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A HISTORICAL STUDY OF LICENSURE OF HOSPITAL
ADMINISTRATORS IN ALABAMA

by

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A THESIS

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TABLE OF CONTENTS

| | <u>Page</u> |
|---|-------------|
| LIST OF TABLES | vi |
| <u>Chapter</u> | |
| I. INTRODUCTION | 1 |
| Statement of the Problem | 1 |
| Survey of the Literature | 10 |
| Requirements in Other States Relative to Hospital Administrators | 15 |
| II. METHODOLOGY. | 27 |
| Research Techniques. | 27 |
| Historical Study | 27 |
| Questionnaire. | 30 |
| III. HISTORY. | 34 |
| Origin of the Law. | 34 |
| Enactment of the Statute | 35 |
| Dormant Period | 36 |
| Revival of Interest. | 37 |
| Committee Activities | 38 |
| Recent Development | 46 |
| IV. SELECTED ANALYSIS OF CERTAIN ATTITUDES . . | 61 |
| Hypothesis | 61 |
| Analysis of Data Relating to the Hypothesis | 62 |

TABLE OF CONTENTS--Continued

| <u>Chapter</u> | <u>Page</u> |
|---|-------------|
| V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS. . | 82 |
| Summary. | 82 |
| Conclusions. | 85 |
| Recommendations. | 89 |
| APPENDIXES | 92 |
| BIBLIOGRAPHY | 134 |

LIST OF TABLES

| <u>Table</u> | <u>Page</u> |
|--|-------------|
| 1. Summary of Responses to 1960 Questionnaire on Licensure of Hospital Administrators. . . | 44 |
| 2. Summary, by Administrative Title, of the Applications for Membership in the Alabama Association of Hospital Executives | 54 |
| 3. Opinions of Alabama's Hospital Adminis- trators on Licensure of Hospital Administrators in Alabama. | 63 |
| 4. Licensure Opinion of Administrators--Age . . . | 65 |
| 5. Licensure Opinion of Administrators-- Education. | 66 |
| 6. Licensure Opinion of Administrators--Years in Hospital Administration | 69 |
| 7. Licensure Opinion of Administrators-- Served as Assistant Administrator. | 70 |
| 8. Licensure Opinion of Administrators-- Membership in the American College of Hospital Administrators. | 71 |
| 9. Licensure Opinion of Administrators-- Membership in the American College of Hospital Administrators. | 72 |
| 10. Licensure Opinion of Administrators-- Licensure of Assistant Administrators. . . | 74 |

LIST OF TABLES--Continued

| <u>Table</u> | <u>Page</u> |
|--|-------------|
| 11. Licensure Opinion of Administrators-- Written Examination | 75 |
| 12.. Licensure Opinion of Administrators-- Ownership | 77 |
| 13. Licensure Opinion of Administrators-- Hospital Council | 78 |
| 14. Licensure Opinion of Administrators-- Size of Hospital | 80 |

CHAPTER I

INTRODUCTION

Statement of the Problem

Hospital administration, like most professions, is characterized by change. This is even more evident "as the hospital moves from a workshop for physicians to a health center for the community."¹

What was once only a simple relation of doctor, patient, and family has become, in addition, a complicated inter-working of institutions almost too numerous to mention. These institutions are themselves complexes of science, technology, manufacturing, finance, research, all kinds of professions, and just about every other work activity we care to name.²

Previously, when knowledge, techniques, and activities were changing more slowly, it was easier for administrators to keep pace. However, forces are changing the character of

¹"An Emerging Role: Assistant Administrator," Currents in Hospital Administration, VIII (July-August, 1964), p. 1.

²Leonard A. Duce, "A Philosophical Dimension of Administration," Hospital Administration, XI (Summer, 1966), pp. 16-17.

the practice of hospital administration, requiring a new leadership role and concurrently expediting the appearance of a new model for the chief executive officer of the hospital--a prototype more adaptable to the changing characteristics and functions of our health institutions. From the problems facing today's administrators, it is evident that "a lot of running is necessary just to catch up with the present!"³ Some of the major changes in and affecting the administrative field are mentioned here to present areas with which hospital administrators must be familiar. A few of these changes are:

1. Advancements in knowledge and the resulting developments in specialization.
2. Improvements in all areas of health education.
3. Increasing shortage of health manpower.
4. Mounting institutionalization of medical care and practice.
5. Evolution of health planning.

³Richard J. Stull, "Management of the American Hospital, The Need for Corporate Executive Leadership," (paper presented at the Dedication Program Baptist Memorial Hospital Union--East Unit, Memphis, Tennessee, February 19, 1968) pp. 8-9.

6. Development of social and health legislation.
7. Rising expectations and demands for medical and health care.
8. Problems manifested in medical economics.
9. Changing geographic distribution of the population.

Today, the administrator must constantly strive to keep abreast of the changes and advances in the health field. In the past, many of his endeavors to meet this responsibility lacked clarity, precision, and continuity. New techniques in planning, organizing, leading, and controlling must be developed if administrators are to perform their broader areas of responsibility.⁴ Too often after applying the latest techniques, a wide gap of inequality exists between the practice of the average administrator and that of the best administrator. Although it is evident that the present system has developed some outstanding administrators, and some of its components are excellent in many respects, neither the system nor its contributions are as good as might be expected.

For many years the appointment of hospital

⁴Ibid., p. 10.

administrators has been based upon "helter-skelter" criteria. The standards and tests applied by boards in selecting an administrator are still primarily subjective, for the most part based upon an evaluation of intangibles.⁵ Too often the administrator is appointed because of board connections or success as a business or plant manager. Likewise, his requested departure is often based upon an equally intangible evaluation. This limited perspective by many boards regarding the complexities of the administrative position and the essentiality of this role in the success of the hospital is one of the primary reasons for the limited success of our present system.⁶ For this reason, it would appear important that uniform standards and qualifications be established for those entering the profession of hospital administration.

The time has passed when an individual without specific training or experience can go into a hospital and effectively perform the responsibilities as administrator.

⁵Health Law Center, University of Pittsburg, "The Administrator," Pittsburg Law Manual, Administrators' Vol. I (1959), pp. 4-5.

⁶Stull, "Corporate Executive Leadership," p. 11.

It is not feasible simply to walk in and apply prior experience gained in another field. James M. Underwood⁷ expressed the opinion that the problems experienced by new hospitals do not fit into any familiar pattern. The hospital is organizationally baffling--appearing to be neither a conventional business nor a government agency, neither all public nor all private, set up along neither corporate nor professional lines. The hospital provides an essential service which must be available twenty-four hours a day, seven days a week, and fifty-two weeks in the year. The fact that hospital facilities must be ready on demand, thus incurring certain stand-by costs, poses unique problems in financial management. While the primary goal of the hospital is to provide a service to its patients, not to make a profit; it must produce enough revenue to support its operations. The hospital has been described as a hybrid, distinct from any other organization that exists. It is safe to say that any but the exceptional new administrator will soon realize that he cannot be of much value until he has served a considerable time in an apprenticeship.

⁷James M. Underwood, "The Trustees Game Demands Alert Players," The Modern Hospital, CVII (December, 1966), p. 76.

He must be educated to function in an entirely different type of operation. Irrespective of the degree of success he may have obtained in another field, once he enters the hospital field he must assume the role of a neophyte and re-educate himself.

Regardless of the avenue taken to regulate the practice of hospital administration, it is essential that these administrative positions be filled by competent individuals who are qualified to perform their assignments and who are permitted to function at their full capacity.⁸ The challenge offered by these positions must be in the hands of professionals, they cannot be entrusted to amateurs.⁹

As the operation of the health-services industry grows more complex, there is a trend toward requiring more stringent qualifications for hospital administrators. Between the methods of selecting a hospital administrator and the objectives he is required to achieve, there exists a relationship which has not yet been closely scrutinized. In the future, the qualification requirements for hospital

⁸Stull, "Corporate Executive Leadership," p. 11.

⁹Ibid., p. 28.

administrators may be set forth in the form of licensure legislation. This licensure legislation should be aimed at stimulating improvement in qualifications and standards which will lead to a new and accelerated rate of growth in the art and science of administration, so that practice will be able to keep pace with the advances in knowledge.

Recently enacted federal legislation has created increased interest in the topic of licensure of hospital administrators. Senator Edward Kennedy, of Massachusetts, introduced an amendment to the Social Security Act to limit federal financial assistance for the construction and operation of nursing homes to states which have in effect a program providing for the licensing of operators of nursing homes.¹⁰ While this legislation is limited to nursing home administrators, it was pointed out in the hearings on the Social Security Amendments of 1967 before the Finance Committee that the amendments fail to provide for the licensing of the administrators of all health and medical care facilities. David R. Mesher, Regional Vice President of the American Nursing Home Association, stated "if we

¹⁰U. S., Congress, The Social Security Amendments of 1967, Public Law 90-248, 90th Congress, H. R. 12080, Sec. 236 (January 2, 1968), pp. 88-90.

are going to license anyone in the health-care field, then we ought to take the whole field, starting with hospital, nursing home, laboratory, clinics, et cetera, et cetera."¹¹

At the 1967 convention of the Alabama Nursing Home Association, Mosher indicated in his speech there was agreement with this statement by some of the Finance Committee members.

Likewise, a statement made by Secretary John W. Gardner might reflect government thinking on the subject of hospital management. He commented that hospitals "have just barely been coming up over the edge of the Twentieth Century in management practice."¹² If this statement is the consensus in government circles, licensure of hospital administrators may be considered in future health legislation.

In the absence of a statute setting forth the qualifications of an administrator and the standards he must meet, the courts may establish these criteria in an

¹¹Hearings before the Committee on Finance on the Social Security Amendments of 1967, H.R. 12080, 90th Congress, 1st Session, Part 3 (September 20, 21, 22, and 26, 1967), pp. 1835-1857.

¹²"Looking Around: Everybody's first thoughts," Modern Hospital, CX (January, 1968), p. 75.

appropriate case. Some regulations require only that the hospital employ a "competent" or "well-qualified" administrator.¹³ It may be necessary for the courts to define what these regulations mean, and once the precedent has been established, it is hard to overcome. It is conceivable that a court decision could in effect establish standards for the practice of hospital administration.

For a learned profession there are only two routes to take in establishing qualifications and standards for practice. The responsibility can be assumed by society, operating through public opinion, the courts, or the government; or it can be voluntarily assumed by the profession through an accepted discipline. Greater professionalization of the administrator, with concurrent recognition of his expertise by society, may depend on his ability to innovate and shape mechanisms to regulate entry into the administrative field. Licensure is such a mechanism. The mechanism is capable of clearly and effectively assuming the responsibility and is of such independence that it can be free of outside influences and serve the interest of

¹³Health Law Center, University of Pittsburgh, Law Manual, p. 4.

both the profession and the public welfare.¹⁴

Thus, the purpose of this study is to examine the process Alabama went through to establish licensure of hospital administrators, and to present the opinions of Alabama's administrators on licensure as proposed in Alabama.

Survey of the Literature

A survey of the literature on licensure of hospital administrators reveals that most of the available information concerns the Minnesota Program for Registration of Hospital Administrators. However, an article published in the August, 1965 issue of The Modern Hospital concerns the general licensure programs of the states.¹⁵ While this article is not limited to licensure of hospital administrators, it does make reference to the subject. The portion of the article concerning licensure of hospital administrators centers around the interest that has been displayed in licensure and indicates the opinion of several

¹⁴ Report of the Citizens Commission on Graduate Medical Education, The Graduate Education of Physicians, Commissioned by the American Medical Association, (1966), p. vi.

¹⁵ John T. Foster, "States are Stiffening Licensure Standards, Study Shows," The Modern Hospital, CV (August, 1965), pp. 128-132.

prominent administrators on the subject. The article also provides information relative to the Minnesota statute. This segment of the article sets forth the basic fundamentals of the Minnesota statute and includes comments from one of Minnesota's prominent hospital personalities who stated that it is a good law. He said he would recommend it to any state.

James W. Stephan indicated that "Minnesota hospitals are better administered today than they were in 1947, thanks in large part to the enactment by the state legislature of a law requiring the registration of all individuals who shall act as administrators of hospitals licensed by the Minnesota State Board of Health."¹⁶ He also reviews the requirements of the Minnesota Statute and makes a comparison between Minnesota and Wisconsin and Massachusetts based on type of "administrative background and applied to the size of hospitals existing in the state." The comparisons indicate that from 1947 to 1960 there was a significant change in the background of administrators. In 1947 there existed very little difference between Minnesota and

¹⁶James W. Stephan, "How Minnesota Law Helps," The Modern Hospital, LXXXIX (September, 1962), p. 124.

Massachusetts, while between Minnesota and Wisconsin the difference was more pronounced. By 1960 there was a significant difference in Wisconsin and Minnesota in master's degree administrators. In the comparison between Massachusetts and Minnesota, the difference was most evident in medical background and master's degree administrators. Stephan indicates that the differences between these states and the changes brought about in Minnesota seem to indicate the importance of both the graduate program at the University of Minnesota and the licensing law.

Ray Amberg, past president of the American Hospital Association, presented in "Your President Reports," a synopsis of the Minnesota registration program and some of the benefits that have happened because of it. He stated, "In addition to good side effects, the number of inadequately prepared administrators applying has decreased, and the opportunities for hospitals to have well qualified administrators have increased."¹⁷

An article of significant interest to this thesis appears in the American Journal of Sociology.¹⁸ While the

¹⁷Ray Amberg, "Your President Reports," Hospitals XXXIII (March 1, 1959), p. 52.

¹⁸Harold L. Wilensky, "The Professionalization of Everyone?," American Journal of Sociology, LXX (September, 1964), pp. 137-158.

paper does not deal exclusively with licensure of hospital administrators, it does make numerous references to licensure and to hospital administrators in general. Wilensky sets forth the five necessary steps in the process of professionalization. While the order of the process is not invariant, the process seldom deviates from the following order:

1. The first step in the process is to start doing full time the thing that needs doing. Hospitals have always been managed, but along with the evolution of the modern hospital came the need for hospital administrators. By necessity, in the early stages, practitioners came from other occupations.

2. The next step calls for the establishment of training schools. If these schools do not originate within universities, as they do in the case of hospital administrators, they always eventually seek association with universities. In the established professions the university training generally evolves before any national professional association. For the less-established professions, the pattern is reversed, as is the case with hospital administration.

3. Once the educational programs have been established, the activists join together to form a professional association. At this point the name of the occupation is often changed. In this way hospital superintendents become hospital administrators.

4. The fourth step calls for political activity, such as licensure, in order to win support of law to protect the job territory and its code of ethics. If the area of competence is not exclusive, legal protection of the title may be the objective; if the area of competence is evident, then practice of the act is construed as a crime. The occupational requirements for a license in many states have been grossly abused. As a result of this abuse, licensure as a means of protecting professional authority is the least important factor in the professionalization process, although licensure is a hot issue in some of the newer professions.

5. Eventually a formal code of ethics will be formulated to establish rules, to eliminate the unqualified, and to protect clients. In the case of the new professions, such as hospital administration, this may occur at the start of the drive for professional status.

As is evident from the literature surveyed here, little has been written on the subject of licensure of hospital administrators except that pertaining to the Minnesota statute. From the comments available in this literature, it appears that licensure has been successful in Minnesota and that it is an available means to regulate to a certain extent the practice of hospital administration.

Requirements in Other States
Relative to Hospital Administration

As was previously stated in this paper, the procedures used in selecting hospital administrators are based primarily upon an evaluation of intangibles. However, a few states have established, by statute or regulation, specific standards and qualifications necessary for hospital administrators. While these requisites are not as restrictive or established as those of the more prominent professions, they do represent a trend toward formulating a positive means by which to measure the qualification of applicants seeking to administer a hospital.¹⁹

In order to obtain information as to each state's

¹⁹Health Law Center University of Pittsburg, Law Manual, p. 4.

requirements for hospital administrators, a letter was sent to the executive director of each state hospital association, including the District of Columbia, requesting information relative to licensure laws for hospital administrators, any activity toward licensure of hospital administrators, and the existing requirements for hospital administrators. (Appendix I.)

