

MOTIVATION TO MANAGE AND THE EDUCATIONAL
PREPARATION OF DIRECTORS OF NURSING
SERVICE

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CHAPTER 1

INTRODUCTION

Research studies have shown that the pool of existing and potential managerial talent is shrinking; data from these studies done over the last 20 years have revealed a decline of interest in management careers (Miner, 1973). In 1967, Patton of McKinsey and Company, Inc. predicted a major shortage of executive talent and this prediction has proven to be true for both the business and the health care industries. The "disappearing leader" syndrome has become a major issue for the nursing profession and hospitals are confronted with a shortage of capable, well educated, well prepared nursing leaders and administrators (Lumpp, 1974).

The nurse administrator or director of nursing service occupies one of the most crucial management positions in the hospital setting (Galloway, 1974). The role of the nursing manager is significantly different from that of a staff nurse, but historically the nurse manager has been promoted into supervisory and administrative positions based on clinical performance alone (Holland, 1981). It cannot be assumed

that a clinically competent staff nurse will have the same motivations or expertise necessary to manage others.

Who should hold the management jobs in nursing, 2-year, 3-year, or 4-year graduates? Collegiate educators assert that baccalaureate preparation is necessary for the professional nurse to acquire theoretical foundations for practice (Sheahan, 1972). Research findings indicate that senior baccalaureate students score higher in professionalism, perceived ability to communicate, and the autonomous aspects of leadership as compared to associate or diploma students (Hover, 1975). However, in another study, the typical nursing student regardless of the length of the program, received only one or two courses in supervisory practice, leadership, or management (Sherman, 1980).

Does the educational preparation of the nursing manager influence the attitude toward the managerial role? The willingness of a nurse to accept and perform the managerial role must be identified and studied to assure the promotion of those individuals with the motivation to manage and the desire to achieve organizational goals (Leininger, 1974).

Problem Statement

The problem of the study was as follows:

Is there a difference in the motivation to manage in Directors of Nursing Service who have had different levels of formal educational preparation?

Justification of Problem

The development of managerial talent is an issue confronting organizations of all types. It is especially critical in the health care field where many professionals are promoted into management positions with little training to assume managerial roles (Holland, 1981). A major problem in nursing is that there are still too many nurses who have been or are being promoted into administrative positions by the Peter Principle--or to the level of their incompetence (Brueckner, 1978).

The shortage of managerial talent is not unique to nursing, but is a problem in business and industry as well. In 1967, Patton predicted a shortage of executive talent. The factors supporting this prediction were as follows: the lowered birthrate of the 1930s, the unprecedented expansion of the average size of the corporation, the increased complexity of the management process, and

the increased demand for executive talents outside industry. A fifth factor which later became evident, but now appears to be of much greater significance, was the change in student attitudes and motivation to manage (Patton, 1967).

These factors as described by Patton relate to the shortage of nursing leaders. The lowered birthrate is significant as a profile of directors of nursing service revealed the ages to be between 39 and 59 years of age (Erickson, 1974). The expansion in the size of the corporation and the increased demand for executive talents have magnified the employment opportunities outside of the traditional hospital setting for existing and potential directors of nursing service. The increased complexity of the management process and the change in attitudes have decreased the number of nurses seeking management positions as career choices. The nursing programs have placed emphasis on clinical content and encouraged the development of clinical expertise and specialty roles, while ignoring the administrative aspects of the nursing management role (Blair, 1976).

Although there is a recognized need for management skills in nursing, there is no research providing adequate

direction for the selection and the development of effective nursing managers (Holland, 1981). The role of the nursing manager is different from that of a staff nurse or clinical specialist. The motivations, talents, and expertise of the nursing manager are different from those of a clinical practitioner. The historical practice of promoting nurses into management positions based on clinical performance should not continue. The willingness to assume and carry out the managerial role is an essential ingredient for attaining success (Miner, 1974). To assure an adequate supply of leaders for the future, nurses having the highest motivations to manage must be identified, trained, and promoted into leadership roles.

This study was an investigation to determine if educational preparation makes a difference in the motivations of Directors of Nursing Service to manage. A similar study was performed in 1981 to test the implication that baccalaureate preparation in nursing led to improved leadership and management skills (Holland, 1981). Holland's study did reflect differences in attitudes toward specific roles related to managerial performance, but as the sample size was limited,

generalizations could not be made; further investigation of this concept was suggested.

Theoretical Framework

The theoretical framework used in this study is the role motivation theory developed by Miner in 1957 (Miner, 1965). The theory is deductive, utilizing the concept of managerial role prescriptions which have become associated with the managerial job (Miner, 1965). These role requirements are assumed to be among those which occur frequently in firms organized with the scalar principle (Miner, 1978). The application of this theory has shown a relationship between the motivation to manage and the effectiveness of the job performance in hierarchical environments (Holland, 1981).

The theory predicts that those managers who repeatedly experience positive emotion with the various role prescriptions that are generally descriptive of managerial positions, tend to meet organizational criteria for effectiveness (Miner, 1978). The manager who experiences a high degree of congruence between anticipated positive emotions and the requirements of the occupational role is more likely to be an effective manager (Miner, 1965).

The role motivation theory is directly aimed at role taking within the larger organization which is formalized and organized bureaucratically. It was designed for this type of organization, but is applicable to managerial positions in government, military, and health care establishments (Miner, 1965).

The six managerial role prescriptions incorporated in the role motivation theory are as follows:

1. Favorable attitude toward those in positions of authority. Managers typically are expected to behave in ways which do not provoke negative reactions from superiors; ideally they will elicit positive responses.

2. Desire to engage in competition, especially with peers. There is at least insofar as peers are concerned, a strong competitive element into managerial work.

3. Desire to assert oneself and take charge. There is a marked parallel between the requirements of the managerial role and the assertive demands of the masculine role.

4. Desire to exercise power and authority over others, particularly subordinates. Managers must exercise power over and direct the behavior of subordinates in a manner consistent with organizational objectives.

5. Desire to behave in a distinctive, different way which involves standing out from the crowd. The incumbent must deviate from the immediate group and do things that invite attention, discussion, and perhaps criticism from those reporting to him/her. The managerial job requires the assumption of a position of considerable importance insofar as the motives and emotions of other people are concerned.

6. Sense of responsibility in carrying out the numerous routine duties associated with managerial work. The managerial job requires getting

the work out and keeping on top of routine demands. (Miner, 1965, pp. 41-45)

These six role prescriptions have been identified as essential for managing within a hierarchical organizational setting (Holland, 1981). Although there is no reason to believe that all of the role prescriptions exist everywhere in management, the prescriptions do occur with a high degree of frequency across a considerable range of positions and organizations (Miner, 1965).

Assumptions

For the purposes of this study, the following assumptions were recognized:

1. The hospital structure and environment is formalized and organized bureaucratically.
2. The different types of educational programs for registered nurses have varying amounts of content regarding managerial or administrative considerations.
3. The different types of educational programs for registered nurses indoctrinate the graduates with some degree of motivation to manage.
4. Directors of Nursing Service have some degree of motivation to manage.

Hypotheses

For the purposes of this study, the following hypotheses were tested:

1. There is no difference among the total scores of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

2. There is no difference among the scores on the Authority Figures subscale of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

3. There is no difference among the scores on the Competitive Games subscale of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

4. There is no difference among the scores on the Competitive Situations subscale of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

5. There is no difference among the scores on the Assertive Role subscale of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

6. There is no difference among the scores on the Imposing Wishes subscale of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

7. There is no difference among the scores on the Standing Out from the Group subscale of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

8. There is no difference among the scores on the Routine Administrative Functions subscale of the Miner Sentence Completion Scale for Directors of Nursing Service with different levels of formal educational preparation.

Definition of Terms

For the purposes of this study, the following terms were defined:

1. Director of Nursing Service--a nurse whose position includes primary responsibility (planning, organizing, directing, coordinating, and evaluating) for patient care and patient unit activities. This nurse manages nursing service personnel through direction,

supervision, and guidance; he/she occupies a top level position (Davis, 1978).

2. Levels of formal educational preparation--the highest educational preparation achieved in professional nursing:

(a) Associate degree educational preparation--a 2-year course of study at a junior college or technical school of nursing.

(b) Diploma educational preparation--a 3-year course of study at a hospital school of nursing.

(c) Baccalaureate degree educational preparation--a 4-year course of study at a collegiate school of nursing.

(d) Master's degree educational preparation--a postbaccalaureate course of study at a collegiate school of nursing.

(e) Doctoral degree educational preparation--a postmaster's degree course of study at a collegiate school of nursing.

3. Miner Sentence Completion Scale--the tool utilized to measure by means of a score, the attitudinal variables related to the motivation to manage, which is the willingness to assume and to carry out the six

role prescriptions incorporated within the role motivation theory.

Limitations

The following limitations were recognized because they could not be controlled in the study:

1. Characteristics of subjects:

- (a) sex
- (b) ethnic background
- (c) previous management education
- (d) any other education not controlled in the

study.

2. Characteristics of agencies:

- (a) patterns of organization within the hospitals
- (b) types of services rendered by the hospitals.

Summary

The pool of existing managerial talent is shrinking. The "disappearing leader" syndrome has become a major nursing issue and hospitals are confronted with a shortage of nursing leaders.

Who should hold the management positions in nursing? Should these positions be held by 2-year, 3-year, or 4-year nursing graduates? Does the educational preparation of the nursing manager influence the attitude toward the managerial role? The purpose of this chapter has been to introduce the subject of this study. The chapter has included a statement of the problem as well as a justification of the problem, an explanation of the theoretical framework, a list of assumptions, the hypotheses, definition of pertinent terms, and limitations of the study.

CHAPTER 2

REVIEW OF LITERATURE

The review of literature is comprised of three major sections. The first section contains a discussion of research pertaining to role motivation among non-nursing managers and is limited to the use of Miner's theory on role motivation. The second section includes research pertaining to Miner's theory of role motivation among nursing managers. An examination of the differences and similarities among associate degree, diploma, baccalaureate, and master's educationally prepared nurses is contained in the third section of this chapter.

Role Motivation among Non-Nursing Managers

The motivation to manage is a necessary ingredient for the successful assumption of leadership roles (Miner, 1977). The role motivation theory predicts that managers who repeatedly experience positive emotion with the six role prescriptions tend to meet organizational criteria for effectiveness (Miner, 1978). Since 1965, research related to the role motivation theory has diverged into a variety of directions (Miner, 1977).

Efforts to validate the Miner Sentence Completion Scale (MSCS), predict vocational choice, to determine the effectiveness of management education, and to investigate alternative forms of the MSCS in an assortment of settings have been made (Miner, 1977). A discussion of these studies comprises the remainder of this section.

In 1965, Miner found that the higher the MSCS scores, the higher the grade level performance ratings and rated potentials of 81 to 100 research and development managers (Stogdill, 1981). The total MSCS scores related significantly to the grade level and potential, but not to the rated performance of 70 department store managers (Miner, 1977).

Other studies to validate the MSCS included that of Gantz, Erickson, and Stephenson (1977). This study of 117 scientists and engineers in a research and development laboratory demonstrated that the MSCS scores related significantly to peer ratings (Miner, 1977). Miner and Miner (1977) performed a study on 101 personnel and industrial managers which revealed a significant relationship between total MSCS scores and composite measures of success, compensation, and position level (Stogdill, 1981). In a large city, using public school

administrators as subjects, Miner (1977) found total MSCS scores to relate significantly with other indicators of management such as compensation, rated performance, and potential, but not to grade level.

The MSCS has been utilized to predict vocational choice in several studies. Total MSCS scores were utilized for 49 to 81 petrochemical research and development and marketing managers to forecast changes in grade level and performance ratings (Stogdill, 1981). Promotions into management were also predicted for 95 scientists and engineers utilizing total MSCS scores (Lacey, 1977).

