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A study of the factors causing the breakdown of health of executives

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A STUDY OF THE FACTORS CAUSING THE BREAKDOWN
OF HEALTH OF EXECUTIVES

A Thesis
Presented to
the Faculty of the Department of Psychology
University of Omaha

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Alice Marie von Bergen Dawson
April 1957

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This study is dedicated in gratitude to my
husband

Fredrick Thomas Dawson

whose wise counsel and stimulation to effort helped to
make its existence possible.

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A. M. von B. D.

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CHAPTER I

THE PROBLEM AND DEFINITIONS

One of America's greatest assets is the health of its business executives.¹ Yet until recently industry has done little to protect or to guard sound mental or physical health of these important men and women.

Nation's Business stated:

The businessman is one of the nation's big mental health problems. Of all the people in our tension-ridden modern society, none is subjected to more relentless stress than he. In the competitive environment in which he lives and works nervous strain is the number one occupational hazard.

Each year thousands of able, ambitious, hard-working men are cut down in the prime of their careers by psychological and physiological ailments. Aside from the human tragedies which this entails for them and their families, the cost to their business firms--in terms of lost talent--is incalculable.²

How to obtain optimum performance with a minimum of wear-and-tear from those holding key positions has become a problem of much concern to industry as well as to the medical profession.

¹George M. Saunders, "Executive Health Programs," Archives of Industrial Hygiene and Occupational Medicine, (9:133, 1954).

²Nation's Business, "How to Live with Job Pressure," (September, 1956), p. 39.

Executives and industrial medical directors are now generally agreed on the need for preservation of the health of executives, but there still appears to be a wide difference of opinion as to the reasons for the breakdown of health.

According to The Executive Life:

The subject of executive breakdowns is surrounded by a degree of superstition, hypocrisy, ignorance, bickering, and balderdash unusual even in matters of the mind. Few people are willing to talk for the record about executives' crack-ups, and when they do the tone is apt to be defensive, the fingers either crossed or pointed at someone else. Wives characteristically single out office worries and overwork as the cause of their husbands' breakdowns. Management is just as anxious to keep responsibility off its doorstep, and professes to see the trouble originating in an unhappy home life. The programs addressed to the problem and the professional help business brings in either to treat executive breakdowns or prevent their occurrence seem just as fundamentally in conflict. To complicate matters further, there is a great host of psychiatrists, medical men, psychologists, management consultants, and members of Alcoholics Anonymous, all with some claim on the executive's psyche.

M. D.'s, especially if they head up corporate medical departments, are inclined to look down their noses at the performance record of the few professionals specializing in industrial psychiatry, and to insist that mental hygiene is fully within their own competence; they assert that a good doctor can often straighten out an executive in the early stages of a potential crack-up and do it with less commotion than some psychiatrists 'with a Jehovah complex.' Dr. Kieffer Davis, medical director of Phillips Petroleum and president of the Industrial Medicine Association, voices the opinion that 'at least 95 per cent of the employees in industry having emotional

problems are best counseled by the general practitioner or internist who is a full-time industrial physician.' On the other hand, M. D.'s and psychiatrists tend to close ranks against psychologists and consultants to management. While granting that the latter two are fine in their places--which is the business of vocational testing and personal counseling--they bitterly object when some of these 'unqualified' people behave as if they could cruise the deeps of mental illness, passing judgments on the character of this executive or that, even messing around with therapy, via psychoanalysis.³

In a bulletin published by the Research Institute of America, Incorporated, in 1956 Doctor Paul Dudley White summed up the situation in his Foreword in which he said in part:

Executive health plans . . . may well change the trend of the future health and prosperity of our industries . . . Advice by individuals who have had experience in the health field is in order.⁴

I. THE PROBLEM

The purpose of this study was to determine (1) the opinions of executives and medical directors as to the

³Editors of Fortune, The Executive Life (Garden City, New York: Doubleday & Company, Inc., 1956), pp. 79-80.

⁴Paul Dudley White, "Protecting Executive Health," Research Institute of America, Incorporated (New York, 1956).

contributing factors in the breakdown of health of top-level executives, and (2) those areas in which there was a significant difference between the opinions of the executives and the medical directors. The study was limited to two hundred and eight executives who attended the Industrial Relations Conference of the National Association of Manufacturers in 1956 and one hundred thirty-three industrial medical directors whose names were suggested by Doctor Edward C. Holmblad, Managing Director of the Industrial Medical Association.

Much has been written in the past few years concerning the importance of health of executives in industry, but no survey has been made to show the factors causing health failures, as determined by the opinions of those best qualified to make such judgments--the executives themselves and the medical directors. It was believed that this study would help to pin-point the factors affecting health failures and that the results might be of value in lengthening the health-line of executives generally in industry.

II. DEFINITIONS OF TERMS USED

The question of who--or what--constituted an executive appeared to be open to debate. The word itself

was often used loosely and with rather indefinite application. Even the dictionaries did not give much help. They were inclined to define an executive as "any person or body charged with administrative or executive work."⁵ For this study a definition as given by industrialist Crawford H. Greenewalt, president of E. I. Du Pont De Nemours & Company, was used:

As production became more complex, the tools and equipment have grown more expensive and the capital to buy them has had to come from groups of people rather than a few individuals. At the same time we have come to require more and more the services of specialists and technicians. Business has become, as a result, increasingly a team effort in which the contributions of each individual and each group have to be integrated with the contribution of others.

In this way the modern executive came into being, and his function gained importance as the size of the business unit grew and its activities became more intricate. The executive is very largely a Twentieth Century phenomenon, and very largely an American creation . . . the America we know today--its high living standard, its strength, its position as a world power--would have been literally impossible to achieve without the executive function.

The best that I can offer is to say that the basic requirement of executive capacity is the ability to create a harmonious whole out of what the academic world would call dissimilar disciplines. This is a fancy way of saying that an

⁵Webster's International Dictionary, (1951).

executive is good when he can make a smoothly functioning team out of people with the many different skills required in the operation of a modern business. His most important function is to reconcile, to coordinate, to compromise, and to appraise the various viewpoints and talents under his direction to the end that each individual contributes his full measure to the business at hand.⁶

In describing the duties and responsibilities of an executive, Melvin T. Copeland, Director of Research of the Graduate School of Business of Harvard University, said:

It is the task of the chief executive to make the key decisions and to make sure that the supplementary decisions are made in due time, in proper sequence, and in harmony with the key decisions. His real authority is measured by the degree to which his key decisions are implemented by the supplementary decisions and actions of the rest of the organizations.

An executive of a business corporation operates in an environment abounding in uncertainties. He seldom can know for sure in advance what will be the reactions of employees, customers, investors, creditors, and others to any course of action which it is decided to follow. In many industries, technological changes are continually taking place, and new economic, political, and social developments arise with perplexing frequency. Executive decisions often have to be reached before all the pertinent facts can be ascertained and before future trends can be fully evaluated. The wheels seldom can be stopped to await the gathering of more facts and the unfolding of new trends.

⁶Crawford H. Greenewalt, "Speaking Up For Business," Dun's Review and Modern Industry, (62:1, August, 1953).

If the corporation has a well-chosen board of directors, the board determines policies and gives counsel and advice to the chief executive. Nevertheless, he must take the responsibility of putting the policies into effect. And on his shoulders rests a heavy responsibility for attaining successful results. Since he usually operates amidst so many uncertainties, mistakes in judgment inevitably occur. The executive has the authority to make mistakes. His success is measured, not by the infrequency with which he makes mistakes, but by the degree to which his sound decisions outweigh his faulty ones.

Finally, it should be pointed out that the task of making executive decisions is an environment so full of uncertainty and so fraught with actual or potential conflicts of interest places a burden on an executive which can be borne successfully only by a man of good physical stamina, intellectual honesty, and moral courage.⁷

⁷Melvin T. Copeland, The Executive at Work (Cambridge, Massachusetts: Harvard University Press, 1951), pp. 17-18.

CHAPTER II

HISTORICAL BACKGROUND

Since the beginning of the Twentieth Century, interest by management in the health of the industrial worker has developed rapidly. During the first two decades, industrial medical programs were narrow and were limited principally to the care of trauma and specific occupational diseases. The industrial health movement gained momentum about 1910 when several states and later the federal government enacted a series of laws which secured the rights of labor and regulated industrial practices. Later, management began to study the prevention of disease among workers and the fitting of the worker physically for the job. Physical examination of prospective employees, followed by periodic examination on the job, became the rule. The result was less absenteeism and turnover, lower compensation costs, and higher production and morale.

However, in most industries the health program was confined to the non-supervisory employees. The executive was generally not included. It was only when the need for good executives became paramount during World War II that many organizations began to realize the need for safeguarding the health of the management group.

Hazlett, in 1946, stated that:

Personnel of industry responsible for its plans, policies, and administration has been woefully neglected. No effort is made to regulate the activities and the working time of this group and the conditions produced by the growing complexities of industry are adding to their burdens.⁸

Saunders, in explaining the growing need for emphasis on executive health, said:

The American business executive is a new species of being, generated during the last half century, and we are only just beginning to learn the desirable qualities of mind, body, and emotions he should possess in order to function efficiently and not to break under the strain. At the beginning of the Century, there was no big business in America . . . The rapid growth of our industrial economy required the development of executive management on a large scale in order to operate the business enterprise for the owner-- usually thousands or tens of thousands of stockholders. During the past ten or fifteen years much attention has been given to studies of criteria to measure management stature and to develop promising talent; but until fairly recently, little concern was given to physical health status or potential, to emotional maturity, or to the qualities of strength or weakness that may have been inherited from forebears. The health of the American business executive is one of the country's greatest assets. During the past several decades, programs for protecting and promoting executive health have been developed. The field of health programs to the individual and to business is unquestioned. Better health means better morale, greater efficiency, and a longer useful life.⁹

⁸T. L. Hazlett, "Executives' Health in Industry," Hygeia (September, 1946), pp. 671-672.

