

MANAGEMENT PARTICIPATION IN HOSPITAL SETTINGS

A THESIS

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CHAPTER 1

INTRODUCTION

Nursing administrators, supervisors, head nurses, and charge nurses are all involved in various segments of nursing management. The highest person in the hierarchy, however, does not have a monopoly on new and more constructive ideas for the advancement of the patient, the nurse, or the hospital. Each nurse has varying degrees of experience, knowledge, and skills; thus, each nurse can contribute diverse, pertinent data in relation to the same idea or problem. One person or even one specific hierarchy of people may not necessarily have all the information necessary to institute all procedures properly; other resource people may need to be utilized. The most obvious resource people are those who are working directly with the idea or problem.

The professional nurses who are directly involved with the problem are usually in the lower levels of nursing management hierarchy. The sharing of pertinent data and ideas many times is not achieved because management demonstrates a nonreceptive attitude. A disinterested attitude negates participation by fellow employees. The

lack of participation by the staff usually creates negative attitudes and mediocre performance. These results are not spontaneous but are the effect of repetitive denials of participation in management which eventually lead to the denial of self-actualization.

To assure job satisfaction and fulfillment, employees need to share in various managerial actions. Management by participation could prove effective in the hospital setting because it would provide new insights for management strategies and lead to fulfillment for the employee.

Statement of Problem

Is there a difference in charge nurses' perception of the current utilization of participation in management and their desire for participation in management?

Purposes

The purposes outlined for this study were to:

1. Determine the current level of participation in management as perceived by charge nurses.
2. Determine which of the organizational variables, utilized by Likert (1967) in the questionnaire, show the greater amount of participation, as perceived by charge nurses.

3. Determine if there is a difference in charge nurses' perceptions of the current utilization of participation in management and their desire for participation in management.

Theoretical Framework

The theoretical framework used for the purpose of this study was the Y theory of management presented by McGregor (1960). The central theme of this theory is the principle of integration in management. "The primary focus of integration requires that the needs of the organization and the individual must be recognized" (McGregor, 1960, p. 51). The theory indicates that the members of the organization can achieve their own goals best by directing their efforts toward the success of the organization. These efforts can best be achieved when management ingenuity is utilized in discovering the potential represented by its human resources. One of theory Y's assumptions is that when human collaboration in the organizational setting is limited, management is at fault. McGregor also wrote that theoretically, the employee's acceptance of responsibility, which includes participation in changes, is correlated with the employee's commitment to the objectives that are formed.

Participation, which grows out of the assumption of Theory Y, offers substantial opportunities for ego satisfaction for the subordinate and thus effect motivation toward organization objectives. (McGregor, 1960, p. 130)

Many other theorists have contributed to the idea of participative management. Their theories and ideas frequently coincide and support their colleagues' studies. Likert stated that participative management is not permissive, but allows each employee to influence the cooperation and each employee to accept influence from the organization (Likert & Likert, 1976). The Barnard-Simon theory implies that the efficiency of an organization depends upon its capacity to offer effective inducement which are as great or greater than the contributions the employee is asked to make (Nichols, 1971). Maslow and Herzberg both suggested that to motivate a worker successfully "rewards must be linked to needs which are most desired and least attainable" (cited in Slevitt, Stamps, Piedmont, & Haase, 1978, p. 115). Each of the above-mentioned theorists support various aspects of McGregor's Y theory.

Background and Significance

Nurse-managers have a very complex role which changes with varying circumstances within the work setting.

Exerting authority, for example, can instigate either positive or negative behavior in the employee (McGregor, 1960), depending on the receptivity of the personnel and the methods utilized in exerting authority. Today the challenge facing nurse-managers is the establishment of an authoritative setting in which employees, through participation, can perform at their optimum level (Boyd, 1976). An effective employer-employee relationship can be manifested if there is an awareness of the needs of others and if there is more opportunity to establish self-worth (Marrow, Bowers, & Seashore, 1967).

Hospital nurses' general attitudes about policies affecting them are that they should have a greater voice in the creating of the policies within the hospital (Imparato, 1972). When participation is allowed in management, management is acknowledging that employees are an essential part of the organization (McGregor, 1960). When nurse-managers permit two-way communication, they become more aware of employee problem areas, and decision-making becomes more effective (Slocum, Susman, & Sheridan, 1972). Solutions to problems are often refined and implemented more effectively through multiple participation (Stevens, 1978).

When employees are a part of the decision-making process, they assume some degree of the responsibility for the results of the decision. Because of this feeling of responsibility, employees strive to make sure that the policy is implemented.

This active commitment can result in good employee performance, which requires less supervision and demonstrates elements of self-control over assigned responsibilities. This commitment often produces increased productivity. In health care and nursing environments such increased productivity has the effect of adding new staff without actually adding new staff. In a nursing environment, it is generally felt that increased staff can produce increased quality of nursing care. (Stevens, 1978, p. 155)

For most people work is one of the most meaningful aspects of their lives. They can find in work both dignity and personal satisfaction depending upon how the supervisor presents it to them. (Boyd, 1976, p. 121)

If the supervisor is effective in implementing this type of relationship, there can be high morale among staff members. When there is high morale there is usually high productivity. "Most employees . . . are most satisfied in a department where they are producing" (Boyd, 1976, p. 121).

Kafka and Schoefer (1975) listed the basic psychological needs that the employee should be able to fulfill at his place of employment.

1. The need for economic security.
2. The need to control.
3. The need for recognition.
4. The need for feelings of self-worth.
5. The need to belong.

. . . if these needs can be satisfied on the job, the work will be enriched. If they are not satisfied on the job, . . . the work will remain boring, frustrating and meaningless. (Kafka & Schoefer, 1975, p. 45)

Behling and Kosmo (1971) indicated that nurses leave their jobs due to the nature of the work, lack of promotion, supervision and human relation problems, and desire for new experiences. Imperato (1972) conducted a job satisfaction study among nurses and found

that "social" dimensions of a job might contribute more heavily in overall satisfaction for nurses than previously expected. Specifically the hospital with the lowest score and satisfaction with co-workers was characterized by the highest turn-over rate. (p. 56)

As stated earlier, the role of a nurse-manager is indeed complex; however, if participation in management is allowed, "performance is good, costs, absence and turnover are low, and high quality" (Marrow et al. 1967, p. 218) is a natural outcome. When there is the satisfaction of human needs through participation in management, the employee's effectiveness is increased

(Kafka & Schoefer, 1975). The factors associated with job satisfaction among nurses are the feeling of achievement, working at full potential, and the reward of accomplishment (Behling & Kosmo, 1971). If a nurse can have a part in "formulating a plan, setting a goal, or developing an idea she will work harder to bring about its success" (Boyd, 1976, p. 158). Nursing management should be explored to determine whether or not participation is used in the management pattern.

Hypothesis

There will be no difference in charge nurses' perception of current utilization of participation in management and their desire for participation in management.

Definition of Terms

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

1. Registered nurse--a nurse who has a license and is registered to practice nursing in the state of Texas.
2. Nurse-manager--a registered nurse who acts as a supervisor or is responsible for directing the charge nurses in their job.

3. Charge nurse--a registered nurse who is responsible to a nurse-manager and coordinates the staff on a hospital floor in regards to patient care.

4. Participation management--subordinates share information or ideas with their managers and the managers are receptive to the information from the staff members.

5. Management patterns--various styles that occur in the tenure of leadership.

Limitations

The following were limitations of this study:

1. The questionnaire was only given to charge nurses on the day shift at a given time.

2. The research was conducted in one county in the southwest region of the United States; therefore, the results may not be generalized to other areas.

3. The sample was limited to those who were willing to participate.

Delimitations

The following were delimitations for this study:

1. Only charge nurses on the day shift who had been employed at least one year and were working full-time were asked to participate in this study.

2. Three randomly selected, privately-owned hospitals with 300 beds or more were utilized.

3. The nurses answering the questionnaire were registered in the state of Texas.

4. There was a great variation in the participants' age, education, and sociocultural background.

Assumptions

The following assumptions were basic to this study:

1. Most employees expect to work, want to work, and are most satisfied in a department where they are producing.

2. For most people, work is one of the most meaningful aspects of their lives.

3. Charge nurses are an essential part of the hospital organizational structure.

4. Charge nurses have a desire to participate in nursing management.

Summary

Employee participation is important to management and vital to a healthy organization. The employee must have not only the free flow of ideas and skills but also see himself as an integral part of participatory management. The self-image obtained through participation

will allow the employee to function effectively within an integrated program. The method of participation has been highly effective in many management areas and is vital to the advancement of the nursing profession. Hopefully the awareness of this need will spawn changes within the nursing profession and will allow total satisfaction within each job description.

