Karen C. Hogan. NURSING DIRECTOR MANAGEMENT STYLE AND STAFF NURSE SATISFACTION IN LOCAL PUBLIC HEALTH DEPARTMENTS
(Under the direction of Therese G. Lawler, Ed.D.)
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The purpose of this study was to explore the question of which job-related factors are perceived by public health nurses as contributors to their job satisfaction. One specific job-related component, the management style of the nursing director, was examined to determine whether or not there were significant differences in staff nurse satisfaction relative to the nursing director's management style. Stamps and Piedmonte's Index of Work Satisfaction questionnaire was used to measure six conceptually separate components of job satisfaction: professional status, pay, organizational policies, task requirements, interaction and autonomy. Hall et al.'s Styles of Management Inventory, based on Blake and Mouton's managerial grid model, was used to define the nursing director's dominant management style. Data from 21 nursing directors and 243 staff nurses were analyzed using frequency distributions, one-way analysis of variance and multiple linear regression analysis.

Overall, ANOVA results and Duncan Multiple Range Tests revealed no significant differences between the groups of nurses on any of the six components of job satisfaction. Correlation analysis, used to determine if any relationship

between the variables existed irrespective of the groups, also demonstrated no pattern of consequence which would justify using the data to make inferences regarding the relationship between management style and staff nurse satisfaction.

The pattern of management styles demonstrated by the nursing directors in this study is not consistent with the notion that management is style or behavior specific. This finding, coupled with difficulties describing a dominant style using the selected tool, suggest that further research is needed to retest the underlying assumptions made in this study using different measures of nurse manager behaviors.

NURSING DIRECTOR MANAGEMENT STYLE AND STAFF NURSE JOB SATISFACTION IN LOCAL PUBLIC HEALTH DEPARTMENTS

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Chapter I

Definition of the Problem

A frequent and recurring theme in newspaper headlines, magazine articles and professional journals today is the severe shortage of nursing personnel which is currently threatening our nation's health care delivery system. The present manpower shortage is influenced by both the supply of and the demand for nurses. The supply of nursing manpower depends on the recruitment as well as the retention of qualified nurses. According to data collected by the National Organization of Nurse Executives, an estimated 13.6 percent of the total number of registered nurse positions in the United States are now vacant (Stull, 1987). The North Carolina Nurse's Association reported that hospitals could not fill 11 percent of nursing positions in North Carolina last year (NCNA, 1988). National turnover figures indicate an average rate of 20 percent (Stull, 1987). These alarming statistics should raise some serious concerns about the existing organizational environments in which nurses practice today and the extent to which organizational and job-related variables affect staff nurse satisfaction and retention.

A significant characteristic of the current shortage which has not been evident in earlier years has been the decline in enrollments in all types of nursing education programs (Stull, 1987). This means that regardless of the amount of time and money spent on innovative recruitment

strategies, the supply of nurses available to meet the demand will simply not exist in the near future. In view of this confounding variable, nursing administrators must respond to the current crisis by identifying and enhancing factors within the existing organizational structure which promote staff nurse satisfaction and retention. The ultimate challenge for the nurse manager is to meet organizational objectives and reach patient care goals while maintaining a highly motivated and satisfied, well trained staff.

During previous nursing shortage years, nurses frequently left hospital employment for positions in community nursing and home health seeking better working conditions and more regular work hours (Jones et Hardy, 1987). Although salaries were usually well below those of hospitals,nurses found that they were able to practice nursing in a professional manner in an atmosphere which encouraged independent decision making and autonomy (Jones et Hardy, 1987). Today, many of these attractions are absent from the community setting. With the implementation of hospital DRG's, community and home health nurses have seen significant increases in both the size and the acuity of their caseloads. Patients once thought to be unmanageable in the home are now part of the routine caseload. As caseloads, complexity and reimbursement procedures have increased, so have the mandated requirements for documentation and paperwork.

McCloskey (1974) suggests that the staff nurse's self esteem is threatened every day by overwhelming responsibilities, an overload of paperwork and routine, limited power to change the system and criticism by clients and the public. This coupled with the ongoing staffing problems and the excessive turnover of nursing staff will inevitably impair team functioning and affect the morale of those nurses who have chosen to stay. Under such adverse conditions, if the staff nurse does not receive support from superiors he or she may decide to leave the job to avoid further loss of self-esteem. Data substantiate the assumption that job satisfaction and turnover are correlated in hospital settings (Seybolt et al., 1981; Araujo, 1980). Few studies, however, have examined the organizational structure of community health agencies to identify specific correlates of job satisfaction.

Common sense alone would tell us that under difficult conditions, an employee will leave a work environment that is dissatisfying. However, the causal chain of events leading a dissatisfied employee to leave an undesirable work environment is not yet completely understood nor well substantiated by empirical data. What is generally recognized, though, is that staff satisfaction is determined by a complex set of interrelated variables and is not the result of absolute positive or negative job-related factors such as personnel policy, supervision, or working conditions (Smith, 1963; Hall et al., 1981).

While these personal and social factors do exert an influence on job satisfaction, they are not easily controlled. On the other hand, specific job-related factors are more readily measured and can be controlled to some extent if nursing management has the awareness, the resources and the interest in using these resources to promote staff satisfaction.

Should nurses decide to leave institutional practice settings for community and home based care, they will seek out those work environments that they perceive will best meet their needs and expectations. Public health and community health nursing administrators must then do everything within their control to systematically identify correlates of job satisfaction and to subsequently modify existing organizational and job-related factors in order to promote the retention of satisfied employees before they decide to leave the profession for good.

One such job-related factor which deserves further consideration and study is the management style of the nursing administrator. The competent, effective nurse manager uses the management process to achieve organizational objectives as well as to facilitate individual personal goals. This process of management involves the tasks of planning, organizing, directing and controlling all available financial, material and human resources in order to achieve a desired outcome - quality patient care.

Although semantics may differ from source to source, management literature and research has identified three basic styles of leadership or management in managers from various fields: autocratic, laissez-faire and democratic. The autocratic manager is primarily task-oriented and relies heavily on personal and positional power to retain responsibility for all goal setting and decision making while demanding respect and obedience from the staff (Kepler, 1980; Gillies, 1982). The authoritarian manager "encases herself in walls of rules and regulations" which personnel must follow (Kepler, 1980, p.19). Direction under this style of management often comes in the form of commands which are expected to be followed without question and without opportunity for feedback. While productivity may be maximized under this style, personal and professional growth, self-direction and innovation are blocked for fear of the consequences of over-stepping boundaries created by the manager (Kepler, 1980). In contrast, the laissez-faire manager "abdicates leadership responsibility" leaving the staff without direction or supervision (Gillies, 1982, p.290).

Democratic management, on the other hand, is characterized by the participation of subordinates in decision making; freedom of belief and action within reasonable limits; the responsibility of each individual for oneself and for the group as a whole; and concern for each group member as a unique individual (Blake et Mouton,

1985). This management style implies increased participation and decreased control but it does not imply a passive relationship. Conversely, the manager actively stimulates the staff toward the fulfillment of the above stated principles. A management style characterized by a high concern for production and the provision for all activities essential for patient care, coupled with a high concern for people recognizes that (a) open communication supports mutual understanding, (b) mutual respect and trust underlie productive human relationships, (c) activities carried out within a framework of goals and objectives integrate personal goals with organizational objectives, (d) conflict resolution by direct confrontation and problem solving promotes personal health, (e) taking responsibility for one's own actions stimulates initiative and (f) critique is used to learn from experience (Blake et Mouton, 1981).

Purpose

The purpose of this study was to explore the question of which job-related factors are perceived by public health nurses as contributing to their job satisfaction. One specific job-related component, the management style of nursing director, was examined to determine whether or not there were significant differences in staff nurse satisfaction relative to the nursing director's management style.

Research Question

The specific research question which directed this investigation was as follows:

Does staff nurse satisfaction differ according to nursing director management style?

Chapter II

Review of the Literature

Conceptual Framework

Human need theory and leadership theory provided the conceptual framework for this investigation. Human need theory is one of the most widely applied approaches to the study of human motivation within organizations. While a number of individuals have made significant contribution to human need theory, Frederick Herzberg is perhaps one of the most well known of the organizational psychologists and researchers.

In developing the motivation-hygiene theory of need satisfaction, Herzberg and his associates studied 200 engineers and accountants seeking an answer to the question "What do people want from their jobs?" (Veninga, 1982). To this end, Herzberg asked workers to describe in detail situations when they felt particularly good or bad about their jobs. He subsequently identified two broad categories of factors with which employees are concerned.

Herzberg concluded that certain characteristics tended to be consistently related to job satisfaction while others were related to job dissatisfaction. When dissatisfied with the work situation, respondents cited extrinsic factors such as company policy and administration, supervision, relationship with supervisor, work conditions, salary, relationship with peers, personal life,

relationship with subordinates, status and security. Conversely, when the respondents were satisfied and felt good about their work, they cited such intrinsic factors as achievement, recognition, the work itself, responsibility, advancement and opportunities for growth. According to Herzberg, the factors leading to job satisfaction are separate and distinct from those that lead to job dissatisfaction. Proper attention to the extrinsic factors, or hygienes, while important in preventing employee dissatisfaction, does not play a role in satisfying or motivating an individual. By acting to eliminate those factors that create dissatisfaction, the manager may placate, but not motivate (Robbins, 1976). In order to motivate, Herzberg suggests that managers emphasize the motivators - those factors which employees find intrinsically rewarding.