⁹George M. Saunders, "Executive Health Programs," Archives of Industrial Hygiene & Occupational Medicine, (9:133, 1954).

Rusk, referring to the value of the experience of the executive, reported:

In a critical inventory of our present situation, one important problem . . . is the health of our leaders, specifically of our industrial executives . . . This is the group that is most expensive to train, for the wisdom of judgment that comes with experience is their most valuable assets.¹⁰

Page reporting on a national conference of management in 1951 said:

It was predicted that during the present five-year period, American business would experience the greatest turnover of executives in the history of free and competitive enterprise. It was recorded that an executive who receives an annual salary of \$20,000 represents a company investment of \$250,000. Such a human investment, it was concluded, should receive the same care and attention from the medical point of view as a machine of equal value would receive from a maintenance standpoint.¹¹

The movement to initiate health plans for executives gained in strength after World War II and since 1950 has grown rapidly. Two surveys of progress in industrial health programs for executives have been published.

¹⁰Howard A. Rusk, "Industries Act to Keep Check on Health of Their Leaders," New York Times (July 30, 1950).

¹¹Robert C. Page, National Industrial Conference Board Management Record, Volume 13 (November, 1951), p. 390.

The National Industrial Conference Board, a non-profit fact-finding laboratory organized in 1916 for the purpose of scientific research in the field of business economics and business management, made a study in 1955 of executive health plans of one hundred twenty companies ranging in size from less than five hundred employees to more than five hundred thousand with many kinds of industry and business represented. From this report:

As far back as 1921 when the Board published a survey of medical programs in industrial organizations, the following statement was made:

'It has become recognized that the health of executives of industrial organizations need constant supervision, so that the developments of any impairment due to working or living conditions may be detected in ample time to permit of such correction as will not necessitate loss of services of these key men so important to the efficient and uninterrupted operation of industry. Business executives, more than the workers further down the industrial scale, are apt to neglect proper and timely attention to their health in their zeal to discharge the trust and functions of direction imposed upon them. It has also been shown that the mental strain under which these executives live adds the possibility of mental impairment and even breakdown to that of physical ill health. Therefore, arrangements have been made by the plant physician in some industrial organizations for the periodic examination of the executives by specialists or groups of specialists.'

In a later 1931 study, the Board reported:

'If the practice of making periodic physical examinations is of value when applied to the rank and file of workers, it seems patent that the value would be enhanced when applied to the executives and minor officials of an organization, whose efficiency and continued services to the company are of even greater importance. The present study, however, shows that many companies, having compulsory annual or semi-annual physical examinations for the rank and file of their workers, exempt executives from such procedure. Several companies urge executives to be examined, but there is no compulsion.'

In 1948 a Conference Board report revealed that of 333 establishments polled, only 18.3% of them required supervisors to have periodic physical examinations, while 16.5% required such examinations of 'key personnel.'¹²

And again from the Conference Board report:

'Increasingly, companies are recognizing that if the executive's job is to be well done it is as important to keep him in good physical and mental health as those who work under him. Or they may go further and ask, is it not as important to guard the health of the executive, who represents an investment of many thousands of dollars to the company, as it is the health of the file clerk, the office messenger, the lathe operator? Companies pay to safeguard their buildings and equipment, they point out. Why not do the same for their costly human assets?'¹³

In 1951 the Policy Holders Bureau of Metropolitan Life Insurance Company in cooperation with the Company's

¹²Company Health Programs for Executives, Studies in Personnel Policies, No. 147, National Industrial Conference Board, Inc. (New York, 1955).

¹³Ibid.

Health and Welfare Division and Medical Division conducted a survey of health examination programs for executives. This survey included one hundred and eighteen companies and forty-four clinics. This report showed that:

Although a few business organizations have had a program of executives' health examinations for more than 30 years, recognition of the need for safeguarding the health of the management group gained acceptance during the industrial mobilization of the second World War. Doubtless wartime working conditions, such as long hours, shortage of management personnel, excess work loads and nervous tension were contributing factors. It is important to note that the trend has not changed; the concept of health examinations has continued to grow since the end of the war. Of 84 such programs giving data on their origin, 12 originated before 1942, 29 during the four war years and 43 in the first five post-war years. There have been recent estimates that more than 400 organizations in the United States and Canada have a periodic health examination program for management personnel.

The successful executives' health examination program should obviously have benefits to both the individuals examined and to the company.

Some indication of the benefits realized by individuals is available in the extent to which executives use this health service. Of the 118 cooperating companies, 86 offered periodic health examinations to 23,193 members of management and 18,955, or 82 per cent of them, utilized this opportunity in 1950. Only 17 per cent of these companies have compulsory examinations, the others being on a voluntary basis. There is some evidence that persuasion is brought to bear in some companies having voluntary examinations, but the policy in five out of six of these companies

is to avoid compulsion. This high percentage of participation indicates that most executives take advantage of the opportunity afforded them.¹⁴

And Time raised the question:

Does the high pressure of their jobs cause top corporation executives to burn out faster and die earlier than other men? Though industry still lacks the statistics to make a watertight case, the answer seems to be yes.

After checking the health of more than 25,000 executives averaging 45.6 years old, New York's Life Extension Examiners found only 20% were in normal health . . . Companies which one regarded an executive as expendable but fortunately replaceable have changed their thinking . . . The American Fidelity and Casualty Company has found that the average businessman dies six years before his time, thus losing for the company a sizable investment . . . But to most companies, the fallacy in lavishing care on their machines while neglecting their men, is a recent revelation. No longer is an ulcer the badge of loyal devotion, a spare tire around the midriff, an excuse for a gibe. They are the visible signs of the depreciation of a valuable company asset. By last week the concern had become so great that Dr. Harry J. Johnson, Director of the Life Extension Examiners, could confidentially describe executive health programs as 'the hottest thing in medicine today.'¹⁵

What causes the breakdown of health of these executives?

Doctor Robert H. Felix, who has headed the National Institute of Mental Health, the federal government's

¹⁴Health Examination for Executives, Metropolitan Life Insurance Company, (New York, 1951).

¹⁵Time, "Management--The Pace That Kills," (March 30, 1953).

psychiatric research agency, since it was established at Bethesda, Maryland, ten years ago, said:

There are three ways in which a businessman may react unhealthily to stress. He may begin to suffer from what we doctors call 'disorders of thought.' Under this category comes such familiar symptoms as indecision, anxiety, the kind of chronic worrying that leads to insomnia. It also includes the more serious neuroses, delusions and hallucinations.

There also are disorders of behavior that are direct consequences of undischarged tension. Flying into rages, taking out spite on family or subordinates, drinking yourself into alcoholism, for example.

Finally there are disorders of bodily function--the so-called psychosomatic ailments. Everybody thinks of ulcers in this connection but there are many other organic illnesses which may be caused or greatly aggravated by stress. Hypertension, coronary artery disease, colitis, arthritis--these are a few of the common ones.¹⁶

It was the belief of Page that:

From both the professional and industrial standpoints, the problem of establishing an efficient executive health program is two-fold. Relatively few practicing physicians or private clinics are imbued with the art of constructive medicine or attuned to the needs of industry. On the other hand, the average industry has not been schooled in the medical aspects of human relations nor does it have the assistance of competent professional personnel.¹⁷

¹⁶Robert H. Felix, "How to Live with Job Pressure," Nation's Business (September, 1956), pp. 38-39.

¹⁷R. C. Page, "Executive Health for Company Wealth," Dun's Review (60:4-16, April, 1955).

And finally Page said:

As very few able executives live long enough to enjoy the reminiscence of their past accomplishments, a constructive industrial health program becomes a personal as well as a corporate problem,¹⁸ of growing magnitude in today's business affairs.¹⁸

Research showed that numerous industries now have health programs for executives and that private clinics, as well as state clinics, have been established. However, there still appeared to be considerable differences of opinion between the executives and members of the medical profession as to the importance of those factors that contribute to the breakdown of health of top-management personnel.

¹⁸Ibid.

CHAPTER III

PROCEDURE FOLLOWED

The questionnaire inquiry, a "normative survey method of research,"¹⁹ was used in this survey. "The questionnaire may ask for opinions, and it may be used to afford an insight into the attitudes of a group."²⁰ It was recognized that the questionnaire method had disadvantages, but it was the only practical method because information was to be gathered from widely scattered sources. The purpose of the questionnaire was to get the opinions of selected members of the two groups most interested in the health of top-management--the executive and the industrial medical director.

I. PREPARATION OF QUESTIONNAIRE

The first step in preparing the material for the survey was to get the opinions of representative top-management executives locally. A pilot study was made of such executives in fourteen local establishments. In each case the question was asked, "In your opinion, what are the

¹⁹Carter V. Good, A. S. Barr, and Douglas E. Scotese, The Methodology of Educational Research (New York: Appleton-Century-Crofts, Inc., 1941), p. 225.

²⁰Ibid., p. 324.

contributing factors in the breakdown of health of men and women of top-level management?" An analysis of the reasons given resulted in a questionnaire of twenty categories containing a total of thirty-seven items. The tentative questionnaire was then submitted to Doctor William H. Thompson, Head of the Department of Philosophy and Psychology of the University of Omaha, for final approval. Each item was to be checked by the respondent under one of three headings: major importance, average importance, or little importance. The respondent was given an opportunity to include comments and any additional causal factors in his opinion under category twenty-one. The check list was used because the time of those to whom the questionnaire was to be sent was limited. The complete questionnaire may be found in Appendix A.