CHAPTER 2

REVIEW OF LITERATURE

There are two basic types of management: authoritative and participative. Both methods have been practiced with a degree of effectiveness, but one could prove more effective within the hospital setting. In order to determine and establish the most effective type of management for use within the hospital setting, it is important to define the management process, to examine the process as it relates to health care institutions, and to address the variables which affect patterns of management in the hospital setting. This chapter will provide a review of literature related to the concepts involved in hospital-nursing management.

The Management Process

Management is a process with both interpersonal and technical aspects, through which objectives of an organization, or that part being managed, are accomplished by utilizing human and physical resources and technology.
(Longest, 1976, p. 38)

Being an art and a science, management is grounded not only by scientifically-based principles but also on

experience, trial and error, and individual preference (Longest, 1976).

An effective manager is one who meets his or her organization's objectives and fulfills the criteria of his superiors, peers, and subordinates (Vardaman, 1973). The role of the manager is complex, and the need for flexibility within the role is vital. This need for flexibility is based on theoretical assumptions as well as the expectations of those with whom the manager works (McGregor, 1960). Wathin (1974) said,

What is required of the manager is not adherence to the recommendation of any particular school of social psychology but an awareness of the differences between individuals and the flexibility to be able to respond to them.
(p. 75)

Leadership style is the way, or ways, the manager attempts to meet the overall objectives of the corporation (Vardaman, 1973). A person's leadership style develops over a period of time and is not easily changed; therefore, training to enhance an effective style must be continuous. When a leader employs an optimistic view of the nature of man "he will be more accepting of himself and more responsive to other's needs" (Hill, 1976, p. 20). Most managerial leadership styles can be categorized in two broad classes: (a) authoritarian--McGregor's theory X and (b) participative--McGregor's theory Y.

Authoritarian-traditional management is based on McGregor's theory X. Theory X assumes that people do not like to work and will avoid it. Followers of theory X insist that employees must have a master, and this master must use both a carrot and a stick; in other words, employees must be directed, controlled, and threatened.

A manager with a theory X philosophy would likely use fear and threats to motivate personnel, supervise closely, delegate little responsibility and not consider personnel participation in planning. (Marriner, 1976, p. 26)

Practitioners of theory X believe that employees are not capable of making decisions on their own, and they feel that the employees do not want to make a decision on their own. This traditional theory approach directs itself towards Maslow's primary physiological and safety needs (Marriner, 1976). The employer assumes that the employee is working primarily for monetary reasons and does not take pride in his work.

Authoritarian leadership became widespread during the Industrial Revolution and was founded on the philosophy that man is basically evil. This type of reasoning leads managers to believe that employees lacked initiative and motivational drive, and would only work when prodded or given monetary reward. During this era,

production was at an all-time high, but morale was low. Absenteeism and high turnover, examples of low morale, were usually ignored or ill-handled (Hill, 1976).

The authoritative style of management is directive, in that the manager "tells his people the what and how of their job and conduct" (Vardaman, 1973, p. 36). This type of management is not popular because it does not allow employee participation in decision-making, goal-setting, planning, or evaluations; and it causes a loss of motivation, creativity, job satisfaction, and a sense of achievement (Yura, Ozimek, & Walsh, 1976). The authoritative style can be used effectively when the employee is dependent upon and relies on the assurance that the decisions will be made for him or her by the superior (Vardaman, 1973). Drucker (1974) stated, however, that when a manager assumes that his employees are dependent and possibly irresponsible they will become weak and irresponsible.

Modern developments in management are founded on McGregor's theory Y. The assumptions of theory Y indicate that corporations are limited not by the nature of man, the employees, but by lack of management ingenuity to utilize employee resources to full potential (McGregor, 1960).

Employees have the imagination, ingenuity, creativity, and experience to contribute toward various aspects of the corporation. "A manager with a theory Y philosophy will use positive incentives like praise and recognition . . . delegate responsibilities, and encourage participation in problem solving" (Marriner, 1976, p. 26).

McGregor (1960) stated that both the employee's needs and the organization's needs must be considered at the place of work. When there is an attempt to satisfy the needs of both, the principle of integration is being practiced. The central principal of theory Y is integration; "the creation of conditions such that the members of the organization can achieve their goals best by directing their efforts toward the success of the enterprise" (McGregor, 1960, p. 49).

To manage by integration is very time-consuming because the employee must understand the management position and provide input. The employer, on the other hand, must provide adequate time for effective integration to occur. After goals and objectives of the organization have been made by the manager and the employees, less supervision of subordinates is required; and the amount of time to perform goals is decreased. Employees will better understand goals of the company, and they will be

stimulated to perform by being a recognized, functioning part of company production. In order for integration in management to work, the employee must be willing to accept the responsibility for carrying out procedures necessary to meet these goals. Genuine commitment by the employee is often not achieved if he has not contributed in the formation of goals, if the goals have been externally imposed (McGregor, 1960).

Employee participation, which grows out of the assumptions of theory Y, permits opportunities for ego satisfaction by allowing the employee to have greater control and greater independence in regards to his or her own responsibility. When ego satisfaction occurs, motivation occurs; thus, the goals and objectives of the organization are reached. When a manager is attempting to help employees meet their objectives "he acts as teacher, consultant, colleague, and only rarely as authoritative boss" (McGregor, 1960, p. 152).

McGregor's theory Y is based on the assumption that most employees have their primary needs fulfilled, and that Maslow's secondary needs for love, esteem, and self-actualization are more predominant than the primary needs. Therefore, employees "are more interested in autonomy, responsibility, achievement, recognition,

variety in work and striving toward self-actualization" (Marriner, 1976, p. 63).

Maslow (cited in Drucker, 1974), who was very impressed with theory Y, spent one year in South California with a small company trying to implement theory Y. Maslow found that it was very time-consuming and not a permissive form of management. One very significant finding was that not all employees are ready for management based on theory Y. Not all adults are mature, nor do they want the responsibility or the necessary self-discipline demanded by theory Y. Maslow was very critical of theory Y's form of management being utilized with the weak and vulnerable who need the security of having decisions made for them. Maslow reported that theory Y is indeed a stern taskmaster and can demand more than employees are willing to give; thus, showing the necessity of managers to identify the needs of the individual employee and whether the employee is a manual worker or knowledgeable worker (Drucker, 1974).

An institution cannot remain viable without appropriate emphasis on its human resources. "After all, there is no organization apart from people . . . and this precious asset must be adequately cultivated and nurtured if the firm is to function effectively" (Vardaman, 1973,

p. 23). Likert's management System 4, participatory management is based on:

- (1) the use by the manager of the principle of supportive relationships
- (2) his use of group decision making and group methods of supervision, and
- (3) his high performance goals for the organization. (Likert, 1967, p. 47)

The term supportive can be utilized when an individual "sees the experience . . . as contributing to or maintaining his sense of personal worth and importance" (Likert, 1961, p. 103). Each employee's experience and expectations must be examined by the manager in order to provide a supportive relationship, because when an individual's human needs are met, a person's effectiveness is greatly increased (Kafka & Schoefer, 1975). A manager will need to rely on observations, impressions, and employee input through group discussions in order to identify needs and to be supportive (Likert, 1961).

Participative management "allows individuals to express views on problems and through this participative process they tend to identify more with the unit" (Stevens, 1978, p. 130). Employees are essential parts of an organizational structure. Employees have influence on the organizational structure, and this structure has influence on the employee (Likert, 1976). Participative group management defines decision-making

as a process, rather than a prerogative, with the manager's responsibility consisting, not of himself deciding, but of making sure that the best possible decisions are made.
(Marrow et al. 1967, p. 218)

Miller (1976) stated that "participative management permits non perfection. None of us can be experts in everything" (p. 18). More time and responsibility for both the leader and the group members are required, but the group as a whole is utilized; thus, there is an exposure to more ideas and talents.

Employees must believe that their organization's objectives are important and that their influence contributes to the accomplishments of company objectives; without these beliefs, the employee will not feel motivated to strive toward the objectives (Rosswurm, 1978). Methods are used by leaders to stimulate and motivate employees to meet company goals.

Because goals are established and decisions are made with participation of those affected, objectives are comparatively closely aligned with the needs and interests of all members
. . . . (Marrow et al. 1967, p. 218)

Likert (1967) said that in a participative organization not only should the organization have high performance aspirations, but "every member should have high performance aspirations as well" (p. 51). In order to meet these aspirations an optimum integration of needs and

desires of the members of the organization and the organization must occur. With this type of participation "performance is very good; cost, absence and turnover are low . . ." (Marrow, et al., 1967, p. 218).

White and Lippett's (1953) experiments have shown that the quantity of work performed by autocratic groups is greater, while the quality of work performed in groups showing participation was consistently better. White and Lippett also noted that if the leader of an autocratic group leaves the room performance declines; whereas, there is little change in performance in the participatory groups. The researchers agreed that participatory type management is more effective and efficient than traditional methods.

