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SALARIES IN MEDICAL SOCIAL WORK IN 1937

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SALARIES IN MEDICAL SOCIAL WORK IN 1937¹

THIS bulletin presents the results of a study of salaries and certain related work conditions in the field of medical social work made by the Department of Statistics of the Russell Sage Foundation during the year 1937. The study's main purpose was to estimate the current salary levels for various positions in this type of social work and to indicate the variations about these levels. The study was a sequel to one made in 1933, which recorded a general decline in medical social work salaries from 1930 to 1933,² and it was planned to show how much improvement, if any, had been realized by these workers during four years of recovery.

Like the earlier one, this inquiry was made at the request of the American Association of Medical Social Workers, whose officers advised on numerous questions in the course of the study and whose district chairmen assisted by checking lists of agencies contributing data and suggesting additional agencies to be canvassed.

Collection of Data

The data used were obtained by means of questionnaires and relate for the most part to the month of March, 1937. Requests were first sent out at the end of that month to the 453 social work departments in hospitals and clinics that had participated in the 1933 study. Later in the year successive attempts were made to increase the representativeness of the study and in some instances agencies reported for a later month. Since salary changes have been relatively stable, it seems safe to interpret the results as representing the year 1937.

The two-page schedule used in collecting the salary and related data is described on pages 33 and 34. It was sent out with a letter explaining the purpose of the study and indicating that the infor-

¹ This report was summarized in an article appearing in *The Family* for June 1938, pages 105-109.

² The results of the earlier study were reported only in a mimeographed bulletin, entitled *Salaries in Hospital Social Work in 1930 and 1933*.

mation reported by individual agencies would be regarded as confidential. In a few instances in which the tables of this report reveal facts concerning the practices of particular agencies, as in the case of the American Red Cross, the Veterans Administration and the public relief agencies of several cities, this has been done after consultation with those agencies.

Participating Agencies

In all, 507 different agencies supplied the requested data. They employed 1,908 full-time paid medical social workers. The main salary tables which follow, however, are based on the data of 472 agencies, chiefly medical social work departments in hospitals or clinics but also including non-hospital agencies, which employed 1,853 full-time paid workers in medical social work positions. Salary data are presented separately for three other groups of medical social workers for which information was still being collected when the main salary tables were prepared. These groups are: teachers of medical social work in schools of social work, medical social workers employed in federal and state crippled children's programs, and medical social workers in a small group of miscellaneous agencies.

TABLE 1.—AGENCIES AND WORKERS INCLUDED IN THE MAIN SALARY TABLES, BY TYPE OF INSTITUTION

Type of institution	Agencies	Workers
Private hospitals or clinics, not included below	247	915
Public hospitals or clinics, not included below	85	524
Mental hospitals	36	119
American Red Cross	18	31
Veterans Administration	67	89
Public relief departments	10	161
Agencies concerned with blindness	9	14
Total	472	1,853

The agencies and workers included in the principal salary tables are classified by type of institution in Table 1. In this and subsequent tables the individual medical social work units of the American Red Cross, which are located in general hospitals of the Army and Navy and in one other federal hospital, and those of the United States Veterans Administration, are treated as separate agencies. Similarly, medical social work units in separate hospitals within a system of municipal hospitals have in most cases been treated as separate agencies.

Just over half of the agencies in this table are medical social work departments attached to private hospitals and they employed almost half of the workers. City and county hospitals other than mental hospitals account for the next largest group of agencies and also of workers. More than a fourth of the workers were in the 85 institutions in this group. Ten public relief departments employed the third largest number of workers. The relief departments and the agencies concerned with blindness, as well as the agencies engaged in work for crippled children and the miscellaneous agencies which are not included in this table, represent important recent extensions of the area of employment of medical social workers outside of medical institutions.

Representativeness of Data

In its *Statement of Standards to be Met by Medical Social Service Departments*,¹ the American Association of Medical Social Workers describes the practice of "medical social case work" in part as follows:

Medical social case work involves the study of the individual patient's social situation, interests and needs in relation to his illness, and the medical social treatment of the patient in collaboration with him and his physician, when those social needs and interests affect the physical and mental health of the patient.

In addition to the practice of medical social case work, the Association recognizes as appropriate functions of medical social work, certain administrative services, such as admission interviewing, social review of patients in wards or clinics, and certain types of follow-up of patients, but only when they are performed in connection with opportunity for social study and treatment of individual patients and their problems.

That medical authorities recognize the study and treatment of individual patients as the chief function of medical social workers is indicated by recent statements concerning the place of social service in medical institutions issued by both the American College of Surgeons and the American Hospital Association. In the annual hospital standardization report of the American College of Surgeons for 1935, it is stated:

Medical social service has a distinct place in every hospital.

. . . The medical-social worker is the logical and most com-

¹ Adopted May, 1936; published by the Association.

petent person in the organization to determine the financial status of patients who desire to be admitted to the hospital. In this work she is indisputably of aid to the administrator. Her major task, however, is that of collaborating with the physician in making a social study of the patient, which will enable the physician to arrive at a more accurate diagnosis and to carry out more effective treatment.

The medical-social worker fills an important role in the follow-up of the patients and through her the physician is able to evaluate the effectiveness and permanency of his work. Too frequently it is found that the good work which was done with the patient while in the hospital is undone through his social or living conditions after he leaves the hospital. In many instances this can be prevented through proper follow-up.¹

The recommendation of the Out-Patient Committee of the American Hospital Association made in its report at the annual meeting of the Association in September, 1937, is equally emphatic on this point:

The duties of the social service departments connected with out-patient care should not include financial determination as their chief function, which is now quite customary. Their activities should be those of medical social service, or that arm of medical care which assists the physician in better handling the medical problems of his patient through social adjustment. . . . Where it is possible, the social service department should act as a function in both in and out-patient departments, so as to avoid duplication and to more intelligently serve the individual. . . .²

Unfortunately, no list of medical social work agencies meeting the standards adopted by the American Association of Medical Social Workers exists. Had such a list been available, this study would have attempted to describe salary conditions existing in the agencies recognized as meeting these standards. Since this was not possible and in view of the fact that medical social work is now appearing outside of hospitals, attempt was made to build up a list of agencies employing medical social workers and to secure as complete a representation of these agencies as possible.