Having established what appeared to be a valid questionnaire and one that would fulfill the purpose of the study, the next step was to select those persons to whom the questionnaire was to be sent.

II. DISTRIBUTION OF QUESTIONNAIRE

The study was limited to a group selected from the membership of the National Association of Manufacturers.

This Association, established in 1895, has a membership of more than twenty-one thousand organizations located in every state of the Union, representing industries ranging from the smallest to the largest. The group selected consisted of the two hundred eight members of the Association who attended the Industrial Relations Conference in 1956. The medical group was limited to the one hundred thirty-three medical directors of large industries, whose names were suggested by Doctor Edward C. Holmbled, managing director of the Industrial Medical Association.

The questionnaire accompanied by a letter explaining the reason for the study was sent to the executives on June 8, 1956. Of the two hundred eight questionnaires sent, one hundred forty, or sixty-seven and four-tenths per cent, were returned. Of the number responding, fifty-three added comments.

On August 17, 1956, the questionnaire accompanied by a letter was sent to one hundred thirty-three medical directors. Eighty-four, or sixty-three and one-tenth per cent, responded to the first letter. On October 9, 1956, a second letter was sent to the remaining forty-nine, again stressing the importance of the study. Twenty-nine sent a return to the second request, making a total response of one hundred thirteen. Of this number ninety-five added comments.

A copy of the letter from the managing director of the Industrial Medical Association, copies of the letters to the medical directors, and the letter to the executives may be found in Appendix A.

In summarizing the returned questionnaires, frequencies under each item of each category were secured from the raw data of each of the two groups. These results were then translated into percentages. Comments were analyzed and made a part of this report.

III. STATISTICAL PROCEDURE

The chi-square was used to determine for each item whether there was a significant difference between the opinions of the two groups.

Chi-square technique is statistical method for the testing of hypotheses concerning the distributions of frequencies. Since categorical data consist basically of the data of frequencies, chi-square is especially useful in testing hypotheses about such data.²¹

The chi-square method compares the data secured with a calculated probability in order to determine if the variables are dependent upon each other. The chi-square

²¹John G. Peatman, Descriptive and Sampling Statistics (New York: Harper & Brothers, 1947), p. 424.

obtained shows the total amount of discrepancy between observed data and theoretical data.

By formula:

$$\chi^2 = \sum \frac{(o-e)^2}{e}$$

The symbols may be interpreted as follows:

χ^2 = chi-square

o = the observed frequency

e = the corresponding expected frequency
in terms of the hypothesis.²²

The comparisons were made in a four-by-two table. The four rows contained the number of responses listed under each of the following: major importance, average importance, little importance, and no answer. The first column included the responses of the executives; the second column, of the medical directors. In the four-by-two table, there were three degrees of freedom. On those items where the obtained value of the chi-square was such that it could occur less than five per cent of the time with three degrees of freedom, it was considered that the result was not a matter of chance but that there was a significant difference between the opinions of the two groups sampled.

²²Allen L. Edwards, Statistical Analysis for Students in Psychology and Education (New York: Rinehart & Company, Inc., 1941), p. 240.

CHAPTER IV

RESULTS OF THE STUDY

The results obtained from the replies of one hundred forty executives and one hundred thirteen medical directors to the questionnaire indicated (1) differences of opinion in each group as to the importance of the items listed and (2) significant differences in some items between the opinions of the two groups as to the causes of the breakdown of health of executives.

I. OPINIONS OF EXECUTIVES AND MEDICAL DIRECTORS

The raw data giving the opinions of the one hundred forty executives is shown in Table I. In the first column was listed the number of respondents who were of the opinion that the item was of major importance; in the second column, of average importance; in the third column, of little importance; and in the fourth column were listed those who made no response to that item.

For example: Under item 1 (b)--lack of periodic health examination once a year--sixty-eight of those executives responding were of the opinion that it was of major importance; thirty-eight, of average importance; thirteen, of little importance; and twenty-one made no response.

TABLE I
ANSWER FREQUENCIES OF EXECUTIVES--RAW DATA

	Major Impor- tance	Average Impor- tance	Little Impor- tance	No Answer
1. Lack of periodic health examinations:				
(a) Six months	8	22	47	63
(b) One year	68	38	13	21
(c) Over one year	46	13	9	72
2. Lack of sick benefits for extended period:				
(a) On full salary	32	37	43	28
(b) On part salary	26	25	32	57
3. Lack of vacations:				
(a) Once a year	62	27	4	47
(b) More than once a year	39	32	28	41
4. Confinement of work day to:				
(a) 6 hours		1	69	70
(b) 8 hours	27	43	43	27
(c) 10 hours	39	22	24	55
5. Lack of regular period for rest or relaxation:				
(a) Morning	2	12	84	42
(b) Noon	32	30	51	27
(c) Afternoon	6	20	77	37
6. Lack of regular hours of sleep	95	30	4	11
7. Lack of diet control:				
(a) Immoderate eating habits	80	38	3	20
(b) Irregular eating habits	58	46	10	25

TABLE I (continued)

	Major Impor- tance	Average Impor- tance	Little Impor- tance	No Answer
8. Use of alcohol:				
(a) Daily	45	22	32	41
(b) Social drinking	11	29	58	42
(c) Moderate drink- ing	11	38	53	38
(d) Immoderate drinking	93	9	7	31
9. Use of tobacco:				
(a) Moderate smoking	6	39	73	22
(b) Immoderate smoking	54	34	20	32
10. Lack of diversion by physical or mental activity during leisure hours	78	44	6	13
11. Lack of harmony in home life	90	32	4	14
12. Lack of religious devotion	37	63	25	15
13. Feeling of insecurity or failure	75	35	13	17
14. Inability to forget a problem once a decision has been made	72	45	12	11
15. Failure to delegate responsibility to others	111	18	1	10

TABLE I (continued)

	Major Importance	Average Importance	Little Importance	No Answer
16. Selection of junior executives who:				
(a) Do not have ability to accept responsibility	83	40	4	13
(b) Do not carry out instructions	63	40	10	27
(c) Do not use good judgment in making decisions	67	43	6	24
17. Inadequate training of junior executives	67	56	5	12
18. Failure to pass through a period of conditioning or "seasoning" before accepting job with large responsibilities	49	58	19	14
19. Lack of ability to "handle people"	90	32	3	15
20. Lack of emotional stability:				
(a) Control of temper	83	36	9	12
(b) Control of feeling of depression and elation	61	44	14	21
(c) Poor self-mastery	82	33	5	20

Table II shows the raw data giving the opinions of the one hundred thirteen medical directors. In this table under item 1 (b), forty-one of the medical directors were of the opinion that the lack of periodic health examination once a year was of major importance; thirty-six, of average importance; six, of little importance; and thirty did not check this item.

In order to make a comparison of frequencies between the results of the two groups, it was necessary to obtain percentages of opinions for each item under each heading. Table III shows the answer frequencies of executives for each item as translated into percentages, and Table IV shows the answer frequencies in percentages of the medical directors.

It will be noted that in the column, No Answer, in the categories containing one item only, the percentage of the executives who did not check an item in one of the three columns varied from seven and nine-tenths per cent to twelve and one-tenth per cent, and for the medical directors it varied from sixteen and eight-tenths per cent to twenty-one and two-tenths per cent. The percentages were higher in those categories containing more than one item since, in most cases, only one item in the category was checked.

TABLE II
ANSWER FREQUENCIES OF MEDICAL DIRECTORS--RAW DATA

	Major Importance	Average Importance	Little Importance	No Answer
1. Lack of periodic health examinations:				
(a) Six months	7	7	40	59
(b) One year	41	36	6	30
(c) Over one year	35	20	6	52
2. Lack of sick benefits for extended period:				
(a) On full salary	28	18	41	26
(b) On part salary	17	30	28	38
3. Lack of vacations:				
(a) Once a year	46	32	3	33
(b) More than once a year	19	25	33	36
4. Confinement of work day to:				
(a) 6 hours	4	3	56	50
(b) 8 hours	22	28	36	27
(c) 10 hours	29	22	15	47
5. Lack of regular period for rest or relaxation:				
(a) Morning	1	13	63	36
(b) Noon	23	20	42	28
(c) Afternoon	3	23	54	33
6. Lack of regular hours of sleep	55	29	8	20
7. Lack of diet control:				
(a) Immoderate eating habits	59	29	6	19
(b) Irregular eating habits	38	39	13	23

TABLE II (continued)

	Major Importance	Average Importance	Little Importance	No Answer
8. Use of alcohol:				
(a) Daily	22	18	40	33
(b) Social drinking	1	23	60	29
(c) Moderate drinking	7	37	36	33
(d) Immoderate drinking	72	8	7	26
9. Use of tobacco:				
(a) Moderate smoking	3	29	51	30
(b) Immoderate smoking	37	40	15	21
10. Lack of diversion by physical or mental activity during leisure hours	52	27	13	21
11. Lack of harmony in home life	52	32	9	20
12. Lack of religious devotion	15	44	31	23
13. Feeling of insecurity or failure	57	26	8	22
14. Inability to forget a problem once a decision has been made	44	36	10	23
15. Failure to delegate responsibility to others	65	22	5	21
16. Selection of junior executives who:				
(a) Do not have ability to accept responsibility	51	28	10	24

TABLE II (continued)

	Major Impor- tance	Average Impor- tance	Little Impor- tance	No Answer
(b) Do not carry out instructions	42	29	14	28
(c) Do not use good judgment in mak- ing decisions	52	23	11	27
17. Inadequate training of junior executives	45	37	10	21
18. Failure to pass through a period of conditioning or "seasoning" before accepting job with large responsi- bilities	49	35	7	22
19. Lack of ability to "handle people"	57	22	10	24
20. Lack of emotional stability:				
(a) Control of temper	41	29	17	26
(b) Control of feel- ing of depression and elation	37	38	13	25
(c) Poor self- mastery	59	19	10	25

