LEADERSHIP STYLES OF ARMY AND CIVILIAN NURSE ADMINISTRATORS

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TEMPSIE L. JONES, RN, BSN, C.

DENTON, TEXAS

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TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

2/28/91
Date

To the Dean for Graduate Studies and Research:

I am submitting herewith a thesis written by

Tempsie L. Jones

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Major Professor

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Dean for Graduate Studies and Research

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ABSTRACT

TEMPSIE L. JONES, BSN, RN, C.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
MAY 1991

A nonexperimental descriptive design was used to determine the differences in leadership styles between Army nurse administrators in military hospitals and civilian nurse administrators in civilian hospitals. The sample consisted of 30 nurse administrators: 15 Army nurse administrators from military hospitals throughout the United States and 15 Civilian nurse administrators from civilian hospitals throughout Texas.

Descriptive and nonparametric test were used to analyze the data. There was no significant differences in the primary and secondary leadership styles of the nurse administrators as measured by Hersey and Blanchard's (1977) Leader Adaptability and Effectiveness Description (LEAD-Self) instrument. The primary leadership style of both groups of nurse administrators was described as Selling (S2) and the secondary leadership style was described as Participating (S3).

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CHAPTER I

INTRODUCTION

The role of the nurse administrator in the 21st century will be increasingly complex and challenging (McClure, 1988). McClure contended that the turbulent environment in health care will produce problems that nurses have not dealt with in the past. Advanced technology, cost containment, prospective payments, nursing shortages, higher consumer expectations, and ethical issues will combine to directly impact the structure of the health care organization (Christman & Counte, 1989). Nurse administrators are taking on new leadership roles that include policy-making, marketing of nursing services, economic management, and strategic planning (Miller, 1989). In order to meet the demands of these changing roles, nurse administrators must have strong leadership styles. Nurses of today must be able to evaluate their leadership styles and adapt them to the situations in which they work. They must have strong leadership styles to meet the challenges of nursing in today's health care environment (Miller, 1989).

In the 1970s, the lack of leadership in nursing was well documented (Leininger, 1974; Stevens, 1977; Yura,

Ozimek, & Walsh, 1981). The 1980s ushered in the emergence of the corporate structure in health care and a new call of leadership was advocated in the literature (McGee, 1984; Miller, 1989; Smith & Mitry, 1984). As the traditional bureaucratic structure gives way to new forms of horizontal, vertical, and matrix organizations, nurse administrators must be able to use a variety of leadership styles to accomplish their goals (McGee, 1984). This study investigated the leadership styles of nurse administrators in military hospitals and nurse administrators in civilian hospitals.

Problem of Study

The problem of the study was to determine if there is a difference between the leadership styles utilized by Army nurse administrators in military hospitals and those utilized by civilian nurse administrators in civilian hospitals.

Justification of Problem

Nurse administrators have been educated to give patient care, but there has been a change in expectations that call for nurses to be leaders as well (Zorn, 1977). Yura (1977) noted that little is known about nursing leadership styles and that a definition of nursing

leadership must be sought along with designated leadership styles for nursing situations. Culter (1976) stated that nursing has historically lagged behind adoption of valid, quantitative leadership data resulting from work done by social, behavioral, and industrial scientists. Thus, nursing leadership is not a widely studied phenomenon in the literature, nor are nurse administrators a highly studied group (McGee, 1984).

Today, nursing continues to suffer from the shortage of capable, well-prepared leaders (Miller, 1989). Modern nurse administrators should adapt their leadership styles to meet the demands of the corporate environment (Miller, 1989). Nurse administrators have to be competitive, analytical, unemotional, and flexible in the leadership styles they choose to employ if they wish to be successful. Nurse administrators must be capable of adapting their leadership styles and be able to incorporate leadership models that will promote nurses as partners in the delivery of health care (Miller, 1989).

In contrast, the Army Nurse Corps (ANC) administrator has always had the role and expectation of being a leader in the workplace. The mission of the Army Medical Department is to provide a cadre of highly skilled personnel that will be able to function in war or natural

disaster (Adam, 1988). As nurses in the Army, they are evaluated for their clinical expertise, as well as, Army requirements that include height/weight standards, passing an annual physical fitness test, meeting high moral standards, and possessing leadership ability (Adam, 1988). As Army officers, ANC administrators are expected to uphold high standards to maintain the respect of soldiers under their command and to possess leadership ability to build an effective/efficient unit (Adam, 1988).

Bass (1981) stated research shows that the heaviest continuous investment in leadership training occurs at all levels for military leaders. This fact, coupled with the high turnover and low quality associated with the all-volunteer Armed Services, has focused attention on new approaches to promote stability and cohesiveness through better military leadership (Bass, 1981). Holloman (1967) studied military and civilian supervisors in a large Air Force organization and found that military supervisors showed more leadership behaviors than their civilian counterparts. Holloman concluded that military supervisors displayed more effective leadership styles than civilian supervisors.

The significance of this study is that it provides descriptive data on the leadership styles of civilian and

Army nurse administrators in the hospital setting and contributes to information which may be useful to the nurse administrators in Army and civilian service setting, as well as, developers of curricula in schools of nursing administration.

Conceptual Framework

The conceptual framework for this study was the Situational Leadership Model proposed by Hersey and Blanchard (1988). Situational Leadership is based on the assumption that there is no one successful leadership style. Leaders need to have a variety of styles that can be adapted to a combination of variables in each situation. These variables are: (a) the amount of guidance and direction a leader gives or task behavior, (b) the amount of socioemotional support a leader provides or relationship behavior, and (c) the readiness level that followers exhibit in performing specific tasks. The variables all interact in any given situation and determine what leadership style the leader employs to accomplish the goal. The relationship between the leader and follower(s) is the most important variable. The follower(s) may accept or reject the leader, and, as a group, determine whatever personal power the leader has.

There are two behavioral categories that the leader engages in (Hersey & Blanchard, 1988). The first is task behavior. Task behavior is defined as the extent to which a leader engages in one-way communication by explaining what the follower is to do. The leader explains what the follower is to do, as well as, when, where, and how tasks are to be done. The second behavioral category is relationship behavior. This behavior is defined as the extent to which a leader engages in two-way communication by providing socioemotional support, psychological strokes, and facilitating behaviors. The amount of task and relationship behaviors is important in that it determines the type of leadership style the leader employs in any situation.

Before task and relationship behavior are determined, the leader must first assess the readiness level of the followers (Hersey & Blanchard, 1988). Readiness is the ability and willingness of the followers to accomplish a task the leader wishes them to do. The variable of readiness occurs along a continuum from low readiness to high readiness and is reflected in the Situational Leadership Model (Appendix A). As the level of readiness increases, the amount of task behavior used by the leader decreases. The opposite is true for relationship behavior.

As the readiness level increases, the amount of relationship behavior used by the leader increases until the leadership style four is reached and then the relationship behavior decreases.

