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# **UMI**

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PREPARATION OF NURSE LEADERS TO ADDRESS MANAGEMENT  
FUNCTIONS RELATED TO JOB SATISFACTION

by

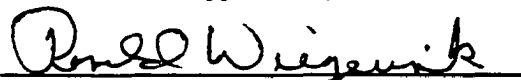
ELIZABETH ROBERTA STRICKLAND MARKHAM

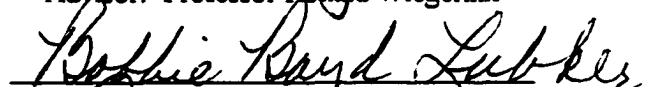
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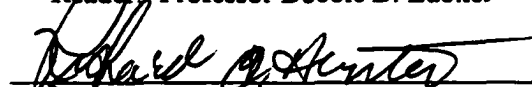
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## ABSTRACT

**ELIZABETH ROBERTA STRICKLAND MARKHAM: Preparation of Nurse Leaders to Address Management Functions Related to Job Satisfaction.  
(Under the direction of Ronald Wiegerink)**

A descriptive case study was designed to provide information about the preparation of first-line nurse leaders to address management functions identified as factors in job satisfaction. First-line nurse managers (FLNM) are responsible for the activities of a work unit or units and the personnel employed on that unit. A review of the literature revealed communication, participative decision making, and leadership style as key variables related to retention of staff nurses who worked for first-line leaders. The continuing disagreement on preparation of nurse leaders and recommended graduate nursing administration curricula design and concepts were reviewed. Selected nursing administration programs were visited. Data regarding actual curriculum content in the key variable areas were collected. Findings indicated that major efforts were being made by schools to meet recommendations for graduate education curricular content. Communication was found to be a major deficit area. Faculty and student beliefs were in general agreement about content on participative decision making and leadership style being present in classroom content. Students believed that communication theory was limited to emphasis on interpersonal

communication. Students believed there were limited opportunities to apply participative decision making and communication theory in the precepted clinical experience. A significant finding was that graduate programs prepared nurse executives rather than first-line leaders. This led to the new question of who is preparing first-line nurse leaders.

## **DEDICATION**

**To my family,  
with love and appreciation,  
from  
Jackie and Robert's mom  
and  
Bobby's wife.**

**With deepest appreciation to:**

**Dr. Ronald Wiegerink**

**and**

**The Faculty, Staff, and Students of the Department of Nursing at "Dear Old NCC".**



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## INTRODUCTION

### Statement of the Problem

Health care changes stimulated by cost, access, and labor issues have forced providers of health care services into immense change over the last ten years. Nursing, a foundational component of the health care complex, has had to address issues related to care provision, delivery of services, numbers of personnel, and educational preparation. Having just recovered from its most recent severe shortage in the twenty-year span 1970-1990 (double-digit vacancy rates), the profession now suddenly faced restructuring and downsizing in its major employment arena, the hospital. Nursing was in the midst of a frantic search for expedient fixes and programs to avert a repeat of the vacancy cycle. Nursing educators, nursing leaders, hospital administrators, and public leaders were putting forth a joint effort to recruit into nursing education programs. Recruitment and retention issues were hot topics. Cost containment with its associated restructuring and downsizing changed that focus. Jobs were slashed often with the most experienced nurses being offered retirement and/or severance packages while others were forced to transfer into new practice areas. Recruitment and retention issues were no longer priority. Then came the realization that those who remained were dissatisfied with the work environment, often distrustful of leadership and lacked a sense of commitment to the employing

institution. Rapid change in the work place compounded by the myriad of social, economic, political, and technological advances could now potentially contribute to another crisis in manpower.

Nursing must be prepared to respond to an ever-changing, uncertain future in a turbulent environment. As the primary employment arena for nurses shifts from the hospital to primary and home care, nursing will continue to be faced with issues of retention. Plans to address the job satisfaction-retention issue must be proactive, not reactive. Recruitment and retention issues are crucial topics that have been explored from many points of view. The literature abounds with information describing worker expectations and satisfaction factors, suggested supervisor behavior and needed environmental changes. Nurse leaders must play a crucial role as the health care industry works to solve its employee relation issues. This raises a major question: are nursing leaders prepared with the appropriate skills to manage satisfaction-retention issues?

The focus of this study was to provide initial descriptive data about preparation of nurse managers to address key management issues in job satisfaction. The research question was: To what extent does the content included in graduate nursing administration curricula, formal and informal, prepare nurse leaders to deal with the key job satisfaction issues of (a) participative decision making, (b) impact of leadership style, and (c) communication (information) sharing as related to the retention of employees?

### Rationale for Study

Karlene Kerfoot (1996) asserted that nursing leaders for the future have three challenges: learning to be change leaders, expecting excellence at all times, and "the moral imperative and sacred trust that one's work must contribute to the meaning of people's lives and that the organization should be in service to humanity's greater needs" (p.242). She further asserted that the leaders of the future have a responsibility to "contribute meaning to the lives of the people who work with [them]" because "disenfranchised people . . . are not energized and cannot contribute" to the effectiveness of the organization (p. 243). Kerfoot has suggested issues of recruitment and retention of staff in whatever work arena are of the utmost importance to the employees and to the people served.

"Organizations have a fundamental, moral and ethical responsibility to treat employees as whole beings" according to Mitroff, Mason and Pearson (1994, p. 130). Historically, failure to adhere effectively to satisfaction needs resulted in hospitals investing significant portions of their annual operating budgets in quick-fix methods such as expensive weekend option plans and use of agency nurses to treat the symptoms of job dissatisfaction in nursing (Aiken & Mullinix, 1987). The manpower, hours, increased cost to the consumer, and the failed efforts to contain health care costs partially reflected these attempts (Curran & Minnick, 1989, Decrosta, 1989). In addition, changes in health care delivery systems (such as primary nursing, case management utilizing case managers) were made in an attempt to address both retention and cost issues. Today organizations can ill afford responses that increase



consumer costs. Yet, as change has ensued, the lessons were not learned. The problems still exist. These are the very issues for which Kerfoot (1996) calls upon new nursing leaders to address.

Jennifer Jenkins (1991) asserted that the reason for the lack of success in retention efforts has been the failure to address the missing link--professional governance. Jenkins defines professional governance as nurses at the bedside being granted the responsibility to make decisions that affect patient outcome and nursing practice. In order for shared governance to exist, the vision must be created and articulated by nursing managers educated formally and informally in the skills necessary to empower staff to govern themselves. Wandell, Pierce and Widdowson (1981) made similar suggestions. Dissatisfactions with the conditions of practice and general disillusionment among nurses employed in hospitals were identified as key among the problems that affected nurses working in American hospitals.

Aroian, Meservey, and Crockett (1996) believe that there must be "leadership structure to support the evolution of comprehensive health care" (p. 18). Health care is provided in organizations that are characterized by decentralized units, group decision makers, entrepreneurship and innovation, and disciplinary teams with the manager being expected to control things which are often uncontrollable (Naisbitt, J. and Auburdene P., 1990).

Traditionally, in health care organizations in which nursing care is provided, there exists managers and administrators. Administrators are responsible for integrating work units to achieve organizational mission and goals. Managers are responsible for

product lines or specific service areas. In nursing, those responsible for direct supervision of non-management personnel and work activities of specific units are the first-line (or first-level) managers (FLNM). This role includes the caretaking of human, fiscal, and other resources (Sullivan and Decker, 1997). It is at this level that the greatest impact on retention can be made. First-line nurse managers must create an environment that fosters the ideals that energize and reward employees. Staff nurses need to be managed in a way that empowers them to make crucial decisions. It is through these activities that a repeated manpower crisis in nursing can be averted.

This study provides information on the content and skills training efforts that are being included formally and informally in the curricula of identified graduate nursing administration programs. Specifically, information on the preparation of first-line nurse leaders to deal with key job satisfaction-retention issues of participative decision making, impact of leadership styles, and communication content was explored. The findings provide information that may be used to enhance and/or revise program content to improve the education of nurse managers.

#### Definition of Terms

To enhance the reader's understanding of the research project, the following definitions of key terms and concepts explored in this study are defined.

First-line nurse manager (FLNM): FLNMs are responsible for the activities of the work unit(s) and the personnel employed on that unit. The American Organization

of Nurse Executives (1992) described six areas of accountability for the nurse manager:

- a. excellence in clinical practice of nursing and delivery of client care on a selected unit.
- b. management of human, fiscal, and other resources needed to manage practice and care.
- c. facilitating development of licensed and unlicensed nursing and health care personnel.
- d. ensuring institutional compliance with professional, regulatory, and government standards of care.
- e. strategic planning related to units(s), area(s), department, and organization as a whole.
- f. facilitating cooperative and collaborative relationships among disciplines/ departments..

**Communication:** The process by which a message is passed from one source to another. It should be comprehended by the receiver as the sender intended.

Communication factors most important to job satisfaction are supervisor (leader) communication, climate and personal feedback. Communication is accomplished through five message sources: mass communication, interpersonal communication, behavioral communication, environmental communication, and qualitative communication (Brody, 1991).

**Job Satisfaction(s):** "Feelings of affective responses to facets of the situation" (Smith, Kendall, & Hulin, 1969, p.6). "Satisfactions are a function of the perceived

characteristics of the job in relation to an individual's frame of reference" (p.12). The frame of reference includes expectations, experiences, and the given situation.

**Leadership Style:** Those behaviors exhibited by the manager that influence the behavior of an individual or group. Leadership style may be classified in four ways.

- a. **Authoritarian:** employees are told what to do and how to do it.
- b. **Democratic:** shared responsibility, including planning and execution of a task.
- c. **Laissez-faire:** group members are allowed to do what they want; absence of formal leadership.
- d. **Situational:** Approach matches the activities to be influenced with the ability and/or motivation of the group in the selected area; considered by many authorities to be the most effective style of leadership (Hersey & Blanchard, 1982).

**Retention:** Retention refers to the nurse remaining in the current site of employment or staying within the nursing profession. Retention is affected by the interaction of the internal and external factors of institutional environment, rewards, the market, and the nurse themselves (Curran & Minnick, 1989). Price and Mueller (1981) identify professional education as an important factor influencing intent to stay. Seybolt (1986) suggested career stages, work-role design, level of satisfaction, and intent to leave as factors related to job satisfaction and retention.

**Participative Decision Making:** Decision making opportunities provided for staff members by managers and/or the organization. The manager consults with

subordinates for opinions and suggestions which are then utilized in decision making.

This process promotes acceptance of goals and elicits staff cooperation (Sullivan & Decker, 1988). The amount of participation varies dependent upon the degree of acceptance needed for implementation of the decision (Vroom and Yetton, 1973).

## Chapter II

### LITERATURE REVIEW

The literature review summarizes current issues on nurse leader preparation as it relates to the variables identified. The section will conclude with the development of job satisfaction theory in general as it relates to retention, related components of leadership styles, communication, and participative decision making.