Several methods were used in obtaining the names of agencies employing medical social workers. The agencies reporting for the 1933 study were first canvassed. A list of 379 agencies known to the American Association of Medical Social Workers as employing one or more of its members was obtained, which gave some addi-

¹ "Nineteenth Annual Hospital Standardization Report." In *Bulletin of American College of Surgeons*, October, 1936, Vol. 21, p. 202. Similar statements appear in the reports for 1935 and 1937.

² *Transactions of the American Hospital Association*, Vol. 39, p. 153.

tional names. The district chairmen of the Association and local councils of social agencies were asked to submit lists of additional agencies in their areas employing medical social workers, and for several areas directories of social agencies were checked. This process did not cover all parts of the country with equal intensity and responses were not obtained from some of the organizations from which they were requested.

The total number of agencies from which schedules were requested was 724. Of these, 507 submitted schedules containing data for full-time paid medical social workers, 60 reported that either no medical social workers or only part-time medical social workers were employed, and 157 failed to respond. Checks made in several areas indicate that those failing to respond were for the most part small agencies. Several proved to be no longer in existence and some others probably employed no paid medical social workers. On the other hand, some of the larger recognized medical social work agencies did not respond to the request for data.

In this connection it should be noted that the American Hospital Association reported in 1935 that among its 1,671 member institutions, 555 had social service departments, but some of these may not have employed full-time social workers. Since it does not include federal hospitals, this figure is to be compared with the 368 hospital social service departments accounted for in the first three categories of Table 1. The American Hospital Association reported in 1933 that 538 among 1,570 member institutions had social service departments.

The American Medical Association in its 1931 census of hospitals¹ indicated that there was a much larger number of social work departments. It reported that 1,044 institutions, of which 883 were classified as hospitals and 161 as related institutions (nursing homes, institution infirmaries, etc.), maintained social service departments. It explained, however, that no definition was provided on its schedule of the term, "social service department." Use was made of this list of institutions in our 1933 salary study and the results indicated that a large number of institutions had not interpreted the question correctly and that the number of medical institutions employing medical social workers was very much smaller than had been reported. It is to be regretted that attempt has not been made

¹ "Hospital Service in the United States," in *Journal of the American Medical Association*, June 11, 1932. Vol. 98. p. 2063 ff.

in subsequent canvasses of the Association to enumerate hospitals employing medical social workers and to determine the number of such workers employed.

Geographical Distribution of Reporting Agencies

All of the agencies represented in the study are located in continental United States. Most of them are in the larger cities of the New England, North Atlantic, and North Central states. A few states containing large cities account for a large proportion of the total number of agencies. This is indicated by Table 2, which distributes the 472 agencies included in the main tables of the study.

TABLE 2.—LOCATION OF 472 AGENCIES REPRESENTED IN THE MAIN TABLES

New York	95	Texas	9	Alabama	2
Pennsylvania	58	Wisconsin	8	Maine	2
Massachusetts	36	Colorado	5	Oklahoma	2
Illinois	29	Indiana	5	Oregon	2
California	28	Iowa	5	S. Carolina	2
New Jersey	26	Kentucky	5	Florida	1
Ohio	22	Tennessee	5	Idaho	1
Michigan	21	Washington	5	Kansas	1
Dist. of Col.	14	Louisiana	4	Nebraska	1
Minnesota	14	Virginia	4	N. Carolina	1
Missouri	14	Arkansas	3	S. Dakota	1
Maryland	11	Delaware	3	W. Virginia	1
Rhode Island	10	Georgia	3	Wyoming	1
Connecticut	9	Mississippi	3	Total	472

Size of Reporting Agencies

In Table 3 the 472 agencies are classified both by number of full-time paid medical social workers employed at the time of the report and by type of institution. It shows that a large proportion of medical social work staffs included in the study are small. Two out of five have only one medical social worker. The proportion of small departments included in the study is larger among the private than among the public hospitals. All the Red Cross and Veterans Administration units are small.

Of the nine largest medical social work staffs included, three are in public relief administrations. One in Los Angeles has 55 medical social workers, one in New York City has 40, and one in Chicago has 24. Of the other six staffs of 20 or more medical social workers, three are in the following public hospitals: Los Angeles General, 40 workers; Bellevue (New York), 36 workers; Boston City, 25

workers; and three are in private hospitals: Mt. Sinai (New York), 34 workers; Presbyterian (New York), 33 workers; Massachusetts General (Boston), 20 workers.

TABLE 3.—472 AGENCIES CLASSIFIED BY NUMBER OF FULL-TIME PAID MEDICAL SOCIAL WORK POSITIONS AND BY TYPE OF INSTITUTION

Number of medical social workers	Private hospitals or clinics ^a	Public hospitals or clinics ^a	Mental hospitals	Red Cross units	Veterans Administration units	Public relief departments	Agencies concerned with blindness	Total
1 worker	97	13	10	8	53	1	8	190
2 workers	48	19	5	7	9	..	..	88
3 workers	20	4	7	3	2	2	..	38
4 workers	20	11	6	..	3	1	..	41
5 workers	15	7	3	..	..	..	..	25
6 to 9 workers	23	15	4	..	..	1	1	44
10 to 19 workers	21	13	1	..	..	2	..	37
20 or more workers	3	3	..	..	..	3	..	9
Total	247	85	36	18	67	10	9	472

^a Here and in later tables the title of this category is abbreviated. Cf. Table 1.

Classification of Workers by Position

In requesting the salary data, the agencies were asked to report both the title of each full-time medical social worker as used within the agency and the classification of the worker according to the following simple position definitions, which were the same as those used in the earlier study. The summary of salaries for these positions, except for special workers, few of which were reported, is given in Table 4.

Headworker—Worker in immediate charge of social service.

Supervisor—Worker, other than headworker, who gives *major* portion of time to supervising work of other paid social workers.

Caseworker—Worker giving *major* portion of time to social examination and treatment of patients, as distinct from clinic management.

Psychiatric social worker—Worker especially trained for psychiatric social work and giving *major* portion of time to this special work.

Clinic worker—Worker giving *major* portion of time to clinic work, including managing clinic, directing clinic patients, and keeping clinic records.

Admission worker—Worker who conducts interviews with patients on admission to institution. (Should be listed on schedule only if a social worker.)

Worker in training—Beginning social worker, not a graduate of a school of social work, during first two years of social work experience.