While Herzberg's theory has been widely read and accepted in organizations, as Robbins (1976) points out, the motivation-maintenance theory is not without its detractors. Herzberg's methodology and the reliability of his research evidence does not, in general, support the contention that hygiene factors can prevent dissatisfaction yet not satisfy or motivate employees. Furthermore, it seems logical that hygiene factors such as pay or supervision could indeed influence an individual's level of satisfaction or motivation given certain sets of circumstances.

Regardless of these criticisms, Herzberg's theory holds some practical use for nurse managers in terms of maximizing employee satisfaction. Veninga (1982) identifies three implications of Herzberg's research. First, in order to have a highly motivated staff, the manager should attempt to develop a reasonable satisfactory work environment by strengthening the hygiene factors. If wages are perceived by the employee to be lower than what other individuals with equal training and experience are earning, it will be difficult to convince him that work should be reward enough in and of itself. Secondly, if the manager can provide opportunities for achievement, recognition, additional responsibility and advancement on the job, the employee will likely be highly motivated. And finally, objectives that make sense to the employee will most likely be the ones to motivate the individual to higher levels of productivity.

Another variation of need theory, the "multiplicative" model, hypothesizes that an individual's work satisfaction is a product of the relative importance that various work-related and personal needs hold for the individual. Therefore, the degree to which the current job fulfills those needs is a measurement of satisfaction and the sum of these products is a measure of the level of work satisfaction (Vroom, 1965). This model makes the important modification that work satisfaction cannot be considered as a totally separate factor from personal contributors to

satisfaction (Stamps et Piedmonte, 1986).

Leadership Theory

Leadership, in the context of this investigation, was approached from an administrative perspective recognizing that both the ability to influence others and administrative authority are important aspects of managerial behavior. According to this perspective, leadership or management style encompasses several managerial behaviors including: directing or pointing the way; supervising or overseeing the action; and coordinating or synthesizing the efforts of several individuals (Gillies, 1982).

Robbins (1976) suggests that contingency models of leadership behavior offer the greatest potential for the successful prediction of leadership effectiveness since they take into consideration characteristics inherent in leaders, followers and the situation. Fred Fiedler (1967) postulated the first comprehensive contingency model for leadership behavior. Fiedler contended that the same type of leadership style or behavior is not suitable for all situations. His theory attempted to specify the conditions under which one style or another is most conducive to group effectiveness.

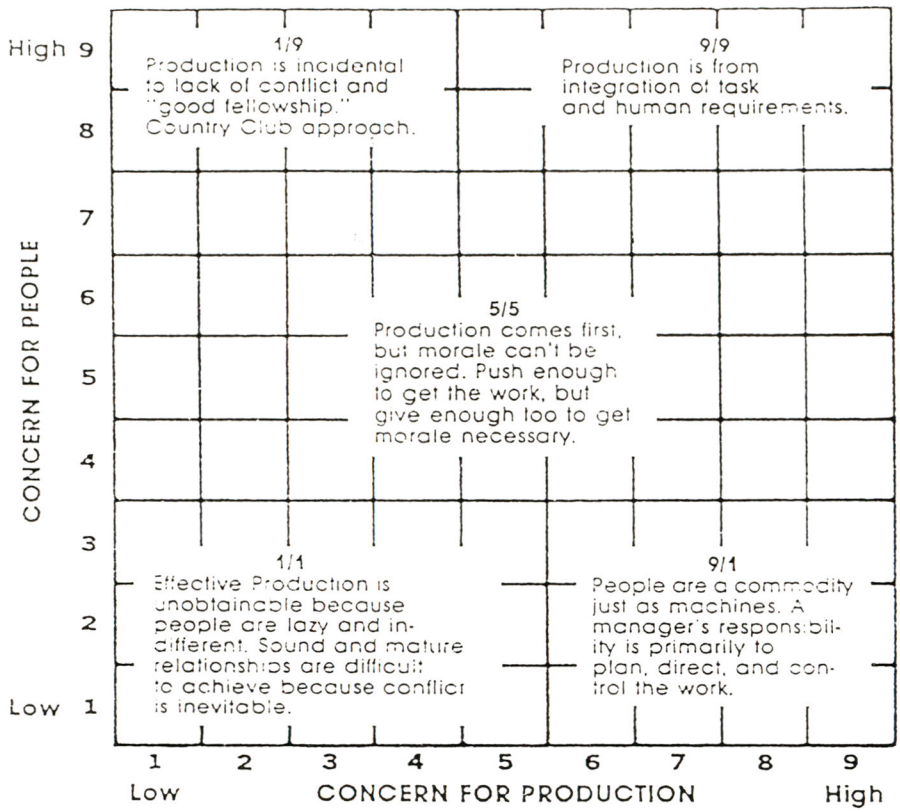
A situational theory of leadership behavior derived from Fiedler's paradigm is Blake and Mouton's Grid model of managerial behavior. The Grid identifies dominating

factors in managerial thinking in regard to getting results with and through people (Blake et Mouton, 1985).

The Grid model is based on the assumption that all managers have two major concerns: production and people. Concern for production centers around performance, bottom line, profits, results, mission or whatever an organization hires people to do (Blake et Mouton, 1985). On the other hand, people concerns address the needs, morale, and capacities of the individuals being supervised (Hall et al., 1973). Working conditions, fringe benefits, salary structure and job security are ways in which concerns for people become evident.

According to this model, different managers view the relationship between production and people in different ways. The Grid model identifies five "benchmark" orientations into which a leader's style may fall. Each of these orientations rests on a different set of assumptions for using power and authority to integrate people with production (Hall et al., 1973).

The two concerns are pictured graphically in Figure 2-1 as nine point scales on which 1 represents low concern, 5 represents an average amount of concern and 9 represents high concern. The horizontal axis represents "concern for production" and the vertical axis "concern for people". Reading across the horizontal axis first and then up the vertical axis, there are eighty-one number designations into which a manager's style may fall. From the range of



Source: Blake, R.R., and Mouton, Jane S., The Managerial Grid. Houston: Gulf Publishing Co., 1964.

possible orientations, the five styles which are most readily identifiable include:

1,1: A minimum concern for both production and people is represented by 1,1 in the lower left corner of the Grid. The "impoverished manager" avoids situations that provoke controversy and exerts only the minimum amount of energy necessary to stay out of trouble.

5,5: The center of the graph represents the 5,5 orientation. The "middle of the road manager" knows what's best for production, but realizes that people respond better when included in the decision making process. This manager often sacrifices sound management practices just to be agreeable.

1,9: Under the 1,9 style in the top left hand corner of the Grid, a minimum concern for production is coupled with a maximum concern for people. The "country club manager" seeks to develop a comfortable, friendly work atmosphere by paying particular attention to the needs of people. This manager fails, however, to create any long-term satisfaction since subordinates seldom have the opportunity to be innovative or creative around a real production issue (Hall et al., 1973).

9,1: In the lower right hand corner of the Grid, a maximum concern for production is combined with a minimum concern for people. A manager acting on these assumptions views people only as contributors to production. This manager seeks to enhance organizational efficiency through the assertion of authority and the demand for obedience.

9,9: Represented in the upper right hand corner of the Grid, this orientation integrates people and production concerns. The 9,9 manager uses a goal-centered team approach to management, recognizing that work is accomplished only through committed people.

Blake and Mouton contend that the managerial

assumptions about people and production which define how these two concerns are integrated by any particular manager are influenced by organizational policies and procedures; the manager's own beliefs, values and ideals which may change over time; the manager's evolving personal history; and, chance (Blake et Mouton, 1985). They further suggest that although a manager's Grid style may be consistent over a wide range of situations, a manager may also shift and adapt Grid styles according to the situation. While the dominant or characteristic style is central to understanding how a person manages, it may not always be the first one used in a given situation. A manager's back-up style most often becomes apparent in situations of conflict which have not been successfully resolved in the manager's characteristic way (Blake et Mouton, 1985).

In summary, utilizing a needs theory perspective, the study of job satisfaction within organizational settings must take into consideration the individual employee and his or her needs. Once these needs are identified, the nurse manager can begin to restructure the work environment to appropriately accomodate their fulfillment in accordance with the overall goals of the organization. The challenge for nursing management research at this time is to begin to identify those specific job-related factors and manager behaviors which promote employee satisfaction through the fulfillment of identified needs. Only then can the nurse manager begin to purposefully apply these behaviors in the

implementation of innovative strategies aimed at enhancing staff satisfaction.

Related Studies

The literature reviewed to support this study pertains to investigations of leadership or managerial behaviors and organizational variables over which administrators have control as they affect employee satisfaction with the job situation. The research reviewed examined both general correlates of job satisfaction within the organizational context as well as specific management behaviors and organizational factors found to be related to job satisfaction. Most of the studies reported in the literature investigated job satisfaction in the acute care setting.