From the responses to this letter, and the State-by-State Analysis presented in the Pittsburg Law Manual, the following information was obtained. Presently there are two states, Minnesota and Alabama, that have laws to license hospital administrators. Since licensure in Alabama will be discussed in detail later in this paper, a discussion of its law will be deferred at this time.

The Minnesota Hospital Administration Registration Law (Appendix II) provides that no person can act as an administrator of a hospital licensed in that state without first registering with the State Board of Health.

In applying for a license in Minnesota, the law has provided strict requirements for applicants. No person is granted registration unless he or she is at least twenty-one years old, of good moral character, and has had

not less than two years experience in an administrative position, and in a hospital of such size as the State Board of Health may prescribe, in Minnesota, or one of equal standing in another state, or has successfully completed one year of formal training in an approved course in hospital administration together with an internship if the particular course so requires.

The Minnesota State Board of Health is the vested authority to administer this law. It is the Board's responsibility to register applicants, to renew registration, and to adopt, amend, or rescind the rules and regulations provided in this law. The Board is also granted the authority to refuse to grant registration or to renew registration, and to revoke or suspend the registration of any person for the following:

1. The obtaining of or attempting to obtain registration by fraud or deceit.
2. Conviction of a crime involving moral turpitude.
3. Habitual indulgence in the use of narcotic drugs.
4. Conduct unbecoming a person registered under Sections 144.50 to 144.65 or detrimental to the best interest of the public.

While ultimate authority for the administration of the Registration Law rests with the State Board of Health, the law does provide for an advisory board to recommend and assist in carrying out this law. The Advisory Board is made up of three representatives appointed annually from the membership of the Minnesota Hospital Association; the director of the course of Hospital Administration at the University of Minnesota or his designated representative; and one licensed and registered doctor of medicine appointed by the Minnesota State Medical Association.

The Advisory Board is authorized to establish policies and/or understandings to be used as supplements to the law. These policies and/or understandings reflect the extent to which the Advisory Board can exert influence on the State Board of Health. (Appendix III)

Although Alabama and Minnesota are the only states with licensure laws, five other states--Connecticut, Missouri, New York, Indiana, and Wisconsin--have provided for very strict standards for hospital administrators in connection with their hospital regulations.

Several years ago, Connecticut revised its Public Health Code changing from a requirement that hospitals appoint "a competent administrator" to a requirement that hospitals may only appoint administrators who are:

1. graduates of approved programs in hospital administration, or
2. have served three years under an administrator "whose qualifications for such training are approved by the Public Health Council," or
3. are qualified by experience recognized by the council.²⁰

In 1965, the Hospital Regulation and Approval Act was passed in Wisconsin to promulgate minimum standards for Wisconsin hospitals. As a result of this law, the Wisconsin Administrative Code was formulated, setting out rules, regulations, and standards for Wisconsin hospitals. Provided in this code are two references pertaining directly to the qualifications for hospital administrators.

As provided in this code:

- (1) The Hospital Shall Have An Effective Governing Board Legally Responsible For The Conduct Of The Hospital As An Institution.

 (f) The governing board shall appoint a qualified hospital administrator.

²⁰Foster, "Stiffening Licensure Standards," p. 130.

- (1) The administrator shall have had actual experience of a suitable kind, nature, and duration in hospital administration.
- (2) Preferably, the administrator will have had formal training in a graduate program in hospital administration approved by the Association of University Programs in Hospital Administration.

.....
 (4) Qualifications Of Hospital Administrator Hired After The Effective Date Of These Rules.

(a) Education and experience

- (1) The administrator shall have as the minimum at least a high school diploma and at least 2 years experience in a supervisory capacity in an inpatient institution; or be a college or university graduate from a field associated with administration, business administration or a health or social care related field.²¹

New York hospitals are required by law to have an operating certificate issued by the state health department. Among the many provisions of the Hospital Code (regulations under the law), there is a provision which enunciates the qualifications of the administrator of a certified hospital. This provision states that a qualified hospital administrator is one who:

²¹Wisconsin Division of Health, Wisconsin Administrative Code Proposed Rules of the Division of Health, Department of Health and Social Services Governing General and Special Hospitals, Chapter H 24, (1967), pp. 1-92.

1. holds a master's degree, a diploma or its equivalent in hospital administration, public health, science, administrative medicine, or business administration when granted for a program in hospital administration from a college or university approved by the Education Department or whose program is approved by the Association of University Programs in Hospital Administration or by the American College of Hospital Administrators; or
2. has successfully completed a high school education or its equivalent and has served five years as an administrator, assistant or associate administrator in an accredited hospital, or has had similar training and experience in health agency administration acceptable to the commissioner; or
3. has a bachelor's degree or a degree of doctor of medicine or has an equivalent degree from a college or university approved by the New York State Education Department or is a registered Professional nurse and has a minimum of three years experience as an administrator or assistant or associate administrator of an accredited hospital.²²

Indiana's and Missouri's regulations are similar to those of Connecticut, Wisconsin, and New York; therefore, they will not be discussed here.

Of the states which responded to the inquiry, Montana, California, Kansas, Mississippi, Rhode Island, and Wyoming indicated they have had or presently have committees appointed to investigate the feasibility of

²²Information obtained from a letter received from Charles M. Royle, Executive Vice President, Hospital Association of New York State, Albany, New York, January 10, 1968.

obtaining licensure legislation. Wyoming in 1965 introduced licensure legislation which eventually died in committee. It was reported that there appears to be an increased interest in licensure in these states. The executive directors of these state associations indicated this interest appears primarily due to federal legislation requiring licensure of nursing home administrators. Presently, however, there are no established qualifications for practicing hospital administrators in these states.

The remaining states responding in this survey indicated they had neither a licensure law nor activity to secure licensure, and they either had no regulation or merely had requirements such as "competent" or "well-qualified" administrators. An interesting letter was received from the executive director of one state association in which he stated that "anyone with blood flowing through his veins can be an administrator in this state." None of these states indicated any activity toward licensure of hospital administrators. However, many of the responses made specific mention of the legislation to license nursing home administrators, predicting that the advent of this legislation would surely create interest in licensure of hospital administrators.

As was predicted, on March 28, 1968, an Advisory Panel on Licensure of Hospital Administrators appointed by the American Hospital Association met to study the implications for licensure of hospital administrators. Included on this panel were nine prominent health care administrators from different areas of the nation.²³ The panel used as a starting point the following quotation from the Report of the Secretary's Advisory Committee on Hospital Effectiveness:

. . . The committee believes there is no element of health manpower whose impact on hospital effectiveness is more important than the hospital administrator's. The committee recognized the contribution to improvements in hospital administration made by existing university programs and their graduates, but the fact that less than half the hospitals in the United States are administered by graduates with specific training for these responsibilities suggests that the educational programs need to be expanded. . . .²⁴

The panel also discussed the mounting activities and pressures affecting the hospital administration field,

²³American Hospital Association, Minutes of Meeting of the Advisory Panel on Licensure of Hospital Administrators, meeting of March 28, 1968. (Typewritten)

²⁴Report of the Secretary's Advisory Committee on Hospital Effectiveness, John A. Barr, chairman, (Washington, D.C.: Government Printing Office, 1968), pp. 42-43.

as they relate to the question of licensure. The following are areas considered to be most pertinent:

1. The federal requirements for the licensing of nursing home administrators;
2. The present licensure laws in the states of Alabama and Minnesota;
3. The Joint Commission on Accreditation of Hospitals' requirements for administration;
4. The increased emphasis on efficiency and management skills by the public sector and Federal Government;
5. The formal accreditation of graduate education of hospital administration;
6. The increased number of graduates in programs of hospital administration;
7. The increased demands of other organizations for graduates of programs in hospital administration;
8. The existence of federal regulations that could be used to force adoption of a uniform system of licensure, superseding what is usually considered a state prerogative; and
9. The number of states that are investigating the feasibility of licensure legislation.²⁵

In addition, the panel reviewed possible alternatives to licensure and their relationship to the American Hospital Association's concern in the matter. The alternatives suggested included the following: (1) adoption of a formal position of pressing for federal legislation that requires licensure of administrators; (2) recommending that each state appoint a study group to determine

²⁵American Hospital Association, Minutes Advisory Panel.

licensure requirements in its own jurisdictions; (3) requesting that the American College of Hospital Administrators work on the problem; (4) recommending that the American Hospital Association work on it in cooperation with the American College of Hospital Administrators and the Association of University Programs in Hospital Administration; and (5) doing nothing at all.

Even though all members of this panel were not in favor of licensure per se, the panel members indicated they thought some type of licensure for hospital administrators was inevitable. In this regard, the consensus of the panel was

that it was desirable and necessary for the American Hospital Association to take the initiative in a joint effort with the American College of Hospital Administrators and the Association of University Programs in Hospital Administration, and with their concurrence to adopt a position of active support of the licensure of hospital administrators; and further, to develop a model law that can be recommended to the state hospital associations for their use whenever legislation is introduced in their states calling for licensure of hospital administrators, or when they believe it is timely or desirable to introduce.²⁶

²⁶ Ibid.

From the foregoing discussion, it would appear there is a need for establishing legal criteria to regulate the appointment of hospital administrators. In general, the methods currently used in selecting a hospital administrator are based upon concepts initiated thirty years ago.

CHAPTER II

METHODOLOGY

Research Techniques

Two techniques are used in this study to gather and present information relative to licensure of hospital administrators in Alabama. These techniques are a historical study and a questionnaire.

Historical Study

The historical study is used to examine the activity that has occurred in the licensure process. In conducting a historical study, it is important that information be available to establish a chronological sequence of activity contributing to the development of the topic. Its purpose is to indicate how the legislation became a reality and to present facts relative to the way licensure of hospital administrators obtained its present status.

By necessity, the facts used to present information on the early development of licensure came from

administrators practicing their profession at that time. Personal interviews with these prominent administrators was the principal technique used in gathering information on the early history.¹ The number of personal interviews conducted was limited because many of the individuals concerned with this early activity are now deceased. Correspondence was conducted with the late Clyde L. Sibley, and he provided the bulk of information on the early history of activity to license Alabama's administrators. In addition, personal interviews were conducted with administrators presently practicing in Alabama to provide cohesion between the early history and the more recent activity to license hospital administrators in Alabama.²

¹ Clyde L. Sibley, past president of the Alabama Hospital Association, personal interviews held in Birmingham, Alabama in November, 1967 and at the annual meeting of the Alabama Hospital Association in Mobile, Alabama in January, 1968.

E. E. Cavaleri, Jr., Administrator, Crippled Childrens Clinic and Hospital, Birmingham, Alabama, personal interviews held in Birmingham, Alabama, in Montgomery, Alabama, and at the annual meeting of the Alabama Hospital Association in Mobile, Alabama in January, 1968.

² W. Taylor Morrow, Administrator, Montgomery Baptist Hospital in Montgomery, Alabama, personal interviews and discussions held in Montgomery, Alabama in September through April, 1967 and 1968.

J. Cecil Hamiter, Administrator, Baptist Memorial

A thorough review of the Minutes of the Alabama Hospital Association was undertaken to see if facts were available in this body of information.

The Minutes of the Special Committee on Licensure of Hospital Administrators appointed by the Board of Trustees, Alabama Hospital Association, in 1959 were examined and proved to be the most notable source of information on the history of the licensure process.

The Minutes of the Alabama Association of Hospital Executives provided valuable information on the most recent activity to organize and initiate procedures to license the administrators of Alabama.

An attempt was made to analyze this information for reliability, to examine it for pertinence, and to organize it into a meaningful pattern. In many instances these facts proved to be elusive because of the scarcity of organized and publicized historical information, because of the inactivity of the originators of this concept, and

Hospital, Gadsden, Alabama, personal interview held at Gadsden, Alabama in December, 1967.

D. O. McClusky, Jr., Administrator, Druid City Hospital, Tuscaloosa, Alabama, personal interview held in Chicago, Illinois, March, 1968.

James W. Brown, Jr., Administrator, Russell Hospital, Alexander City, Alabama, personal interview held in Montgomery, Alabama, February, 1968.

because of the incompleteness of early records.

Questionnaire

The questionnaire as a method of obtaining information has limitations.

Responses to mail questionnaires are generally poor. Returns of less than 40 to 50 percent are common. At best, the researcher must content himself with returns as low as 50 to 60 percent.³

However, because of the diversified types of information desired by this writer, the use of a questionnaire was recommended by his thesis advisor.

After discussing the essentials of a good questionnaire with members of the administrative staff of Montgomery Baptist Hospital⁴ and reviewing numerous questionnaires the hospital had received, a questionnaire was prepared and presented to the faculty of the school of Health Services Administration, University of Alabama, for approval. As a result, several changes were recommended that improved the content of the questionnaire.

³Fred N. Kerlinger, Foundations of Behavioral Research (New York: Holt, Rinehard and Winston, Inc., 1965), p. 397.

⁴Questionnaire discussed with W. Taylor Morrow, Administrator; John W. McGinnis, Assistant Administrator; and Foster E. Taylor, Assistant Administrator.

The questionnaire was then mailed along with a cover letter to the administrators of the 132 hospitals having either Type 1A or Type 1B membership in the Alabama Hospital Association.⁵ (Appendix IV and Appendix V) For the convenience of these administrators and to prompt immediate response to the questionnaire, a self-addressed, stamped envelope was enclosed.

Of the 132 questionnaires sent to the administrators, 104 were returned. However, five of the returned questionnaires were incomplete and were unacceptable. This left an actual response of 99, or 75 percent. The 75 percent response was higher than expected and indicates the interest Alabama's administrators have in the subject of licensure.

For the purpose of making a better analysis of the relationship of certain variables to the opinion of administrators on licensure, additional information was needed on the size of the hospital, on the type of hospital ownership, and the hospital council of which the hospital is a member. Since the questionnaire was mailed without asking for this information, this writer obtained facts

⁵Alabama Hospital Association, 1967 Directory of Institutional Members and Administrators, (September, 1967), pp. 1-18.

relative to these three categories from the 1967 Directory of Institutional Members and Administrators published by the Alabama Hospital Association.

In order to handle these data in a more efficient manner, the personnel of the data processing department at Montgomery Baptist Hospital aided this writer in preparing a code sheet. (Appendix VI) The code sheet was designed to aid in recording responses to selected questions on punch cards.

Once the code sheet was devised, the data processing department punched the responses to selected questions into punch cards. A technician in the department then ran the cards through a data processing sorter and recorded the information.

To analyze the data obtained from the questionnaires, a chi-square test for significance was used. (Appendix VII) This statistical method evolves finding discrepancies between the observed and the hypothetical. The chi-square test is not designed to indicate the extent of association or to interpret the meaning of the association; it is designed to indicate whether there is or is not an

association between certain factors. The advantage of this test is that no assumptions are involved.

CHAPTER III

HISTORY

Origin of the Law

From the date of the statute establishing a licensure process for Alabama's hospital administrators, it is evident that licensure is not a recent concept in the State of Alabama. In order to understand how this legislation evolved, it is necessary to go back and review the activity that led to its enactment.

According to Sibley,¹ in 1934, as the American College of Hospital Administrators was gaining recognition as the professional association for hospital administrators, many administrators from Alabama were attempting to gain membership. A number of administrators in Alabama failed to meet the requirements for membership; therefore, they were denied entry into the College. As a result, one of these administrators set out to have legislation passed establishing an association for Alabama's hospital executives.

¹Sibley, personal interviews.

After communicating with several other administrators who had failed to gain membership in the College, this administrator contacted the state representative from her district to discuss the feasibility of legislation establishing an Alabama Association of Hospital Executives, and vesting this association with the authority to regulate the licensure of qualified hospital executives. The other administrators failing to obtain College membership also contacted their representatives to review the possibility of such legislation.

