Why Some Sanitary Engineers Leave the Field

A 1951 study by Lyon showed that about 50 percent of all men who had completed undergraduate curriculums in the sanitary engineering area were employed in the profession in 1950. This means that slightly less than 50 percent of those graduates were not working in the sanitary engineering field at the time of that study.

This finding was especially significant in the light of the results of a later report by Lyon and Miller in which it was shown that only one-third of all practicing sanitary engineers had had any formal sanitary engineering education. A sharp contrast was presented between the vocational choices of men with formal sanitary engineering education and the educational background of practicing sanitary engineers. This contrast raised important questions about the flow of qualified men into the profession.

The purpose of the present study was to find out why half of those who studied sanitary engineering as undergraduates were not practicing in the profession in 1950.

Interviews were conducted with a sample of graduates some of whom were currently employed in sanitary engineering. The remainder had occupations in other fields. In addition, undergraduate students taking sanitary engineering options and courses at several schools were interviewed.

The majority of the men currently employed in fields other than sanitary engineering had never actually left the field of sanitary engineering; rather, they had failed to obtain jobs in this field immediately after graduation. An investigation of the reasons for failure to accept jobs in sanitary engineering upon graduation established that, with a few exceptions, all of the groups (students, graduates in sanitary engineering, and graduates out of sanitary en-

Public Health
MONOGRAPH

No. 21

The accompanying summary covers the principal findings presented in Public Health Monograph No. 21, published concurrently with this issue of Public Health Reports. Dr. Rosenstock is a social psychologist in the Experimental and Evaluation Services, Division of General Health Services of the Public Health Service. Mr. Miller, a sanitary engineer director, formerly acting chief of the Division of Engineering Resources, is acting executive editor of Public Health Reports.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, United States Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and the major universities and in selected public libraries.

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Rosenstock, Irwin M., and Miller, Arthur P.: Why some sanitary engineers leave the field. Public Health Monograph No. 21 (Public Health Service Publication No. 359). 20 pages. Illustrations. U. S. Government Printing Office, Washington, 1954. Price 20 cents.

gineering) desired much the same characteristics in jobs and had similar perceptions of the typical sanitary engineering job. These exceptions at best explain the loss to the profession of only a few individuals.

About half of the total group of graduates studied reported that they had not received a single job offer in sanitary engineering about the time of graduation. Of the men who did receive a job offer in sanitary engineering, a large majority accepted the job and are still working in the field; on the other hand, the majority of men who received no offers in sanitary engineering accepted jobs out of the field and have remained out.

The fact that half the graduates received no job offers in sanitary engineering can only be attributed to two possibilities: Either the jobs were not available or there were problems in the communication of job information from prospective employers to graduates. Some data presented in the report suggest that the availability of jobs varied from decade to decade; there may have been few jobs available when some classes were graduated. On the other hand, the study revealed that students and graduates generally fail to learn the most effective ways of finding the jobs that do exist.

There is additional evidence that students do not have stronger preference for jobs in sanitary engineering than for those in straight civil engineering. They do not appear to perceive greater professional opportunities in one field than in the other. They tend to accept the first good offer regardless of whether it is in the field of sanitary engineering or straight civil engineering.

These findings suggest:

1. That the profession, particularly through its teachers, present the undergraduate student with a more adequate picture of sanitary engineering work, its specialties, its possibilities, and its future than has been done in the past. It is especially important to include those areas in which students appear to be poorly informed.

2. That special efforts be made to increase the feeling of belonging to the sanitary engineering profession in students who have shown by choice of option or curriculum a preference for sanitary engineering. This might be accomplished by providing such students with professional contacts and experiences.

3. That efforts be made to supply senior students (and graduates) with complete information on available jobs in all sanitary engineering activities. Employers should be encouraged to make firm job offers to graduating students at the earliest possible moment.

Indian Health Services Transferred to PHS

Provision of health and hospital services for Indians will become the responsibility of the Public Health Service July 1, 1955. The transfer of these activities from the Department of the Interior has been authorized by Congress in the bill H. R. 303 (P. L. 568), signed by the President August 5, 1954. The law does not affect the general education and welfare programs for Indians.

Approximately 400,000 Indians who are registered as members of the estimated 250 tribes in the United States, as well as the Indians and other natives of Alaska, qualify as beneficiaries for medical services under Federal auspices. Indians are located in 47 of the 48 States.

At present, about 100 Public Health Service physicians, nurses, dentists, pharmacists, and sanitary engineers are on detail to hospitals, health centers, and clinics maintained on behalf of the Indian population.

The Health Branch of the Bureau of Indian Affairs now operates 58 hospitals with 3,792 beds, 15 health centers offering outpatient services, and 2 public health units on the Pima-Pagago and the Navajo Reservations. About 64 public health nurses of the bureau are engaged in home care and community health activities.