Maguire and White (1973) interviewed 34 nursing supervisors from 6 hospitals in the Philadelphia area to identify factors which these supervisors described as consistently leading to either job satisfaction or dissatisfaction and to test the validity of Herzberg's dual-factor theory. Those factors most often mentioned by subjects as leading to either job satisfaction or dissatisfaction in descending order of frequency include the work itself, achievement, hospital policy and administration, recognition, working conditions, technical supervision, interpersonal relationships, responsibility and possibility for growth. Three motivators - the work

itself, possibilities for growth and recognition appeared significantly more often in stories of satisfaction ($p<.03$). The authors conclude that among the supervisors interviewed, feelings of job satisfaction were promoted by having opportunities for creative, challenging and role-appropriate work; by acts of recognition; and by having the chance to advance in terms of their own skills. With this knowledge, nursing and hospital administrators would seem to have a rational basis for structuring the work environment and work itself to provide increased opportunities for employees to more fully recognize their potential. These findings, then, seem to lead credance to Herzberg's dual-factor theory.

Using a factor analytic procedure to determine underlying dimensions of job satisfaction, Everly and Falcione (1976) studied 144 female staff nurses in four east coast metropolitan hospitals. The factor analysis revealed four meaningful and statistically independent factors which relate to registered nurses' job satisfaction: relationship orientation, internal work rewards, external work rewards and administrative policies. Factor I, relationship orientation, accounted for 23.7 percent of the total variance, suggesting that nurses' interpersonal relationships with co-workers, the immediate supervisor and general supervisory personnel are important when considering factors associated with job satisfaction. However, the authors conclude that nurses

may perceive job satisfaction in more complex terms than the intrinsic-extrinsic dichotomy proposed by Herzberg. Furthermore, they suggest that the role of interpersonal relationships should be re-evaluated in future research as a primary contributor to job satisfaction for staff nurses.

Using a randomly selected sample of 329 employed registered nurses, Munro (1983) investigated correlates of job satisfaction among recent graduates of nursing programs to test the validity of Herzberg's theory of job satisfaction - dissatisfaction. For these nurses, responsibility or the importance and challenge of the work was the most important determinant of job satisfaction and working conditions was the second strongest predictor. Support was given for the validity of Herzberg's motivation-maintenance theory in relation to the five motivators included in the anaylsis - achievement, the work itself, responsibility, advancement, growth and for the hygiene factor, salary. The validity of four other hygiene factors - need supervision, working conditions, status and security was not established. The author concluded that while Herzberg's theory has usefulness for studying job satisfaction/dissatisfaction, what serves as a hygiene for one group may serve as a motivator for another. Among the nurses studied, supervision, working conditions, status and security may be operating as motivators. The results of this research imply that administrators need to appeal to nurses' needs for

important, challenging jobs and opportunities to grow and develop professionally.

Friedlander and Margulies (1969) gathered data from 95 employees of a research and development organization to explore the feasibility of predicting employee satisfaction from (1) a knowledge of the organizational climate in which the employee works and from (2) a knowledge of individual values which the employee holds concerning work. In the anaylsis, eight organizational climate dimensions - disengagement, hindrance, esprit, intimacy, aloofness, production emphasis, thrust and consideration were treated as independent variables. Three types of satisfaction - satisfaction with interpersonal relationships, task-involved self realization and opportunities for recognizable achievement were treated as dependent variables. In general, the findings of this study indicate that (1) organizational climate is a significant determinate of job satisfaction, (2) the degree of impact of climate upon satisfaction varies with the type of climate and type of satisfaction and (3) the work values held by the individual moderate these diverse impacts in a complex manner. Specifically, satisfaction with task involvement is maximized in climates high in management thrust, while satisfaction with interpersonal relationships is heightened in climates low in routine, burdensome duties. Among those individuals who value their work highly, satisfaction is heightened in climates high in

management thrust and intimacy and low in burdensome duties; among those who place a lesser value on work, satisfaction is maximized by climates high in esprit and low in disengagement.

McCloskey (1974) surveyed 94 nurses in two cities who had resigned their positions in the previous four months. The respondents were asked to identify and rate in order of importance specific rewards and incentives which would keep them on the job. These were grouped into the categories of safety, social and psychological rewards and incentives. The findings of this study revealed that psychological rewards were more important than safety or social rewards in keeping nurses on the job. The author concludes that most nurses want opportunities to attend educational programs, continue course work for credit, promote career advancement and receive recognition of work from peers and supervisors.

Sims and Szilagyi (1975) surveyed 1,161 paramedical and support personnel from a major midwestern university medical center. The purpose of this investigation was to study the relationship between perceptions of leader reward behavior and subordinate satisfaction at multiple occupational skill levels in the hospital environment. The authors generally found that a positive relationship exists between positive, non-punitive leader reward behavior and subordinate satisfaction and performance.

Schriescheim and Murphy (1976) examined the effects of

four situational moderators - stress, unit size, leader consideration and role clarity on the relationships between (1) leader behavior and satisfaction and (2) leader behavior and subordinate performance in a social services department. Respondents described their job satisfaction, role clarity and the behavior of their leaders while the leaders evaluated the job performance of the respondents. Using subgroup moderator analyses, the effect of the work unit size was found to be significant, with leader structure related to job satisfaction in larger units and consideration related to satisfaction in smaller units. The results confirm other reported findings that in low stress jobs, leader consideration enhances job satisfaction and performance but that in high stress jobs, structure is helpful. Also confirmed were the results showing that high structure has dysfunctional results only when accompanied by low leader consideration. Role clarity was not found to moderate the relationship between leader behavior and subordinate satisfaction and performance.

The proposition that leaders who use performance-contingent rewards and punishments are more effective than leaders who use non-contingent rewards and punishments was the basis for a study of 72 supervisors and administrators employed in a large midwestern corporation (Podsakoff et al., 1981). Only performance-contingent reward behavior was found to be substantially related to subordinates' expressions of satisfaction with their work, supervision

and advancement opportunities.

Weisman et al. (1981) reported the results of a panel study designed to assess the determinants of nursing turnover in a multivariate framework, with particular attention to identifying organizational factors which might be manipulated by hospitals to increase job satisfaction and reduce turnover. Findings are consistent with a causal chain in which perceived autonomy, job satisfaction, intent to leave and turnover are a sequence of outcomes reflecting the successive stages of a nurse's decision to resign. Specific job and nursing unit attributes under the control of the administrator such as primary nursing, amount of communication with the head nurse, head nurse responsiveness and adequacy of time allowed for professional development were shown to influence perceived autonomy, job satisfaction and intent to leave directly. The authors conclude that considering the importance of nurses' perceived autonomy as a determinant of job satisfaction, managers must investigate ways of structuring organizational conditions so that nurses may exercise greater degrees of control over both the content and scheduling of their work.

Using survey data from faculty members supplemented by interviews with the deans, Grandjean et al. (1982) investigated the relationship between centralization of organizational decision-making and work satisfaction of faculty members in four baccalaureate degree nursing

programs at four major state universities. The hypothesized negative association between membership in a centralized nursing school and the index of overall satisfaction was confirmed by multiple regression analysis. With other relevant variables controlled, centralization was found to contribute significantly to the prediction of satisfaction, with a standardized partial regression coefficient of -.32. Contrary to expectations, however, the effect of centralization was not found to depend on individual variations in the strength of desires for autonomy. The findings of this investigation suggest that planned interventions directed toward decentralizing the decision-making process in schools of nursing would be beneficial in enhancing job satisfaction and morale.

Duxbury et al. (1984), defining leadership as a two-factor construct composed of "consideration" and "initiating structure", studied 283 nurses employed in 14 Level III neonatal intensive care units to attempt to quantify the relationships of head-nurse leadership style with self-reported staff nurse burnout and satisfaction. The findings support previous research which has shown that leader structure and consideration interact to affect the behavior and attitudes of subordinates. Head nurse consideration was clearly related to staff nurse satisfaction ($r=-.55$) and to a lesser extent to burnout ($r=-.29$). Initiating structure alone was not related to satisfaction or burnout. This research supports the

premise that a head nurse can promote the organizational goals of production emphasis and maintain higher levels of satisfaction and lower levels of burnout when she demonstrates mutual trust, respect for subordinates' ideas and regard for their feelings.

Pincus (1986), using a sample of 327 professional nurses from the nursing department of an east coast teaching hospital,investigated the effects of nurses' satisfaction with different facets of organizational communication on their job satisfaction and performance. Communication satisfaction in this study was defined as a construct consisting of nine dimensions: communication climate, supervisor communication, media quality, horizontal communication, organizational integration, personal feedback, organizational perspective, subordinate communication and upper management communication. Each of these communication satisfaction dimensions was found to be positively correlated with global job satisfaction. The three communication types most strongly correlated with job satisfaction were communication with supervisor (r=.43,.001), communication climate (r=.39,.001) and personal feedback (r=.38,.001). Less strongly correlated but significant at the .001 probability level were communication with top management, horizontal communication, organizational integration, media quality and organizational perspective. More powerful statistical tests revealed that nurses' job satisfaction was strongly

influenced by nurses' perceived communication with several important groups in the hospital. The first of three statistically significant and the strongest canonical correlation which explained 48 percent of the variance in job satisfaction (.69,p=.001) suggested the importance of communication activities to the superior-subordinate relationship. The second strongest correlation which explained 17 percent of the variance in job satisfaction (.42,p=.001) suggested the substantial impact of nurses' perceived communication with top level management on nurses' job satisfaction. The third canonical correlation which explained 13 percent of the variance in job satisfaction (.36,p=.003) pointed up the vital role peer relationships play in nurses' working lives. Horizontal communication and satisfaction with co-workers were the major contributors to this correlation. Correlation analysis of the nine communication dimensions with global job performance yielded only two statistically significant communication types: communication with supervisor (r=.21,p=.002) and personal feedback (r=.12,p=.04). The overall findings of this study indicate that certain types of communication, particularly those types which contribute to building interpersonal relationships, can substantially affect nurses' levels of job satisfaction. These findings suggest that nurse executives should consider developing formal, ongoing communication programs within their departments and between departments in their organization

if these programs are not already in place.