Enactment of the Statute

Under the auspices of these representatives, a statute was enacted in 1935 providing for the registration of hospital executives. (Appendix VIII) The term "hospital executive" used in the statute means "any person having active charge of the management and general supervision of any hospital in the State of Alabama."²

This statute is permissive legislation in that it does not require hospital administrators to be licensed, but requires that to become licensed the administrator must

²Alabama Hospital Association, Alabama Hospital Law Manual (Charlottesville, Va.: The Michie Company, 1960), p. 84.

get a certificate from the State of Alabama.

To obtain a license from the State of Alabama, the administrator must present to the State Treasurer a certificate from the Alabama Association of Hospital Executives certifying him to be a qualified hospital executive and pay a fee of five dollars. After meeting these requirements, the State Treasurer issues a certificate to the hospital executive which reads as follows:

The executive of this hospital has met all requirements of the Alabama Association of Hospital Executives and is hereby registered with the State of Alabama as a qualified hospital executive.³

As provided in this legislation, the hospital executive is required to renew the certificate annually prior to the first day of October. In applying for a renewal certificate, the applicant must again be certified by the Alabama Association of Hospital Executives and pay a fee of five dollars.

Dormant Period

This legislation failed to gain the support of the administrators practicing in Alabama at that time, and

³Ibid.

actually met vocal opposition from these administrators. Therefore, the statute was never utilized. The backers of the legislation never formed the Alabama Association of Hospital Executives. As a result, no administrator was issued a license. The statute remained dormant for approximately thirty-three years. However, over these thirty-three years, there has been considerable discussion concerning the subject.⁴

The primary concern of Alabama's hospital administrators was that an outside organization might incorporate under this statute and to a certain extent gain control of the practice of hospital administration. Nevertheless, each time the subject of utilizing this statute was discussed, it was evident that the majority of the administrators wanted no part of anything resembling licensure.⁵

Revival of Interest

Perhaps the timing of change is as important as the actual provisions called for in the change. At any

⁴Sibley and Cavaleri, personal interviews.

⁵Sibley, personal interviews.

rate, the time seemed to be right in 1959 to begin activity to establish requirements for individuals seeking to enter the field of hospital administration. The activity was stimulated because hospital boards around the state insisted on appointing administrators lacking appropriate training or experience.⁶

At the October 2, 1959, meeting of the Board of Trustees, Alabama Hospital Association, the appointment of these administrators was discussed. It was the feeling of the Board that steps had to be taken to assure that persons appointed as administrators of hospitals in Alabama had appropriate requisites to perform the job. With this problem in mind, the President of the Association appointed a Special Committee on Licensure of Hospital Administrators. This Committee was to study and make recommendations on the feasibility and possibility of seeking legislative enactment to license hospital administrators in Alabama.⁷

Committee Activities

The Committee met for the first time on March 18,

⁶Sibley, Cavaleri and Hamiter, personal interviews.

⁷Alabama Hospital Association, Minutes of Meetings of the Board of Trustees, meeting of October, 1959.
(Typewritten)

1960, at Baptist Memorial Hospital, Gadsden, Alabama. The president, president-elect, and executive director of the Alabama Hospital Association were also present at this meeting. The administrators present discussed licensure of hospital administrators in detail. During the discussion, the chairman of the Committee presented copies of letters from several administrators in Minnesota. Since Minnesota was the only state licensing hospital administrators, it was the chairman's desire to interject the opinion of several prominent Minnesota administrators on the subject. The letters received praised the Minnesota program for registration of hospital executives and indicated that the quality of hospital administrators in that state had been greatly improved by the operation of the registration law.⁸

Following a discussion of the pros and cons of seeking legislation to license hospital administrators in Alabama, the following statement was unanimously approved by the Committee:

⁸Alabama Hospital Association, Minutes of Meetings of the Special Committee on Licensure of Hospital Administrators, meeting of March, 1960. (Typewritten)

It is the feeling of the Committee that it is desirable to recommend to the Board of Trustees of the Alabama Hospital Association that the Association actively support and seek enactment by the Alabama Legislature of a law requiring licensure of hospital administrators in the State of Alabama. Further, it was the feeling of the Committee that, in its best judgment, the best approach would be to seek legislation amending Title 22, Section 188, of the 1940 Code of Alabama.⁹

The Committee then unanimously agreed to recommend to the Board of Trustees, Alabama Hospital Association, that the following principles be incorporated in the proposed legislation:

1. That there be a preamble stating the purpose of the law and that the purpose be: "To insure that persons being placed in charge of hospitals have sufficient understanding of hospital operation and patient care to assume responsibility for the administration of an institution caring for the sick and injured."
2. That the administrators of all hospitals required to be licensed by the State of Alabama, be licensed as administrators or chief executive officers and that any hospital operating with a non-licensed administrator be subject to losing its license as a hospital, except as otherwise provided in the hospital administrator licensure law.
 - a. That doctors serving as administrators of hospitals privately owned by themselves shall be excluded from the provisions of this law. (Unless they voluntarily elect to come under provisions of the law.)
 - b. That administrators of Federal hospitals operated within the State of Alabama are exempt from provisions of the law.

⁹Ibid.

- c. That licensure of administrators of hospitals not required to be licensed by the State of Alabama will be optional under the provisions of the law.
3. That there be included in the law a "grandfather" clause making eligible for licensure any and all persons serving as administrators of hospitals in the State of Alabama on the effective date of the law.
4. That a person serving as administrator of a hospital in this state shall have 160 days following the effective date of the law to become licensed and that persons appointed as administrators of hospitals after the effective date of the law shall have 90 days following the effective date of appointment to become licensed.
5. That the license fee to be imposed by the law shall not be in excess of \$25.00 per annum.
6. That the provisions of the law be administered by a board of not more than five members; that the five members be named by the Board of Trustees of the Alabama Hospital Association; that members of the Board of Trustees of the Alabama Hospital Association, hospital administrators and medical doctors practicing hospital administration in the state shall be eligible for appointment to the board; that initially one member be appointed for a one-year term, one for a two-year term, one for a three-year term, one for a four-year term, and one for a five-year term, and thereafter appointments be made for a five-year term and that unexpired terms be filled in the same manner as original appointments.
7. That the name of the board be the State of Alabama Board of Registration and Licensure of Hospital Administrators.
8. That the Board shall have authority to promulgate rules and regulation for implementation of the act.
9. That the Board shall meet quarterly and may have special meetings, but that the total number of meetings shall not exceed six per year; that the Board shall elect a chairman from among its own membership and that for meetings the board members shall be paid actual and necessary expenses.

10. That a person applying for registration and licensure under the provisions of the act shall have the following qualifications: Be at least 21 years of age, of good moral character, and have had at least two years (full time) experience in an administrative position in a duly licensed hospital in the State of Alabama or one of equal standing in another state; in lieu of the experience requisite above, must have successfully completed one year in training in an approved hospital administrative course plus one year of internship or administrative residency. An approved course in hospital administration is interpreted herein to mean one granting a master's degree or the equivalent.
11. That the license required under the act shall be issued by the Treasurer of the State of Alabama upon certification by the Board for the Registration and Licensure of Hospital Administrators.
12. That the Chairman of the Board, acting in behalf of the Board created by the Act, shall certify to the Treasurer of the State of Alabama the names of persons to be licensed by the Treasurer; and the Executive Director of the Alabama Hospital Association shall serve, without pay, as ex-officio Secretary to the Board.
13. That the license required by the Act shall be renewed annually on the first of October and the application for renewal shall be submitted to the Board for approval before certification to the Treasurer of the State of Alabama.
14. That an application for renewal of license may be rejected for cause to include:
 - a. Obtaining or attempting to obtain licensure by fraud or deceit.
 - b. Conviction of a crime involving moral turpitude.
 - c. Habitual indulgence in the use of narcotic drugs.
 - d. Conduct unbecoming a person licensed under this Act or detrimental to the best interests of the public.

Any applicant whose application is so rejected shall be entitled to a hearing before the Board

- after due notice and shall be entitled to legal counsel at such hearing.
15. License fees under the act shall be paid into the general fund of the State of Alabama to be used to pay actual and necessary expenses of administration of the act. The Act shall become effective immediately upon its signing by the Governor or otherwise becoming a law.¹⁰

Following the Committee's activity, a questionnaire was sent out by the chairman of the Committee on Licensure of Hospital Administrators, J. Cecil Hamiter, to the administrators of member hospitals of the Alabama Hospital Association. (Appendix IX) The questionnaire was accompanied by a memorandum depicting the information the licensure committee had obtained and soliciting the cooperation of the administrators in the survey. (Appendix X)

The results of this questionnaire indicated that while the majority of the administrators favored licensure, a great deal of missionary work was needed to swing some of the administrators over to the positive side. It was evident at that time that the support of many of the dissenters on the subject of licensure was essential to a successful program.¹¹ Table 1 is a summary of the responses to the

¹⁰ Ibid.

¹¹ Hamiter, personal interview.

1960 questionnaire concerning licensure of hospital administrators.

TABLE 1

SUMMARY OF RESPONSES TO 1960 QUESTIONNAIRE
ON LICENSURE OF HOSPITAL ADMINISTRATORS

| | Number | Percentage |
|---|--------|------------|
| Questionnaires mailed | 130 | |
| Responses | 73 | 100 |
| Responses favoring licensure. | 58 | 79 |
| Responses opposing licensure. | 11 | 15 |
| Responses indifferent to licensure. | 4 | 6 |

Many of the administrators responding to this questionnaire indicated why they opposed licensure. These administrators felt licensure would tend to focus more negative attention on hospital problems, and what was needed was a positive approach. They felt that licensure would usurp the authority of a hospital's governing board to appoint an administrator of its choosing. In addition, the 1960 responses pointed out the opinion that a licensure law might cause insurmountable problems for the smaller hospitals. Reflected in the responses was the belief that licensure would keep out more good administrators than bad

ones. Though these opinions expressed important opposition to licensure, the most prominent position taken in opposition to licensure concerned control. These comments included:

We as individuals give up a certain amount of control with a licensing law.

We definitely give up a measure of control when we allow a State officer to issue us a license to work.

Too many hospitals already have enough political control--a licensure law makes it worse.¹²

Also evident in the responses was the feeling that administrators are not automatically professional men by having a licensure law.

These comments reflect the degree to which many administrators in Alabama have investigated licensure as a means of controlling entry into the field of hospital administration.

It was apparent, after reviewing the responses to the 1960 questionnaire that the eventual success of a

¹²Information obtained from 1960 questionnaires received from administrators of member hospitals of the Alabama Hospital Association, September, 1960.

licensure program would depend to a great extent upon the ability of the Licensure Committee to educate the opposition to the advantages of such a law.

Recent Developments

For the next seven years, the Licensure Committee and the administrators favoring licensure carried on a campaign to win over the administrators opposing licensure. While this campaign was not an officially organized activity of the Alabama Hospital Association, with outside help it was very successful. This outside help came in the form of (1) the continued insistence of hospital boards in Alabama to appoint individuals grossly unprepared in training or experience to administer a hospital, and (2) activity on the part of the federal government to license nursing home administrators.¹³

Following a thorough discussion of both these factors, the Board of Trustees of the Alabama Hospital Association, at the September, 1967 board meeting, charged the Licensure Committee with the responsibility of initiating activity to license Alabama's hospital administrators by

¹³Hamiter, personal interview.

utilizing the existing law. The Board felt this route was more practical because of several reasons:

1. A grandfather clause was a necessity and this law would facilitate this procedure.
2. It would be easier to amend existing legislation than to have new legislation enacted.
3. A voluntary licensure law in the beginning would make it easier to obtain support for future legislation.¹⁴

As a result of the Board's decision, a temporary Board of Directors for the Alabama Association of Hospital Executives was appointed. This Board of Directors was composed of thirteen administrators representing each of the seven hospital councils in Alabama. On September 25, 1967, the Board of Directors met for the first time. The Alabama Hospital Association's attorney, M. Roland Nachman, Jr., was present to assist the temporary Board of Directors in the organization of the Association.¹⁵

At this meeting, Mr. Nachman referred the Board of Directors to his letter of May 17, 1966 in which he stated:

¹⁴Alabama Hospital Association, Minutes of the Board of Trustees, September, 1967.

¹⁵Alabama Association of Hospital Executives, Minutes of Meetings of the Board of Directors, meeting of September, 1967. (Typewritten)

I understand that Section 188, though enacted in 1935, has remained moribund, indeed I understand that there is in fact no "association of hospital executives" and that there has never been any application for or issuance of a "certificate of qualification" under the terms of Section 188.

Moreover, it is obvious from even a cursory reading that Section 188--without any sanction at all--scarcely contemplates the thoroughgoing and eminently worthwhile licensing of hospital administrators thought desirable by the association

Accordingly, I feel that it would be extremely difficult, if not impossible, to accomplish the foregoing purposes within the framework of Title 22, Section 188, and I recommend additional legislation¹⁶

After reviewing these remarks presented by Mr.

Nachman, the Board of Directors asked the attorney to prepare and file articles of incorporation with the Probate Office of Montgomery County. Likewise, the attorney was advised to prepare the necessary forms for seeking tax exempt status under Section 501 (c) (3) of the Internal Revenue Code.

(Appendix XI)

The Articles of Incorporation of the Alabama Association of Hospital Executives were filed in the Probate Office, Montgomery County Courthouse, Montgomery, Alabama, in Book 73, Page 53. (Appendix XII)

¹⁶Letter from M. Roland Nachman, Jr., attorney for the Alabama Hospital Association, to the Executive Director of the Alabama Hospital Association, Montgomery, Alabama, March 17, 1966.

These Articles state it is a nonprofit corporation with the following objects and purposes:

- a. . . . , this corporation is formed to advance, foster, and upgrade the administration of hospitals in the State of Alabama; toward this end to evaluate and determine the qualifications of hospital executives in the State of Alabama and to prescribe standards and requirements for hospital executives in the State of Alabama, and to give such certification as it may be called upon from time to time to give pursuant to any relevant laws of the State of Alabama or of other jurisdictions; to advance through research, education, and dissemination of information, the art of hospital administration.
- b. To solicit and receive funds and donations from individuals, businesses, and corporations necessary to take care of the financial needs of this corporation.
- c. To receive and disburse funds so collected for expense items necessarily incurred in the accomplishment of the objects and purposes of this corporation.
- d. For the accomplishment of its exclusive educational, charitable, religious, scientific, literary, and nonprofit purposes, this corporation shall have all the powers conferred upon nonprofit organizations.

The articles establish the Board of Directors as the body responsible for regulating, managing, and controlling the affairs of the corporation. The incorporation papers also indicate that the temporary Board of Directors appointed by the Alabama Hospital Association will serve as the initial directors for a one-year term. In the

future, the Board of Directors will be elected by the corporation's membership in a manner determined by the bylaws. The Board itself is vested with the authority to fill vacancies occurring in the Board of Directors. Both the number and qualifications of Board members will be determined in the manner prescribed in the bylaws.

After examining the Articles of Incorporation, the Board of Directors met December 12, 1967, for the purpose of electing officers, appointing a Bylaws Committee, and reflecting ideas and views into the bylaws.¹⁷ Since it was immediately necessary to have officers to handle the administrative business of the Association, the election of officers was considered as the first order of business. A motion was made and unanimously adopted that the incorporators of the Association be elected as the original officers. The officers elected were J. Cecil Hamiter, president; James W. Brown, Jr., vice president; and W. Taylor Morrow, secretary-treasurer.

Following the election of officers, the Board entered into a discussion concerning the bylaws for the

¹⁷Alabama Association of Hospital Executives, Minutes of Board of Directors, December, 1967.