TABLE III
ANSWER FREQUENCIES OF EXECUTIVES IN PERCENTAGES

	Major Importance	Average Importance	Little Importance	No Answer
1. Lack of periodic health examinations:				
(a) Six months	5.7	15.7	33.6	45.0
(b) One year	48.6	27.1	9.3	15.0
(c) Over one year	32.9	9.3	6.4	51.4
2. Lack of sick benefits for extended period:				
(a) On full salary	22.9	26.4	30.7	20.0
(b) On part salary	18.6	17.9	22.9	40.7
3. Lack of vacations:				
(a) Once a year	44.3	19.3	2.9	33.6
(b) More than once a year	27.9	22.9	20.0	29.3
4. Confinement of work day to:				
(a) 6 hours		.7	49.3	50.0
(b) 8 hours	19.3	30.7	30.7	19.3
(c) 10 hours	27.9	15.7	17.1	39.3
5. Lack of regular period for rest or relaxation:				
(a) Morning	1.4	8.6	60.0	30.0
(b) Noon	22.9	21.4	36.4	19.3
(c) Afternoon	4.3	14.3	55.0	26.4
6. Lack of regular hours of sleep	67.9	21.4	2.9	7.9
7. Lack of diet control:				
(a) Immoderate eating habits	56.7	27.0	2.1	14.2
(b) Irregular eating habits	41.7	33.1	7.2	18.0

TABLE III (continued)

	Major Importance	Average Importance	Little Importance	No Answer
8. Use of alcohol:				
(a) Daily	32.1	15.7	22.9	29.3
(b) Social drinking	7.9	20.7	41.4	30.0
(c) Moderate drinking	7.9	27.1	37.9	27.1
(d) Immoderate drinking	66.4	6.4	5.0	22.1
9. Use of tobacco:				
(a) Moderate smoking	4.3	27.9	52.1	15.7
(b) Immoderate smoking	38.6	24.3	14.3	22.9
10. Lack of diversion by physical or mental activity during leisure hours	55.3	31.2	4.3	9.2
11. Lack of harmony in home life	64.3	22.9	2.9	10.0
12. Lack of religious devotion	26.4	45.0	17.9	10.7
13. Feeling of insecurity or failure	53.6	25.0	9.3	12.1
14. Inability to forget a problem once a decision has been made	51.4	32.1	8.6	7.9
15. Failure to delegate responsibility to others	79.3	12.9	.7	7.1

TABLE III (continued)

	Major Importance	Average Importance	Little Importance	No Answer
16. Selection of junior executives who:				
(a) Do not have ability to accept responsibility	59.3	28.6	2.9	9.3
(b) Do not carry out instructions	45.0	28.6	7.1	19.3
(c) Do not use good judgment in making decisions	47.9	30.7	4.3	17.1
17. Inadequate training of junior executives	47.9	40.0	3.6	8.6
18. Failure to pass through a period of conditioning or "seasoning" before accepting job with large responsibilities	35.0	41.4	13.6	10.0
19. Lack of ability to "handle people"	64.3	22.9	2.1	10.7
20. Lack of emotional stability:				
(a) Control of temper	59.3	25.7	6.4	8.6
(b) Control of feeling of depression and elation	43.6	31.4	10.0	15.0
(c) Poor self-mastery	58.6	23.6	3.6	14.3

TABLE IV

ANSWER FREQUENCIES OF MEDICAL DIRECTORS IN PERCENTAGES

	Major Importance	Average Importance	Little Importance	No Answer
1. Lack of periodic health examinations:				
(a) Six months	6.2	6.2	35.4	52.2
(b) One year	36.3	31.9	5.3	26.5
(c) Over one year	31.0	17.7	5.3	46.0
2. Lack of sick benefits for extended period:				
(a) On full salary	24.8	15.9	36.3	23.0
(b) On part salary	15.0	26.5	24.8	33.6
3. Lack of vacations:				
(a) Once a year	40.4	28.1	2.6	28.9
(b) More than once a year	16.8	22.1	29.2	31.9
4. Confinement of work day to:				
(a) 6 hours	3.5	2.7	49.6	44.2
(b) 8 hours	19.5	24.8	31.9	23.9
(c) 10 hours	25.7	19.5	13.3	41.6
5. Lack of regular period for rest or relaxation:				
(a) Morning	.9	11.5	55.8	31.9
(b) Noon	20.4	17.7	37.2	24.8
(c) Afternoon	2.7	20.4	47.8	29.2
6. Lack of regular hours of sleep	49.1	25.9	7.1	17.9
7. Lack of diet control:				
(a) Immoderate eating habits	52.2	25.7	5.3	16.8
(b) Irregular eating habits	33.6	34.5	11.5	20.4

TABLE IV (continued)

	Major Impor- tance	Average Impor- tance	Little Impor- tance	No Answer
8. Use of alcohol:				
(a) Daily	19.5	15.9	35.4	29.2
(b) Social drinking	.9	20.4	53.1	25.7
(c) Moderate drink- ing	6.2	32.7	31.9	29.2
(d) Immoderate drink- ing	63.7	7.1	6.2	23.0
9. Use of tobacco:				
(a) Moderate smoking	2.7	25.7	45.1	26.5
(b) Immoderate smok- ing	32.7	35.4	13.3	18.6
10. Lack of diversion by physical or mental activity during leisure hours	46.0	23.9	11.5	18.6
11. Lack of harmony in home life	46.0	28.3	8.0	17.7
12. Lack of religious devotion	13.3	38.9	27.4	20.4
13. Feeling of inse- curity or failure	50.4	23.0	7.1	19.5
14. Inability to forget a problem once a decision has been made	38.9	31.9	8.8	20.4
15. Failure to delegate responsibility to others	57.5	19.5	4.4	18.6

TABLE IV (continued)

	Major Importance	Average Importance	Little Importance	No Answer
16. Selection of junior executives who:				
(a) Do not have ability to accept responsibility	45.1	24.8	8.8	21.2
(b) Do not carry out instructions	37.2	25.7	12.4	24.8
(c) Do not use good judgment in making decisions	46.0	20.4	9.7	23.9
17. Inadequate training of junior executives	39.8	32.7	8.8	18.6
18. Failure to pass through a period of conditioning or "seasoning" before accepting job with large responsibilities	43.4	31.0	6.2	19.5
19. Lack of ability to "handle people"	50.4	19.5	8.8	21.2
20. Lack of emotional stability:				
(a) Control of temper	36.3	25.7	15.0	23.0
(b) Control of feeling of depression and elation	32.7	33.6	11.5	22.1
(c) Poor self-mastery	52.2	16.8	8.8	22.1

II. COMPARISONS OF OPINIONS OF THE TWO GROUPS

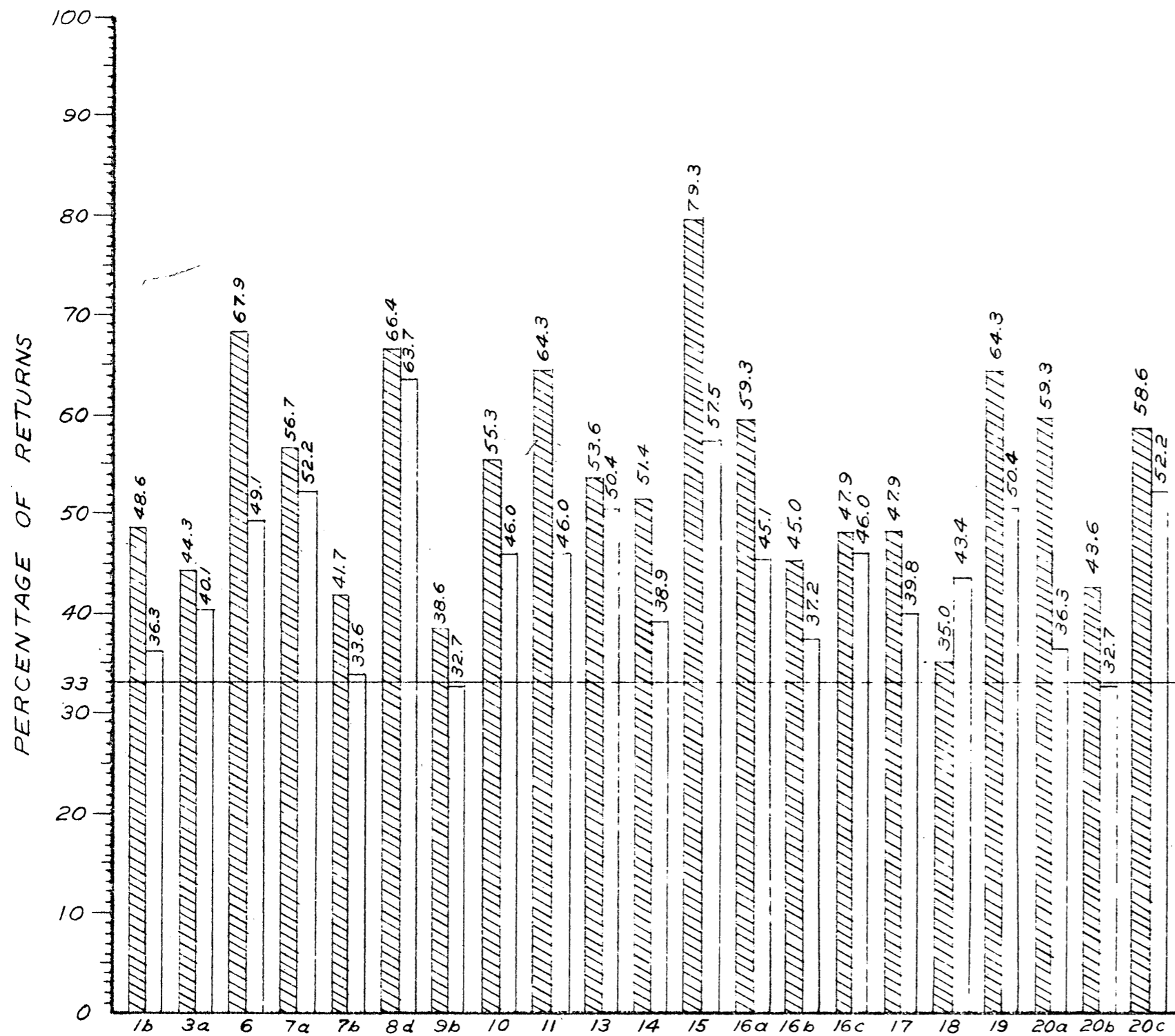
Since the respondents were asked to check one of three columns under each item, three graphs were prepared to show those items checked by more than thirty-three per cent of either group in the columns of major importance, of average importance, and of little importance.