Using a sample of nurses derived from four nursing services in hospitals in the Chicago and Northern Illinois area, Przestrzelski (1987) investigated the impact of decentralization on the job satisfaction of staff nurses and first-line managers. Specifically, this study measured the perception of the participative philosophy of decentralization at the unit level as opposed to some "objective" assessment of the degree of decentralization by nursing management. That perception of decentralization was then compared with job satisfaction for both staff nurses and first-line managers. For staff nurses, perceived decentralization was found to be positively related to satisfaction of higher level needs (esteem, autonomy and self-actualization) in each setting. Contrary to expectations, a significant relationship was also found between perceived decentralization and lower order needs (security and social). Overall the data supported the hypothesis that decentralization enhances job satisfaction.

Using a nonexperimental, causal modeling design, Hinshaw et al. (1987) studied 1597 nursing staff members working three or more shifts per week in seven urban and eight rural hospitals. The purpose of this study was to test a five stage theoretical model which specified organizational and individual factors predicted to influence job satisfaction, anticipated turnover and actual

turnover. For the total sample of nursing staff, control over practice factors such as the degree of centralization and the degree of decision-making delegated to the staff nurse level were found to influence job satisfaction, job stress and group cohesion. Job stress, defined as the "complex and numerous decisions inherent in patient care, the continual resolution of conflicting values between professional and bureaucratic demands and the juggling of multiple care expectations of various professionals and clients", was found to be the strongest predictor of professional and occupational satisfaction. Group cohesion and autonomy were found to moderately influence job satisfaction. For the theoretical model, anticipated turnover was moderately predicted by organizational and professional job satisfaction, group cohesion and initial expectations of tenure. A major finding was that job satisfaction buffered job stress while job stress had no direct effect on anticipated turnover but only influenced job satisfaction. While these total nursing staff findings supported the use of "satisfiers" to retain nurses, the authors conclude that based on the data obtained, retention strategies should be "tailormade" according to specific nursing conditions such as educational preparation and area of clinical practice. The authors also conclude that nurse managers can buffer job stress by converting identified "satisfiers" into organizational strategies directed toward enhancing job satisfaction.

In this review of both management and nursing literature, only two studies were found which pertained to correlates of job satisfaction in the community setting. Unable to locate an appropriate tool that would be useful for measuring job satisfaction in a complex community health organization composed of professional and paraprofessional workers, Stember et al. (1978) constructed a job satisfaction measurement tool after an in-depth review of theoretical papers and empirical studies. Twelve categories relating to job satisfaction emerged - job security, supervision, interpersonal relationships, influence or effective participation in decision making, recognition, achievement, organizational policies, working conditions, job importance, job mechanics, communications and salary and fringe benefits. The tool was subsequently administered to 221 employees. The study revealed that the employees were more satisfied in the areas of job importance, interpersonal relationships and supervision. This information suggests that mechanisms for supporting these components should be maintained. On the basis of the information generated from this study, recognition, communication and organizational policies were identified as priorities for closer examination and intervention.

Drennan et Wittenauer (1987) studied 78 hospice-home health staff nurses and 11 hospice-home health nurse managers from one agency to describe the relationship between the perceived leader behavior of the nurse manager

and the job satisfaction of the staff nurses. A modification of Stogdill's Leader Behavior Description Questionnaire which measures two dimensions of leader behavior, initiating structure and consideration, was used in this investigation. Initiating structure was defined as "the behavior of the leader in structuring the relationship involving himself and the members of the designated group" (p.29). Consideration was defined as "the leader's behavior in portraying respect, trust, friendship and warm feelings in relationship to the members of the group" (p.29). In this study, the leader behavior initiating structure as perceived by the staff nurse was not found to be significantly related to staff nurse satisfaction ($r=.081, p<.05$). On the other hand, the perceived leader behavior consideration was found to be significantly related to staff nurse satisfaction ($r=.03, p<.05$). These findings suggest that strategies directed toward validating the frequent use of consideration behaviors and the appropriate use of initiating structure behaviors should be implemented by nursing administrators. The authors conclude that formal training in the use of consideration behaviors may be required for new nurse managers to succeed in a leadership position.

The literature reviewed supports the belief that the management style and behaviors of nursing supervisory personnel are important factors in the job satisfaction of staff nurses. Few studies, however, have examined

correlates of job satisfaction in the community health setting.

Hypotheses

This study examined the relationship between the management style of nursing director and staff nurse job satisfaction in selected local public health departments in North Carolina. Proposed hypotheses assumed from this relationship were:

1. There will be a significant difference in job satisfaction between staff nurses whose nursing director exhibits the 9,9 style and those whose nursing director exhibits the 9,1 style.

2. There will be a significant difference in job satisfaction between staff nurses whose nursing director exhibits the 9,9 style and those whose nursing director exhibits the 5,5 style.

3. There will be a significant difference in job satisfaction between staff nurses whose nursing director exhibits the 9,9 style and those whose nursing director exhibits the 1,1 style.

4. There will be a significant difference in job satisfaction between staff nurses whose nursing sirector exhibits the 9,9 style and those whose nursing director exhibits the 1,9 style.

Chapter III

Methodology

Design

A nonexperimental, descriptive correlational design was used in this study to describe the existing functional relationship between the management style of the nursing director and job satisfaction of public health nurses in selected local public health departments in North Carolina.

Sample

Nursing directors from selected local public health departments in North Carolina and R.N.'s and L.P.N.'s within their departments constituted the unit of study in this investigation. After a cursory review of the 1987 North Carolina Public Health Nursing Directory and anecdotal information suggested that in some agencies there was no identified single nursing director, these departments were contacted by phone and clarification of the organizational structure was sought. Two basic types of organizational design became evident from this preliminary review: (1) one in which a single nursing director who reported directly to the health director set the nursing policy for the entire nursing staff and (2) one in which several "lead" nurses who reported directly to the health director set the nursing policy for a separate

division within the health department such as Home Health or Adult Health. Departments with a single nursing director as well as those individual nursing divisions without a director per se but which operated as an autonomous unit within the health department were included in the population under study in this investigation. The assumption that the nursing administrator in public health agencies provides the structure or framework in which the nursing staff practices guided the researcher's decision to select this top level of nursing management for study as opposed to the middle management level. As Stanhope et al. (1984) note, the nursing administrator in community health agencies "creates the organizational climate in which the nursing staff practices and coordinates multiple organizational factors in such a way as to allow the effective and efficient delivery of services" (p. 671). Those agencies with a vacant nursing director position and those with fewer than three staff nurses were excluded from participation in the study.

Once a complete listing of all health department units which met the defined criteria for participation was established, the units were categorized according to the size of the total nursing staff within the unit (3-15, 16-25 and 26+). Initially, 10 units were randomly selected from each size category to try and get a more representative sample. The nursing director or lead nurse of each unit was sent a letter explaining the focus and

purpose of the research and was asked to consider participating in the study (see Appendix A). The letter was followed by a phone call within one week to answer questions and confirm participation. As a nursing director declined to participate, another unit from the same size category was randomly selected. This selection process yielded a sample of 25 health department units with a total of 500 staff nurse positions for which job satisfaction questionnaires were requested. One department in the 3-15 category was subsequently excluded when it was learned that the nursing director had only been in her position for two weeks. In the final sample, only 21 of the 25 nursing directors who had agreed to participate in the study actually did so. For these 21 units, 435 job satisfaction questionnaires were requested by the nursing directors. Of those, 273 questionnaires were returned with responses. Of those, 30 were omitted for incomplete or missing data. This yielded a total of 243 staff nurse satisfaction questionnaires which were used in the final analyses.

Limitations

The information obtained from this research can only be generalized to public health departments in North Carolina given the nationwide variance in the organizational design of other agencies. However, inferences to other community based agencies and health departments may be indicated.

Instrumentation

Two existing data collection instruments were used in this study to measure the research variables. The first tool, the Index of Work Satisfaction Questionnaire (Stamps et Piedmonte, 1986), was used to operationally define and measure staff nurse job satisfaction (see Appendix B). The authors of this tool have spent a decade developing and revising both the scale and the scoring procedures in order to produce a valid job satisfaction measurement which is easy to understand and to use. Directly influenced by need fulfillment theory, the authors have divided work satisfaction into six conceptually separate operational components:

1. Pay - dollar remuneration and fringe benefits received for work done

2. Autonomy - amount of job related independence, initiative and freedom either permitted or required in daily work activities

3. Task Requirements - tasks or activities that must be performed as a regular part of the job

4. Organizational Policies - management policies and procedures established by the hospital and nursing administration of the agency

5. Interaction - opportunities presented for both formal and informal professional contact during working hours

6. Professional Status - overall importance or significance felt about one's job

The Index of Work Satisfaction Questionnaire is a

two-part scale. Part A, based on the paired comparisons technique developed by Edwards (1957), lists all possible combinations of pairs of the six identified components of job satisfaction. Respondents are asked to choose which of each of 15 pairs is more important to them as a contributor to their own satisfaction. The relative importance of each component is weighted by means of a modification of the paired comparisons test and a scale value is computed for each component. This factor serves as a weighting coefficient in later computations. This procedure allows the six components to be rank-ordered in terms of their relative importance to the respondent.