Situational Leadership focuses on the appropriateness of the leadership style according to the task relevant readiness of the followers (Hersey & Blanchard, 1988). The level of readiness is related to the specific task that is to be done. The leader looks at the task, analyzes the readiness level of the followers, and determines the leadership style that will be effective for that situation. The Situational Leadership Model contains four quadrants that represent the four leadership styles (Appendix A). These styles are: high task/low relationship behavior, high task/high relationship behavior, high relationship/low task behavior, and low relationship/low task behavior. Once the readiness level is determined, the leader constructs a 90 degree line to the curvilinear line in the model. The quadrant in which the lines meet is the appropriate leadership style the leaders should use in that situation to be effective. If a leader is to be effective, the leader must be able to analyze the demands of the environment, diagnose and adapt leadership style to fit these demands, and develop means to change some or all of

the other situational variables (Hersey & Blanchard, 1988). This study sought to determine if there is a difference in task and relationship leadership styles of Army nurse administrators as opposed to the task and relationship leadership style of civilian nurse administrators.

Assumptions

The basic assumptions of the study were the following:

1. All persons in leadership roles have certain beliefs, attitudes, and values that influence their pattern of behavior.

2. A single, ideal type of leadership style is unrealistic; the leadership process is a function of the leader, followers, environment, and other situational variables.

3. The style of leadership must adapt to the situation and the needs of the followers.

4. The reciprocal interaction of the readiness level of the followers and difficulty of the task influenced the leader's leadership style in any given situation.

Hypothesis

The research hypothesis was: There is no difference between the leadership styles of Army nurse administrators and civilian nurse administrators as measured by scores on

the Leader Effectiveness and Adaptability Description (LEAD-Self) instrument.

Definition of Terms

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

1. Leadership styles--refers to the behavior pattern that a person exhibits when attempting to influence the activities of others as perceived by those people (Hersey & Blanchard, 1988). Leadership styles will be operationally defined by a score on the LEAD-Self instrument. Leadership styles refers to the following labels:

    a. Telling--is a style of leadership characterized by one way communication in which the leader defines the role for the followers. Telling is operationally defined by a score in the high task/low relationship behavior (S1) range of the LEAD-Self instrument.

    b. Selling--is a leadership style in which the leader still gives direction, but uses two way communication and socioemotional support to get the followers to buy into the task. Selling is operationally defined by a score in the high task/high relationship behavior (S2) range of the LEAD-Self instrument.

c. Participating--is a style in which the leader and followers share decision-making through two-way communication. The leader uses facilitating behavior because the followers have the ability and know how to complete a task. Participating is operationally defined by a score in the high relationship/low task behavior (S3) range of the LEAD-Self instrument.

d. Delegating--is the leadership style in which the leader lets the followers do their own thing. The leader delegates since the followers have high ability, high readiness, and are willing to take responsibility for the task. Delegating was operationally defined by a score in the low relationship/low task (S4) range of the LEAD-Self instrument.

2. Army nurse administrator--refers to a registered nurse in the Army Nurse Corps who is designated as Chief Nurse and manages all of nursing service in military hospitals.

3. Civilian nurse administrator--refers to a registered nurse who is designated as Director of Nursing or Vice-President of Nursing and all of nursing services in civilian hospitals.

Summary

This chapter has presented the problem of the study, justification for the study, and conceptual framework of the study. The difference between the leadership styles of Army nurse administrators in military hospitals and civilian nurse administrators in civilian hospitals was explored using the Situational Leadership model as proposed by Hersey and Blanchard (1988). Research of leadership styles and leadership models for nursing are badly needed, especially if nurse administrators are to meet the demands of today's health care environment (Yura et al., 1981).

CHAPTER II

REVIEW OF LITERATURE

This study assessed the difference between the leadership styles utilized by Army nurse administrators in military hospitals and those styles utilized by civilian nurse administrators in civilian hospitals. This chapter reviews all relevant literature related to leadership styles. The review is divided into the following subsections: (a) theories related to leadership styles, (b) historical overview of leadership in nursing, and (c) research studies in nursing related to leadership styles. Finally, a summary is presented.

Theories Related to Leadership Styles

Leadership Style Theories Prior to 1940

Bass (1981) stated early leadership research focused on the singular individual leader. The premise was that some individuals possessed certain characteristics that made them natural leaders. A fundamental belief of this theory is that a leader is born and not made. Woods (1913) studied monarches of several countries and argued that great nations were shaped by their leader's natural ability to lead. Bass (1981) explained this concept is also called

the divine right of kings. This theory is known as the Great Man theory.

After World War II, assumptions of the Great Man theory were disproved as leadership theorists saw ordinary men gain leadership positions (Bass, 1981). A new theory emerged known as the Trait Theory, which proposed that individuals had certain traits that distinguish them as leaders and that these traits could be identified (Bass, 1981). Bass described traits that are associated with leadership as energy, drive, enthusiasm, ambition, aggressiveness, decisiveness, self-assurance, self-confidence, friendliness, affection, honesty, fairness, loyalty, dependability, and technical mastery. Subsequent investigations of leadership traits proved inconclusive. Bass noted that traits denoting leadership in one study were not replicated in other studies.

Another theory, known as the Environmental theory, was also popular along with the Great Man and Trait theories. The Environmental theory suggests that a leader is a product of being in the right place at the right time (Bass, 1981). The Environmental Great Man automatically did what he had to do because he was directed and controlled by the historical event. Leadership did not reside in the person, but in the occasion.

Lewin, Lippitt, and White (1939) were the first to present leadership styles along a continuum. The terms autocratic and democratic are used to describe two dichotomies of leadership on the continuum. In a classic study, Lewin et al. (1939) investigated the effects of autocratic, democratic, and lassiez-faire leadership styles on small group behavior. The autocratic leader was told to determine all policy, dictate all methods and stages of goal attainment, control all actions and interactions of group members, and reward group members in a personal manner. Democratic leaders were instructed to encourage group participation in decision-making and determining policy, explain in advance the methods and stages of goal development, allow the group to act and interact freely, and praise the group members in an objective manner. The lassiez-faire leader was instructed to do nothing. The researchers found that the autocratically led group demonstrated either high levels of aggression or apathetic behavior. The democratic group showed low levels of stress. The lassiez-faire group demonstrated high levels of stress. This study was the first empirical evidence of leadership styles and its effect on group behavior.

Leadership Styles Theories 1940-1980

Leadership was defined in an Ohio State University study as the behavior of an individual when directing activities of a group toward goal attainment (Hemphill & Coons, 1957). The Ohio State University Leadership dimensions were identified as Initiating Structure and Consideration Structure (Hemphill & Coons, 1957). Initiating Structure referred to the leader's behavior in delineating the relationship between himself and members of the group and in endeavoring to establish well-defined patterns of organization, channels of communication, and methods of procedure in an organization. Consideration Structure referred to the leader's behaviors that were indicative of friendship, mutual trust, respect, and warmth in the relationship between the leader and staff. Hersey and Blanchard (1988) commented that the Ohio State University studies were the first to plot leadership dimension on a separate axis rather than a continuum.