A study was performed in 1972 on 11 males to determine if attitudes toward motivation to manage could be altered with education (Miner, 1977). Although the sample size was small, the experimental group did score higher on the MSCS demonstrating that negativism towards the motivation to manage could be changed through the educational process (Miner, 1977).

Two studies were performed by Steger (cited in Miner, 1977) in 1975 to explore the dimensions of the MSCS. The MSCS was altered by Steger making the tool more student oriented and situation specific. One hundred and thirty-eight subjects were used in both

studies and subjects were tested utilizing the standard MSCS and the altered scale. Total scores were not sufficient to justify considering the two measures to be parallel.

To investigate the available supply of managerial talent, multiple studies have been performed. In one such study, the MSCS was given to 38 students at Georgia State University in 1976. These scores were compared to those obtained from graduate students at the same university in 1975; the results showed a continued decline in the motivation to manage in college students and potential leaders (Miner, 1977). From other studies performed on college campuses, Miner's findings indicate the highest MSCS scores to be obtained from graduate students indicating a preference for management careers, followed by the next highest scores to be from undergraduate students indicating a preference for management careers, and the lowest scores to be from those desiring non-managerial, teaching, or specialists careers (Miner, 1977).

Studies utilizing female managers have indicated the MSCS to be valid for males and females. In a study of 44 female department store managers, the grade level

was significantly related to the total MSCS score (Stogdill, 1981). According to Miner (1977), women must follow masculine behavior patterns as there is a parallel between role requirements for a masculine member of society and a manager (Stogdill, 1981).

As can be determined from the preceding paragraphs, much research has been performed to validate the MSCS, predict vocational choice, determine effectiveness of management education, and investigate the alternative forms of the MSCS. The studies described provide evidence that the MSCS is positively associated with managerial success (Miner, 1965). The MSCS is a measure of the motivation to manage, to behave in ways which are role relevant as far as managerial work is concerned (Miner, 1965). With a better understanding of the managerial role, it is possible to formulate precise hypotheses regarding managerial performance and the identification and selection of potential managers.

Role Motivation among Nursing Managers

A Director of Nursing Service is expected to direct and lead nurses in a manner in which the contribution of each team member results in the "best" for the patient

(Moore, 1976). To deal with the complexities and diversities of nursing education and service, the profession must identify and develop politically and economically astute leaders who are risk takers, aggressive, and adroit in using different management and interpersonal strategies (Leininger, 1974).

In 1981, Holland completed a study using the MSCS to measure the relative motivation to manage among a sample of 34 nursing managers. This was the only study found by the researcher which utilized Miner's theory to study nursing managers. The primary focus of the study by Holland was to ascertain if educational background influenced attitudes of nursing managers towards managerial roles. The research was designed to test the hypothesis that baccalaureate education in nursing led to improved leadership and management skills (Holland, 1981).

The MSCS scores were analyzed for the 34 nursing managers participating in a management development program. The sample was comprised of 22 Directors of Nursing Service and 12 Assistant Directors of Nursing Service or supervisors.

The nursing managers' scores were considered to be relatively low (mean, -7.1; SD, 7.21), but not significantly different from the mean scores of female school administrators studied by Miner in 1977 (cited in Holland, 1981). From this study, it was suggested that the low scores might be explained by the identification of both groups with professional rather than managerial roles (Holland, 1981). An analysis of specific characteristics revealed the total score of nursing managers over the age of 40 years (mean = .26) to be higher than those under 40 years of age (mean = -1.47) (Holland, 1981). The total MSCS score for those managers having a baccalaureate or higher degree was 3.0 as compared to those with no college degree (diploma only) having a mean score of -4.4 with the difference significant at $p < .01$ using the t-test (Holland, 1981). The final results from Holland's study demonstrated that the MSCS scores of nursing managers with baccalaureate or higher degrees compared favorably with female managers from other studies. Although a cause and effect relationship could not be drawn from this research, it did suggest an implication that educational preparation might be an important factor in the development and promotion of nursing managers (Holland, 1981).

Educational Preparation

Throughout the history of nursing, the perceptions of nursing's role and responsibilities have been obscure. Nurses have been placed into positions for which they have not been prepared and have been expected to assume greater responsibilities for decision-making and leadership. Although there is a recognized need for management skills in nursing, there is no congruent research providing adequate direction for the selection and development of effective nursing managers (Holland, 1981). Does the educational preparation of the nursing manager affect the decision-making and leadership skills of the nurse? Although the answer to this question cannot be obtained from the present body of nursing knowledge, several studies have been performed utilizing students of or graduates from the three different nursing programs to ascertain such factors as intellectual capacities; leadership potential; competence in technical, communicative, and administrative skills; levels of knowledge; job performance; preference for patient types; and career goals. The vast majority of nursing research has been concentrated on the clinical aspects of the profession as this clinical emphasis is necessary for the

establishment of a theoretical basis for nursing practice (Blair, 1976). A review of literature regarding the similarities and differences of graduates from or students in the three types of generic nursing educational programs may assist the researcher to discover factors to explain the divergence of characteristics of professional nurses and to assist with the identification of potential nursing leaders. A review of the literature of these studies will comprise the remainder of this section.

In an attempt to gain an understanding of the diversities of characteristics in nurses attending different educational programs, Meleis and Farrell (1974) studied the intellectual characteristics; research orientation; leadership potential; and socio-psychological outlook (self-esteem) of senior associate degree, diploma, and baccalaureate nursing students. The results of the Meleis and Farrell study revealed no significant difference among the three groups in intellectual characteristics, self-esteem, leadership potential, and research orientation.

Nelson (1978) studied the perceptions of baccalaureate, associate degree, and diploma nursing graduates to analyze their competence in technical,

communicative, and administrative skills. Supervisors of these graduates rated the subjects according to these three criteria and an analysis of the scores determined that the baccalaureate graduates received the highest ratings on overall competence, communicative, and administrative skills (Nelson, 1978).

Another examination of nursing graduates to determine intellectual characteristics and levels of nursing knowledge was performed by the National Commission for the Study of Nursing and Nursing Education (cited in Davidson, 1980). The researchers in this study compared the test scores from the New York State Board of Nursing Test Pool Examination for associate degree, diploma, and baccalaureate graduates. The analysis revealed baccalaureate graduates to score the highest, diploma graduates to score second, and associate degree nurses to score third (Davidson, 1980).

Two studies were performed to analyze the educational preparation of nurses promoted into management positions. These studies were those of Soules (1978) and Sherman (1980). Soules (1978) surveyed 16 acute care facilities in the San Francisco Bay area. An analysis of the data revealed that 76% of all positions above that of head

nurse were filled by nurses graduating from generic diploma programs. Of the remainder of the positions, 22% were filled with baccalaureate and 2% were associate degree prepared nurses. In 4 of these 16 hospitals, 100% of the positions above the level of head nurse were filled by nurses from generic diploma nursing programs (Soules, 1978). As this was a descriptive study, no interpretation was provided by the author. In Sherman's (1980) study of 105 nurses in supervisory positions, a disproportionately high percentage of baccalaureate graduates was revealed to occupy these roles. From this same study, the determination was made that regardless of the type of educational preparation (associate degree, diploma, or baccalaureate), the graduate nurse received only one or two courses in supervisory or management practice (Sherman, 1980).

Multiple studies have been performed in an attempt to provide a more indepth investigation of the characteristics of nursing graduates. For example, in 1974 Miller surveyed graduates of three associate degree programs in Tennessee. Of the 94 respondents, 74 felt their programs had been too short, lacked flexibility, and had not provided adequate clinical practice (Miller, 1974).

From a study of baccalaureate graduates, Kramer (1969) determined that baccalaureate graduates who had been employed for a period of 6 months showed a decrease in the identification with the professional model and an increase in the identification with the bureaucratic model. From another research study utilizing graduate students, Dolan (1971) determined these nurses to be knowledgeable of group dynamics, change theories, and willing to serve as resource persons as clinical experts. Another study comparing personality profiles and leadership potential for nursing graduate students revealed these individuals to show a high degree of dominance, displaying self-confidence, and functioning well in settings where autonomy and independence are required (Gilbert, 1975). Lukens (1965) found medical-surgical nursing graduate students to have a higher need for order, organization, achievement motivation, and to be more authoritarian with regard to social issues. In contrast, Miller (1965) found medical-surgical majors in graduate nursing programs to be more passive, less independent, dependable, overly conforming, and conventional in most situations.

Several studies have compared two of the three educational programs for the education of nurses. For

example, Kohnke (1972) identified the differences between baccalaureate and associate degree nursing students as follows:

The knowledge of the professional nurse (BS) is:

1. broad in scope.
2. primarily theoretical, dealing with a broad range of nursing problems.
3. having judgment which is broad in scope and which deals with a wide range of nursing problems.

The knowledge base of the nursing technician (AD) is:

1. narrow in scope.
2. dealing primarily with technical aspects of nursing. (Kohnke, 1972, p. 60)

Gray, Murray, Roy, and Sawyer (1977) studied baccalaureate and associate degree nurses to determine if there were differences in the performance of these two groups of nurses. The findings revealed that baccalaureate graduates tended to rank higher in the professional area, while associate degree nurses ranked higher in the technical area. The baccalaureate graduate was identified as using a knowledge base for care-cure functions, whereas the associate degree graduate was identified as using a knowledge base for assessment and planning (Gray et al., 1977).

Michelmores (1977) ascertained from a study comparing associate degree and baccalaureate nurses that the 2-year nurse uses basic knowledge for safe, effective care

in planning and giving care in a supervised setting. The 4-year nurse provides leadership in the delivery of direct and indirect care, collaborating and working with others (Micheltmore, 1977).

Differences in nurses according to educational preparation was found to exist in a study of diploma versus baccalaureate nurses by Hover (1975). The results of the Hover study revealed that compared to diploma graduates, degree graduates are less restricted in patient preferences, place higher value on ability and lower value on personal traits such as characteristics typifying "good" nurses, show more satisfaction with their education, and seem more likely to seek positions outside of the hospital system. Career goals also appear to be influenced by educational preparation. The proportion of nurses indicating a desire to hold nursing service administrative positions in the future was highest among diploma graduates and lowest among degree nurses. As education increases, the nurse appears to be more interested in aspiring to positions in nursing education or research (Hover, 1975).

As may be determined from the preceding paragraphs, much research has been performed to identify and analyze

the characteristics of graduates of or students from the different nursing educational programs. These studies present a great deal of information and provide nursing researchers with a vast array of knowledge regarding such factors as intelligence, leadership potential, competence, job performance, and career goals.

Summary

The three major areas of concern to this study have been examined in detail. In the first section, the role motivation of non-nursing managers was examined in relation to performance ratings, vocational choice, determination of the effectiveness of managerial education, supply of managerial talent, and investigation of alternative forms of the Miner Sentence Completion Scale. The educational preparation of the nursing manager was described as the major factor in the development and promotion of nursing managers, and the second section of the review of literature was devoted to this concept. The differences and similarities of associate degree, diploma, baccalaureate, and master's educationally prepared nurses in the third section was scrutinized in the effort to

expose factors to explain the divergence of characteristics of professional nurses.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research design utilized in this study was described by Polit and Hungler (1978) as descriptive ex post facto. In a descriptive ex post facto study, the phenomenon is described, but the independent variable (graduation from a nursing program) is not manipulated as it has already occurred (Polit & Hungler, 1978).

The present study involved an analysis of the scores obtained from the Miner Sentence Completion Scale collected from a sample of Directors of Nursing Service. An analysis of specific characteristics was performed to help explain the scores, provide insight into the differences among the subjects, and to provide data for accepting or rejecting the hypotheses. This chapter describes the setting of the study, the ethical provisions for protection of human rights, the research tool, and the procedure used for the collection and treatment of the data.

