

NURSING LEADERS' PERCEPTIONS OF THEIR OWN
STYLES OF MANAGEMENT

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BY
DOROTHY DANIEL, B.S.N.

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Denton, Texas

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We hereby recommend that the Thesis prepared under
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be accepted as fulfilling this part of the requirements for the Degree of
Master of Science

Committee:

Pauline Lucas

Chairman Pauline Lucas

Betty Ann Beaudry

Betty Ann Beaudry

Mildred Pesek Hayes

Mildred Pesek Hayes

Accepted:

Mary Evelyn Huey

Dean of Graduate Studies

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PREFACE

The work in the pages ahead is but a small reflection of my deep interest in nursing management for the improved care of hospitalized patients. Also represented is my belief that, as an organization, the hospital is capable of providing opportunities for professional nurses to exercise creativity, coupled with scientific knowledge, allowing nurses a degree of self-fulfillment while they serve the organization for specific monetary gain. Perhaps the foregoing seems dramatic to me because I have worked in hospitals for the past two decades and have been able to note the hospitals' gradual change to an industrial situation.

The change was inevitable; the imperatives of work undeniable, but the person must not be stripped of the dignity and respect that being made in the image of God entails, simply because he is hospitalized. Astute nursing managers are vital to the preservation of human dignity in a massive industrialized hospital environment.

I am indebted to the president of the participating institution for making the study possible there. My sincere appreciation also to the vice-president, to the participating nurses, and other staff members who helped and were patient with my persistence.

I acknowledge my appreciation to the following: my family who were very patient and offered emotional and physical support, especially my seventeen year old daughter, Wynanda, who often took charge of the

younger children and the chores to allow me to work. Drs. Robert R. Blake and Jane S. Mouton, who graciously permitted the use of their instrument and advised as to its specific purpose and what I might expect to find. Betty A. Beaudry, Chairman of the Department of Psychiatric Nursing, the Chairman and members of the committee approving the study, and the entire faculty of the University. Ms. Lore Feldman, who patiently edited the work.

CHAPTER I

INTRODUCTION

In contrast to hospitalization and nursing practice during the Crimean War (1854-56), when Florence Nightingale achieved the first effective coordination of scientific medicine and humanitarian care of patients, hospitalization is now a big industry and nursing care is more complex.

A number of factors have contributed to the rise in hospitalization and the complexity of rendering patient care. Included in these factors are population growth and demand; better education of doctors and nurses; advancement of knowledge of health, illnesses and medical technology; and increased availability of health insurance. Each year 27 million Americans go into hospitals where they spend an average of 8.2 days. The patient-employee ratio has soared from about 145 personnel per 100 patients to 260 per 100 in the past 20 years.¹ Social values and expectations regarding health and illness have broadened; concurrently, hospital and professional goals and values have shifted to cope with these expectations. The hospital has assumed a larger role as the institutional mechanism whereby the objective of individual welfare

¹The American Nurses' Association, Facts About Nursing: A Statistical Summary, 1970-71 ed. (New York: The American Nurses Association), p. 171.

and physical health, on which society places a high premium, may be achieved.²

To be sure, the major objective of the general hospital is to satisfy the needs of the patient for care and treatment. But each group of participants - patients, medical staff, nurses, administrative staff, trustees and others - interprets the means for meeting objectives in terms of their own value systems and requirements.³

Total care of the patient is the main focus which governs the value system and requirements of professional nursing practice.

The American Nurses Association position paper states that the essential components of professional nursing practice are care, cure and coordination. The coordination responsibility involves the synchronization of all medical and other professional supervision and direction of all those who give nursing care.⁴

The Problem Stated

The bulk of patient-care and supervision by nurses of this care occurs in general hospitals. With the rapid advances of technology and knowledge, the working situation for nurses employed by hospitals is becoming increasingly complex. The shortage of registered nurses requires that the demand for quality nursing care be fulfilled through others. Thus the quality of the direction and supervision of the nursing care is of vital concern. "The cliché of an interdependent working

²Fremont E. Kast and James E. Rosenzweig, Organization and Management: A Systems Approach (New York: McGraw-Hill Book Co., 1970), pp. 535-36.

³Ibid.

⁴Lucille Merchandante, "Education for Service," Nursing Forum 3, no. 2 (1969):151-59.

relationship among members of the health team has too frequently been used to cloud the fact that each discipline has a unique and independent function for which it alone is responsible and accountable."⁵ The degree of responsibility and accountability of a discipline within a given institution may depend largely on the competency of management provided by that discipline. The competency with which nurses manage, supervise, and administer in the hospital will reflect to some degree the responsibility and accountability of nursing as a profession. Management styles vary and according to the literature, institutions can profit from various blends of management styles which take into account consideration for the product being produced and the people rendering the product. Very little information is available about management styles used by nurses in leadership positions.

Purpose

The purpose of the study was to obtain a preliminary view of the kinds of management styles nurses on several levels of management positions perceive themselves as using in a general hospital; and how frequently the style of high concern for production linked with high concern for people occurs among them.

⁵Laura L. Simms, "Administrative Changes and Implication for Nursing Practice in the Hospital," Nursing Clinics of North America 3, no. 2 (June 1973):227-45.

Justification

It seemed fairly safe to proceed from four basic premises at this stage of the research endeavor. First, hospitalization is now big industry. As the demand for health care under institutional circumstances increases, organizational services not only expand, but become rationalized, more specialized and more management oriented. The rationalization of institutional working relationships is accompanied generally by an increase in offices or units of administration. Work tends to become formalized as rules and directives replace traditional judgment and consensus of those who perform the required tasks. This condition tends to be defined as bureaucratization.⁶

Secondly, the role of the nurse has expanded and management of patient care is basic to this change. "The official position of the nursing staff depicted in the typical organization chart does not really give recognition to the power and influence it has in the hospital organization."⁷ Forces that contribute to a difference in the role of nurses are upgrading of nursing tasks as the result of involvement through the introduction of paraprofessional and ancillary personnel (the latter entity has led to a distinct hierarchy within the nursing staff), and specialization of roles as in surgery, orthopedics, and intensive care. The nurse's role is moving away from that of the

⁶Robert W. Haberstein and Edwin A. Christ, Professionalizer, Traditionalizer, and Utilizer (Columbia, Mo.: University of Missouri Press, 1963), p. 2.

⁷Kast and Rosenzweig, Organization and Management, pp. 547-48.

"doctor's helper."⁸ Dr. Sanders made such a prediction nineteen years ago. He wrote:

It is unlikely that trends in the direction of change in nursing are likely to be soon reversed. . . . The gap between nurses and patients is likely to continue to widen: more and more it is going to be the responsibility of professional nurses to see that the patient is nursed rather than to do the nursing; the already large managerial aspect of the nursing role is almost certain to increase at the expense of more traditional elements of that role.⁹

The recently revised Code for Nurses by the American Nurses' Association and the Standards for Nursing Services prepared by its Commission on Nursing Services reflect Dr. Sanders' prediction. These documents state that because of the increased complexity of health care and changing patterns in the delivery of health services, the nurse is now the "middle man." It is imperative that she exercise judgment in accepting such responsibilities as delegating duties to other personnel. The provision of nursing care as an entity of the total health care system is a complex process which involves systematic assessment of health care needs of persons or groups.¹⁰ This process requires appropriate knowledge which will substantiate nursing judgments for directing a variety of nursing personnel who possess diverse backgrounds in education, experience, ability, and motivation. The expectations which are held

⁸Ibid., p. 548.

⁹Lyle Sanders, "The Changing Role of Nurses," The American Journal of Nursing 54, no. 9 (September 1954):1094-98.

