

**ISOLATING POLITICAL ACTIVISTS AMONG PRACTICING PHYSICIANS****Roger Handberg, University of Central Florida****INTRODUCTION**

Physicians because of their level of education and income are among the more politically active segments of the American population. The participation rates are clearly above the norm for the general public (Kim 1974). We will attempt to isolate those factors which appear to differentiate between the most politically active physicians and their less involved colleagues. This question is important for policy implications.

Governmental involvement has been a steadily expanding force in shaping medical policy. Through its financial clout and general regulatory powers, the government at all levels has become increasingly involved in setting priorities and establishing policies (Feder 1977). But with this expanding power, the government has become increasingly dependent upon physicians for advice in resolving what are often complex medical issues. Our thesis is that not all physicians are equally involved in rendering such advice to the government. The research question becomes, "Are there systematic differences between those physicians who are heavily involved and those who are less involved?"

**SAMPLE AND RESEARCH DESIGN**

During May 1980 we conducted a mail survey in a Central Florida metropolitan area. The population surveyed included 630 practicing community physicians who maintained a private practice in the community and were not full time members of a governmental, academic, or corporate setting. This definition does not exclude physicians in group practice (Aday 1980). The return rate was 46 percent for a total of 290 responses. Focusing upon this group of practicing community physicians was a conscious decision since many such physicians are not heavily involved in advising government agencies on a routine basis. Physicians employed by universities or government agencies, or corporations, may not be typical of the general practicing physician. For the practicing physician, the decision to be involved is more conscious and is not necessarily a logical or automatic extension of their daily

activities.

In the context of the survey, the physicians were asked, "When health policy issues arise, do you ever attempt to contact relevant public officials with your views on the subject?" The explicit intent of this question was to focus upon self initiated personal involvement on the part of the physician in the policy process. The advice was not sought, it was given. The response distribution was: Frequently — 15 percent; Occasionally — 33 percent; Very Selectively — 16 percent; Rarely — 21 percent; and Never — 15 percent.

The variables used here as discriminating variables are age, media source, partisan identification, political ideology, and professional association activity. Media source refers to the individual's choice as to which source of information about public affairs and government was most important. The media source variable consists of three categories: electronic media (television and radio), print media newspapers and magazines personal sources such as friends, family, other doctors, and groups. Partisan identification involves self placement as a Republican, Democrat, Independent or No Preference. Political ideology was simply self description as "liberal", moderate, and conservative. Our measure of associational activity is a simple dichotomy: Has the physician held an office in a professional organization. Forty-four percent reported doing so. This later variable is included on the not unreasonable assumption that such organizational involvement is likely to sensitize the physician to the necessity of lobbying government (Milbrath 1977). Medical speciality could not be used as an additional explanatory variable because of the small numbers in some specialities.

In Table 1, we report the results of cross tabulations using the selected demographic variables. The middle category of the dependent variable is excluded for purposes of simplicity but can be readily derived by adding the two percentages reported together and subtracting the total from 100. We also report the number of physicians who answered both items and, therefore, are included in the table.

**TABLE 1: PHYSICIANS' POLITICAL PARTICIPATION RATE (Percentage)**

Variable	(n)	Political Action:			p
		Rare	sional		
<b>Association Activity</b>	<b>(264)</b>				
High	44	24	60		
Low	56	25	38		004
<b>Age</b>	<b>(269)</b>				
40-	34	51	37		
41-50	36	26	56		
51 +	30	30	50		002
<b>Ideology</b>	<b>(264)</b>				
Liberal	15	46	34		
Moderate	17	44	42		
Conservative	68	32	52		040
<b>Party</b>	<b>(265)</b>				
Republican	61	31	50		
Democrat	11	48	45		
Independent	21	36	53		
None	7	45	30		140
<b>Media Source</b>	<b>(245)</b>				
Electronic	23	35	46		
Print	64	40	42		
Personal	13	29	68		001

**TABLE 2: PHYSICIANS' PARTICIPATION RATE AND ASSOCIATION ACTIVITY (Percentage)**

Control Variable	(n)	Political Action:			
		Assoc- ation Level	Occa- Rare	sional	p
<b>Age</b>	<b>(256)</b>				
40 or less	33	High 48		35	
		Low 55		37	640
41-50	36	High 15		73	
		Low 33		43	060
50+	31	High 20		61	
		Low 47		33	070
<b>Ideology</b>	<b>(255)</b>				
Liberal	15	High 46		15	
		Low 44		44	060
Moderate	17	High 31		62	
		Low 50		37	150
Conservative	68	High 19		67	
		Low 45		37	001
<b>Party</b>	<b>(251)</b>				
Republican	59	High 17		67	
		Low 45		34	001
Democrat	12	High 36		57	
		Low 56		38	830
Independent	21	High 35		50	
		Low 36		55	380
None	8	High 22		44	
		Low 60		20	400
<b>Media Source</b>	<b>(236)</b>				
Electronic	24	High 19		48	
		Low 46		6	130
Print	62	High 26		57	
		Low 49		29	010
Personal	14	High 24		76	
		Low 38		56	540

The sample sizes fluctuate slightly over the range of questions. In addition, we report the significance level for each table section. This sample, because of the nature of the data-gathering process, does not meet the strict criteria for tests of significance. The statistics are computed for comparative purposes only. The dependent variable is the physician's self-reported rate of contact with public officials relative to health policy issues.