Likert's Institute for Social Research has conducted numerous studies confirming that managers who are supportive and use group methods in decision-making spawn higher aspirations and achievements in their employees (Likert, 1967). Because of these results, Likert (1967) proposed that organizations strive toward becoming participatory management oriented. Management of this type is based on theory Y. Managers using theory Y expect confidence and trust between manager and subordinate so that "subordinates feel free to confront upwards, rewards support active

involvement, decision-making and goal-setting are widely done throughout the organization . . ." (Argyris, 1973, p. 40). On review of the literature, the contemporary administrative practices in hospitals as well as other institutions should be that of participation (Rosswurm, 1978).

The Management Process in the Hospital Setting

Hospitals have changed from depressing institutions where loved ones go to die, into the hub of the health care system. Hospitals have changed into "one of the most complex social institutions around" (Drucker, 1974, p. 4). With this change, the hospital has encountered increasingly difficult problems as the complexities have increased. Non-participatory management does not work in the hospital just as it does not work in industry. The consequences of the hospital not allowing participation are just as severe as the consequences in business because of the "importance of good coordination for achieving low-cost, excellent patient care" (Likert & Likert, 1976, p. 205).

The hospital setting should demand a Y system of management. The interaction of different levels of authority require a greater degree of communication. The overlap of job responsibility (some parallel in authority,

some subordinate in authority) also suggests the need for participating management practice. There is a need for management personnel to solicit input from each work group. Only participatory employees can facilitate optimum health care. The nature of hospital objectives requires much more interaction and a greater degree of immediate action or response by each individual (Longest, 1976).

Hospitals employ two types of managers.

First is the professional manager, who by education and background is a manager; second is the health professional, by education and background prepared not to manage but to practice a profession (Longest, 1976, p. 2)

The nursing department in the hospital is directed by the second type of manager. The nursing department provides patient care 24 hours a day, 7 days a week throughout the year and requires more than 40% of the operating budget (Ganong & Ganong, 1977). Therefore, the "nurses in charge must be competent managers. Being a competent manager applies at all levels beginning with the assistant head nurses and charge nurses" (Ganong & Ganong, 1977, p. 33). Because the nurse in charge must be a good manager, she finds that she now has a dual role. This dual role is evident in all levels of nursing care. The emphasis shifts from nurse to manager as employee and patient needs dictate. The nursing administrator, the

head nurse, and the assistant head nurse are all important management positions (Ganong & Ganong, 1977).

Nurse-managers are responsible for meeting hospital goals and objectives by supplying quality patient care. The performance is accomplished by diverse procedures (Stevens, 1978). An evaluation of roles of the nurse-manager is generally based on the results of patient care rather than on the methods used to provide the care. An evaluator may expect the nurse to have all her patients ready for a treatment at a specific time, and if the nurse has the patients there on time, she gets a good evaluation. The evaluation may not consider nursing care as primary and management techniques as secondary. The patient might be "late" for a procedure because he or she required more preparatory time to alleviate stress or discomfort before going to the procedure room. Participation between nurse and manager will compliment nursing care and eliminate conflicting priorities in evaluations. Participative management can offer the answer to many hospital problems where the dual role is vital (Jenkins, 1978).

Poor management of a single patient may escape any significant consequence; however, poor management of staff members will affect the entire unit and patient care. Staff members many times do not accomplish hospital goals

and objectives because they do not have a participatory part. There is no interaction between nurse-manager and staff; therefore, there is no motivation from the nurse-manager toward the staff to fulfill institutional goals and objectives. This lack of motivation could cause less than superior nursing care (Jenkins, 1978). Nurses who are selected to become nurse-managers must be very carefully chosen. They must have qualities of an effective manager and of an effective nurse.

Courtade (1978) drew conclusions from a survey which indicated that effective leaders were more likely than ineffective leaders to relate to subordinates by:

- 1) seeking and using subordinates' ideas and special knowledge,
- 2) empathizing with their problems,
- 3) supporting them,
- 4) sharing information with them
- 5) displaying trust in them, and
- 6) emphasizing rewards, guidance, and involvement of subordinates. (p. 21)

Jenkins (1978) suggested that pre-employment interviews should include brief managerial decisions made by the new employee. The interview should help to establish whether or not this employee could become a nurse manager and whether the employee is concerned about effective communication from subordinates. The information obtained should indicate if the employee is supportive of staff and

if he or she is capable of utilizing other motivational techniques (i.e., group decision-making).

Decision-making and Communication
Utilized in Management

Many nurse-managers do not allow employees to participate in decision-making for fear they will lose power as a manager or even lose their job. This feeling of fear or threat usually occurs in leaders who are insecure in their own position (Stevens, 1978). Nurse-managers who refuse input from staff are autocratic leaders and do not believe that the staff is competent enough to have valid input. In authoritarian institutions the decisions are made at the top of the hierarchy and are communicated downward to the staff, who are expected to accept the decision without question (Marriner, 1977).

Decision-making is encouraged early in school; children are given progressively more opportunities to participate in and responsibility for making decisions which influences them. Parents also increasingly give children a choice in decision-making at home. When these generations matured, they embraced this participatory concept. As employees, they expect to be involved in decision-making. If this expectation is not reached, dissatisfaction occurs (Likert, 1961).

Another antecedent of the employee's desire to participate in decision-making is the level of education. "As people acquire more education, their expectations rise as to the amount of responsibility, authority, and income they will receive" (Likert, 1961, p. 3). Many institutions have staff who have the same educational background as their managers. The manager may not be able to retain all the technical information needed to make an accurate decision within the technical areas of the employees. Sometimes the problem may be very intricate; therefore, more than one subordinate will be needed to participate in decision-making (Likert, 1961).

Managers who allow employees to participate in decision-making believe that employees are an essential part of the organizational structure. Participative management considers decision-making a process through which desirous staff members may contribute to decisions. The manager's role is "not of himself deciding but of making sure that the best possible decisions result" (Marrow et al., 1967, p. 218). The extent of participation allowed by the manager is based on the institution's philosophy, the manager's style, and the organizational climate.

The strict autocratic manager makes decisions without input from the staff and demands compliance from the staff. The manager who is more benevolent toward the staff is concerned that the staff accept and implement the decision that has been made. Discussion about the decision is allowed to persuade the staff that the right decision has been made. The benevolent manager may allow the staff to decide on which alternative to use to implement the decision.

A manager who allows slightly more participation from the subordinate group will permit the group to make many small decisions and give input on major decisions with the manager making the ultimate decision. A sincere participative manager will allow group input on decision-making and allow the ultimate decisions to be made by the group with the manager's guidance (Marriner, 1977).

Likert's participative management system recommends that group participation is more effective than a one-to-one interaction. A subordinate is not as intimidated in a work group, because communication is much more impersonal. Likert (1961) also stated that there is significant data indicating that a manager will gain more significant information from a group discussion than from a one-to-one interaction. As the problem is discussed,

first by one member and then another member of the group, important information is gleaned which subordinates would not have contributed on a one-to-one basis.

Longest (1976) listed six steps involved in decision-making:

- 1) Becoming aware that a decision must be made
- 2) Defining the problem
- 3) Analyzing available information
- 4) Developing relevant alternative solutions
- 5) Choosing the alternative
- 6) Converting the chosen alternative into action, or execution of the decision. (p. 85)

If a work group is to adequately complete this decision-making process, the members must have certain similar characteristics. The employees involved must be interested in the solution of the problem and must have a degree of competence in the area surrounding the problem. A fundamental quality that each employee must have is a disposition to accept the responsibility of this expanded role. In order for the group effort to be valid, positive feelings, such as trust, must exist between the manager and the subordinate (Stevens, 1978). McGregor's Y theory emphasizes this positive view of man; without this positive view "the exercise of involving people will be just that--an exercise" (Stevens, 1978, p. 159).

Productivity and originality more readily occur when there is an atmosphere of mutual respect and the expression

of ideas is encouraged. The work group can identify more ideas and combination of ideas than an individual (Marriner, 1977).

Because goals are established and decisions made with the participation of all those affected, objectives are comparatively closely aligned with the needs and interests of all members, and all motivational forces push in the direction of obtaining the established objectives. (Marrow et al., 1967, p. 218)

The individual group members, after participation, can understand how their specific tasks and job assignments coincide with other group members' assignments in order to reach the ultimate goal (Stevens, 1978).

In nursing environments an "increased productivity has the effect of adding new staff without actually adding new staff" (Stevens, 1978, p. 155). It is generally thought that by increasing staff the quality of care will increase. Quality care can be increased economically by motivating the staff through participation in decision-making (Stevens, 1978). Nursing administration can contribute to this process by "providing an atmosphere of approval for open minds to new ideas" (Miller, 1976, p. 18).

The decision-making process cannot even begin without effective communication. "By definition, communication is the passing of information and understanding from a

sender to a receiver" (Longest, 1976, p. 174). Communication is the key to directing employees. Proper communication stimulates adequate input for decision-making. Too often there is a gap in the communicating of plans from the hierarchy to the subordinate, resulting in antagonism. Communication within the health care setting must be multidimensional, downward, upward, and laterally. If members of the health care team communicate adequately, work is accomplished more effectively, and decision-making becomes more efficient (Longest, 1976).