¹⁰The American Nurses' Association, "Code for Nurses," American Journal of Nursing 68, no. 12 (December 1968):2583.

by each group differ and must be considered in order to utilize their abilities to the fullest capacity.¹¹

The third basic premise is that some knowledge of the people and product cognizance of nursing leaders may be fruitful as nurses face the problem of providing competent leadership in a complex bureaucratic organization, one such organization is the general hospital. "Leadership, getting things done through people, seems the most difficult responsibility nurses face."¹² At the same time, the general hospital needs to be more aware of the managerial functions of nurses in its organizational structure. Frustration due to powerlessness and dehumanization contributes to the alienation of baccalaureate nurses from the hospital working situation.¹³

Fourth, the major goal of the hospital and of nursing practice is the care, treatment and cure of the patient; the goal is people-centered. The hospital should not be regarded as an institution that exists for the convenience or gratification of nurses or doctors or other personnel. Its single reason for existence ought to be the care of the patient.¹⁴ It follows, then, that the people and product

¹¹The American Nurses' Association, By Laws (Kansas City, Mo.: American Nurses Association, 1970), p. 19.

¹²Ann M. Lio, "Leadership Responsibility in Team Nursing," Nursing Clinics of North America 3, no. 2 (June 1973):272.

¹³Marlene Kramer and Constance Baker, "The Exodus: Can We Prevent It?" Journal of Nursing Administration (May-June 1971):15-29.

¹⁴Herman Finer, Administration and the Nursing Services (New York: The MacMillan Co., 1955), p. 27.

cognizance of management in hospitals is as vital to the patient as it is to the personnel.

In clarifying the dimensions of the "managerial grid," Blake and Mouton state that production as utilized by the grid is not limited to things. "Its proper meaning covers whatever it is that organizations engage people to accomplish."¹⁵ It is hoped then, that this study will provide an incentive for hospitals and nursing management to strive for the highest organizational efficiency possible.

Definitions of Terms

Management and leadership - these terms are used synonymously throughout the study, and they refer to how the sample population approaches and accomplishes organizational and group goals. The definition of leadership by Lio is accepted: "getting things done through people."¹⁶

Management styles - refer to the various patterns that occur in the tenure of leadership, and are based on the managerial grid as developed by Blake and Mouton.

Nursing leaders - include nurses who hold positions as directors, supervisors, head nurses, and afternoon charge nurses.

¹⁵Robert R. Blake and Jane S. Mouton, The Managerial Grid (Houston, Texas: Gulf Publishing Co., 1971), p. 9.

¹⁶Lio, "Leadership Responsibility in Team Nursing," p. 272.

Limitations

The study was conducted in only one setting and does not warrant generalization to other settings.

The instrument is designed for the purpose of self-scoring, self-analysis and for organizational application. It does not measure actual behavior.

The sample was obtained by convenience method and there were only a limited number of subjects at each level of nursing positions.

CHAPTER II

REVIEW OF THE LITERATURE

The literature is fecund with studies and information concerning management styles and basic forms of management orientation. Only a brief overview is presented here to acquaint the reader with the basic context of this particular research.

Leadership and Styles

The approach, methods, style, attitude, and concern of management determine levels of efficiency at which subordinates will perform.

Research in organization is yielding increasing evidence that the superior's skill in supervising his subordinates as a group is an important variable affecting his success: the greater his skill in using group methods of supervision, the greater are the productivity and job satisfaction of his subordinates. Supervisors with the best records of performance focus their primary attention on the human aspects of their subordinates' problems and on endeavoring to build effective work groups with high performance goals.¹

Debates over the great-man theory brought considerable attention to the so-called "trait approach." It emphasized the personality characteristics, value system, and life style of leaders. The typical approach to such research consisted in identifying characteristics of established leaders. The list of traits could be endless, but typically it includes such characteristics as size, energy (both nervous and

¹Rensis Likert, New Patterns of Management (New York: McGraw-Hill Book Co., 1961), pp. 26-27.

physical), intelligence, sense of direction and purpose, enthusiasm, friendliness, integrity, wisdom, imagination, determination, persistence, endurance, good looks (physical and sartorial splendor), and courage. One obvious problem is that there is little agreement on the traits to be included and those to be excluded. Moreover, the question whether those included are the most important is not resolved.²

Davis asserts that measurement of a trait usually occurs after a person becomes a leader and does not necessarily prove a cause-and-effect relationship. Recognizing these limitations the author then mentions four traits that appear to be related to successful organizational leadership.

Intelligence. Leaders tend to have somewhat higher intelligence than the average of their followers.

Social maturity and breadth. Leaders tend to have broad interests and activities. They are emotionally mature so that they are neither crushed by defeat nor over-elated by victory. They have high frustration tolerance.

Inner motivation and achievement drives. Leaders have a strong personal motivation to keep accomplishing something. As they reach one goal, their level of aspiration rises to other goals; one success becomes a challenge for more success.

²Cecil E. Goode, "Significant Research on Leadership," Personnel (March 1951):342-50, and Ralph M. Stogdill, "Personnel Factors Associated with Leadership: A Survey of the Literature," Journal of Psychology (January 1948):35-71.

Attitudes in human relations. Successful leaders realize that they get their job done through people and therefore try to develop social understanding and appropriate skills. They develop a healthy respect for people if for no other reason than that their success as leaders depends on the cooperation of others.³

In clarifying leadership styles, Kast and Rosenzweig refer to the trait approach as what the leader is, and to styles as what the leader does. Such terms as autocratic, bureaucratic, neurocratic, and laissez-faire have been used to describe the general approach which leaders use in human situations.⁴

Experiments by White and Lippett showed that the quantity of work done in autocratic groups was slightly greater, while the quality of work in democratic groups was consistently better. When the leader left the room, the autocratic groups collapsed completely, whereas the performance in democratic groups decreased. In general, the findings seemed to indicate that a laissez-faire approach, or complete permissiveness, was not effective in terms of group performance. Moreover, it did not seem to produce other benefits as improved morale or satisfaction of individual group members. On the contrary, these dimensions were improved, along with performance, in democratic groups. While

³Keith Davis, Human Relations at Work, 3rd ed. (New York: McGraw-Hill Book Co., 1967), pp. 99-100.

⁴Fremont E. Kast and James E. Rosenzweig, Organization and Management: A Systems Approach (New York: McGraw-Hill Book Co., 1970), p. 325.

quantity of output in autocratic work groups was slightly better than under a democratic approach, there were important negative side effects which cast doubt on the long-run usefulness of such a leadership style. Given the situation as described, it would seem that a democratic-participative approach, on balance, was the most effective and efficient.⁵

In his studies, Jennings cited two leadership styles as bureaucratic and neurocratic. Bureaucracy is a special variation of autocracy.

Autocracy is one-man rule, bureaucracy is rule by rules. The one aims at making things happen, the other at making things orderly. The man of action becomes the man of logic. Productivity is replaced by efficiency. The system rather than the executive becomes indispensable. Bureaucracy is subtle autocracy.⁶

Fielder postulated three factors of major importance in the organizational environment: (1) the leader's position power, (2) the structure of the task, and (3) the interpersonal relationships between leader and members. Accurate perception and understanding of position power, task structure, and leader-member relationships will provide the framework which the manager can use in choosing an appropriate leadership style.⁷

⁵Ralph White and Ronald Lippett, Leader Behavior and Member Reactions in Three 'Social Climates' (New York: Harper and Row, Inc., 1953), pp. 385-611.

⁶Eugene E. Jennings, The Executive (New York: Harper and Row, Inc., 1962), p. 165.

⁷Fred E. Fielder, A Theory of Leadership Effectiveness (New York: McGraw-Hill Book Co., 1967), p. 8.

McMurray concludes:

There is little doubt that if the humanistic or 'bottom-up' concept of leadership could be introduced and accepted on a company-wide basis and sponsored by the company's president, it would make possible increased productivity, even under pressure, without an adverse effect on morale. But since it cannot, benevolent autocracy is the most promising alternative. While perhaps not as effective as the person-to-person level, it aims at the same overall objectives. It is designed to permit the employer to keep the pressure on his people for production without affecting their morale too adversely, using the supervisors that are available.⁸

Tannebaum and Schmidt have developed a continuum of leadership behavior with the basic ingredients being the degree of authority used by a manager vis-à-vis the amount of freedom left for subordinates. Autocratic, democratic, and laissez-faire leadership styles can be identified across this continuum from boss-centered leadership to subordinate-centered leadership.⁹

Kast and Rosenzweig further state that organization theory and management practice relate to task-oriented groups. Therefore, productivity is an important measure of managerial performance, which depends in large measure on leadership effectiveness.