Cartwright and Zander (1960) described the leadership styles of Goal Achievement and Group Maintenance in their work on group dynamics. Goal Achievement Leaders initiated action, kept members' attention on group goals, clarified the issue, and developed procedural plans. Group Maintenance leaders were concerned with keeping

interpersonal relations pleasant, arbitrating disputes, providing encouragement, giving the minority a chance to be heard, stimulating self-directions, and increasing the interdependence among group members. Bass (1981) stated that Goal Achievement leaders were similar to the autocratic leadership style and Group Maintenance leaders were similar to the democratic leadership style.

McGregor (1960) contrasted the traditional view of human nature with the positive humanistic view and developed Theory X and Theory Y styles of leadership. Theory X is based on the assumption that people are lazy and resistant to organizational needs. Theory X leaders were comparable to autocratic leaders. Theory Y asserts that people are motivated internally and possess a desire for responsibility. Theory Y leaders were comparable to democratic leaders. McGregor contended that to be an effective leader, the individual must practice Theory Y and create opportunities for workers by releasing motivation, removing obstacles, encouraging growth, and providing guidance.

Blake and Mouton (1964) developed the managerial grid and tested it extensively in research in organization and management development programs. The managerial grid has

five leadership styles based on concern for production and concern for people dimensions. The leadership styles are:

1. Impoverished--refers to the exertion of minimum effort to get required work done and sustain organization membership.

2. Country Club--refers to the thoughtful attention given to the needs of people for satisfying relationships that lead to comfortable, friendly organizational atmosphere and work tempo.

3. Task--refers to the efficiency in operations that results from arranging conditions of work in such a way that human elements interfere to a minimum degree.

4. Middle of the Road--refers to adequate organizational performance.

5. Team--refers to accomplishment from committed people; interdependence through a common stake in organization's purpose that leads to relationships of trust and respect.

Blake and Mouton (1964) listed their leadership styles in a quadrant that was similar to the one developed by Ohio State University. Concern for production is on the horizontal axis and is similar to the autocratic leadership style. Concern for people is on the vertical axis and is similar to the democratic leadership style.

Tannenbaum and Schmidt (1973) viewed leadership as being either a boss-centered or subordinate-centered mode. The authors conceptualized leadership occurring along a continuum with two dimensions at both ends. The range of leader behavior is determined by the amount of authority used by the leader to the amount of freedom available to the followers. In making decisions, leaders have to examine various forces in themselves, their subordinates, and the situation. The situational circumstances dictate the appropriate leadership behavior. Hersey and Blanchard (1988) noted that Tannenbaum and Schmidt (1973) were the first to discuss analysis of the situational variables to determine the appropriate leadership style.

Fielder's (1967) Contingency theory sought to examine the qualities of an effective leader. Fielder asserted that the appropriate leadership style was determined by three critical elements: (a) the position power of the leader, (b) the structure of the task, and (c) the leader-member relation. These three elements combined to determine if a situation is favorable or unfavorable to the leader. Fielder contended that the most favorable situation for a leader is one that has a highly structured task (goal) to be accomplished and a good leader-member relationship. Thus, Fielder conceptualized leadership on a

continuum with task orientation at one end and relationship orientation on the other end. A task-oriented leader is comparable to the autocratic leader. A relationship oriented leader is comparable to the democratic leader.

Likert (1961) proposed that effective leaders take into account the expectations, values, and interpersonal skills of those with whom they interact. He categorized his leadership styles as job-centered and employee-centered. Likert discussed his leadership styles as a continuum:

1. System I--refers to management that has no confidence or trust in subordinates. There is no subordinate involvement in decision-making.

2. System II--refers to management that has a condescending confidence and trust with subordinates.

3. System III--refers to management that has a large amount, but not complete confidence and trust, in subordinates.

4. System IV--refers to management that has complete trust and confidence in subordinates. Decision-making is integrated throughout the organization.

Likert's (1961) System I and System II leadership are based on the same assumptions as McGregor's Theory X and reflect an autocratic leadership style. System III and

System IV are based on the assumptions of McGregor's Theory Y and reflect a democratic leadership style.

House and Mitchell's (1974) Path Goal theory evolved from the Ohio State University leadership studies and the expectancy theory of motivation. The authors focused on the leader's impact on the workers' motivation, performance, and satisfaction in the workplace. Path Goal theory is based on two major assumptions:

1. The leader's behavior was acceptable and satisfying if the workers saw the behavior as a source of immediate or future satisfaction of their needs.

2. The leader's behavior would increase the workers' efforts, if the leader satisfies the needs of the worker, considering the areas of effective performance, guidance, support, and rewards.

The leader must clear a path that enables the workers to reach the goal. House and Mitchell (1974) stated that leaders did their best when they supplied what is missing from the situation so that the workers could attain the goal. House and Mitchell described two variables that the leader must be aware of before they choose a leadership style. These variables were the environmental pressures/ demands of the workplace and the personal characteristics of the individual workers. The leader assessed these

variable to predict the kind and amount of influence that would be needed to motivate the worker to accomplish the goal. House (1971) identified four types of leadership behaviors:

1. Directive leadership.
2. Supportive leadership.
3. Participative leadership.
4. Achievement-oriented leadership.

House and Mitchell (1974) contended that, not only could the leader determine the leadership style that would be effective in a given situation, the leader could also determine why a particular leadership style was effective in that situation. Bass (1981) stated directive and supportive leadership behavior styles were similar to autocratic leadership. Participative and achievement-oriented leadership styles were similar to democratic leadership.

Vroom and Yetton (1974) developed a contingency model based on the assumption that effective leader behavior is the result of situational variables that interact with the personal characteristics of the leader. A decision tree is used as a guide to assess the situational variables. The leader proceeds down the decision tree answering yes or no until an appropriate leadership style is reached. There

are five possible decisions that are contingent upon the leader's answer. The leader's behavior is contingent upon the leader's assessment of the situation and the response to questions in the decision tree.

Vroom and Yetton (1974) conceptualized leader behavior or a continuum from lone decision-maker to group decision-maker. Lone decision-makers are viewed as autocratic leaders (Bass, 1981). Group decision-makers are viewed as democratic leaders (Bass, 1981).

In Situational Leadership theory, Hersey and Blanchard (1977) described the effect of the interaction of task behavior, relationship behavior, and follower maturity level on leadership styles. Task behavior was defined as the amount of direction given by the leader to the followers. Relationship behavior referred to the amount of socioemotional support given by the leader to the followers. Maturity level referred to the follower's ability, capability, and willingness to complete the task. The authors postulated that task behavior and relationship behavior were directly related to the maturity level of the employee towards the task to be accomplished.

Hersey and Blanchard (1977) stated that to determine a correct leadership style, the leader must first assess the follower's level of maturity toward the task. The follower

who had a low level of maturity would need more guidance (or task behavior) to complete the task than a follower with a high maturity level. Thus, to be effective, the leader must assess the situational variables (the task and the maturity level of the followers) and select the appropriate amount of task behavior and relationship behavior that would accomplish the task. Task behaviors were autocratic and relationship behaviors were democratic or participative.

