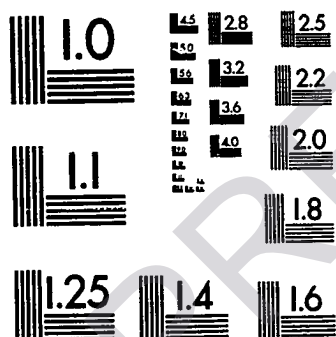
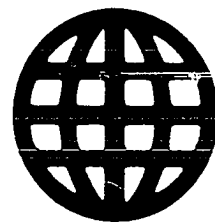


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BLINDNESS REHABILITATION NETWORKS: SYSTEMS OF COMPETITION,
CONFLICT, AND SYMBIOSIS

The University of Nebraska - Lincoln

Ph.D. 1986

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**BLINDNESS REHABILITATION NETWORKS:
SYSTEMS OF COMPETITION, CONFLICT, AND SYMBIOSIS**

by

Stephanie L. Shanks

A DISSERTATION

**Presented to the Faculty of
The Graduate College in the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy**

Major: Sociology

**Under the Supervision of Professor Miguel A. Carranza
Lincoln, Nebraska**

August, 1986

TITLE

BLINDNESS REHABILITATION NETWORKS:

SYSTEMS OF COMPETITION, CONFLICT, AND SYMBIOSIS

BY

Stephanie L. Shanks

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BLINDNESS REHABILITATION NETWORKS:
SYSTEMS OF COMPETITION, CONFLICT, AND SYMBIOSIS

Stephanie Lynne Shanks, Ph.D.

University of Nebraska, 1986

Adviser: Miguel A. Carranza

Previous sociological research developed the population ecology model to examine the relationship of the population to organizational structure and behavior in a region. While the model had been successfully applied to the study of voluntary associations, other types of organizations had been largely neglected. For this study, a national sample of 446 blindness rehabilitation agencies in 22 states were selected to determine whether the population ecology model applied to other types of organizational structures. States were ranked from high to low levels of environmental competition defined as the ratio of the number of legally blind persons to the number of blindness rehabilitation agencies per state. The subsamples consisted of 8 low and 14 high competition states. A mail survey produced 135 completed questionnaires. Multiple regression analysis examined the relationship between environmental competition and organizational structure and behavior. Contrary to expectations, environmental competition did not change the basic structure of organizations or their ability to mobilize scarce resources. Agencies also did not differ

in structural responses to fiscal constraint. However, client outcomes were effected by environmental competition, personnel constraint, and organizational structure. Since agencies have less control over funding and other related scarce resources, clientele appeared to be the manipulable resource which could be referred or retained to meet organizational needs. The population ecology model did not explain the behavior and structure of blindness rehabilitation agencies because the potential clientele do not have control over the selection of the agency or the rehabilitation process itself.

PREVIEW

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PREVIEW

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PREVIEW

CHAPTER ONE:

INTRODUCTION

Much of the recent organizational research has discussed interorganizational relationships and networks (Blau, 1972; Pfeffer and Leblebici, 1973; Piedmont, 1968). However, the bulk of these analyses have dealt strictly with the effects of competition, conflict, and symbiosis on the organization itself. This view provides only partial understanding of the environmental effects on the internal organizational structure because it neglects examination of the direct implications for the population which is affected by organizational behavior. For example, Turk (1973) explored the effects of urbanization on organizational structure. However, the impact of the relationship between the environment and organizational relations on the population served by those units was not examined. It is important to examine both the effects of competition, conflict, and symbiosis on the organization and the population because they are part of a unified process where they jointly affect each other. The focus of this study will be broadened to include the nature of the organizational environment, its impact on organizational relations, and the way in which competition, conflict, and

symbiosis affect client outcomes. Blindness organizations in states with high levels of competition over clientele will be compared with those in less competitive environments. Blindness agencies were chosen because they serve an ambiguously defined population which creates a more unique form of organizational structure and operation than health services agencies that have been traditionally explored in sociological investigations (Fennel, 1982; Levine and White, 1961; Stoddard and Shanks, 1983).

The disability and sociological literature related to the processing of blind clientele will be reviewed. This will allow examination of the structure of the blindness organization as a system and the nature of the clientele served. It will also point out voids in the literature that this study will attempt to fill.