Contrasting Theories of Management

Psychologists have studied management from several points of

⁸Robert N. McMurray, "The Case for Benevolent Autocracy: A Leadership Pattern," Harvard Business Review (January-February 1958):82-90.

⁹Robert Tannebaum and Warren H. Schmidt, "How to Choose a Leadership Pattern," Harvard Business Review (March-April 1958):96.

¹⁰Kast and Rosenzweig, Organization and Management, p. 331.

view. Some have concentrated on intense experimental studies of decision making, where choices are relatively simple and the relevant variables can be controlled. These studies are intended to investigate the dimensions of decision making and to relate these dimensions to other personality variables or to the material or social environment. The social environment in which groups are given specified tasks to perform was found to be a factor which influenced management.¹¹

In their studies of industries, Katz and Kahn found that technological demands have placed limits on the type of work organization possible, but a work organization has social and psychological properties of its own that are independent of technology. While industrial production systems are, of necessity, designed in accordance with technological demand, there has been a tendency to project the technological into the work organization. They (psychologists) explain that technological demands have caused management to assume that only one kind of work organization will satisfy the conditions of task performance. This has meant treating groups and individuals as though they were machines and has lead to what has aptly been called the "machine theory of organization."¹²

Lawrence and Seiler present a number of cases and research

¹¹Handbook of Small Group Research (New York: Free Press, 1962), p. 21.

¹²Daniel Katz and Robert L. Kahn, The Social Psychology of Organizations (New York: John Wiley and Sons, Inc., 1966), pp. 51-52.

findings as they examine administrative and supervisory behavior in organizational settings. They emphasize the need for management to examine each element of behavior, whether of an individual, a small group, or a large organization as a responsive part of a system of interrelated and interdependent parts. They discourage the "find the villain" approach.¹³ The "find the villain" approach suggests that responsibility for problems may be attributed to an individual or group of individuals.

Bakke, in his study of management functions, urges that all employees be given maximum opportunity to participate and express themselves at work; they suggest that this is inherently possible in all positions within an organization.¹⁴

Argyris stresses the need for psychological growth and maturation of individuals in the work environment, while at the same time recognizing that organizations strive to achieve their objectives, to maintain themselves internally, and to adapt to their external environment.¹⁵

Blake and Mouton identify power styles within an organization

¹³Paul R. Lawrence and John A. Seiler, Organizational Behavior and Administration (Illinois: Richard D. Irwin, Inc., 1965), pp. 8-9.

¹⁴E. Wright Bakke, "The Function of Management," in Human Relations and Modern Management, ed. E. M. Hugh Jones (Amsterdam: North Holland Publishing Co., 1958), p. 224.

¹⁵Chris Argyris, Interpersonal Competence and Organizational Effectiveness (Illinois: The Dorsey Press, Inc., 1957), pp. 25-27.

that are based on authority-obedience.¹⁶ They suggest that management can be approached from a humanistic and mature level, which includes "candid communication based on conviction and commitment which results in creativity . . . where the capacity of men to master their own fate may be strengthened. Then, a thinking society--which is also thoughtful--will have been achieved."¹⁷

The Nursing Aspect

Kramer and Baker, using a nation-wide sample of 220 baccalaureate nurses studied the exodus from the profession of baccalaureate nurses working in medical centers. Among their recommendations they stated:

The impersonal relationships and hierarchical arrangements characteristic of the bureaucratic system make it difficult for the organization to adopt rapidly to change, but also make it necessary to consider steps needed to humanize the world of work. The baccalaureate nurse has been socialized into a professional system for the organization of work, a system with humanization as its central core. Unless the baccalaureate nurse is encouraged and rewarded for functioning within both systems, the alienation due to frustration and powerlessness will continue and both the worker and the patient will be denied the benefits of humanization.¹⁸

Descriptive trends in medical center nursing include some rather marked changes in the traditional role of the hospital nursing

¹⁶Robert R. Blake and Jane S. Mouton, Group Dynamics--Key to Decision Making (Houston, Texas: Gulf Publishing Co., 1961), Chapter 8.

¹⁷Robert R. Blake and Jane S. Mouton, The Managerial Grid (Houston, Texas: Gulf Publishing Co., 1971), p. 318.

¹⁸Marlene Kramer and Constance Baker, "The Exodus: Can We Prevent It?" Journal of Nursing Administration (May-June 1971):15-29.

supervisor, higher educational preparation for all administrative personnel and renewed emphasis on the clinical and interdisciplinary aspects of nursing.¹⁹

Orleans asserted that the turnover among professional nurses results from a complex of factors but that effective leadership in nursing service administration could do much to alleviate some of the dissatisfaction that leads to rapid turnover.²⁰

Nordmark and Rohweder stated: "Leaders of groups functioning under a higher authority (such as individual hospital unit groups under nursing service administration authority) tend to experience greater conflict because of conflicting perceptions of what constitutes 'good' leadership (e.g., higher authority has one set of expectations)."²¹

Hagen and Wolff, in their study of nursing leadership behavior in general hospitals, found nursing leaders to be lacking in many aspects of behavior which are conducive to producing group cohesiveness, and to motivate subordinates toward quality patient care. The authors define leadership as "the ability to influence the behavior of others in order to accomplish the task of a group or to achieve the goals of

¹⁹Marlene Kramer, "Collegiate Graduate Nurses in Medical Center Hospitals: Mutual Challenge or Duel," Nursing Research 18, no. 3 (May-June 1969):196-210.

²⁰Donald Orleans, The Use of Managerial Tools to Evaluate and Improve the Quality of Nursing Care in Selected Hospitals in New Jersey (New York: League Exchange [1970]), pp. 1-50.

²¹Madelyn T. Nordmark and Ann W. Rohweder, Scientific Foundations of Nursing (Philadelphia: J. B. Lippincott Co., 1967), p. 330.

the group while, at the same time, maintaining the integrity and morale of the group."²²

The demands of the organizational setting then are related to workers' attitudes toward tasks to be performed and to effect organizational excellence, management must address itself to the issue. Christ, in his study of nurses at work, found that inherent attitudes of workers toward the task which they are given to perform may affect the quality of work performed. Ancillary nursing personnel were included in this study.²³

²²Elizabeth Hagen and Laverne Wolff, Nursing Leadership Behavior in General Hospitals (New York: Teachers College, Columbia University, 1961).

²³Edwin A. Christ, "Nurses at Work," in Haberstein and Christ, Professionalizer, Traditionalizer, and Utilizer (Columbia, Missouri: University of Missouri Press, 1963), p. 6.

CHAPTER III

METHODOLOGY

The present study was non-experimental and descriptive. It was designed to describe basic management orientations of nursing leaders as they perceive these elements in their own management behavior; and to determine the frequency of occurrence of the 9,9 style, wherein there is high concern for production linked with high concern for people.

The Setting

The general hospital setting was used because it contains the largest number of registered nurses, its working situation is complex; and its organizational pattern is usually centralized. The hospital used is a large metropolitan hospital in Houston, Texas. No special consideration is given to specific hospital units, except that no highly specialized ones (such as renal dialysis) are used. Highly specialized units are omitted because of the nature of the situations under which services are rendered.

Selection of Subjects

Subjects were selected from a wide range of hierarchical positions. The vice-president of nursing service, her executive and department directors, supervisors, head nurses and/or afternoon charge nurses participated because these three hierarchical levels provide nursing

services indirectly and directly.

Indirectly the director of nursing services and the supervisors participate with administration in determining nursing procedures and policies. Although head nurses do participate in the latter function to some extent, they are principally involved in the direct nursing care of patients. They are in direct contact with patients as they manage specific units. The third hierarchical level also included charge nurses of the afternoon or evening shift. Head nurse assistants were excluded from the study, but afternoon charge nurses were included because they have more managerial decisions to make more often than do head nurse assistants. They spend more time with new admissions, preparing patients for X-ray, surgery, laboratory procedures, and the sometimes arduous tasks of sleep.