Part B of the questionnaire, which measures the respondent's current level of satisfaction, is a Likert-type scale composed of 44 randomly arranged statements. Each statement (item) measures the current level of satisfaction with one of the six identified components of job satisfaction. Half of the statements are phrased positively and half negatively and the scores are reversed in such a way that a higher summed score represents a higher level of satisfaction. A seven point response scale ranging from disagree to agree with a neutral midpoint is used to allow the respondent to make more precise distinctions regarding perceived levels of satisfaction.

Stamps et Piedmonte (1986) note that the utility of this tool lies in its allowance for much flexibility in

analysis. Since each of the six identified components of job satisfaction is in fact a conceptually separate dimension of satisfaction, each component yields a separate score. A total weighted score, the Index of Work Satisfaction or IWS, can be obtained by multiplying the average component scores from Part B by its appropriate weighting coefficient from Part A, thereby producing weighted component scores. These six component scores can then be summed to produce one single number: the IWS. This index represents both the relative importance of the components to the respondent plus the current level of satisfaction.

For the published tool, Cronbach's Alpha coefficient, used to assess the integrity and internal reliability of the six components themselves, was reported by the authors to be within an acceptable range of .52-.81. Kendall's Tau, used to determine whether there were any significant differences between the use of the total weighted score (IWS) and an unweighted score which used only the summed results of Part B, reached a value of .92. A varimax factor analytic technique, used to assess the validity of the scale items themselves as well as their proper identification with one of the six components, produced twelve factors which accounted for 62 percent of the variance. Permission was obtained to modify the wording of Part B of the questionnaire to make it more appropriate for administration in the health department setting.

A second instrument, the Styles of Management Inventory (Hall et al., 1986) based on Blake and Mouton's Managerial Grid model, was used to operationally define the management style of the nursing director. This inventory contains a total of sixty management alternatives presented five at a time under each of twelve management situations. The tool addresses Blake and Mouton's five benchmark managerial styles and provides component assessments of managerial philosophy, planning, implementation and evaluation as well as an assessment of general management orientation.

For each of the twelve different management situations, the respondent is asked to read all five alternatives presented and to select the alternative that is most characteristic of his or her behavior in that situation. The respondent is then asked to enter the letter corresponding to that alternative on an equal interval Likert-scale ranging from "completely characteristic" to "completely uncharacteristic" at a point which indicates how characteristic that alternative is of how the manager would act or feel. Next, the respondent is asked to select the alternative which is least characteristic of his or her behavior and to enter the letter corresponding to that alternative at the appropriate place on the scale. Once the letters representing the most and least characteristic responses have been entered, the respondent is asked to place the remaining three alternatives on the scale according to how characteristic

each is. Each response is indicative of one of the five managerial styles. In placing the items on a ten-point scale, the nursing director will have "weighted" certain behaviors with respect to the utility each has in her approach to management. The Styles of Management Inventory yields four component scores and one total score for each of the five managerial styles. These raw scores are transformed to T-scores which have been generated from a substantial normative sample of individuals who have completed the inventory. These T-scores are then rank-ordered to demonstrate preferred, or dominant style, as well as preferred back-up styles of management. The median coefficient of stability for the Styles of Management Inventory is .72 and the instrument discriminates between high, average and low achieving managers. Construct validity of the instrument is good as revealed by a reported canonical correlation with the MMPI: R=.68 significant at the .038 level of confidence (Hall et al., 1986).

Data Collection

During the initial telephone contact with the nursing director, a brief explanation of the requirements for participation in the study was outlined. The nursing director was advised to appoint a "lead nurse" to administer the job satisfaction questionnaires to the staff nurses in a group situation from which the nursing director

was absent. A packet containing a Styles of Management Inventory , the requested number of job satisfaction questionnaires and instruction sheets for both the nursing director and the "lead nurse" was sent by mail to the nursing director with a self-addressed, stamped return mailing envelope (see Appendix C and Appendix D). Each job satisfaction questionnaire had a consent form stapled to the front and a demographic data sheet stapled to the back (see Appendix E and Appendix F). The "lead nurse" was responsible for explaining the purpose of the research to the staff nurses and for instructing them in the completion of the job satisfaction questionnaire. She was also asked to have the staff nurses read the consent form which informed them that all findings would be reported in such a way that no individual could be identified. The "lead nurse" was asked to place the signed consent forms and the completed job satisfaction questionnaires in the return envelope and to retrieve the completed Styles of Management Inventory from the nursing director. The nursing director was also asked to return her completed questionnaire to the "lead nurse" for mailing.

Data Analysis

The data obtained from the job satisfaction questionnaires were coded and then computer analyzed using the SAS program. Frequency tabulations were computed on the staff nurse demographic data to describe the sample.

The component weighting coefficient which theoretically represents the scale value for each satisfaction component in terms of its deviation from the mean of all scale values, was computed. This component weighting coefficient is the summary number for Part A of the Index of Work Satisfaction Questionnaire for each component. Component mean scores and standard deviations were computed from Part B of the questionnaire by management style classification. These scores represent the sum of responses to those items measuring a specific satisfaction component divided by the number of items contained within that component. Weighted component mean scores were obtained by multiplying the weighting factors from Part A by the component mean scores from Part B.

Non-weighted component mean scores and a total component mean score were computed for the sample as an aggregrate in order to describe the current level of work satisfaction/dissatisfaction for the staff nurse respondents as a group.

Each Style of Management Inventory was scored by hand to obtain a T-score for each of the five identified management styles. For each nursing director, the T-scores were then rank ordered beginning with the largest down to the smallest. The nursing director's dominant management style was identified by analyzing the overall management style profile as well as the differences between the 1st choice T-Score and the 2nd, the 2nd choice T-score and the

3rd and so forth.

Once the weighted satisfaction scores and the nursing directors' dominant management style scores were obtained, the data were analyzed using frequency distributions, multiple linear regression analysis and one-way analyses of variance.

Chapter IV

Findings

The findings from this study are organized according to demographics and according to hypothesis.

Demographics

Twenty-one health department units were included in the final sample for this investigation. Out of these, 6 units had between 3 and 15 nurses in their nursing division, 6 had between 16 and 25 nurses and 9 had 26 or more nurses. For these 21 units, 273 of the requested 435 job satisfaction questionnaires were returned with responses. Thirty (30) questionnaires were omitted because of missing or incomplete data. Two hundred and forty-three (243) staff nurse satisfaction questionnaires were used in the final analyses. Table 1 shows the frequency distributions of the staff nurse respondents for professional level, educational level and status of enrollment in an educational program. The majority of the respondents were R.N.'s (95.5%). One hundred and nine (109) of the staff nurses who completed the questionnaire were educationally prepared at the baccalaureate level (45%) while 70 (28.9%) had a diploma in nursing and 39 (16.1%) had an associate degree. Only 11 respondents (4.5%) were educationnally prepared at the master's level. Nineteen (19) of the respondents (7.9%) were currently

enrolled in either a higher educational level program or in a short term course of study related to their particular program area.

Table 1

Frequency Distributions of Staff Nurses by Professional Level, Educational Level and Status of Enrollment in an Educational Program

Professional Level	Number (n)	Percentage (%)
Registered Nurse	232	95.5
Licensed Practical Nurse	11	4.5

Educational Level	Number (n)	Percentage (%)
Practical Nursing School	11	4.5
ADN	39	16.1
Diploma in Nursing	70	28.9
BSN	109	45.0
Other BS	2	0.8
MSN	5	2.1
Masters in Public Health	5	1.2
Other Masters Degree	3	1.3
Missing data	1	.2
	N=243	100%

Table 1 (cont'd)

Enrollment Status	Number (n)	Percentage (%)
Currently enrolled	19	7.9
Not enrolled	222	92.1
Missing data	2	
	N=243	100%

Table 2 shows the frequency distributions of the staff nurse respondents by total years employed in nursing and number of years employed in present position. Over half of the staff nurses completing the questionnaire had been employed in nursing for 15 years or less (n=148, 61.2%). Recognizing that the data presented here regarding number of years in present position does not differentiate between new hirees, lateral position changes or promotions within the department, it is interesting to note that 152 nurses (63.9%) had been in their current position for 5 years or less.

The frequency distributions according to position classification are presented in Table 3. Ninety-three (93) of the respondents were classified at the PHN I level (38.4%). Eighty (80) nurses were classified at the PHN II level (33.1%). These two classifications accounted for over 70% of the total responses for position classification.

