An Analysis of Personnel in Medical Sociology

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SINCE 1950 THE HEALTH FIELD has utilized a rapidly increasing number of people trained in sociology, social psychology, anthropology and related social science fields. Health Information Foundation has been an integral part of the development as reflected in its research program and annual *Inventory of Social and Economic Research in Health*. This *Inventory* shows that paralleling the increase in personnel has been a great increase in the number of research projects in the health field.

The increase in social scientists in the health field is the special concern of this report. It is based on a survey of members of the Section on Medical Sociology of the American Sociological Association that was conducted in May 1961, a year after the Section was established.

The survey was conducted to obtain an overview of the field of medical sociology—a profile of its membership; the types of activity in which members were currently engaged and their work settings; suggested training for medical sociology; and attitudes toward the field.*

Previous surveys were conducted and published in 1957: Odin W. Anderson and Milvoy Seacat, *The Behavioral Scientists and Research in the Health Field—A Questionnaire Survey*. (Health Information Foundation. Research Series No. 1, May, 1957) and Robert Straus, "The nature and status of medical sociology," *American Sociological Review* (22:200-204, April, 1957). The survey reported here is a

*Of the 738 questionnaires submitted to members of the Section, 459 were completed and returned—a response rate of 62 per cent.

follow-up of the Anderson-Seacat study made several years before the Section on Medical Sociology was established.

The universe for the 1957 survey consisted only of sociologists, social psychologists, and anthropologists. The universe of the more recent survey also included psychologists, physicians, social workers, and people in related fields sufficiently interested in medical sociology to seek membership in the Section on Medical Sociology. Fully 75 per cent were sociologists, social psychologists, and anthropologists, and about 85 per cent of these three groups were sociologists.

Membership composition of the section

The membership was comparatively young. Somewhat more than 10 per cent of the respondents were in their 20's. Almost half were in their 30's, and most of the others in their 40's. About 10 per cent were 50 years of age or over.

Accordingly, three-fourths of the respondents received their highest degrees since 1950, and almost one-half since 1955. However, a few received their degrees during or before 1934. One-third were Fellows of the American Sociological Association, and 24 per cent had "active" memberships.

Almost one-half of the respondents had been employed in the field five years or less, indicating the rapid growth of this activity; only 12 per cent had been employed in the health field ten years or longer. Over 40 per cent were employed full-time in the health field, and well over one-half were so employed 75 per cent of the time or more.

The educational level of the membership was high. Ninety-one per cent had obtained academic or professional graduate degrees; 64 per cent of these were doctoral degrees and 27 per cent, master's degrees.

Most of the respondents—about 70 per cent—had degrees in sociology. The others received their degrees largely in other social science fields, or medicine and public health.

Among the 75 per cent of the respondents who could be classified as sociologists, social psychologists, and anthropologists, 13 per cent reported incomes under $6,000 a year; 21 per cent said they had incomes between $6,000 and $8,000; 19 per cent between $8,000 and $10,000; 34 per cent between $10,000 and $15,000; 8 per cent between

$15,000 and $20,000, and just over 2 per cent between $20,000 and $25,000. None reported incomes higher than this; 1.7 per cent did not give income figures.

In most cases, respondents continued to identify with the fields in which they received their highest degrees. However, a few who had received their highest degrees in sociology nevertheless identified with other social science disciplines, most commonly social psychology. Some of the members who had degrees in non-social science disciplines said they now identify with fields other than their original choice—most usually sociology. Half of the respondents received their highest degrees from ten universities: Chicago, Columbia, Harvard, Yale, New York, North Carolina, Cornell, University of Michigan, California, and Ohio State. The other half received their degrees from 78 other universities and colleges, including 12 foreign universities.

Current and preferred activity

Type of Activity: Of the respondents currently working in the health field as social and behavioral scientists, 82 per cent were engaged in some research activity at the time of the survey, and somewhat less than half were teaching at least part-time. About one-third were involved in consultation, and one-fourth in administrative activity.

For about two-thirds of the respondents, research was considered the main or only activity. Sixteen per cent were engaged predominantly in teaching, and comparatively few were engaged predominantly in administration or consultation.

When respondents were asked to specify the types of activities they would prefer, the majority mentioned research and then teaching. Consultation and administration were rarely mentioned as primary interests. Most of the respondents said they preferred to combine various activities —usually research with some other endeavor. Consultation and administration were mentioned by a substantial number of the respondents, but only in conjunction with research and teaching.

While no attempt was made to correlate the preferences of specific individuals with actual activity, the preference expressed and activity actually engaged in correlate closely for research, consultation and administration for the entire sample. However, while 77 per cent expressed a preference for some teaching activity, only 44 per cent of those currently active were involved in teaching. It may be concluded, then, that

approximately one-third of the respondents were interested in but not currently engaged in teaching.