Twenty-five subjects were selected as follows: one vice-president of nursing, five departmental directors, five supervisors from the day shift, two supervisors of the afternoon shift, and two supervisors of the night shift. Five head nurses from the day shift, and five charge nurses of the afternoon shift participated. There was a total of twenty-five subjects in the sample.

Selection of the population sampled provided for variety of age, and educational preparation. These variables may have some influence on how nurses manage. The main reason for the variety here was to include some nurses who have passed through the transition which the profession has undergone and are in management positions, and some nurses who began

their careers working in hospitals under more current situations. There were eleven nurses ages twenty-two to thirty which covered the years of graduation from 1964 to 1972; four from ages thirty-one to thirty-seven covering years of graduation from 1958 to 1963; also four nurses from ages fifty-two to fifty-nine covering years of graduation from 1944 to 1942. The age groups and years of graduation were sufficient to include nurses who may differ in their original orientation to the nursing profession. It included, for example, some nurses who are from the more traditional era when nurses were considered merely the "doctor's helper." Further, the sample also included some nurses who were educated in the current situation of growth in hospital services, ancillary personnel and paraprofessionals, and a general upgrading of the nursing profession as a whole. In keeping with these trends and the rapid changes that are in continuous process, the ages simultaneously included nurses who have adjusted or continue to adjust to the changing situations in the delivery of health care.

The Tool for Data Collection

Blake and Mouton assert that the culture of the organization determines the degree of its effectiveness. They state that

A manager's job is to perfect a culture which (1) promotes and sustains efficient performance of highest quality and quantity, (2) fosters and utilizes creativity, (3) stimulates enthusiasm for effort, experimentation, innovation and change, (4) takes educational advantage from interaction situation, and (5) looks for and finds new challenges.

They state that even though great strides have already been made toward

the ideal of genuine organization competence, more can be accomplished toward organizational excellence. Their extensive work elaborates styles of management and provides a framework for learning and using some knowledge which the behavioral sciences have abstracted about human behavior. This knowledge includes such entities as personality traits and some of their predisposing factors, some dynamics of superior versus subordinate attitudes, competitiveness among employees on the same level, and the impact of creativity and change. Some advantages and disadvantages of these entities are also considered.¹

Blake and Mouton have developed an instrument to identify managerial styles which is arranged in five paragraphs that are depicted on a grid (see Figure 1). The horizontal axis of the grid indicates concern for people. The five styles described on the examining instrument are consecutively: (1) 1,1, (2) 1,9, (3) 5,5, (4) 9,1, and (5) 9,9. The instrument was used to collect the data for this study following written consent of Drs. Blake and Mouton (Appendix I).²

The 1,1 Management Style. The first paragraph is the 1,1 paragraph, and is located in the lower left hand corner of the grid. The management style is one in which the manager feels that exertion of minimum efforts to get work done is appropriate to sustain organizational membership. There is low concern for production 1, coupled with

¹Robert R. Blake and Jane S. Mouton, The Managerial Grid (Houston, Texas: Gulf Publishing Co., 1971), p. x and Chapters One, Ten, Eleven, and Fourteen.

²Ibid.

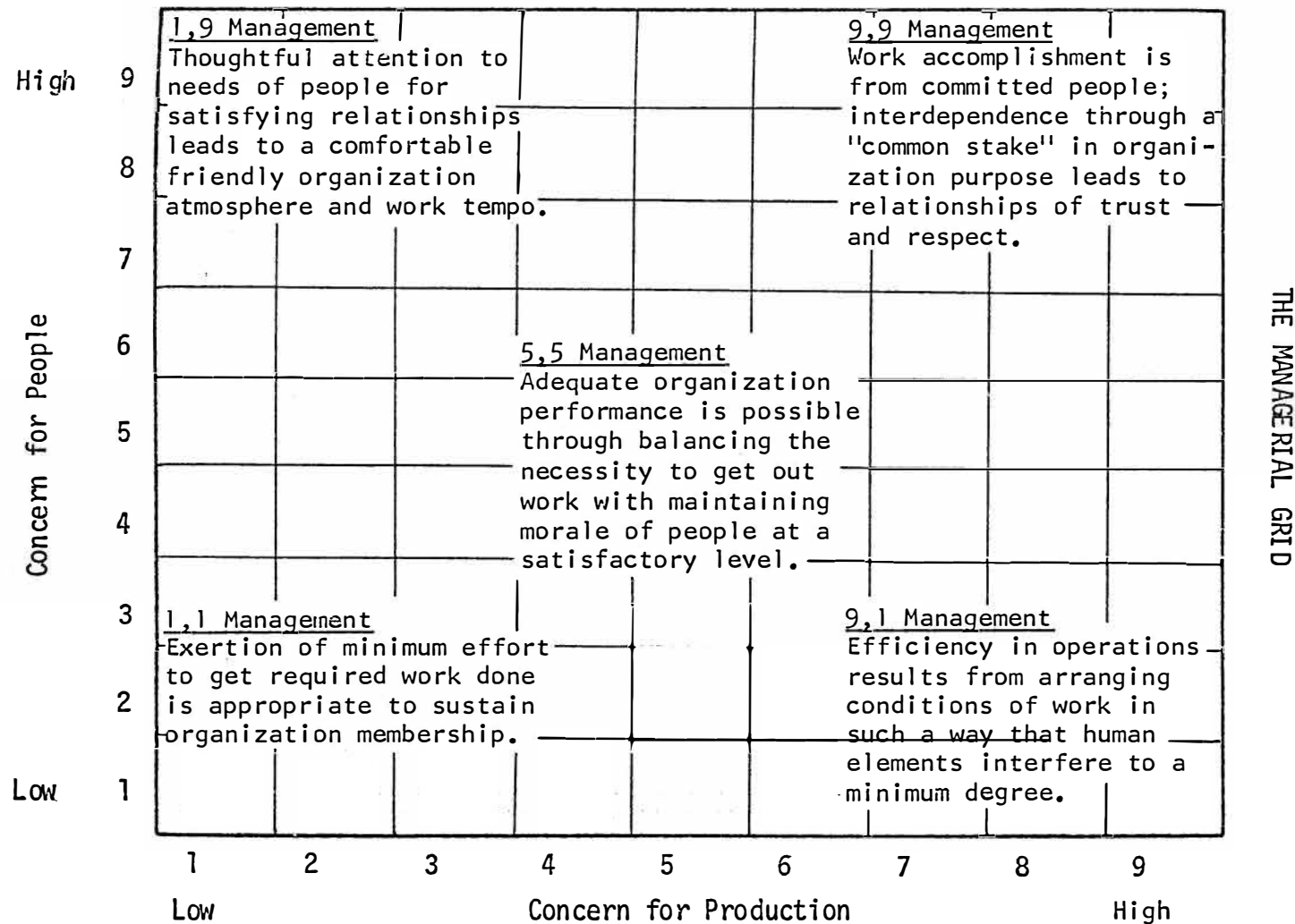


FIGURE 1. The Managerial Grid

low concern for people, 1. With this style the manager has learned to be more or less "out of it" while remaining in the organization. Commitment under 1,1 is directed toward self-survival, and conflict is avoided. The manager may be said to be lost among the people instead of managing them. This style is evolving more in the direction of machine and assembly-line organizations, in which decision making is under complete control, and the opportunity for people to think is eliminated.³

The 1,9 Managerial Style. The 1,9 style is located in the upper left-hand corner of the grid, and is the second paragraph on the instrument. In 1,9 the manager has a low functional concern for production coupled with a high concern for people. In this style, conditions are arranged so that the personal needs and satisfaction of people can be met. The needs of people are considered more important than production. Conflict is most likely to be approached with reconciliation through appeasement, when appealing to human emotion and reasoning fails to placate the situation.⁴

The 1,9 style is more feasible in organizations where competition is of no consequence and effort is not rewarded. It is not likely to evolve to any significant degree if competitiveness in business remains and companies desire to stay in business.⁵

³Blake and Mouton, The Managerial Grid, pp. 85-105 and 313-14.

⁴Ibid., pp. 57-80.

⁵Ibid., p. 314.