Interaction and the Management Process

To communicate as effectively as intended a nurse-manager must consider "the expectations, values, and interpersonal skills of those with whom he is interacting" (Likert, 1961, p. 95). The subordinate needs to feel that he or she is important and belongs to the group. Through effective communication these psychological needs may be met through praise for a job well done. These needs may also be fulfilled by other positive actions such as additional responsibility, listening to ideas, or just listening (Boyd, 1976).

It is frequently taken for granted that if an employee is removed from his work unit for any reason, his production level will decrease. An employee being

away from the job to discuss a personal problem with a supervisor does not always cause a loss of production. Likert (1961) stated that if the time is spent with a sympathetic supervisor who shows genuine interest, the result is improved performance by the employee. Managers, with the best performance records from subordinates, are very cognizant of the human aspect of subordinates' problems and how these problems can affect production level.

In 1967 a large hospital in New York became aware of the acute shortage of professional nurses on the staff. In analyzing possible solutions to the problem, it was noted that employees seemed to need

someone with whom they could relate, who would listen to them objectively; know them individually, and have the ability and authority to offer concrete suggestions, answer their questions, and take action when indicated.
(Bloch, 1976, p. 1631)

A new position was formed to meet the need. The coordinator of the new position scheduled interviews (with staff members), which provided an opportunity for the staff members to verbalize their problems, both personal and professional. The employee felt the freedom to express himself because the coordinator was not involved in any type of clinical evaluation of the employee, but was in a position to review problems and actively attempt to

participate in problem-solving. In 1967 the attrition rate at this hospital was 37%, and in 1975 the attrition rate was 14.5%. Bloch (1976) drew the conclusion from these statistics that by creating the position, management demonstrated that it cared. By allowing employees the privilege of ventilating their problems and working out solutions to these problems, the hospital experienced a decrease in employee turnover and perhaps a decrease in dissatisfaction. The motivating force that contributes to employee satisfaction is again indicated by participation and interaction.

Utilization of Motivation in Management Techniques

"To motivate means to move. Management however is concerned with the direction of that movement" (Boyd, 1976, p. 144). An individual can be motivated toward or away from a specific goal within an institution. Motivation is highly individualized and internal (Boyd, 1976). The employee's needs are constantly changing, thus making the manager's job complex indeed, as his or her responsibility is to assist the employee in understanding the employee's need and to help the employee satisfy that need within the organization. Longest (1976) said that

there are two ways to get an employee to perform a given task. The manager

can make the employee see that a desired action will increase his need fulfillment, or the manager can convince the employee that he or she must carry out the directive to avoid decreased need fulfillment. (Longest 1976, p. 151)

Management's directives become effective only if the employee sees it as a means of meeting his or her needs; therefore, management's task is to develop situations at the place of work which allows the employee to satisfy one of his needs (Longest, 1976).

Without motivational stimuli these unsatisfied needs lead to a non-motivational situation of frustration. The individual may then use such defense mechanisms as withdrawal, compensation, regression, or rationalization (Longest, 1976). He may even resign. The individual whose need is not met on the job often experiences a decrease in morale or self-esteem.

Imparato (1972) stated that satisfaction is "the difference between what one wants and what one is getting" (p. 57). In research performed by Brief (1976), it was noted that lack of job satisfaction was the chief cause of job turnover, but the more an employee is satisfied with his or her job, the more likely he or she is to stay on that job. Herzberg (1966) explained that the opposite

of job satisfaction is not job dissatisfaction, but rather no job satisfaction. An investigation to determine the type of rewards that would keep nurses on the job was done by McClosky (1975). After the study was completed the researcher concluded that nurses left jobs partly because of a loss of self-esteem. If a nurse "does not receive job help and emotional support, she may leave the job to avoid losing her self-esteem" (McClosky, 1975, p. 601). Many nurse employees feel that co-workers and supervisors contribute little to each other's self-esteem. McCloskey (1975) observed on concluding her investigation that:

to decrease turnover, it is necessary to increase the number of psychological rewards. The implications for nursing administrators include arranging more active inservice education programs; providing time off and tuition waivers to nurses who wish to continue their education; hiring a research coordinator; implementing primary care nursing and problem-oriented charting to give nurses more responsibility; and introducing career-advancement patterns related to level of practice (p. 602)

Participation may allow the employee's self-esteem needs to be fulfilled. "Satisfaction can come by way of recognition from peers and superiors for having made a worthwhile contribution to the solution of an organizational problem" (McGregor, 1960, p. 131). If self-esteem

needs are realized then motivation toward organization objectives can occur.

Based on social science research data, Bopp and Rosenthal (1979) initiated participatory management in Jackson Memorial Medical Center. Participatory management was deemed necessary because the job turnover rates were 50%, and management was considered a significant cause for this turnover. The initiation of participatory management in this hospital included:

- 1) Nurse participation on Hospital Committees
Registered nurses now participate as full members of all existing committees that recommend action affecting the delivery of nursing care. . . .
- 2) Employee-Management Conference Committee
. . . was formed because it was believed that regular meetings between representatives of management and the Florida Nurse Association would solve problems and identify issues before they became grievances.
- 3) Professions Performance Committees members, one from each major area of nursing practice The committee meets monthly to discuss professional nursing practice.
- 4) Productivity Study . . . discussions centered on how registered nurses could achieve greater productivity in their work. . . .
- 5) Clinical Promotion Plan The philosophy is that exceptional nurses should be identified and encouraged to remain in direct contact with patients and not be forced out of primary nursing service into management in order to achieve a degree of financial success.
(pp. 671-672)

The researchers claimed that while participation has not solved all the problems of job turnover, the rate of

turnover is now 35-40% rather than 50%. The change in management began in 1975, and the current results are for 1979. Bopp and Rosenthal (1979) maintained that "registered nurses are not only a force of working professionals, but a fund of ideas and energy whose skills and knowledge are now being utilized in a resourceful way" (p. 672).

Goals and Training in Participatory Management

Increased motivation can occur for both the leader and subordinate when they share in the setting of organizational goals. This participation results in better communication and an increase in production, because participation and communication determine each person's responsible part, of organizational goals (Hill, 1976). When the employee is contributing toward the establishment of the organization's goals, he is considering his own goals as well. The employee's goals and the organization's goals often become one. When the organization's goals and the employee's goals are one, the employee's needs are more often fulfilled and job satisfaction results (Marriner, 1976).

Many times in order to help the employee obtain his or her goals or objectives, the manager must act as

"teacher, consultant, colleague, and only rarely as authoritative boss" (McGregor, 1960, p. 152). Likert (1961) found higher performance levels in those groups whose supervisors took time to train them, than in those groups whose supervisors felt that teaching employees might result in employees finding a better job. Anything that can be done to stimulate cooperation, meet both employees' and employers' goals, and result in happy contented employees always reduces problems and increases production.

Summary

From the time man began functioning through group behavior, some type of leadership has been used. Management techniques began to take on some degree of scientific approach during the industrial revolution. As people became more aware of both the negative and the positive attributes of human behavior, some leaders began to discover and practice techniques based on more than personal concepts of what was effective in handling people.

The eventual evolution of ideas and tests led to authoritative management as well as participative management. Authoritative management left little room for employee involvement in the management process.

Participative management, however, gave new impetus to the employer-employee relationship by allowing the employee to share in the decision-making process and by encouraging communication between the different levels of an institutional hierarchy. Participative management has demonstrated the value of mutual goal-setting by proving the employees who share the responsibility of goal-setting with management are motivated to accomplish the organization's objectives. When employees accomplish company goals, they realize personal goals and attain happiness within the work place.

There is still no absolute perfect management system for any given company or any given group of people. The art of motivating, fulfilling all facets of high productivity and employee satisfaction must continuously be modified and scrutinized to facilitate success.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

According to Abdellah and Levine's (1965) definition, this study was classified as nonexperimental, descriptive research. The primary aim of this study was to discover new facts and to provide a descriptive picture of the situation. Descriptive research is "used to answer a question, satisfy curiosity, solve a problem, or establish a cause-effect relationship" (Treece & Treece, 1977, p. 58). Descriptive research may be conducted by asking questions, by interviewing, by observing, or by questionnaires. Some descriptive studies are conducted in order to "throw some light on an area or to generate hypotheses for later investigation" (Abdellah & Levine, 1965, p. 425). This approach to research is often the first step in determining the cause of the problem. Descriptive research has contributed significant information toward program planning and decision-making in nursing.

"Nonexperimental research is weak on control of extraneous variables since the study is conducted in its natural setting" (Abdellah & Levine, 1965, p. 436).

Although nonexperimental research has its limitations, its greatest advantage is the limited control of external factors which allows greater generalization to a larger population (Kerlinger, 1973). The variable investigated in this study was participative management.