Review of the Disability and Sociological Literature Related To the Processing of "the Blind"

Blindness has been a focus of research interest in medicine, education, rehabilitation, and the behavioral sciences for decades. The bulk of analyses have focused on the physiological aspects of visual loss leading to the prevention or cure of physical trauma (Doughty and Pierie, 1981; Zaharias, 1981). The medical profession has also contributed to the development of aids which are meant to increase the individual's independence but often have the

latent function of fostering dependence by decreasing self-reliance (Gardini, 1979; Reynolds, 1979). Researchers in the fields of education and rehabilitation have been primarily concerned with the implementation of programs that would enhance the client's marketability and independence in everyday life for those individuals with conditions falling outside the curative medical model of treatment (Barraga, 1976; Godley and Hatch, 1976; Jacobson, 1979; Jones, 1976; Yeadon, 1974). The major contributions of the behavioral sciences have been models of normalization and psychological adaptation to physical disability (Kerr, 1977; Needham and Ehmer, 1980; Oehler-Giarantana, 1978), studies on attitudes toward blindness and "blind" persons (Bauman and Yoder, 1966; Feinman, 1979; Lukoff and Cohen, 1972), and analyses of "the blind" role and the impact of rehabilitation agencies as socialization agents (Scott, 1969; Stoddard and Shanks, 1983). Even though all of these separate bodies of literature focus on the concerns of their respective disciplines, the individual's adaptation to visual loss has been a general theme.

While the phenomenon of "blindness" for the individual has been examined at great length through past research efforts, the organization of the rehabilitation system has been largely ignored. The official goal of blindness agencies has been to rehabilitate which generally "means

working at non-subsidized employment at minimum wage or more." These agencies are known to exist in a system whereby blindness facilities "interlock" with other types of community organizations that need rehabilitation agencies to refer clients for services (Krause, 1966:197-98). Wilensky and Lebeaux (1965:235) suggested that the sharing of clientele is more prevalent than "lone operators" who do not have clients passed to them from other community agencies. Just as blindness rehabilitation facilities develop relations with other types of community organizations, these agencies also form a network among themselves. A client may find herself or himself in several types of blindness facilities before the process is terminated if the person ever leaves the rehabilitation system (Shanks, 1981).

How successful have blindness rehabilitation agencies been in realizing the official goal of the organization? Krause (1966:198) conducted a three year follow-up study to check on clients six months after leaving the rehabilitation center. He found that "24.4 per cent of the 229 clients were in competitive employment, 16.6 per cent in sheltered employment, 7.9 per cent in training, and 51.1 per cent were 'unrehabilitated' by the standard criterion". Why do so many clients never become fully rehabilitated? While Krause considered the severity of disability as one important factor, he concludes that it is more importantly

due to the rehabilitation system itself which has the "latent function of perpetuating the marginality of whole segments of the society" (1966:206). Scott, in The Making of Blind Men (1969), found that blindness agencies socialize people into "the blind role" which is one of dependence and subordination without any differentiation according to the level of functional vision. He states (1969:119):

When they have been rehabilitated, they are all blind men. They have learned the attitudes and behavioral patterns that professional blindness workers believe blind people should have. In the intensive face-to-face relationship between blindness workers and clients that make up the rehabilitation process, the blind person is regarded by adopting a view of himself that is consistent with his rehabilitator's view of him and punished for clinging to prior self conceptions.

Hence, the level of functional vision is not the primary cause of "failure" in reaching the goal of rehabilitation, rather it is the agency itself which promotes the production of individuals who cannot be effectively integrated into society. In some instances, the client is placed under the supervision of rehabilitation services until death. The Veteran's Administration is but one example of an organization operating under such a philosophy (Shanks, 1981). Some facilities, such as sheltered workshops, have dual goals. For instance, they are supposed to rehabilitate clientele at the same time the unit serves as a business with an emphasis on the

production of goods (Nelson, 1971:343). Jernigan (1982), the President of the National Federation for the Blind, said:

Many of the agencies have now acquired vast wealth and have changed their focus from service (even if only charitable and condescending service) to the protection of their own vested interests, and growth for the sake of growth.