#### Nurse Leader Preparation

The literature suggests that first-line managers play a key role in job satisfaction/turnover issues. Nurse managers are responsible for "the creation and maintenance of an environment within which the profession of nursing can be practiced" (Mark, Turner, & Engelhardt, 1990, p. 187). This responsibility includes clinical care decisions that are within reasonable cost, attention to changing patterns of care, communication to staff about the impacts of financial constraints, and, to upper administration, information about issues and needs of direct care givers (Mark & Smith, 1987). A study of 74 first-line nurse managers ( Sanders, Davidson, and Price, 1996) explored the perception of what constituted their role functions, 96% saw "generating a humane and productive work environment and the opportunity to display a positive self-concept" (p. 43) as the most important administrative function. Rowles and Moss (1997) explored the relationship of staff nurse job satisfaction and

management style in a study of 623 staff nurses. The study found that as management style approached participative management, job satisfaction among staff nurses improved. Implications are that managers can significantly affect retention. How, then, are nursing leaders being prepared to address the impact of participative decision making, leadership style, and communication on the retention of employees?

The American Nurses Association (ANA) (1988) in its published standards for Organized Nursing Services, stated that:

"It is the responsibility of the nurse executive and the nurse manager to create a work environment that facilitates and encourages involvement of the staff in decision-making processes . . . Creating such an environment may require an adjustment of the administrator's personal leadership style.

Communication mechanisms should be in place to facilitate both sending and receiving communication. The integration of the decision-making process, the leadership style(s) of the nursing management team and communication mechanisms are critical to the accomplishment of the organization's primary goal, which is service to individuals.

Nurses at all levels of the organization expect to participate in decisions affecting their practice" (p. 9).

Based on these standards, the ANA recommends that nurse managers have backgrounds that include administrative concepts, organizational behavior, management processes, nursing practice standards, legal and ethical matters, health care economics, and health and public policy, consumer health care issues, and health

care evaluation and outcome issues. In essence, the ANA had defined, as a major component of the manager's role, the same key components identified by staff as major job satisfiers--participative decision making, communication, and leadership style.

One of the issues facing the nursing profession is assuring that its leaders are prepared to address the needs of health care consumers and providers in turbulent environments. What curricular components are most appropriate? In 1983, the National Commission on Nursing recommended that nurse executives and managers be qualified by experience and education to promote, develop and maintain an organizational climate conducive to quality nursing practices and effective management of nursing resources. The Institute of Medicine (1983) recommended preparation at the master's and doctoral degree levels. In 1986, the Council for Graduate Education drafted guidelines for educational preparation of nursing administrators. The American Association of Colleges of Nursing (AACN) and the American Organization of Nurse Executives (AONE) issued a position statement that called for comprehensive, relevant, appropriate, and responsive graduate education in nursing administration. The AACN and AONE identified preparation that integrated the concepts from the disciplines of nursing, business, and management as the appropriate educational base for nurse managers (Sullivan & Decker, 1989).

McCloskey (1988) suggested five components to be addressed in nursing administration curricula. The component areas consists of: 1) core courses dealing with professional issues and nursing theory; 2) the major, consisting of nursing



administration courses; 3) support courses (economics, legal, political, and organization theory); 4) research methods and statistics; and 5) research in the major field. Most nursing administration programs attempt to balance clinical components with management components.

Nursing leaders such as Henry and Kerfoot insisted that the preparation of nursing administrators is inadequate. Beverly Henry (1989) declared that there is a crisis of confidence in nursing administration education related to four factors--"demand. . . for well-educated nurse managers, isolation of nursing from more mature professional disciplines of medicine and management, a shortage of resources, and the fast expansion of nursing administration programs" (p. 6). Karlene Kerfoot (1989) asserted that the crisis in preparation of nurse leaders exists because graduating students meet a world for which they are unprepared. This occurs partially because "few practice settings incorporate a nursing theory as emphasized in nursing schools . . . [resulting] in the worlds of practice and academia . . . [being] separate and distinct" (p. 12). Kerfoot believes that nurse executives need to know the product and must be able to lead and manage programs to achieve better patient care outcomes at lower cost.

Scalzi and Anderson (1989) surveyed 103 Chief Executive Officers (CEOs) and nurse executives in an effort to determine what preparatory experiences were most important. Both nurse executives and CEOs picked dual-degree Master of Science in Nursing/Master of Business Administration (MSN/MBA) as the most popular preparatory choice. The CEOs rated the amount and type of previous experience as

important. Based on their findings, the authors recommended that nursing administration programs recognize management and nursing goals. There should be a "strong nursing core emphasizing the study of nursing administration concepts and professional socialization" (p. 28). There should also be a business/management component obtained through collaboration with schools of business and policy.

Boerstler and Surver (1989; see also Foster & Boerstler, 1990) reiterated the findings of the Scalzi and Anderson study. They agreed that in the present health care environment, the expanded scope and focus of the MSN/MBA preparation for nurse managers better meets the needs of today's world. The authors cautioned that the outcome must still be evaluated based on goals and outcomes, curricular design, and satisfaction of the graduates with the revised programs.

In a subsequent study published by Scalzi and Wilson (1990), consensus research was used to identify content for programs in nursing administration. One hundred eighty-four (184) nurse executives were asked to rate activities in terms of "time spent" and "degree of importance." These activities were assigned to one of eleven curriculum areas. The findings indicated that of the 11 potential content areas, the top five were law and health care policy, organizational behavior, finance, and quality assurance. It was noted that important differences were found in the needs for nurse executives in different settings--acute care versus long-term care, for example.

In 1990, the results of the National Nurse Manager Study conducted by the American Organization of Nurse Executives (AONE) and the AONE Council of Nurse Manager Affiliates were published. The National Nurse Manager Study was

commissioned to delineate current and future roles and responsibilities and to identify institutional and educational strategies to support the nurse manager role. A random, stratified sample of 500 nurse managers, 500 nurse executives, and 500 chief operating officers matched by the hospital was surveyed. Response rates were 56 percent (250) for nurse managers, 67 percent (333) for nurse executives, and 53 percent (254) for chief executive officers. Findings related to entry-level preparation for nurse managers by the year 2000 were divided on what the degree should be-- Master of Science in Nursing (MSN), Master of Business Administration (MBA), MSN/MBA, or Master of Health Administration (MHA). Group responses correlated on recommended projected curriculum components in the year 2000. Curricular components to be included were: nursing content, finance/budgeting, computer applications, human resource management, organizational theory, and an optional internship/residency.

Aroian, Horvath, Secatore, Alpert, Costa, Powers, and Stengrevics (1997) identified the learning needs of nurse managers by associating learning needs with significant incidents in the manager's everyday practice. Twenty-nine nurse managers at a major hospital were asked to write and discuss narratives about incidents in their management experience. Through "interpre-analysis", areas for development identified were communication, participative decision making, staff development, and management functions (staffing issues). The authors see as the "challenge for management development [the provision of educational opportunities that would allow managers to] reach insights more quickly and less painfully" (p. 41).

The curriculum of any program must reflect an effort to meet the goals and objectives as defined by the organizations served. This framework will also serve as the basis for reviewing the components and making modifications (Kelley, 1977). Berquist (1977; Berquist, Gould, & Greenberg, 1981), in identifying eight curricular models for colleges and universities, stated that the pervasive curricular questions are how general or specific the curriculum should be and if it should be prescriptive or elective. Jolly and Hart (1987), in a discussion on educational needs and societal realities, noted that graduate education paralleled environmental forces such as public sector priorities, technological advances, social values, student demographics and the maturation of the profession. Jolly and Hart further assert that it is these forces which shape curricular content.

Rapid change, workplace restructuring, and cost-containment with cost-effectiveness within the health care industry have forced an evolution in the profession of nursing and the growth and change in graduate program curricula. Redman and Ketefian (1997) suggest that the challenge for colleges and universities is to address the knowledge and skill requirements while creating a balance "between theory, technical skills, and application" (p. 161). Redman and Ketefian summarize the issue for educational planners in nursing as being "the need for standardization in educational programs with a more uniform approach to preparation for advanced practice roles . . ." (p. 163). Planners of graduate nursing administration curricula are faced with the challenge to design programs to meet job requirements in an environment that has yet to specify the appropriate outcome degree or reach

consensus about emphasis in curricular content. It appears from current literature, curricular components must include organizational/management skills with development of astute use of communication and financial skills.

Given the thoughts and discrepancies that now exist in identification of basic preparatory theory and practice for nurse managers, it becomes even more important to identify specific course content and experiences that will help nurse leaders address management issues such as staff retention that will impact the health care industry.

#### Job Satisfaction Theory and Research

Bullock (1984), in a review of research on job satisfaction, defined job satisfaction as "an effective response to work . . . a positive or negative emotional state associated with one's work" (p. 2). Inclusive are the work environment, pay, managers and management, coworkers, and the associated attitudes. Bullock further states that job satisfaction may be considered in four ways: 1) need fulfillment, 2) discrepancy theory, 3) equity theory, and 4) satisfaction-dissatisfaction theory. Need-fulfillment studies are based on measurements of the individual's identification of the level of need and the importance of that need. Discrepancy theory reflects the measure of the differences between desired outcomes and actual outcomes individuals feel they should get from their jobs. The comparison of one person's input-outcome ratio to their perception of another person's ratio serves as the basis for equity theory research. Satisfaction-dissatisfaction theory views the two concepts along separate

continuums. Examples of need fulfillment and satisfaction-dissatisfaction theory will be reviewed in a following section.

Maslow's theory (1943, 1962) stated that behavior is affected by a person's needs, both physiological and psychosocial. These needs are divided into two types:

- 1) deficiency-motivated needs (something, which, if missing, leads to tension) and
- 2) growth-motivated needs (the need to achieve one's highest potential).

Maslow stated that an individual's needs develop in sequence from "lower order to higher order" needs, and that higher order needs do not fully develop until lower needs are met. The five basic needs, in ascending order, are: physiological, safety/security, social/affection, esteem, and self-actualization. Maslow identified two additional needs that are always present along with the others: the need to know and the need to understand. Maslow suggested that self-actualizing people make up only about one (1) percent of the population. Studies by other researchers (Porter, 1962 and 1963; Dufty, 1967) have supported Maslow's theory that self-actualization and autonomy are the least fulfilled in most groups of workers.

Frederick Herzberg et al. (1959) used a two-factor theory (satisfaction-dissatisfaction) approach to define the components of job satisfaction. Herzberg noted that, unlike the premises of the economic man (where the worker sells his labor at the best price), when the workplace is human-focused, work motivation is high. Findings indicated that restructuring the organization to increase the ability of workers to participate in goal setting and goal achievement, recognition, and

supervision that recognized these facets were the key concepts inherent in motivation and maintenance of employee commitment.

Subsequent researchers (Ewen et al., 1966; Bloom & Barry, 1967); Lahir and Srivastva, 1967) merged the theories of Herzberg and Maslow. These researchers report that extrinsic satisfaction factors (Herzberg) are directly related to low order needs (Maslow), and intrinsic factors are directly related to the higher order needs of autonomy and self-actualization.

Smith, Kendall and Hulin (1969) believed that the general theory of satisfaction was so important to industry and the mental health of man that they devoted extensive time and energy to the development of measures of satisfaction. The formulation of these measures was based on the belief that it was important to managers to understand the interplay of motivation, productivity, and achievement of satisfaction for itself. The researchers utilized the definition that "job satisfactions are feelings or affective responses to facets of the situation" (p. 6). Measurements of satisfaction were based "on the five areas of job satisfaction: work, pay, promotions, supervision, and coworkers" (p. 30).