Setting

Three hospitals in a north Texas county were the setting of this study. The hospitals are privately-owned and have 300 beds or more. Each hospital was selected from a random numbers table after each qualifying hospital in the area was assigned a number from one to 10. Hospital A has a patient bed capacity of 533, Hospital B has a bed capacity of 628, and Hospital C has a bed capacity of 475. On the day shift of Hospital A there are approximately 35 charge nurses employed, Hospital B has approximately 74 day shift charge nurses employed, and Hospital C has approximately 70 day shift charge nurses employed. Written permission, using the Texas Woman's University's form "Agency Permission for Conducting Study" (see Appendix A) was obtained from each institution before the investigation was begun in any one hospital.

Population and Sample

The target population was identified as all charge nurses within the three hospitals who had been employed there for at least 1 year and were currently employed full-time. In order for a nurse to have a realistic conception of management in any institution, he or she would need to be employed there for at least 1 year. The questionnaire was given to the day shift charge nurses who were working on a specific day. The sample consisted of 31 nurses who were willing to participate. There were 9 participants from Hospital A, 10 participants from Hospital B, and 12 participants from Hospital C, all of whom comprised one sample. Those who were willing to participate were asked to sign the Texas Woman's University permit "Consent to Act as a Subject for Research and Investigation," Form A (see Appendix B).

Protection of Human Subjects

The proposal was submitted to the Human Research Review Committee at Texas Woman's University. Approval (see Appendix C) was granted by the committee. The subjects who were involved in the study were informed of the purpose and method used to gather data by an oral presentation (see Appendix D). The charge nurses were

assured their position would not be threatened if they chose not to participate. Each participant signed an informed consent form prior to participation (see Appendix B). No names or marks were applied to the answered questionnaire to maintain confidentiality. The questionnaires were merely labeled Hospital A, Hospital B, and Hospital C to keep the results in appropriate categories and to maintain anonymity required by the Human Research Review Committee.

Instrument

The questionnaire, "Profile of Organization Characteristics," developed by Likert, was utilized for the purpose of this study (Likert, 1967). This questionnaire has been used in numerous organizations to test various aspects of management. The validity of Likert's tool has been confirmed and intercorrelation reliability established on the basis of 115 cases, and has been reported above .75 (Likert, 1967) (see Appendix E).

The questionnaire is composed of 51 questions and is subdivided into eight organizational variables: (a) leadership process, (b) motivational forces, (c) communication process, (d) interaction-influence process, (e) decision-making process, (f) goal-setting or ordering,

(g) control process, and (h) performance goals and training. The answers to the questionnaire are based on four management systems which Likert terms System 1, System 2, System 3, and System 4. Each system indicates an increase in the amount of employee participation with each increase in the numbers. These management systems are not written on the questionnaire, but each answer is directly related to one of the above systems. Twenty-three randomly selected answers list characteristics of System 4 as the first choice, then System 3, then System 2, and lastly System 1. The other remaining answers on the questionnaire list System 1 first and System 4 last. The brief, general, and illustrative answers are intended to indicate only the general patterns of the four types of management (Likert, 1961). To determine whether the employee accepts and is satisfied with the current management system or desires a change, Likert (1967) administered the questionnaire with the following directions:

. . . please indicate on the continuum where you would like to have your organization fall with regard to that item. (p. 13)

. . . please indicate on the continuum approximately where you feel your organization falls with regard to that item. (p. 25)

For the purpose of this study the Likert "Profile of Organization Characteristics" was modified (see Appendix F). The permission to use the altered tool was obtained from the McGraw-Hill Book Company (see Appendix G) as the tool was taken from the book, The Human Organization. The modified version used in this study omits items 6, 9, 24, 30, 36, 44, 45, 46, 47, and 48 due to the difficulty in understanding the wordage or the need for further explanation in order to be used in the hospital setting. As a result of the deletion, the organizational variable, the control process, was omitted. Because of the deletion of the 10 questions, the numbering of the items was slightly different in the modified form. There were 41 questions used for the purpose of this study. The second alteration in the tool was a word change in the original item 7 from motive to motivation and in the original item 43 from overt to outward and covert to inward. Each question was immediately followed by multiple-choice answers of a, b, c, and d. The response to each item was assigned a score of 1 to 4 with 1 representing a "low amount of participation" response and a 4 representing a "high amount of participation" response. Each nurse was asked to circle the letter that best represented her perception of the

current management system of her place of employment and to place the letter X on the letter that best represents her desired rating for hospital management. The time required to complete the questionnaire was approximately 30 minutes.

Data Collection

After permission was obtained from Texas Woman's University's Human Research Committee and the agencies to be used, the investigator met Hospital A and Hospital C's charge nurses at a designed day shift charge nurse meeting. The researcher met the charge nurses of Hospital B on their nursing units. The charge nurses were then given an oral description of the study including the risks that were involved (see Appendix D). A Texas Woman's University consent form was distributed and those willing to participate were asked to sign their names in the appropriate space. The questionnaire was then given to those who consented to participate and all were allowed to return to their work area with the instructions to return the questionnaire with the researcher's name written on it to the secretary of nursing service within 1 week. The researcher then collected the questionnaires from the secretary.

Treatment of Data

For each nurse and for each item, two item-scores were recorded: a perceived participation item-score and a desired participation score. Several cumulative scores were then calculated for each questionnaire.

1. A perceived participation score from the questionnaire was the average of the 41 perceived integration item-score. This score represented, on a scale from 1 to 4, how the nurses perceived (rated) the current level of participation at the hospital where they were employed. To determine the level of participation in the hospitals, the average of the perceived participation scores were on a scale of 1 to 4 and was used to subjectively rate the level of participation for the management of the hospitals.

2. The seven perceived organizational variable scores were calculated for each questionnaire by taking the average of the perceived participation item-scores for those items that compose that organizational variable. Analysis of variance was used to compare the scores for the seven organizational variables to determine which components in the questionnaire showed the greatest amount of current management participation.

3. In order to determine if charge nurses would prefer an alteration in nursing management, the difference was calculated between the perceived participation item-score and the desired participation item-score for each questionnaire item. The average of the 41 differences (for the 41 items) resulted in one score for each questionnaire which gave a total measure of the comparison of perceived and desired participation "ratings." Note that if this score was near zero in value, then there was little difference in how the nurse perceived participation relative to what she desired or expected. The Wilcoxon's nonparametric rank sum test was then used to determine if charge nurses would prefer an alteration in nursing management (if their perception of participation was lower than their expectations of participation). A level of significance of .05 was used in the above analysis.

CHAPTER 4

ANALYSIS OF DATA

A nonexperimental study was conducted to determine charge nurses' current perceptions of and expectations of participation in nursing management. This chapter deals with the analysis of data obtained from the modified questionnaire "Profile of Organizational Characteristics (see Appendix F). The sample consisted of 31 registered nurses. Various statistical methods were utilized to determine the sample group's answers to the questionnaires. Significant findings of these analyses will be presented in this chapter.

Description of Sample

The sample consisted of 31 registered nurses who were employed as day shift charge nurses in either Hospital A, Hospital B, or Hospital C. The sample was composed of registered nurses employed in various areas within the hospital setting. The sample included one male (3.2%) and 30 (96.8%) females. Fourteen (45.1%) of the participants were between the ages of 21 and 30 years; 12 (38.7%) of the participants were between the ages of 31 and 40 years; two (6.5%) of the participants

were between the ages of 41 and 50 years; and 4 (12.9%) between the ages of 51 and 60 years. Two (6.5%) subjects graduated in the 1940s, one (3.2%) in the 1950s, nine (29%) in the 1960s, and 19 (61.3%) graduated in the 1970s. Eight subjects (25.8%) of the sample graduated from an associate degree program, 12 (38.7%) graduated from a diploma program, and 10 (32.3%) graduated from a baccalaureate program.

Findings

The hypothesis for this study was that there will be no difference in the charge nurses' perception of current utilization of participation in management and their desire for participation in management. The data were analyzed initially by taking the average of the perceived participation scores on a scale of 1 to 4 and subjectively rating the participation level for the management of the hospitals. The average perceived score was 2.73 ($N = 31$), and the average of the desired participation scores was 3.72.

Wilcoxon's non-parametric rank sum test was used to determine the validity of the hypothesis. The results were $T = 0$ (31), $p < .00003$ or $p < .05$. The hypothesis that there will be no difference in the charge nurses' perception of the current utilization of participation

in management and their desire for participation in management was rejected.

A two-way analysis of variance was utilized to determine if there was a difference between the perceived scores of the charge nurses in the three hospitals and the seven categories of the questionnaire. The analysis indicated that there was no significant difference between the nurses' perceived scores in the three hospitals, $F=.811(2,195) p<.001$ (see Table 1).