Association. The discussion was initiated by examining the feasibility of degrees of membership. Since considerable interest had been displayed in the possibility of licensing assistant administrators, the Board wanted to review this idea. It was brought to the attention of the Board that under Title 22, Section 188 of the 1940 Code of Alabama, licensure appeared to be limited to the chief executive officer of the hospital. The Board members agreed with this conclusion and ruled that licensure of assistant administrators would not be considered at this time.

On the composition of the Board, it was recommended that the Bylaws call for ten members, including the President and President-Elect of the Alabama Hospital Association as ex-officio members. The members agreed to let the Bylaws Committee determine the exact structure of the Board.

The following ideas were also presented as ideas to be examined by the Bylaws Committee when it met:

1. Provisions for committees;
2. Adoption of aims and objectives from the Articles of Incorporation;

3. Recommend requirements for licensure;
4. Recognize experience from another state; and
5. Determine if membership and/or fellowship in the American College of Hospital Administrators and/or a master's degree in hospital administration would entitle an applicant to a license.

Following the discussion of what should be included in the bylaws, a Bylaws Committee was appointed to draft bylaws, subject to the approval of the Board of Directors.

A Board meeting of the Alabama Association of Hospital Executives was called January 17, 1968, at the annual meeting of the Alabama Hospital Association for the purpose of approving the bylaws. The chairman of the Bylaws Committee, E. E. Cavaleri, Jr., presented the bylaws and recommended their adoption. The bylaws were reviewed by the Board and unanimously approved as presented.¹⁸ (Appendix XIII)

As is evident from reading the bylaws, some of the areas mentioned in the December 12, 1967 Board meeting are included in the bylaws while other areas were

¹⁸Alabama Association of Hospital Executives, Minutes of Board of Directors, January 17, 1968.

excluded. The Bylaws Committee felt many of the areas excluded from the Bylaws, particularly the requirements for licensing administrators, should be the responsibility of the Credentials Committee.¹⁹

On January 18, 1968, the first annual meeting of the Alabama Association of Hospital Executives was held. Approximately eighty-six administrators and other administrative personnel were in attendance. The purpose of the first meeting was primarily to acquaint administrators with the purpose of the Alabama Association of Hospital Executives and to explain the activity that made such an organization necessary. It was explained in this meeting that anyone serving in the capacity of administrator of an Alabama hospital as of January 18, 1967, was eligible to become a charter member, provided he or she applied before July 1, 1968. Applications for membership were provided each administrator in attendance.²⁰ (Appendix XIV)

At the March 20, 1968 meeting of the Board of Directors of the Alabama Association of Hospital Executives,

¹⁹ Cavaleri, personal interviews.

²⁰ Alabama Association of Hospital Executives, Minutes of Board of Directors, January 18, 1968.

the applications for membership in the association were reviewed. While reviewing these applications, the Board made two important observations: (1) several prominent administrators had failed to apply, and (2) several assistant administrators had applied for membership. Table 2 is a summary, by administrative title, of the applications for membership in the Alabama Association of Hospital Executives.

TABLE 2

SUMMARY, BY ADMINISTRATIVE TITLE, OF THE APPLICATIONS FOR
MEMBERSHIP IN THE ALABAMA ASSOCIATION
OF HOSPITAL EXECUTIVES

| Administrative Title | Number |
|------------------------------------|----------|
| Administrators | 113 |
| Executive Director | 1 |
| Director | 1 |
| Superintendent | 2 |
| General Manager | 3 |
| President | 1 |
| Assistant Administrator | 5 |
| Administrative Assistant | 1 |
| Associate Administrator | <u>1</u> |
| Total Applications | 128 |

Since only the chief executive officer of the hospital is eligible for licensure, the Board felt that immediate action was necessary to establish definite criteria for and degrees of membership. It was the consensus of the Board that a Credentials Committee should be appointed to expedite the licensure of charter members, to determine requirements for licensure of hospital administrators in the future, and to establish criteria for membership in the association for "junior executives."

The Board recommended that the Credentials Committee ask for the following information in the application of an administrator seeking membership in the Alabama Association of Hospital Executives:

1. Name of the person designated as the hospital administrator on the hospital license application;
2. An organizational chart and an acceptable outline of the applicant's duties, responsibilities, and authority; and
3. A list of the professional organizations of which the applicant is a member, and any offices he or she holds in these organizations.

In addition, the Credentials Committee was authorized to establish additional criteria which might be indicated.

After discussing criteria for administrators, the Board reviewed the feasibility of assistant administrators joining the association. Even though the Board felt assistant administrators could not be licensed, the Board members indicated some type of membership in the association should be available to them. From the discussion that followed, it was evident that determining criteria for assistant administrators would be difficult. The fact that the title, "assistant administrator," was not uniformly used, and that the functions of these people varied from hospital to hospital was the primary reason for this difficulty.

The Board recommended that some degree of membership in the association be open to "junior executives" with the following criteria established for the Credentials Committee to consider:

1. Applicant's position within the organization, including to whom and for whom the applicant is responsible, and a summary of his job description;

2. Does the applicant attend hospital board meetings and what part does he or she play;

3. What health profession meetings has the applicant attended in the last two years, and

4. Who assumes over-all responsibility of the hospital when the chief administrative officer is out of the hospital.

The president of the association indicated a Credentials Committee would be appointed to begin processing applications. It was recommended that the Credentials Committee be anonymous and that any applicant refused license or membership would have the right to appeal only before the Board of Directors.

Following the Board meeting, the executive director of the Alabama Hospital Association contacted the State Treasurer of Alabama to ask her to begin preparing licenses for the administrators certified as eligible by the Board of Directors of the Alabama Association of Hospital Executives. The treasurer indicated she would begin the process of preparing for licensure of hospital administrators, and that it would be necessary for the Board to prepare a list of the administrators certified for

licensure.²¹

In order to facilitate the licensure process, the president of the Alabama Association of Hospital Executives appointed a Credentials Committee. The Committee met for the first time April 25, 1968 for the purpose of preparing a list of applicants eligible for charter membership in the association and to certify these charter members as eligible for licensure. Since the only requirement for charter membership is that the applicant be the chief executive officer of an Alabama Hospital on or before January 18, 1968, the primary activity of the Committee was to review applications with this requirement in mind. As a result of this investigation, 116 applicants were approved for charter membership in the association and in turn were certified as eligible for licensure to the State Treasurer.²²

On June 11, 1968, a license was issued to the 116 administrators certified as qualified hospital executives. (Appendix XV) For the first time since its enactment thirty-three years ago, the statute calling for the regis-

²¹Morrow, personal interview.

²²Alabama Association of Hospital Executives, Minutes of Meeting of the Credentials Committee, meeting of April 25, 1968. (Typewritten)

tration of hospital executives in Alabama was utilized. Even though only hospital administrators eligible under the grandfather clause were licensed and no definite criteria have been established for licensing in the future, the licensure of these administrators does represent a trend toward requiring some degree of expertise for individuals entering the field of hospital administration.

The history on licensure of hospital administrators in Alabama is incomplete, for the verdict on the success or failure of the licensure program has not been rendered. Nevertheless, the extent to which administrators not only in Alabama but administrators in other states regulate the quality and effectiveness of present and future hospital administration may determine to a large extent whether or not we continue to have a voluntary system of health care.

The fact that hospital administration is a unique management science demanding comprehensive executive skills is irrevocably associated with the licensure program. Therefore, the ultimate success of any program aimed at helping preserve the voluntary health care system by

regulating and improving the practice of hospital administration is dependent upon the interest and active support of the members of the profession, the hospital administrators.

CHAPTER IV

SELECTED ANALYSIS OF CERTAIN ATTITUDES

The purpose of this chapter is to analyze selected responses to questions as they relate to licensure of hospital administrators in Alabama. It is presented in this manner to help the reader comprehend the opinion of Alabama's hospital administrators on licensure. By statistically reviewing these responses, the intention is to determine if a significant variation exists among Alabama administrators in their opinion of licensure of hospital administrators as carried on in Alabama.

Hypothesis

A hypothesis is a contention based on preliminary observations of what seem to be pertinent facts, which may or may not hold true. If the data collected agree with the contention, the hypothesis is accepted. If the data and contention fail to agree, the hypothesis is rejected.¹

¹Jerome C. R. Li, Statistical Inference I (Ann Harbor, Michigan: Edwards Brothers, Inc., 1965), p. 51.

In analyzing the responses to the questionnaire used in this study, the following null hypothesis was adopted.

The hypothesis is there is no difference among Alabama's hospital administrators as to their opinions on licensure of hospital administrators as proposed in Alabama.

Analysis of Data Relating to the Hypothesis

The following is an analysis of the data obtained from the questionnaires pertaining to the opinion of Alabama's administrators on licensure. The answers to selected questions are examined as to their relationship to the licensure opinion of the administrators to determine if an association exists between these variables and the administrators' opinions on licensure.

Licensure Opinion of Administrators

A breakdown of the administrators, according to their opinions on licensure in Alabama, is presented in Table 3. It is evident from reviewing this table that

TABLE 3

OPINIONS OF ALABAMA'S HOSPITAL ADMINISTRATORS
ON LICENSURE OF HOSPITAL ADMINISTRATORS
IN ALABAMA

| | Favor | Oppose | Indifferent | Total |
|--------------------------|-------|--------|-------------|-------|
| Number of Administrators | 80 | 7 | 12 | 99 |
| Percent | 81 | 7 | 12 | 100 |

$$\chi^2 = 100.78, \text{ significant}$$

$$\chi^2, 2df, .95 = 5.99$$

a majority of the administrators in Alabama (eighty-one percent) favor licensure of hospital administrators as proposed in Alabama. Only seven percent of the administrators responding to the questionnaire opposed licensure, and twelve percent indicated they were indifferent. Statistically, the chi-square test reflects a significant difference in the opinion of Alabama's administrators relative to licensure. Therefore, the null hypothesis of no difference is rejected.

Licensure Opinions of Administrators--Age

In analyzing the age of the administrators compared to their opinion on licensure, the data show that forty-five

percent of the respondents to this questionnaire are in the 40-49 age group. In the 40-49 age group, eighty-nine percent, or 40, of the administrators indicated they favored licensure. The 30-39 and 50-59 age groups had the highest percentage of responses opposing or indifferent to licensure, with twenty-eight percent and thirty-four percent respectively. However, when the data in Table 4 were subjected to the chi-square test, the finding was not significant.

Licensure Opinions of Administrators--Education

Educationally, the questionnaires show that sixty-nine percent of the administrators have a bachelor's degree or higher. Of this total, thirty percent have a master's degree or higher. This includes eighteen percent with a master's degree and twelve percent with M.D., Ph.D., or L.L.B. degrees.

To facilitate the statistical analysis on education, the eight categories of educational achievement used in the questionnaire were grouped to make four categories. Table 5 presents a summary on the effect education has on the licensure opinion of administrators.

TABLE 4
 LICENSURE OPINIONS OF ADMINISTRATORS--AGE

| Licensure Opinion | 20-29 | | 30-39 | | 40-49 | | 50-59 | | 60-over | | Total | |
|----------------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent |
| Favor | 2 | 100 | 18 | 72 | 40 | 89 | 12 | 66 | 8 | 89 | 80 | 81 |
| Oppose | 0 | 0 | 2 | 8 | 1 | 2 | 3 | 17 | 1 | 11 | 7 | 7 |
| Indifferent | 0 | 0 | 5 | 20 | 4 | 9 | 3 | 17 | 0 | 0 | 12 | 12 |
| Totals | 2 | 100 | 25 | 100 | 45 | 100 | 18 | 100 | 9 | 100 | 99 | 100 |

$$\chi^2 = 8.79, N.S.$$

$$\chi^2, 8df, .95 = 15.51$$

TABLE 5

LICENSURE OPINIONS OF ADMINISTRATORS--EDUCATION

| | High School, less than baccalaure- ate | | Bachelor's degree | | Master's, hospital administra- tion or related area, or Master's in other field | | Ph.D., M.D., other | | Total | |
|------------------|---|--------------|----------------------|--------------|---|--------------|--------------------------|--------------|-------------|--------------|
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent |
| Favor | 29 | 94 | 32 | 84 | 13 | 72 | 6 | 50 | 80 | 81 |
| Oppose | 1 | 3 | 1 | 3 | 2 | 11 | 3 | 25 | 7 | 7 |
| Indif- ferent | 1 | 3 | 5 | 13 | 3 | 17 | 3 | 25 | 12 | 12 |
| Total | 31 | 100 | 38 | 100 | 18 | 100 | 12 | 100 | 99 | 100 |

$\chi^2 = 15.90$, significant
 χ^2 , 6df, .95 = 12.59

The percentage differences among these categories show considerable variation. The administrators with a baccalaureate degree or less had a higher percentage of responses favoring licensure, while administrators with a master's degree or higher reflected a somewhat lower percentage response favoring licensure. This is particularly true in the Ph.D., M.D. and other category, where fifty percent of the administrators were opposed or indifferent to licensure.

When the chi-square test was applied to this data, the finding was significant. This indicates that education significantly affects the opinions of administrators on licensure.

Licensure Opinions of Administrators--
Number of Years in Hospital Administration

Instead of the six categories set forth in the code sheet, there will be only five categories, relating to the number of years in hospital administration, tested.

The responses to this question indicate that thirty percent of Alabama's administrators have been in hospital administration from 0-5 years, and twenty-five percent from 16-20 years.

The differences in the percentage of administrators favoring licensure between the categories is small. The range varied from eighty-eight percent favoring licensure in the 16-20 category to seventy-four percent in the 11-15 category.

The chi-square test on the data in Table 6 is not significant, indicating no association between years in hospital administration and the licensure opinions of administrators. (Page 69)

Licensure Opinions of Administrators--
Service as Assistant Administrator

In reviewing the question, "Have you ever served as an assistant administration?" the responses reflect that fifty-six percent of the administrators never served as assistant administrators. On a percentage basis, eighty-eight of the administrators having served as assistant administrators favored licensure, while seventy-five percent of the administrators who indicated they had never been an assistant administrator favored licensure. The chi-square test applied to the data in Table 7 resulted in a non significant finding.

TABLE 6

LICENSURE OPINIONS OF ADMINISTRATORS--YEARS
IN HOSPITAL ADMINISTRATION

| Licensure Opinion | Years in hospital administration | | | | | | Total | | | | | |
|----------------------|----------------------------------|--------------|-------------|--------------|-------------|--------------|-------------|--------------|----|-----|----|-----|
| | 0-5 | 6-10 | 11-15 | 16-20 | 21-over | Total | | | | | | |
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent | | | | |
| Favor | 24 | 80 | 15 | 78 | 11 | 74 | 22 | 88 | 8 | 80 | 81 | |
| Oppose | 1 | 3 | 2 | 11 | 2 | 13 | 1 | 4 | 1 | 10 | 7 | |
| Indif- ferent | 5 | 17 | 2 | 11 | 2 | 13 | 2 | 8 | 1 | 10 | 12 | |
| Totals | 30 | 100 | 19 | 100 | 15 | 100 | 25 | 100 | 10 | 100 | 99 | 100 |

$\chi^2 = 3.47, N.S.$
 $\chi^2, 8df, .95 = 15.51$

TABLE 7

LICENSURE OPINIONS OF ADMINISTRATORS--SERVICE
AS ASSISTANT ADMINISTRATORS

| Licensure Opinion | Yes | | No | | Total | |
|----------------------|-------------|--------------|-------------|--------------|-------------|--------------|
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent |
| Favor | 39 | 88 | 41 | 75 | 80 | 81 |
| Oppose | 2 | 5 | 5 | 9 | 7 | 7 |
| Indifferent | 3 | 7 | 9 | 16 | 12 | 12 |
| Total | 44 | 100 | 55 | 100 | 99 | 100 |

$$X^2 = 3.07, \text{ N.S.}$$

$$X^2, 2df, .95 = 5.99$$

Licensure Opinion of Administrators--
Membership in the American College
of Hospital Administrators

As is evident in Table 8, fifty-four percent of the administrators participating in this survey indicated they were associated with the College in one of the categories: nominee, member, or fellow. In turn, ninety percent of these administrators favored licensure. In the category of non-membership, seventy percent of the administrators indicated they favored licensure. In subjecting this data to the chi-square test, the result was significant, verifying an association between membership in the College

and the opinions of administrators on licensure.