Setting

The subjects were located in 67 corporately owned hospitals with capacities of 100 beds or more and were located throughout the United States. The Directors of Nursing Service received questionnaires mailed directly to the facility. Each subject was requested to complete the questionnaire and to return it in a self-addressed envelope which was enclosed with the questionnaire. The environment varied (office, home) as the subjects completed the questionnaires at their leisure.

Directors of Nursing Service from corporately owned hospitals were utilized as subjects as the role prescriptions of Miner's theory were most consistent with managerial positions in traditional bureaucratic hierarchies (Stogdill, 1981). It was estimated that the centralized operational organization of a corporation could best afford the bureaucratic hierarchy in the health care system. Such organizations are usually large, centrally controlled, and well advised (Miner, 1977).

Population and Sample

The population for this study consisted of 67 Directors of Nursing Service employed by an international corporation and who met the following criteria:

(a) registered to practice professional nursing, (b) have a minimum of 1 year of experience as a Director of Nursing Service, and (c) work in a facility with a capacity of 100 beds or more. The names and addresses of the facilities at which these 67 Directors of Nursing Service were employed was obtained from a questionnaire regarding employment opportunities within the corporation (Fredrick, 1981).

The sample consisted of the 36 Directors of Nursing Service who completed and returned the questionnaires by mail. The responses from these Directors of Nursing Service were checked and reviewed by the researcher and those responses not adhering to the three criteria listed were eliminated from the study. The remainder of the questionnaires (those meeting the criteria) were sectioned into groups based on the different levels of formal educational preparation. Lists of each group were compiled by the researcher to perform statistical analysis.

Protection of Human Subjects

A review of this study by the Human Subjects Review Committee of the Texas Woman's University was not necessary as this study was in compliance with Category I of

Human Subjects Research Risk Categories adopted September 17, 1981 (Appendix A). The graduate school of Texas Woman's University also granted permission to conduct this study (Appendix B). The subjects received a written explanation describing the nature of the study (Appendix C) and each participant was informed that no monetary rewards would be forthcoming. The questionnaires were coded to keep demographic sheets and the MSCS tests together. Subjects were informed that completion and return of the questionnaire would be construed as informed consent to act as a subject in the study. The statement, "I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH" was typed on the questionnaire and on the demographic information sheet.

Instruments

The tools utilized in this study were the demographic information sheet (Appendix D) and the multiple choice version of the Miner Sentence Completion Scale (Appendix E). The demographic information sheet was used to elicit data to determine the homogeneity of the subjects. Questions regarding age, sex, basic

nursing education preparation, highest nursing education preparation, education preparation in other fields, total number of years experience as a Director of Nursing Service, and the number of years of experience in the present Director of Nursing Service position were asked of the subjects.

The multiple choice version of the Miner Sentence Completion Scale (MSCS) was developed by Miner in 1978. The version used for this study was developed from the original MSCS developed by Miner in 1964 (Miner, 1965).

To obtain measures of the six crucial motivational variables of the role motivation theory, a special sentence completion test was constructed by Miner. The MSCS contains 40 items, of which only 35 are scored; items 6, 9, 20, 25, and 40 are not scored. Each item is scored as a positive, negative, or neutral answer, with each positive answer equalling a +1, each negative answer equalling a -1, and each neutral answer equalling a 0. The completion of each sentence was originally accomplished by writing out the responses (Miner, 1964), but later (Miner, 1977) was changed to a selection of one of six multiple choice alternatives (Miner, 1977). The MSCS is a projective or indirect measure since the

majority of the items refer to situations that occur outside the work environments or are not related to a managerial position; five responses are deleted from the scores to disguise the true purposes of the measurement (Miner, 1974).

Each individual response is categorized as "positive," "negative," or "neutral" and utilizes the guidelines and examples presented in the Scoring Guide for the Miner Sentence Completion Scale by Miner (1964). The positive or negative ratings for each score in the multiple choice version were obtained by testing 219 school administrators in four districts and compared to the scores of 160 managers from the original MSCS developed in 1964 (Miner, 1968).

The multiple choices version eliminates the criticisms of scoring reliability from the original MSCS. Correlations between item scores of the first MSCS and the multiple choice version were .68, .71, and .38 for three samples of production and office managers (Stogdill, 1981).

The subscales are intended to measure the attitudinal variables related to the willingness or motivation to play the managerial role based on the role

motivation theory (Holland, 1981). Each subscale has five items with a possible score of +5 to -5, with a score of 0 (neutral) indicating neither positive or negative trends regarding these variables. The variables measured by the subscale of the MSCS are as follows: (a) authority figures, (b) competitive games, (c) competitive situations, (d) assertive role, (e) imposing wishes, (f) standing out from the group, and (g) routine administrative functions (Miner, 1977).

The Authority Figures index subscale contains five items (as do the other subscales) and refers to groups representing authority in society (Miner, 1965). The responses are an indication of the participant's capacity to meet the role requirements in the area of relationships with superiors (Miner, 1974). A positive score (+1 or greater) indicates a trend toward the subject's ability to elicit positive responses from superiors.

Two subscales deal with competitive motivation (games and situations). The Competitive Games index subscale contains only items describing games and sports, while the Competitive Situations subscale items are occupational and work related (Miner, 1965). In both

cases, positive responses indicate a desire to compete with peers and, thus, meet the assumptions regarding the competitive nature of managerial work (Miner, 1974).

The Assertive Role (previously called the Masculine Role) is to a large extent symbolic as the designated activities are considered to be predominantly masculine in our society (Miner, 1965). Subjects responding in a positive way reflect a desire to behave in accordance with the masculine role of taking charge and asserting oneself (Miner, 1974).

The stems of the Imposing Wishes subscale all relate to the desire to exercise power and influence authority over others (Holland, 1981). A positive completion indicates a capacity to fulfill the role requirements, while a negative completion indicates behavior which would be inconsistent with expectations established for the managerial role (Miner, 1965).

The Standing Out from the Group subscale is composed of items describing situations where an individual is placed in unique and visible positions relative to a homogeneous group (Miner, 1974). A positive score reflects a desire to differ from subordinates,

to invite attention, and to meet the requirements of the role (Miner, 1965).

The last subscale, Routine Administrative Functions, refers to activities which are associated with managerial work (Miner, 1965). Positive responses reflect a desire to meet job requirements related to day-to-day administrative tasks while negative responses reflect no such desire and result in delay or neglect of activities of this type (Miner, 1974).

The Item Score (total index scores) provides a measure of the extent to which an individual is motivated to fulfill the role requirements as specified in the theory (Miner, 1977). Studies over the past 15 years have demonstrated the construct validity, as well as concurrent and predictive validity of Miner's concept of the motivation to manage; validity coefficients ranging from the upper .30s to a high of .69 have been conducted to test the instrument's validity and all yielded significant results, with 12 at $p < .01$ utilizing the total score index (Miner, 1978). The subscales dealing with competitive motivation, positive attitudes toward authority, and the desire to exercise power yielded significant results and the most consistent validity in over half of these studies (Miner, 1978).

Concurrent Validity

In a study of 100 research and development managers, Miner found the higher the total MSCS scores, the higher the performance ratings as based on job position title and rated potentials (Stogdill, 1981). Other studies reported a significant relationship between total MSCS scores and composite measures of success, salary levels, and levels of position within the hierarchy (Miner, 1977).

Predictive Validity

Using a predictive design, studies have consistently given significant positive relationships between motivations to manage and managerial success (Miner, 1974). Changes in performance ratings and grade levels for research and development and marketing managers were predicted by total MSCS scores (Miner, 1965). Scores on the MSCS were successful in significantly predicting the promotion of scientists and engineers into management positions (Lacey, 1977).

Data Collection

The data gathering process began after approval was obtained from the College of Nursing and from the graduate office of Texas Woman's University. The

participants were mailed a packet containing a questionnaire; a cover letter; and a self-addressed, stamped envelope for the return of the information. The cover letter stated the social usefulness of the research, what the study was about, why the individual was important, the confidentiality, the usefulness of the study, and the instructions for returning the information sheets (demographic sheet and questionnaire). For statistical analysis, the subject was instructed to return the questionnaire even if it was not completed.

Treatment of Data

Demographic data were tabulated for statistical and descriptive purposes. The statistical measures assisted the researcher in describing the sample. The mean scores and the standard deviations from each of the seven subscales were determined.

All hypotheses were tested by using the analysis of variance technique (ANOVA). The ANOVA was the statistical method used to compare the means of three or more independent groups (Elzey, 1974). If the ANOVA revealed a difference existed, the Newman-Keuls multiple range test was utilized for determining where the difference existed. The function of multiple comparison

procedures (Newman-Keuls test) was to identify and isolate differences among group means which are responsible for the rejection of the hypotheses on the basis of the ANOVA results (Polit & Hungler, 1978).

The significance level for this study was set at .05. The Texas Woman's University computer was used to perform the statistical analysis.

CHAPTER 4

ANALYSIS OF DATA

The purpose of this chapter is to present the analysis of data and the findings utilizing descriptive statistics. Tables and figures summarizing and organizing the overall results are included. Scores received on the questionnaires (MSCS multiple choice version) and summations from the demographic data sheets are presented in this chapter. The first section includes a description of the sample and an examination of the characteristics of the participants. The next section discusses the differences among the variables, the motivation to manage and the educational preparation of Directors of Nursing Service, utilizing the analysis of variance technique (ANOVA) and the Newman-Keuls multiple comparisons test. The final section of the chapter focuses on findings inherent in the data.

Description of the Sample

The sample for this study consisted of 36 Directors of Nursing Service who completed and returned the questionnaires by mail. The questionnaires from these

respondents were checked and reviewed by the researcher and those responses not meeting the predetermined criteria of (a) registered to practice professional nursing, (b) have a minimum of 1 year of experience as a Director of Nursing Service, and (c) work in a facility with a capacity of 100 beds or more were eliminated from the investigation. Of the 67 questionnaires mailed, a total of 42 were returned. Of these 42, 6 questionnaires were not utilized as 3 were not completed and 3 Directors had less than 12 total months of experience as a Director of Nursing Service.

The 36 Directors of Nursing Service responding were all female. The further usage of the term "Director of Nursing Service" will, therefore, refer to the female gender for the purposes of this study.

The range of ages for the participants was 26 years to 61 years of age. The majority (31%) of the Directors were in the 36 to 40 years of age group, followed by 22% in the 41 to 45 years of age group. A distribution of the sample by age is presented in Table 1.

The basic educational preparations of the Directors of Nursing Service were examined for screening the professional status of the individual and to determine the

Table 1
Distribution of the Sample by Age

Age (years)	Percentage	Number
26-30	3	1
31-35	19	7
36-40	31	11
41-45	22	8
46-50	19	7
51-60	3	1
Over 61	<u>3</u>	<u>1</u>
Totals	100	36

number of Directors of Nursing Service obtaining additional education in nursing. The analysis revealed 64% (23 subjects) to have a basic educational preparation of a diploma, 33% (12 subjects) to have a baccalaureate degree as the basic educational preparation, and 3% (1 subject) to have an associate degree as the basic educational preparation.

An analysis of the formal levels of educational preparation (highest educational preparation in professional nursing) revealed a relatively even distribution between diploma and baccalaureate educational

preparations. Of the respondents, 16 (44%) had a diploma and 14 (39%) had a baccalaureate degree as the formal level of educational preparation. Although none of the subjects had doctoral educational preparation, the attainment of advanced nursing educational preparation was evidenced by the 6 subjects (17%) having a master's degree as the formal level of educational preparation. A distribution of the sample by formal level of educational preparation is listed in Table 2.