Figure 1 shows twenty-one items checked by more than thirty-three per cent of the executives. Of the twenty-one items only two, 9 (b), use of tobacco, immoderate smoking, and 20 (b), lack of emotional stability, control of feeling of depression or elation, were checked by less than thirty-three per cent of the medical directors. More than sixty per cent of the executives were of the opinion that item 6, lack of regular hours of sleep; item 8 (d), use of alcohol, immoderate drinking; item 11, lack of harmony in home life; item 15, failure to delegate responsibility to others; and item 19, lack of ability to "handle people" were of major importance. On the other hand, only item 8 (d), use of alcohol, immoderate drinking, was checked as of major importance by more than sixty per cent of the medical directors.

These results appeared to indicate that the twenty-one items listed in Figure 1 and particularly those five items checked by more than sixty per cent of the executives

-LEGEND-

- 1.- LACK OF PERIODIC HEALTH EXAMINATIONS:
(b)-ONE YEAR
- 3.- LACK OF VACATIONS:
(a)-ONCE A YEAR
- 6.- LACK OF REGULAR HOURS OF SLEEP
- 7.- LACK OF DIET CONTROL:
(a)- IMMODERATE EATING HABITS
(b)- IRREGULAR EATING HABITS
- 8.- USE OF ALCOHOL:
(d)- IMMODERATE DRINKING
- 9.- USE OF TOBACCO:
(b)-IMMODERATE SMOKING
- 10.- LACK OF DIVERSION BY PHYSICAL OR MENTAL ACTIVITY DURING LEISURE HOURS
- 11.- LACK OF HARMONY IN HOME LIFE
- 13.- FEELING OF INSECURITY OR FAILURE
- 14.- INABILITY TO FORGET A PROBLEM ONCE A DECISION HAS BEEN MADE
- 15.- FAILURE TO DELEGATE RESPONSIBILITY TO OTHERS
- 16.- SELECTION OF JUNIOR EXECUTIVES WHO:
(a)-DO NOT HAVE ABILITY TO ACCEPT RESPONSIBILITY
(b)-DO NOT CARRY OUT INSTRUCTIONS
(c)-DO NOT USE GOOD JUDGEMENT IN MAKING DECISIONS
- 17.- INADEQUATE TRAINING OF JUNIOR EXECUTIVES
- 18.- FAILURE TO PASS THROUGH A PERIOD OF CONDITIONING OR "SEASONING" BEFORE ACCEPTING JOB WITH LARGE RESPONSIBILITIES
- 19.- LACK OF ABILITY TO "HANDLE PEOPLE"
- 20.- LACK OF EMOTIONAL STABILITY:
(a)- CONTROL OF TEMPER
(b)- CONTROL OF FEELING OF DEPRESSION AND ELATION
(c)- POOR SELF-MASTERY



IDENTITY OF GROUPS:



EXECUTIVES



MEDICAL DIRECTORS

FIGURE 1

OPINIONS CHECKED AS OF MAJOR IMPORTANCE BY MORE THAN THIRTY-THREE PERCENT OF EITHER GROUP

might be contributing factors in the breakdown of health of executives.

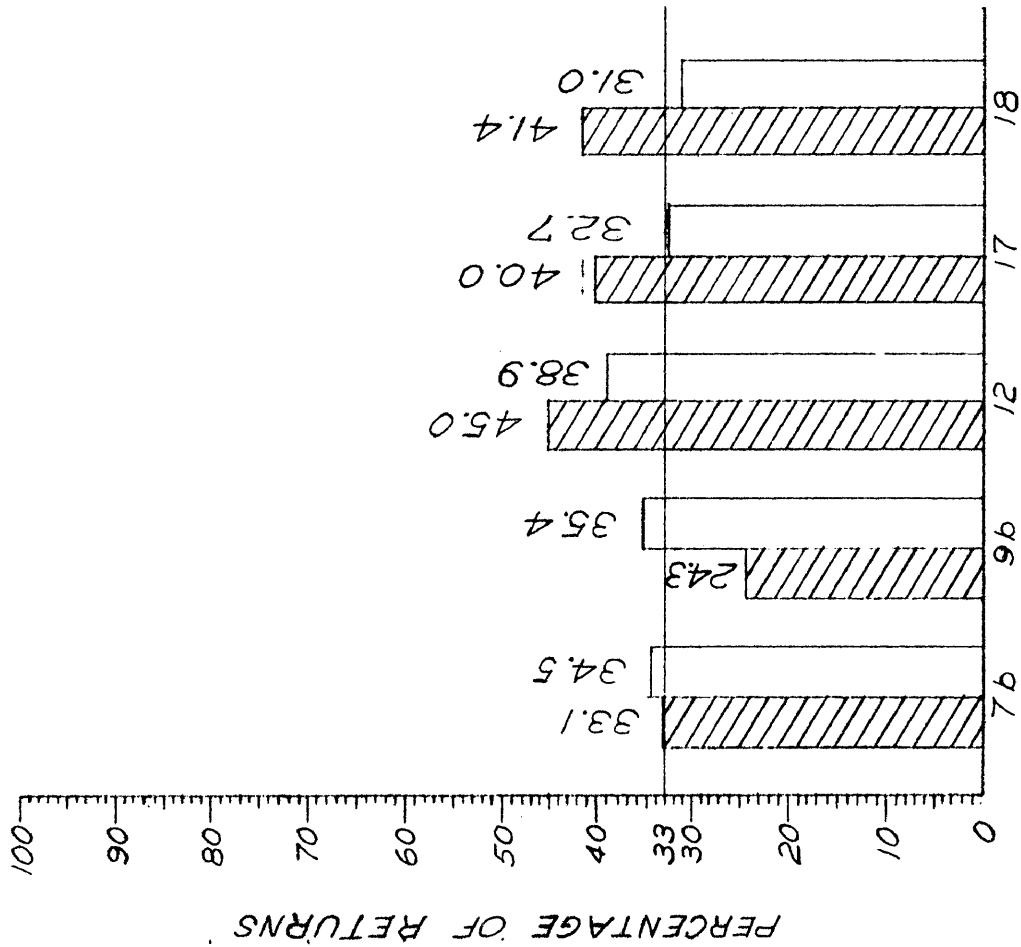
Figure 2 shows only four items checked as of average importance by more than thirty-three per cent of the executives--two of which, item 17, inadequate training of junior executives; and item 18, failure to pass through a period of conditioning or "seasoning" before accepting the job with large responsibilities, were checked by less than thirty-three per cent of the medical directors. However, thirty-five and four-tenths per cent of the medical directors checked 9 (b), use of tobacco, immoderate smoking, as of average importance while twenty-four and three-tenths per cent of the executives listed this item as of average importance.

Figure 3 shows eight items checked as of little importance by more than thirty-three per cent of the executives and nine items by the medical directors. These results appear to indicate that the following seven items checked by both groups as of little importance might have been excluded from the questionnaire:

- 1 (a) Lack of periodic health examinations,
six months
- 4 (a) Confinement of work day to 6 hours
- 5 (a) Lack of regular period for rest or
relaxation, morning

-LEGEND-

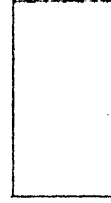
- 7- LACK OF DIET CONTROL:
(b) IRREGULAR EATING HABITS
- 9- USE OF TOBACCO:
(b) IMMODERATE SMOKING
- 12- LACK OF RELIGIOUS DEVOTION
- 17- INADEQUATE TRAINING OF
JUNIOR EXECUTIVES
- 18- FAILURE TO PASS THROUGH A
PERIOD OF CONDITIONING OR
"SEASONING" BEFORE ACCEPT-
ING JOB WITH LARGE
RESPONSIBILITIES.