The 5,5 Managerial Style. The 5,5 style is shown in the middle of the grid in keeping with its orientation; it is the third paragraph on the instrument. Here intermediate concern for production is linked with moderate or intermediate concern for people. This approach automatically assumes that organizational goals are in conflict with the needs of people. It aims for a situation of equilibrium or compromise, attempting also to insure conformity and uniformity throughout the organization. The manager utilizes the strategies of politics as contrasted with genuine understanding and agreement. Conflict is handled by backing off for a while to give people time to cool off, and then coming up with a solution that will give each party a little satisfaction. While the 5,5 manager admits that the situation is not perfect by any means, he is afraid of creating animosity or what he perceives a potential enemy.⁶

5,5 is more appropriate in union-management relations where autonomous groups who hold equal power relate to one another. It is not effective in situations in which management must provide a model for the organization itself. It lacks in excellence and the personal gratification it affords people is not genuine, but it does result in a more or less acceptable state of affairs. With the emergence of the large corporation and the disappearance of the entrepreneur, the concepts of expediency and empiricism which 5,5 embraces are likely to become the

⁶Blake and Mouton, The Managerial Grid, pp. 110-316.

new existing state of management.⁷

The 9,1 Managerial Style. The 9,1 style is at the lower right-hand corner of the grid. Here a high concern for production is coupled with a low concern for people. It assumes, somehow, that the needs of people are contrary to the needs of productive organizational goals; the manager must sacrifice one or the other. In this style (9,1) the needs of people are sacrificed. Work is arranged to minimize the expression of feelings and attitudes of people. Production monopolizes the concern of the manager, and he drives himself and others alike. Primary attention is given to arranging the working conditions, rather than the people, to maintain maximum production. The 9,1 management approach can be readily equated to the traditional master-slave relationship, and it is not viewed as evolving with any significance in contemporary social trends.⁸

The 9,9 Managerial Style. The fifth and last paragraph of the instrument is the 9,9 orientation of management. It is located in the upper right-hand corner of the grid, and in it high concern for production is coupled with high concern for people. The 9,9 style of management assumes that there is no conflict between organizational purpose and the personal gratification of people. The aim is to integrate creativity, high productivity, and high morale through concerted efforts.

⁷Blake and Mouton, The Managerial Grid, pp. 314-16.

⁸Ibid., pp. 18-48 and 313.

This is done by mutual understanding and agreement as to definition of organizational goals and the methods by which these goals may be achieved. The manager with the 9,9 style of managing respects the need of people to be self-motivated, and self-directed, creative, and to establish mature relationships with management and with each other. He is interested in discovering the best and most effective solution to problems, in contrast to the 9,1 pattern where problems are solved in terms of authority, or the 5,5 style where problems are solved according to past practices. "Sociability for the sake of togetherness, status based on aspects unrelated to work, or power exercised for its own sake or out of frustration, are not viewed as mature needs."⁹ Accomplishment and contribution are the critical aspects of mature organizational performance and individual motivation.¹⁰

With the emergence of a society which is more cognizant of education, of human rights, which has a deeper understanding of human behaviors among other like ramifications, the 9,9 model will probably become a dominant trend in management styles. It is more predictable (and more important, it seems) for organizations in which there is high regard for accomplishing tasks in the most efficient manner possible.¹¹

Elements and Back-Up Assumptions

Managers seldom show a pure style of managing, which is the

⁹Blake and Mouton, The Managerial Grid, pp. 142-43.

¹⁰Ibid., pp. 142-80.

¹¹Ibid., pp. 316-18.

reason for analysis of back-up assumptions that are the paragraphs listed by managers as second or even third most typical of themselves on the instrument for analysis. This factor is also a part of the dynamics which motivated Blake and Mouton to develop the Managerial Grid, as they recognize that management can profit from various blends of styles. In addition to the five paragraphs, therefore, the instrument contains six elements of phrases that picture the subjects' most characteristic approach to decisions, convictions, conflict, temper, and humor. The element phrases are taken from the original paragraphs, they describe the same styles as the five paragraphs and in the same order. The first phrase under decisions (a1) is the 1,1 pattern, followed by (b1) the 1,9 style, (c1) is for 5,5, (d1) for 9,1, and (e1) is the decision-making approach characteristic of the manager who uses the 9,9 style. The same identification applies for each of the following five elements. The temper and humor elements incur more variation and are not helpful in depicting how a manager may manage.¹²

Each of the five paragraphs which describe management styles is ranked from 1, the most typical or characteristic of the manager. The same ranking applies also to each of the six elements that describe common approaches to decisions, convictions, conflict, temper and humor. These are also ranked from 1, the most like the sample subject, to 5, the least like him or her.

¹²Blake and Mouton, The Managerial Grid, pp. 249-50.

Implementation

Consent of individual subjects was obtained by the researcher, through the nursing service department. Simultaneous with obtaining consent, subjects were informed that information was for research purposes only, and that she/he may refuse to participate. Also that all information given would be confidential and anonymously reported in the study.

There were no foreseeable risks to the subjects sampled nor to the participating institution. There were, on the other hand, considerable benefits which could be derived from the project. For example, both administration and nurse-managers could become alerted to the potentiality of organizational excellence, and how this excellence may be fostered through management. Administrators could become more aware of the power and influence of nurses within the organizational structure and the same might apply in reverse to nurses. The study might provide an impetus to nurses for enhancing their personal gratification, thereby providing more mature working relationships. In turn, the hospital, nurse-managers, and ancillary personnel could gain some perspectives of how to implement hospital goals, which are mainly the delivery of patient care. Most important in the final analysis, is the possibility that the study may contribute to patients receiving better care.

Nurses were given the data collecting tool in its standard form (Appendix II), except for the added variables of age, year of graduation, and educational preparation, i.e., associate degree, baccalaureate, or

masters. They were asked to rank themselves according to the ranking procedure explained previously in the section describing the tool. The instrument required about eight minutes or less to be read and completed by the nurses.

Analysis of Data

The data are reported in frequency distributions. The findings apply only to the population sampled in this study. A frequency distribution analyzing each of the five styles of management was prepared.

CHAPTER IV

ANALYSIS OF DATA

The study was conducted to describe how nurses perceive themselves as managing on several managerial levels in a general hospital setting, and to determine the frequency of occurrence of the 9,9 style, wherein there is high concern for production linked with high concern for people.

Characteristics of Subjects

Twenty-five nursing leaders were included in the study. They were from five managerial positions and worked the day, afternoon and night shifts. The hierarchical levels are shown in Table I.

TABLE I
MANAGERIAL LEVELS

Position	Shift	n
Vice-President of Nursing		1
Directors		5
Supervisors	Day	5
Supervisors	Evening	2
Supervisors	Night	2
Head Nurses	Day	5
Charge Nurses	Evening	5
N =		25

Educational preparation. The educational preparation of the

subjects sampled included diploma, associate degree, and master degree level graduates as shown in Table II.

TABLE II
NURSES' EDUCATIONAL PREPARATION

Educational Preparation	n
Diploma	7
Associate Degree (A.D.)	7
Baccalaureate (B.S.)	7
Master of Science (M.S.)	4
N =	25

Years of graduation. Years of graduation and age coincided enough so that only the age will usually be referred to in the analysis of data. The data suggested also that these nurses began their professional preparation at ages later than usual after graduation from high school. There was sufficient variety in the years of graduation, which covered periods of traditional through revised concepts of nursing education to support the examination of this variable. Years of graduation are shown in Table III.

TABLE III

YEARS OF GRADUATION AND EDUCATIONAL PROGRAMS OF NURSES SAMPLED

Educational Program	Years of Graduation			
	n 1972-64	n 1963-56	n 1951-50	n 1949-41
Diploma	4	0	2	1
A.D.	7	0	0	0
B.S.	2	3	1	1
M.S.	2	1	0	1
N = 25	15	4	3	3

Age. The nurses ranged in age from 22 to 59 years. There were two gaps within this range: there were no subjects aged 38 to 41, and none aged 42 to 47 (Table IV).