Table 1

Computation of a Two-Way ANOVA--
Perception Scores by Hospitals
and Categories

Source of Variation	<u>ss</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
Hospital	.340	2	.170	.811	.4460
Categories	10.411	6	1.735	8.278	.0001
Hospital X categories	1.747	12	.146	.695	.7560
Error	<u>40.870</u>	<u>195</u>	<u>.210</u>		
Total	53.359	215	.248		

The mean difference between the perceived scores and the desired scores was $\bar{m} = .9795$. This showed that the charge nurses would like for the amount of participation

in nursing management to increase by an average of almost one level.

An additional finding was that there was a significant difference among the seven categories when a one-way analysis of variance was done, $F=8.434(6,209)$ $p<.001$ (see Table 2).

Table 2

Computation of a One-way ANOVA--
Perception Scores by Categories

Source of Variation	<u>ss</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
Categories	10.401	6	1.733	8.434	.0001
Error	<u>42.958</u>	<u>209</u>	<u>.206</u>		
Total	53.359	215	.248		

The modified least significant difference, a multiple range test, was used to determine the significant differences among categories. This statistical analysis showed that the average rating of the category "performance goals and training" was significantly lower than the category "interaction influence." Table 3 shows the mean and standard deviation of the perceived scores for each category used to determine among categories.

Table 3

Rating Management Variable Scores According
to Amount of Participation

Categories of Questionnaire	Mean	Standard Deviation
Performance goals and training	2.197	0.5848
Decision-making	2.699	0.4584
Motivation	2.714	0.4270
Communication	2.722	0.4246
Goal-setting and ordering	2.792	0.4251
Leadership process	2.863	0.4115
Interaction influence	2.935	0.4226

N = 31.

Summary of Findings

The hypothesis for this study, there will be no difference in the charge nurses' perception of current utilization of participation in management and their desire for participation in management was rejected. The sample included 31 registered nurses who were employed as charge nurses at one of the three hospitals used in this study. There was no difference in the nurses' perceived scores between the three hospitals. There was a difference between the perceived scores for the categories. The category "performance goals and training" was

significantly lower than the highest scored category "interaction influence." According to mean differences, the sample group would prefer that their hospital was approximately one level higher in the amount of participation in management.

CHAPTER 5

SUMMARY OF THE STUDY

The following chapter summarizes the study which evaluated whether there was a difference in charge nurses' perception of the current utilization of participation in management and their desire for participation in management. Discussion of the findings including conclusions and implications are stated. The recommendations for further study are concluded in this chapter.

Summary

This study was based on McGregor's management theory Y involving participation in management. The study was conducted using the hypothesis that there will be no difference in charge nurses' perception of current utilization in management and their desire for participation in management. This investigation was conducted in three randomly-selected, privately-owned hospitals in a large Southwestern metropolitan area. The hospitals each had a patient capacity of over 300. The sample was composed of 31 charge nurses with varying ages, educational background, and years of experience. Data were

collected by means of the modified questionnaire entitled "Profiles of Organizational Characteristics" (see Appendix F).

A modification of the questionnaire developed by Likert was divided into organizational variables:

(a) leadership process, (b) motivational forces, (c) communication process, (d) interaction-influence process, (e) decision-making process, (f) goal-setting or ordering, and (g) performance goals and training. The copies of the questionnaire given to members of the sample group did not designate these categories, and it had multiple-choice answers.

The subjects were asked to answer the questionnaire by placing an X on the letter where they believed their organization's management is now and a circle around the letter which signified their desire for management. The response to each item was assigned a score of 1 to 4, with 1 representing the lowest amount of participation and 4 representing a high amount of participation. The data for this research were gathered from these answers.

To determine the level of participation in hospital management as perceived by day shift charge nurses, the average of the perceived scores were subjectively used to rate the level of participation in management. This was

determined to be at the level of 2.7. An analysis of variance was used to compare the scores of the seven organizational variables. The organizational variable which showed the most amount of participation within management was the interaction influence. After the difference between the perceived score and the desired score was calculated, Wilcoxon's rank sum test was used to determine if charge nurses would prefer an alteration in participation in nursing management. The hypothesis was rejected.

Discussion of Findings

The results of the study indicated that day shift charge nurses desire to have a more participatory management system within the hospital structure. Likert and Likert (1976) stated that when the questionnaires were given to employees in the United States, Europe, and Asia, they invariably answered that they would like management to be closest to level 4 of more participation in management. Research has also shown that although employees want to be closer to level 4, they want to achieve this level gradually (Likert & Likert, 1976). As stated in the review of literature, Maslow (cited in Drucker, 1974) found that not all employees are ready

for complete participatory management; they may not want the responsibility involved with participatory management.

The results of this study showed that day shift charge nurses perceive a significant decrease in the amount of participation in the management training when compared to the amount of participation in the other management variables. Ganong and Ganong (1977) stated that it is imperative for charge nurses to be competent managers. To be competent managers, the charge nurses must have continuous training. According to an experimental study conducted in a large corporation by the Institute for Social Research after 1 year of training managers and assistant managers in group methods of supervision, there was a definite increase in participative management (Likert, 1961). Perhaps the low training level score is indicative of the hospital not considering charge nurses as part of the management structure.

Analysis of data concerning the managerial level as perceived by day shift charge nurses was 2.7. In 1976 Likert and Likert wrote that hospital administration fell between levels of 2.0 and 2.5. The present study showed that nursing management in the three hospitals is slightly above the generalized score given by Likert and Likert in 1976. The nursing management system is neither

authoritative nor totally participative. As discussed in the review of literature, when the manager is neither autocratic nor participative, he may discuss the decision with employees to try and persuade them that a right decision has been made and to allow the employees to decide which method of implementation should be used, or the hospital manager may allow the employees to make many small decisions and give input on the major decisions. A definite statement saying that nursing management has improved since 1976 cannot be made on the basis of this sample as the nursing management score is unknown. The results obtained from this sample give a basis for comparison of future evaluation to be done in these three hospitals.

Conclusions and Implications

Conclusions of this study are:

1. The subjects have perceived that total participative management is not currently being practiced in three hospitals.
2. The majority of the sample desired for there to be an increase in the amount of participation in management.

The findings of this research study suggest implications for nursing management. Nursing management should

strive toward a participatory management system. In order to accomplish participatory management, management will find it necessary to evaluate present and prospective nurse-managers within the system to determine if they are autocratic or participative in their leadership style. In order to implement a participatory management system, the charge nurse should be included more often in management training programs.

Recommendations

Based on the findings of this study, the following recommendations are suggested:

1. Studies should be conducted using a sample consisting of nurses from the evening shift and the night shift to establish if there is a difference in perception of management among the shifts.
2. Replication studies should be conducted at various locales to establish valid generalizations.
3. Replication of this study should be conducted at 2-3-year intervals to determine if any change in management has occurred, within a given hospital.
4. A study should be conducted to determine if nursing management should consider greater participation by charge nurses in decision-making.

5. A replication of this study should be done to determine if there is any correlation between the ratings given by associate degree nurses, diploma nurses, and baccalaureate degree nurses.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY
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DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

HOUSTON CENTER
1130 M. D. ANDERSON BLVD.
HOUSTON, TEXAS 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Bonnie Shaw Higgins

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem: Is there a difference in the charge nurses' perception of the current utilization of participation in management and their desire for participation in management.

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (wants) (~~desires~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: _____

Bonnie Shaw Higgins
Signature of Student

Signature of Agency Personnel
Dr. C. Thomas, Jr., Ed.D.
Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original-Student; First copy - agency; Second copy - TWU College of Nursing.

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AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Dr. Joseph H. H. H. H.

GRANTS TO Bonnie Shores Hughes

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem: Is there a difference in the charge nurses' perception of the current utilization of participation in management and their desire for participation in management?

The conditions mutually agreed upon are as follows:

1. The agency (may) ~~(may not)~~ be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) ~~(may not)~~ be identified in the final report.
3. The agency (wants) ~~(does not want)~~ a conference with the student when the report is completed.
4. The agency is (willing) ~~(unwilling)~~ to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 7-25-79

James L. Murphy
Signature of Agency Personnel

Bonnie Shores Hughes
Signature of Student

Donna L. H. H. H.
Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original-Student; First copy - agency; Second copy - TWU College of Nursing.

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AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Bonnie Shaw Higgins

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Is there a difference in the charge nurses' perception of the current utilization of participation in management and their desire for participation in management?

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
May describe but not name.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 7-25-79

Signature of Agency Personnel

Bonnie Shaw Higgins
Signature of Student

Beth C. Turner - M.D.
Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original-Student; First copy - agency; Second copy - TWU College of Nursing.

GP:GEN 13
07026074 cd

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

Consent to Act as a Subject for Research and Investigation:

(The following information is to be read to or read by the subject.)

1. I hereby authorize Bonnie Higgins to perform the following investigation:

To determine, through the utilization of a questionnaire (a) the level of participation in management as perceived by charge nurses, and (b) if there is a difference in the charge nurses' perception of the current utilization of participation in management and their desire for participation in management.