IDENTITY OF GROUPS:



EXECUTIVES



MEDICAL DIRECTORS

FIGURE 2

OPINIONS CHECKED AS OF AVERAGE IMPORTANCE BY MORE THAN THIRTY-THREE PERCENT OF EITHER GROUP

-LEGEND-

1.-LACK OF PERIODIC HEALTH EXAMINATIONS:
(a)- SIX MONTHS

2.-LACK OF SICK BENEFITS FOR EXTENDED PERIOD:
(a)-ON FULL SALARY

4.-CONFINEMENT OF WORK DAY TO:
(a)- 6 HOURS

5.-LACK OF REGULAR PERIOD FOR REST OR RELAXATION:
(a)-MORNING
(b)-NOON
(c)-AFTERNOON

8.-USE OF ALCOHOL:
(a)-DAILY
(b)-SOCIAL DRINKING
(c)-MODERATE DRINKING

9.-USE OF TOBACCO:
(a)-MODERATE SMOKING

IDENTITY OF GROUPS:

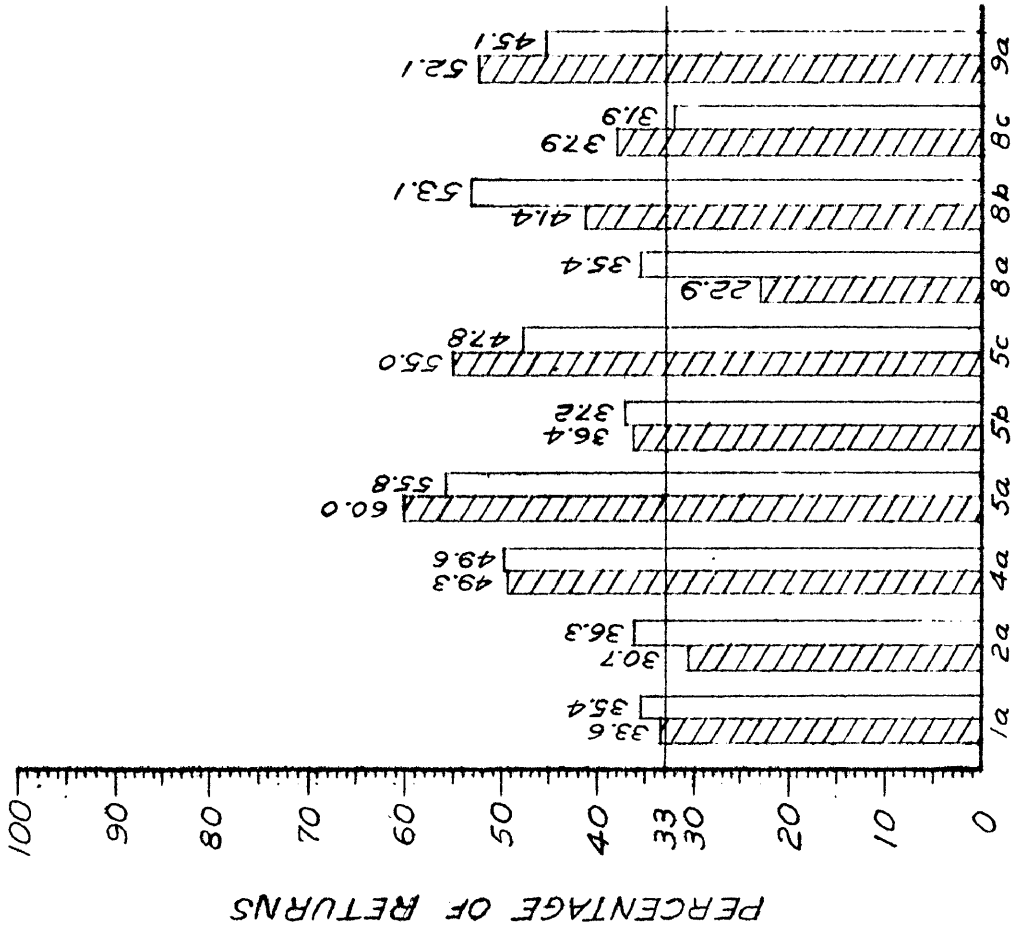
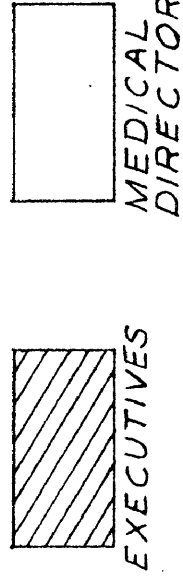


FIGURE 3

OPINIONS CHECKED AS OF LITTLE IMPORTANCE BY MORE THAN THIRTY-THREE PERCENT OF EITHER GROUP

- 5 (b) Lack of regular period for rest or relaxation, noon
- 5 (c) Lack of regular period for rest or relaxation, afternoon
- 8 (b) Use of alcohol, social drinking
- 9 (a) Use of tobacco, moderate smoking

And that the following three items were of questionable value:

- 2 (a) Lack of sick benefits for extended period on full salary
- 8 (a) Use of alcohol daily
- 8 (c) Use of alcohol, moderate drinking

Further study showed, under the heading of major importance in Figure 1, a wide difference of opinion percentage-wise between executives and medical directors as to the factors that might contribute to the breakdown of health of top-level management. These differences varied from two and six-tenths per cent to twenty-three per cent. Less variation was shown under the heading of average importance or little importance in Figures 2 and 3. The differences in Figure 2 in no case exceeded eleven and one-tenth per cent. The greatest difference in Figure 3 was twelve and five-tenths per cent.

In order to determine if there was a significant difference to all responses of each item between the opinions of the executives and the medical directors, the chi-square

testing the departure of observed frequencies from expected frequencies was computed from the raw data of the thirty-seven items in the twenty categories. In Appendix B will be found the raw data used to obtain chi-square of 1 (a) of the questionnaire. Table V gives the results of these computations.

An obtained chi-square of 7.815 was significant at the five per cent level with three degrees of freedom. Of the twenty categories, twelve, or sixty per cent, showed a chi-square of more than 7.815 under one or more items or a significant difference of opinions between the group of executives and the group of medical directors. The items were the following:

	<u>Chi-square</u>
1. Lack of periodic health examinations (b) one year	8.121
6. Lack of regular hours of sleep	8.968
8. Use of alcohol (b) social drinking	8.659
10. Lack of diversion by physical or mental activity during leisure hours	10.780
12. Lack of religious devotion	12.277
14. Inability to forget a problem once a decision has been made	9.393
15. Failure to delegate responsibility to others	13.986

TABLE V
CHI-SQUARE TEST OF SIGNIFICANCE

1	(a)	5.69882
	(b)	8.12104**
	(c)	3.96675
2	(a)	4.12055
	(b)	3.56146
3	(a)	2.75520
	(b)	5.67493
4	(a)	6.85688
	(b)	1.43266
	(c)	1.30934
5	(a)	0.96242
	(b)	1.49529
	(c)	2.62047
6		8.96820**
7	(a)	2.35728
	(b)	2.56742
8	(a)	7.25335
	(b)	8.65938**
	(c)	1.63810
	(d)	0.29415
9	(a)	4.77147
	(b)	3.82351
10		10.77952**
11		7.52167
12		12.27730*
13		2.76451
14		9.39276**
15		13.98628*
16	(a)	12.86538*
	(b)	3.79858
	(c)	6.79969
17		9.54923**
18		10.23635**
19		12.35612*
20	(a)	13.42504*
	(b)	3.85903
	(c)	6.94293

*Significant at one per cent level

**Significant at five per cent level

	<u>Chi-square</u>
16. Selection of junior executives who (a) do not have ability to accept responsibility	12.865
17. Inadequate training of junior executives	9.549
18. Failure to pass through a period of conditioning or "seasoning" before accepting job with large responsibilities	10.236
19. Lack of ability to "handle people"	12.356
20. Lack of emotional stability (a) control of temper	13.425

A comparison of the twelve items showing a chi-square of significant difference with the opinions percentage-wise in Figure 1, which were considered to be of major importance, also showed a wide difference of opinions ranging from eight and one-tenth per cent to twenty-three per cent. Three of the twelve items showing a chi-square of significant difference appeared in the listing of the opinions percentage-wise of the two groups as to the items which were considered to be of average importance in Figure 2, varying from six and one-tenth per cent to ten and four-tenths per cent, and one of eleven and seven-tenths per cent appeared in the comparison of listings of little importance in Figure 3. Table VI shows these comparisons.

TABLE VI
COMPARISON OF CHI-SQUARE AND DIFFERENCES OF OPINION

Chi-Square	Differences of Opinion (in percentages)					
	Major Importance Medical Execu- Direc- tives tors Higher Higher		Average Importance Medical Execu- Direc- tives tors Higher Higher		Little Importance Medical Execu- Direc- tives tors Higher Higher	
1 (b)	8.121	12.3				
6	8.968	18.8				
8 (b)	8.659					11.7
10	10.780	9.3				
12	12.277			6.1		
14	9.393	12.5				
15	13.986	21.8				
16 (a)	12.865	14.2				
17	9.549	8.1		7.3		
18	10.236		8.4	10.4		
19	12.356	13.9				
20 (a)	13.425	23.0				

III. COMMENTS OF EXECUTIVES AND MEDICAL DIRECTORS

Comments by executives regarding categories 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 14, 15, 16, 17, 18, and 20 varied from zero to five per cent. These comments were considered to be of minor significance and were not included in the study. The comments of the medical directors regarding categories 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 15, 17, and 18 also varied from zero to five per cent and, therefore, were not included in this study.

The comments of executives to the remaining categories were analyzed and because of the large number received were summarized as follows:

10. Lack of diversion by physical or mental activity during leisure hours--twenty-four comments:

Depends on individual.

Must have change of pace--other interests--avocation--hobby.

Needs some physical exercise.

Slows up ability to think.

Mind must be freed periodically--fatal to work 24 hours a day--must get mind off job and responsibility--producers need relaxation--diversion relieves stress situation.

11. Lack of harmony in home life--twenty-two comments:

No relaxation if tense at home--
distraction--builds pressure--adds
to stress.

Cannot perform duties if mind on
home problems--result in failure--
shows up in dealings with others.

Injurious to health.

Can be disastrous.

13. Feeling of insecurity or failure--
twenty-eight comments:

Depends on degree.

Should not be top executive.

Good driving influence if not
excessive.

Common among executives.

Leads to frustration--harmful to
health--causes emotionally induced
illness--increases stress.

Feeling of failure does not build
for decisions--interferes with de-
cisions--cannot do good job--inability
to concentrate.

19. Lack of ability to "handle people"--
twenty-one comments:

Depends on type of duties.