Job satisfaction has been found to be highly correlated with turnover (Nichols, 1971; Brief, 1976; Seybolt et al., 1978; Bayley, 1981; Price & Muller, 1981). Among the factors identified are control over work situations, expectation-reality experiences, and hospital policy. Landstrom, Biordi and Gillis (1989) suggested that first-line nursing managers can intervene in the "leave-taking" decision process if they are

knowledgeable and attentive to their employees' emotional and behavioral state, thereby decreasing turnover rates.

Spitzer-Lehmann (1990) argued that retention of nurses recognizes "human resources as assets . . . [which] should be cared for with skill, planning, forethought, and value-system (p. 67). Based on a review of responses from 120 registered nurses at a major urban teaching hospital, the authors concluded that retention strategies must include meaningful input into decisions in the organization (shared governance) and open communication.

Corcoran, Meyer, and Magliaro (1990) concur with Spitzer-Lehmann. Corcoran et al. believe that retention requires a dynamic strategic plan that includes developing an institutional environment that incorporates professional autonomy.

#### Leadership Style and Job Satisfaction Theory and Research

Parasuraman (1989) found that the stressors of work overload, role conflict and leadership attention were associated with decreased satisfaction, and thereby increased turnover. Curran (1989) stated that nurse managers (head nurses) play a pivotal role in the retention of employees because they serve as evaluators, advocates and communications resources. Lynch (1989) also alluded to the issues of communication and participative decision making as keys to retention.

If participative decision making is considered to be one of the keys to job satisfaction, how then do leaders effectively ensure this participation? Does not participative decision making imply self-motivation and responsibility?



Hersey and Blanchard (1982) asserted that "theory is a vehicle to help people understand and share expectations in their environments so that they can gradually learn to supervise their own behavior and become responsible, self-motivated individuals" (p. 312). In their situational leadership model, emphasis is placed on the behavior of the leader in relation to that of the follower. The leader activities are based on the amount of "interplay among (1) the amount of guidance and direction (task behavior) a leader gives; (2) the amount of socioemotional support (relationship behavior) a leader provides; and (3) the readiness ("maturity") level that followers exhibit in performing a specific task function or objective" (p. 150). The leadership style depends on the maturity of the person(s) to be influenced. The leader must assess the maturity level of the follower. The styles identified are: 1) telling (low maturity); 2) selling (low to moderate maturity); 3) participating (moderate to high maturity); and 4) delegating (high maturity). By sensing the changes in behavior of the group, job performance and gains in job performance are maintained.

Other research findings provided additional support for the effect of leadership role behavior on satisfaction and performance. Keller and Szelagyi (1978) found when leaders used positive rewards, there was improved satisfaction with work and overall satisfaction. In an experimental study, Gilmore, Beehr, and Richter (1979) found that leadership did not make a difference in satisfaction, but positively affected quality and quantity of work. Koch (1979) identified setting goals and management feedback about performance as enhancers of quality, goal commitment and cohesion. However, satisfaction was not improved. A reciprocal relation was found to exist

between job satisfaction and autonomy, challenge and job importance by Lawrence and Jones (1980). Quality and quantity of feedback, along with standards, were found to increase productivity, satisfaction, and change job attitudes in research conducted by Das (1982).

### Communication Theory and Research

Many authors alluded to communication as a key factor in satisfaction.

Communication has long been recognized as a foundation in any organization.

Barnard (1938), one of the earliest to describe the function of managing, believed that communication techniques determined the structure, scope and extensiveness of the organization. Schneider, Donaghy, and Newman (1975) noted that "the need for improvement in [communication] managerial skill[s] . . . has been receiving increasing recognition . . . as management diagnosticians have been discovering that ineffective communication causes problems, increase[d] costs, decrease[d] morale . . . [and] act[s] as a drag upon efficiency" (p. 5).

Communication theory has been described in numerous ways. Organizational communication must be taken in context of the society in which it exists. According to Manning (1992), "communication is context dependent and draws on social sources" (p. 17). Manning describes communication within organizations in two ways: functionalism and interaction/interpretative. Functionalism has as a basis scientific management and industrial sociology. Functional communication focuses on the achievement of managerial outcomes; that is, its focus is on effect and

consequences. Functional communication theory emphasizes "efficiency rationality, goal attainment, and managerial control and guidance by communication" (Manning, 1992, pp. 37-38). The most common example of functional communication is the "pipeline model" in which messages are sent along a channel or medium to be received as understood. The pipeline model views communication as flat, ignoring human sentiments, passions, collective ignorances, etc. A second important view of functional communication exists in systems theory. Organizations are viewed as open or closed, depending on the influence of outside messages or the forces acting on the organization. There is usually a hierarchical organization that is linked by communication serving to "process information." For both these approaches, there exists intellectual and moral consequences such as stereotyping, rules of thumb, and being taken for granted (Manning, 1992).

Communication that is interpretive is viewed as explanations of socially patterned variation, with decisions being based on prior actions of organizing and social matters. Interaction/interpretative communication embodies the concepts that communication is both about information sharing, as well as symbolic matters, assumptions, beliefs, and ideas (Manning, 1992). Orton and Weich (1990) describe an example of interpretative communication in their "loose coupling" metaphor for organizational analysis and communication. They viewed communication as forming loose links or couplings between information and action, deciding and information, divisions and the organization as a whole, and the organization and the environment. Semiotic theory views communication in terms of signs and their meaning in everyday

life. Sounds, images, expression, and content produce a sign. Signs are given meaning by the assignment of arbitrary contrasts (Manning, 1992).

Brody (1991) stated that persuasion and communication are human transactions and social changes. Information is received and assimilated from multiple sources that may vary in impact and credibility. Brody further asserted that information transmitted by organizational behavior is usually more convincing than interpersonal or mediated messages. Brody identifies five message sources that make up the communication spectrum: 1) mass communication (from mass media); 2) interpersonal communication; 3) behavior communication (organizational behaviors and those of their personnel); 4) environmental communication; and 5) qualitative communication (conveyed by the quality of an organization's products and/or services). He noted that the latter three are highly effective and efficient. To avoid destructive conflicts and inconsistencies, Brody stated that conformity in messages is vital.

Interestingly, Brody noted that organization communication is affected by management ranks experiencing misperception and missing changing circumstances. Brody noted that many of the current middle-aged managers are concerned with the economic conditions of the organization, ignoring the social (human aspect) and lacking attention to environmental changes. This results in misperception.

Lievrouw and Fin (1988) viewed communication as a "socially constructed activity", based on the assumption that individuals perceive the world in personal and individual ways. Communication behavior exists to organize perceptions. People

share these perceptions in order to construct meaning of their world. The authors further assert that communication behaviors are composed of three dimensions: temporality (experience of time in a given communication), involvement (cognitive, affective, sensory capability employment), and control (degree of exerted influence by the communicator). These occur in a social context comprised of culture, relationships, and specific content.

Drucker (1989) states that communication is important for organizations because the communicator within organizations must deal with the conflict created by a pluralistic society. In order to participate in this conflict resolution, adaptation must occur.

Pincus (1986a, 1986b) noted that communication activities "affect every facet of nurses' working lives, influence nurses' job satisfaction and job performance" (p. 19). He therefore focused his research on the exploration of the relationship of different kinds of communication to job satisfaction and performance. He found that the highest positive relationships to job satisfaction existed in the areas of communication with the supervisor, communication climate, and personal feedback. Pincus identified three major implications of these findings:

- 1) Head nurse and staff communication are most important because job perception and organizational perception are most influenced by the immediate supervisor. Immediate supervisor communication has a primary influence on the nurse's job satisfaction and job performance.
- 2) Nursing departments and hospital must create a positive atmosphere that

presents a positive perception of communication with top management and participate in decision making.

- 3) There is a need for frequent and constructive personal feedback on job performance.

Pincus noted that positively perceived communication contributes to organizational effectiveness.

Kalo and Jutte (1996) emphasize that as health care reform creates changes in expectations and responsibilities in nursing, the role of the nurse manager will expand. Educational programs must be designed to provide essential knowledge and skill required to create an environment that addresses the needs of the client at low cost. The literature supports that skillful use of communication, leadership style, and participative decision making encourage the desire to stay and enthusiasm in the workplace. Energized staff are more productive and likely to provide high quality care. First-line managers must, therefore, acquire more administration and leadership skills if they are to fulfill job expectations. Nursing educators must reach a consensus with health care organizations about expected educational outcomes if nursing is to meet future leadership needs.

### Conceptual Framework

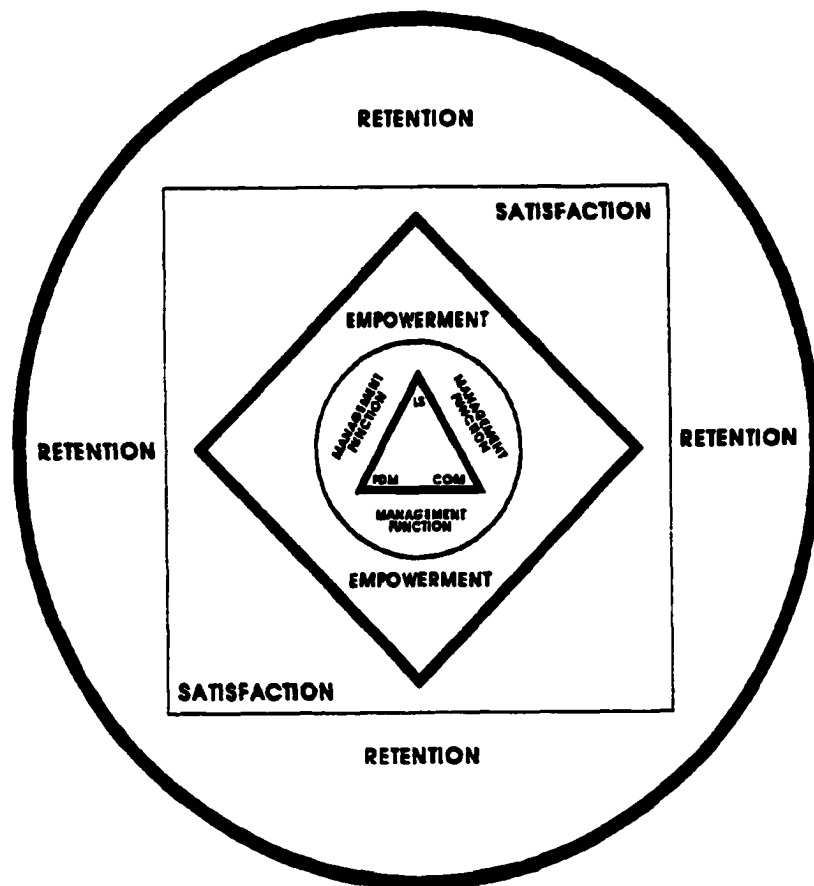
Integration of the decision making process, leadership styles and communication has been identified as the responsibility of the nurse executive and nurse manager (i.e., first-line nurse manager or head nurse) by the American Nurse Association (1988)

its published standards for organizing nursing services. Research data on nursing employee satisfaction identifies these same variables as the most important factor in job satisfaction and the decision to stay.