Table 2
Distribution of the Sample by Formal
Level of Educational
Preparation

Formal Educational Level	Percentage	Number
Diploma	44	16
Baccalaureate	39	14
Master's	<u>17</u>	<u>6</u>
Total	100	36

Of the group indicating the baccalaureate degree to be the formal or highest level of educational preparation, 9 subjects (64%) had this same degree as the basic level of educational preparation. One subject (7%) from

this baccalaureate group had an associate degree as the basic educational preparation and 4 subjects (29%) indicated the diploma preparation to be the basic educational preparation. Of the group indicating the master's degree to be the formal or highest level of educational preparation, 4 subjects (67%) had basic educational preparations of a baccalaureate degree, and 2 subjects (33%) indicated a diploma preparation to be the basic educational preparation.

To utilize as much caution as possible to determine the formal level of educational preparation, the Directors of Nursing Service were requested to indicate if a degree was held in another field, and if so, to determine the educational level. Of the 36 subjects, only 8 (22%) had degrees in other fields. A summary of these data is presented in Table 3.

To determine which participants were eligible for the study, the Directors of Nursing Service were asked to respond to a question regarding the total number of years of experience as a Director of Nursing Service. As stated previously, the 3 Directors of Nursing Service indicating less than 12 months of total experience on the demographic information sheets were eliminated from

Table 3

Distribution of the Sample by Educational
Preparation in Another Field

Educational Field/Level	Percentage	Number
<u>Business Management</u>		
Bachelor's degree	12.5	1
Master's degree	12.5	1
<u>Education</u>		
Bachelor's degree	12.5	1
Master's degree	0	0
<u>Health Care Administration</u>		
Bachelor's degree	25	2
Master's degree	0	0
<u>Management</u>		
Bachelor's degree	0	0
Master's degree	25	2
<u>Psychology</u>		
Bachelor's degree	12.5	1
Master's degree	<u>0</u>	<u>0</u>
Totals	100	8

this study. An analysis of the total number of years of experience as a Director of Nursing Service revealed the majority of Directors of Nursing Service, 12 subjects (33%), to have 1 to 3 total years of experience. The second highest ranking for total years of experience was 9 subjects (25%) in both the 4 to 6 total years and the 7 to 9 total years of experience groups. A distribution of the sample by total years of experience is shown in Table 4.

Table 4

Distribution of the Sample by Total Number
of Years Experience as a Director of
Nursing Service

Total Years of Experience	Percentage	Number
1-3	33	12
4-6	25	9
7-9	25	9
10-12	3	1
13-15	6	2
16 or more	<u>8</u>	<u>3</u>
Total	100	36

Of the 36 subjects, 16 (44%) had been employed in their present positions 1 to 3 years; 10 subjects (28%) had been in their present positions 4 to 6 years. A distribution of the sample by total number of years of experience in the current position is contained in Table 5.

Table 5

Distribution of the Sample by Total Number
of Years Experience in
Current Position

Years Employed	Percentage	Number
Less than 12 months	6	2
1-3	44	16
4-6	28	10
7-9	16	6
10-12	0	0
13-15	0	0
16 or more	6	2
Total	100	36

Findings

Hypothesis 1

Hypothesis 1 stated: There is no difference among the total scores of the MSCS for Directors of Nursing Service with different levels of formal education preparation. The analysis of variance technique (ANOVA) revealed no difference in the mean scores of the three groups ($F = 2.38$, $df = 2, 33$, $p = .11$) and as the probability was greater than .05, the null hypothesis was not rejected, but retained as written (Table 6).

Table 6
Analysis of Variance of Total
MSCS Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	111.3442	2	2.38	.11
Error	<u>771.6280</u>	33		
Total	882.9722			

Hypothesis 2

Hypothesis 2 stated: There is no difference among the scores on the Authority Figures subscale of the MSCS for Directors of Nursing Service with different levels of formal educational preparation. The analysis

of variance (ANOVA) revealed no difference in the mean scores of the three groups ($F = 1.70$, $df = 2, 33$, $p = .20$) and as the probability was greater than .05, the null hypothesis was not rejected, but retained as written (Table 7)

Table 7

Analysis of Variance of Authority
Figures Subscale Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	8.0704	2	1.70	.20
Error	<u>78.4851</u>	33		
Total	86.5555			

Hypothesis 3

Hypothesis 3 stated: There is no difference among the scores of the MSCS scores on the Competitive Games subscale of the MSCS for Directors of Nursing Service with different levels of formal educational preparation. The analysis of variance (ANOVA) revealed no difference in the mean scores of the three groups ($F = .35$, $df = 2, 33$, $p = .71$) and as the probability was greater than .05, the null hypothesis was not rejected, but retained as written (Table 8).

Table 8
Analysis of Variance of the Competitive
Games Subscale Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	1.9524	2	.35	.71
Error	<u>92.0476</u>	33		
Total	94.0000			

Hypothesis 4

Hypothesis 4 stated: There is no difference among the scores of the Competitive Situation subscale of the MSCS for Directors of Nursing Service with different levels of formal educational preparation. The analysis of variance (ANOVA) revealed a difference in the mean scores of the three groups ($F = 5.60$, $df = 2, 33$, $p = .01$) and as the probability was less than .05, this null hypothesis was rejected and alternatives were explored (Table 9).

The Newman-Keuls multiple comparisons test was utilized to determine where the difference in the means of the groups existed. From this test, the mean scores of Group 1 (diploma) and Group 2 (baccalaureate) were determined not to be significantly different. The mean

Table 9
Analysis of Variance of the Competitive
Situations Subscale Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	23.8095	2	5.60	.01
Error	<u>70.1905</u>	33		
Total	94.0000			

score of Group 3 (master's prepared) was determined to be significantly different from Group 1 and Group 2 for this subscale (Table 10).

Hypothesis 5

Hypothesis 5 stated: There is no difference among the scores of the Assertive Role Subscale of the MSCS for Directors of Nursing Service with different levels of formal educational preparation. The analysis of variance technique (ANOVA) revealed no difference in the mean scores of the three groups ($F = .95$, $df = 2, 33$, $p = .40$) and as the probability was greater than .05, the null hypothesis was not rejected, but retained as written (Table 11).

Table 10

Newman-Keuls Multiple Comparisons of the
Competitive Situations Subscale
Scores

Groups		<u>MD</u>	<u>p</u>	<u>Q</u>	<u>Q</u> Critical Value
Mean (3) - Mean (2)	=	2.381	3	4.732	3.473
Mean (3) - Mean (1)	=	1.667	2	3.376	2.879
Mean (1) - Mean (2)	=	0.7143	2	1.893	2.879

Note. Mean 1 = Diploma educational preparation.
Mean 2 = Baccalaureate educational preparation.
Mean 3 = Master's educational preparation.

$p < .05.$

Table 11
Analysis of Variance of the Assertive
Role Subscale Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	6.3889	2	.95	.40
Error	<u>110.5833</u>	33		
Total	116.9722			

Hypothesis 6

Hypothesis 6 stated: There is no difference among the scores of the Imposing Wishes Subscale of the MSCS for Directors of Nursing Service with different levels of formal educational preparation. The analysis of variance technique (ANOVA) revealed no difference in mean scores of the three groups ($F = .40$, $df = 2, 33$, $p = .68$) and as the probability was greater than .05, the null hypothesis was not rejected, but retained as written (Table 12).

Hypothesis 7

Hypothesis 7 stated: There is no difference among the scores of the Standing Out from the Group subscale of the MSCS for Directors of Nursing Service with

Table 12

Analysis of Variance of the Imposing
Wishes Subscale Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	0.7292	2	.40	.68
Error	<u>30.2708</u>	33		
Total	31.0000			

different levels of formal educational preparation. The analysis of variance techniques (ANOVA) revealed no difference in the mean scores of the three groups ($F = 1.36$, $df = 2, 33$, $p = .27$) and as the probability was greater than .05, the null hypothesis was not rejected, but retained as written (Table 13).

Table 13

Analysis of Variance of the Standing Out
from the Group Subscale Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	6.0000	2	1.36	.27
Error	<u>73.0000</u>	33		
Total	79.0000			

Hypothesis 8

Hypothesis 8 stated: There is no difference among the scores of the Routine Administrative Functions subscale for Directors of Nursing Service with different levels of formal educational preparation. The analysis of variance technique (ANOVA) revealed no difference in the mean score of the three groups ($F = .90$, $df = 3, 22$, $p = > .41$) and as the probability was greater than .05, the null hypothesis was not rejected, but retained as written (Table 14).

Table 14

Analysis of Variance of the Routine Administrative Functions Subscale Scores

Source	<u>SS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Groups	2.9275	2	.90	.41
Error	<u>71.6280</u>	33		
Total	74.5555			

Additional Findings

A further analysis of the data contained in Table 15 provides a comparison of the mean, median, and standard deviation scores of the three groups of Directors of

Table 15
Comparison of MSCS Scores by Formal Educational
Preparation

	Group 1 Diploma (<u>n</u> = 16)			Group 2 Baccalaureate (<u>n</u> = 14)			Group 3 Master's (<u>n</u> = 6)		
	Mean	Median	<u>SD</u>	Mean	Median	<u>SD</u>	Mean	Median	<u>SD</u>
Total Scores	6.18	6.50	5.04	2.78	4.50	4.77	6.83	5.50	4.30
<u>MSCS Subscales</u>									
Authority Figures	0.56	0.50	1.45	0.64	1.00	1.64	-0.66	-1.00	1.50
Competitive Games	0.75	1.00	1.73	1.14	1.50	1.40	1.33	1.50	2.06
Competitive Situations	1.00	0.50	1.36	0.28	0.00	1.54	2.66	3.00	1.50
Assertive Role	-0.12	-0.50	2.21	-1.00	-1.00	1.17	-0.16	-0.50	1.94
Imposing Wishes	0.31	0.00	0.94	0.00	0.00	1.03	0.16	0.00	0.75
Standing Out from Group	1.75	2.00	1.43	1.00	1.00	1.75	2.00	2.00	0.63
Routine Administrative Functions	1.43	1.00	1.20	0.71	1.00	1.81	1.16	1.00	1.16

Nursing Service for the total MSCS score and the seven subscales. The Directors of Nursing Service with the formal educational preparation of a master's degree had the highest mean score of 6.38 for the total MSCS score. The Directors of Nursing Service from the diploma group had the second highest mean for the total MSCS score of 6.18, and the baccalaureate degree group had the lowest mean score of 2.78 for this subscale.

A comparison of the scores from the Authority Figures subscale revealed the baccalaureate group of Directors of Nursing Service had the highest mean score of .64. The second highest mean score was .56 from the diploma group, and the lowest mean score for this subscale was from the master's prepared group, with a negative score of -0.66. This negative score was the lowest of the mean score on all of the subscales for the master's prepared group.

The mean scores from the Competitive Games subscale appeared to be more evenly distributed between the three groups. The master's prepared group of Director of Nursing Service had the highest mean score of 1.33, followed by the baccalaureate group with a mean score of 1.14, and the diploma group had the lowest mean score

of .75 for this subscale. The mean score of 1.14 was the highest of the mean scores for the baccalaureate group on all of the seven subscales.

A comparison of the mean scores from the Competitive Situation subscale revealed the highest mean score of the three groups to be that of the master's prepared group. This 2.66 score for the master's prepared group was not only the highest for this subscale, but also the highest mean score of all of the subscales for this group and the highest mean subscale score for all three groups. The diploma group had the second highest mean score of 1.00 and the baccalaureate group had the lowest mean score for this subscale of .28.

The mean scores for all three groups on the Assertive Role subscale were negative. This was the only subscale where all three groups demonstrated negative mean subscale scores. The diploma group had the highest mean subscale scores. The diploma group had the highest mean score for this subscale of -0.12, followed by the master's prepared group with a mean of -0.16, and the baccalaureate group demonstrating the lowest mean score of -1.00. Although the diploma group had the highest mean score for this subscale, this -0.12 mean score

was the lowest score on all of the seven subscales for this group.

An analysis of the mean scores from the Imposing Wishes subscale revealed the diploma group to have the highest mean score of .31,, followed by the master's prepared group with a mean score of .16. The baccalaureate group had a mean score of .00.