Type of work setting: The respondents working in the health field as social and behavioral scientists were fairly evenly distributed among the various types of work settings. Although there was some overlapping, the five work settings most frequently mentioned were research units attached to universities, state or local government agencies, hospitals, medical schools and graduate schools.

Respondents were also asked to indicate their first and second preferences of work setting. About one-fourth mentioned research units attached to universities. Somewhat fewer than a fourth chose graduate schools, and about 12 per cent medical schools.

In tabulating first choices only, however, graduate schools were mentioned more frequently than research units attached to universities. Three types clearly led all preferences: research units attached to universities, graduate schools and medical schools. Research units attached to universities were most frequently mentioned both as preferences and as actual work settings; however, while 25 per cent of the respondents said they preferred such a setting, only 12 per cent were actually in research units attached to universities. Graduate schools were preferred by 24 per cent, but only 8 per cent were to be found in such schools. Twelve per cent preferred medical schools as settings, although only 8 per cent actually worked in such schools.

In regard to the number of work settings per individual, 45 per cent were currently working in only one type; 30 per cent in two types; 12 per cent in three different types; and a few in more than three.

Teaching activity—Over one-fourth of the respondents reported on their current teaching activity in the health field. The types of courses being taught have been classified into three groups. Those primarily concerned with sociology or social science (41 per cent) were being given to students from the health professions. Twenty-nine per cent of the courses were concerned with social factors related to health problems. Some of these classes were attended by students from the health field only, some by students from the social sciences only, and some by students from both fields. Twenty-five per cent of the courses were concerned with the organization of medical care, and were given to students majoring in the social sciences or to students from social science and health fields.

In regard to the location of this teaching activity, half of the courses were about equally divided among medical schools, nursing schools and graduate schools. Another one-fourth were equally divided among undergraduate schools, schools of public health, and either graduate or undergraduate schools where the students come from both levels.

Most of these courses have been developed recently. Only 5 per cent were in existence by 1950. Almost half were first offered between 1950 and 1960; and a third since 1960. The great majority of these courses were permanently scheduled in a curriculum.

Over half of the classes were composed of students on the graduate or post-graduate level; a little over one-fourth were at the undergraduate level; and 18 per cent of the classes were composed of students from both graduate and undergraduate schools.

Sixty-six per cent of these courses were taught jointly by teachers from more than one discipline. Most frequently, a social scientist teaches joint courses in conjunction with disciplines other than social science, such as psychiatry, preventive medicine, nursing, public health, social work and neurology.

Of a group of 41 'joint' courses, 10 involved two disciplines; 17 involved three disciplines; and 10 involved four. Two courses were being taught jointly by teachers representing five different disciplines, and one course by six.

Suggested training for medical sociology

Respondents were asked to suggest the type or scope of training they believed a medical sociologist should receive. In general, they felt that a medical sociologist should first of all be a good sociologist rather than a specialist; that he should have a good liberal arts background; his graduate training should consist of the standard, basic sociological curriculum, with a broad and integrated interdisciplinary base—including study in anthropology, psychology and social psychology. The majority of respondents believed that a medical sociologist's training should provide him with a sound theoretical base in social science from which he might apply his professional knowledge and techniques to any number of "applied" fields—including the medical or health field; that his sociological training should include considerable or extensive training in research methods and statistics.

In addition, the consensus was that medical sociologists should have at least an introduction to or basic knowledge of several non-social science disciplines related to the health field, such as basic medical science and public health. Aetual experience or exposure to various relevant medical, clinical and other health settings was considered helpful.

Very few respondents specified a length of time for training in disciplines outside the social sciences. Most felt that the training could be obtained simultaneously with training in social science.

Attitudes toward work in the health field

In general, working in the health field was thought to have more advantages than disadvantages. Over two-thirds of the respondents felt that it had affected their professional careers favorably. About three-fourths said they liked working in the health field a great deal, and most of the others liked it fairly well.

About two-thirds reported being in fairly regular contact with social science colleagues, and the others said they had at least some contact. About half of the respondents felt that they were in some danger of losing identity as social scientists, but nevertheless, the majority of these felt that the danger was small.

Regarding leadership in the field, no visible structure or form had emerged. A total of 188 individuals were mentioned as "leaders." Two were mentioned with considerably greater frequency than any of the others, and another 21 were mentioned 10 or more times; 61 were mentioned more than once, but fewer than 10 times; and 104 were mentioned only once.

In conclusion, it is possible to make several generalizations on the strength of responses to this survey. Most respondents, for example, felt that the field of medical sociology had not crystallized, and many felt that this was perhaps an advantage at this stage of development in which flexibility is of primary importance. Although somewhat more than half of the respondents considered themselves medical sociologists, many believed that the scope and content of the field were somewhat vague. A general consensus seems to be that medical sociology is, and should be, an applied field of sociology or the social sciences rather than a professional specialty. ■