Historical Overview of Leadership in Nursing

Leadership in Nursing Prior to 1900

Florence Nightingale is known as the first bona fide leader in nursing (Foster, 1981). Foster (1981) claimed Nightingale's genesis laid in her ability to plan, organize, direct, and demand that people do things regularly and consistently. Nightingale singularly reformed Britain's military healthcare system. This was an impressive accomplishment when viewed in context of Victorian England and the social restraint women faced during that period.

Although Nightingale was influential in bringing nursing to the forefront, the concept of leadership in nursing has evolved slowly. The Civil War marked the

emergence of organized nursing services in America (Donahue, 1985). Nurses were primarily volunteers who received limited training. Nurturance and feminism were virtues considered essential to be a nurse at this time (Molen, Blyth, & McCloskey, 1985). The early nursing profession was viewed as women's work and suffered from the low status of women (Molen et al., 1985).

Early American nurse administrators wore the dual hats of education and service (Donahue, 1985). The administrators were given the title of superintendent of nurses. Dorothea Dix was one of the first superintendent of nurses. Dix, a non-nurse, was empowered to organize hospital care for wounded and sick soldiers, to appoint nurses, and to oversee and regulate supplies for distribution to the troops (Donahue, 1985).

In 1875, three diploma schools of nursing were established to train nurses (Donahue, 1985). These early schools were built on the Nightingale model. However, the American schools did not have the financial support that was the foundation of the Nightingale schools. The lack of financial support paved the way for hospitals to become involved with schools of nursing. Hospitals saw nursing schools as the solution to their labor shortage problems (Donahue, 1985). The nursing students were used as cheap

labor. Stewart and Austin (1962) stated that nursing students in hospital schools were trained in a hierarchical, bureaucratic environment with autocratic leaders.

Donahue (1985) commented that educational opportunities to learn the administrator role were limited for superintendents of nursing. In 1898, the American Society of Superintendents of Training was established (Donahue, 1985). One of the society's first actions was to enlist the services of Isabel Hampton Robb to become the first instructor for graduate nurses at Teachers' College, Columbia University (Donahue, 1985). Teachers' College offered the first administrative course for nursing, entitled Hospital Economics. The subjects included in the course were: hospital ventilation, hospital construction, hospital sanitation, hospital administration, and the history of hospital and training schools (Donahue, 1985).

Leadership in Nursing from 1950 to 1980

Molen et al. (1985) stated emphasis on developing skills in nursing leadership finally came to the forefront in the 1930s and 1940s. Employment of nurses graduating from schools of nursing shifted from private duty to staff positions in hospitals (Molen et al., 1985). Nurses were expected to do more tasks and procedures then previously

expected. More patients were being admitted to the hospital and hospitals' workloads increased (Molen et al., 1985). Molen et al. stated that nurse administrators found themselves in charge of an assortment of personnel including students, trained nurses, and ancillary personnel. Donahue (1985) commented that World Wars I and II were also responsible for the change in American health care. The nurse administrator duties expanded to include organizing and stretching funds, setting educational standards, housekeeping, teaching, furnishing supplies, creating services, maintaining records, and, occasionally, appeasing medical staff (Molen et al., 1985).

During the 1930s, the superintendents of nursing gradually gave up their dual hats of service and education (Donahue, 1985). Molen et al. (1985) reported nurse superintendents became known as either the director of nursing or the director of the school of nursing. Directors of nursing were now involved in more complex duties: organizing, directing, and supervising nursing services; carrying out ongoing assessment and evaluation of nursing service; keeping hospital administrators informed; securing equipment and supplies; setting policies and problem-solving; setting up budgetary requests; maintaining good relationships with medical staff and other

departments; and keeping abreast of changes in medicine and nursing practice.

In 1951, the W. K. Kellogg Foundations conducted a study that was instrumental in promoting educational opportunities for nurse (Donahue, 1985). This study recommended: (a) the separation of nursing service and nursing education, (b) the need for higher education for nurse administrators, and (c) the need to prepare skilled administrators to evaluate nursing care (Donahue, 1985). Donahue stated that the separation of nursing administration and nursing education occurred; however, the education for nursing administrators suffered. Programs for nurse educators received higher status and the nurse educator was given more prestige (Donahue, 1985). Molen et al. (1985) commented, as this trend became widespread, qualified nurses went into academics leaving the less qualified in administrative roles.

A 1961 Surgeon General's Report (cited in Molen et al., 1985) and a 1969 American Nurses' Association (cited in Molen et al., 1985) position statement also hampered education for nurse administrators. Both papers recommended that graduate programs concentrate on preparing nurse clinicians and nurse researchers to develop a scientific body of knowledge for nursing (Molen et al.,

1985). As a result of this emphasis on academic nursing, enrollment in graduate programs offering nursing administration dropped from 21% to 6% in a 10-year period (Molen et al., 1985).

Blake, Mouton, and Tapper (1981) stated that the influence of the 1969 American Nurses' Association position paper is believed to be the major reason why nurse administrators are not prepared for leadership roles. Few nurses are ready to assume leadership roles and be competent administrators, thus, hindering patient care (Yura et al., 1981). Many nurses still live within old stereotypes that portray them as servants and subordinates (Culter, 1976). In the eyes of the public, nurses continue to be perceived as a non-leadership group. Zorn (1977) believed that nurses must accept the fact that management and leadership skills are vital to their survival and efficient, quality practice.

Research Studies of Leadership Styles in Nursing

No studies of Army nurse administrators' leadership styles were found in the literature. Holloman (1967) studied the variations in perceptions which superiors and subordinates have of leadership roles of first line military and civilian supervisors in an Air Force

organization. The researcher reported that all superiors perceived the military supervisors to be low in consideration structure, but that the data revealed the subordinates perceived military supervisors to be higher in consideration structure than the civilian supervisors. Holloman stated this was an unexpected finding in view of the rigidly defined structures and role relationships of the military organizations. Holloman suggested that supervisors in military organizations are not as authoritarian in their behavior as they are generally believed to be. Holloman also stated that military supervisors effectively combine initiating structure and consideration structures to influence and motivate subordinates to achieve the overall goal.

Nealy and Blood (1968) investigated the relationship of leader styles and leader behavior to work group performance and subordinate job satisfaction. The sample consisted of 22 first-level and 8 second-level nursing administrators in a Veterans Administration hospital. Task-oriented leaders were found to receive higher performance ratings at the first level, while relationship-oriented leaders performed better at the second level of supervision. Job satisfaction was positively related to relationship behavior at both levels of supervision.

However, the authors found that high job satisfaction was related to task behavior at the first level of supervision, while task behavior was related to low satisfaction at the second level of supervision. Nealy and Blood (1968) concluded that these differences in effective supervisory patterns pointed to a difference in the situational leadership demands at the two supervisory levels.