Conceptually, the key variables of communication, leadership style, and participative decision making can be viewed by the reader as the three vertices of a triangle, interdependent and balanced. The triangle forms the central-most elements of the retention universe and represents the three fundamental management functions--leadership style, communication, and participative decision making--defined in the research literature as major satisfaction-retention issues. As key functions of management to be utilized by the well-prepared, skilled nurse manager, these elements enhance the feeling of empowerment by the staff and management alike. Review of the literature supports the premise that an empowered staff is a satisfied staff and that satisfied staff elect to remain productive, quality employees of an organization. Retention, as the ultimate goal, is represented as the universal outcome. The management function-retention concept is shown in Figure 1.

**Figure 1: Management Function = Retention Concept: Leadership style, participative decision making, and communication form the central elements of the retention universe and represent three fundamental management functions. When skillfully used, these elements enhance empowerment, satisfaction, and retention.**

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LS = Leadership Style  
PDM = Participative Decision Making  
COM = Communication



## **Chapter III**

### **METHOD**

#### **Research Design**

A case study method was used to provide descriptive information about the extent content included in graduate nursing administration curricula, formal and informal, prepare nurse leaders to address key job satisfaction issues of participative decision making, impact of leadership style, and communication (information) sharing. Merriam (1988) defined a case study as "an examination of a specific phenomenon such as a program, an event, a person, a process, an institution or a social group" (pp. 9-10). It is further noted that case studies are qualitative in nature, providing the researcher with insight, discovery, and interpretation, and it allows one to uncover the interaction of significant factors characteristic of the phenomenon. This researcher believes that these criteria best define the intent and purpose of this study.

#### **The Pilot Study**

A pilot study was conducted to refine the methodology and the primary data collection instrument (Program Content Questionnaire). The pilot study was conducted at a school of nursing in a major university in North Carolina. The dean of the school was contacted with information about the study. A faculty member in the nursing administration program was assigned as the contact person. The proposal and questionnaire were reviewed by faculty in the school of nursing and suggestions

were made. These suggestions were incorporated into the instrument prior to meeting with a nursing administration class at the school. The researcher requested volunteer participants from the class (all nursing administration majors) to complete the questionnaire and then meet to discuss question interpretation, question arrangement, completion timing, and suggested revisions. Eight students agreed to review the document with the researcher. Suggestions that were offered resulted in a complete redesign and rewording of the questions contained in part two of the questionnaire. In addition, the group suggested the addition of one question. There was general consensus that the resulting document would better elicit the desired information (See Program Content Questionnaire, Appendix B).

The participants at the pilot site also reviewed the other proposed data collection instruments (Document Review Tool, Interview Summary Tool, and the Clinical Experience Review Tool). The pilot site participants suggested that the researcher seriously consider review of the "Clinical Experience Review Tool" data as relevant to the study. Concerns were expressed about the ease of use and reliability of information obtained if the researcher were not going to the clinical sites. Following considerable discussion and consideration, the instrument was discarded.

Another major recommendation from the pilot site was the suggestions for timing of data collection and sample participants. It was agreed faculty, students, and researcher that students respondents should be within one semester (needing no more than nine (9) semester hours) of graduation. It was also strongly recommended that data collection be completed during the last weeks of the semester so that the

researcher would be more likely to recruit students who met the course work criteria. These suggestions were incorporated into the study.

### Case Study Participants

The programs (cases) chosen for participation in the study offered the Master of Science (MSN) degree in a specialty area that focused in nursing administration. All cases in the study were first identified by review of the listing of National League for Nursing (NLN) accredited graduate programs in nursing administration found in the NLN publication Graduate Education in Nursing: Route to Opportunities in Contemporary Nursing 1989-1990. The list of all cases was then limited to schools in Virginia, South Carolina and North Carolina to make travel feasible. A total of 14 schools were found to meet the criteria. The names of all of the schools, excluding the pilot site, were placed in a hat from which eight (8) were drawn for contact. Letters and information packages requesting participation were mailed "overnight" in early February, 1993. Personal phone contacts requesting participation occurred one (1) week after the mailings. An average of three (3) personal contacts was made before agreements to participate or not participate were made by any program. Of the eight (8) schools contacted, three (3) agreed to participate in the study. Non-participants cited the following reasons: lack of a chairperson and a large number of part-time faculty; no desire to participate at this time; currently undergoing major curricular revision; no response to repeated phone calls.

The least number of participants from each program was six: two faculty members with primary responsibility in the nursing administration program and four currently enrolled students who were in their last semester or quarter. Because of variances in enrollment numbers of different programs, participants at each case site greater than that identified would have been difficult to attain.

The participants varied in age and background (see Chapter IV, Tables 1 and 2). The faculty members met the criteria for employment as defined by the college or university and its accrediting bodies.

#### Procedure

The dean of the school of nursing of each case site was contacted to request participation in the study. The dean's office provided the contact person for either a review committee or chairperson of the nursing administration team. The contact persons were provided with an introductory letter (see Appendix A), a copy of the proposal summary and data collection instruments for review. The researcher followed up the written contact with a telephone conversation to respond to questions and to elicit their support in the research endeavor. The contact persons identified by participant schools were asked to identify the faculty and students for participation. Arrangements were made for site visits with the faculty contact identified.

During the site visit, the following occurred: 1) An initial meeting with the contact faculty member to clarify last minute questions and concerns, to determine the identities and locations of other participants, and to review materials. 2) Upon

faculty recommendation at the school, the program content data collection tool was distributed in one of two ways:

- a. The coded tool and consent form was distributed to students and faculty in stamped self-addressed return envelopes after verbal explanation of the study to potential participants; or
- b. One tool was mailed to students and faculty to be returned within one week to the researcher.

One site requested that the researcher write a letter to students requesting participation. The researcher agreed (see Appendix E). Questionnaires were then mailed to respondents to the researcher's request for participants. For questionnaire respondents, return of the coded questionnaire was considered consent to participate. 3) Printed materials such as course syllabi, program plan, student catalogs, resource materials, etc., were reviewed. Where permitted photocopies were made of some materials for later reference by the researcher. 4) One faculty member and two students who were not the same respondents completing the program content tool were interviewed. Interviews were conducted individually in locations requested by the participants (including offices, homes, and restaurants).

At one school a collection point was identified. Because questionnaires were to be returned by mail to the researcher from two of the three sites, the questionnaire sample size was enlarged to accommodate all those interested and to assure adequate sample size. One site had a only total of four students meeting the criteria for participation in the study. The researcher offered participation to all four students.

The opportunity to gain student and faculty perspectives about the program content in the study areas served as an incentive for participation by schools. A copy of the dissertation will be provided to each participant site upon completion of the final document.

### Confidentiality

The issue of confidentiality was of major concern to the schools of nursing whose students participated in the study because of the evaluative potential of the study. In order to protect the participants rights, a detailed explanation of how confidentiality and anonymity would be maintained was presented to each site contact person and the participants in the study. Included were the nonuse of identities, the use of pseudonyms to identify all sites, the use of pseudonyms in reference lists, the nonuse of audio recordings, the use of sealed envelopes and interview sites identified by the participants. Detailed anecdotes which could be damaging to the individuals or schools have been kept at a minimum in the dissertation in order to decrease the potential loss of anonymity.

### Instrumentation

The data collection instruments assisted the researcher in describing the defined variables of leadership style, communication, and participative decision making as they occur in the content, both formal and informal, of the programs studied. The "Total Design Method (TDM)" of survey construction as defined by Dillman (1978) was utilized in the design of the "Program Content Questionnaire". To encourage

responses, Dillman suggested that the questionnaire reward the respondent, reduce cost, and establish trust through such specifics as giving personal regard, making the questionnaire interesting, making the task appear brief, reducing the physical and mental effort, and building on other exchange relationships.

In the initial cover letter (see Appendix A), the researcher attempted to establish two benefits for participants: opportunities for "explor[ation of] nurse leader preparation" and availability of research findings to the participants. Interview and questionnaire completion times were limited to one hour for interviews and 30 minutes for questionnaire respondents. The researcher's role as a "practicing nursing leader" was shared in an effort to further establish a mutual interest with the participants.

Instrument design specifics defined by Dillman provided the foundation for review of question construction and the final organization and appearance of the data collection tools. Having been reviewed for content validity by nursing faculty and students, the instruments were developed by the researcher to focus on the variables identified in the literature review as key to the job satisfaction/retention issue. The tools were pilot tested at a site to ascertain instrument clarity and ease of use by respondents.

Data Collection Tool 1, Program Content Questionnaire, was a self-report tool to be completed by faculty members and students. It consisted of three parts: demographic data, a list of statements to which the respondent answered "agree" or "disagree" on a four-point scale Likert scale, and a series of questions requiring a

brief written response. Specifically, Part One of the instrument consisted of statements that focused on each variable. Participative decision making was addressed in statements 1, 2, and 12. Communication was addressed in questions 7, 8, 9, 14, and 15. Leadership style was addressed in questions 2, 3, 4, 5, 6, 10, and 11. Statements 16 through 24 asked initial information about opportunities to apply theory in the clinical site. Part 2 of the questionnaire consisted of open-ended questions asking the respondent to describe course/clinical experiences in the program in the areas of job satisfaction, retention theory, participative decision making, communication, and leadership styles. The respondents were asked to describe the most meaningful and least meaningful experiences. The questions/statements in Parts 1 and 2 were designed to elicit information on the same variables but in different ways. Part Three of the questionnaire consisted of general demographic data used to describe the sample. Data Collection Tool I required approximately 30 minutes of the respondent's time to complete. See Appendix B for an example of the Program Content Questionnaire.

The Document Review Tool was completed by the researcher and was used to collect data about the occurrence of the variables being studied as they appeared in the printed material provided for review. Space was provided to detail descriptions and examples that demonstrate the occurrence of variables. Observations pertinent to enhancing the investigator's understanding of what was occurring in the program were also recorded on this tool. Items A1-A4 dealt with the communication content covered in the required courses. Items B1-B5 addressed leadership characteristics



shown to be most positively related to enhancement of satisfaction in the work place. The last items explored were items related to job satisfaction/retention issues covered in the curriculum. The Document Review Tool appears in Appendix C.

The third tool completed by the investigator was the Interview Summary Tool (Instrument III). The tool consists of standardized questions asked of each person interviewed. It reflected the same content as that covered in the self-report instrument: communication, leadership style, participative management, and job satisfaction/retention issues. Additional information was collected on clinical experiences and resources. Demographic data was obtained with the lead in question related to basic nursing education and experience. See Appendix D.

#### Validity and Reliability Issues

This qualitative research study relied heavily on data obtained from interviews, observations, and document review. The use of multiple data collecting methods in this study (triangulation) assisted the investigator in overcoming the deficiencies that would occur through the use of only one method. The potential of researcher bias was also decreased by use of multiple methods of data collection.

The content validity of the instruments was ascertained by expert review. Five nursing faculty members with expertise in administration were asked to review the data collection tools for content validity. They were asked to assure that statements and questions reflected the variables identified.