TABLE IV

AGE DISTRIBUTION OF NURSING MANAGERS

Age Group	Years Graduated	f
22-30	1972-1964	11
31-37	1963-1958	4
38-41	1957-1953	0
42-47	1952-1948	6
48-51	1947-1945	0
52-59	1944-1942	4
N = 25		

Table V illustrates the distribution of age and educational preparation. Even though the largest number of nurses were below age 31, none of these subjects had M.S. degrees.

TABLE V

DISTRIBUTION OF SUBJECTS BY AGE AND EDUCATIONAL PREPARATION

Age Group	Diploma	A.D.	B.S.	M.S.
22-30	4	5	2	0
31-37	0	0	2	2
38-41	0	0	0	0
42-47	2	1	2	1
48-51	0	0	0	0
52-59	1	1	1	1
N = 25	7	7	7	4

Predominant Management Styles

Five management styles were considered: (1) low concern for people and production--1,1; (2) low concern for production linked with high concern for people--1,9; (3) minimum concern for both people and production--5,5; (4) high concern for production linked with low concern for people--9,1; and (5) high concern for both people and production--9,9.

The 9,9 style appeared with highest frequency. Next were the 5,5 and 9,1 styles, but these were chosen by only one subject respectively. Two other alternatives on the instrument, the 1,1 and 1,9 styles, did not appear at all within the distribution. Two subjects failed to rank the descriptions in proper sequence and their self-described style could not be determined. Table VI illustrates the frequency of predominant management styles.

TABLE VI

FREQUENCY DISTRIBUTION OF PREDOMINANT
MANAGERIAL STYLES

Managerial Styles	f
1,1	0
1,9	0
5,5	1
9,1	1
9,9	21
Undetermined	2
N = 25	

Management style and age. Managerial styles according to age are depicted in Table VII. As the table shows, age did not influence the management styles selected by the nurses. This finding corroborates the findings of Blake and Mouton: that styles of management depend to a greater extent on level of maturity than on chronological age or educational preparation.

TABLE VII

DISTRIBUTION OF MANAGEMENT STYLES ACCORDING TO AGE GROUP

Age Group	Managerial Styles					Undetermined
	1,1	1,9	5,5	9,1	9,9	
22-37	0	0	1	1	11	2
38-41	0	0	0	0	0	0
42-47	0	0	0	0	6	0
48-51	0	0	0	0	0	0
52-59	0	0	0	0	4	0
N = 25	0	0	1	1	21	2

Education. The majority of nurses ranked themselves 9,9 regardless of educational preparation (Table VIII).

TABLE VIII
DISTRIBUTION OF MANAGEMENT STYLES ACCORDING
TO EDUCATIONAL PREPARATION

Educational Level	Managerial Styles					Undetermined
	1,1	1,9	5,5	9,1	9,9	
Diploma	0	0	0	0	7	0
A.D.	0	0	1	0	4	2
B.S.	0	0	0	1	6	0
M.S.	0	0	0	0	4	0
N = 25	0	0	1	1	21	2

It could be said that the nurses who were prepared at sub-professional levels, namely, diploma and A.D. programs perceived the 9,9 style with the same frequency as those educated at professional levels, which in this population were baccalaureate and master degree programs. Table IX illustrates this finding.

TABLE IX
DISTRIBUTION OF STYLES DEPICTING PROFESSIONAL AND
SUBPROFESSIONAL EDUCATIONAL LEVELS ONLY

Educational Level	Managerial Styles				
	1,1	1,9	5,5	9,1	9,9
Less than B.S.	0	0	1	0	11
B.S. and M.S.	0	0	0	1	10
N = 25	0	0	1	1	21

Back-Up Assumptions

The paragraph selected by a subject as the second most typical of her style, was taken as the back-up assumption for each person sampled. The responses to back-up assumptions were as follows: low concern for production linked with high concern for people (1,9); minimum concern for both production and people (5,5); high concern for production linked with low concern for people (9,1); and two back-up assumptions, as with predominant styles, could not be determined. The back-up assumptions were distributed with greater variety than were the predominant management styles, as shown in Table X.

TABLE X
DISTRIBUTION OF BACK-UP ASSUMPTIONS

Back-Up Assumption	f
1,1	0
1,9	5
5,5	10
9,1	8
9,9	0
Undetermined	2
N =	25

Back-up assumptions as compared with the predominant styles, are depicted on Table XI. The back-up assumptions are ranked with more variation within the sample than were the rankings of predominant styles.

TABLE XI
PREDOMINANT STYLES COMPARED WITH
BACK-UP ASSUMPTIONS

Back-Up Assumptions	Predominant Styles				
	1,1	1,9	5,5	9,1	9,9
9,9	0	0	0	0	0
9,1	0	0	1	0	7
5,5	0	0	0	1	9
1,9	0	0	0	0	5
1,1	0	0	0	0	0
Undetermined	0	0	0	0	2
N = 25			1	1	23

Age. While age did not affect the choice of predominant styles, there was enough difference in the selection of back-up assumptions to question the effects of this factor (Table XII).

TABLE XII
DISTRIBUTION OF BACK-UP ASSUMPTIONS ACCORDING TO AGE

Age	1,1	1,9	5,5	9,1	9,9	Undetermined	n
22-37	0	3	6	4	0	2	15
38-41	0	0	0	0	0	0	0
42-47	0	0	2	4	0	0	6
48-51	0	0	0	0	0	0	0
52-59	0	2	2	0	0	0	4
N =							25

Educational level and back-up assumptions. When grouped according to education, there was notable variety in ranking back-up assumptions (Table XIII). Subjects prepared in diploma schools ranked high

concern for production, low concern for people (9,1) and minimum concern for both people and production (5,5) with almost the same frequency. Associate-degree graduates perceived low concern for production, high concern for people (1,9) and minimum concern for both people and production (5,5) with equal frequency. At the baccalaureate level the second-ranked management styles were low concern for production, high concern for people (1,9); minimum concern for both people and production (5,5); and high concern for production, low concern for people (9,1) with nearly equal distribution. Nurses with masters' degrees ranked 5,5 back-up assumptions with highest frequency.

TABLE XIII

BACK-UP ASSUMPTIONS DISTRIBUTED ACCORDING TO EDUCATIONAL LEVEL

Educational Level	Management Styles						n
	1,1	1,9	5,5	9,1	9,9	Undetermined	
Diploma	0	0	3	4	0	0	7
A.D.	0	2	2	1	0	2	7
B.S.	0	2	3	2	0	0	7
M.S.	0	0	3	1	0	0	4
N =							25

The Grid Elements

The grid elements, or nurses' approaches to decision, convictions, conflict, temper, and humor, revealed only slight differences from their predominant styles. Their approach to effort will be examined separately. In other words the nurses' approach to the elements were

predominantly from the 9,9 managerial style or orientation.

Grid elements and age. There was no difference when element (grid) approaches were examined according to age since twenty-three of the subjects chose 9,9 consistently.

Educational level. When the grid elements were examined according to educational level, there were some notable differences in the rating of approaches to the element on effort. The rating results are depicted in Table XIV.

TABLE XIV
DISTRIBUTION OF THE ELEMENT EFFORT
ACCORDING TO EDUCATIONAL LEVEL

Element Effort	Diploma	A.D.	B.S.	M.S.	n
1,1	0	0	0	0	0
1,9	0	0	1	0	1
5,5	1	1	4	2	8
9,1	2	0	0	1	3
9,9	4	6	2	1	13
N = 25	7	7	7	4	25

Among diploma school graduates the nurses ranked "I seek to maintain a good steady pace," or the 5,5 approach to effort; "I drive myself and others," the 9,1 approach; and "I exert vigorous effort and others join in," the 9,9 style. A.D. graduates selected the 5,5 management approach to effort, which is seeking "to maintain a good steady pace," and the 9,9 style which was ranked with higher frequency.

Among B.S. degree nurses, the management approaches selected for the element on effort were as follows: "I rarely lead but extend help," which is the 1,9 orientation; the 5,5 orientation, "I seek to maintain a good steady pace"; and the 9,9 approach, "I exert vigorous effort and others join in." At the M.S. degree level, responses were to the 5,5 management approach or style, the 9,1 style, and the 9,9 approach to the element on effort.