TABLE 8

LICENSURE OPINIONS OF ADMINISTRATORS--MEMBERSHIP IN THE
AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS

| Licensure Opinion | Membership ACHA | | | | Total | |
|----------------------|-----------------|--------------|-------------|--------------|-------------|--------------|
| | Yes | | No | | Num- ber | Per- cent |
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent |
| Favor | 48 | 90 | 32 | 70 | 80 | 81 |
| Oppose | 2 | 4 | 5 | 11 | 7 | 7 |
| Indifferent | 3 | 6 | 9 | 19 | 12 | 12 |
| Total | 53 | 100 | 46 | 100 | 99 | 100 |

$$X^2 = 7.13, \text{ significant}$$

$$X^2, 2df, .95 = 5.99$$

Licensure Opinions of Administrators--
Application for Membership in the
Alabama Association of Hospital Executives

The question concerning application for membership in the Alabama Association of Hospital Executives has, to a certain extent, already been answered in Chapter III. Of the administrators responding to the questionnaire, eighty-four percent have joined the Association, and seventy-five percent of the administrators who have not

joined indicated they plan to join. Eighty-seven percent of the applicants for membership in AAHE favored licensure while only fifty percent of the non-applicants favored licensure.

When applying the chi-square test to the data in Table 9, a significant finding resulted. This implies a degree of association between application for membership in the Alabama Association of Hospital Executives and the administrators' opinions on licensure.

TABLE 9

LICENSURE OPINIONS OF ADMINISTRATORS--APPLICATION
FOR MEMBERSHIP IN THE ALABAMA ASSOCIATION
OF HOSPITAL EXECUTIVES

| Licensure Opinion | Application AAHE | | | | | |
|----------------------|------------------|--------------|-------------|--------------|-------------|--------------|
| | Yes | | No | | Total | |
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent |
| Favor | 72 | 87 | 8 | 50 | 80 | 81 |
| Oppose | 4 | 5 | 3 | 19 | 7 | 7 |
| Indifferent | <u>7</u> | <u>8</u> | <u>5</u> | <u>31</u> | <u>12</u> | <u>12</u> |
| Total | 83 | 100 | 16 | 100 | 99 | 100 |

$$X^2 = 11.49, \text{ significant}$$

$$X^2, 2df, .95 = 5.99$$

Licensure Opinions of Administrators--
Licensure of Assistant Administrators

Since the Alabama law provides only for the licensure of the chief executive officer, the licensure of assistant administrators is one of the areas of controversy in the Alabama law. However, the controversy is not in the opinion of the hospital administrators, because sixty-one percent of the responses indicate Alabama administrators oppose the licensure of assistant administrators. Seventy-three percent of the administrators opposing licensure of assistant administrators favored the licensing of administrators. Ninety-two percent of the respondents favoring licensure of assistant administrators also favored the licensure of administrators.

The chi-square test applied to the data in Table 10 produces a significant result, reflecting that there is a difference between the opinions of administrators on licensure of themselves and the licensure of assistant administrators.

TABLE 10

LICENSURE OPINIONS OF ADMINISTRATORS--LICENSURE
OF ASSISTANT ADMINISTRATORS

| Licensure Opinion | Licensure of Assistant Administrators | | | | | |
|----------------------|---------------------------------------|--------------|-------------|--------------|-------------|--------------|
| | Yes | | No | | Totals | |
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent |
| Favor | 36 | 92 | 44 | 73 | 80 | 81 |
| Oppose | 0 | 0 | 7 | 12 | 7 | 7 |
| Indifferent | <u>3</u> | <u>8</u> | <u>9</u> | <u>15</u> | <u>12</u> | <u>12</u> |
| Total | 39 | 100 | 60 | 100 | 99 | 100 |

Licensure Opinion of Administrators--
Written Examination

The question of a written examination, as could be expected, created considerable comment. However, the sixty-eight percent response in favor of a written examination does indicate that a majority of Alabama's administrators feel a written examination should be given as a requirement for licensure. The responses on who should give the examination clearly point to the Alabama Association of Hospital Executives. Table 11 shows that ninety percent of the administrators favoring a written examination also favor licensure, while only sixty-two percent of the administrators opposing a written

examination favor licensure.

TABLE 11
 LICENSURE OPINIONS OF ADMINISTRATORS--
 WRITTEN EXAMINATION

| Licensure Opinion | Written examination | | | | | |
|----------------------|---------------------|--------------|-------------|--------------|-------------|--------------|
| | Yes | | No | | Total | |
| | Num- ber | Per- cent | Num- ber | Per- cent | Num- ber | Per- cent |
| Favor | 60 | 90 | 20 | 62 | 80 | 81 |
| Oppose | 1 | 1 | 6 | 19 | 7 | 7 |
| Indifferent | <u>6</u> | <u>9</u> | <u>6</u> | <u>19</u> | <u>12</u> | <u>12</u> |
| Total | 67 | 100 | 32 | 100 | 99 | 100 |

$$X^2 = 12.70, \text{ significant}$$

$$X^2, 2df, .95 = 5.99$$

Licensure Opinions of
 Administrators--Ownership

Influence the type of hospital ownership has on the licensure opinion of administrators is set forth here. These data obtained reveal that fifty-seven percent of the administrators participating in this survey practice their profession in a governmental hospital. In addition, sixteen percent, fifteen percent, and twelve percent practice in proprietary, nonprofit, and church-related

hospitals respectively. On a percentage basis, eighty-eight percent of the administrators of proprietary hospitals, eighty-seven percent of the administrators of nonprofit hospitals, eighty-six percent of the administrators of church-related hospitals indicated they favored licensure.

The chi-square test when applied to the data in Table 12 produces a non significant finding. (Page 77)

Licensure Opinions of Administrators--
Hospital Council

The State of Alabama is divided into seven hospital councils representing different areas of the state. Table 13 (page 78) reveals that twenty-six percent of the administrators participating in this survey are members of the Central Alabama Hospital Council, while the remaining seventy-five percent is divided among the other six hospital councils. The difference in the percentage of administrators favoring licensure between the categories is substantial. The range is from ninety-two percent favoring licensure in the North Alabama Hospital Council to sixty-seven percent in the Southeast Alabama Hospital Council. However, when the data in Table 13 are subjected

TABLE 12

LICENSURE OPINIONS OF ADMINISTRATORS--OWNERSHIP

| Licensure Opinion | Ownership | | | Total Num- Per- ber cent |
|----------------------|--|---|--|--------------------------------|
| | <u>Governmental</u> Num- Per- ber cent | <u>Non- Profit</u> Num- Per- ber cent | <u>Church Related</u> Num- Per- ber cent | |
| Favor | 45 80 | 13 87 | 8 66 | 80 81 |
| Oppose | 4 7 | 0 0 | 2 .17 | 7 7 |
| Indifferent | 7 13 | 2 13 | 2 17 | 12 12 |
| Total | 56 100 | 15 100 | 12 100 | 99 100 |

$\chi^2 = 4.57, N.S.$

$\chi^2, 6df, .95 = 12.59$

TABLE 13
 LICENSURE OPINIONS OF ADMINISTRATORS--HOSPITAL COUNCIL

| Opinions | Hospital Council | | | | | | | |
|-------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Birmingham | Central | North | North-east | South | South-east | West | Total |
| | Num-Per cent | Num-Per cent | Num-Per cent | Num-Per cent | Num-Per cent | Num-Per cent | Num-Per cent | Num-Per cent |
| Favor | 12 80 | 21 84 | 11 92 | 10 91 | 11 69 | 6 67 | 9 82 | 80 81 |
| Oppose | 1 7 | 2 8 | 0 0 | 0 0 | 1 6 | 1 11 | 2 18 | 7 7 |
| Indifferent | 2 13 | 2 8 | 1 8 | 1 9 | 4 25 | 2 22 | 0 0 | 12 12 |
| Total | 15 100 | 25 100 | 12 100 | 11 100 | 16 100 | 9 100 | 11 100 | 99 100 |

$\chi^2 = 10.18, N.S.$

$\chi^2, 12 df, .95 = 21.03$

to the chi-square test, the finding is not significant. This seems to verify that there is no association between the hospital council of which the administrator's hospital is a member and his opinion of licensure.

Licensure Opinions of
Administrators--Size of Hospital

The size of hospital, in beds, is presented here to determine if there is a significant association between the size of hospital and the administrators' opinion on licensure. Table 14 reveals that sixty-nine percent of the respondents to the questionnaire administer hospitals of 100 beds or less. (Page 80) The percentage of administrators favoring licensure varies among the categories of hospital size. This table shows that seventy-six percent, ninety percent, seventy-nine percent, and seventy-six percent of the administrators of hospitals in the 0-50, 51-100, 101-200, and 201-over categories respectively favor licensure.

The chi-square test reveals a non significant finding between the opinions of administrators on licensure and the size of the hospital.

TABLE 14

LICENSURE OPINIONS OF ADMINISTRATORS--SIZE OF HOSPITAL

| Licensure Opinion | Size of Hospital | | | | Total | | | | | |
|-------------------|---------------------|--------------|---------------------|--------------|---------------------|-----|----|-----|----|-----|
| | 0-50 | 51-100 | 100-200 | 201-over | | | | | | |
| | Num- ber cent | Per- cent | Num- ber cent | Per- cent | Num- ber cent | | | | | |
| Favor | 28 | 76 | 28 | 90 | 11 | 79 | 13 | 76 | 80 | 81 |
| Oppose | 4 | 11 | 1 | 3 | 0 | 0 | 2 | 12 | 7 | 7 |
| Indifferent | 5 | 13 | 2 | 7 | 3 | 21 | 2 | 12 | 12 | 12 |
| Total | 37 | 100 | 31 | 100 | 14 | 100 | 17 | 100 | 99 | 100 |

$$\chi^2 = 5.25, N. S.$$

$$\chi^2, 6df, .95 = 12.59$$

Rejection of Hypothesis

As a result of the significant findings of the statistical test applied to data presented in Tables 3, 5, 8, 9, 10, and 11, the hypothesis of no difference in the opinions of Alabama's administrators on licensure is rejected. A new hypothesis that there is a significant difference in the opinion of Alabama's administrators on licensure is accepted.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Since the field of hospital administration is growing increasingly complex, it is safe to assume that the requisites of hospital administrators will likewise become increasingly complex. However, little has presently been done to assure that individuals appointed as hospital administrators will have the knowledge and insight to accomplish the task for which they are employed.

In many areas licensure has been discussed as a means of regulating entry into the administrative field. Alabama is one of the states taking steps to use licensure as a means of improving the practice of hospital administration.

The purpose of this study was to examine the process Alabama went through to establish licensure of hospital administrators, and to present the opinion of Alabama's administrators on licensure as proposed in Alabama.

To examine the licensure process in Alabama, a historical study was undertaken. This historical study outlines the problems Alabama had in establishing its law and how it reached its present status. The historical study is also aimed at presenting pertinent facts on Alabama's licensure law that will aid other states that engage in licensure activity.

The findings presented have been derived from a survey of as many primary and secondary sources of information as possible. Much of the study was concerned with a review of the minutes of the following organizations: the Alabama Hospital Association, the Alabama Association of Hospital Executives, and the Special Committee on Licensure of Hospital Administrators of the Alabama Hospital Association. Information was also obtained in personal interviews with Alabama administrators knowledgeable in the Alabama licensure process.

In addition, information gathered from the Executive Directors of the State Hospital Associations and the Pittsburg Law Manual was used to present information on the requirements other states have for hospital administrators. The minutes of the Advisory Panel on Licensure of

Hospital Administrators appointed by the American Hospital Association were used to indicate activity that has taken place on the national level.

In order to obtain information on the opinion of Alabama administrators on licensure, a questionnaire was mailed to the administrators of 132 hospitals with type 1A or 1B membership in the Alabama Hospital Association. As a result, information was received from ninety-nine administrators expressing their opinion on licensure.

The chi-square statistical test was used to analyze selective attitudes related to the licensure opinions of Alabama administrators. The hypothesis used as a base to determine if there was a significant variation in the opinion of the participants in the survey was there is no difference among Alabama's administrators as to their opinions on licensure of hospital administrators as proposed in Alabama.

The opinions of administrators, indicated as in favor of licensure, opposed to licensure, or indifferent to licensure, were used as the dependent variable. The independent variables used were: age, education, years in hospital administration, service as an assistant adminis-

trator, membership in the American College of Hospital Administrators, application for membership in the Alabama Association of Hospital Executives, licensure of assistant administrators, opinion on written examination, hospital ownership, hospital council, and size of the hospital.

As was previously stated, the chi-square test is not designed to indicate the extent of association or to interpret the meaning of the association. It is designed to indicate whether there is or is not an association between certain factors. Therefore, the results obtained from the statistical test indicate whether an association exists or not, and does not attempt to relate the extent of association or why the association exists.

Conclusions

1. National interest in the licensure of hospital administrators is gaining momentum. An important stimulus has been federal legislation to license nursing home administrators. The Advisory Panel on Licensure of Hospital Administrators appointed by the American Hospital Association reflected the thinking of health leaders when it concluded that licensure of hospital administrators is

inevitable, and recommended that the American Hospital Association, the American College of Hospital Administrators, and the Association of University Programs in Hospital Administration join together and actively support licensure of hospital administrators.

2. Alabama is one of two states that have licensure laws, and one of seven states attempting to establish standards and requirements for individuals entering the field of hospital administration. However, many states are presently examining the feasibility of licensure legislation, and other states indicate they expect increased interest in the subject.

3. Even though Alabama has had a law calling for the voluntary licensing of hospital administrators since 1935, the law was not utilized until the Alabama Association of Hospital Executives was incorporated on September 30, 1967.

4. With the certification of 116 hospital administrators by the Board of Directors of the Alabama Association of Hospital Executives and the resulting licensure of these administrators, Alabama became the second state to license individuals as qualified hospital administrators.

However, this licensure was accomplished through a "grand-father" clause. No definite criteria have been established for the licensure of hospital administrators in the future.

5. The Alabama licensure law, unlike Minnesota's law and the requirements in other states, provides that the Alabama Association of Hospital Executives is the controlling agent, thereby placing the authority to license in the hands of the profession, not the State Board of Health.

6. The goal of licensure of hospital administrators, as proposed in Alabama, is the protection of public health and welfare by establishing standards and regulations regarding those who practice hospital administration. It is hoped that licensure will add status and prestige to the profession by making it impossible in the future for unqualified persons to practice hospital administration in Alabama.

7. Due to the provisions of the present statute, licensure of "junior executives" is not possible at this time.

8. The law currently used to license Alabama

hospital administrators is inadequate. It is a voluntary licensure law designed to license the position of the chief executive officer, not qualified individuals in the profession of hospital administration.

9. The hypothesis that "there is no difference among Alabama's administrators as to their opinions on licensure of hospital administrators as proposed in Alabama" was statistically tested and produced a significant finding. The fact that eighty-one percent of the administrators favored licensure was the primary reason for this finding. In addition, the following variable when compared to the licensure opinion of the administrators supported the rejection of the hypothesis: education, membership in the American College of Hospital Administrators, application for membership in the Alabama Association of Hospital Executives, opinion on licensure of assistant administrators, and opinion on a written examination. As a result, an alternate hypothesis that there is a difference among Alabama's administrators as to their opinion on licensure of hospital administrators as proposed in Alabama was adopted.

10. The effectiveness of licensure of hospital administrators today depends in a large measure upon the interest and support of members of the profession.