User reliability was ascertained by asking faculty and students at the pilot site to complete the program content questionnaire with the researcher. Upon completion, a group discussion was held to review issues that arose related to relationships of questions to variables, clarity of statements, and suggested revisions. These revisions were made.

### Data Analysis

Responses from each case site were analyzed by first clustering similar responses to determine the actual number or frequency of occurrence of each of the identified variables. Frequency of agreement or disagreement was reported in terms of percentage or number as appropriate. A description of the findings included identification of relationships, if any, which were found to exist among variables and among categories of respondents.

A cross-case analysis was conducted to gain insight into trends and/or responses among programs. Specifically, the curriculum of each program was reviewed for the following components based on curricular design recommendations found both in the McCloskey (1988) research and the Nurse Manager Study (1990)—core courses covering professional issues and nursing theory, nursing administration courses, support courses in finance/budgeting (economics, legal, political) and organizational theory (human resource management), research methods (including statistics) and research in the major field. This grouping allowed the researcher to then look at the findings related to each variable.

Additionally, review of the data for consistency with mission was based on Criterion 17, Curriculum for the Master's Degree, of the Criteria and Guidelines for the Evaluation of Baccalaureate Nursing Programs (1992) published by the National League for Nursing. This document states

"The Master's curriculum builds on the knowledge and competence of baccalaureate education in nursing and provides for the attainment of advanced knowledge and practice of nursing. It is consistent with the nursing unit's mission" (p. 23).

## Chapter IV

### RESULTS

#### The Participants

There were three schools who participated in the study. Data on school enrollment and graduation rate were provided by each school. No detailed information is presented about the university in which the school is located in order to preserve confidentiality. All participants were located in the southeastern United States either in Virginia, North Carolina, or South Carolina.

School A had a total nursing enrollment of 1000 students in the nursing major--prenursing, upper division, and graduate school. There were 734 students enrolled in the undergraduate program and 266 students in the graduate program. The graduate nursing administration concentration had an enrollment of 68 of which 17 completed the requirements to graduate in August 1992 (2 students), December 1992 (11 students) and May 1993 (4 students). Six (6) of the eight (8) or 75% of the students who met criteria participated in the study.

There were 285 undergraduate (upper division only) and 145 graduate students enrolled at School B in Fall, 1992. There were 29 students receiving masters degrees during the 1992-1993 academic year of which 12 were nursing administration graduates. Four (4) of the six (6) or 66.6% of the eligible respondents participated.

School C's total nursing enrollment was 562 graduate and undergraduate students. There were a total of 35 nursing services administration majors. Of the 20 students receiving masters degrees the 1992-1993 academic year, 5 were in nursing administration. There were 2 eligible student respondents. Both (100%) participated in the study.

There were 18 total respondents in the study, six (6) faculty members and twelve students. Basic nursing preparation was majority baccalaureate, 50% or 9 participants; two(2) or 11.1% Associate Degree graduates; and seven (7) or 38.9% Diploma graduates. All faculty held the doctorate as their terminal degree. Participants age ranges were varied with 17 of the participants in the 31-60 year old age group and only one (1) participant less than 30 years of age.

Of the 11 students respondents, only two (2) had no previous employment experience in nursing administration (One each at School A and School B). All of the faculty and the majority of the student participants had experience in nursing administration including first line management starting at the Assistant Head Nurse/Assistant Nurse Manager level through the Vice President of Nursing Levels. Number of years experience ranged from 2 years to greater than 10 years. A summary of the demographic data appears in Tables 1, 2, and 3.

#### Period of Data Collection

Data for this study was collected from April, 1993 to July, 1993, the period of time at which students were completing the requirements for their program of study. This period was chosen based on the earlier recommendations from the pilot site.

Table 1.

Number and classification of study respondents by school. Average student participation by all cases was 80%.

	SCHOOLS			TOTAL
	A	B	C	
<b>STUDY RESPONDENTS</b>				
Faculty	2	2	2	6
Students	6	4	2	12
<b>TOTALS</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>18</b>
<b>% AVAILABLE STUDENTS</b>	<b>75 %</b>	<b>66.6 %</b>	<b>100 %</b>	<b>80 %</b>

Table 2

Demographic Description of Study Respondents by School.

	SCHOOLS			TOTAL
	A	B	C	
<b>BASIC EDUCATION</b>				
Associate Degree	1			2
Diploma	3	1	3	7
Baccalaureate	4	4	1	9
<b>HIGHEST DEGREE</b>				
Baccalaureate	5	3	2	10
Masters	1	1		2
Doctorate	2	2	2	6
<b>AGE RANGE</b>				
20-30 years	1			1
31-40 years	3	5	1	9
41-50 years	1	1	2	4
51-60 years	3		1	4

Table 3.

Management Experience of Respondents

PREVIOUS EMPLOYMENT	SCHOOLS			TOTAL
	A	B	C	
No previous management experience	1	1		2
AHN/HN/Nurse Manager	3	2	1	6
Director/Supervisor/CEO/Vice Pres.	2	4	3	9
Department Chair/Dean/Director of a School	1			1



### The Research Questions

**Question 1.** To What extent does graduate nursing education curricula deal with participative decision making as a major job satisfaction issue?

Program content questionnaire statements 1, 2, and 12 focused on participative leadership. The combined survey report (see Figure 2 and Table 4) indicated that topics in participative decision making were "strongly" emphasized in the curriculum of all programs reviewed. Ten of eleven respondents reported "agreement" to the statement that delineating level of authority in decision making was addressed. The respondents reported "strong agreement" to inclusion of emphasis on involvement of staff in decision making and to the belief that leaders provide direction. One person "strongly agreed" that content on delineation of authority had been addressed in courses taken.

In response to question 1-c, Part II of the Program Content Questionnaire, respondents from all survey sites were able to identify specific courses, experiences, or assignments to support their response to the Part I items. For example, respondents from all schools identified course numbers and experiences that provided information in this content area. One respondent stated "courses [1, 2, and 3] emphasize empowerment and self-governance . . . I distinctly remember empowerment as an emphasis in [Course 3]." Another respondent reported that "[we] examined participative decision making by reading and classroom decision". Still another respondent stated "clinical experiences, thus far, have not allowed [the]

**Figure 2**

Frequency distribution of responses to questions 1, 2, and 12: components of participative leadership in the curriculum expressed by questionnaire respondents.

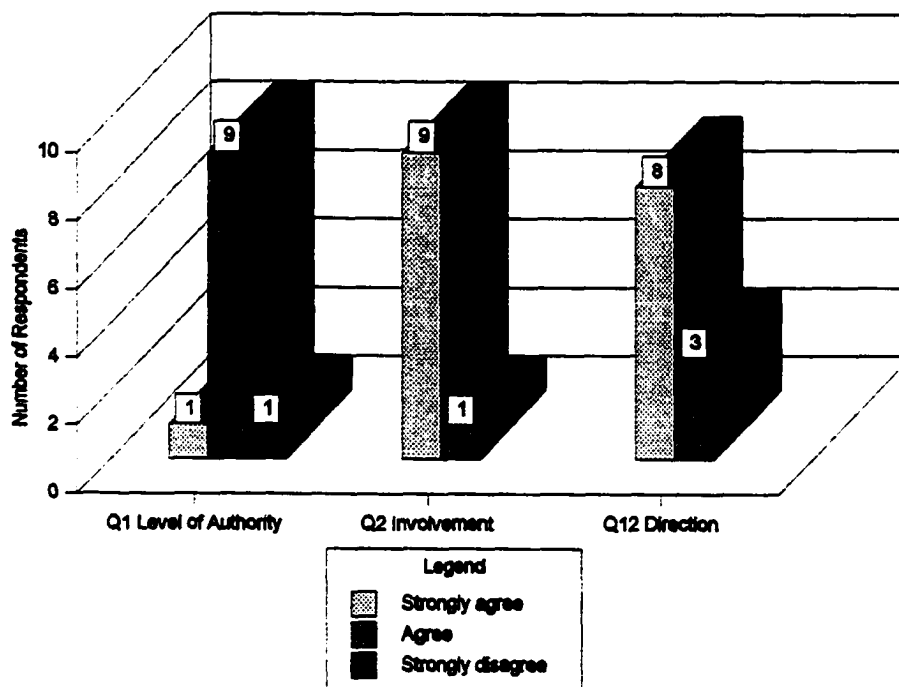


Table 4

Response to Participative Decision Making Questions by School.

QUESTION	SCHOOL OF NURSING		
	SCHOOL A	SCHOOL B	SCHOOL C
Q1 Level of Authority	1 SA 4 A	3 A 1 SD	2 A
Q2 Involvement	5 SA	4 SA	2 A
Q12 Direction	4 SA 1 A	3 SA 1 A	1 SA 1 A

SA = Strongly Agree

A = Agree

SD = Strongly Disagree

opportunity to participate in actual participative decision making [activities] in the clinical setting. In-class dynamics might allow for more experimentation with the above . . ."

The respondent who "strongly disagreed" that content in participative decision making was addressed stated that "I work in a shared governance environment[;] very little [is addressed] in the program". This same respondent believed that learning opportunities in course and clinical experiences provided opportunities "somewhat" in the theory component but "not in clinical at all".

Two of seven interview respondents were unable to identify specific content in participative decision making in their program of study. Interestingly, these participants were from the same school (School B) as was the questionnaire respondent who had strongly disagreed. The five remaining participants believed the content was covered "in depth in class".

Review of course syllabi demonstrated all schools identified participative decision making as part of course content to be addressed in some manner by the student completing program requirements. School A focused on this content in Courses 13 and 14--"Nursing Administration" and "Nursing Administration: Theoretical Applications". Course Objective 3 in the Course 13 (1992), Nursing Administration states that the student will "analyze the predominant management styles/strategies used in the health care setting" with course content in the area of organizing related to group work and team building and staffing in the area of retention. Course 14,

Nursing Administration: Theoretical Applications (1992), has as one of its objectives that "the student will be able to analyze the human resources practices and skills necessary to optimize the attainment of employee, departmental, and organizational goals". Topically, Course 14 looks at power, empowerment and mentoring as it relates to the directing of staff.

School B specifically covered content in courses 2, 5, and 6--Managing the Professional Practice, Nursing Management Residency, and Nursing Management Integrative Seminar--related to participative decision making. The overview for Course 2 states that the course will "examine the influence of nurse manager behaviors . . . on professional practice environment effectiveness" (Record of School B, p. 54). Courses 5 and 6, offer the student the opportunity to assess "professional culture and resource management as measures of leader effectiveness" while experiencing "the opportunity to develop, implement, and evaluate managerial strategies to enhance nursing practice effectiveness" (p.55).

Participative decision making content was identified in Courses 18 and 21 at School C. In Class 3 of Course 18, "Clinical Concepts for Nursing Administration", the topic "The Work Environment: Recruitment and Retention Issues" is identified. Objective 3 stated the student would be able to "describe the shared governance model" and its impact on staff satisfaction and organizational commitment (Faculty School C, 1992, p. 10-11). Readings for the lecture supported the objectives. A review of the supplemental reading list showed of 51 readings, 21 or 41.2% covered content specific to participative decision making. Course 21, "Human Resource

Management in Nursing Administration" likewise addressed "human resource management". In addition to the required texts, participative decision making was addressed in the supplemental bibliography in the "Staffing" content area with item 4 of the content outline including "participative management employee resolutions" (pp.3, 5, 6).