Table 2

Frequency Distributions of Staff Nurses by Total Years Employed in Nursing and Total Years in Present Position

Years in Nursing	Number (n)	Percentage (%)
0-5	35	14.4
6-10	55	22.7
11-15	58	24.0
16-20	45	18.7
21-25	21	8.6
Over 25	28	11.4
Missing Data	1	.2
	N=243	100%

Years in Present Position	Number (n)	Percentage(%)
0-5	152	63.9
6-10	42	17.6
11-15	31	13.0
16-20	6	2.5
Over 20	7	2.8
Missing	5	.2
	N=243	100%

Table 3

Frequency Distributions of Staff Nurses
by Position Classification

Current Classification	Number (n)	Percentage (%)
Supervisor I	21	8.7
Supervisor II	5	2.1
PHN I	93	38.4
PHN II	80	33.1
PHN III	22	9.1
FNP, PNP, PE	9	3.7
LPN I	1	0.4
LPN II	10	4.1
Contract Nurse	1	0.4
Missing Data	1	
	N=243	100%

Hypothesis Testing

Table 4 shows the profile of T-Scores and the identified dominant management style for each nursing director. Four (4) directors were classified as 9,9 managers (high concern for production, high concern for people); 11 were classified as 5,5 managers (moderate concern for production, moderate concern for people); 5 were classified as 1,9 managers (minimum concern for production, high concern for people); and, 1 nursing director in this sample fell within the 1,1 classification (minimum concern for production, minimum concern for people). Hypothesis 1, which stated there would be a significant difference in job satisfaction between staff nurses whose nursing director exhibited the the 9,9 style and those whose nursing director exhibited the 9,1 style, therefore could not be tested since the 9,1 style was not represented in the sample. Table 5 presents the weighted satisfaction component mean scores and standard deviations by style type.

A one-way analysis of variance was computed for each satisfaction dimension to see if job satisfaction varied among the groups represented according to the management style of the nursing director. Table 6 presents a summary of F values and significance levels for each satisfaction dimension and for total satisfaction. These analyses revealed a difference between the groups only on the

satisfaction dimension, satisfaction with organizational policies ($F=3.39$, $p=.04$). These findings are presented in Table 7. Duncan's Multiple Range Test for this dimension revealed that for this sample, staff nurse satisfaction with organizational policies is significantly different under the 1,1 style of management versus each of the other styles of management (Table 8).

It is important at this point to note that these findings relative to satisfaction with organizational policies cannot be considered meaningful in view of the fact that only 1 health department unit fell within the 1,1 style classification. Since only 1 unit of nurses was practicing under the 1,1 style of management, it could not technically be considered as a group for analytical purposes and the difference may be an individual artifact. However, the discovered relationship might be verified with a larger sample. Overall, the ANOVA computations and the Duncan's Multiple Range Tests revealed no other significant differences between the groups on any of the dimensions of satisfaction or total satisfaction for this sample. Based on these findings, Hypothesis 2, 3 and 4 were rejected.

Stamps et Piedmonte (1986) suggest that a non-weighted total scale score (simple summation of all 44 scale items) which is below the mean should be viewed as an overall warning about lower levels of satisfaction. This would in turn suggest that non-weighted component mean scores and an average of the six component mean scores

below the mean (<3.5) indicate overall lower levels of satisfaction. For this sample as a whole (N=234), the average of the six component mean scores was 4.32 (Table 9). This would seem to indicate that this sample as an aggregrate is somewhat more than moderately satisfied in terms of their current level of work satisfaction. For this sample, satisfaction with pay ranked last and below the mean (2.86; N=244). The remaining scores were all above the mean with the satisfaction component, satisfaction with professional status, ranked highest at 5.47 (N=244). This would seem to indicate that as a group this sample was more than moderately satisfied in terms of the perception that they and others in the community hold about the overall importance of their work. Had these overall indicators of the current level of work satisfaction been extremely low, this might have in and of itself significantly affected any existing functional relationship between the nursing director's management style and staff nurse satisfaction.

Table 4

Profile of T-Scores and Dominant Style by Director

Unit	9,9	5,5	9,1	1,9	1,1	Dominant
01	65	43	56	64	56	5,5
02	50	48	45	50	46	5,5
03	47	44	54	46	53	5,5
04	52	37	46	48	43	5,5
05	51	48	50	66	50	1,9
07	47	50	39	52	66	1,1
10	49	39	50	64	53	1,9
12	72	55	45	31	35	9,9
13	47	52	40	43	47	5,5
14	63	56	44	54	57	9,9
15	55	67	39	57	50	5,5
16	44	52	46	72	63	1,9
17	66	35	46	60	50	9,9
18	54	42	36	57	49	5,5
19	57	37	44	61	49	1,9
20	48	45	46	53	51	5,5
21	54	62	46	68	43	1,9
22	70	61	54	57	53	9,9
23	60	58	49	66	62	5,5
24	54	55	49	48	51	5,5
25	43	49	64	49	64	5,5

Key: 9,9= high production, high people concerns
5,5= moderate concern people and production
9,1= high production, low people concerns
1,9= low production, high people concerns
1,1= low production, low people concerns

Table 5

Weighted Component Mean Scores and Standard Deviations by Management Style

		P.S.	Pay	Org	Task	Int	Aut	Tot
Style 9,9 (N=4)	Means	2.58	2.03	1.69	2.04	1.79	3.60	2.32
	S.D.	0.52	0.83	0.41	0.87	1.11	0.84	0.09
Style 5,5 (N=11)	Means	2.47	1.58	1.26	1.84	2.34	3.53	2.17
	S.D.	0.48	0.64	0.40	0.58	0.49	0.51	0.25
Style 1,9 (N=5)	Means	2.54	1.70	1.21	1.85	2.26	3.26	2.15
	S.D.	0.55	0.59	0.30	0.51	0.56	0.82	0.28
Style 1,1 (N=1)	Means	2.99	0.89	0.39	2.40	3.05	3.00	2.29
	S.D.	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Where:
P.S.= Professional Status
Org = Organizational Policies
Task= Task Requirements
Int = Interaction
Aut = Autonomy
Tot = Total

Table 6

Summary of F Values and Significance Levels
by Satisfaction Component and Total Satisfaction

	F Value	Signif.
Satisfaction with Professional Status	.34	.80
Satisfaction with Pay	.92	.45
Satisfaction with Organizational Policies	3.39	.04
Satisfaction with Task Requirements	.33	.81
Satisfaction with Interaction	1.24	.33
Satisfaction with Autonomy	.40	.75
Total Satisfaction	.50	.69

dF 3,17

Table 7

ANOVA Summary Table for the Relationship Between Satisfaction with Organizational Policies and Nursing Director Management Style

Source of Variance	SS	dF	MS	F	P
Between Groups	1.49	3	.50	3.39	<.04
Within Groups	2.50	17	.15		
Total	3.99	20			

Table 8

Duncan's Multiple Range Test of Satisfaction with Organizational Policies and Nursing Director Management Style

Duncan Grouping	Mean	N	Style
A	1.69	4	9,9
A	1.26	11	5,5
A	1.21	5	1,9
B	0.39	1	1,1

* Means with the same letter are not significantly different

Table 9

Aggregrate Non-Weighted Component Means, Total Component Mean and Standard Deviations

Satisfaction Component	Mean	S.D.
Professional Status (N=244)	5.47	.70
Pay (N=244)	2.86	1.39
Organizational Policies (N=242)	3.80	1.15
Task Requirements (N=241)	3.65	1.08
Interaction (N=241)	4.98	.87
Autonomy (N=240)	5.16	1.03
Total (N=234)	4.32	.72

In view of the fact that a restricted range of management styles was represented in this study, Pearson product moment correlations were computed between each of the management style profiles and the satisfaction dimensions to see if any pattern of relationships could be identified irrespective of the groups. Table 10 presents these intercorrelations. From this analysis, the only significant finding was a negative correlation between style 9,9 and the satisfaction component interaction ($R=-.54$, $p=.01$). However, looking at the overall pattern of relationships presented in Table 10, in fact, no pattern of consequence could be detected.

Table 10

Pearson Correlation Coefficients of the Five Management Style Types and the Six Components of Job Satisfaction

Style	P.S.	Pay	Org	Task	Int	Aut	Tot
9,9	-.15	.04	.20	.08	-.54	.14	-.17
	p=.52	p=.85	p=.36	p=.72	p=.01	p=.54	p=.62
5,5	.07	.23	.17	-.15	-.30	.19	.16
	p=.74	p=.19	p=.46	p=.52	p=.18	p=.42	p=.49
9,1	.12	.16	.11	.18	-.13	.29	.26
	p=.60	p=.48	p=.63	p=.61	p=.59	p=.20	p=.26
1,9	-.15	-.28	-.17	.18	.11	-.30	-.24
	p=.51	p=.21	p=.47	p=.44	p=.65	p=.19	p=.29
1,1	.13	-.11	-.38	.05	.31	-.09	.07
	p=.57	p=.63	p=.09	p=.82	p=.16	p=.71	p=.75

Discussion

The results of this investigation would seem to indicate that staff nurse job satisfaction does not vary according to the nursing director's management style for this sample of nurses. These findings suggest that staff nurses practicing under a director who demonstrates a low concern for production and people would be no more or less satisfied than nurses practicing under a director who demonstrates a high concern for production and people. Since these results contradict previous research findings which have indicated that certain leader behaviors do influence staff nurse satisfaction , it is important to recognize several factors which may have influenced these results. First, the task of identifying the dominant management style of the nursing director was problematic using the selected tool. This process called for the researcher to make a subjective judgement regarding dominant style when there were only minimal differences between the directors' rank-ordered T-Scores. For example, looking at the style profile for director 02 in Table 4, there were no differences between the rank-ordered T-Scores greater than 2 points. In fact, there was no difference at all between the 1st choice T-Score and the 2nd choice T-Score. According to Blake and Mouton (1985), a T-Score profile such as this would indicate that the manager does not have a purely dominant style but rather adopts a management style based on how he or she "reads" each

individual managed and each situation. On the other hand, looking at the data presented in Table 4 for director 12, there was a 17 point difference between the 1st and 2nd choice T-Scores. This would indicate that this manager has a well defined 9,9 style of management. Of the sample studied in this investigation (N=21), only 6 of the managers presented with what could be considered a purely dominant management style. This could indicate that for this sample, the majority of nursing directors manage on a purely situational basis as opposed to managing based on well defined managerial behaviors. The difficulty in defining a management style using the selected tool makes it difficult and perhaps inappropriate to make inferences regarding job satisfaction and its relationship to the nursing director's management style for this sample.