Special worker—Dietician, occupational therapist, etc. (Identify by usual title.)

Under these definitions the title, *headworker*, applies to the chief medical social worker in each agency, with the result that in institutions employing only one full-time medical social worker that worker is classified as a headworker. This seems appropriate since a social worker practicing alone is usually in a position of somewhat different administrative responsibility from that of the case worker in a larger social work unit. Whether or not the lone workers were classified as headworkers, it would be important in analyzing the salaries of headworkers to take account of differences in the size of the staffs administered. This is done in Table 5.

Plan of the Salary Tables

Tables 4 and 5 and similar ones that follow summarize the distributions of salaries for groups of medical social workers which are identified in the respective lines of the tables. Each line shows for the particular group of workers specified, the highest and lowest salary in the group; the median salary, which stands in the middle of the group when all items are arranged in order of size; and the upper and lower quartile salaries, which mark off the middle half of the group when so arranged. The number of workers specified in each line of the tables is the number of workers whose salaries are described by the summary salary figures. In some of the tables the number of agencies employing the specified number of workers is also shown.

Thus, the third line of Table 4 can be read as follows: "The lowest and highest annual salaries of 1,037 medical social workers classified as caseworkers were \$720 and \$2,700. The middle half of these workers had salaries between \$1,462 and \$1,800. One-fourth had salaries at or less than \$1,462; another fourth had salaries at or above \$1,800. The middle salary was \$1,632.

It should be noted that the extreme salaries are not infrequently to be explained by exceptional circumstances, or in some instances by faulty classification of the position.

Salaries by Position

Table 4 gives, in addition to the salary figures, the classification by position of the full-time medical social workers employed by 472 agencies. Caseworkers are most numerous, comprising 56 per cent of the total number. It will be noted that the number of headworkers is smaller than the number of agencies. This is explained by the fact that in six agencies the headworker was a religious worker, while in several others the headworker was a part-time paid worker or the position was vacant. Only 61 supervisor or assistant headworker positions were reported.

TABLE 4.—SALARIES OF FULL-TIME MEDICAL SOCIAL WORKERS IN 472 AGENCIES, BY POSITION

Position	Number of workers	Annual salary				
		Lowest	Lower quartile	Median	Upper quartile	Highest
Headworker	463	\$780	\$1,803	\$2,052	\$2,400	\$5,072
Supervisor or assistant headworker	61	1,500	1,956	2,160	2,510	3,700
Caseworker	1,037	720	1,462	1,632	1,800	2,700
Psychiatric caseworker	120	808	1,620	1,854	2,068	2,850
Clinic worker	83	672	1,263	1,560	1,689	2,472
Admission worker	57	840	1,293	1,560	1,713	2,880
Worker in training	32	624	1,086	1,440	1,572	1,740
Total	1,853					

Qualification should be made concerning the number of workers classified as psychiatric caseworkers. The definitions specified that only workers especially trained for psychiatric casework and engaged primarily in this particular work should be so classified. Twenty-two of the 120 workers so classified were in Veterans Administration units. The 67 workers classified as headworkers of these units are also trained as and employed as psychiatric case workers, but are here classified as headworkers because they are in charge of their units. Forty of the 120 psychiatric caseworkers were reported by the group of 36 mental hospitals, as contrasted with only 36 other caseworkers reported by these hospitals. In this connection it should be remarked that in most schools of social work, the training for general casework now contains a large component of instruction in psychiatric casework, so that the distinction between the general caseworker and the psychiatric caseworker is becoming much less significant for workers who have had recent school of social work training. The salary figures suggest that

workers recognized as trained for and engaged in psychiatric case-work are paid somewhat better than other medical social caseworkers, the respective median salaries in Table 4 being \$1,854 and \$1,632.

The number of clinic and admission workers is small. The median salaries for these two positions are identical and are somewhat lower than that for caseworkers. The number of caseworkers in training are too few to give very dependable summary salary figures. It seems doubtful, in fact, if the fourth of the 32 workers in this group having salaries of \$1,572 or more were accurately reported as caseworkers in training.

Table 5 shows the influence of size of staff on the headworker's salary. This classification might have been made on the basis of the total number of workers on the staffs of the agencies. However, the several kinds of workers, regular paid staff members, WPA workers, student nurses, and school of social work students temporarily working with the agency, represent different types of responsibility, and, therefore, classification was made with respect to the number of paid full-time medical social workers only. This classification is satisfactory for demonstrating that the chief social worker's salary is largely influenced by size of staff. This table relates to only 369 of the headworkers included in Tables 3 and 4. Headworkers of Red Cross and Veterans Administration units and agencies concerned with blindness are omitted.

TABLE 5.—SALARIES OF HEADWORKERS, BY NUMBER OF MEDICAL SOCIAL WORKERS ON STAFF

Number of full-time medical social workers on staff	Number of head- workers	Annual salary				
		Lowest	Lower quartile	Median	Upper quartile	Highest
1 worker	118	\$780	\$1,452	\$1,626	\$1,872	\$3,048
2 to 4 workers	138	1,200	1,872	2,160	2,400	3,720
5 to 9 workers	67	1,512	2,118	2,376	2,709	4,200
10 to 19 workers	37	1,980	2,310	3,000	3,300	5,072
20 or more workers	9	2,400	..	3,000	..	4,072
Total	369					

The duties of lone headworkers are largely those of caseworkers and the median salary for such headworkers is almost identical with that shown for caseworkers in Table 4. The respective figures are \$1,626 and \$1,632. For agencies with from 2 to 4 medical social workers the median salary jumps to \$2,160. For those with 5 to

9 workers it is \$2,376. For the two groups of larger agencies the figures do not indicate difference as a result of size.

Salaries by Type of Institution

The analysis of salaries by type of position is carried further in Table 6, where workers in each position are classified by type of agency in which the work is carried on. The table offers comparisons of salaries of workers in each of the position categories in each type of agency insofar as they are represented in the study, except that where the number of workers is very small some or all of the summary salary figures are omitted.

Useful tentative conclusions can be drawn from this table, but in making them, numerous qualifications should be kept in mind. The representativeness of the data for the several groups of agencies may not be equally good, and geographical salary influences may affect one group of agencies more than another. In particular, the data for headworkers in this table should be used with care, inasmuch as the size variation of agencies in the several groups is not the same. The difficulties involved in classifying the workers by position, which affect all the tables, must also be kept in mind, as well as the nature of the salary data tabulated.