Recommendations

In order to accomplish the objectives for which the licensure law was established, the following ideas should be incorporated in future licensure legislation:

1. All licensed Alabama hospitals must have a hospital administrator licensed by the State of Alabama.
2. Future revisions must call for licensure of the individual, not the position of chief executive officer. That is, any person who meets the criteria as developed below should be eligible for licensure.
3. For the first five years after enactment, the law should require an applicant for a license to have a baccalaureate degree with three years of administrative experience in a position approved by the Board of Directors of the Alabama Association of Hospital Executives; or a Master's degree in Hospital Administration, or related area, and one year of administrative experience in a position approved by the Board of Directors of the

Alabama Association of Hospital Executives, or have successfully completed an administrative residency; or hold Membership or Fellowship in the American College of Hospital Administrators.

4. All applicants, other than Members or Fellows in the American College of Hospital Administrators, must successfully complete an oral and written examination as administered by the Board of Directors of the Alabama Association of Hospital Executives.

5. Five years from the effective date of the above recommendations, the minimum requirements for licensure should be revised to make a Master's degree in Hospital Administration, or related area, mandatory.

6. Penalties against the administrator and/or hospital for failure to comply with the law must be established.

7. Requirements should be established for applicants seeking renewal of their license to assure that they continue to keep abreast of the changes in the field of hospital administration.

A program should be undertaken by the Alabama

Hospital Association to educate Boards of Trustees to the advantages of this legislation.

If licensure is to be undertaken on the national level by the establishment of individual laws in every state, a committee should be appointed by the American Hospital Association and the American College of Hospital Administrators to draft model legislation that will assure a degree of uniformity between the states, thus facilitating reciprocity.

APPENDIXES

APPENDIX I

MONTGOMERY BAPTIST HOSPITAL
MEADHAVEN NURSING HOME
2105 EAST SOUTH BOULEVARD
MONTGOMERY, ALABAMA 36111

January 5, 1968

Mr. John Bigelow, Executive Director
Washington State Hospital Association
601 Broadway
Seattle, Washington 98122

Dear Mr. Bigelow:

I am a Hospital Administration graduate student at the University of Alabama presently serving an administrative residency at the Montgomery Baptist Hospital in Montgomery, Alabama.

My purpose for writing is in connection with licensure of Hospital Administrators. Since this subject will be my thesis topic, I would like to obtain as much information as possible concerning each state's requirements for Hospital Administrators.

If you would send me all available information relative to requirements for becoming a Hospital Administrator in your state, and any information on activity toward licensure of Hospital Administrators, it will be greatly appreciated.

A summary of this report will be available, if you so indicate.

Sincerely,

George Farr
Administrative Resident

APPENDIX II

HOSPITAL ADMINISTRATOR REGISTRATION LAW* AND
REGULATIONS MINNESOTA STATE
BOARD OF HEALTH

Minnesota Statutes Relating to Registration
of Heads of Hospitals

- - -

Sections 144.59 to 144.65 inclusive

- - -

144.59. HOSPITAL HEADS TO REGISTER. No person shall act as an administrator of a hospital licensed under the Minnesota Statutes Sections 144.50 to 144.56, inclusive, without first registering with the state board of health in the manner hereinafter provided.

144.60. REGISTRATION PROCEDURE. Subdivision 1. The applicant for registration shall make a verified application therefore on a form furnished by the state board of health. Such application shall be accompanied by affidavits from at least two reputable residents of the county in which the applicant resides or proposes to act as such administrative head certifying that the applicant is of good moral character. Such application shall be accompanied by a fee of \$15. No person shall be granted any such registration unless such person be at least 21 years of age, of good moral character and has had at least two years experience in an administrative position, and in a hospital of such size as the state board of health may prescribe, in this state, or one of equal standing in another state or has successfully completed one year of formal training in an approved course in hospital administration together with an internship if the particular

* Approved 4-5-47, amendments effective 3-7-49, 7-1-59 and 3-31-61.

APPENDIX II--Continued

course requires.¹ Where the experience is gained in an institution of a size smaller than that for which registration is sought, the board may require such additional experience as it may prescribe.

Subdivision 2. Every person who, on the date Laws 1949, Chapter 93, takes effect, is actually engaged as superintendent or administrative head of a hospital or sanatorium in this state, shall be granted registration by the state board of health, provided, however, that on or before October 1, 1949, every such person shall apply to the said board for such registration, accompanying such application with sufficient and satisfactory proof that such applicant was on said date actually engaged as such superintendent or administrative head and fee of \$10.

Subdivision 3. Every person who on the date this section takes effect is actually engaged as the administrative head of a hospital in this state, shall be granted

¹The State Board of Health recognizes that graduates of Master Degree Programs in the following institutions meet the formal training requirements: Baylor University, Fort Sam Houston, Texas; Columbia University, New York City; Cornell University, New York City; Duke University, Durham, North Carolina; Medical College of Virginia, Richmond, Virginia; Northwestern University, Chicago, Illinois (prior to 1960); St. Louis University, St. Louis, Missouri; University of California, Berkeley, California; University of California at Los Angeles, Los Angeles, California; University of Chicago, Chicago, Illinois; University of Iowa, Iowa City, Iowa; University of Mexico, Mexico City, Mexico; University of Michigan, Ann Arbor, Michigan; University of Minnesota, Minneapolis, Minnesota; University of Montreal, Montreal, Quebec; University of Pittsburgh, Pittsburgh, Pennsylvania; University of Toronto, Toronto, Ontario; George Washington University, Washington, D.C.; Washington University, St. Louis, Missouri; Yale University, New Haven, Connecticut.

APPENDIX II--Continued

registration by the state board of health, provided, however, that on or before October 1, 1949, every such person shall apply to the said board for such registration, accompanying such application with sufficient and satisfactory proof that such applicant was on said date actually engaged as such superintendent or administrative head and fee of \$10.

Subdivision 3. Every person who on the date this section takes effect is actually engaged as the administrative head of a hospital in this state, shall be granted registration by the state board of health, provided, however, that on or before October 1, 1961, every such person shall apply to the board for such registration, accompanying such application with a fee of \$15 and sufficient and satisfactory proof that the applicant was on the above-mentioned date actually engaged as the administrative head.

144.61. ANNUAL REGISTRATION. Every such person so registered with the state board of health shall register with the board annually during the month of July and pay a registration fee of \$15. All fees received under sections 144.59 to 144.65 shall be paid by the state board of health to the state treasurer and the amount so paid to the state treasurer is hereby appropriated out of any money in the state treasury not otherwise appropriated, to the state board of health for the purpose of carrying out the provisions of section 144.59 to 144.65.

144.62. GROUNDS FOR REFUSAL. The state board of health may refuse to grant registration, to renew registration, or may suspend or revoke registration of any registrant for the following:

- (1) The obtaining of or attempting to obtain registration by fraud or deceit.
- (2) Conviction of a crime involving moral turpitude.

APPENDIX II--Continued

- (3) Habitual indulgence in the use of narcotic drugs.
- (4) Conduct unbecoming a person registered under sections 144.59 to 144.65 or detrimental to the best interests of the public.

Before any such registration is suspended or revoked, 30 days written notice shall be given the registrant of the date set for hearing of the charges. The registrant shall be furnished with a copy of the charges and shall be entitled to be represented by legal counsel at such hearing. Such notice may be given by registered mail. Any action of the board in refusing to grant or renew registration or in suspending or revoking registration, may be reviewed by a writ of certiorari issued by the district court.

144.63. RULES AND REGULATIONS. Subdivision 1. The state board of health shall have the power to adopt such rules and regulations as it finds to be necessary to carry into effect the provisions of sections 144.59 to 144.65 and may rescind, modify or revise such rules and regulations, from time to time, in so far as such action is not in conflict with the provisions of sections 144.59 to 144.65.

Subdivision 2. An advisory board of five members shall be appointed in the following manner to make recommendations to the state board of health in such matters and to assist in the establishment of such rules and regulations and any amendments thereto. This board shall consist of three members to be appointed annually from the membership of the Minnesota Hospital Association by the board of trustees thereof; one of said three members shall be a hospital administrator selected at large; one member of said board shall be the director of the course of hospital administration at the University of Minnesota or his designated representative; one member of said board shall be a duly licensed and registered doctor of medicine to be appointed annually from the Minnesota State Medical Association by the council thereof.

144.64. EXCEPTIONS. Nothing in sections 144.59 to 144.65 shall be construed as requiring the registration of a duly licensed and registered doctor of medicine who operates a licensed hospital or sanatorium, owned by him, in the state.

144.65. VIOLATIONS; PENALTIES. Any person violating any of the provisions of sections 144.59 to 144.65 shall be guilty of a misdemeanor.

REGULATIONS

(Effective July 20, 1961)

Reg. 110. The governing body of every institution licensed as a hospital under the provisions of the hospital licensing law shall designate one person as the administrative head of the institution. For the purposes of the hospital administrator registration law, this person shall be known as the hospital administrator.

Reg. 111. The hospital administrator shall be the person in charge of the institution. He shall be the direct representative of the Governing Board in the management of the hospital. He shall have the necessary authority and be held responsible for the administration of the hospital in all its activities and departments; subject only to such policies as may be adopted, and such orders as may be issued by the Governing Board.

Reg. 112. A "hospital" within the meaning of the hospital administrator registration law, is any institution licensed as a hospital in this state.

Reg. 113. No person shall act as the hospital administrator of any institution licensed as a hospital unless such person is registered for a hospital of such size under the provisions of the hospital administrator registration law and regulations.

APPENDIX II--Continued

Reg. 144. Except as otherwise provided herein, experience in an administrative position, within the meaning of the hospital administrator registration law, shall consist of experience gained in one or more duly established hospital positions requiring a comprehensive knowledge of hospital administrative procedure and techniques, and the exercise of independent judgment, supervision of other personnel, program planning, and formulation of policies.

Reg. 115a. For registration without limitation as to size of hospital to be administered, the hospital administrative experience shall consist of:

- (1) Successful completion of one year of formal training in an approved course in hospital administration, together with an internship if the particular course requires, or
- (2) Two years as an administrator or an assistant administrator of a hospital of 50 beds or more, or
- (3) Three years as an administrator of a hospital of 25 beds or more.

Reg. 115b. For registration limited to administration of hospitals under 50 beds, the hospital administrative experience shall consist of:

- (1) Requirements of 115a, or
- (2) Two years as an administrator of a hospital of any size, or
- (3) Two years as an assistant administrator of a hospital of 25 beds or more, or
- (4) Two years as a head of a duly established department in a hospital of 50 beds or more.

APPENDIX II--Continued

Reg. 115c. For registration limited to administration of hospitals under 25 beds, the hospital administrative experience shall consist of:

- (1) Two years of hospital experience as defined in Regulation 114, or 115a, or 115b.

Reg. 115. Nothing in these regulations shall prohibit an administrator with a limited registration to continue to serve as the administrator of the same hospital if such hospital expands in size.

Reg. 117. Upon registration, a certificate of registration as a hospital administrator showing the limitation as to hospital size, if any, shall be issued. The certificate of registration of the hospital administrator shall be posted conspicuously in the hospital.

Reg. 118. Every person who, on the effective date of these regulations, is registered as a hospital administrator, shall be considered registered without limitation as to size of hospital.

APPENDIX III

MINNESOTA DEPARTMENT OF HEALTH Division of Hospital Services (Revised October 25, 1966)

Hospital Administrator Registration Program

Following is a list of policies and/or understandings arrived at in past meetings of the Advisory Board. These are in addition to action taken regarding the regulations now in effect.

1. In meeting December 10, 1947, the Advisory Board recommended that the State Board of Health adopt a policy that pending appointment of a permanent superintendent it will be permissible for a non-registered person to serve for a temporary period as the acting administrative head of a hospital or sanatorium within the meaning of Chapter 240, 1947 Session Laws. Ordinarily this period should not exceed 90 days.
2. In considering a special problem on February 12, 1948, the Advisory Board recommended that experience as president of the hospital board of directors did not come within the meaning of the definition of "hospital administrative experience."
3. In meeting July 29, 1949, it was voted that the policy of the Advisory Board would be to recommend for registration out-of-state residents whose credentials can be readily checked within the limits of the licensing authority. All other out-of-state residents shall be required to submit ample experience information.
4. In meeting November 13, 1950, the Advisory Board recommended that no change be made in the present policy relative to acting superintendents. The hospital board will be allowed 90 days to select a permanent administrator with special extension of time on recommendation of the Advisory Board.

APPENDIX III--Continued

5. Agenda Item No. 10 "Procedure to be Followed in Obtaining Approval by Mail" was considered in meeting December 19, 1951. It was agreed that certificates would not be issued until the five Advisory Board members had replied. The Department of Health, however, should call Advisory Board members if there is any unusual delay.
6. In meeting January 22, 1953, the Advisory Board discussed the interview procedure and although it was recommended that there would be some value in interviewing all applicants, it was felt that in many cases it was subjecting applicants to an unnecessary hardship. Therefore, it was decided that those who obviously met the requirements would not be asked to appear in the future.
7. At the request of the State Board of Health, the Advisory Board in meeting May 26, 1955, established three regular meeting dates during the year. The first Thursday during the months of October, January and April were determined as most convenient to the Advisory Board members. All other meetings will be held at the call of the chairman.
8. In meeting October 4, 1956, the Advisory Board decided that an individual could not satisfy the experience requirement of the law and seek registration by serving two years as administrative head of a hospital under the supervision of a neighboring registered hospital administrator.
9. The Advisory Board in meeting April 8, 1957, recognized that it becomes necessary for some hospitals in order to comply with the law to employ an administrator on a part time basis since it is a hardship to finance a full time registered person. Also, to make such supervision possible it is recognized that one registered administrator may have to give supervision to several small hospitals. It was suggested that these situations where one individual supervises several

APPENDIX III--Continued

institutions be carefully watched and if these conditions become too numerous or problematical then this question should be brought to the Advisory Board's attention for discussion. It was also agreed in the same meeting that the matter of supplying information regarding registered hospital administrators to potential employers is an individual problem and has to be dealt with by the source agency in keeping with its own policies relative to such service. In regard to this matter the State Agency does give information to hospital boards regarding potential administrator employees. This information relates to previous employers and encourages contact with them to secure recommendations regarding past performance.

10. The Advisory Board adopted a resolution in meeting October 2, 1958, to the effect that all registered administrators who allowed their registration to lapse for one year or longer be required to submit an original application for registration and the same be brought to the attention of the Advisory Board for recommendations.
11. The Advisory Board in meeting October 11, 1962, adopted the following policy to be followed when registrants holding limited certificates of registration complete the requirements for registration in the next higher rank. The applicant must submit evidence of hospital administrative experience required of the next higher grade of certification; that such evidence be presented to the Advisory Board at its next meeting; and that the recommendation of the Advisory Board be presented to the State Board of Health for action.
12. In meeting January 2, 1964, policy was adopted to disallow future supervisory arrangements that would require more than a six month period. This would necessitate hospital administrative experience of at least 18 months. The State Board of Health on January 14, 1964, concurred. (Such agreements in the past have been approved for longer periods of time. Candidates have been permitted to gain the necessary hospital experience

APPENDIX III--Continued

required for registration while employed as an assistant administrator under the supervision of a registered administrator who is employed as such in a nearby hospital and who has been appointed administrator of the hospital in which the assistant administrator is employed.)

13. In meeting October 6, 1966, the Advisory Board recommended that a policy be established limiting recognition of only one assistant administrator in hospitals of less than 50 beds. The State Board of Health on October 11, 1966, concurred.