The pattern of management styles demonstrated by the nursing directors in this study is not consistent with the notion that leaders have a dominant style of management. The majority of the nursing directors in this study did not demonstrate a purely dominant style type. This pattern would seem to indicate that leadership or management may in fact be more situational in nature rather than style or trait specific.

Although not directly related to the basic research question, correlation analysis was used in an attempt to determine whether or not a relationship existed among the variables irrespective of the groups of staff nurses

categorized according to their nursing director's management style. As stated previously, although a relationship was found between the 9,9 style and satisfaction with interaction dimension, no pattern of consequence was found which would justify using the correlational data to make inferences regarding the relationship between nursing director management style and staff nurse satisfaction.

Chapter V

Conclusions and Implications

To summarize the findings of this study, staff nurse satisfaction was not found to vary between groups relative to the nursing director's management style. These findings may have been influenced by the restricted range of management styles represented in the sample and by problems interpreting the Styles of Management Inventory. Incidental to these findings, satisfaction with professional status appears to be the main source of satisfaction for this sample of staff nurse respondents as a whole while pay appears to be a dissatisfier. The assumption made regarding the relationship between nursing director management style and staff nurse satisfaction is a valid one and one which deserves further study. However, for this set of respondents, this assumption could simply not be tested out adequately.

Implications for Research

In view of the difficulties encountered in attempting to classify management style using The Styles of Management Inventory , the assumptions quiding this study should be retested using other measures of management style such as those which describe specific manager behaviors as opposed to an identified "style". One limitation of this study was

the restricted range of styles represented in the sample. Subsequent studies should have samples large enough to include an adequate representation of the different manager behaviors across the sample. Further research is also needed to see if the use of the Styles Of Management Inventory is valid in this sort of application.

In view of the high national turnover and attrition rates for nurses, the data obtained in this study on staff nurse satisfaction should be analyzed and interpreted in and of itself. Satisfaction component scores and total scores should be analyzed by unit and for the sample as a whole and then rank-ordered to see which dimensions are sources of satisfaction and which are sources of dissatisfaction. With this information, nurse managers could develop strategies for either maintaining existing conditions or changing the structure or organization of the environment in which nurses practice with the ultimate goal of enhancing staff nurse satisfaction. Studies such as these should also be replicated in all types of care settings so that comparisons across settings can be made.

Implications for Practice

Although the findings of this study did not support the assumptions made regarding staff nurse satisfaction nor yield any significant results which could be applied in the practice setting, findings relative to the nursing director's management style profile may have significant

implications for nurse managers. The findings from this study suggest that a majority of nursing managers utilize two or more of the five benchmark styles at any given point in time when dealing with people and production issues. This might indicate that the director is managing according to what is thought to be effective at any given time. Effective management under these circumstances could only be defined in terms of the behaviors which are appropriate to the demands of the particular situation. An important point to make here is that when the manager adjusts to every situation in a way in which he or she prefers, he or she may not be managing according to sound managerial behavioral principles and therefore may not be managing in the most appropriate way. The Styles of Management Inventory would seem to serve as a useful tool in helping nursing directors begin to identify their own assumptions regarding the relationship between people and production. Management effectiveness and supervisory training courses could then focus on helping nurse managers identify strategies for integrating these two concerns in the most effective and efficient way.

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EAST CAROLINA UNIVERSITY
GREENVILLE, NORTH CAROLINA 27858-4353

SCHOOL OF NURSING

Telephone (919) 757-6061

Dear Public Health Nurse Administrator:

In view of the critical nature of the current nursing shortage which has hit hospitals and nursing homes particularly hard, we as nursing administrators are reminded daily of the importance of developing strategies to promote staff nurse satisfaction in our agencies. Unfortunately, very little systematic research has been carried out in community health settings which examines specific determinants of staff nurse satisfaction.

As a graduate student in the ECU MSN Outreach program, I am interested in studying this phenomenon of job satisfaction. My thesis will examine the relationship between the management style of the nursing director and staff nurse satisfaction to see what, if any, correlation exists between these two variables.

To this end, your agency has been randomly selected to participate in my study. Should you agree to participate, you would need to select a "lead nurse" to be responsible for administering Stamps and Piedmonte's Index of Job Satisfaction to a hopefully intact group of nurses (ie., as in a nurses meeting). You as nursing director would concurrently complete the Styles of Management Inventory which is based on Blake and Mouton's managerial grid model.

I hope that you will seriously consider participating in this study. Research such as this will not only add to the current body of nursing knowledge but will hopefully yield some really practical information that can be applied statewide in public health departments to promote staff nurse job satisfaction. I will telephone you in a few days to answer any questions you may have and to see whether or not you are willing to participate.

Sincerely,

Karen C. Hogan, R.N

Karen C. Hogan, RN
Home Health Director
New Hanover County Health Department
Home Health Agency

KCH/da

The Index of Work Satisfaction Questionnaire

Part A (Paired Comparisons)

Listed and briefly defined on this sheet of paper are six terms or factors that are involved in how people feel about their work situation. Each factor has something to do with "work satisfaction". We are interested in determining which of these is most important to you in relation to the others.

Please carefully read the definitions for each factor as given below:

PAY - dollar remuneration and fringe benefits received for work done.

AUTONOMY - amount of job-related independence, initiative, and freedom, either permitted or required in daily work activities.

TASK REQUIREMENTS - tasks or activities that must be done as a regular part of the job.

ORGANIZATIONAL POLICIES - management policies and procedures put forward by the overall nursing administration of this health department.

INTERACTION - opportunities presented for both formal and informal social and professional contact during working hours.

PROFESSIONAL STATUS - overall importance or significance felt about your job, both in your view and in the view of others.

SCORING. These factors are presented in pairs on the questionnaire that you have been given. Only 15 pairs are presented: this is every possible set of combinations. No pair is repeated or reversed.

For each pair of terms, decide which one is more important for your job satisfaction or morale. Please indicate your choice by a check on the line in front of it. For example: If you felt that PAY (as defined above) is more important than AUTONOMY (as defined above), check the line before PAY.

__X__ Pay or _____ Autonomy

We realize it will be difficult to make choices in some cases. However, please do try to select the factor which is more important to you. Please make an effort to answer every item; do not change any of your answers.

1.	_____ Professional Status	or	_____ Organizational Policies
2.	_____ Pay	or	_____ Task Requirements
3.	_____ Organizational Policies	or	_____ Interaction
4.	_____ Task Requirements	or	_____ Organizational Policies
5.	_____ Professional Status	or	_____ Task Requirements
6.	_____ Pay	or	_____ Autonomy
7.	_____ Professional Status	or	_____ Interaction
8.	_____ Professional Status	or	_____ Autonomy
9.	_____ Interaction	or	_____ Task Requirements
10.	_____ Interaction	or	_____ Pay
11.	_____ Autonomy	or	_____ Task Requirements
12.	_____ Organizational Policies	or	_____ Autonomy
13.	_____ Pay	or	_____ Professional Status
14.	_____ Interaction	or	_____ Autonomy
15.	_____ Organizational Policies	or	_____ Pay

Part B (Attitude Questionnaire)

The following items represent statements about satisfaction with your occupation. Please respond to each item. It may be very difficult to fit your responses into seven categories; in that case, select the category that comes closest to your response to the statement. It is very important that you give your honest opinion. PLEASE do not go back and change any of your answers.

Instruction for Scoring: Please circle the number that most closely indicates how you feel about each statement. The left set of numbers indicates degrees of disagreement. The right set of numbers indicates degrees of agreement. The center number means "undecided". Please use it as little as possible. For example, if you strongly disagree with the first item, circle 1; if you moderately agree with the first statement, you would circle 6.

Remember: The more strongly you feel about the statement, the further from the center you should circle, with disagreement to the left and agreement to the right.