Pryer and Destifano (1971) explored the relationship between leadership behavior descriptions, job satisfaction, and internal-external control attitudes among nurses at different organizational levels. Ninety-nine subjects were selected from a large state mental hospital. The three organizational levels were defined as: 1st level--39 attendants (non-nursing supervisory nursing assistants); 2nd level--40 psychiatric aids (supervisory nursing assistants); and 3rd level--20 staff nurses (RNs). The attendants were asked to describe their immediate psychiatric aide supervisor. The psychiatric aids described their supervising staff nurse. The staff nurses were instructed to describe the behavior of their immediate supervisor. The authors reported that consideration structure was positively related to job satisfaction at all levels. Initiating structure was related to satisfaction with the supervisors, but only at the second aide level.

At the second aide level, attitude measures of internal versus external control of rewards was related to: (a) how the individual perceived the leader's behavior, and (b) how satisfied the aides were with their jobs. Pryer and Destifano concluded that these findings supported the opinion that effective supervision in nursing requires high levels of consideration and initiating structures.

Gruenfeld and Kassum (1973) studied the interactional effect of initiating structure (task behavior) and consideration structure (relationship behavior) among nurses. The sample consisted of 82 female registered nurses, licensed practical nurses, and nursing assistants. Leadership styles of initiating structure and consideration structure were the independent variables. The dependent variables were satisfaction with supervisors, patient care, and organizational coordination. The authors found that nursing supervisors who combined high levels of task and relationship behavior were more likely to produce higher levels of supervisory satisfaction and better patient care than supervisors who did not. The variable of organizational coordination was found to be unaffected by supervisory leadership style. The authors concluded that effective leadership required high levels of both initiating structure and consideration structure.

Daniel (1975) investigated the frequency of occurrence of the high concern for production and high concern for people leadership style. Using the Blake and Mouton's (1964) Managerial Grid, the researcher used a nonexperimental survey to study 25 registered nurses in a general hospital. Daniel (1975) reported that all but two of the subjects demonstrated a high concern for production/high concern for people leadership style. The back-up styles were reported as: (a) the middle of the road (10 subjects), (b) task (8 subjects), (c) country club (5 subjects), and (d) undetermined (2 subjects). The researcher recommended that the study be repeated to see if the findings could be replicated.

Beck (1976) studied: (a) personal characteristics and management styles of nurses in leadership positions in nursing service, (b) the relationship difference between management styles of nurses in staff and supervisory positions, and (c) the relationship between nurses' personality and management styles. An instrument containing 150 questions was sent to registered nurses who were full-time staff nurses and supervisors. The researcher reported that the personality types of the staff nurses and supervisory nurses did not differ significantly. Supervisor nurses were found to have executive, developer,

and autocratic styles. The staff nurses were found to have a developer style (27.3%). A chi-square test revealed no statistically significant difference between the managerial styles of the two groups. The author concluded that more research needed to be done on managerial styles. Beck also recommended that more nurses become knowledgeable of different managerial styles and become familiar with adapting managerial styles to changing environmental needs.

McGee (1984) conducted a study to: (a) identify the relationship between perceived and measured leadership styles, and (b) assess satisfaction with perceived leadership styles of nurses. The sample consisted of 341 female nurses attending a leadership conference. The leadership roles of the subjects ranged from director of nursing to staff nurse. The Leadership Behavior Description Questionnaire (LBDQ) developed by the Ohio State University leadership studies was used. The author found 75% of the sample indicated they had a democratic personal leadership style, 12% of the nurses stated they were autocratic, and 11% stated they were laissez-faire. The directors of nursing were found to be the most satisfied group while the staff nurses were the least satisfied group. The individuals who reported their leadership style as democratic indicated they were more

satisfied. McGee concluded that nurses, in general, were aware of their leadership styles and that their choice of democratic leadership style was consistent with the general American population.

Adams (1990) studied the leadership style of chief nurse executives (CNEs) in acute care hospitals in the San Francisco Bay area. The Leader Effectiveness and Adaptability Description Self (LEAD-Self) instrument was used to measure leadership styles and effectiveness. Adams reported the dominant leadership style of the CNEs was selling (54%). The secondary leadership style was participating (30%). Effectiveness was found to increase as the years in current position increased. Adams concluded that the sample used the leadership style of selling and participating, predominantly.

Summary

This review of leadership related literature revealed no consensus on the best leadership style. All theories had concepts that described leadership styles. Lewin et al. (1939) were the first to use autocratic, democratic, laissez-faire as leadership styles descriptors. The Ohio State University leadership studies introduced the dimensions of initiating structure and consideration structure to describe leadership styles. As other

leadership theories developed, most leadership styles were described as continuums between leader-task focused (autocratic) styles and follower focused (democratic) styles. Contemporary theories emphasized the need for the leader to be flexible and able to adapt their leadership styles to the situational variables.

Florence Nightingale is known as the first bona fide leader in nursing (Foster, 1981). However, leadership development was stalled as nursing was viewed as women's work. Nursing also suffered from the societal restraints brought on by the low status of women during the 1900s. women trained in hierarchical, bureaucratic schools on nursing and were used as cheap labor for hospitals. Nurse superintendents headed the hospital nursing schools and were described as autocratic leaders (Molen et al., 1985).

In the 1930s, curricula for nursing administration courses began to appear in universities. World Wars I and II changed American health care. Nurse administrators were now in charge of an assortment of personnel including students, trained nurses, and ancillary personnel (Molen et al., 1985). Nurse superintendents gave up the dual hats of administration and education to focus on the administrator role.

In the 1960s, nursing administration education stalled as two major reports recommended the nurses be prepared as clinicians and researchers. Well qualified nurses pursued roles in academia and the less qualified nurses stayed in administrative roles in the hospital. Many authors believed this development was the reason for the critical shortage of qualified nurse administrators (Molen et al., 1985)

There is limited research on leadership styles in the nursing setting. No research was found on leadership styles employed by Army nurse administrators. Holloman (1967) found that Air Force supervisors had more consideration structure than their civilian counterparts. Holloman concluded that military supervisors were not as autocratic as generally believed and that they used a combination of initiating and consideration structure leadership style.

Most nursing studies concluded that nurses are aware of their leadership styles, that personality types of staff and supervisory nurses are similar, and that supervisory nurses use an autocratic leadership style. McGee (1984) reported that nurses characterized themselves as democratic leaders which was consistent with the general population. Gruenfeld and Kassum (1973) concluded that the most

effective supervisory leadership pattern in nursing required a high level of initiating structure and consideration structure. Adams (1990) reported that chief nurse executives used selling and participating leadership style, exclusively. As with most leadership research, there was no consensus on what leadership styles nurses employ or what leadership styles were effective in nursing settings.