Blindness rehabilitation agencies, like most formal organizations, suffer from goal displacement as the day-to-day policy decisions of an organization modify, transform, and occasionally even subvert the objectives for which the organization was established (Scott, 1967:160).

Why do the daily needs of the organization prevail to such an extent that the goals of the agency cannot be met effectively? The environment in which organizations operate has been found to affect the structure of the unit and its potential for realizing its goals (Emery and Trist, 1965; Freeman and Hannan, 1983; Hannan and Freeman, 1977; Pugh, Hickson, Hinings, and Turner, 1969; Terreberry, 1968). Scott (1969:97-101) examined the relationship between the size of "the blind" population and the number of agencies in large metropolitan areas on the East Coast. He concluded from his secondary data source that most urban areas have a small proportion of the population classified in "the blind" category, but a wide variety and large number of services are available to those few clients in

that community. This disparity leads to an extremely competitive system in which agencies actively struggle over limited clientele. Rehabilitation facilities become reluctant to release present clientele, because it becomes difficult to locate a suitable replacement given that agencies are designed to meet the needs of a specific type of "blind" person which excludes a large portion of "the blind" population. Stoddard (1968:39-40) examined disaster organizations and found that "help given to...victims often becomes incidental to the more important aims of the organization in promoting its own image for social glory and related benefits." Just as the "every-organization-for-itself" orientation among disaster organizations leads to uncoordinated efforts at the expense of "victims," the existence of a competitive blindness rehabilitation system has implications for the client in everyday life. When competition over clientele stiffens, rehabilitation agencies may delay a client's re-entry to the community to meet the needs of the organization by continuing to rehabilitate those persons until more clientele can be located and entered into the program (Shanks, 1981:61).

Urban areas tend to attract the bulk of social service agencies involved in blindness rehabilitation, while rural areas, on the other hand, suffer more from the lack of available services. Despite the rural residence of a large portion of the estimated 500,000 persons in the United

States population who are classified as legally blind according to the medical-legal definition of 20/200 with correction, which is used to determine eligibility for most rehabilitation services, few agencies for "the blind" are located outside of metropolitan areas (Jernigan, 1984:1; Kirchner and Aiello, 1980:243-44). Any problems which may exist as a result of the maldistribution will be magnified in the near future as the size of "the blind" population grows due to increased life expectancy (Bauman, 1969:21; Scott, 1969:119) and the rapidly increased incidence of diseases, such as diabetes, which are linked to blindness in many cases (Oehler-Giarratana, 1978:359). A projection was made from 1977 to 2000 which estimated an increase in the number of legally blind and visually impaired (those unable to read print with corrective lenses). In these two decades, the legally blind are expected to increase by 100,000, and the visually impaired are expected to increase by five times to a total number of 1,760,000. Although these demographic categorizations of the blind population are ambiguous and enumeration problems surrounding the present "blind" population exist, the notion of an increasing blind population is significant and will require increased services (Lowman and Kirchner, 1979:72).

Since Scott's (1969) appraisal of blindness rehabilitation was limited to the use of secondary data in only 3 metropolitan areas, the competitive system he

discussed may be specific to highly urbanized areas rather than a universal phenomenon. Following his analysis of metropolitan areas, one could hypothesize that agencies serving less urbanized areas should tend to be less competitive, because the ratio of blindness rehabilitation facilities to the number of visually impaired individuals in the area would be greater. Rehabilitation agencies in less urbanized areas should not have to compete over clientele as much as those situated in highly urbanized settings. However, agencies may be competing more for scarce monetary and personnel resources in less urbanized areas.

While competitiveness among organizations will be a central issue in this analysis, the relationships between the level of competition within the system and client outcomes will be examined. Wheeler (1966:105) stated that "evaluation must be geared to the organization's goals, and to the extent that it is difficult to establish and agree upon the goals, evaluation of outcomes is possible." Hence, one must examine the level of organizational effectiveness produced by varying degrees of competition between network units by analyzing the effects on client outcomes. As noted earlier, the goal of rehabilitation has been placement in the labor force in a position where wages are commensurate with those of "other paid workers in similar occupations" (Zahl, 1963:201). If the goal of