plays an important role, especially in deciding the issue of tax versus public subscription. The self employed business men are overwhelmingly in favor of a public subscription plan, presumably because of the advantages that income tax deductions afford for recouping much of the expense. This reasoning is not decisive, however, since other groups such as farmers will suffer from a tax levy, yet prefer such a method. Also such groups as employed managers and employed non-supervisory people go along with the self employed business man even though they do not share the advantages. A factor that may be operating is a business oriented antipathy for tax supported public welfare institutions.

Farmers, and civil officials are most actively in favor of a tax based system. The civil officials obviously have familiarity, access, and at least political advantage to account for their bias in this matter. Farmers may be reacting more to a county system per se, then to a taxing system.

Once a decision is made in favor of a public subscription method, the question of professional versus local administration must be answered. This method is characteristic of the Northeast, and as might be expected the employed managers are heavy supporters of it. Over half of the projects of this nature are located in the Northeast, and very few projects of any other kind are used in this region.

Since this use of professional fund raisers is concentrated in the industrial Northeast, largely headed by business men, and heavily weighted with employed managers, it seems probable that a decision to use this kind of service is a move toward specialization, and within the rational-legal tradition of large business.

Appealing to the Community:

The analysis of the kinds of appeals made during the campaign and the way in which these appeals are communicated does not show statistically significant association with occupation. This is partly due to a tendency toward a "saturation" technique in which all available media are used, and all possible points of appeal touched. It would seem that the techniques of "campaigning" have become standardized to the point that all appeals and techniques are familiar, available, and evidently used by all occupational groups. In the less used appeals, such as threats of ill health and techniques such as radio and movie, no group appears to ignore or use them extensively.

III Areas for Additional Research

This research examines the associations that are found between occupational participation and regional and local differences, and the associations found between occupational affiliation and specific methods used in working toward a hospital goal. In many cases fairly clear cut and logical reasons are available to explain these associations. In other instances, however, this reasoning is at the level of conjecture, and needs further investigation.

One area where this is particularly true is the contention that the activity studied is a form of class behavior. Although there is little doubt that participation is denied the lower socio-economic class, there is some indication that it has different meaning for different occupational groups within the classes. It is suggested that the employed managers occupy a more precarious position within the middle class structure, and that consequently they maintain an interest in this activity even when it may hurt them financially. In addition it is felt that there are some in this class who are denied the more exclusive channels of participation, and are forced into "open" membership groups such as local health groups, and community councils, in order to participate. This speculation needs to be investigated.

Another point of discussion that is approximately on the same level centers around the relative prestige or power position of the various occupations within the associational groups. This need is pointed out when it appears that professionals do not use or represent the business and service groups to which they presemably belong, but are more closely associated with civil groups.

Tendencies are noted throughout this research for certain occupations to hang together, even when "logic" is not available to explain why. The two main clusters seem to be a "business oriented" one of self employed business men, employed managers, and employed non-supervisors, and a more hetrogeneous one of farmers, civil officials, and professionals. These clusters are not entirely consistent in their associations, but do appear often enough to suggest an area of research. The point to be determined is whether or not they are reacting similarly for the same reasons, thus

indicating a common core, or are reacting similarly for different reasons, and only seem to have common factors.

One manifestation of this problem is the way in which the professional follows the pattern often set by farmers and civil officials. A suggestion is made that the bias of professionals toward a tax based, publicly administered hospital program is due to their higher level of educational attainment, and not due to familiarity and advantage, as in the case of the farmer or civil official.

This examination of occupational participation in local efforts to obtain hospital services has pointed out some of the forces associated with participation, and has given some indication of the influence that occupational affiliation might have on the course of the local activity. Although the phase of local behavior studied is narrowly defined it is believed that it represents one of the typical kinds of situations that local areas become involved in, and that the trends noted may to some extent be generalized to other action situations.

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APPENDIX

APPENDIX A

The Questions on which this
Research is Based

"6.* In your community, how was the idea of the hospital project spread to the rest of the community?

a. Discussion about it in: (Check as many as apply)

1. ☐ Newspapers
2. ☐ Schools
3. ☐ Churches
4. ☐ Clubs and fraternal organizations
5. ☐ Farm organization (co-ops, etc.)
6. ☐ Social Welfare agencies
7. ☐ Local Business firms
8. ☐ Informal conversations of people
9. ☐ Other (specify)

X ☒ No discussion at all

b. Community meetings held in: (Check only one)

1. ☐ Town
2. ☐ The country
3. ☐ Both places
4. ☐ No meeting held"

"10. In your community, what would you say was your most important central group responsible for planning, promoting, and sponsoring the project? (Check one)

1. ☐ County political body
2. ☐ Town Political body
3. ☐ Local health council
4. ☐ Community chest
5. ☐ Hospital board
6. ☐ Council of Social Agencies
7. ☐ Hospital Association
8. ☐ Community wide citizens council
9. ☐ Some other community or county group.
Give Name"

"12. How were the members of your central group selected?