Table XV depicts responses to the effort element according to years of graduation. Nurses who graduated during 1953 may be grouped as belonging to the traditional era when nurses were considered as merely the doctor's "handmaidens." Nurses who graduated in the years from 1957 to 1963 may be grouped as having joined the profession during its transitional phases with the advent of vocational schools for practical nurses, the A.D. programs, a higher percentage of nurses entering B.S. programs, and the phasing out of diploma schools (Table XV).

TABLE XV
MANAGEMENT STYLE FOR APPROACH TO THE ELEMENT EFFORT
ACCORDING TO YEARS OF GRADUATION

Year Graduated	Management Style to Effort Element					n
	1,1	1,9	5,5	9,1	9,9	
1953-1972	0	0	5	3	7	15
1942-1952	0	0	5	2	3	10
N =						25

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The majority of hospitalized patients are cared for in general hospitals. Nurses must supervise or manage the care of patients in an industrialized situation in which technology and specialization prevail increasingly, and in a social environment which emphasizes health care as a human right instead of a privilege. The shortage of nurses makes it imperative that nurses accomplish the tasks of caring for patients in the hospital through ancillary and paraprofessional personnel while continuing to maintain optimal quality of care. In this sense nurses are managers. Very little is known, however, about the way nurses perceive themselves in the role of managers, or even whether they consider themselves as such.

The purpose of the study was to conduct a preliminary survey of the kinds of management styles nurses on several levels of management see themselves as using in a general hospital, and the frequency of occurrence of the style that encompasses high concern for production linked with high concern for people.

The study is descriptive and nonexperimental. Twenty-five subjects were selected from five hierarchical levels. One vice-president of nursing, five directors of nursing, nine supervisors, five head nurses, and five afternoon charge nurses participated.

The nurses had completed four kinds of professional education. Seven were diploma graduates, seven had associate degrees, seven were baccalaureate degree graduates, and four held master of science degrees.

The instrument used in the study and the five management styles it describes are plotted on a grid that was developed by Blake and Mouton. The horizontal axis of the grid indicates concern for production, while the vertical axis indicates concern for people. The styles were rated from 1, the most typical of a subject's management style to 5, the least typical of her style. The first, or number 1, paragraph selected is the predominant management style. The five management styles depicted on the grid are: (1) low concern for production and people, 1,1; (2) low concern for production linked with high concern for people, 1,9; (3) minimum concern for both production and people, 5,5; (4) high concern for production linked with low concern for people, 9,1; and (5) high concern for both production and people, the 9,9 management style.

Back-up assumptions or styles were derived by examining the paragraphs the nurses rated as being second, or number two, most typical of their perception of themselves.

Characteristic approaches to the six elements on decisions, convictions, conflict, emotions, humor, and effort are components of the paragraphs broken into separate sentences; those also are included in the instrument by Blake and Mouton.

The instrument was used to gather data reported in the study.

Each nurse was given the instrument and an envelope. She completed the instrument by numbering each of the five paragraphs describing the management styles from 1, most typical perception of her own style, to 5, least typical of her style. The six elements were rated in the same manner as the paragraphs. When the subjects had completed the instrument as instructed, they placed it in the envelope, sealed it, and returned it to a sealed box that was collected by the researcher.

Summary of Findings

The management style of high concern for both production and people, 9,9, occurred with the highest frequency in the population studied. In a letter consenting to the use of his instrument, Dr. Blake had predicted that seventy-five percent of the group would rate themselves 9,9. He explained that there would be a high frequency of the 9,9 style because the nurses were not being pre-exposed to the grid and would not be cognizant of their own methods of management. Actually, ninety-six percent, or twenty-one of the twenty-five nurses participating in the study selected the high concern for production, high concern for people (9,9) as their perceptions of their own management orientation.

Age and educational level did not seem to influence perception of predominant styles in the population studied, although there was some indication that these factors may have had some influence on the perceptions of back-up assumptions. Diploma graduates were clustered around

5,5 and 9,1; associate degree graduates clustered around 1,9 and 5,5; baccalaureate graduates clustered around 1,9, 5,5 and 9,1 with almost an even frequency rate; while master degree graduates clustered around 5,5 and 9,1 exclusively.

The back-up assumptions were distributed with greater variety; ten subjects perceived the 5,5 orientation; eight perceived 9,1; five perceived 1,9; and two of the back-up styles could not be determined.

Back-up assumptions according to age showed that nurses aged 22 to 37 favored the 5,5 orientation to management with a slightly higher frequency, the second highest being the 9,1 style and the lowest frequency being 1,9. Subjects aged 42 to 47 selected the 5,5 and 9,1 orientations as back-up styles, 9,1 having the higher frequency. The 52 to 59 age group perceived 1,9 and 5,5 as their back-up styles with the same rate of frequency. The data showed that no subjects aged 42 to 47 selected the 1,9 back-up style, and no subjects aged 52 to 59 selected 9,1 as a back-up assumption. Among younger subjects, ages 22 to 37, the 5,5 orientation appeared with the highest frequency.

By educational levels, back-up assumptions among diploma graduates were distributed between minimum concern for both people and production 5,5; and high concern for production, low concern for people or 9,1. Of associate degree graduates the distribution was low concern for production, high concern for people, or 1,9, and minimum concern for both production and people, or 5,5, both choices occurring with the same frequency. One associate degree graduate selected high concern for

production, low concern for people or the 9,1 management style as a back-up assumption. At the baccalaureate degree level, the 5,5 management style as back-up appeared with slightly higher frequency, while 1,9 and 9,1 was chosen by equal number of respondents. Among the four master's degree nurses, the minimum concern for both people and production or 5,5 occurred with highest frequency. Most of the subjects described above had chosen 9,9 as their predominant style of management.

Grid elements on decisions, convictions, conflict, emotions, and humor, again showed a consistent orientation toward high concern for production, high concern for people--(9,9). In the effort element there was enough divergence to consider it separately, there were ten nurses perceiving the 1,9 orientation, five the position, 5,5, and ten the 9,9 styles.

When the management orientation of effort was examined by educational levels, the distribution appeared with even more diversity but continued to center on the 5,5, 9,1, and 9,9 patterns of management. Among diploma and associate degree graduates there were more 9,9 responses. Both baccalaureate and graduates responded to the 5,5 management style with higher frequency.

Conclusions

All but two subjects responded to the 9,9 pattern of management. The ninety-six percent response may indicate, as the instrument's authors believe, that the subjects did not understand their own orientation from the viewpoints of production and people. Blake and Mouton

discovered the typical sequence of paragraph ratings to be (1) 5,5; (2) 9,9; (3) 9,1; (4) 1,9; and (5) 1,1. The authors further discovered that managers progressing to top positions showed a tendency toward 9,9 with 9,1 as back-up styles, while those with average success chose 9,9 with 5,5 as a back-up style. The 5,5 management style was in third place in terms of its success as a style of management.¹

The back-up assumptions and element approaches seemed to provide more information about management styles in this study than did the choices of predominant styles. Back-up responses also seemed to adhere more closely to the typical sequence discovered by Blake and Mouton. Over the population sampled there were five 1,9 responses, ten 5,5's, eight 9,1's, and two 9,9 responses for second choices of management styles.

Recommendations

It is recommended that more research be done concerning the management orientation of nurses. Some workshop studies with the authors of the grid might prove fruitful. When research data are gathered regarding management styles, it is suggested that careful attention be paid to educational levels and the organizational setting. When one looks closely at back-up styles chosen and at the element on effort, there is a slight suggestion that educational levels may have affected or effected management orientations. In other words, educational

¹Blake and Mouton, The Managerial Grid, Chapter IX and p. 248.

preparation may have positive or negative influence on the effort which nurses may exert.

Some research may be in order as to the numbers, quality of, and preparedness for management of associate-degree graduates since they comprise the highest number of graduates for the years 1964 to 1972.

No firm conclusions may be drawn from this study because the instrument was not designed to measure actual behavior. The study has described management orientations as perceived by twenty-five nurses managing patient care in a general hospital setting. It is hoped that nurses and the hospital as an organization will become more cognizant of nurses as managers and strive for higher quality in supervising the care of hospitalized patients.