Frequency with which Maintenance is Part of Salary

The schedule used in collecting information requested for each worker the cash salary received per month, and in addition the number of meals per week and the number of rooms supplied as part of compensation. The reported monthly salary rates were converted to annual rates by multiplying by 12, and allowance for the value of maintenance received as part of salary was made in accordance with the following schedule:

Room	\$180 per year
All meals	<u>240 per year</u>
Room and meals	\$420 per year
Two meals daily	144 per year
One meal daily	72 per year

These values are the same as those allowed for maintenance provided as part of compensation in the study made in 1933. They were allowed uniformly, regardless of the location of the agencies, and undoubtedly represent a conservative estimate of the actual

TABLE 6.—SALARIES BY POSITION AND TYPE OF INSTITUTION

Type of institution	Num- ber of agen- cies	Num- ber of work- ers	Annual salary				
			Lowest	Lower quar- tile	Median	Upper quar- tile	Highest
<i>Headworkers</i>							
Private hospital or clinic	238	239	\$780	\$1,620	\$1,980	\$2,400	\$5,072
Public hospital or clinic	83	83	918	1,884	2,172	2,615	4,068
Mental hospital	35	37	1,260	1,806	2,100	2,379	2,960
Red Cross unit	18	18	1,980	2,100	2,220	2,400	3,084
Veterans Administration unit	67	67	2,000	2,000	2,000	2,100	2,600
Public relief department	10	10	1,980	2,400	2,400	3,000	3,120
Agency concerned with blind- ness	9	9	1,800	1,920	2,130	3,000	3,000
<i>Supervisors or Assistant Headworkers</i>							
Private hospital or clinic	20	34	\$1,644	\$2,072	\$2,366	\$2,580	\$3,700
Public hospital or clinic	15	23	1,500	1,827	2,000	2,093	3,072
Public relief department	4	4	1,800	..	2,250	..	2,500
<i>Caseworkers</i>							
Private hospital or clinic	135	506	\$832	\$1,472	\$1,628	\$1,812	\$2,700
Public hospital or clinic	66	332	720	1,500	1,621	1,706	2,412
Mental hospital	12	36	1,020	1,320	1,620	1,695	2,040
Red Cross unit	9	12	1,668	1,770	1,980	1,980	2,160
Public relief department	9	146	1,163	1,440	1,680	1,900	2,400
Agency concerned with blind- ness	1	5	2,000	..	2,150	..	2,500
<i>Psychiatric Caseworkers</i>							
Private hospital or clinic	22	29	\$1,272	\$1,800	\$2,000	\$2,103	\$2,850
Public hospital or clinic	9	28	1,440	1,656	1,824	1,975	2,520
Mental hospital	17	40	808	1,440	1,620	1,777	2,400
Red Cross unit	1	1	..	..	..	..	..
Veterans Administration unit	14	22	2,000	2,000	2,000	2,100	2,200
<i>Clinic Workers</i>							
Private hospital or clinic	24	52	\$972	\$1,292	\$1,542	\$1,731	\$2,220
Public hospital or clinic	12	30	672	1,152	1,530	1,600	2,472
Mental hospital	1	1	..	..	..	..	..
<i>Admission Workers</i>							
Private hospital or clinic	31	40	\$840	\$1,296	\$1,572	\$1,788	\$2,880
Public hospital or clinic	10	15	1,152	1,225	1,320	1,533	1,872
Mental hospital	2	2	..	..	..	..	..
<i>Workers in Training</i>							
Private hospital or clinic	8	15	\$1,020	\$1,440	\$1,560	\$1,620	\$1,692
Public hospital or clinic	7	13	624	624	900	1,392	1,740
Mental hospital	3	3	1,212	..	1,320	..	1,664
Public relief department	1	1	..	..	..	..	..

average value of the maintenance received by workers. It is fairly certain that they are less than the average savings which the specified items of maintenance represent, and no attempt was made to allow for laundry, telephone and other perquisites which are frequently provided. But, on the other hand, it is probably true that both room and meals provided in an institution as part of salary usually represent less value to the worker than similar commodities which can be selected at will. Since the values assigned for maintenance are rough approximations and do not allow for variation in the worth of the commodities received, it is important to recognize their possible influence on the salary data and the conclusions drawn from them.

Most of the workers receiving maintenance receive only some meals, which usually means lunches on five or six days weekly, so that the influence of maintenance on the salary figures of this report is not large. Of the total 1,853 workers, 830, or 45 per cent, received neither room nor meals as part of salary; 877, or 47 per cent, received some meals, usually lunches; and 146, or only 8 per cent, received room and meals.

Maintenance is provided relatively most frequently in mental hospitals. Of 119 workers attached to such institutions, 51 per cent received both room and meals, 23 per cent some meals, 26 per cent no maintenance. For medical social workers in private hospitals and clinics the percentages are: room and meals 5 per cent; some meals 63 per cent; no maintenance 32 per cent. For public hospitals other than mental, they are: room and meals, 7 per cent; some meals, 53 per cent; no maintenance, 40 per cent. The Veterans Administration does not provide maintenance as part of the salary of medical social workers, although in some of its units the workers have quarters at the hospital to which they are attached, for which deduction is made at a fixed rate. At two of the American Red Cross units, quarters, valued at \$15 per month, are provided for medical social workers as part of compensation.

It might have been wiser to have tabulated only the salaries of workers receiving no maintenance, although this would have limited the comparisons to less than half of the total group. This has been done for two groups of caseworkers. For these two groups the median salaries of all workers, allowance for maintenance having been included if received, compare with the median salaries of workers receiving no maintenance, as follows:

	Number of workers	Median salary
Caseworkers in private hospitals and clinics:		
Total group	506	\$1,628
Workers receiving no maintenance	173	1,620
Caseworkers in public hospitals other than mental:		
Total group	332	1,621
Workers receiving no maintenance	147	1,680

We conclude from these comparisons that the allowances made for maintenance and included in the salaries of workers receiving maintenance have probably not been very much too low on the average.

It would not only facilitate salary comparisons but would be otherwise advantageous if the value of maintenance received by workers were in each case fixed and recognized by both the employing institution and the worker and included in any statement of the salary paid or received.