Leadership qualities a must--
fundamental requirements.

Can be mentally upsetting.

Importance of human relations may be
neglected field.

Prone to create friction--frustration--
mediocre performance.

Sometimes lack of firmness.

Hire somebody who can.

Some don't know they can't handle people well.

Must believe in inherent good intentions of people.

Depends on approval.

Under additional causal factors, thirty executives commented as follows:

Must have ability to cope with any situation.

Inheritance.

Lack of understanding of limitations.

True reason for breakdown may not be known.

Taking life too seriously--immature outlook--need for more self-control.

Tension and strain.

Office conditions important.

Worry--anxiety.

Seldom one factor causes breakdown--usually many.

Outlet to take mind off job pressure--church a signpost.

Lack of clearly defined company policy.

Hypertension--overweight--high blood pressure.

Work under high pressure.

Health examination important.

Must be even tempered and know how to relax.

No. 16 and 20 of first importance.

No. 13 to 20 into one category of unqualified persons placed in executive jobs.

You place too much emphasis on rest and recreation period--hard work never hurt anyone.

Nos. 7, 8, 10, 12, 19, and 20 key items--good rating in these and he will overcome the rest.

The comments of medical directors to the items were also summarized:

11. Lack of harmony in home life--forty comments:

Serious dissension effects work--leads to stress--can be disastrous.

Difficult to evaluate--varies with individuals--in a few instances important--rarely evident.

Some men are not affected by domestic upheaval.

13. Feeling of insecurity or failure--forty-five comments:

Cannot do top work if insecure--prolific source of breakdowns--most devastating emotional experience.

Competition requires gradual education to accept defeat--requires counseling--needs help.

Difficult to measure--not revealed except through illness.

Indicates poor selection and assignment of responsibility.

Must have this at back of mind as driving force.

Many avoided if told they are doing good job.

Not too common.

All individuals suffer some degree of feeling of insecurity.

Not a factor with our executives.

Executive specialist in one field promoted to position where he is a generalist.

16. Selection of junior executives who (a) do not have ability to accept responsibility, (b) do not carry out instructions, and (c) do not use good judgment in making decisions--nine comments:

Don't do it.

Very important if it exists.

Would-be failures could precipitate emotional illness.

Assuming you are considering junior not senior executive.

Not delegated enough authority.

Would not last long enough to affect health of senior.

Executive should have right to select his own juniors.

They don't pick poor ones or they won't last.

19. Lack of ability to "handle people"--
thirty comments:

If man can organize and delegate,
this can be offset.

Too many executives hired for techni-
cal skill only--less likely to place
value on human relations.

Lack of leadership--inability to
handle personal problems--family.

Most executives have quality to handle
people established early in career.

Would suffer constant emotional wear
and tear--may cause illness--nervous
fatigue--common cause of alcoholism.

Should be taught.

May cause trouble but no breakdown.

May be overlooked in making promotion.

Very important if it exists.

A must--if he can't handle people, he
is no executive--of major importance
in industrial relations.

20. Lack of emotional stability--eight
comments:

Certain amount normal--depends upon
degree.

Rarely reach top level.

Sometimes losing temper acts as
safety valve.

Emotional instability reason for most
mental and physical breakdown.

Very important if it exists.

Lack of humility--lack of success and failures.

Compassion, sympathy important.

Under additional causal factors, forty-six medical directors made comments summarized as follows:

Of greatest importance eating habits--next insufficient physical activity--sales executive most difficult to adjust to less strenuous pace.

Excepting hereditary traits, premature breakdowns are usually due to fairly long immoderate habits of living and/or excessive stresses both inside and out of occupation. Incidental exposures also contribute.

Failure to leave details to others and observe a reasonable schedule of work. Excessive travel with inadequate rest, dietary indiscretions on trips. Inadequate education which gives a feeling of insecurity and often of inadequacy.

Feeling of anxiety or insecurity and lack of praise and commendation. If morale can be elevated, tension syndrome will be lessened.

Personal problems; grievances; decisions they must make involving millions of dollars and the welfare of the company and employees.

Pace of competitive industry creates tensions and these result in psychosomatic illnesses which play a major role in breakdown of health.

Should have a hobby or two to relieve the general stress of problems confronted daily.

Pressure from directors and 'top brass'--rigid routine of daily competition and living.

A cheerful attitude must be maintained until it becomes a more or less fixed habit.

Occasional failure to carry out corrective measures, advised by examining physician.

Overbearing temperament; smugness--inability to see other firm's point of view; immaturity in emotions, with too much emphasis on sex; lack of a sense of friendliness toward staff and associates.

Lack of job security; too much 'chronic crises' type of company activity instead of smooth flowing problem activity; too long work week and evening work done by necessity or choice; obesity.

Lack of social cultural, educational, physical and mental fitness for progression up the ladder of increased responsibility, with its resulting financial and social gains.

Management and development programs necessary to assure a company that only 100% wholesome employees are appointed to supervision.

There should be an awareness of the individual and a mutual respect if results are to be expected from physical examinations.

The one important difference between top executive (or any leader) and other individuals is his subjection to unusual emotional stress and strain. The man who makes decisions endures a period of mental and emotional stress. The first circumstance leading to breakdown of health involves the realization that a decision

must be made, plus lack of assurance that proper decision made. The second circumstance is the piling up of problems at a rate greater than rate which decision can be made.

In addition to intelligence and knowledge success as an executive seems to be co-related with: (1) adequate physical health, by which we mean lack of significant disease; (2) endurance to meet the physical and mental demands of his job; (3) physical and mental vitality, to make him capable of responding to the motivating forces which drive him on; and (4) as much emotional stability and maturity as the job requires.

Certain people have a physiological and metabolic makeup which will allow them to endure the stress of executive living and others who do not have the characteristics are not successful in spite of intensive training.

Not well grounded in basic mental hygiene--cannot adjust to their frustrations. It's a mental man we must be most concerned with in industry. Better mental health will result in better physical health.

Major importance; procrastination in seeking medical care for defects disclosed by the physical examination.

We do not believe that well selected, well placed, well motivated executives are likely to have breakdowns in health except where disease enters picture.

General criticisms of the questionnaire by executives were:

Better if more definite and full explanations outlined.

Some items lead to many things--
you ask for health only.

Factors resulting in breakdowns
cannot be evaluated by themselves.

As Christian Scientists, health is
positive--not negative.

Questionnaire vague in many areas--
many answers would require many
pages in themselves.

General criticisms of the questionnaire by medical
directors were:

Difficult to answer in specific manner.

Difficult to answer in negatively
aligned questionnaire.

Question the merit of this type of
questionnaire.

Difficult to answer questions by
checkmarks--many variables--question
validity of conclusions.

Many questions should be qualified.

CHAPTER V

SUMMARY AND CONCLUSIONS

I. SUMMARY

This study asked the questions: what in the opinion of executives and medical directors are the contributing factors in the breakdown of health of top-management executives, and what is the relationship between the opinions of executives and medical directors as to those factors.

A pilot study was first made by interviewing fourteen top-management executives. Their suggestions were combined into a questionnaire including twenty categories with thirty-seven items and a suggestion that other causal factors be added by the respondent. The questionnaire was in the form of a check list with columns to check the major importance, average importance, or little importance of each of the thirty-seven items.

Two groups were selected to receive the questionnaire. The executive group consisted of two hundred eight members of the National Association of Manufacturers who attended the Industrial Relations Conference in 1956, of which one hundred forty, or sixty-seven and four-tenths per cent, returned the questionnaire with fifty-three of the group

including comments. The second group consisted of one hundred thirty-three medical directors whose names were suggested by the managing director of the Industrial Medical Association of which one hundred thirteen, or eighty-four and nine-tenths per cent, returned the questionnaire with ninety-five of the group including comments.

The frequencies of replies from each group under each item were converted into percentages. In the column of major importance twenty-one items were checked by more than thirty-three per cent of the executives, and nineteen were checked by more than thirty-three per cent of the medical directors.

Five items were checked by more than sixty per cent of the executives as being of major importance. In only one case, 9 (d) use of alcohol--immoderate drinking, did more than sixty per cent of the medical directors also check the item. Only four items were checked as of average importance by more than thirty-three per cent of the executives. Three were checked as of average importance by more than thirty-three per cent of the medical directors. Seven items were checked by more than thirty-three per cent of both groups as being of little importance indicating that those items could have been excluded from the study. Three other items checked by more than thirty-three per cent of one of

the groups as of little importance appeared to be of questionable value.

To determine if there were significant differences between the opinions of the two groups, the chi-square was computed by testing the departure of the observed frequencies under each item from the expected frequencies. It was observed that twelve items in sixty per cent of the categories on the check list showed significant differences of opinion between the executives and the medical directors. The twelve items showing a significant difference according to the chi-square were included under all but two of the items returned as of major importance by more than thirty-three per cent of each group.