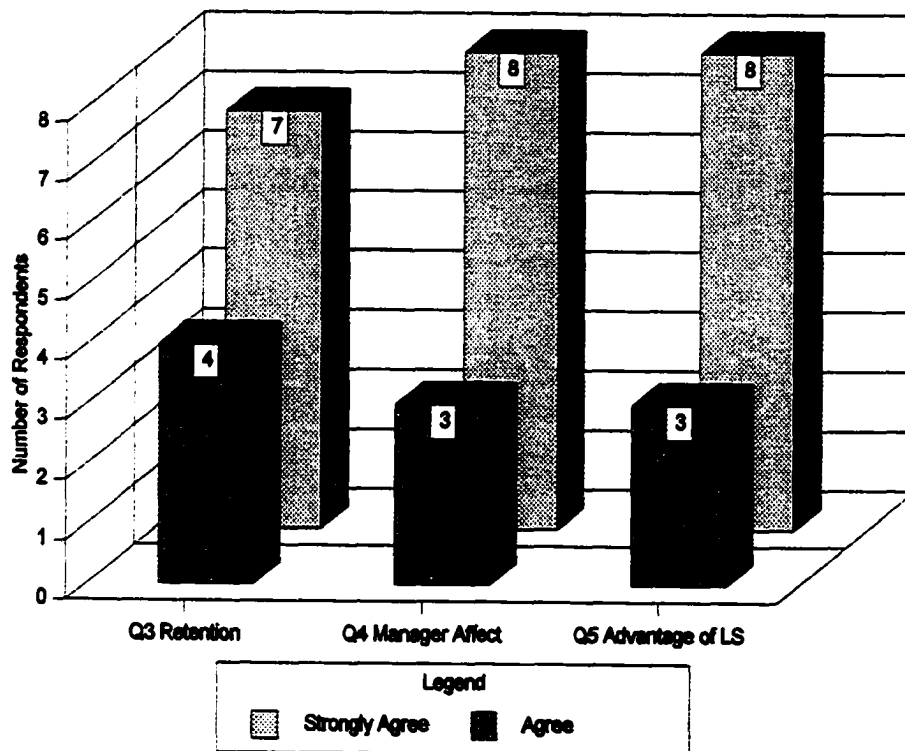
Question 2: To what extent does content included in graduate nursing education curricula deal with the impact of leadership style as it relates to retention of employees?

Leadership style content was covered in questions 2, 4, 5, 6, 10, and 11 of the Program Content Questionnaire. The statements covered themes in the following areas: management effects on staff retention, leadership styles, and first line manager impact. The eleven (11) respondents agreed classroom content and reading assignments addressed these themes very well. Summaries of responses to specific questions appear in Figures 3 and 4.

In part II of the Program Content Questionnaire, respondents provided additional insight into the course and clinical experience. Question E asked the respondents to describe courses or clinical experiences which provided information on leadership styles and effect on productivity/motivation. Respondents from School A were in total agreement that information was covered in detail despite two (2) respondents previously reporting they disagreed that the disadvantages of various leadership styles was discussed. One respondent said "An extensive introduction to leadership styles and areas of strengths, limitations, and focus have been discussed in [Nursing

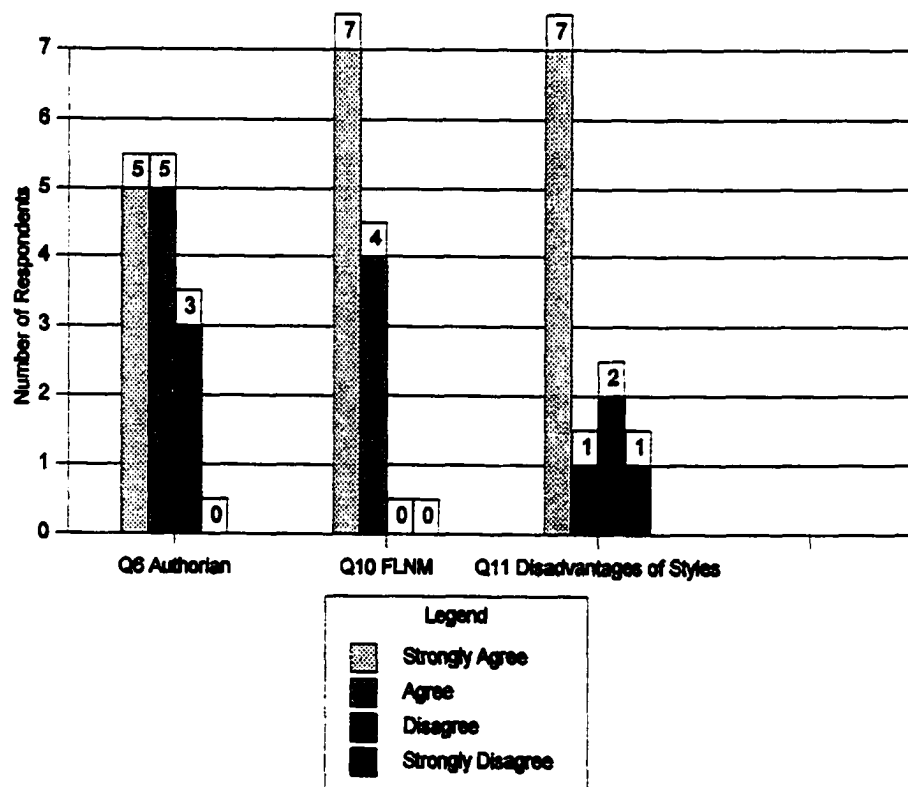
**Figure 3**

Frequency distribution of responses to questionnaire questions 3, 4, and 5: impact of leadership style on retention.



**Figure 4**

Frequency distribution of responses to questionnaire questions 6, 10, and 11: impact of leadership style on retention.





Survey Response: Impact of Administration and Nursing Administration: Theoretical Application]. Their effects on productivity and motivation have been studied [and] discussed in the clinical setting related to theories by Blake [and] Mouton, Hersey [and] Blanchard, etc."

Questionnaire respondents from School B reported that their content had been covered in their Organizational Behavior course, Course 20.

Review of course syllabi from all programs supported the questionnaire participants comments. Examples to support these findings included School C's course 20, Organizational Behavior in Nursing Administration in which the course objectives states the student will be expected to "analyze theories and styles of leadership applied to nursing" with content to include "theories and research in leadership" (p. 1).

School B's Managing Professional Practice course is described as examining "the influence of nurse manager behaviors . . . on professional practice environment effectiveness".

School A's Course 14, Nursing Administration: Theoretical Applications identifies objectives which specify that the student will "analyze human resources management practices and skills necessary to optimize attainment of . . . goals" as well as " plan management strategies based on research congruent with purpose, philosophy and objectives of the health care organization and the nursing department". Additionally, a requirement of this course is that the student define both

their "personal leadership style" and their "personal theory of nursing management" (Course 14, pp. 1-2).

Interview respondents from School A felt the content on leadership style had been well addressed in their program. When asked to describe information given about leadership styles, this group reported that they explored "various styles" and were "learning how to evaluate employees in order to use [the] most effective style." Emphasis on leadership styles was "strong". It was also noted that tools were used to assess style. The faculty participant reported that students were encouraged to "research, discuss and apply . . . to model as new paradigms". Student respondents supported this assertion in their comments.

Interview respondents from School B reported that theories were discussed in depth. Course content was based on an integrative model with emphasis that leader behavior is variable dependent on patient care, staff, and the organization in which one is employed.

The faculty interview participant from School C reported that content was covered in the "Role and Organizational Contexts" course especially in the research literature readings for the course. The focus was on the "management of human resources" and that students must "demonstrate leadership". The student respondent gave no response to queries about leadership style content although it was "believed" that in the clinical practicum the student "sees what works and does not work".

**Question 3.** To what extent does content included in graduate nursing education curricula deal with the impact of communication (information) sharing as is related to the retention of employees?

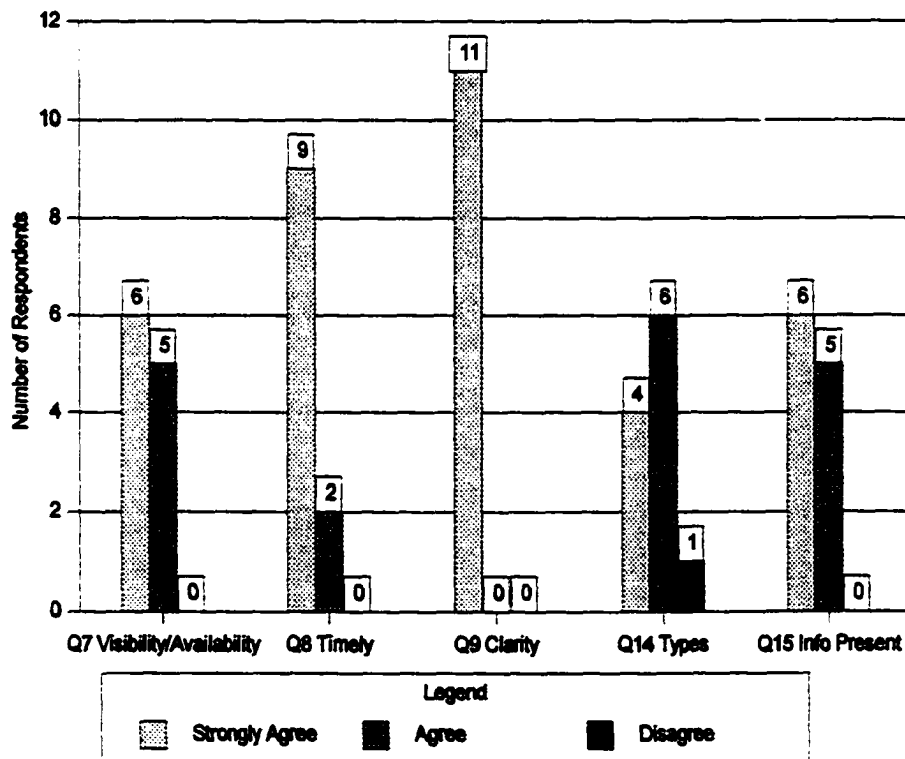
Program content questions 7, 8, 9, 14, and 15 asked participants to agree or disagree that their course of study included topics, readings, or experiences in types of communication, clarity of communication, and the effects of visibility and availability as they relate to perceived communication. Participants "strongly agreed" that clarity in communication was addressed. They "agreed" that course work had emphasized communication should be timely; visibility and availability were important; and that they were introduced to different types of communication. Only one (1) respondent disagreed that course content did not address the different types of communication. Figure 5 summarizes participants' responses to these questions.

Questionnaire respondents supported responses with specific examples. School C respondents both identified their course in Clinical Concepts, Resource Management, and the Residency as places which afforded opportunities to explore the many contexts of communication.

Faculty and student respondents differed at School B. According to the faculty respondent, the content addressed in question three was covered in courses in Management and Organizations and Managing Professional Practice. The three student interview respondents felt that little, if any, communication content was covered in the program. One respondent stated we "discussed communication patterns among groups but didn't discuss communication in any detail". A second

**Figure 5.**

Frequency distribution of responses to questionnaire questions 7, 8, 9, 14, and 15:  
components of communication (information sharing) related to employee retention.



respondent stated "no specific course work on communication " was covered and that "classroom work was very general".