Although the mean score of 1.75 from the Standing Out from the Group subscale was the highest of the mean scores on the seven subscales for the diploma group, it was not the highest mean score for this subscale. The master's prepared group (as on three previous subscales) had the highest mean score of 2.00, and the baccalaureate group had the lowest mean score for this subscale of 1.00.

The mean scores from the Routine Administrative Functions subscale revealed the highest mean subscale score to be from the diploma group (1.43). The master's prepared group had the second highest mean subscale score of 1.16 and the baccalaureate group had the lowest of the mean subscale scores of .71.

The information depicted in Figure 1 through Figure 8 illustrates the frequency distributions for the total MSCS scores and the seven subscale scores of the MSCS for the three groups of Directors of Nursing Service with different levels of formal educational preparation included in this investigation. A discussion of the frequency of scores for each of these subscales is included for the reader's review of scoring patterns for the three groups and this discussion will comprise the remainder of this section.

Figure 1 illustrates the frequency distribution for the total scores on the MSCS for the three groups of Directors of Nursing Service included in this investigation. The most frequent scores for Directors of Nursing Service with the formal educational preparation of a diploma were -1, +4, and +10 with 2 of the 16 respondents each attaining this score. The most frequent score for the group of 14 with the formal educational preparation of a baccalaureate degree was +5 (4 members attaining this total score). The group of 6 Directors of Nursing Service with the formal educational preparation of a master's degree demonstrated the most frequent total score of +3, with 2 members attaining this score. The diploma group had the lowest

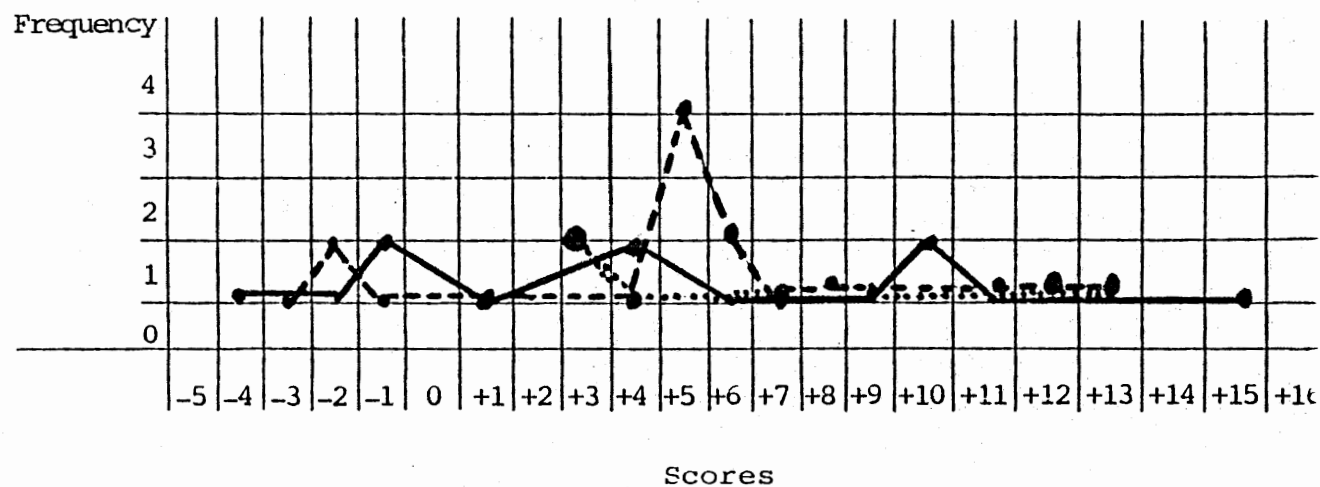


Figure 1. Frequency of scores for Directors of Nursing Service on the Total Score subscale of the MSCS.

Note. Diploma (n = 16) = _____
 Baccalaureate (n = 14) = - - - - -
 Master's (n = 6) =

total score overall of -4 and the highest total score overall of +15.

The frequency distribution of scores for the three groups of Directors of Nursing Service on the Authority Figures subscale is graphically represented in Figure 2. The diploma group had the most frequent score of 0 as compared to the most frequent scores of +1 and -1 for the baccalaureate and master's prepared Directors of Nursing Service groups respectively. The master's prepared group had the lowest overall score of -3 and the diploma group had the highest overall score on the subscale of +4.

An analysis of Figure 3 revealed the frequency distribution of scores for the Directors of Nursing Service groups on the Competitive Games subscale. The most frequent score for the diploma group was +2, for the baccalaureate group +2, and for the master's prepared group -1. The highest and lowest overall scores attained for this subscale were +4 and -2 from both the diploma and baccalaureate groups respectively.

The frequency of scores on the Competitive Situations subscale (Figure 4) revealed the most frequent score from the diploma group to be 0, with 7 of the

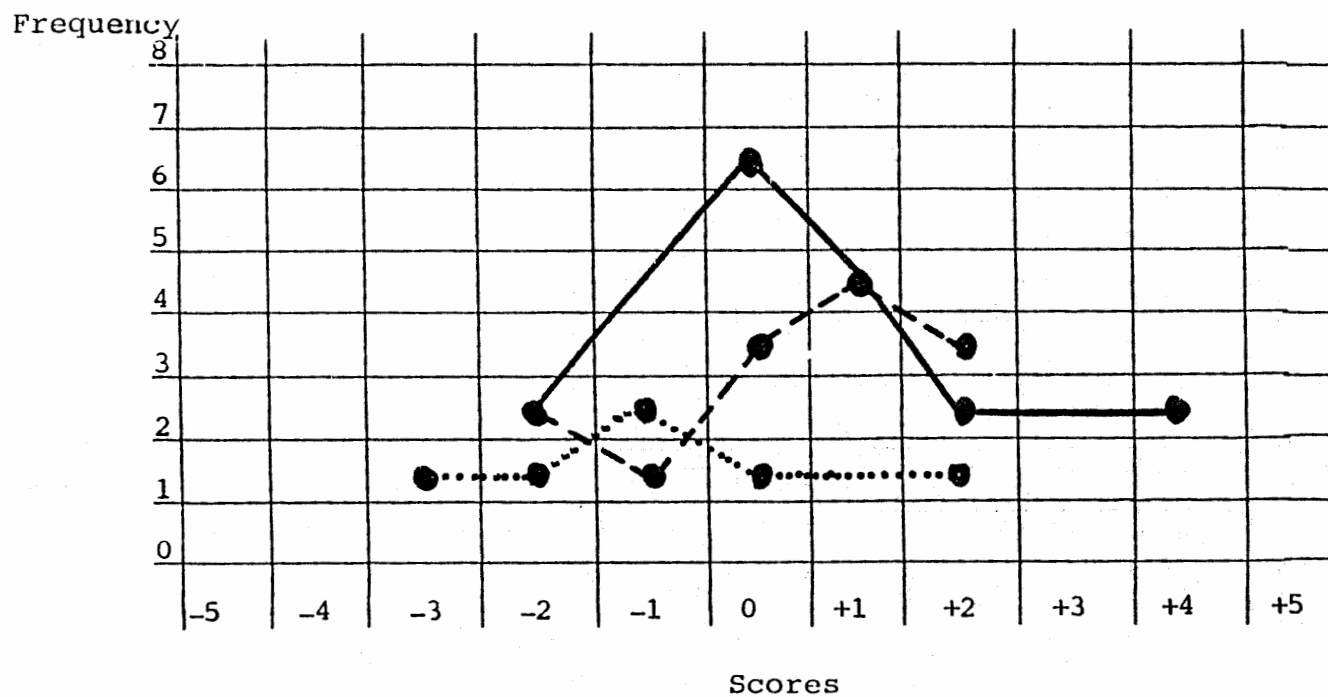


Figure 2. Frequency of scores for Directors of Nursing Service on the Authority Figures subscale of the MSCS.

Note. Diploma ($\underline{n} = 16$) = —————
 Baccalaureate ($\underline{n} = 14$) = - - - - -
 Master's ($\underline{n} = 6$) =

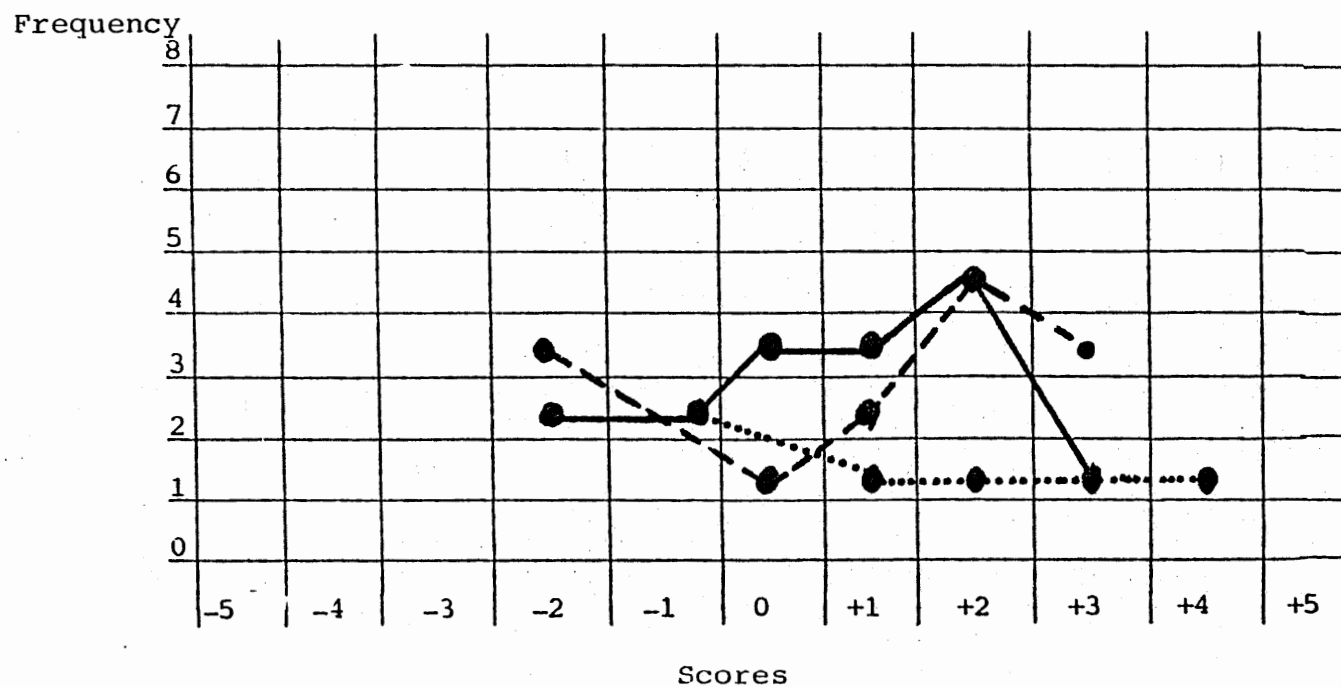


Figure 3. Frequency of scores for Directors of Nursing Service on the Competitive Games subscale.