Salary Comparisons for Six Large Cities

The study made in 1933 indicated that among the larger cities there were substantial differences in medical social work salary levels. That these differences still existed in 1937 is illustrated in Table 7, which compares salaries of workers in four positions in six large cities. The cities are arranged in the table in order of size.

Several facts should be noted before any attempt is made to interpret this table. First, the table relates to medical social workers in the first two categories of agencies shown in previous tables, namely, private and public hospitals and clinics. Workers in American Red Cross and Veterans Administration units were omitted because the salaries of their workers are determined in accordance with a salary scale established for all of their respective units and, therefore, do not fluctuate with local standards. Public relief departments, mental hospitals, and agencies concerned with blindness were omitted because they are not represented in all of the cities.

The number of workers classified as caseworkers in each city is large enough to justify comparisons, with the possible exception of the number for Pittsburgh. This section of the table indicates that the level of medical social work salaries is highest in Chicago, a little lower in New York and Los Angeles, materially lower in Boston, lower still in Philadelphia, and lowest in Pittsburgh. The

median caseworker salary in Pittsburgh is about three-fourths of that in Chicago.

TABLE 7.—SALARIES OF MEDICAL SOCIAL WORKERS IN HOSPITALS AND CLINICS IN SIX LARGE CITIES, BY POSITION AND BY CITY

City	Number of agencies	Number of workers	Annual salary				
			Lowest	Lower quartile	Median	Upper quartile	Highest
Headworkers							
New York	62	62	\$1,272	\$1,992	\$2,212	\$2,670	\$4,072
Chicago	22	22	1,524	2,040	2,400	2,850	3,900
Philadelphia	23	23	933	1,527	1,740	2,287	3,294
Los Angeles	9	9	1,512	..	1,920	..	3,000
Boston	14	14	1,800	2,052	2,196	3,160	3,400
Pittsburgh	11	11	1,512	1,791	2,052	2,388	3,048
Supervisors or Assistant Headworkers							
New York	10	22	\$1,692	\$1,872	\$2,222	\$2,540	\$2,750
Chicago	5	7	1,980	..	2,172	..	3,700
Los Angeles	2	2	..	..	2,100	..	..
Boston	3	4	..	..	2,100	..	..
Caseworkers							
New York	46	246	\$900	\$1,572	\$1,692	\$1,872	\$2,352
Chicago	18	76	1,380	1,560	1,778	1,992	2,700
Philadelphia	17	70	912	1,272	1,452	1,572	1,980
Los Angeles	4	54	1,200	1,680	1,680	1,812	2,700
Boston	13	77	1,200	1,416	1,500	1,700	2,400
Pittsburgh	5	12	1,032	1,266	1,356	1,536	2,172
Psychiatric Caseworkers							
New York	6	14	\$1,572	\$1,800	\$1,872	\$2,000	\$2,292
Chicago	5	6	1,752	..	2,082	..	2,700
Philadelphia	3	4	..	..	1,518	..	..
Boston	2	4	..	..	2,000	..	..

It is possible that differences in the average qualifications of caseworkers in the six cities help to account for the salary differences shown. In this connection it should be recalled that in an analysis of medical social work salaries in New York hospitals made as part of the New York City Hospital Survey in the winter of 1935-36 careful differentiation was made by field workers between medical social work departments which emphasized case work in their practice and those which were engaged primarily or solely in administrative services. Salary data for the two groups of departments were tabulated separately, and it was concluded that little difference was to be found in the salaries of the two groups.¹ Where

¹ *Hospital Survey for New York*, United Hospital Fund of New York, 1937, vol. 2, p. 579.

this situation exists, it means that agencies employing caseworkers are not placing a premium on the extra preparation and ability which the practice of case work should demand.

It is worth noting that the three cities shown by Table 7 as having the highest salary levels for medical social caseworkers in hospitals are those in which it has been found desirable to employ medical social workers in connection with public relief administration. The relation of medical social caseworkers' salaries in the relief agencies to those in hospitals, however, varies in the three cities, perhaps owing to differences in the content of the jobs. In New York medical social caseworkers in the relief agency are on the average paid better than caseworkers in either public or private hospitals. In Chicago they are paid better than caseworkers in public hospitals but not so well as those in private hospitals. In Los Angeles, where medical social workers are employed by both the county and the state relief agencies, they are paid considerably less well than caseworkers in either public or private hospitals.

Median salaries of medical social caseworkers in private hospitals, public hospitals, and relief agencies in the three cities are as follows:

City	Number of workers			Median salaries		
	Private hospitals	Public hospitals	Relief agency	Private hospitals	Public hospitals	Relief agency
New York	148	98	35	\$1,752	\$1,652	\$1,900
Chicago	63	13	22	1,800	1,620	1,710
Los Angeles	6	48	62	1,746	1,680	1,440

Medical social workers in relief agencies, except the chief workers and supervisors, have been classified as caseworkers, because the qualifications for the positions are those of trained caseworkers and they are neither directors nor supervisors of other professional workers. These positions are not, however, closely similar to those of caseworkers in hospital or clinic social service departments. Their functions are more varied and their casework decisions must be made more rapidly and in greater volume. They stand between the relief investigators who refer the medical problems and the physicians or medical institutions that give the medical care. In this capacity they are at once consultants and practitioners. In authorizing medical relief of different types, moreover, they exercise an administrative function involving large expenditure of funds. Although the responsibilities of these positions vary somewhat in different relief agencies, it is clear that they require a com-

bination of abilities and a degree of experience that call for a relatively high salary. Where, as in the New York City Home Relief Bureau, each medical social worker alone serves a district office that is responsible for from 3,000 to 6,000 relief families and is manned by from 75 to 100 relief investigators, and immediately directs from two to five clerical assistants, the reason for a salary level that will attract well qualified workers from the hospital field is readily understood.

Comparison of Salaries in 1933 and 1937

Conclusions concerning changes in salaries since 1933 have been based on comparisons of the data of agencies which reported for both the 1933 and 1937 studies. Counting the Red Cross and Veterans Administration units as separate agencies, the figures of 350 agencies, all of which were social service departments in hospitals or clinics, were available for this purpose.

In the earlier study salaries in 1930 and in 1933 were compared, and the reduction indicated by the median salaries for these years amounted to about 8 per cent for headworkers, about 11 per cent for both supervisors and caseworkers, and somewhat higher percentages for the other positions. Although most of the agencies which reported again in 1937 had made some increase in salaries during the four year interval, the improvement in many instances was not enough to compensate for the earlier decline.