APPENDIXES

APPENDIX I

LETTERS OF REQUEST AND CONSENT

Dr.s R. R. Blake and J. S. Mouton
Scientific Methods, Inc.
P. O. Box 195
Austin, Texas 78767

December 7, 1973

From: Dorothy Daniel, 9430 Bankside Drive; Houston, Texas 77071.

Dear Dr.s Blake and Mouton:

I am writing to request your permission to use the instrument which you have developed in your publication: The Managerial Grid for assessing "Key Managerial Orientations," and the corresponding Grid which depicts the management styles delineated.

I am in graduate study at Texas Woman's University; my major is psychiatric nursing. I am concerned about, and interested in the management orientations and capabilities of nurses in general hospitals; and chose this aspect of nursing for research project. This project is required as partial fulfillment for the M.S. degree at T. W. U.

I am delighted to learn of your developments, and found it quite suitable for the research I wanted to do. Hence, I have developed the enclosed thesis proposal which will be submitted to my committee as soon as I receive your permission to use the tool requested above.

Mrs. Sockton is informed of the endeavor I have described, and suggested that I send the three chapters which are roughly completed thus far for your scrutiny.

Thank you for considering this matter, looking forward to receiving your permission to use the instrument referred to as quickly as is feasible.

Sincerely,

Dorothy Daniel



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Scientific Methods, Inc.

BOX 195, AUSTIN, TEXAS 78767 ■ 512-477-5781 ■ CABLE: GRID

TELEX: 776443

December 17, 1973

Ms. Dorothy Daniel
9430 Bankside Drive
Houston, Texas 77071

Dear Ms. Daniel:

Jane Mouton and I have read your thesis proposal and for this one-time use only grant you our permission to use the paragraphs and element statements from The Managerial Grid, Gulf Publishing Company, 1964.

We do, however, want to forewarn you that problems of data management will be encountered of the following sort.

1. The preponderance of 9,9 as first choice, which we anticipate that you will find, will be an invalid reflection of the true frequency of 9,9 in your population. The reason for this is self-deception, with people judging their intentions when they select the paragraphs, but other people who observe them doing so based directly upon behavior.
2. Were these nurses to have completed a Managerial Grid Seminar week where they had learned to receive feedback from others and to pierce self-deception, our judgment is that the number of 9,9 first responses would be not in the neighborhood of 75% as we expect you will get, but rather in the neighborhood of 25%. Thus, we feel there are significant problems of working with data that have significant distortions in them.

Jane Mouton and I are currently working with Roosevelt Hospital in New York where we are launching a "total" OD effort with an extensive research evaluation built in. We are doing this because we do feel that the hospital area has not taken advantage of behavioral science ways for strengthening the effectiveness of its management.

-52-

Ms. Dorothy Daniel

-2-

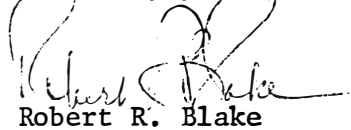
December 17, 1973

The project is one that starts with the Board of Directors and will involve the senior administrative officers, as well as the managers and supervisors beneath them on the operational side and medical and nursing personnel on the professional side. Thus, at least at this stage of planning, we see no short cuts being made that would make it "easy" to conduct such a project but which would foredoom the likelihood of failure later on.

We would be very pleased to be contacted at any time that it seems pertinent to help with such an experimental Grid OD project in a Texas hospital.

Kindest personal regards.

Sincerely yours,



Robert R. Blake

APPENDIX II

MANAGERIAL GRID INSTRUMENT

Age _____ A.D. _____ Masters _____
Diploma _____ Baccal. _____ Year of Graduation _____

Rank the paragraphs from most to least typical, as a description of yourself; 1 is most typical, 2 is next most typical, and so on to 5 which is least typical of you. When you have finished ranking, there should be only one of each number 1 to 5. There can be no ties.

- _____ a. I accept decisions of others. I go along with opinions, attitudes, and ideas of others or avoid taking sides. When conflict arises, I try to remain neutral and stay out of it. By remaining neutral, I rarely get stirred up. My humor is seen by others as rather pointless. I put out enough effort to get by.
- _____ b. I place high value on maintaining good relations. I prefer to accept opinions, attitudes, and ideas of others rather than to push my own. I try to avoid generating conflict, but when it does appear, I try to soothe feelings and to keep people together. Because of the disturbance tensions can produce, I react in a warm and friendly way. My humor aims at maintaining friendly relations or when strains do arise, it shifts attention away from the serious side. I rarely lead but extend help.
- _____ c. I search for workable, even though not perfect, decisions. When ideas, opinions, or attitudes different from my own appear, I initiate middle ground positions. When conflict arises, I try to be fair but firm and to get an equitable solution. Under tension, I feel unsure which way to turn or shift to avoid further pressure. My humor sells myself or a position. I seek to maintain a good steady pace.
- _____ d. I place high value on making decisions that stick. I stand up for my ideas, opinions, and attitudes, even though it sometimes results in stepping on toes. When conflict arises, I try to cut it off or to win my position. When things are not going right, I defend, resist or come back with counter arguments. My humor is hard hitting. I drive myself and others.

- ____ e. I place high value on getting sound creative decisions that result in understanding and agreement. I listen for and seek out ideas, opinions, and attitudes different from my own. I have clear convictions but respond to sound ideas by changing my mind. When conflict arises, I try to identify reasons for it and to resolve underlying causes. When aroused, I contain myself, though my impatience is visible. My humor fits the situation and gives perspective; I retain a sense of humor even under pressure. I exert vigorous effort and others join in.

ELEMENTS

Consider all of the "1" statements (i.e., a1, b1, c1, d1, e1) and select from them the one which best describes you. Do the same for all "2" elements (a2, b2, c2, d2, e2) circling the one which typifies you. Follow the same procedure for the "3," "4," "5," and "6" elements.

Element 1: Decisions

- a1. I accept decisions of others.
- b1. I place high value on maintaining good relations.
- c1. I search for workable, even though not perfect, decisions.
- d1. I place high value on making decisions that stick.
- e1. I place high value on getting sound creative decisions that result in understanding and agreement.

Element 2: Convictions

- a2. I go along with opinions, attitudes, and ideas of others or avoid taking sides.
- b2. I prefer to accept opinions, attitudes, and ideas of others rather than to push my own.
- c2. When ideas, opinions, or attitudes different from my own appear, I initiate middle ground positions.
- d2. I stand up for my ideas, opinions, and attitudes, even though it sometimes results in stepping on toes.
- e2. I listen for and seek out ideas, opinions, and attitudes different from my own. I have clear convictions but respond to sound ideas by changing my mind.

Element 3: Conflict

- a3. When conflict arises, I try to remain neutral or stay out of it.

- b3. I try to avoid generating conflict, but when it does appear, I try to soothe feelings and to keep people together.
- c3. When conflict arises, I try to be fair but firm and to get an equitable solution.
- d3. When conflict arises, I try to cut it off or to win my position.
- e3. When conflict arises, I try to identify reasons for it and to resolve underlying causes.

Element 4: Emotions (Temper)

- a4. By remaining neutral, I rarely get stirred up.
- b4. Because of the disturbance tensions can produce, I react in a warm and friendly way.
- c4. Under tension, I feel unsure which way to turn or shift to avoid further pressure.
- d4. When things are not going right, I defend, resist or come back with counter arguments.
- e4. When aroused, I contain myself, though my impatience is visible.

Element 5: Humor

- a5. My humor is seen by others as rather pointless.
- b5. My humor aims at maintaining friendly relations or when strains do arise, it shifts attention away from the serious side.
- c5. My humor sells myself or a position.
- d5. My humor is hard hitting.
- e5. My humor fits the situation and gives perspective; I retain a sense of humor even under pressure.

Element 6: Effort

- a6. I put out enough effort to get by.
- b6. I rarely lead but extend help.
- c6. I seek to maintain a good steady pace.
- d6. I drive myself and others.
- e6. I exert vigorous effort and others join in.

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