		Disagree						Agree
1.	My present salary is satisfactory.	1	2	3	4	5	6	7
2.	Most people do not sufficiently appreciate the importance of nursing care to health department patients.	1	2	3	4	5	6	7
3.	The nursing personnel in my agency do not hesitate to pitch in and help one another out when things get in a rush.	1	2	3	4	5	6	7
4.	There is too much clerical and "paperwork" required of nursing personnel in this health department.	1	2	3	4	5	6	7
5.	The nursing staff has sufficient control over scheduling their own workload in my health department.	1	2	3	4	5	6	7
6.	Physicians in general cooperate with nursing staff in my department.	1	2	3	4	5	6	7
7.	I feel that I am supervised more closely than necessary.	1	2	3	4	5	6	7
8.	Excluding myself, it my impression that a lot of nursing personnel at this health department are dissatisfied with their pay.	1	2	3	4	5	6	7
9.	Nursing is a long way from being recognized as a profession.	1	2	3	4	5	6	7
10.	New employees are not quickly made to "feel at home" in my health department.	1	2	3	4	5	6	7
11.	I think I could do a better job if I did not have so much to do all the time.	1	2	3	4	5	6	7

12.	There is a great gap between the administration of this health department and the daily problems of the nursing service.	1	2	3	4	5	6	7
13.	I feel I have sufficient input into the program of care for each of my patients.	1	2	3	4	5	6	7
14.	Considering what is expected of nursing service personnel at this health department, the pay we get is reasonable.	1	2	3	4	5	6	7
15.	There is no doubt whatever in my mind that what I do on my job is really important.	1	2	3	4	5	6	7
16.	There is a good deal of teamwork and cooperation between various levels of nursing personnel in my department.	1	2	3	4	5	6	7
17.	I have too much responsibility and not enough authority.	1	2	3	4	5	6	7
18.	There are not enough opportunities for advancement for nursing personnel at this health department.	1	2	3	4	5	6	7
19.	There is a lot of teamwork between nurses and doctors in my health department.	1	2	3	4	5	6	7
20.	In my agency, my supervisors make all the decisions. I have little direct control over my own work.	1	2	3	4	5	6	7
21.	The present rate of increase in pay for nursing service personnel at this health department is not satisfactory.	1	2	3	4	5	6	7
22.	I am satisfied with the types of activities that I do on my job.	1	2	3	4	5	6	7
23.	The nursing personnel in my agency are not as friendly and outgoing as I would like.	1	2	3	4	5	6	7
24.	I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	1	2	3	4	5	6	7
25.	There is ample opportunity for nursing staff to particpate in the administrative decision-making process.	1	2	3	4	5	6	7
26.	A great deal of independence is permitted, if not required, of me.	1	2	3	4	5	6	7
27.	What I do on my job does not add up to anything really significant.	1	2	3	4	5	6	7
28.	There is a lot of "rank consciousness" in my department. Nursing personnel seldom mingle with others of lower ranks.	1	2	3	4	5	6	7

29.	I have sufficient time for direct patient care.	1	2	3	4	5	6	7
30.	I am sometimes frustrated because all of my activities seem programmed for me.	1	2	3	4	5	6	7
31.	I am sometimes required to do things on my job that are against my better professional nursing judgement.	1	2	3	4	5	6	7
32.	From what I hear from and about nursing service personnel at other health departments, we at this health department are being fairly paid.	1	2	3	4	5	6	7
33.	Administrative decisions at this health department interfere too much with patient care.	1	2	3	4	5	6	7
34.	It makes me proud to talk to other people about what I do on my job.	1	2	3	4	5	6	7
35.	I wish the physicians here would show more respect for the skill and knowledge of the nursing staff.	1	2	3	4	5	6	7
36.	I could deliver much better care if I had more time with each patient.	1	2	3	4	5	6	7
37.	Physicians in the community generally understand and appreciate what the nursing staff does.	1	2	3	4	5	6	7
38.	If I had the decision to make all over again, I would still go into nursing.	1	2	3	4	5	6	7
39.	The physicians in the community look down too much on the nursing staff.	1	2	3	4	5	6	7
40.	I have all the voice in planning policies and procedures for this health department and my division that I want.	1	2	3	4	5	6	7
41.	My particular job really doesn't require much skill or "know-how".	1	2	3	4	5	6	7
42.	The nursing administrators generally consult with the staff on daily problems and procedures.	1	2	3	4	5	6	7
43.	I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.	1	2	3	4	5	6	7
44.	An upgrading of pay schedules for nursing personnel is needed at this health department.	1	2	3	4	5	6	7

Source: Stamps and Piedmonte, Nurses and Work Satisfaction, An Index for Measurement. Ann Harbor, Michigan: Health Administration Press Perspectives, 1986. Reprinted with permission.

Note: The scale has been modified to fit the setting.

Dear Nursing Director,

Thank-you for taking the time to participate in this research study. In order to complete the Styles of Management Inventory, turn to the inside cover of your booklet and read the directions. In summary:

1. Begin by reading all five management alternatives listed under each different management situation.

2. Choose the alternative which is most characteristic of you in your practice. Place the letter which corresponds to this alternative (a-e) on the scale at a point in which indicates how characteristic this alternative is of you.

3. Choose the alternative which is least characteristic of you and place the letter corresponding to this alternative at an appropriate place on the scale.

4. Once you have entered the alternatives which are most and least characteristic of you, place the remaining three alternatives on the scale according to how characteristic each is of you.

Stop when you get to page 5. I will score and interpret your inventory for you. When you have completed your questionnaire, return it to your lead nurse so that she can place it in the enclosed return envelope along with the completed job satisfaction questionnaires.

Please feel free to call me collect if you have any questions. My phone number is (919-341-4180). Once again, I sincerely appreciate you taking the time to participate.

Sincerely,

Karen C Hogan, R.N.

Karen C. Hogan, RN

Dear Lead Nurse,

Thank-you for assisting me in administering this job satisfaction questionnaire. Please begin by reading the Consent Form and the questionnaire before handing them out. Call me at this point if you have any questions about the questionnaires or need any clarification.

Once you are sure that you understand the questionnaire and get the nurses in the group situation to administer the questionnaire, please follow these instructions:

1. Briefly explain that this study is part of a Master's thesis being conducted by Karen Hogan from New Hanover County. Inform the nurses that as a graduate student and as a public health nursing administrator, I am interested in studying specific determinants of job satisfaction.
2. Briefly explain that the purpose of this study is to examine the relationship between the management style of the nursing director and the job satisfaction of the staff nurses in public health departments in North Carolina. Inform the nurses that while they complete this questionnaire, the nursing director will be completing a questionnaire which defines her management style.
3. Distribute the questionnaires.
4. Ask the nurses to read the consent form. At this point, tell them that they will have an opportunity to ask questions once you have briefly outlined the content of the questionnaire.
5. Briefly explain that the questionnaire is in three parts. Part A defines six components of job satisfaction and then lists every possible combination of the components in pairs. For each pair, the nurse is asked to mark which of the two components listed is more important to her job satisfaction or morale. In Part B, 44 items are listed which represent statements about job satisfaction. The nurse is asked to circle the number on the scale which most closely indicates how she feels about the statement. Part C asks for some basic demographic data.
6. Next, ask the nurses to turn to pages 3 and 4 of the actual questionnaire. Ask them to write in Disagree above the column of "1's" and Agree above the column of "7's" on each of these pages.

This will keep them from having to turn back to page 2 of the questionnaire in order to remember which end of the scale is which.

7. Ask if there are any questions and do your best to answer them.
8. Instruct the nurses to next read the written instructions and complete the questionnaire. Ask them when they are through to sign the consent form, detach it from the questionnaire, and to return both the consent form and the completed questionnaire to you.
9. Paper clip the consent forms together and put a rubber band around the questionnaires before replacing them in the enclosed return envelope. Obtain the nursing director's completed questionnaire and place it in the envelope with the other questionnaires. Mail this back to me as soon as you can.

Note: Make sure that you understand these instructions before you begin so that the process will go smoothly. Don't hesitate to call me if you have any questions.

Sincerely,

Karen C. Hogan, R.N.

Karen C. Hogan, RN

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HOOL OF NURSING

Telephone (919) 757-6061

CONSENT FORM

I agree to participate in this research study being conducted by Karen C. Hogan RN, graduate student at the School of Nursing of East Carolina University, under the supervision of Therese Lawler RN, EdD, professor at the School of Nursing.

I understand that the researcher plans to collect information from public health nurses in North Carolina on the relative importance of six identified components of job satisfaction and on current levels of satisfaction with these components. I understand that this information will be used to study the relationship between nursing director's management style and staff nurse job satisfaction. I understand that this information will be obtained from a self administered questionnaire that will take approximately one-half hour to complete. I understand that all responses will be strictly confidential and that the responses will be reported in such a way that individuals cannot be identified. I understand that the data obtained from the study will be shared with the researcher's thesis committee.

I understand that participation in this study is voluntary and that I am under no obligation to participate.

I understand the purpose of this study and have had an opportunity to have any questions answered to my satisfaction.

_____
Signature of Participant

Part C (Demographic Data)

1. I am a: _____ Registered Nurse _____ Licensed Practical Nurse

2. My highest educational level is:
   _____ Practical Nursing School
   _____ Associate Degree in Nursing
   _____ Diploma in NUrsing
   _____ Baccalaureate in Nursing
   _____ Other Baccalaureate Degree Specify _____
   _____ Master's Degree in Nursing
   _____ Master's Degree in Public Health
   _____ Other Master's Degree Specify _____

3. Are you enrolled in an educational program at the present time?

   _____No _____ Yes If so, specify_____

4. Total number of years employed in nursing _____

5. Number of years in your present position _____

6. What is your current position classification?
   _____ Supervisor I
   _____ Supervisor II
   _____ PHN I
   _____ PHN II
   _____ PHN III
   _____ FNP
   _____ LPN I
   _____ LPN II
   _____ Contract Nurse
   _____ Other Specify_____

7. What do you consider to be your primary program assignment?
   _____