TABLE 8.—MEDIAN SALARIES OF FULL-TIME MEDICAL SOCIAL WORKERS IN 350 AGENCIES IN 1933 AND IN 1937, BY POSITION

Position	Number of workers		Median salary	
	1933	1937	1933	1937
Headworkers	352	350	\$1,872	\$2,100
Supervisors or assistant headworkers	31	47	2,040	2,200
Psychiatric caseworkers	71	83	1,704	2,000
Caseworkers	713	763	1,600	1,632
Clinic workers	55	71	1,449	1,500
Admission workers	42	49	1,440	1,452
Workers in training	17	24	1,110	1,500
Total	1,281	1,387		

Table 8 records the number of full-time workers in the 350 agencies in each type of position in both years and the corresponding median salaries. The number of medical social workers employed by these agencies increased by 106, or 8 per cent. The

increase in median salaries is substantial for headworkers, supervisors, and psychiatric caseworkers, but is barely significant for the large group of caseworkers. It will be seen that the median salary for the 763 caseworkers in these 350 agencies in 1937 is identical with that shown in Table 4 for caseworkers in 472 agencies.

Tabulation of these data by type of institution shows that the best advances are those for workers of the American Red Cross and Veterans Administration, both of which organizations have given the subject of salaries careful study and have adopted salary schedules in the light of practice in leading medical institutions. In 164 private hospitals the gain in the median salaries of caseworkers from 1933 to 1937 was 5 per cent and for headworkers 4 per cent. In 72 public hospitals other than mental the gain for caseworkers was only 1 per cent and for headworkers 10 per cent, and in 27 mental hospitals, the increase for caseworkers was again 1 per cent and for headworkers 4 per cent.

These figures relate to a small number of agencies and more adequate data might change the results. The consideration of salaries in agencies operating in both these years, however, is not enough to indicate present tendencies. New opportunities for employment of medical social workers outside of medical institutions are offering competition for experienced and well qualified workers which will affect the general salary standards.

Salaries of Teachers of Medical Social Work

As already explained, salary data were obtained toward the end of the study for three groups of workers which were not included in the main salary tables. Like medical social workers in relief agencies and agencies concerned with blindness, they represent medical social work outside of hospitals.

The first of these groups is that of teachers of medical social work in schools of social work. Of the 31 schools holding membership in the American Association of Schools of Social Work, the following 11 offer courses in medical social work approved by the American Association of Medical Social Workers:

- University of California, Graduate Curriculum in Social Service.
- University of Chicago, School of Social Service Administration.
- National Catholic School of Social Service.
- Fordham University, School of Social Service.
- University of Minnesota, Graduate Course in Social Work.
- New York School of Social Work.

St. Louis University, School of Social Service.
 Simmons College, School of Social Work.
 Tulane University, School of Social Work.
 Washington University (St. Louis), Department of Social Work.
 Western Reserve University, School of Applied Social Sciences.

At two of these schools (Simmons and California) the instructors of medical social work have part-time positions. At a third (National Catholic), the position is actually now part-time but is to become a full-time position in the next academic year and the salary was reported for the full-time position. At two schools (Chicago and St. Louis), the duties of the full-time university position include both the teaching of medical social work in the school of social work and the direction of medical social service in the university hospitals or clinics.

The nine full-time principal teaching positions give the following summary salary figures:

Lowest	Median	Highest
\$2,700	\$3,200	\$5,800

In some instances these salaries are increased by extra earnings in a long academic vacation, but in several instances, vacations attached to these teaching positions are only one month in length.

Four of the schools (California, Chicago, Western Reserve and St. Louis) reported second medical social work positions, the highest and lowest salaries being \$1,980 and \$2,700.

Salaries in Crippled Children's Programs

At the end of 1937, 17 states were employing medical social workers in connection with services for crippled children under provisions of the Social Security Act, and other states were making plans for their employment. In addition the federal Children's Bureau was employing a staff of seven medical social workers in administering the federal-state programs. This new field of activity has called for well qualified personnel, with the result that the salaries attached to these positions are in most cases among the higher salaries in the field.

The salaries of the federal workers, three of whom were temporarily employed, are in four salary grades as follows:

Annual salary	Number of workers
\$5,600	1
3,800	3
3,200	1
2,600	2

The personnel of the state programs is less well paid than are the federal workers. The salaries of 28 medical social workers in 17 state programs give the following summary figures:

Lowest	Lower quartile	Median	Upper quartile	Highest
\$1,560	\$1,830	\$2,040	\$2,400	\$3,072

Only five of the 17 states have a medical social worker engaged in this work at as low as \$1,800, and four of the 17 states have one worker at as high as \$3,000.

It is of interest to contrast the figures for workers in crippled children's programs with those for medical social workers engaged in prevention of blindness, which is a somewhat similar specialized field of work. These workers were included in the earlier tables, where figures were shown separately for headworkers and case-workers. Fourteen such workers were reported by three state welfare departments and six private agencies. The summary figures for the 14 workers are:

Lowest	Lower quartile	Median	Upper quartile	Highest
\$1,800	\$1,940	\$2,150	\$2,475	\$3,000

Only one of these positions was at \$1,800. Three were at \$3,000.

Salaries in Miscellaneous Agencies Outside of Hospitals

Medical social workers are employed as such in a considerable variety of other agencies outside of hospitals. Our attempt to locate and obtain salary data for these positions was not especially successful. But the following summary figures for only 12 positions in nine such agencies suggest that the positions outside of hospitals tend to be better paid than those in hospitals. The summary figures for the 12 positions are:

Lowest	Median	Highest
\$1,800	\$2,250	\$4,000

Included among these workers are medical social workers employed as consultants or advisers in hospital councils or councils of other social agencies and administrative or research workers in specialized health agencies. The group might have been increased by including here the chief supervising medical social workers of the American Red Cross, the Veterans Administration and the New York

City Department of Hospitals, who are not included in the preceding tables.