Note. Diploma ($\underline{n} = 16$) = —————
 Baccalaureate ($\underline{n} = 14$) = - - - - -
 Master's ($\underline{n} = 6$) =

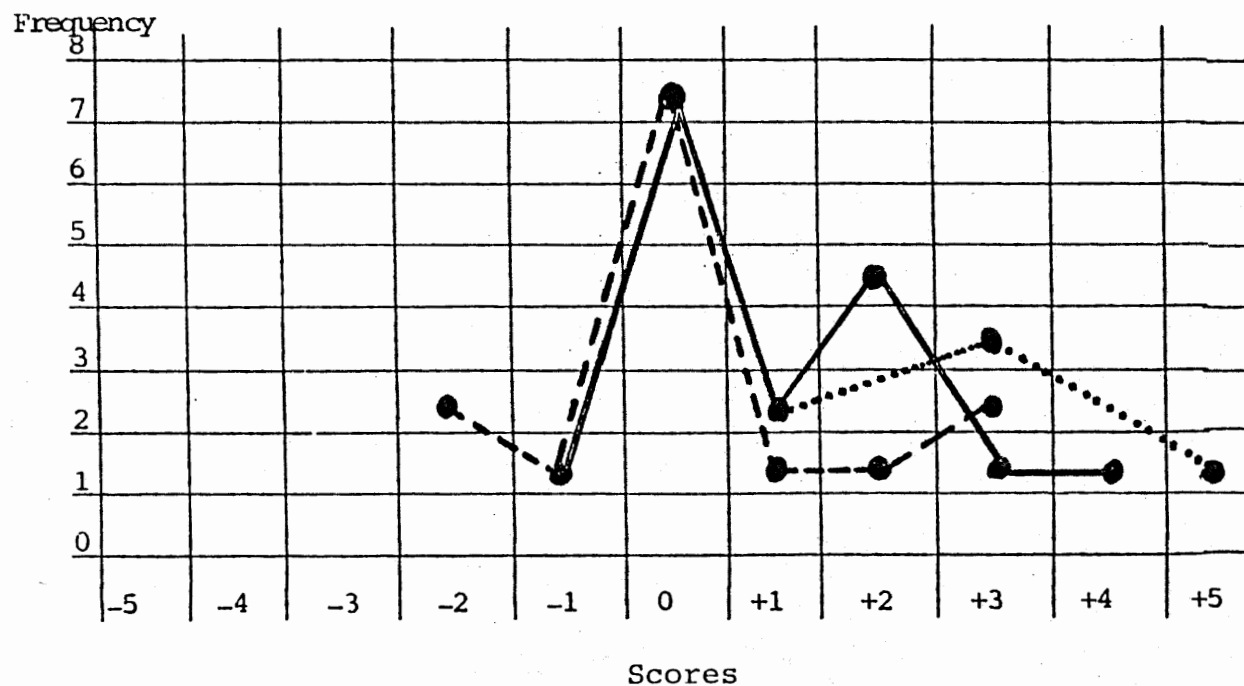


Figure 4. Frequency of scores for Directors of Nursing Service on the Competitive Situations subscale.

Note. Diploma ($\underline{n} = 16$) = —————
 Baccalaureate ($\underline{n} = 14$) = - - - - -
 Master's ($\underline{n} = 6$) =

16 respondents achieving this score. The baccalaureate group's most frequent score was also 0 with the same number of respondents (7, of a total of 14) most frequently achieving this score. The master's prepared group's most frequent score was +3, with 3 of the 6 respondents achieving this score. The lowest overall score for this subscale was -2 from the baccalaureate group and the highest overall score was +5 from the master's prepared group.

In relation to the Assertive Role subscale, the most frequent scores for each of the three groups was as follows: diploma -1, baccalaureate -1 and 0, and master's prepared -2. The lowest overall subscale score was that of -3 from the diploma and baccalaureate groups and the highest overall score for this subscale was +4 from the diploma group (Figure 5).

Figure 6 illustrates the frequency distribution of scores from the Imposing Wishes subscale of the MSCS. The most frequent score for the diploma group was 0, with 7 respondents; for the baccalaureate group, 0 with 6 respondents; and for the master's prepared group, 0 with 3 respondents achieving this score. The highest overall score for this subscale was +2 from the diploma

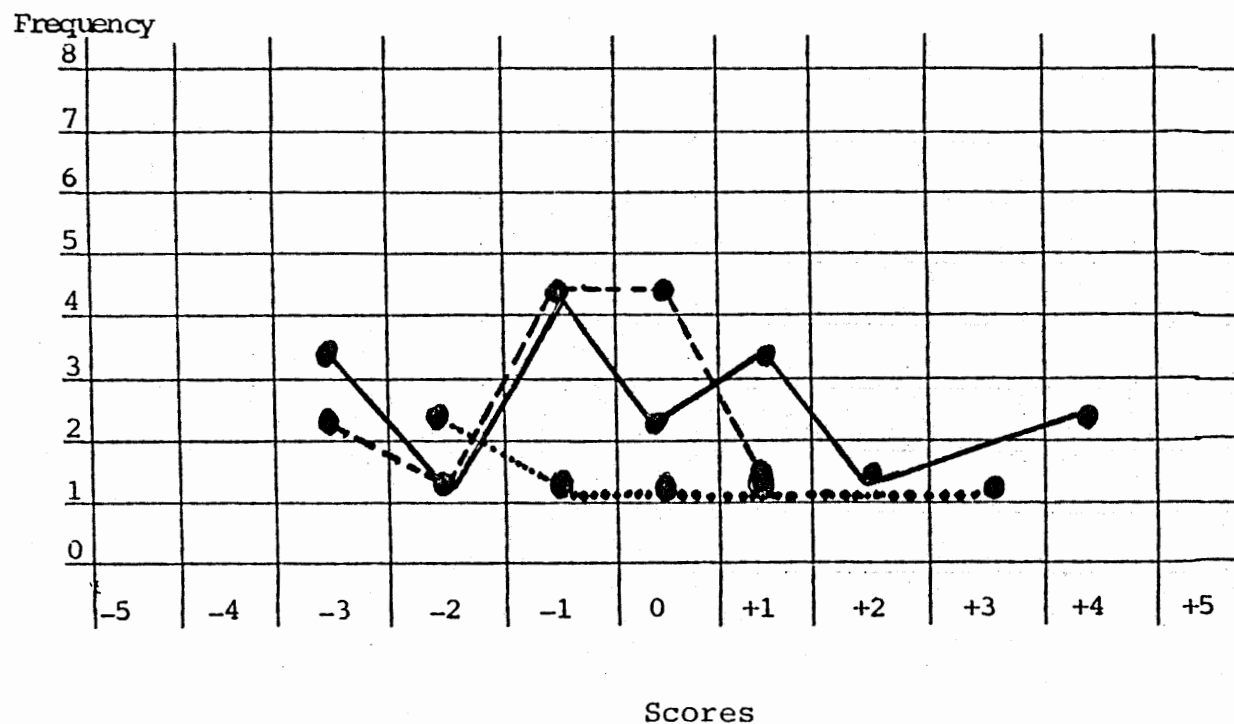


Figure 5. Frequency of scores for Directors of Nursing Service on the Assertive Role subscale.

Note. Diploma ($n = 16$) = _____
 Baccalaureate ($n = 14$) = - - - - -
 Master's ($n = 6$) =

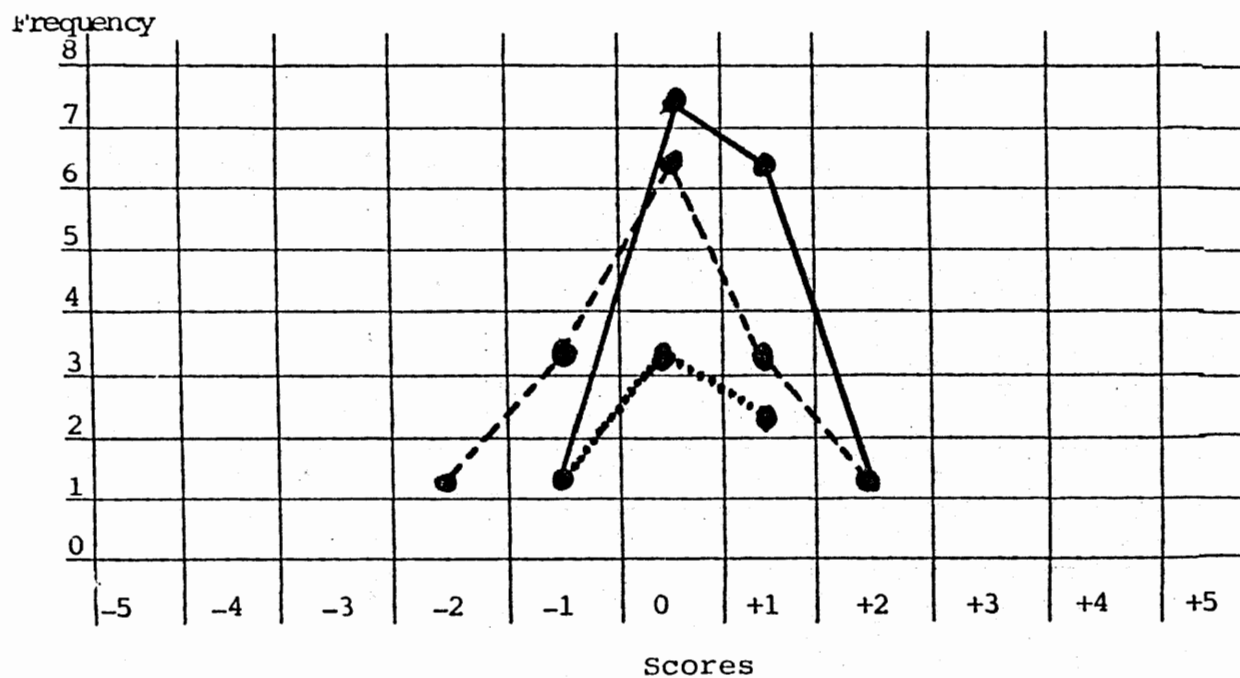


Figure 6. Frequency of scores from Directors of Nursing Service on the Imposing Wishes subscale.

Note. Diploma ($\underline{n} = 16$) = —————
 Baccalaureate ($\underline{n} = 14$) = - - - - -
 Master's ($\underline{n} = 6$) =

and baccalaureate group, and the lowest overall score was -2 from the same two groups of Directors of Nursing Service.

The frequency distribution of scores for the three groups of Directors of Nursing Service on the Standing Out from the Group subscale is graphically illustrated in Figure 7. The diploma group had the most frequent score of +2 as compared to most frequent scores of +1 and +2 of the baccalaureate and master's prepared groups of Directors of Nursing Service respectively. The master's prepared group had the lowest overall score of -3 and the diploma group had the highest overall score of +5 for this subscale.

In relation to the Routine Administrative Function subscale, the most frequent scores for each of the three groups was as follows: diploma +1, baccalaureate 0, and master's prepared 0 and +1. The lowest overall score was that of -4 from the baccalaureate group and the highest overall score for this subscale was +4 from the diploma group of Directors of Nursing Service included in this study.

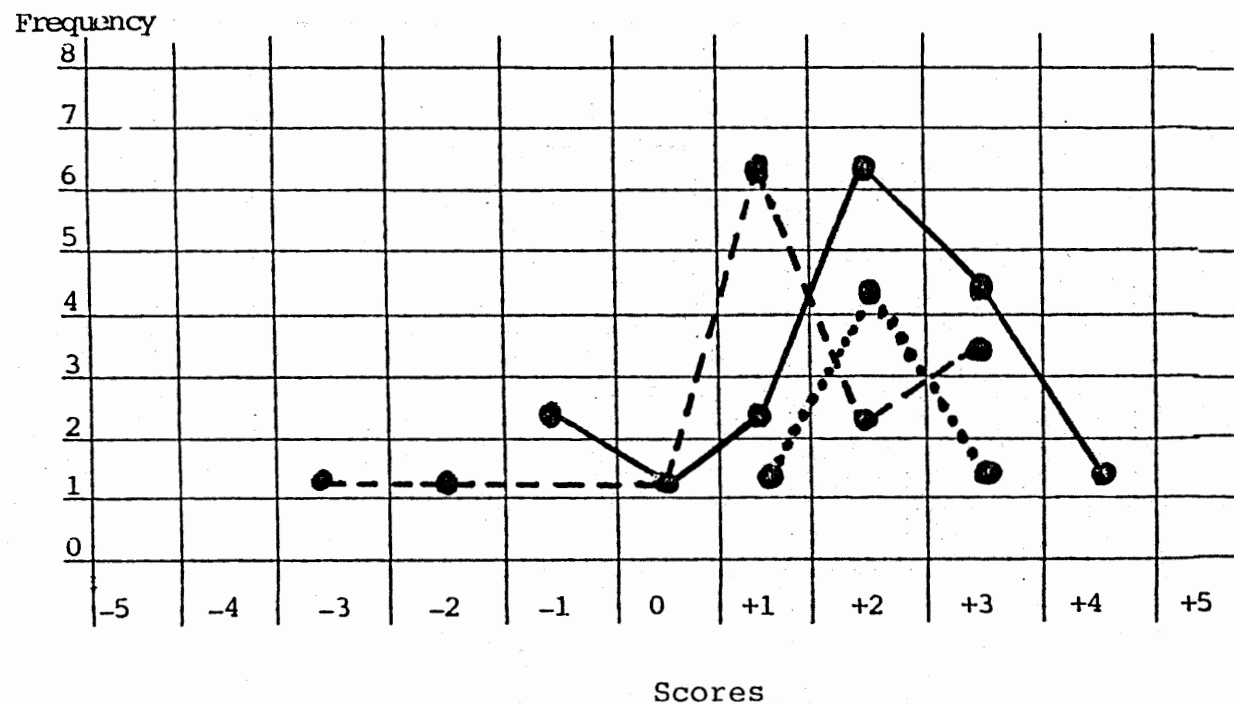


Figure 7. Frequency of scores for Directors of Nursing Service on the Standing Out from the Group subscale.