Leadership styles are important in determining effectiveness of the leader in the workplace. Current theories state that to be effective, the nurse leader must be able to adapt their leadership styles to the needs of the organization.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research design used was a nonexperimental, descriptive study. Polit and Hungler (1987) stated that the descriptive study is one that obtains information about the current status of the phenomenon in question. This study sought to describe the leadership styles of nurse administrators to determine if there is a difference between the leadership styles of Army nurse administrators in military hospitals and civilian nurse administrators in civilian hospitals. The remainder of this chapter discusses the setting, population and sample, protection of human subjects, instruments, data collection methods, and treatment of data of the study.

Setting

The setting for this study was military hospitals throughout the United States and civilian hospitals in the southwestern section of the United States. A mail-out questionnaire was used to collect data necessary for the study. The participants had the opportunity to complete the questionnaire in the setting of their choice.

Population and Sample

The population for this investigation included top level nurse administrators in military and civilian hospitals throughout the United States. The sample was selected from rosters of nurse administrators obtained from the Army Nurse Corps and the Texas Board of Nurse Examiners. The Army Nurse Corps has 46 chief nurses currently in the United States; all 46 military chief nurses were sent a research packet.

The civilian nurses were selected from a roster of the Texas Board of Nurse Examiners. Every 10th name from this mailing was included in the sample. Each subject received a research packet. Those who completed and returned the questionnaires within the specified time frame comprise the sample for the study. At the end of a 2-week period, a reminder card was sent to all military chief nurses until a minimum of 15 questionnaires was returned. Questionnaires were sent to every 10th nurse administrator on the Texas Board of Nurse Examiners listing until a minimum of 15 questionnaires was returned. There were 30 nurse administrators included in the sample.

Protection of Human Subjects

The research proposal was reviewed by the Research Committee. This study fell within Category I because an

anonymous questionnaire was used (Appendix C). Permission to conduct the study was obtained from the Graduate School of Texas Woman's University (Appendix D). Anonymity was maintained by asking subjects not to sign their names or place any identifiable marks on the questionnaires. All information was reported as group data. The questionnaires were coded by placing either C for civilian or M for Military in the left corner of each instrument and the corresponding envelope. A cover letter attached to the questionnaire stated the purpose of the investigation and that participation in the study was on a voluntary basis. On the demographic data sheet, the following statement appeared: COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CONSTITUTED AS YOUR CONSENT TO PARTICIPATE IN THIS STUDY (Appendix E).

Instruments

Two instruments were used in this study: a demographic data sheet and the Leader Effectiveness and Adaptability Description instrument (LEAD-Self) developed by Paul Hersey and Kenneth H. Blanchard (1988). The demographic data sheet was developed by the researcher and designed to measure selected variables: age, title of position, clinical expertise, educational level, years in nursing, and years in nursing administration (Appendix F).

The data obtained from the demographic data sheet were used to describe the sample.

The second instrument used in this study was the Leader Effectiveness and Adaptability Description (LEAD-Self) developed by Paul Hersey and Kenneth H. Blanchard (Appendix G). This instrument consists of 12 situations that determine leadership styles. Each situation has four alternative actions the leader might initiate. The directions instruct the participant to read each item carefully and think what they might do in each situation. Then, the reader is asked to circle the selected alternative action choice that best described their behavior in that situation. Permission to used the instrument was secured from University Associates, Inc. (Appendix H).

The circled items on each instrument were transferred to a score sheet (Appendix J). The score sheet consists of 12 vertical columns that correspond to the 12 situations and 4 horizontal columns that correspond to the 4 alternative choices. The total number of circled actions was totaled for each of the four vertical columns. The total score was then transferred to columns labeled: telling, selling, participating, and delegating. The leadership styles were reported as the following:

(a) Primary style--refers to the style the leader tends to use the most frequently; (b) Secondary style--refers to the style the leader uses as a back-up, (c) Style range--refers to the total number of columns in which the leader has two or more responses, and (d) Style adaptability--refers to the degree to which the leader is able to vary his/her leadership style. Style adaptability has scores that range from 0 to 36 with 30-36 indicating the leader has a high degree of adaptability, 24-29 indicating the leader has a moderate degree of adaptability, and 0-23 indicating that the leader needs to improve both the ability to diagnose task readiness and to use the appropriate leadership behaviors.

Reliability and Validity

The LEAD-self instrument was designed to measure aspects of leader behavior in terms of the Situational Leadership model. The LEAD-self yields four ipsative style scores and one normative adaptability score (Greene, 1980). The 12 item validities for the adaptability score range from .11 to .52 with 10 out of the 12 coefficients .25 or higher (Greene, 1980). Eleven coefficients were significant beyond the .01 level and 1 was significant at the .05 level (Greene, 1980).

The stability of the LEAD-Self was moderately strong (Greene, 1980). Greene stated in two administrations of the instrument across a 6-week period, 75% of the managers maintained their dominant style and 71% maintained their alternative style. The contingency coefficients were .71 and each was significant (p = .01). The contingency coefficients were both .69 (p = < .01.

Data Collection

After all approvals were obtained, a personal packet was prepared for each participant. The packet contained a cover letter, the demographic data sheet, the LEAD-Self instrument, and a pre-labeled and stamped return envelope. The participants were informed in the cover letter that the letters M and C were on their instruments to distinguish military from civilian respondents.

Ten days were allowed to return the instrument. Reminder cards were sent to all military participants asking them to reconsider participating in the study. A second mailing of research packets was sent to every 10th civilian nurse administrator obtained from the roster supplied by the Texas State Board of Nurse Examiners. Only instruments completed and returned within a 4-week period were used in the study. This process was repeated until a minimum of 15 questionnaires in each group was returned.

Treatment of Data

Descriptive statistics, involving frequencies and percentages, were used on the demographic variables. A summative score for each leadership style was determined. Descriptive statistics of mean scores were computed for each group's leadership styles (Army nurse administrators and civilian nurse administrators). For inferential statistical purposes, a *t*-test of interval data was used. The hypothesis was addressed by the *t*-test findings. Data were analyzed to accept or reject the hypothesis using the .05 level of significance.

CHAPTER IV

ANALYSIS OF DATA

The purpose of this study was to determine if there was a difference in the leadership styles of Army nurse administrators in military hospital and the leadership styles of civilian nurse administrators in civilian hospitals. This chapter presents a description of the sample and the analysis of data.

Description of Sample

A total of 30 subjects returned the mailed research questionnaires within a 2-week period. The response rate was 31.25%. Frequencies and percentages were used to interpret the descriptive data. The age range of the sample varied from 30 to 55 years with a mean range of 40-45 years. The average total years in nursing for the civilian administrators was 20.7 years and the average years in the position of nursing administrator was 10.1 years. The Army nurse administrators had an average total years in nursing of 26.4 years and the average years in the position of nursing administrator was 12.9 years. Sixty percent of the civilian nurse administrators had master's degrees or higher. One civilian nurse administrator had a

doctoral degree. Seventy-nine percent of the Army nurses had master's degrees or higher. Two Army nurse administrators had doctoral degrees.