1. ☐ Appointed from community organizations
2. ☐ Appointed by local officials (Which officials)
3. ☐ Elected at a Community meeting
4. ☐ Formal election (formal ballots etc.)
5. ☐ Just happened to get together
6. ☐ Other methods of selection
(Specify)

* Numbers refer to item number in original instrument.

"22. In planning for your hospital which of the following areas did you have in mind as potential users of it?

1. () A village, town, or city only
2. () A village, town, or city and the surrounding area
3. () Several villages and their surrounding area
4. () An entire county
5. () More than one county as a unit"

"26. What methods did your community use to raise funds? (Check as many as apply)

1. () Voluntary gift campaign under local subscription
2. () Drive led by professional fund raisers
3. () Voting a bond issue (Town or County)
4. () Selling memberships in a cooperative hospital
5. () Other (Specify)"

"31. Which of the following ways were used in your community to appeal to the people during the campaign? (Check those which apply)

1. () Newspaper articles
2. () Posters
3. () Hand bills
4. () Speeches to organized groups
5. () Using a speakers bureau
6. () Radio talks
7. () Movies
8. () Face to face discussion and persuasion
9. () Other (Specify)"

"32. Which of the following kinds of appeals were used in your campaign publicity? (Check those which apply)

1. () Desire for a memorial to a relative or friend
2. () Fear of personal or family poor health
3. () Fear of a community disaster
4. () Desire for the prestige that making a contribution may bring.
5. () Desire for getting credit for one's organization
6. () "Others support it, why not you?"
7. () Health is a community responsibility
8. () Making the community a better place to live in
- Name any other special appeals used in your campaign
9. () No particular idea was emphasized"

"A community project like the building of a hospital concerns many persons and groups in the community. Some people would say, however, that a FEW VERY ACTIVE persons and groups make the difference between success and failure.

38. Would you give the following information about the FOUR MOST ACTIVE persons in organizing and carrying out your hospital project?

What kind of work does this person do? (Professional, sales, executive, retired, etc.)

What kind of employer does this person have? (Self, business or industry, state, etc.)

1.....

2.....

3.....

4.....

APPENDIX B

A Description of
the Occupational Groups
Used in this Research

In arriving at the following classification of occupational groups the two factors of "kind of work" and "relationship to an employer" were kept in mind. Wherever possible the Alphabetical Index of Occupations¹ has been used in classifying the workers.

Self Employed Business Men: The occupational group "Self employed business men" includes all non-professional, non-farmers who assume the risk and management of business. Included in this group would be most of the class "employers and own account workers" used by the United States Census. This is the largest occupational group represented in the study, and includes 232 individuals.

Professionals: One hundred and eighty of the individuals included in this research are classed as "professional". More than one fourth of these are self employed medical doctors, less than one fourth of them are salaried professionals such as school system employees, architects, preachers and extension workers, and approximately one half to them are non-medical - self employed professionals. A great many lawyers, newspaper editors, pharmacists, engineers, and others are included in this last class.

Employed Managers: This classification includes all persons who are not all or part owners of the business or industry in which they are employed, and who work in some executive or supervisory capacity. This is the third largest group, and includes approximately 15 percent of the total.

¹ Alba M. Edwards, Alphabetical Index of Occupations, By Industries and Social-Economic Groups, 1937, Washington, United States Government Printing Office, 1937

Farm Owner or Operator: All of the individuals included in this classification are either operating their own farm, or are recognized as the operator of the farm. The two or three farm laborers named are classed as "non-supervisory employees", and no farm supervisors are indicated. This class includes "planters" as they are called in the south, and "ranchers" as they are referred to in the west. Sixty-nine individuals, or 10 percent of the total group fall in this class.

Civil Officials: This classification includes all non-professional persons working within the town, city, or county government, who have jobs at a supervisory level or above. It includes both elected and appointed personnel. Slightly more than 8 percent of the total group fall in this class.

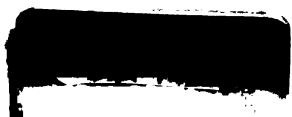
Non-Supervisory Employees: This is the smallest of all the groups represented. About half of the total of twenty-seven individuals work in a clerical or a "service to production" capacity. The remainder are merely classed as "workers" or "laborers". The job descriptions are not adequate for a further break down into skilled, semi-skilled, and unskilled.

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