2. The procedure of investigation listed in Paragraph 1 has been explained to me by Bonnie Higgins.
3. I understand that the procedures or investigations described in Paragraph 1 involves the following possible risks or discomforts:

(a) Personal frustration if unhappy with the present hospital management system; (b) the questionnaire will require approximately 30 minutes away from the job; and (d) there is a possibility of physical or mental fatigue.

4. I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

The results of this investigation will add to the body of nursing knowledge and will facilitate possible changes in management objectives within a hospital setting.

5. An offer to answer all of my questions regarding the study has been made. I understand that I may terminate my participation in the study at any time.

6. I understand that there is no medical treatment or compensation for physical injuries incurred as the result of participating in this research.

Subject's Signature

Date

APPENDIX C

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

Name of Investigator: Bonnie Higgins Center: Dallas
Address: 6600 Andora Date: June 29, 1979
Fort Worth, Texas 76133

Dear Ms. Higgins:

Your study entitled Management Participation in Management Settings has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,



Chairman, Human Research
Review Committee

at Dallas

APPENDIX D

ORAL PRESENTATION OF STUDY TO SUBJECT

I am undertaking a study involving Management Participation in Hospital Settings. The study will involve the charge nurse's perception of and desire for participation in management in her own hospital setting.

The questionnaire that will be utilized is a version of the Likert "Profile of Organizational Characteristics" which has been utilized in other management settings. It will take approximately 30 minutes to complete the questionnaire.

Your name is not required and you will in no way be personally identified in the study. In no way will your job be affected if you do or do not participate. Since the purpose of this study is to provide valid information, I hope you will portray your real feelings and opinions, when answering the questionnaire. It is important that you complete the entire questionnaire.

Your participation in the study is sincerely appreciated.

APPENDIX E

*Concerning Reliability and Validity of the
Profiles of Organizational Characteristics (POC)*

Chapter 7 and Appendix I of *The Human Organization: Its Management and Value* (New York: McGraw-Hill Book Co., 1967) give reliability data or intercorrelations from which reliability can be computed or estimated. The 18-item Form J and Form S usually yield split-half reliabilities in the .90 to .96 range when applying the Spearman-Brown formula for estimating the reliability from the r between two halves of the form.

Chapters 3 and 4 also contain information about validity, but not expressed as coefficients. For example, Figures 3-4 and 3-5 on the Weldon Plant show the improvement in the profile, and Figure 3-9 shows the related performance improvement. Figure 3-10 shows the management of Plant L as seen by middle and upper management levels. At that time Plant L was one of the highest producing manufacturing plants in IBM. Clair Vough, who was then the plant manager, recently identified the plant and republished the data in his book *Tapping the Human Resource* (New York: AMACOM, 1975).

Seashore and Bowers published some additional data on the Weldon plant in their 1970 paper, "Durability of Organizational Change" (*American Psychologist*, 25-3, March 1970). Or see Figure 3-11 in Likert and Likert *New Ways of Managing Conflict* (New York: McGraw-Hill Book Co., available in May 1976).

New Ways of Managing Conflict also presents other studies showing the validity of the POC. Table 5-4 in this book presents data that Roberts et al obtained. They found the rank order correlation (ρ) between POC scores and performance data for a West Coast manufacturing firm was +.61. Tables 5-12 to 5-15 in this same book present data for ten pairs of plants in Yugoslavia and two firms in Japan. Again, the data show consistent differences in profiles between high and low-performing plants or departments in the expected direction. On page 94 of this volume, results are presented for 37 sales districts in Sweden. The r between POC total scores and sales was +.93. The "...account for one-fourth of the variation" in the book is an error: it should have been 86%.

J. M. Ketchel in *The Development of Methodology for Evaluating the Effectiveness of a Volunteer Health Planning Organization* (doctoral dissertation, Ohio State University), Ann Arbor, MI: University Microfilms, 1972, No. 72-27,039) had officers, trustees, and board members in the 17 counties comprising the mid-Ohio Health Planning Federation answer Form S. He obtained completed questionnaires from 158 persons in 16 counties. Total mean scores on the Form S for each county were correlated with performance for that county. The results were as follows:

r of POC mean score and member rating of effectiveness = .93
 r of POC mean score and member scaled expectancy rating = .74

Scaled expectancy rating is a measure of organizational performance based on Smith and Kendall's scaled expectancy technique.

APPENDIX F

DEMOGRAPHIC DATA BASE

Age ☐ 21-30 years☐ 31-40 years☐ 41-50 years☐ 51-60 years☐ 61 or overSex ☐ male☐ femaleYear became an R.N. Associate degree Diploma graduate Baccalaureate degree

QUESTIONNAIRE

Instructions: Please place an X on the letter where you believe your organization's management to be now and a circle around the letter which signifies your desire for its management.

Example: Extent to which supervisors spend time listening to employee's verbal suggestions

- ☒ a. Spend virtually no time with employees
- ☐ b. Spend minimal time listening
- ☐ c. Spend adequate time listening
- ☐ d. Always available to listen to employees

Example: Extent to which supervisors spend time listening to employee's verbal suggestions

- ☐ a. Spend virtually no time with employees
 - ☐ b. Spend minimal time listening
 - ☒ c. Spend adequate time listening
 - ☐ d. Always available to listen to employees
-

1. Extent to which superiors have confidence and trust in subordinates
 - a. Have no confidence and trust in subordinates
 - b. Have condescending confidence and trust, such as master has in servant
 - c. Substantial but not complete confidence and trust; still wishes to keep control of decisions
 - d. Complete confidence and trust in all matters
2. Extent to which subordinates, in turn, have confidence and trust in superiors
 - a. Have no confidence and trust
 - b. Have subservient confident and trust, such as servant has to master
 - c. Substantial but not complete confidence and trust
 - d. Complete confidence and trust
3. Extent to which superiors display supportive behavior toward others
 - a. Display no supportive behavior or virtually none
 - b. Display supportive behavior in condescending manner and situations only
 - c. Display supportive behavior quite generally
 - d. Display supportive behavior fully and in all situations
4. Extent to which superiors behave so that subordinates feel free to discuss important things about their jobs with their immediate superior
 - a. Subordinates feel completely free to discuss things about the job with their superior
 - b. Subordinates feel rather free to discuss things about the job with their superior
 - c. Subordinates do not feel very free to discuss things about the job with their superior
 - d. Subordinates do not feel at all free to discuss things about the job with their superior

5. Extent to which immediate superior in solving job problems generally tries to get subordinates' ideas and opinions and make constructive use of them
 - a. Always gets ideas and opinions and always tries to make constructive use of them
 - b. Usually gets ideas and opinions and usually tries to make constructive use of them
 - c. Sometimes gets ideas and opinions of subordinates in solving job problems
 - d. Seldom gets ideas and opinions of subordinates in solving job problems
6. Manner in which motivation is used
 - a. Fear, threats punishment, and occasional rewards
 - b. Rewards and some actual or potential punishment
 - c. Rewards, occasional punishment, and some involvement
 - d. Economic rewards based on compensation system developed through participation; group participation and involvement in setting goals, improving methods, appraising progress toward goals, etc.
7. Kinds of attitudes developed toward organization and its goals
 - a. Attitudes are strongly favorable and provide powerful stimulation to behavior implementing organization's goals
 - b. Attitudes usually are favorable and support behavior implementing organization's goals
 - c. Attitudes are sometimes hostile and counter to organization's goals and are sometimes favorable to the organization's goals and support the behavior necessary to achieve them
 - d. Attitudes usually are hostile and counter to organization's goals
8. Amount of responsibility felt by each member of organization for achieving organization's goals
 - a. Personnel at all levels feel real responsibility for organization's goals and behave in ways to implement them
 - b. Substantial proportion of personnel, especially at higher levels, feel responsibility and generally behave in ways to achieve the organization's goals
 - c. Managerial personnel usually feel responsibility; rank and file usually feel relatively little responsibility for achieving organization's goals
 - d. High levels of management feel responsibility; lower levels feel less; rank and file feel little and often welcome opportunity to behave in ways to defeat organization's goals
9. Attitudes of members toward other members of the organization
 - a. Favorable, cooperative attitudes throughout the organization with mutual trust and confidence
 - b. Cooperative, reasonably favorable attitudes toward others in organization; may be some competition between peers with resulting hostility and some condescension toward subordinates
 - c. Subservient attitudes toward superiors; competition for status resulting in hostility toward peers; condescension toward subordinates
 - d. Subservient attitudes toward superiors coupled with hostility; hostility toward peers and contempt for subordinates; distrust is widespread