**RESULTS**

Younger doctors are less involved than their older colleagues. This result is not unexpected given the lower visibility of the younger physicians and their concomitant need to get their practice firmly established. Professionally, the younger physicians cannot afford the time that goes into advising or lobbying public officials.

With the respect to source of information,

the highest level of activity is reported by those physicians who identify personal sources as being most important. This pattern fits what we know of politics generally. That is: personal contact is often essential to becoming active in politics or even interested (Jennings & Niemi 1974). For those physicians who get their information from the more impersonal sources such as radio, television and newspapers, there is less stimulus to take an active role in the policy-advising process. One must note that for physicians the print media is the most important — reflecting their heavy work schedules which make the electronic media offerings less available because of scheduling conflicts. Print sources can be referred to at any time when circumstances permit.

Republicans and Independents are likely to be more active than Democrats but not overwhelmingly so. A clearer pattern appears

when political ideology is considered. Conservative physicians are much more likely to be involved in the policy process than their liberal or politically moderate counterparts. This pattern, if commonplace, explains why policymakers typically identify medical policy advisors as being extremely conservative and oriented to the status quo.

Finally, when one considers activity levels, physicians who are active in professional associations to the extent of holding office are much more likely to render policy advice to public officials. That result is not unexpected given the dynamics of such organizations. Individuals who are active in such organizations tend to be disproportionately called upon in other spheres of activity (Olsen 1972). Their linkages to wider spectrum of the medical professional makes those individuals subject to greater demands for leadership, especially in a representational role.

When the data in Table 1 is placed in context, the thought arises that associational activity may be the explanatory variable for differences among the physicians in terms of involvement in advising the government. In Table 2, we crosstabulated participation rate by whether the physician was active or inactive in associational activities, while controlling for demographic variables. Associational activity is an important explanatory variable but the direction tends to vary somewhat.

Among younger doctors, there is effectively no difference while for the older doctors the impact is clear. Those active in the association are more likely to be active in advising policy makers. When one considers physicians by their political ideology, the pattern changes for the "liberals." Liberal doctors are more likely to participate in advising activities if they are inactive in associational activities. Given that professional and other groups tend to elect those individuals to associational offices who are seen as representing the values of the group, groups seem to have recognized that the liberal doctors do not hold the proper views. Therefore, liberal activists tend not to hold such offices in the professional associations. By contrast, for conservative physicians, the pattern is re-enforcing.

When the focus shifts to partisanship, the differences are generally insignificant except for the doctors who identify themselves as Re-

publicans. Conservatism and Republicanism go hand in hand among physicians. Among Republican doctors, 84 percent evaluated themselves as conservative. The comparable percentages for the Democrats (23 percent), Independents (49 percent), and No Preferences (48 percent) were significantly less ( $\rho = .000$ , Cramer's  $V = .36$ ). When one shifts the focus to consider primary source of information, conservative doctors were slightly more likely to report personal contact (15 percent) as an important source of information and significantly less likely to report the electronic media as an important source (17 percent). By contrast, liberal doctors were much more likely to rely on the electronic media (37 percent) rather than personal contact (7 percent). Clearly the information flow on health policy matters is affected by the pre-existing views of the physicians. Liberal physicians appear somewhat removed in terms of the organizational and professional information and mobilization mechanisms around them.

#### SUMMARY

Political participation by practicing community physicians is disproportionately concentrated among those physicians already active in associational activities. Those involved individuals are more conservative and older than their colleagues. What we are unable to develop from this data set is whether there are in fact, significant differences in the types of advising or lobbying activities engaged in by different types of physicians. That information can only be gleaned through personal interviews with active physicians. Clearly, the policy advice received by government officials is concentrated among certain segments of the medical profession. Such a fact, if recognized by policy makers, may lead to a discounting of the advice although it is rarely ignored (Marmon 1973).

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ventional sociology, stifling its integration with phenomenology, is the notion of the latter's inability to recognize social problems. Such criticism might have been more justified when the individual was identified as the center of reality. However, Friedman's recent thesis of inter-human reality translates into community. In its true sense, community means the recognition of social-economic-political problems since they constitute the dynamics of interhuman associations. Again, the interpretation differs from conventional sociology in that exposure of these problems in phenomenological terms depicts human experiences such as injustice and inequality rather than sociological concepts like deviance and segregation.

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