Education of Workers

Because the schedules were not to be filled out by the individual workers in each agency, and also in order to make the preparation of the reports as simple as possible, much less detailed information was requested concerning educational experience than would have been desirable. Columns were provided on the schedule in which it was asked that checks be entered to indicate the extent of education of each full-time paid medical social worker listed. In successive columns checks were to be entered if the worker (1) had received a college degree; (2) had completed a two-year course at a graduate school of social work; (3) had completed a one-year course at a graduate school of social work; (4) had credits for less than a one-year course at a graduate school of social work; (5) was a graduate nurse. It was also asked that in an additional column other professional preparation be recorded and training for public health nursing was particularly mentioned in this connection.

The tabulation of the data obtained from this part of the schedule is summarized in Table 9. The 1,899 workers included in the table are all of the workers included in the study, except the teachers of social work who were not at the same time directors of hospital departments of social work. The table is complex because of the numerous combinations of educational preparation, and it will, therefore, assist to call attention to some of the most striking figures.

A little more than half of the group, 975, or 51 per cent, were reported as having college degrees, as compared with 924 for which college graduation was not indicated. Master's degrees were reported for 184 of the college graduates and the number holding advanced degrees may be larger than this, since indication of the degree held was not requested. In the 1933 study, out of 1,530 workers, only 646, or 42 per cent, were reported as college graduates.

The total number of workers who were reported as having some credit for graduate school of social work training was 1,210, or 64 per cent of the entire group. About a third of these workers, 399, had completed two-year courses; almost another third, 370, had completed one-year courses; and a little more than a third had some but less than one-year's credit for such training. In the 1933

TABLE 9.—MEDICAL SOCIAL WORKERS INCLUDED IN STUDY, EXCEPT
TEACHERS OF MEDICAL SOCIAL WORK, BY TYPE OF EDUCATION

Professional education	College gradu- ates	Not college gradu- ates	Total	Per cent of total
<i>2 years at graduate school of social work</i>				
Not graduate nurse or normal school graduate	294	64		
Graduate nurses	8	29		
Normal school graduates	1	3		
Total 2 years school of social work	303	96	399	21
<i>1 year at graduate school of social work</i>				
Not graduate nurse or normal school graduate	236	57		
Graduate nurses	14	62		
Normal school graduates	..	1		
Total 1 year school of social work	250	120	370	19
<i>Some but less than 1 year at graduate school of social work</i>				
Not graduate nurse or normal school graduate	184	93		
Graduate nurses	17	136		
Graduate nurse and normal school graduate	..	4		
Normal school graduates	..	7		
Total some but less than 1 year school of social work	201	240	441	23
<i>No graduate school of social work credit</i>				
Not graduate nurse or normal school graduate	194	209 ^a		
Graduate nurses	27	247		
Graduate nurse and normal school graduate	..	3		
Normal school graduate	..	9		
Total no school of social work	221	468	689	36
Grand total	975	924	1,899	
Per cent of total	51	49		100
<i>Recapitulation:</i>				
Total with some graduate school of social work training	754	456	1,210	64
Total graduate nurses	66	481	547	29
Total normal school graduates	1	27	28	1

^a The schedule lacked a column in which to indicate no education of the types specified, so that these 209 workers may include some who neglected to fill out the section of the schedule relating to education. Some of these 209 workers had other specialized training.

study, only 37 per cent of the entire group were reported as having any school of social work training.

Graduates of schools of nursing numbered 547, or 29 per cent of

the total group. Of these graduate nurses, 270, or almost half, had also had some school of social work training, but only 37 were both graduate nurses and graduates of two-year school of social work courses. In the 1933 study, 451 workers were reported as being graduate nurses. This was 29 per cent of the total number of workers reported for that study, or exactly the same proportion as in the present study.

Only 28 workers in all were reported as being normal school graduates, and 29 were reported as having had special training for public health nursing.

Information was also requested on the schedule concerning extent of social work or nursing experience. In an effort to make the reporting as little burdensome as possible, those preparing the reports were requested to check if the worker had at least two years of paid experience in (1) medical social work; (2) other social work; (3) public health nursing; (4) other nursing, or "if convenient" to enter the actual number of years of paid experience in each type of work. For only a relatively small proportion of the workers were the actual years of experience entered, so that analysis of salary data in relation to years of experience is not practicable from the data in hand. This is unfortunate because significant analysis of the salary data in relation to type of education cannot be made without the additional information concerning length of experience, inasmuch as experience as well as special education is required for the better paid positions.

Median salaries were, nevertheless, determined for the several type of education groups and are presented as being of some interest:

Type of education	College graduates		Not college graduates	
	Number of workers	Median salaries	Number of workers	Median salaries
Graduate nurses without school of social work credit	27	\$1,680	247	\$1,681
Graduate nurses with some school of social work credit	39	1,800	231	1,800
Not graduate nurses:				
2 years school of social work course	293	1,770	64	1,900
1 year school of social work course	236	1,692	57	2,000
Some school of social work credits but less than one year	183	1,680	93	1,680
No school of social work training	194	1,602	209	1,680

The present tendency is for schools of social work to require college graduation in preparation for the social work training, and recent graduates of such schools who have as yet had too little experience to obtain many of the better paid positions comprise a relatively large proportion of the group having both college and one or two years of school of social work training. It is clear that the emphasis on special education in preparation for medical social work is increasing, but some time must elapse before the influence of education can be seen in a tabulation which does not allow for differences in extent of experience.

Sex and Race of Workers

It is well recognized that very few men are employed in medical social work. For some positions, however, men are desired. Among the workers represented in the study only 13 were men. Only 22 of the total number of workers were recorded as colored, of whom 4 were headworkers.

Students, Volunteers and WPA Workers

The information returned on the schedules included a variety of interesting facts concerning the composition of the medical social service staffs. These data have been summarized for the group of 472 departments or agencies to which the main salary tables relate.

The number of paid full-time social workers in these agencies has already been stated as 1,853, of whom only 32 were reported as workers in training, evidently indicating that apprenticeship training on the part of medical social work agencies has been largely abandoned.

The number of special workers reported as attached to the social service staffs was also very small. Twelve occupational therapists were reported and only scattering other special workers, including a few instances only of such workers as librarian, kindergartner, recreation worker, dietician, financial investigator, health teacher, historian, epidemiologist, psychologist.

The American Red Cross and 59 hospital departments of social work reported school of social work students temporarily attached to their staffs. Three agencies did not report the number of such students. The others reported 244 school of social work students currently obtaining casework practice.