APPENDIX IV

MONTGOMERY BAPTIST HOSPITAL
MEADHAVEN NURSING HOME
2105 EAST SOUTH BOULEVARD
MONTGOMERY, ALABAMA 36111

February 21, 1968

Mr. E. C. Bramlett, Administrator
Mobile Infirmary
Post Office Box 4097
North End Louiselle Street
Mobile, Alabama 36604

Dear Mr. Bramlett:

As you remember one of the highlights of the Forty-Seventh Annual Convention of the Alabama Hospital Association was the organization of the Alabama Association of Hospital Executives. In view of the passage of recent Federal legislation requiring the licensure of Nursing Home Administrators, it is fortunate an organization such as yours could be established before similar legislation was enacted relative to Hospital Administrators.

Since A Historical Study of Licensure of Hospital Administrators in Alabama is going to be my thesis subject, I am in need of obtaining as much information as possible as to the opinion of Alabama's Administrators on the subject of licensure.

You will find enclosed a questionnaire designed to assist me in gathering information. The analysis of the answers to these questions will be an integral part of my thesis for a Master's Degree in Hospital Administration from the University of Alabama. Your assistance in this matter is earnestly solicited, and any additional comments you may wish to make are welcomed.

APPENDIX IV--Continued

For your convenience, you will find enclosed a self-addressed, stamped envelope in which to return your completed questionnaire.

Sincerely,

George Farr
Administrative Assistant

APPENDIX V

QUESTIONNAIRE

LICENSURE OF HOSPITAL ADMINISTRATORS IN ALABAMA

1. Name _____
2. Title _____
3. Hospital _____
4. Your age:
20-24 _____ 35-39 _____ 50-54 _____ 65-over _____
25-29 _____ 40-44 _____ 55-59 _____
30-34 _____ 45-49 _____ 60-64 _____
5. Highest Education Completed (Check One)
High School _____
Less than Baccalaureate _____
Bachelors Degree _____
Master's in Hospital Administration or Related Area _____
Master's Other _____
Ph.D. _____
M.D. _____
Other (Please Specify) _____

APPENDIX V--Continued

6. Number of years in Alabama_____.
7. Number of years in present position_____.
8. Number of years in Hospital Administration_____.
9. Have you ever served as an Assistant Administrator?
Yes_____ No_____.
10. Do you belong to the American College of Hospital Administrators?
Yes_____ No_____. If Yes, Nominee_____ Member_____
Fellow_____.
11. From the information you have available on the Alabama Association of Hospital Executives, are you:
1) In favor of Licensure_____. 2) Opposed to Licensure_____. 3) Indifferent to Licensure_____.
12. Have you joined the Alabama Association of Hospital Executives?
Yes_____ No_____. If No, do you plan to join?
Yes_____ No_____.
13. Do you anticipate increased governmental involvement in this area? Yes_____ No_____.
14. Are you in favor of increased governmental involvement in this area? Yes_____ No_____.

APPENDIX V--Continued

15. Do you feel Assistant Administrators should be required to have a License? Yes_____ No_____.
- 16.. Should a written examination be given as a requirement for Licensure? Yes_____ No_____.
- If Yes, who should give the examination?_____
-

APPENDIX VI

Code Sheet

| | | |
|-------------|---------|---|
| Card Column | 1 and 2 | <u>Size of Hospital (In Beds)</u> |
| Punch | 01-37 | 0-50 |
| | 38-67 | 51-100 |
| | 68-82 | 101-200 |
| | 83-99 | 201-over |
| Card Column | 3 | <u>Age in Years</u> |
| Punch | 0 | 20-24 |
| | 1 | 25-29 |
| | 2 | 30-34 |
| | 3 | 35-39 |
| | 4 | 40-44 |
| | 5 | 45-49 |
| | 6 | 50-54 |
| | 7 | 55-59 |
| | 8 | 60-64 |
| | 9 | 65-over |
| Card Column | 4 | <u>Education</u> |
| Punch | 0 | High School |
| | 1 | Less Than Baccalaureate |
| | 2 | Bachelor's Degree |
| | 3 | Master's in Hospital Related Area |
| | 4 | Master's Other |
| | 5 | Ph.D. |
| | 6 | M.D. |
| | 7 | Other |

APPENDIX VI--Continued

| | | |
|-------------|----|--|
| Card Column | 5 | <u>Years in Hospital Administration</u> |
| Punch 0 | | 0-5 |
| 1 | | 6-10 |
| 2 | | 11-15 |
| 3 | | 16-20 |
| 4 | | 21-25 |
| 5 | | 26-over |
| Card Column | 6 | <u>Served as Assistant Administrator</u> |
| Punch 1 | | Yes |
| 2 | | No |
| Card Column | 7 | <u>Membership in ACHA</u> |
| Punch 1 | | Yes |
| 2 | | No |
| Card Column | 8 | <u>Opinion on Licensure of Hospital Administrators in Alabama</u> |
| Punch 1 | | Favor Licensure |
| 2 | | Oppose Licensure |
| 3 | | Indifferent to Licensure |
| Card Column | 9 | <u>Membership in Alabama Association of Hospital Executives</u> |
| Punch 1 | | Yes |
| 2 | | No |
| Card Column | 10 | <u>Opinion on Licensure of Assistant Administrators in Alabama</u> |
| Punch 1 | | Yes |
| 2 | | No |

APPENDIX VI--Continued

| | | |
|-------------|----|---------------------------------------|
| Card Column | 11 | <u>Opinion on Written Examination</u> |
| Punch 1 | | Yes |
| Punch 2 | | No |
| Card Column | 12 | <u>Hospital Ownership</u> |
| Punch 0 | | Government |
| Punch 1 | | Nonprofit |
| Punch 2 | | Church Related |
| Punch 3 | | Proprietary |
| Card Column | 13 | <u>Council Membership</u> |
| Punch 0 | | Birmingham Regional |
| Punch 1 | | Hospital Council |
| Punch 2 | | Central Alabama |
| Punch 3 | | Hospital Council |
| Punch 4 | | North Alabama |
| Punch 5 | | Hospital Council |
| Punch 6 | | Northeast Alabama |
| | | Hospital Council |
| | | South Alabama |
| | | Hospital Council |
| | | Southeast Alabama |
| | | Hospital Council |
| | | West Alabama |
| | | Hospital Council |

APPENDIX VII

EXAMPLE OF X^2 CALCULATION

1. Formula for X^2 : $X^2 = \frac{(O-E)^2}{E}$

2. Example

MEMBERSHIP ACHA

| | | Yes | | No | | | |
|-------------------|----------|----------|---------------------|----------|----------|---------------------|--------|
| Licensure Opinion | Observed | Expected | $\frac{(O-E)^2}{E}$ | Observed | Expected | $\frac{(O-E)^2}{E}$ | Totals |
| Favor | 48 | 42.8 | .63 | 32 | 37.2 | .73 | 80 |
| Oppose | 2 | 3.7 | .78 | 5 | 3.3 | .88 | 7 |
| Indifferent | 3 | 6.5 | 1.88 | 9 | 5.5 | 2.33 | 12 |
| Totals | 53 | 53.0 | | 46 | 46.0 | | 99 |

$X^2 = 7.13$ Significant

Ho: The opinion of Alabama's hospital administrators on the Alabama licensure law for hospital administrators is not significantly different among members and non-members of ACHA

- To obtain the expected cell multiply the raw total (80) by the column total (53) and divide by the total number of observations (99). $80 \times 53 \div 99 =$ expected value for upper left cell
- $\frac{(O-E)^2}{E} = \frac{(48-42.8)^2}{42.8} = \frac{27.04}{42.8} = .63$
- $X^2 =$ total of $\frac{(O-E)^2}{E}$ columns or 7.13
- degrees of freedom = (Rows-1) (Columns-1) = (3-1) (2-1)=2df
- using a table that indicates the percentage points of the X^2 distribution, this writer found the X^2 value for 2 degrees of freedom at the 95 percentile level to be 5.99. Since the X^2 calculated in this example (7.13) is greater than 5.99, the null hypothesis of no difference is rejected.

APPENDIX VIII

Title 22, Section 188 of the 1940 Code of Alabama, which reads as follows:

"S 188. Registration of hospital executives. The term 'hospital executive' as used in this section shall mean any person having active charge of the management and general supervision of any hospital in the state of Alabama."

"Any hospital executive in the state of Alabama upon the presentation to the Treasurer of a certificate of the Alabama Association of Hospital Executives certifying that said hospital executive is a qualified hospital executive, and the payment of five dollars, the treasurer shall issue to said hospital executive a certificate as follows: 'The executive of this hospital has met all requirements of the Alabama Association of Hospital Executives and is hereby registered with the State of Alabama as a qualified hospital executive.'"

"Every hospital executive receiving a certificate of qualification from the Alabama Association of Hospital Executives and being registered with the Treasurer as herein provided, shall prior to the first day of October of each year thereafter pay into the treasury as a license fee the sum of five dollars, which shall remain in the treasury as part of the general funds, and upon the payment of said five dollars the Treasurer shall issue a certificate to said hospital executive as provided in paragraph 2 hereof."

APPENDIX IX

1960 QUESTIONNAIRE ON LICENSURE OF HOSPITAL
ADMINISTRATORS IN ALABAMA

Your Name _____

Present Position (Title) _____

Hospital _____

Address of Hospital _____

Number of Years in Present Position? _____

Number of Years in Hospital Administration? _____

In view of the information in the enclosed report and memorandum regarding the licensure of hospital administrators in Alabama, are you:

1. In favor of licensure? _____
2. Opposed to licensure? _____
3. Indifferent to licensure? _____

Please check one of the above three. If you check number 2 (opposed) or number 3 (indifferent), please list your reasons for so checking so that this information might be used as a guide by the committee in exploring all avenues of thought regarding the proposed program.

Mail your completed questionnaire to G. C. Long, Jr.,
Executive Director, Alabama Hospital Association, P. O.
Box 291, Montgomery 1, Alabama, today.

APPENDIX X

MEMORANDUM

September 16, 1960

TO: Administrators, Member Hospitals, Alabama Hospital Association

FROM: J. Cecil Hamiter, Chairman, Committee on Licensure of Hospital Administrators

Enclosed is a report of the Committee on Licensure of Hospital Administrators in Alabama made to the Board of Trustees on July 22, and a questionnaire which we request you complete and return to Executive Director, G. C. Long, after you have carefully evaluated the report.

Your committee spent much time in the investigation of the Minnesota law. Of the several administrators in Minnesota contacted, all were unanimous in the belief that the Minnesota law had played a great part in the upgrading of hospital administration in the State of Minnesota. Ray Amberg, Director of University of Minnesota Hospitals, and past President of the American Hospital Association, stated: "Definitely, I think that other states could profit by the adoption of the Minnesota Licensure Law for Hospital Administrators."

President Don and Executive Director G. C. have discussed the proposed licensure program with all of the councils of the State. The Northeast Alabama Hospital Council endorsed the program and unanimously recommended that the Alabama Hospital Association adopt the program to license hospital administrators in Alabama.

Since some hospital administrators have not had an opportunity to express themselves on the matter, and since the Committee on Licensure of Hospital Administrators, the Board of Trustees of the Alabama Hospital Association,

APPENDIX X--Continued

and the Government Relations Committee are desirous of getting the reaction of all administrators. Please complete the questionnaire and return to G. C. immediately. If you have suggestions that you feel should be incorporated into the law which are not included in the recommendations made by the Licensure Committee, we would also appreciate your including these recommendations with the questionnaire.

Please keep in mind that all administrators serving Alabama hospitals on the effective date of the law shall be licensed under the grandfather clause.

APPENDIX XI

Income Tax-Exempt Organizations

- Sec. 501. Exemption From Tax On Corporations, Certain Trusts, Etc.
- (c) List of Exempt Organizations.
 - (3) Corporations, and any community chest, fund, or foundation, organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or for the prevention of cruelty to children or animals, no part of the net earnings of which inures to the benefit of any private shareholder or individuals, no substantial part of the activities of which is carrying on propaganda, or otherwise attempting, to influence legislation, and which does not participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

APPENDIX XII

ARTICLES OF INCORPORATION OF ALABAMA ASSOCIATION
OF HOSPITAL EXECUTIVES

STATE OF ALABAMA)
 (
MONTGOMERY COUNTY)

KNOW ALL MEN BY THESE PRESENTS: That we, the undersigned incorporators, for the purpose of forming a corporation not for profit, pursuant to the provisions of the "Alabama Non-Profit Corporation Act" (Act No. 578, General Acts 1955, page 1254, being Title 10, Sections 203 et seq., Alabama Code 1940 as amended), do hereby associate ourselves into a corporation not for profit, under the provisions of the foregoing laws, and to that end do hereby set forth and adopt the following Articles of Incorporation:

I

The name of this corporation shall be "Alabama Association of Hospital Executives."

II

The duration of this corporation shall be perpetual.

III

This corporation shall not be for profit, that is to say, no part of any income which it may have shall ever be distributed to its members, directors, or officers, and no part of the net earnings of the corporation shall ever inure to the benefit of any private member, director or officer, or any other individual. All property of this corporation shall be irrevocably dedicated to the religious, charitable and non-profit purposes herein set forth. In the event of the dissolution of this corporation, any monies or properties in possession of or to which

APPENDIX XII--Continued

any right, title or interest is claimed by the corporation shall be transferred, given and disposed of to (and only to) such one or more organizations described in Section 501 (c) and (3) of the Internal Revenue Code of the United States of 1954 (the "Code") as the trustees shall determine, provided that any such transferee shall at that time have tax-exempt status by virtue of the ruling or determination under Section 501 (c) (3) of the Code.

IV

The objects and purposes of this corporation are:

(a) Within the purposes and limitations specified in paragraph III above, this corporation is formed to advance, foster, and upgrade the administration of hospitals in the State of Alabama; toward this end to evaluate and determine the qualifications of hospital executives in the State of Alabama and to prescribe standards and requirements for hospital executives in the State of Alabama, and to give such certifications as it may be called upon from time to time to give pursuant to any relevant laws of the State of Alabama or of other jurisdictions; to advance through research, education and dissemination of information, the art of hospital administration.

(b) To solicit and receive funds and donations from individuals, businesses and corporations necessary to take care of the financial needs of this corporation.

(c) To receive and disburse funds so collected for expense items necessarily incurred in the accomplishment of the objects and purposes of the corporation.

(d) For the accomplishment of its exclusive educational, charitable, religious, scientific, literary and non-profit purposes, this corporation shall have all of the powers conferred upon non-profit organizations pursuant to said Act No. 578, General Acts of 1955, and all such powers as well as all other relevant powers

APPENDIX XII--Continued

powers contained in the laws of the State of Alabama shall exist in this corporation as fully as if specifically enumerated herein.

V.

The affairs of the corporation shall be regulated, managed and controlled by its Board of Directors. Persons listed below shall serve as the initial directors for a term of one (1) year. Each succeeding Board of Directors shall be elected by the members of the corporation in the manner and for the term prescribed in the bylaws. Any vacancy occurring in the Board of Directors may be filled by the Board itself, or by any duly authorized subcommittee thereof. The number and qualifications of the members of the Board of Directors may be changed from time to time by amendment to the bylaws in the manner there prescribed.

The names of those who shall serve as the initial members of the Board of Directors, and their respective residences, are as follows:

| | |
|--|--|
| Robert H. Boone Fayette, Alabama | S. Millard Johnson Huntsville, Alabama |
| E. C. Bramlett Mobile, Alabama | D. O. McClusky, Jr. Tuscaloosa, Alabama |
| James W. Brown, Jr. Alexander City, Alabama | W. B. McGehee Greenville, Alabama |
| Dean H. Byrd, Sr. Dothan, Alabama | W. Taylor Morrow Montgomery, Alabama |
| E. E. Cavaleri, Jr. Birmingham, Alabama | Donald E. Nelson Opp, Alabama |
| Virgil W. Fittje Mobile, Alabama | Harold W. Steadham Langdale, Alabama |
| J. Cecil Hamiter Gadsden, Alabama | |

APPENDIX XII--Continued

VI

The address of the initial registered office of the corporation is 240 South McDonough Street, Montgomery, Alabama, and the name of the initial registered agent at said address is J. Cecil Hamiter.