10. Satisfaction derived
 - a. Relatively high satisfaction throughout the organization with regard to membership in the organization, supervision, and one's own achievements
 - b. Some dissatisfaction to moderately high satisfaction with regard to membership in the organization, supervision, and one's own achievements
 - c. Dissatisfaction to moderate satisfaction with regard to membership in the organization, supervision, and one's own achievements
 - d. Usually dissatisfaction with membership in the organization, with supervision, and with one's own achievements
11. Amount of interaction and communication aimed at achieving organization's objectives
 - a. Very little
 - b. Little
 - c. Quite a bit
 - d. Much with both individuals and groups
12. Direction of information flow
 - a. Downward
 - b. Mostly downward
 - c. Down and up
 - d. Down, up, and with peers
13. Downward communication: where initiated
 - a. Initiated at all levels
 - b. Patterned on communication from top but with some initiative at lower levels
 - c. Primarily at top or patterned on communication from top
 - d. At top of organization or to implement top directive
14. Downward communication: Extent to which superiors willingly share information with subordinates
 - a. Provide minimum of information
 - b. Gives subordinates only information superior feels they need
 - c. Gives information needed and answers most questions
 - d. Seeks to give subordinates all relevant information and all information they want
15. Downward communication: Extent to which communications are accepted by subordinates
 - a. Generally accepted, but if not, openly and candidly questioned
 - b. Often accepted but, if not, may or may not be openly questioned
 - c. Some accepted and some viewed with suspicion
 - d. Viewed with great suspicion
16. Upward communication: Adequacy of upward communication via line organization
 - a. Very little
 - b. Limited
 - c. Some
 - d. A great deal

17. Upward communication: Subordinates' feelings of responsibility for initiating accurate upward communication
 - a. None at all
 - b. Relatively little, usually communicates "filtered" information and only when requested; may "yes" the boss
 - c. Some to moderate degree of responsibility to initiate accurate upward communication
 - d. Considerable responsibility felt and much initiative; group communicates all relevant information
18. Upward communication: Forces leading to accurate or distorted upward information
 - a. Virtually no forces to distort and powerful forces to communicate accurately
 - b. Occasional forces to distort along with many forces to communicate accurately
 - c. Many forces to distort; also forces for honest communication
 - d. Powerful forces to distort information and deceive superiors
19. Upward communication: Accuracy of upward communication via line
 - a. Accurate
 - b. Information that boss wants to hear flows; other information may be limited or cautiously given
 - c. Information that boss wants to hear flows; other information is restricted and filtered
 - d. Tends to be inaccurate
20. Upward communication: Need for supplementary upward communication system
 - a. No need for any supplementary system
 - b. Slight need for supplementary system; suggestion systems may be used
 - c. Upward communication often supplemented by suggestion system and similar devices
 - d. Great need to supplement upward communication by spy system, suggestion system, and similar devices
21. Sideward communication, its adequacy and accuracy
 - a. Usually poor because of competition between peers, corresponding hostility
 - b. Fairly poor because of competition between peers
 - c. Fair to good
 - d. Good to excellent
22. Psychological closeness of superiors to subordinates (i.e., friendliness between superiors and subordinates): How well does superior know and understand problems faced by subordinates?
 - a. Knows and understands problems of subordinates very well
 - b. Knows and understands problems of subordinates quite well
 - c. Has some knowledge and understanding of problems of subordinates
 - d. Has no knowledge or understanding of problems of subordinates

23. Psychological closeness of superiors to subordinates (i.e., friendliness between superiors and subordinates): How accurate are the perceptions by superiors and subordinates of each other?
- a. Often in error
 - b. Often in error on some points
 - c. Moderately accurate
 - d. Usually quite accurate
24. Amount of character of interaction
- a. Extensive, friendly interaction with high degree of confidence and trust
 - b. Moderate interaction, often with fair amount of confidence and trust
 - c. Little interaction and usually with some condescension by superiors; fear and caution by subordinates
 - d. Little interaction and always with fear and distrust
25. Amount of cooperative teamwork present
- a. Very substantial amount throughout the organization
 - b. A moderate amount
 - c. Relatively little
 - d. None
26. Extent to which subordinates can influence the goals, methods, and activity of their units and departments: as seen by superiors
- a. None
 - b. Virtually none
 - c. Moderate amount
 - d. A great deal
27. Amount of actual influence which superiors can exercise over the goals, activity, and methods of their units and departments
- a. Believed to be substantial but actually moderate unless capacity to exercise severe punishment is present
 - b. Moderate to somewhat more than moderate, especially for higher levels in organization
 - c. Moderate to substantial, especially for higher levels in organization
 - d. Substantial but often done indirectly, as, for example, by superior building effective interaction-influence system
28. Extent to which an effective structure exists enabling one part of organization to exert influence upon other parts
- a. Highly effective structure exists enabling exercise of influence in all directions
 - b. Moderately effective structure exists; influence exerted largely through vertical lines
 - c. Limited capacity exists; influence exerted largely via vertical lines
 - d. Effective structure virtually not present

29. Character of decision-making process: At what level in organization are decisions formally made?
 - a. Bulk of decision at top of organization
 - b. Policy at top, many decisions within prescribed framework made at lower levels but usually checked with top before action
 - c. Broad policy decisions at top, more specific decisions at lower levels
 - d. Decision-making widely done throughout organization, although well integrated through linking process provided by overlapping groups
30. How adequate and accurate is the information available for decision-making at the place where the decisions are made?
 - a. Information is generally inadequate and inaccurate
 - b. Information is often somewhat inadequate and inaccurate
 - c. Reasonably adequate and accurate information available
 - d. Relatively complete and accurate information available based both on measurements and efficient flow of information in organization
31. To what extent are decision makers aware of problems, particularly those at lower levels in the organization?
 - a. Generally quite well aware of problems
 - b. Moderately aware of problems
 - c. Aware of some, unaware of others
 - d. Often are unaware or only partially aware
32. Are decisions made at the best level in the organization as far as: Availability of the most adequate and accurate information bearing on the decision
 - a. Overlapping groups and group decision process tend to push decisions to point where information is most adequate or to pass the relevant information to the decision-making point
 - b. Some tendency for decisions to be made at higher levels than where most adequate and accurate information exists
 - c. Decisions often made at levels appreciably higher than levels where most adequate and accurate information exists
 - d. Decisions usually made at levels appreciably higher than levels where most adequate and accurate information exists
33. Are decisions made at the best level in the organization as far as: The motivational consequences (i.e., does the decision-making process help to create the necessary motivations in those persons who have to carry out the decision?)
 - a. Substantial contribution by decision-making processes to motivation to implement
 - b. Some contribution by decision-making to motivation to implement
 - c. Decision-making contributes relatively little motivation
 - d. Decision-making contributes little or nothing to the motivation to implement the decision, usually yields adverse motivation
34. To what extent are subordinates involved in decisions related to their work?
 - a. Not at all
 - b. Never involved in decisions; occasionally consulted
 - c. Usually are consulted but ordinarily not involved in the decision-making
 - d. Are involved fully in all decisions related to their work

35. Is decision-making based on man-to-man or group pattern of operation? Does it encourage or discourage teamwork?
- a. Man-to-man only, discourages teamwork
 - b. Man-to-man almost entirely, discourages teamwork
 - c. Both man-to-man and group, partially encourages teamwork
 - d. Largely based on group pattern, encourages teamwork
36. Character of goal-setting or ordering: Manner in which usually done
- a. Except in emergencies, goals are usually established by means of group participation
 - b. Goals are set or orders issued after discussion with subordinates of problems and planned action
 - c. Orders issued, opportunity to comment may or may not exist
 - d. Orders issued
37. To what extent do the different hierarchical levels tend to strive for high performance goals?
- a. High goals sought by all levels, with lower levels sometimes pressing for higher goals than top levels
 - b. High goals sought by higher levels but with occasional resistance by lower levels
 - c. High goals sought by top and often resisted moderately by subordinates
 - d. High goals pressed by top, generally resisted by subordinates
38. Are there forces to accept, resist, or reject goals?
- a. Goals are outwardly accepted but are inwardly resisted strongly
 - b. Goals are outwardly accepted by often inwardly resisted to at least a moderate degree
 - c. Goals are outwardly accepted but at times with some inward resistance
 - d. Goals are fully accepted both outwardly and inwardly
39. Level of performance goals which superiors seek to have organization achieve
- a. Seek to achieve extremely high goals
 - b. Seek very high goals
 - c. Seek high goals
 - d. Seek average goals
40. Extent to which you have been given the kind of management training you desire
- a. Have received no management training of kind I desire
 - b. Have received some management training of kind I desire
 - c. Have received quite a bit of management training of kind I desire
 - d. Have received a great deal of management training of kind I desire
41. Adequacy of training resources provided to assist you in training your subordinates
- a. Training resources provided are excellent
 - b. Training resources provided are very good
 - c. Training resources provided are good
 - d. Training resources provided are only fairly good

APPENDIX G

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March 9, 1979

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Ms. Bonnie Higgins
TWU graduate student
6600 Andora
Fort Worth, Texas 76133

Dear Ms. Higgins:

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