II. CONCLUSIONS

The results of this study obtained from returns of a questionnaire asking for opinions of the relative importance of items that might be contributing factors in the breakdown of health of men and women of top-level management and answered by one hundred forty executives and one hundred thirteen medical directors may be considered significant in several areas. Twenty-one items were checked as of major importance by more than thirty-three per cent of the executives. Nineteen of these items were also considered to be

of major importance by more than thirty-three per cent of the medical directors. More than sixty per cent of the executives were of the opinion that the following five items were of major importance:

- 6. Lack of regular hours of sleep
- 8 (d). Use of alcohol, immoderate drinking
- 11. Lack of harmony in home life
- 15. Failure to delegate responsibility to others
- 19. Lack of ability to "handle people"

The medical directors in more than sixty per cent of the cases included only one item, 8 (d) use of alcohol--immoderate drinking, as of major importance. The greatest differences of opinions percentage-wise between the two groups under major importance of an item were:

	<u>Execu-</u> <u>tives</u>	<u>Medical</u> <u>Directors</u>	<u>Differ-</u> <u>ences</u>
	(Expressed in percentages)		
6. Lack of regular hours of sleep	67.9	49.1	18.8
11. Lack of harmony in home life	64.3	46.0	18.3
15. Failure to delegate responsibility to others	79.3	57.5	21.8
20 (a). Lack of emotional stability, control of temper	59.3	36.3	23.0

Those items which showed a chi-square of significant differences of opinion between the two groups were:

- 1 (b). Lack of periodic health examination, one year
6. Lack of regular hours of sleep
- 8 (b). Use of alcohol, social drinking
10. Lack of diversion by physical or mental activity during leisure hours
12. Lack of religious devotion
14. Inability to forget a problem once a decision has been made
15. Failure to delegate responsibility to others
- 16 (a). Selection of junior executives who do not have ability to accept responsibility
17. Inadequate training of junior executives
18. Failure to pass through a period of conditioning or "seasoning" before accepting job with large responsibility
19. Lack of ability to "handle people"
- 20 (a). Lack of emotional stability, control of temper

In general it can be concluded that this study revealed that both the executives and the medical directors were of the opinion that several items of the questionnaire were of major importance in the contributing factors in the breakdown of health of top-level management status and also

that some items were of little value and could have been discarded from the questionnaire. There was a wide variation between the two groups percentage-wise in some areas, particularly as to those items listed as of major importance by more than thirty-three per cent of each group. There was also a significant difference of opinion according to the chi-square between the two groups in twelve categories.

If this study has value, it appears to be in pointing out (1) some of the factors which in the opinions of the executives and medical directors are of major importance in safeguarding the health of executives and (2) some areas in which there is a wide difference of opinion. It appears that each of these two points might well merit further research.

7

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A P P E N D I X A

APPENDIX A

The Questionnaire

Letter to Two Hundred Eight Members of the National Association of Manufacturers Attending the Industrial Relations Conference, 1956

Letter from Edward C. Holmblad, M.D., Managing Director of the Industrial Medical Association, Chicago, Illinois

Letter to One Hundred Thirty-Three Medical Directors of Large Industries

Second Letter to Forty-Eight Medical Directors

C O P Y

THE QUESTIONNAIRE

We would like to get your opinion of the relative importance of certain items that have been suggested by executives which may be contributing factors in the breakdown of health of men and women of top-level management status.

	<u>Major</u> <u>Importance</u>	<u>Average</u> <u>Importance</u>	<u>Little</u> <u>Importance</u>
1. Lack of periodic health examinations:			
(a) Six months	_____	_____	_____
(b) One year	_____	_____	_____
(c) Over one year	_____	_____	_____
2. Lack of sick benefits for extended period:			
(a) On full salary	_____	_____	_____
(b) On part salary	_____	_____	_____
3. Lack of vacations:			
(a) Once a year	_____	_____	_____
(b) More than once a year	_____	_____	_____
4. Confinement of work day to:			
(a) 6 hours	_____	_____	_____
(b) 8 hours	_____	_____	_____
(c) 10 hours	_____	_____	_____
5. Lack of regular period for rest or relaxation:			
(a) Morning	_____	_____	_____
(b) Noon	_____	_____	_____
(c) Afternoon	_____	_____	_____
6. Lack of regular hours of sleep	_____	_____	_____
7. Lack of diet control			
(a) Immoderate eating habits	_____	_____	_____
(b) Irregular eating habits	_____	_____	_____

	<u>Major Importance</u>	<u>Average Importance</u>	<u>Little Importance</u>
8. Use of alcohol:			
(a) Daily	_____	_____	_____
(b) Social drinking	_____	_____	_____
(c) Moderate drinking	_____	_____	_____
(d) Immoderate drinking	_____	_____	_____
9. Use of tobacco:			
(a) Moderate smoking	_____	_____	_____
(b) Immoderate smoking	_____	_____	_____
10. Lack of diversion by physical or mental activity during leisure hours	_____	_____	_____
11. Lack of harmony in home life	_____	_____	_____
12. Lack of religious devotion	_____	_____	_____
13. Feeling of insecurity or failure	_____	_____	_____
14. Inability to forget a problem once a decision has been made	_____	_____	_____
15. Failure to delegate responsibility to others	_____	_____	_____
16. Selection of junior executives who:			
(a) Do not have ability to accept responsibility	_____	_____	_____
(b) Do not carry out instructions	_____	_____	_____
(c) Do not use good judgment in making decisions	_____	_____	_____
17. Inadequate training of junior executives	_____	_____	_____

	<u>Major Importance</u>	<u>Average Importance</u>	<u>Little Importance</u>
18. Failure to pass through a period of conditioning or "seasoning" before accepting job with large responsibilities	_____	_____	_____
19. Lack of ability to "handle people"	_____	_____	_____
20. Lack of emotional stability:			
(a) Control of temper	_____	_____	_____
(b) Control of feeling of depression and elation	_____	_____	_____
(c) Poor self-mastery	_____	_____	_____
21. Additional causal factors			

Company Represented _____

Name _____ Address _____

Title _____

C O P Y

June 8, 1956

I had intended to ask your cooperation on this project at the N.A.M. Industrial Relations Conference at Hollywood, Florida. However, due to unexpected circumstances, I was unable to attend the conference this year.

There is a member of our staff who is working toward her Master's Degree in Industrial Psychology and has chosen as the basis of her thesis the factors which contribute toward the breakdown of health of men and women in top-level executive positions.

I wonder if you would take a short time to check out your opinions on the enclosed questionnaire on the subject involved. I am sure the opinions of the men who attend such conferences will add considerable influence to her thesis.

I will greatly appreciate your help and am enclosing a self-addressed, stamped envelope.

Sign it or not, as you wish.

Kindest regards,

Yours very truly,

ROBERTS DAIRY COMPANY

/s/

Earl J. Nellor
Director of Personnel

EJN:pjj
Enc.

C O P Y

August 2, 1956

Dr. Charles E. Thompson
720 No. Michigan Avenue
Chicago 11, Illinois

Dear Dr. Thompson:

Your telephone message to Mrs. Packer yesterday was referred to me for reply.

I understand your brother in Omaha is interested in what causes the breakdown in the health of men and women, especially executives. My own opinion is that this is a very difficult thing to determine but it is a combination of many things such as responsibility, happiness in their work, anxiety about home or plant conditions and the very bad work habits that most of them develop.

I am enclosing 133 cards upon which are the names of medical directors of many large companies throughout this country who have comprehensive medical programs in their plants. I would suggest that your brother contact these medical directors in an effort to see what kind of replies he will get to his inquiries.

I wish him the best of luck.

Sincerely yours,

/s/

Edward C. Holmblad, M.D.
Managing Director

ECH:vp
Enclosures

C O P Y

August 17, 1956

The psychology department of our University is making a series of surveys of the health problems of executives in industry, the results of which we feel will be of much value to both industry and the medical profession.

Dr. Edward C. Holmblad, Managing Director of the Industrial Medical Association, has suggested your name as a medical director whose experience and abilities qualify you to make an important contribution on this subject.

A questionnaire is enclosed. Will you be so kind as to take the necessary time from what we realize is your very busy day to indicate your answer?

Your courtesy in doing so will be greatly appreciated by our psychology department and by me personally. A self-addressed stamped envelope is enclosed.

Sincerely yours,

/s/

W. H. Thompson, Ph.D.
Head of the Department
of Philosophy and
Psychology

WHT:pji
Enc.

C O P Y

October 9, 1956

About a month ago we sent a questionnaire to one hundred thirty-three industrial medical directors whose names were suggested by Dr. Edward C. Holmblad, Managing Director of the Industrial Medical Association. The returns are to be used by the Psychology Department of our University in a survey of the health problems of executives in industry. To date we have received replies from eighty-five of these doctors.

Because of the importance of the study and the importance of your judgment in this matter, we are enclosing a second request to you as one who has not yet replied.

Your courtesy in returning the questionnaire will be very greatly appreciated by our Psychology Department and by me personally. A self-addressed stamped envelope is enclosed.

Sincerely yours,

/s/

W. H. Thompson, Ph.D.
Head of the Department of
Philosophy and Psychology

WHT:pji
Enc.

A P P E N D I X B

DATA FOR COMPUTATION OF CHI-SQUARE

Item 1 (a) -- Lack of periodic health examinations:
six months

$$\chi^2 = \sum \frac{(o-e)^2}{e}$$

	Executives	Medical Directors	Total
Observed	8	7	15
	22	7	29
	47	40	87
	63	59	122
	140	113	253

Expected	.5534	.4466	
	8.30	6.70	15
	16.05	12.95	29
	48.14	38.86	87
	67.51	54.49	122
	140.00	113.00	253

<u>o-e</u>	<u>(o-e)²</u>	<u>$\frac{(o-e)^2}{e}$</u>
- .30	.09	.0108
- 5.95	35.4025	2.2057
- 1.14	1.2996	.0270
- 4.51	20.3401	.3013
.30	.09	.0134
- 5.95	35.4025	2.7337
1.14	1.2996	.0334
4.51	20.3401	.3733

$$\chi^2 = 5.6986 \text{ or } 5.699$$

$$\text{Degrees of freedom} = (\text{Row} - 1) (\text{Col.} - 1) = 3$$

$$\left(\begin{array}{c} 4-1 \\ \end{array} \right) \left(\begin{array}{c} 2-1 \\ \end{array} \right)$$

χ^2 with 3 degrees of freedom at .05 level of significance is 7.815 which is greater than 5.699. Therefore, there is no evidence of a difference of opinion between executives and medical directors on item 1 (a).