VII.

The names and addresses of the incorporators, each of whom is a natural person over the age of twenty-one years, are as follows:

James W. Brown, Jr.
Alexander City, Alabama

W. Taylor Morrow
Montgomery, Alabama

J. Cecil Hamiter
Gadsden, Alabama

IN WITNESS WHEREOF, we have hereunto set our hands and seals this the _____ day of September, 1967.

James W. Brown, Jr.

J. Cecil Hamiter

W. Taylor Morrow

APPENDIX XII--Continued

STATE OF ALABAMA)
 (
 MONTGOMERY COUNTY)

I, _____, a Notary Public in and for said County, in said State, hereby certify that James W. Brown, Jr., J. Cecil Hamiter, and W. Taylor Morrow, whose names as incorporators of Alabama Association of Hospital Executives, are signed to the foregoing Articles of Incorporation, and who are known to me, did swear before me on this day that the contents of the foregoing are true and correct, and that having informed themselves of the contents of the foregoing Articles, they, as such incorporators and with full authority, executed the same voluntarily for and in behalf of said corporation.

GIVEN under my hand this the _____ day of September, 1967.

APPENDIX XIII

BYLAWS ALABAMA ASSOCIATION OF HOSPITAL EXECUTIVES

ARTICLE I NAME AND PURPOSE

- Sec. 1. Name. This Association, chartered as a non-profit corporation under laws of the State of Alabama, shall be known as Alabama Association of Hospital Executives.
- Sec. 2. Purpose. The purpose of this Association shall be to foster, advance and improve the administration of hospitals in the State of Alabama.
- Sec. 3. Affiliation. To promote the objects and purposes of the Association affiliation will be maintained with the Alabama Hospital Association and close liaison will be established with all private and public agencies interested in advancing the skill and art of hospital administration in the State of Alabama.

ARTICLE II MEMBERSHIP

- Sec. 1. Membership. Membership shall be limited to any person having active charge of management and general supervision of any hospital in the State of Alabama, who qualifies as a Charter Member or who is recommended favorably by the Credentials Committee and approved by the Board of Directors.
- Sec. 2. Charter Membership. Any person having active charge of management and general supervision of any hospital in the State of Alabama before and on January 18, 1968, shall be eligible for charter membership by virtue of such position and upon proper application, accompanied by annual dues assessment, officially on file by July 1, 1968, shall be designated as a Charter Member by the Board of Directors.

APPENDIX XIII--Continued

- Sec. 3. Conferred Membership. Membership may be conferred by the Board of Directors on any person having active charge of management and general supervision of any hospital in the State of Alabama only upon a favorable recommendation of the Credentials Committee based on professional evaluation of the applicant's fitness by education, training and experience to cope with hospital administrative duties and responsibilities.
- Sec. 4. Resignation. Any member not in default in payment of annual dues assessments, and against whom no complaint or charge is pending may at any time file a written resignation which shall become effective the date filed.
- Sec. 5. The Board of Directors may censure, suspend or expel any member for cause after giving such member an opportunity for a hearing. Any member suspended or expelled may be reinstated by the Board of Directors.

ARTICLE III DUES

- Sec. 1. Nominal dues shall be assessed annually by the Board of Directors to defray the administrative expenses and such assessment shall be payable by January 19th for the ensuing year, or in the case of new members, such assessment shall be due and payable on date of approval for the balance of the current year.

ARTICLE IV ANNUAL MEETING

- Sec. 1. ANNUAL MEETING. There shall be an annual meeting of the members during the calendar year at such time and place as the Board of Directors shall select.
- Sec. 2. Election. Officers and Directors shall be elected at the Annual Meeting and shall serve

APPENDIX XIII--Continued

until their successors have been duly elected and installed.

- Sec. 3. Special Meetings. Special Meetings of the members may be called at any time at the direction of the President or by a majority vote of the Board of Directors and shall be called upon the written request of not fewer than ten members.
- Sec. 4. Notice of Meetings. Notice of all meetings of the membership shall be mailed to each member at the last address of record at least fifteen (15) days prior to the date of said meeting, and, if a special meeting shall state the purpose thereof.
- Sec. 5. Quorum. Twenty-five (25) voting members present shall constitute a quorum for the transaction of business.
- Sec. 6. Voting. The right to vote is personally vested in each member in good standing.
- Sec. 7. Policy. The final authority for association policy shall be the membership, and the Board of Directors and Officers shall execute said policies in keeping with the will of the membership and consistent with these Bylaws.

ARTICLE V OFFICERS

- Sec. 1. The Officers of the Association shall be President, Vice President and Secretary-Treasurer elected annually by the Association at the regular annual meeting to serve for one year and until their respective successors are elected and installed.
- Sec. 2. Vacancies. If the President shall be unable to perform the duties of his office, the Vice President shall succeed to the office of the President. The Board of Directors shall choose from among its own members to fill any other interim official vacancies.

APPENDIX XIII--Continued

ARTICLE VI BOARD OF DIRECTORS

- Sec. 1. The Board of Directors shall consist of the President, Vice President and Secretary-Treasurer, all three of whom shall be ex officio, serving during the term of their office, and six (6) members, serving staggered terms of three years as hereinafter provided. The President and President Elect of the Alabama Hospital Association shall be ex officio members of the Board of Directors with all privileges except vote.
- Sec. 2. Powers. The executive powers of the Association shall be vested in the Board of Directors and it shall have the power and authority to perform all functions not inconsistent with these Bylaws or action taken by the Association.
- Sec. 3. Election. The President, Vice President and Secretary-Treasurer shall automatically assume membership on the Board of Directors upon election to their respective positions. At the organizational, or first Annual Meeting, the Association shall elect six (6) members of the Board of Directors with the two receiving the highest number of votes serving three year terms, the two receiving the lesser number of votes serving one year terms, and at subsequent Annual Meetings thereafter, two members shall be elected for three year terms. Directors serving full terms of three years are not eligible to serve another three year term until the elapse of a one year interim. Upon election and installation the President and President Elect of the Alabama Hospital Association shall automatically assume ex officio membership to serve for the duration of their respective official positions.
- Sec. 4. Vacancies. The Board of Directors shall fill any vacancy occurring in the Director positions, and such appointee shall hold office until the next Annual Meeting of the Association at which time the Association shall elect a Director to fill the

APPENDIX XIII--Continued

unexpired term.

- Sec. 5. Regular Meetings. The Board of Directors shall hold regular meetings at such times and places as the President may designate.
- Sec. 6. Special Meetings. Special meetings of the Board of Directors may be called at the direction of the President and shall be called upon the request in writing of four (4) members of the Board of Directors.
- Sec. 7. Notice of Meetings. Notice of regular and special meetings of the Board of Directors shall be given sufficiently in advance to enable members to attend. In the case of special meetings, the notice shall state the purpose of the meeting. Matters other than those in the call may be considered with unanimous consent.
- Sec. 8. A majority of the members of the Board of Directors shall constitute a quorum and no business may be transacted in the absence of a quorum.

ARTICLE VII COMMITTEES

- Sec. 1. Purpose. Special and Standing Committees are hereby authorized for the purpose of carrying out the objectives of the Association.
- Sec. 2. Appointments. The President shall within 30 days of his election submit a list of Special and Standing Committee Appointments for approval of the Board of Directors.
- Sec. 3. Meetings and Quorum. Committees as approved by the President may meet and consider any matters that may properly come before them. A majority of any committee shall constitute a quorum.

APPENDIX XIII--Continued

- Sec. 4. Vacancies. Special and Standing Committee Vacancies shall be filled through appointment by the President with approval of the Board of Directors.
- Sec. 5. Special Committees. The President with approval of the Board of Directors may continue, change or discontinue existing Special Committees and may add any new special committees or sub-committees for organizational reasons.
- Sec. 6. Standing Committees. The following standing Committees of at least three members shall be appointed annually by the President and approved by the Board of Directors.
- A. Credentials Committee. The Credentials Committee shall be composed of five members of the Board of Directors including the Secretary-Treasurer, appointed by the President to establish criteria for the professional evaluation of the qualifications of applicants for membership and of candidates as potential members. The Credentials Committee shall report their evaluation findings of each applicant for membership within a reasonable length of time to the Board of Directors. Further, the Credentials Committee shall make a favorable or unfavorable recommendation for conferral of membership in each case to the Board of Directors. At any meeting where professional recommendations are being executively considered, the credentials Chairman may reveal the division of votes but he shall not disclose the identity of the voting at any time.
- B. Committee-on Nominations. The Committee on Nominations at each Annual Meeting shall designate candidates for President, Vice President and Secretary-Treasurer and for

members of the Board of Directors for regular and unexpired terms in accordance with the provisions of these Bylaws.

- C. Committee on Bylaws and Resolutions. The Committee on Bylaws and Resolutions shall consider all matters affecting the Association's Bylaws. Resolutions for presentation to the Association shall be presented to the Committee for consideration in advance, and the Committee shall have the right to accept, or change and/or originate resolutions.

- Sec. 7. Reports. The Chairman of each committee shall prepare and submit a report covering committee activities for the year past and recommendations for future activities.

ARTICLE VIII AMENDMENTS

- Sec. 1. These Bylaws may be amended as follows: An amendment may be originated by the Board of Directors, by the Bylaws and Resolutions Committee or by a petition of any 15 members of the Association in good standing. The Committee shall notify the Board of Directors of any proposed amendments to ascertain its recommendations prior to any presentation. Before an amendment may be voted on it shall have been presented to the members of the Association not less than 10 or more than 30 days prior to the date established for voting for or against the proposed amendment. The Bylaws and Resolutions Committee shall present amendments for consideration to the membership and in so doing shall present the recommendations of the Board of Directors and its own recommendations. An

Amendment receiving an affirmative vote of two-thirds of the quorum present and voting shall be declared adopted.

Respectfully submitted,

E. E. Cavaleri, Jr., Bylaws Chairman
Dean H. Byrd, Sr., Member of Bylaws
Committee
James W. Brown, Member of Bylaws
Committee

January 18, 1968

APPENDIX IV

ALABAMA ASSOCIATION OF HOSPITAL EXECUTIVES
P. O. Box 291
Montgomery, Alabama 36101

APPLICATION FOR CHARTER MEMBERSHIP

Name of Applicant _____

Title _____

Hospital _____

Address _____

Zip _____

Home Address _____ Zip _____

Number of Years Experience
in Hospital Administration _____

Number of Years Experience
as Chief Administrative Officer _____

In applying for membership, I pledge myself to be bound by
the Bylaws, Rules and Regulations of the Association as now
or hereafter adopted.

Date _____

Signature _____

This form, with your check for \$10.00*, should be sent to:

Mr. W. Taylor Morrow, Secretary-Treasurer
Alabama Association of Hospital Executives
Montgomery Baptist Hospital
P. O. Box 6250
Montgomery, Alabama 36106

*5.00 of this fee is for state licensure, as provided by
law.

APPENDIX XV



MRS. AGNES BAGGETT
STATE TREASURER

State Treasurer of Alabama

THE STATE CAPITOL

Montgomery, Alabama 36104

TO WHOM IT MAY CONCERN:

W. TAYLOR MORROW, THE EXECUTIVE OF MONTGOMERY BAPTIST HOSPITAL, MONTGOMERY, ALABAMA, HAS MET ALL REQUIREMENTS OF THE ALABAMA ASSOCIATION OF HOSPITAL EXECUTIVES AND IS HEREBY REGISTERED WITH THE STATE OF ALABAMA AS A QUALIFIED HOSPITAL EXECUTIVE IN ACCORDANCE WITH PROVISIONS CONTAINED IN TITLE 22, CHAPTER 6, SECTION 188, CODE OF ALABAMA, RECOMPILED 1958.

EXECUTED AT THE CAPITOL, MONTGOMERY, ALABAMA, THIS 11TH DAY OF JUNE, 1968.

MRS. AGNES BAGGETT
STATE TREASURER

DUPLICATE ORIGINAL

BIBLIOGRAPHY

- Alabama Association of Hospital Executives. Articles of Incorporation. Probate Office, Montgomery County Courthouse, Montgomery, Alabama, Book 73, September 30, 1967. (Typewritten)
- Alabama Association of Hospital Executives. Minutes of Meetings of the Board of Directors, meetings of September-June, 1967-1968. (Typewritten)
- Alabama Association of Hospital Executives. Minutes of Meeting of the Credentials Committee, meeting of April 25, 1968. (Typewritten)
- Alabama Hospital Association. Alabama Hospital Law Manual. Charlottesville, Va.: The Michie Company, 1960.
- Alabama Hospital Association. 1967 Directory of Institutional Members and Administrators, (September, 1967).
- Alabama Hospital Association. Minutes of Meetings of the Board of Trustees, meetings of October, 1959 and September, 1967. (Typewritten)
- Alabama Hospital Association. Minutes of Meetings of the Special Committee on Licensure of Hospital Administrators, meeting of March, 1960. (Type-written)
- Amberg, Ray. "Your President Reports." Hospitals, Vol. 33 (March 1, 1959), p. 52.
- American Hospital Association. Minutes of Meeting of the Advisory Panel on Licensure of Hospital Administrators, meeting of March 28, 1968. (Typewritten)

- "An Emerging Role: Assistant Administrator." Currents in Hospital Administration, Vol. 8 (July-August, 1964). pp. 1-4.
- Duce, Leonard A. "A Philosophical Dimension of Administration." Hospital Administration, Vol. 11 (Summer 1966). pp. 6-22.
- Foster, John T. "States are Stiffening Licensure Standards, Study Shows." The Modern Hospital, Vol. 105 (August 1965). pp. 128-132.
- Health Law Center University of Pittsburg. "The Administrator." Pittsburg Law Manual, Administrators' Vol. 1, 1959.
- Hearings before the Committee on Finance on the Social Security Amendments of 1967. H. R. 12080, 90th Congress, 1st Session, Part 3 (September 20, 21, 22, and 26, 1967).
- Li, Jerome C. R. Statistical Inference I. Ann Arbor, Michigan: Edwards Brothers, Inc., 1965.
- "Looking Around: Everybody's First Thoughts," Modern Hospital, Vol. 110 (January, 1968), p. 75.
- Kerlinger, Fred N. Foundations of Behavioral Research. New York: Holt, Rinehart and Winston, Inc., 1965.
- Minnesota, Hospital Administration Registration Law and Regulations of the Minnesota State Board of Health. (July 20, 1961).
- Minnesota Department of Health. Hospital Administrator Registration Program. Policies and/or Understandings arrived at in past meetings of the Advisory Board, (Revised October 22, 1966).
- Report of the Secretary's Advisory Committee on Hospital Effectiveness. John A. Barr, chairman. Washington, D. C.: Government Printing Office, 1968.

- Stephan, James W. "How Minnesota Law Helps." The Modern Hospital, Vol. 99 (September, 1962). pp. 124-126, 174.
- Stull, Richard J. "Management of The American Hospital, The Need for Corporate Executive Leadership." Paper presented at the Dedication Program Baptist Memorial Hospital Union--East Unit, Memphis, Tennessee, February 19, 1968.
- The Report of the Citizens Committee on Graduate Medical Education, The Graduate Education of Physicians. Commissioned by the American Medical Association, (1966).
- Underwood, James M. "The Trustees Game Demands Alert Players." The Modern Hospital, Vol. 107 (December, 1966). pp. 76-78.
- U. S., Congress. The Social Security Amendments of 1967. Public Law 90-248, 90th Congress, H. R. 12080, Sec. 236 (January 2, 1968).
- Wilensky, Harold L. "The Professionalization of Everyone?" The American Journal of Sociology, Vol. 70 (September, 1964). pp. 137-158.
- Wisconsin Division of Health. Wisconsin Administrative Code Proposed Rules of the Division of Health, Department of Health and Social Services Governing General and Special Hospital, Chapter H, 24, (1967).