Only 47 hospital departments reported student nurses temporarily attached to their staffs for practice work. Five of these agencies did not report the number of student nurses employed. The other 42 reported 125 student nurses obtaining practice in social work.

The number of WPA workers loaned to hospitals had been greatly reduced before these data were collected. Ninety-two departments, however, reported that 386 such workers were included in their staffs.

The American Red Cross and 150 hospital departments reported volunteers giving regular time to their work. This probably represents a much smaller proportion of hospital social work departments having volunteer workers than would have been found several years ago. Four departments did not give the number of volunteers regularly assisting in their work, but 147 reported a total of 1,414 volunteers.

Hours of Work

The prevailing working week for medical social workers is one of 38 to 39 hours, which usually means five 7-hour days and 3, $3\frac{1}{2}$ or 4 hours on Saturday.

Of the 472 departments or agencies represented in the main salary tables, all but 19 reported the scheduled number of working hours per week. They are distributed as follows:

Hours of work per week	Number of agencies
Under 35	5
35 to 37½	13
38 to 39½	172
40 to 41½	128
42 to 43½	22
44 to 45½	82
46 or over	31
Not reported	19
Total	472

The 18 medical social work units of the American Red Cross which have uniformly 39 hour weeks, and the 67 units of the United States Veterans Administration, 13 of which have 39 hour weeks and 54 of which have 41½ hour weeks, are here tabulated as separate units and have a large effect on the table. But if they were omitted the largest number of agencies would still be in the group having from 38 to 39½ hours, and the next largest number in the group having 40 to 41½ hours.

The longer working hours are relatively most frequent among the medical social work departments of mental hospitals.

Vacations

Vacation allowance is not very generous in a large proportion of medical social work agencies. Including Red Cross and Veterans Administration units, 26 per cent of the departments or agencies allowed headworkers only two weeks or less regular annual vacation with pay; 35 per cent of those having additional workers allowed caseworkers only two weeks or less; and 66 per cent of those reporting clerical workers allowed clerical workers only two weeks or less. The Veterans Administration allows all medical and clerical workers 26 working days or the equivalent of one calendar month of vacation with pay. The American Red Cross allows both social workers and clerical workers in its units 18 working days of vacation with pay.

The tabulation of the replies concerning length of regular vacation allowed workers employed at least one year is shown in Table 10. In reading it, it should be borne in mind that the number of agencies having headworkers, caseworkers and clerical workers is different.

TABLE 10.—SCHEDULED LENGTH OF REGULAR ANNUAL VACATION WITH PAY, BY POSITION

Position	Number of agencies reporting						No sched-ule-	Agencies not reporting	Total having specified position
	None	1 week	2 weeks	3 weeks	4 weeks	1 month			
Headworker	2	6	115	59	135	145	4	5	471
Caseworker	..	5	99	42	93	51	2	7	299
Clerical worker	..	14	196	51	37	8	2	12	320

If the Veterans Administration units were omitted from this table, the result would be considerably less favorable. Only 78 instead of 145 headworkers would be shown as having one month and only 37 instead of 51 agencies would be shown as allowing caseworkers one month. However, half of the agencies would still be shown as allowing headworkers either four weeks or one month.

Of the agencies having both headworker and caseworker positions, 198 reported allowing the same vacation for both positions, and 69 allowed caseworkers less than headworkers.

Of agencies having both caseworkers and clerical workers, 142 reported allowing the same vacations for both positions, and 100 allowed clerical workers less. Only 36 agencies reported that any extra vacation leave was allowed in winter or spring.

Sick Leave with Pay

Of the 472 agencies, 11 reported no sick leave with pay, 162 reported no scheduled amount, and 9 failed to answer the question. The others reported scheduled sick leave for social workers varying from 3 working days per year with full pay at the lower extreme to 36 working days with full pay or 56 working days with part pay at the other extreme.

The American Red Cross allows workers in its units 24 working days of paid sick leave annually, and the Veterans Administration allows only 15 days per year but permits this leave to accumulate up to 90 days. Of agencies having both social workers and clerical workers, 160 allow the same sick leave for both positions; only 19 allow clerical workers less than social workers.

Sources of Medical Social Work Funds

Another question appearing on the schedule concerned the sources of funds from which salaries of medical social work staffs were paid. Excluding the Red Cross and Veterans Administration units, the replies give the following tabulation:

Source of funds	Number of agencies
From institution	265
From chest or federation	32
From auxiliary board or committee	19
From institution and chest	22
From institution and committee	26
From chest and committee	5
From institution, chest, and committee	12
Not reported	6
Total	387

Only 62 medical social work departments were reported as receiving all or part of salary funds from special committees, which probably reflects a marked change in the financing of medical social service as compared with practice of fifteen or twenty years ago.

Seventy-one agencies receive some or all of their funds directly from community chests or other financial federations.

The Schedule Used

The questionnaire used in collecting information for the study is reproduced on the two following pages. An accompanying explanatory sheet contained the following instructions concerning the information about individual workers requested on the back of the schedule:

Individual salary data are requested only for full-time social workers and special workers.

In column 1, list workers by titles used in department, starting with headworker. Do not include clerical workers, students temporarily with department or volunteers. Names of workers are not requested.

In column 2, indicate classification of each worker according to the following definitions. Classify by title representing work occupying the largest part of the worker's time. (These definitions appear on page 11 of this bulletin.)

In column 3, identify male (M) and colored (C) workers. Workers not so identified will be assumed to be white women.

Under "Salary," enter actual present salary, exclusive of maintenance, but including any amount withheld to be paid by agency for the worker, as for annuity or insurance.

Indicate number of rooms supplied as part of compensation, and number of meals per week ordinarily received without charge. Notation as to approximate market value of room and meals will be appreciated.

Under "Experience," check if worker has had 2 years of paid experience in any of the four specified types of work, or if convenient, enter number of *completed* years of paid experience.

Under "Education," check to indicate the extent of educational preparation. In the last column specify other professional preparation. Note particularly special training for public health nursing.

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1. Is organization under governmental administration? _____
private administration? _____

2. Are social service salaries paid from funds of the institution?... _____
from funds raised by auxiliary board or committee?..... _____
from funds allotted for social service by federation or chest? _____

7. Are workers required to make a contribution to community chest or similar fund? _____
Are they required to purchase and launder uniforms?.....

33 .

8. Salary, experience and education of individual full-time medical social work personnel in March 1937

[illegible]