Note. Diploma ($n = 16$) = _____
 Baccalaureate ($n = 14$) = - - - - -
 Master's ($n = 6$) =

Frequency

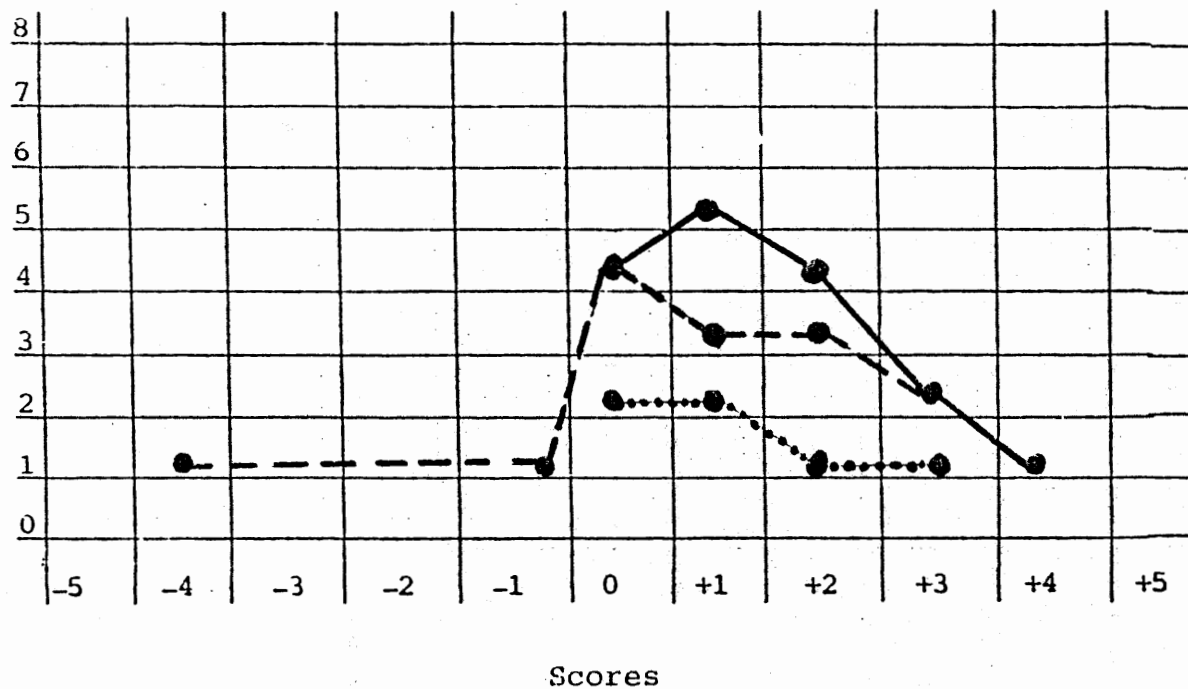


Figure 8. Frequency of scores for Directors of Nursing Service on the Routine Administrative Function subscale.

Note. Diploma ($n = 16$) = _____
 Baccalaureate ($n = 14$) = - - - - -
 Master's ($n = 6$) =

Summary of Findings

The descriptive ex post facto study design was utilized to determine the relationship between the motivation to manage and the educational preparation of Directors of Nursing Service. A sample of 36 Directors of Nursing Service was obtained by a convenience sampling technique utilizing corporately owned hospitals. Each of these Directors of Nursing Service completed the multiple choice version of the MSCS and the demographic sheet and returned these documents by mail. The responses were sectioned into three groups based on the different levels of formal educational preparation. The analysis of variance (ANOVA) statistical procedure was utilized to determine if a difference existed in the mean scores of these three groups and was used to determine if each hypothesis was rejected or not rejected. If a difference was detected, the hypothesis was rejected, and the Newman-Keuls multiple comparisons test was used to determine where the difference was between the means of the three groups. The level of significance was set at $p < .05$.

Hypotheses 1, 2, and 3 predicted no difference among the total scores on the MSCS and these hypotheses

were not rejected, but retained as written. The analysis of variance technique (ANOVA) determined no difference among the means of the three groups for these hypotheses. Hypothesis 4 was rejected ($p = .01$) and the Newman-Keuls multiple comparisons test was utilized to determine where the difference was in the group means. It was determined that the means for Group 1 (diploma) and Group 2 (baccalaureate) had no significant difference, but the mean of Group 3 (master's) was significantly different from the means of Group 1 and Group 2.

Hypothesis 5 (Assertive Role), Hypothesis 6 (Imposing Wishes), Hypothesis 7 (Standing Out from the Group), and Hypothesis 8 (Routine Administrative Functions) were not rejected, but were retained as written. The analysis of variance technique (ANOVA) failed to determine a difference among the means of the three groups for these subscales at the level of significance of $p < .05$.

The additional findings section included an analysis of data using means, medians, and standard deviations for the total MSCS scores and the scores of the seven subscales on the MSCS for the three groups of Directors of Nursing Service included in this investigation.

An analysis of the total mean MSCS scores revealed the Directors of Nursing Service with the formal educational preparation of a master's degree to have the highest total mean score. A comparison of the Authority Figures subscale mean scores revealed the baccalaureate group of Directors of Nursing Service to have the highest mean score. The master's prepared group of Directors of Nursing Service had the highest mean scores on the Competitive Games subscale, the Competitive Situation subscale, and the Standing Out from the Group subscale. The diploma group of Directors of Nursing Service were determined to have the highest mean scores on the Assertive Role subscale, the Imposing Wishes subscale, and the Routine Administrative Functions subscale of the MSCS.

CHAPTER 5

SUMMARY OF THE STUDY

The problem statement as defined in this study was as follows: Is there a difference in the motivation to manage in Directors of Nursing Service who have had different levels of formal educational preparation? This chapter includes a summary of the overall investigation, a discussion of the findings, the conclusions and implications based on the findings of the study. Finally, recommendations for further study based on the findings of the study are made.

Summary

The purpose of this research project was to examine the relationship between the motivation to manage and the educational preparation of Directors of Nursing Service. Pertinent literature was reviewed in relation to the following areas: (a) role motivation among non-nursing managers, (b) role motivation among nursing managers, and (c) differences and similarities among nurses educated in different formal educational programs.

The multiple choice version of the Miner Sentence Completion Scale (MSCS) by Miner (1978) was used in this investigation as the indicator for the motivation to manage. A sample of 36 Directors of Nursing Service was obtained by a convenience sampling technique utilizing corporately owned hospitals. Each of these Directors of Nursing Service completed the multiple choice form of the MSCS and the demographic sheet and returned these documents by mail to the investigator. The responses were divided into groups based on the different levels of formal educational preparation (diploma, baccalaureate, and master's prepared). After the subscale scores and total MSCS scores were tabulated, the analysis of variance (ANOVA) technique was utilized to determine if a difference existed in the mean scores of these three groups. When a difference was obtained, the Newman-Keuls multiple comparisons test was utilized to determine where the difference existed. As the analysis of variance technique did not determine a difference in the means of the three groups and the probability was greater than .05, Hypothesis 1 (no difference among total MSCS scores), Hypothesis 2 (no difference among the scores of the Authority Figures

subscale), and Hypothesis 3 (no difference among the scores of the Competitive Games subscale) were not rejected, but retained as written. A difference in the means for the Competitive Situation subscale was determined by the analysis of variance technique.

The Newman-Keuls multiple comparisons test determined a significant difference in the mean score of Group 3 (master's prepared). Because the difference was determined and the probability was less than .05, Hypothesis 4 (no difference among the scores of the Competitive Situation subscale) was rejected. Since the analysis of variance technique (ANOVA) did not determine a difference in the means of the three groups and the probability was greater than .05, Hypothesis 5 (no difference among the scores of the Assertive Role subscale), Hypothesis 6 (no difference among the scores of the Imposing Wishes subscale), Hypothesis 7 (no difference among the scores of the Standing Out from the Group subscale), and Hypothesis 8 (no difference among the scores of the Routine Administrative Functions subscale) were not rejected.

Discussion of Findings

The results of the analysis of variance have determined that the relationship between the motivation to manage and the educational preparation of Directors of Nursing Service was not significant at the .05 level. However, there are several interpretations that can be drawn from the data and previous research focusing on the motivation to manage and the educational preparation of nurses. While the MSCS is positively associated with managerial success, it is a measure of the motivation to manage or to behave in ways which are role relevant (Miner, 1965). As the total score of the MSCS is a summation of the subscale scores, it is important to examine these scores in order to better understand the motivations of the Directors of Nursing Service included within this study. An analysis of the mean scores for each subscale reveals a relatively small amount of variance among the groups. For example, the mean Authority figures subscale scores were very low, almost neutral (0), showing no trends toward the positive or negative emotions as Director of Nursing Service could have for superiors. From these scores, it would be difficult to state that these three

groups of Directors of Nursing Service (according to Miner's role motivation theory) are effective managers, by eliciting positive responses from their superiors (Miner, 1965). It would also be equally difficult to determine from these scores that these Directors do not elicit such responses and are, therefore, less effective as managers.

A comparison of the mean scores for the three groups again revealed relatively little difference between the means for the Competitive Games subscale. As these scores were slightly higher (over 1 or relatively close), there seemed to be a positive trend of the three groups toward competition with peers. The theory predicts effective managers do seek competition, strive for success, and derive a sense of satisfaction from being victorious over peers (Miner, 1965).

The mean scores of the three groups on the Competitive Situation subscale appeared to have a greater variance with the baccalaureate group scores appearing to be relatively close to a neutral state (having neither positive or negative tendencies). The scores from the diploma and master's prepared groups appeared to indicate positive trends. The stems from this subscale

focus on occupationally related subjects and a positive score reflects a desire to engage in competition with peers as competition is a strong element in managerial work (Miner, 1965).

An analysis of the mean scores for the three groups on the Assertive Role subscale revealed relatively little difference among the three groups. There appeared to be a negative trend (although slight) toward these requirements of the managerial role. As stated in Miner's theory, there is a marked parallel between the requirements of the managerial role and the assertive demands of the masculine role (Miner, 1965). The questions from this subscale referred to wearing neckties and having shoes polished, and perhaps were not valid for determining the assertiveness of female managers.

The mean scores of the three groups on the Imposing Wishes subscale demonstrated relatively little variance. The means appeared to be neutral (very close to 0) and showed no definite trends toward positive or negative references for a willingness or a reluctance for directing or controlling the behavior of others.