Findings

The hypothesis stated: Is there a difference between the leadership styles of Army nurse administrators in military hospitals and the leadership styles of civilian nurse administrators in civilian hospitals, as measured by Hersey and Blanchard's (1977) LEAD-Self leadership style questionnaire? The responses for each group were tabulated. Descriptive and nonparametric tests were used to analyze the data.

The frequency of the leadership styles selected by the respondents was tabulated. The majority of the civilian nurse administrators (40%) indicated that their primary leadership style was the selling (S2) style, and 33% indicated that their secondary leadership style was the participating (S3) style. The majority of the Army nurse administrators (80%) indicated that their primary leadership style was selling (S2), and 60% indicated that their secondary leadership style and participating (S3). The frequencies of leadership styles indicated by civilian and Army nurse administrators are shown in Table 1.

Table 1

Primary and Secondary Leadership Styles of Army and Civilian Nurse Administrators

	Civilian nurses (n = 15)				Army nurses (n = 15)			
	Primary		Secondary		Primary		Secondary	
Styles	F	%	F	%	F	%	F	%
S1	0	0	3	20	0	0	0	0
S2	6	40	3	20	12	80	2	13.3
S3	4	26.6	5	33.3	2	13.3	9	60
S4	0	0	2	13.3	0	0	2	13.3
S1-S2	0	0	3	20	1	13.3	0	0
S2-S3	4	26.6	0	0	0	0	0	0
S3-S4	1	6.6	0	0	0	0	1	6.6
Totals	15	100.0	15	100.0	15	100.0	15	100.0

$t(28) = 1.364$, primary scores.

$t(28) = -.21$, secondary scores.

$p < .05$.

A *t*-test for independence was used to determine if there was a difference in the leadership styles between civilian nurse administrators and the leadership styles of Army nurse administrators. This finding revealed a value *t* = 1.364 for the primary leadership styles and *t* = .-21 for the secondary leadership style which was not statistically significant at the .05 level. These data are reflected in Table 2.

Table 2

Mean and Standard Deviation for Leadership Styles of Army and Civilian Nurse Administrators

Measure	Civilian nurses (*n* = 15) Mean	SD	Army nurses (*n* = 15) Mean	SD
Primary leadership style	3.267	1.335	2.533	1.302
Secondary leadership style	3.267	2.154	3.4	1.183

p < .05.

t(28) = 1.364, primary leadership style.

t(28) = -.21, secondary leadership style.

Additional Findings

Style range was high for the primary leadership style of both Army nurse administrators and civilian nurse administrators. Style range is defined as the extent individuals are able to vary their leadership style (Hersey & Blanchard, 1977). Each subject (both Army and civilian nurse administrators) had four or more responses in their primary and secondary leadership styles that suggested the style range for the group was S2-S3.

Style adaptability is defined as the degree to which individual changes in style are appropriate for the level of readiness of the followers (Hersey & Blanchard, 1977). The style adaptability scores for the Army and civilian nurse administrators are listed in Table 3.

Table 3

Style Adaptability Scores of Army and Civilian Nurse Administrators

	Civilian nurses (n = 15)		Army nurses (n = 15)	
	F	%	F	%
High	4	26.6	0	0
Moderate	10	66.6	12	80
Low	1	6.6	3	20

Style adaptability reflects the overall probability of success in the 12 situations on the LEAD-Self instrument. The higher the score, the more effective the leader would be in those situations.

Summary of Findings

The findings of this study demonstrated no significant difference in the leadership styles of Army nurse administrators in military hospitals and civilian nurse administrators in civilian hospitals as measured by the LEAD-Self instrument. The dominant leadership style of both groups was Selling (S2) and the alternative leaderships style was Participating (S3).

CHAPTER V

SUMMARY OF THE STUDY

A summary of the study is presented in this chapter. The findings are discussed in relationship to findings reported in the literature by other researchers. Conclusions derived from the findings and implications based on the conclusions are also presented. Recommendations for future studies are also offered.

Summary

The purpose of this study was to compare the leadership styles of Army nurse administrators in military hospitals and civilian nurse administrators in civilian hospitals. The research hypothesis was tested to determine if there was a difference in the leadership styles utilized by Army nurse administrators in military hospitals and those utilized by civilian nurses administrators in civilian hospitals.

Hersey and Blanchard's (1977) Situational Leadership theory provided the theoretical framework for this study. The Leader Effectiveness and Adaptability Description instrument was used to describe the primary and secondary

leadership styles of Army nurse administrators and civilian nurse administrators.

The sample was derived from Army chief nurses throughout the United States and civilian nurse administrators in the state of Texas. The sample was composed of 15 Army nurse administrators and 15 civilian nurse administrators. Each subject was sent a research packet prepared by the researcher and asked to return the completed questionnaire within a 2-week period.

The instruments used to collect the data included a demographic data sheet designed to determine official title, age range, total years in nursing, years in nursing administration, and education level. The second instrument was Hersey and Blanchard's (1977) Leader Effectiveness and Adaptability Description (LEAD-Self) instrument designed to identify primary and secondary leadership styles.

An independent measure *t*-test was used to analyze the data. There was no difference in the leadership styles employed by the Army nurse administrators and the civilian nurse administrators. The primary and secondary leadership styles used exclusively by both groups were Selling and Participating, respectively.

Discussion of Findings

The Army and civilian nurse administrators in the sample used the leadership styles of Selling (S3) and Participating (S4) exclusively. These findings concurred with the findings of a study of leadership styles of chief nurse executives done by Adams (1990). Hersey and Blanchard (1988) stated that the Selling and Participating leadership styles emphasize both task and relationship behaviors: (a) Selling involved explaining decisions and providing opportunity for clarification, and (b) Participating is defined as sharing and facilitating in decision-making. Both leadership styles involve two-way communication and input from subordinates. Adams (1990) suggested that the nurse administrators are concerned with relationship behaviors; however, because nursing is labor intensive and requires 24-hour responsibility for patient care, they cannot emphasize relationships over seeing that the job gets done. The use of Selling as the primary leadership style reflects the need of the nurse administrators to be concerned with both relationship and task behaviors (Adams, 1990).

The study did not find that Army nurse administrators showed more leadership behaviors than the civilian nurse administrators as found in Holloman's (1967) study. Both

groups of nurse administrators used Selling as their primary leadership style and Participating as the secondary leadership style.

Conclusion and Implications

Based on the findings of this study, the following conclusion was drawn:

1. Nursing leadership styles appear to be consistent with the leadership behaviors of Participating and Selling, irrespective of the setting or situation.

Implications for nursing practice and nursing education are related to leadership styles. Top level nursing administrators should be using Participating and Delegating leadership styles. Hersey and Blanchard (1988) state that this leadership style is representative of very effective top managers in organizational settings where they have a ready, competent staff that needs little direction from the top. S2-S3 are considered safe leadership style for followers with moderate levels of readiness (Hersey & Blanchard, 1988).

The implication for professional nursing education is the need for continued emphasis on the preparation of nurse administrators who are able adapt their style to the demands of a variety of situations. There should be more

emphasis on the Delegating leadership style in advanced nursing education for nurse administrators.