At School A, four of the five (5) questionnaire respondents, identified Courses 13 and 14 as places that communication content was covered. One respondent stated "emphasis has been noted on the lateral and vertical communication lines in clinical areas. No emphasis has been placed on openness, newsletter, etc." Additional information on communication was also found in courses in Issues and Law and Policy (Courses 9 and 10) of the curriculum. Respondents emphasized that communication information was obtained mostly through observation in the clinical setting.

Review of course syllabi for School A supported the introduction of communication concepts related to interpersonal, problem-solving, anger, and conflict resolution. Course 13 covered most of the communication concepts. Emphasis is placed on up, down, sideways communication. Of 151 assigned supplemental readings for Course 13, Nursing Administration, there were 26 total articles found to specifically address communication. Of the 26 articles cited, four (4) addressed interpersonal communication, seven (7) were on computers, 15 were on analysis of organizational communication and "thoughts" about organizational communication (Faculty, School A, 1993).

Review of course descriptions and identified content presented little evidence of formal attempts to address communication at School B.

### Additional Findings

When reviewing programs for accreditation, the National League for Nursing (1992) has identified the following criterion for the curriculum for the Master's Degree:

"Criterion 17. The master's curriculum builds on the knowledge and competencies of the baccalaureate education in nursing and provides for the attainment of advanced knowledge and practice of nursing.

It is consistent with the nursing units mission (p. 21)."

In reviewing data for this study it was found that the curricula of all three (3) schools were designed to meet the mission as defined.

School A's mission for its Master of Science in Nursing Degree program is to "prepare persons for a leadership role in nursing education, administration and clinical practice (Record School B, 1992, p. 332). The curriculum consists of thirty-six (36) hours of required course work in the following areas:

1. Nine (9) hours of core courses including nursing theory, research, and issues.
2. Nine (9) hours of support courses including budgeting, law and policy, and information systems.
3. Twelve (12) hours of specialty courses in nursing administration and practicum.
4. Six (6) hours thesis or project and elective options.

Questionnaire respondents described School A's program as focusing on "advanced nursing leadership". It is thought to be the "perfect program for aspiring

directors . . . and vice presidents". Review of course objectives and content also support the belief that the design and intent of course content is consistent with the mission statement. For example, Course 13 (1993) requires the student to analyze, evaluate, and examine organizational structure, leadership influences, and research findings. Course 14 (1993) asks the student to analyze, plan strategies, use the consultation process, and design models for health care delivery. In addition students are required to complete self-assessment tools and write a philosophy paper.

The Record for School B (1992) states that the school of nursing exists to expand and transmit knowledge to students "in an environment of research and personal responsibility; enhance the condition of humankind through service and publication; and, generally, to enrich our culture" (p.18). "The Master of Science in Nursing degree is designed to prepare nurses for advanced practice. . .The curriculum provides students with knowledge of the Scope of contemporary health problems and health improvement interventions in the [major] practice areas" (p. 18). In addition, students learn methods and approaches to research and conduct a study. Students learn to apply knowledge as educators and managers in nursing in community and institutional settings. The Social and Administrative Systems Curriculum is designed to "provide students with the professional perspectives, conceptual knowledge, and empirical tools necessary to fulfill their leadership responsibilities to organizations of nursing practice, the profession, and society" (p. 22). Emphasis is on the interactions associated with the provision, promotion, maintenance, and restoration of health.

To meet the goals as defined by this mission, the School B's curriculum consists of 36 hours of course work--six (6) core hours in nursing, eight (8) hours of management, two clinical courses (6 hours), six (6) hours electives of the student's choice, and 12 hours of research/thesis option. One respondent described the program as one designed "not to prepare head nurses" but "beyond". To that end, course objectives meet the objectives to prepare nurse executives. For example, Course 1,2, and 3 of the curriculum cover organizational management theory and are described as the "theoretical basis" for the program.

The nursing services curriculum at School C (Graduate Program in Nursing Services Administration Info Sheet, 1992) prepares graduates "to assume administrative roles within the health care system as leaders, managers, educators, and consultants. [Graduates] are expected to advance the discipline through the conduct of research" (p.2). To this end, 'the nursing services administration curriculum enables nurse executives to analyze, design, manage, and evaluate nursing care delivery systems and to sustain an organizational climate that is supportive of excellence in nursing practice". The premise of the curriculum is that nurse executives practicing in the "contemporary milieu" must possess foundations in and an understanding of finance, political and economic issues, and have skills which allow them to collaborate with "relevant publics". The thirty-six to thirty-eight semester hours required to complete this course of study are designed to meet these goals. The courses consists of five (5) nursing administration courses, three (3) business courses (taught by the Business School faculty) and the research core. For example, Course



18 (1992) has as its objectives that the student will be able to "synthesize knowledge . . . in order to predict . . . impact on nursing practice as well as to "predict and design . . . clinical nursing research studies needed in a variety of settings" (p.1) Course 19 (1992) has as its objectives the analysis of federal and state laws that affect health policy and the development of administrative skills to work collaboratively in group problem-solving about health policy issues.

Respondents agreed that the core courses provided the foundations and that relevant theory was threaded throughout the curriculum. Interview respondents felt that the curriculum was "classic" and built on the strengths students brought with them. The curriculum blends well nursing and business. Respondents alluded to the fact that consideration of the American Nurses Association (ANA) blueprint for certification was taken into account in the design and implementation of the curriculum.

### The Roles of the Graduates

When interview respondents were asked to describe the role of the graduates of their respective programs, respondents from all three programs overwhelmingly described their programs as preparing the "nurse executive". A faculty respondent from School C stated that their program does "not admit those who do not have strong administrative experience". School B interview respondents described their program as designed "specifically for nurse managers" although they had a "cross section of inexperienced to experienced managers" enrolled in the program. Another

respondent from School B stated that "most of the students had been at least Assistant Head Nurses, Head Nurses, or administrators" and that the "focus was not to prepare Head Nurses but beyond". School A is described by respondents as providing the student with the opportunity to learn about leadership styles and effective communication in a way that allows the student to "model new paradigms". Students in School A research, design, and apply information to meet goals. School A has a cross section of students experienced and not experienced in nursing administration at some level. School A prepares first line managers as well as nurse executives.

#### Do the Programs Meet Personal Goals of the Students?

School A respondents were generally satisfied with their program. The students lacking previous experience in nursing administration believed that the experienced nursing manager provided "realistic" insight into the issues from the field and these peers were true resources. Faculty were seen as supportive in goal attainment. Respondents believed courses were well organized and thorough. A questionnaire respondent noted that 'all content had defined the role of a nursing administrator in the theory component' and that (s)he could find "no" experiences that were not meaningful.

School B's respondents expressed the least satisfaction with their program although most could identify "meaningful" points in the program. One questionnaire respondent stated that "most experiences were passive as opposed to us actually

doing something". One interview respondent stated that because the program allows one to design clinical experiences based on the management experiences brought into the program, some students "expect to be able to walk in and get what they want".

The most positive and consistent comment made by respondents to both the questionnaire and the interview was that of the practicum or residency; all felt that the residency afforded the opportunity to use skills and choose sites that could enhance their future careers.

Respondents from School C generally felt positive about their curriculum. There was consensus that one of the "very strong points" was that students with experience in administration were given primary consideration for admission to this program. Respondents believed the faculty was an asset to the students because of expertise and ability to facilitate student learning. Faculty were described as 'marvelous role models'. The issue of most concern was the interdisciplinary attempt made to offer courses through the Business School at School C. The respondents believed that the courses "could have been more pertinent making it easy to translate" and more relevant. Respondents believed that part of the dissatisfaction with these courses was their lack of previous background in these areas and the "relevance" of these courses to their chosen profession. Ultimately, respondents believed they would not "rely on this for a job."

## Chapter V

### DISCUSSION

#### Summary and Discussion

This descriptive case study was designed to provide information about preparation of first-line nursing leaders and to address management function as the key factor in job satisfaction and retention. Three cases were reviewed. All cases offered the Master of Science (MSN) degree with a concentration in nursing administration. Descriptions of the curriculum were obtained through interviews and self-reports of students and faculty.

The key variables in this study were derived from the literature search. Research on job satisfaction in nursing employees identified participative decision making, impact of leadership style, and communications as the most important variables. First-line nursing managers who can successfully use these skills create environments characterized by feelings of satisfaction. Employees were likely to decide to remain at these work sites. The American Nurses Association (ANA) (1988) in its published standards identified "the integration of the decision-making process, the leadership style(s) of the nursing management team, and communication mechanisms [as] critical to the accomplishment of the organizations goals . . ." (p. 9). Therefore, the researcher reviewed descriptive data on curricula design consistent with mission statements, roles of the graduates, and program satisfaction in each case.

All cases surveyed consistently addressed the content areas of participative decision making. Topics in participative decision making were strongly emphasized in course work at Schools A and C. School B's respondents differed on the strength of emphasis of this variable in their course work. All faculty respondents at School B believed the content was covered. Students at School B disagreed with this belief. Overwhelmingly; questionnaire and interview respondents at all sites believed that staff nurses should be involved in decision making. However, more classroom opportunities for discussion of concepts were identified than were clinical opportunities.

The impact of leadership style on job satisfaction issues in nursing was consistently addressed at all case sites. Emphasis on style definition and variability dependent on situation were foundational components of management coursework. Faculty and students at all case sites were in congruence on beliefs about the integration of leadership style content into the curricula.

Communication, in its broadest sense, as defined by this researcher, emerged as the least well discussed topic. Respondents consistently reported communication in its narrowest focus (interpersonal communication) but identified needs that were much broader. Reviews of the reading lists also demonstrated a narrow focus in the literature assigned for review by students in the programs.

Of particular interest was how responsive the schools were to recommendations that had been made by studies conducted by the Institute of Medicine (1983) and the American Association of Colleges of Nursing (1986) regarding "responsive graduate

education in nursing administration". The schools appeared to have attempted to address the component areas of nursing theory, administration theory, and research methods as defined by McCloskey (1988). An obvious attempt was made by study participants to address the issues of balance between theory, skills, and application. All program participants provided hours for theory presentation and discussion with allocated hours for application of theory in precepted situations. Curricula were generally divided into core requirements addressing professional issues, the management courses, and support courses, such as finance and budgeting, either offered by the nursing school or in interdisciplinary settings. Research was also identified as a major component of all programs with emphasis on research theory and methodology culminating in a thesis or project. Clinical experiences were consistently designed to meet program and individual needs of the students. These experiences represented creative and traditional approaches to providing opportunities to apply theoretical knowledge.

Respondents believed that their programs prepared "nurse executives" not first-line nurse managers. Faculty members at School C reported that management experience was a requirement for admission to the program. Faculty and students at School B agreed that the focus was not to "prepare head nurses (first-line nurse managers) but beyond". School A was the only case in this study in which respondents (both student and faculty) reported that the school prepared first-line nurse managers as well as executives.