A comparison of the mean scores for the three groups on the Standing Out from the Group subscale

revealed little difference among the three groups. As these scores were slightly higher (between 1.00 and 2.00), there appeared to be a positive trend toward a willingness of these Directors of Nursing Service to assume positions which may well attract considerable attention (Miner, 1965).

An examination of the final subscale, the Routine Administrative Functions subscale, showed the mean scores to again have relatively little difference and demonstrates the homogeneity of these three groups toward this role requirement. There appears to be a positive trend which perhaps demonstrates a desire to meet the job requirements related to the day-to-day administrative work and to maintain effective levels of performance in this area (Miner, 1965).

In relating the similarities and differences among the formal educational preparations of nurses to the three groups of Directors of Nursing Service, one may gain a better understanding of the motivations toward managing for the groups included in the present study. A study by Hover (1975) found the proportion of nurses indicating a desire to hold nursing service positions to be highest among diploma graduates and lowest among

baccalaureate degree nurses. In the Hover study, the possibility was suggested that diploma nurses were more willing to assume and carry out the managerial role as described by Miner. From this same study, Hover demonstrated as the education increased, the nurse appeared to be more interested in aspiring to positions in nursing education or research. Perhaps this better explains the lower mean score of the total MSCS score for the baccalaureate group as Miner found that individuals who were more interested in scientific and professional pursuits were less effective managers (Holland, 1981).

The master's prepared group has been exposed to a greater number of models and theories during the advanced educational preparation and these individuals have been encouraged to think and act independently. The nurse with a graduate educational preparation is knowledgeable of group dynamics, change theory, and is a resource as a clinical expert (Dolan, 1971).

A study by Gilbert (1975) revealed nursing graduate students to show a high degree of dominance, displaying self-confidence, and functioning well in settings where autonomy and independence were required. With these

studies, Hover (1975) and Gilbert (1975) raised the possibilities that the traits of dominance, self-confidence, and functioning in settings where autonomy and independence were required enabled the master's prepared nurse to assume the managerial role and incorporate the six role prescriptions from Miner's theory into their work routines. Perhaps the ability to function autonomously and independently allows the master's prepared nurse more easily to adapt to the complex role of a Director of Nursing Service.

A comparison of mean total MSCS scores for the diploma and baccalaureate groups from the present study with mean total MSCS scores from nursing managers having the same educational preparations as in a study by Holland (1981) produced different results. The mean total MSCS scores for the diploma group included in the present study was 6.18 as compared to a -4.42 total mean MSCS score from the diploma nursing managers group in Holland's study. The total mean MSCS scores for the two baccalaureate groups showed relatively little difference with scores of 2.78 and 3.00 in the present study. Perhaps a difference between the means for the diploma group does exist, but the number of subjects

in both the Holland sample and the sample of the present study was inadequate to make this determination. Perhaps the motivations to manage for diploma educated managers from a Southeastern state (Holland's sample) differed from the motivations to manage for diploma prepared Directors of Nursing Service from other states located through the United States. A comparison of the mean MSCS scores for these groups is shown in Appendix F.

A comparison of the mean total SMCS score for the three groups included in the present study, with the means of managers from the study by Holland (1981), proposes many different considerations. The mean total MSCS score for the three groups included in the present study was 4.97 ($\underline{n} = 36$) as compared to the mean of -7.1 ($\underline{n} = 34$) for nursing managers and -.04 for female school administrators in Holland's study. The mean MSCS score for female supervisors at General Motors was 1.90 ($\underline{n} = 40$), for male and female retail store managers 5.73 ($\underline{n} = 30$), for male wood products managers 5.90 ($\underline{n} = 30$), and for male oil company middle managers 7.20 ($\underline{n} = 37$). Perhaps Directors of Nursing Service have higher motivations to manage than other female groups. Or, perhaps, the motivations of Directors of Nursing Service to manage

are more comparable to those of middle managers (male and female) in unrelated industries than to the motivations to manage of nursing managers at different levels in the hospital hierarchy. A comparison of the mean MSCS scores for these groups is shown in Appendix G.

Although the MSCS developed by Miner (1978) has been used in numerous research studies designed to determine a measurement of the motivation to manage, Brief, Alday, and Chacko (cited in Miner, 1978) have questioned the validity of the scale as a measure of assertiveness or motivation to behave in accordance with the masculine role. The findings of Brief et al. suggested that the MSCS be modified to reflect those aspects of assertiveness that are appropriate for both sexes rather than those which reflect only masculine societal norms.

Conclusions and Implications

Due to the small sample size and the broad scope of this investigation, conclusions based on the findings were difficult to draw. Additional research with a larger sample utilizing subjects from different corporations would need to be conducted to understand this relationship more fully. Although no difference among

the total scores of the MSCS for Directors of Nursing Service with different levels of formal educational preparation could be determined, there were implications that educational preparations may have been an important consideration in selecting and developing Directors of Nursing Service. Based on this data, conclusions limited to the present study are as follows:

1. Some relationship may exist between graduate education and a motivation to manage.
2. Nurses with varying educational preparations can function as Directors of Nursing.
3. Females can be employed in a high level managerial position within hospitals.

The nurse administrator or Director of Nursing Service occupies one of the most crucial management positions within the hospital setting (Galloway, 1974). The role of the nursing manager is significantly different from that of a staff nurse, but historically the nursing manager has been promoted into supervisory and administrative positions based on clinical performance alone (Holland, 1981). The ultimate goal of the Director of Nursing Service is to direct and lead nurses in a manner in which the contribution of each team member

results in the "best" for the patient (Moore, 1976). The profession must continue to study its members to identify which nurses have the willingness to accept and perform the managerial role and to promote those individuals with the motivation to manage and the desire to achieve organizational goals (Leininger, 1974).

Recommendations for Further Study

As a result of the findings of this investigation, the following recommendations for further study have been suggested:

1. A study should be conducted to determine the relationship between the motivation to manage and the educational preparation of Directors of Nursing Service from several different corporations.
2. A study should be conducted to determine the relationship between the motivation to manage and the educational preparation for Directors of Nursing Service and nursing managers at different levels in the hospital hierarchial setting.
3. A study should be conducted to determine the relationship between the motivation to manage and the educational preparation for Directors of Nursing Service and female managers from other hierarchial settings.

APPENDIX A

Prospectus for Thesis
Approval Form

This proposal for a thesis by Bethany R. Long, B.S., R.N.
and entitled _____

Motivation to Manage and the Educational Preparation of
Directors of Nursing Service

has been successfully defended and approved by the members
of the Thesis Committee.

This research is xx is not _____ exempt from appro-
val by the Human Subjects Review Committee. If the research
is exempt, the reason for its exemption is: _____

Classified as Category I research

Thesis Committee: Janet Dawson, Chairperson

Barbara Hough, Member

Margaret McCleary, Member

Date: _____

Dean, College of Nursing

Date: _____

APPENDIX B



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

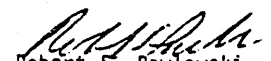
October 11, 1982

Mrs. Bethany Anne Long
9909 Acklin
Dallas, TX 75243

Dear Mrs. Long:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,


Robert S. Pawlowski
Provost

ap

cc Dr. Jane Dawson
Dr. Anne Gudmundsen

APPENDIX C

9909 Acklin Drive
Dallas, Texas 75243

Dear Director of Nursing Service:

Many articles have been written by nursing leaders regarding the leadership crisis or shortage of qualified nursing managers. The demands of the positions as Director of Nursing Service are many and the recruitment of new nursing talent to such positions is becoming more and more difficult.

In order to obtain valuable information regarding successful Directors of Nursing Service, your input is needed. You are currently serving as a nursing leader in this role and can provide greater insights into the demands of this position by completing the enclosed questionnaire and demographic data sheet. Your responses will be kept confidential, no names or places of employment can be ascertained from these records, and you will not be identified in the results of this study. The return of this questionnaire will be construed as informed consent to act as a subject in this research.

Please take the next 15 minutes to complete the enclosed questionnaire and demographic data sheet. Your information will add to the body of nursing knowledge regarding leaders and managers in our profession.

Thank you for your time and support with the endeavors of this study. I will be happy to answer any questions and can be reached at the following telephone number (214) 231-2815.

Cordially,

Beth Long, R.N.
Texas Woman's University
Graduate Student

P.S. Please return the questionnaire and data sheet even if you are unable to complete it. For statistical reasons, I need all of these questionnaires and data sheets returned. Again, thank you for your participation.

APPENDIX D

I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES
INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH

DEMOGRAPHIC DATA SHEET

Please make a check (✓) in the appropriate space:

<u>Age:</u>	<u>Sex:</u>	<u>Basic Nursing Preparation:</u>
<input type="checkbox"/> 20-25	<input type="checkbox"/> Male	<input type="checkbox"/> LVN
<input type="checkbox"/> 26-30	<input type="checkbox"/> Female	<input type="checkbox"/> Associate degree
<input type="checkbox"/> 31-35		<input type="checkbox"/> Diploma
<input type="checkbox"/> 36-40		<input type="checkbox"/> Baccalaureate
<input type="checkbox"/> 41-45		
<input type="checkbox"/> 46-50		
<input type="checkbox"/> 51-55		
<input type="checkbox"/> 56-60		
<input type="checkbox"/> over 61		

Highest Preparation in Nursing:

☐ Associate degree
☐ Diploma
☐ Baccalaureate
☐ Masters
☐ Doctoral

Degree in Another Area:

☐ No
☐ Yes

If yes, please state the field
and check (✓) the appropriate
level listed below.

Field: _____

What is the Total Number of
Years Experience as a
Director of Nursing
Experience:

☐ less than 12 months
☐ 1-3 years
☐ 4-6 years
☐ 7-9 years
☐ 10-12 years
☐ 13-15 years
☐ 16 or more years

☐ Associate degree
☐ Diploma
☐ Baccalaureate
☐ Masters
☐ Doctoral

What is the Total Number of
Years Experience in Your
Present Position of Director
of Nursing Service:

☐ less than 12 months
☐ 1-3 years
☐ 4-6 years
☐ 7-9 years
☐ 10-12 years
☐ 13-15 years
☐ 16 or more years

APPENDIX E

The Miner Sentence Completion Scale (MSCS) Multiple Choice Version Form H may be obtained from:

Organizational Measurement Systems Press

P. O. Box 81

Atlanta, Georgia 30301

APPENDIX F

Comparison of Mean MSCS Scores for Nursing Managers

	Group 1		Group 2	
	<u>Baccalaureate</u> (<u>n</u> = 14)	<u>Diploma</u> (<u>n</u> = 16)	<u>Baccalaureate</u> (<u>n</u> = 17)	<u>Diploma</u> (<u>n</u> = 17)
Total MSCS Scores	2.78	6.18	3.00	-4.42
Component Scores:				
Authority Figures	.64	.56	.94	.23
Competitive Games	1.14	.75	1.41	- .71
Competitive Situations	.28	1.00	- .76	-1.35
Assertive Role	-1.00	- .12	.06	- .88
Imposing Wishes	0.00	.31	.47	- .59
Standing Out from the Group	1.00	1.75	.76	- .06
Routine Admin. Functions	.71	1.43	.12	-1.06

Note: Group 1 - Directors of Nursing Service from present investigation.

Group 2 - Directors and Assistant Directors of Nursing and Supervisors from Holland's 1981 study.

APPENDIX G

A Comparison of Total Scores of Directors of Nursing
With Other Groups of Managers

	Number	Mean
Directors of Nursing Service (present study)	36	4.97
Nursing Managers (Directors, Assistants and Supervisors)	34	-7.1
Female School Administrators	25	- .04
Female Supervisors General Motors	40	1.90
Male and Female Retail Store Managers	30	5.73
Male Wood Product Managers	30	5.90
Male Oil Company Middle Managers	37	7.20

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