Recommendations for Further Study

The following recommendations for nursing research are:

1. A similar study should be undertaken with groups of nurse administrators from different parts of the country.

2. A similar study should be done correlating nurse turnover/retention rates with leadership styles of nurse administrators.

3. A similar study should be done correlating leader effectiveness and leadership styles of nurse administrators in nursing situations.

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APPENDIX A

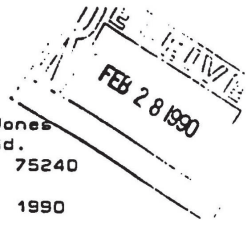
Situational Leadership Model

Information regarding this copyrighted instrument developed by Paul Hersey and Kenneth H. Blanchard may be obtained from:

Prentice-Hall, Inc.
Englewood Cliffs, NJ 07632

APPENDIX B

Permission to Use the Situational Leadership Model



Tempsie L. Jones
14679 Coit Rd.
Dallas, TX 75240

February 14, 1990

Prentice Hall
Englewood, N.J. 07632

Dear Sir:

I am a graduate student at Texas Woman's University. I am currently writing a thesis proposal and wish to ask for permission to reproduce two figures in the body of my proposal. The figures are Figure 8-2 on page 173 and figure 8-6 on page 188 of Hersey, P. & Blanchard, K. (1988). Management of organizational behavior: Utilizing human resources (5th ed). Englewood Cliffs, N.J.: Prentice Hall; ISBN 0-13-551250-6.

Your help in this matter will be greatly appreciated.

Thank you,

Oneida M. Hughes, PhD., R.N.
Thesis Committee Chairperson

Tempsie L. Jones, R.N.
TWU Graduate Student

March 15, 1990

Dear Ms. Jones:

Permission is granted in accordance with the conditions outlined above. Please credit as follows:

Paul Hersey/Kenneth H. Blanchard, MANAGEMENT OF ORGANIZATIONAL BEHAVIOR:Utilizing Human Resources,5e,©1988,pp.173,188. Reprinted by permission of Prentice Hall, Inc., Englewood Cliffs, New Jersey.

Michelle Johnson
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APPENDIX C

Research Review Committee Exemption Form

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Tempsie L. Jones

and entitled:

Leadership Styles of Army and Civilian Nurse Administrators

Has been read and approved by the member of (his/hers) Research Committee.

This research is (check one):

xx Is exempt from Human Subjects Review Committee review because an anonymous questionnaire will be used.

____ Requires Human Subjects Review Committee review because _____

Research Committee:

Chairperson, Oneida M. Hughes

Member, Lois Hughes

Member, Susan Goad

Date: June 25, 1990

Dallas Campus xx Denton Campus ___ Houston Campus ___

APPENDIX D

Graduate School and Department of the Army Permissions to Conduct Study

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON
THE GRADUATE SCHOOL
P.O. Box 22479, Denton, Texas 76204 817/898-3400, 800-338-5255

September 26, 1990

Ms. Tempsie L. Jones
14679 Coit Rd.
Dallas, TX 75240

Dear Ms. Jones:

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,

Leslie M Thompson

Leslie M. Thompson
Dean for Graduate Studies
and Research

dl

cc Dr. Oneida Hughes
Dr. Helen Bush

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY HEALTH SERVICES COMMAND
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF:

September 11, 1990

Clinical Services

Captain Tempsie L. Jones
14679 Coit Road
Dallas, Texas 75240

Dear Captain Jones:

Permission is granted to conduct a study on Leadership Styles of Civilian and Military Nurse Administrators within the CONUS U.S. Army Medical Treatment Facilities.

In accordance with your request, the Chief Nurse of each Medical Treatment Facility has been advised that a questionnaire will be forthcoming.

We wish you success with your study. If this office can be of further assistance, please let me contact us at Autovon 471-6603.

Sincerely,

Carole A. Burke
Colonel, U.S. Army
Chief, Nursing Division

APPENDIX E

Cover Letter

Tempsie L. Jones
14679 Coit Rd
Dallas, TX 75240

September 6, 1990

Dear Nurse Administrator;

The nurse Administrator is a critical link in the delivery of health care and the advancement of the nursing profession. Yet, there is little research on nurse administrators or the leadership styles they use to get their jobs done successfully. As a graduate student at Texas Woman's University, I am interested in the nursing leadership provided by nurse administrators in today's health care environment. I am inviting you to participate in a study that will describe and compare leadership styles of civilian and Army nurse administrators.

You have been selected for this study because of your valuable insight into leadership in nursing practice settings. I ask you to fill out the demographic data sheet and Leader Effectiveness and Adaptability questionnaire at your earliest convenience. The instruments are coded for mailing purposes only; you are ask not to put your name on either sheet. Only group data will be discussed in the study; no names will be used.

The results of this research will be made available to interested colleges and training institutions. You may inquire about the study by contacting me at the address above or Texas Woman's University.

I appreciate your cooperation and look forward to receiving your completed instrument.

Thank you,

Tempsie L. Jones
TWU Graduate Student

APPENDIX F

Demographic Data Sheet

DEMOGRAPHIC DATA SHEET

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE CONSTITUTED AS YOUR CONSENT TO PARTICIPATE IN THIS STUDY

Please fill in or check (X) answers to the following questions:

Title of your position:_____

Clinical area/expertise:_____

Age: 25-30 _____

30-35 _____

35-40 _____

40-45 _____

45-50 _____

50-55 _____

55 and above _____

Number of years in nursing: _____

Number of years in nursing administration: _____

Highest educational level: _____ Diploma; _____ Associate Degree Nursing; _____ Baccalaureate Degree Nursing; _____ Masters Degree Nursing; _____ Masters Degree in other field; _____ Doctoral Degree

Have you had any special training in Hersey and Blanchard's Situational Leadership? _____ Yes _____ No

APPENDIX G

Leader Effectiveness and Adaptability Description Instrument (LEAD-Self)

Information regarding this copyrighted instrument may be obtained from:

Leadership Studies
230 W. Third Avenue
Escondido, CA 92025-4180
Phone: 619/741-5695

APPENDIX H

Permission to Use LEAD-Self

LEADERSHIP
STUDIES

230 W. THIRD AVE.
ESCONDIDO,
CALIFORNIA
92025-4180

619/741-6595

February 14, 1990

Ms. Tempsie L. Jones, R.N.
Graduate Student, TWU
14679 Coit
Dallas, TX 75240

Dear Ms. Jones:

Thank you for your interest in our organization.

You have our permission to use the LEAD-Self/Other and the Power Perception Profile-Self/Other instruments. They are available for purchase at the University Associates. A Resource Guide is enclosed for your review.

Sincerely,

Alexander J. Ogg, Jr.
President

AJO/aae

Enclosure: UA Resource Guide

APPENDIX I

LEAD-Self Score Sheet

Information regarding this copyrighted instrument may be obtained from:

Leadership Studies
230 W. Third Avenue
Escondido, CA 92025-4180
Phone: 619/741-5695