Respondents at Schools A and C were satisfied with their program of study, but students at School B expressed dissatisfaction with the implementation of the curriculum design. School B respondents consistently differed from faculty in perceptions about the inclusion of content in the variable areas in course work.

### Implications

The focus of this study was to explore the preparation of first-line managers; those persons to whom nurses providing direct client care first report.

The descriptive data provided by these three cases gives important information about design and implementation of graduate nursing curricula in these programs. Though the data were collected in 1993, the findings are applicable to nursing practice today. Through exploration of the implications of these findings for nursing administration programs, insight will be provided about the continued importance of these variables and their impact on nursing job satisfaction and retention.

#### Implication One: Preparation of First Line Managers

Naisbitt and Aburdene (1990) have identified among the millennial megatrends increasing interdependence, operational alliances, and the development of a world view that is adaptive, holistic, and inwardly directed. Health care is characterized by a patient-centered focus. Nursing units and methods of care provision have been redesigned to incorporate additional services, increased efficiency, and decreased cost to the consumer. Restructuring in organizations has decreased the number of middle managers and consolidated the functions of employees. Frequently,

consolidation of functions has resulted in decreasing the number of employees. This has created fear and distrust. Restructuring has resulted in decentralization of management to the unit level of the organization. It is these unit level managers (first-line nursing managers) who must allay the fears and help rebuild the trust in employees.

First-line managers make decisions that most directly affect the job satisfaction of direct care givers. The literature clearly demonstrates that first-line managers significantly affect the decision to stay or leave an organization. The first-line nurse manager is responsible for coordinating innovative leadership practices into the management of material and human resources to provide quality care at low cost. Inclusive in these activities is the need to coordinate organizational mission, philosophy, and goals. To be successful, the first-line nurse manager must be a teacher, facilitator, and coach (Arorian, Meservey, Crockett, 1996).

Kerfoot (1996) was very much on target when she asserted that the nursing leader for the today and the future must be change leaders, empowering employees, to provide excellent service while containing costs. First-line managers will need to know advanced clinical skills and techniques as well as leadership and management theories and concepts" (Johnston and Herman, 1995, p. 13). These managers will need to carefully articulate to their employees, organizational mission and change. In an ever increasing humanistic society, employees must perceive their value to the organization and their leader as an advocate within the organizational matrix.



This study demonstrated that the graduate schools visited were interested in the preparation of nurse executives not "head nurses" (or first-line nurse managers) as one respondent so eloquently stated. A review of the goals of the baccalaureate nursing curriculum demonstrated that most undergraduate programs do not see themselves developing nurse managers at the first-line levels. Students in baccalaureate programs are trained to respond to criteria to enhance the provision of direct client care in hospitals, extended care facilities, home health agencies, and other public health parameters. A review of current outcome criteria as defined by the National League for Nursing Accrediting Commission (NLNAC) (1997) requires that schools demonstrate outcome criteria in the following areas: critical thinking, communication, therapeutic nursing interventions, and patterns of employment. Criterion 8.8 defined in the NLNAC's Interpretive Guidelines for Standards and Criteria NLNAC (1997) states that "the master's degree curriculum builds on the knowledge and competencies of baccalaureate education in nursing and provides for the attainment of advanced knowledge and practice in nursing and health care" (p.3). Optional criteria do not even require baccalaureate programs to train nurse managers, but students are expected to be adept at group process. Management functions such as budgeting, scheduling, program planning, and evaluation are seldom addressed in detail in undergraduate nursing programs (Sullivan and Decker, 1997). It would appear that the graduate programs participating in this study are building on knowledge and competencies that are not components of the baccalaureate program.

If, then, these items are not addressed in undergraduate programs and the next level of preparation is at the nurse executive level, where is the nurse to develop and learn these skills? Sullivan and Decker (1997) report that the "tendency is to promote nurses with good clinical skills into management positions on the assumption that they will make good managers" (p.452). The new manager is left to learn the required skills on the job, through mentoring, or through brief consultations and seminars. None of these options provides for timely exploration of theory basics identified as necessary foundational components for the first-line leadership role.

One significant finding of the National Nurse Manager Study conducted by the American Organization of Nurse executives and the AONE Council of Nurse Manager Affiliates (1990) was that a number of nursing leaders leave nursing administration after their stint as first-line managers. Why does this happen? Maybe the answer lies in the lack of preparation to meet the many challenges of the first-line administrator role. In this trial by fire mentality, the strong or the "foolish" survive to move up the line. But, at what cost to the profession and the community served? Research into failure avoidance activities for nurse managers in this cycle may reveal new information on the effects of staff, the organization, and the nurse manager himself (herself).

There is a significant gap between role expectations and the timing of educational preparation of nursing leaders. In this study, of the 11 student participants, only 2 had no on the job experience as a nurse administrator. These participants had worked 2-10 years in nursing administrative positions before enrolling in graduate programs.

This "sink-or-swim" mentality will not bode well for the new world order nursing leader.

#### Implication 2: Emphasis on Interpersonal Communication

The first-line manager will need to be able to effectively communicate with the community, within the matrix of the organization, and to the staff with whom there is direct supervision. Staff must understand the relationship between services offered and the goals and missions of the organization. Participation in decision making is vital. Current NLNAC (1997) criteria identify communication as a required outcome for Criterion 13. Data collected in this study have shown that the emphasis has been on interpersonal communication only. Other components of communication are neglected or omitted. Further, there is a gap in the perception of content covered in communication between faculty and students. Students consistently find that the focus is very narrow. This narrow focus will not support the requirements of the current job market or future health care needs.

Valiga (1994) in an exploration of "Leadership for the Future" believes that nursing leaders will need to be "expert in communication and small group process" (p. 87) articulating effectively within their profession, community, and society. To do this they must be proficient in the utilization of all forms of communication. The roles and functions identified by AONE (1992)--excellence in care, resource management, employee development, compliance with standards, strategic planning, and facilitation of relationships--have not changed and cannot be implemented without effective use of communication skills. The nurse leader who is ill prepared in

communication skills will have little value for the organization and will likely be replaced by someone else (not necessarily a nurse) with these skills. Nurse administrators will have to be able to adapt to the changes created by technological advances that have created nontraditional organizations. Organizations have become more virtual, having fewer boundaries; and with more interaction being supported electronically. Interactions occur through organizational structures that have never existed.

### Recommendations and Conclusion

The findings in this study suggest that nursing educators must be attentive to the design of programs that meet the needs of a redesigned health care system. Graduate nursing education administration programs must review and revise their programs to ensure that their graduates meet the demands. Johnston and Herman (1995) have suggested that graduate nursing administration program focus on economic, management, and communication concepts, principles, and theories. Johnston and Herman believe that too often, nursing programs offer "watered-down" version of key management skills rather than utilizing the information in the original form with case study application. Additionally, graduate nursing programs must assure that clinical preceptorship are provided that truly allow the opportunity to observe experts and implement theories introduced. A consistent comment by student respondents in this study was the lack of opportunity to apply theory in the clinical setting. Schools of nursing must carefully screen preceptors and agencies to assure that learning

opportunities are present. Where the organization of the clinical site does not support these opportunities, the faculty in the school have a responsibility to assist the student to analyze and identify needed and potential change and how that change might be implemented. It is through these opportunities that graduate nursing administration programs will help students develop true leadership abilities as well as management skills.

Evaluative methods must be put into place which allow the programs to readily recognize gaps in program content so that significant differences found between student and faculty perceptions are decreased. Since a major component of most graduate nursing programs is research, it would be a unique approach to include a unit in program evaluation in which the students would complete a self-evaluation of their program.

This researcher would recommend additional research in the following areas as follow-up to the descriptive information provided in this study.

1. This study should be repeated with a larger sample to provide more information about graduate preparation of nurse leaders. In addition it would be important for the repeat study to include additional information on preceptor preparation, training of preceptors, and data on the clinical sites used by the students. The clinical area is where students are afforded the opportunity to apply theory to real situations. Innovative curricular approaches could be identified and disseminated. Nursing programs must be involved in ongoing program evaluation. Involvement of

students and faculty (expected by NLNAC) would provide valuable data useful in curriculum revision.

2. Poorly prepared managers cannot be successful in today's environment. Poorly prepared persons naturally initiate activities to prevent failure. These activities can have good or poor effects on the organization and the employees. A survey of "failure avoidance" activities by nurse managers and its effect on staff and cost to the organization would provide new information to nursing programs and to employing organizations.

3. Data related to specific communication needs in health care organizations is needed. Many articles have alluded to the technological advances which have been made. What specific skills are necessary to survive in the board room; to reach clients and the community, or to facilitate staff development? This researcher has asserted that first-line nurse managers need skills in all forms of communication. It is known that in today's decentralized organizations one needs to possess more than interpersonal communication skills. Data about the need to further expand or maintain current levels of communication theory is valuable to those involved in curriculum revision.

4. Further research needs to be done on the types of evaluation programs that schools of nursing instituted. It is assumed that evaluation is ongoing and meets the standards identified by NLNAC. But is this in depth evaluation really being completed? Are tools designed to provide information that can be of value to the schools? A descriptive case study specifically designed to explore data collection

methods and tools would be valuable to schools attempting to refine their current evaluation programs.

Nursing must be creative in its preparation of leaders to manage organizations which increasingly will provide computer networked care to clients located in their homes. Virtual healthcare is a reality not a fantasy of the future. Cost containment is a reality every organization addresses daily. Interest in creative approaches to management has increased. If nursing does not address these needs, other disciplines will. As health care policy changes are made, those entrusted with the caretaking of new nurses must be smarter and wiser in the management of human capital in the profession of caring.

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**APPENDICES**

## APPENDIX A

## Cover Letter



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

School of Education

The University of North Carolina at Chapel Hill  
CMH 3503, Packard Hall  
Chapel Hill, N.C. 27599-3500

March 29, 1993

TO:

FROM: Elizabeth S. Markham, M.S.N., R.N. *EMK*  
3305 Courtland Drive  
Durham, North Carolina 27707

RE: AAIRB Research Number 93-002: Preparation of Nurse Leaders to Address  
Management Functions Related to Job Satisfaction.

I am currently enrolled in the doctoral program in Adult and Higher Education at the University of North Carolina at Chapel Hill. As a practicing nursing leader, I am interested in the preparation of nurse leaders to address key satisfaction issues of participative decision making, impact of leadership style, and communication (information sharing). I have chosen to design a qualitative study which will allow in depth exploration of the inclusion of these variables in course content by five nursing programs.

I would like to have your school participate in my study. Specifically, this would involve a minimum of six participants and the following:

1. A visit to your program to complete a document review.
2. Interviews with a faculty member and at least two students enrolled in your nursing administration program. Interview time will not exceed one hour.
3. Completion of a self-report tool by one faculty member and two students which would require approximately thirty minutes of time by each person.
4. Review of information on clinical sites and preceptors.

In return, a report of the findings about your program and a copy of the research findings will be provided to you.

This is an opportunity for both of us to explore nurse leader preparation. I will be contacting you to further discuss my proposal. You may contact me at:

(919) 489-1190 (Home) 6:30 p.m. - 10:00 p.m.  
(919) 684-8111, page 6025 (Work) 8:00 a.m. - 4:00 p.m.

I hope to have you participate in this study.

Enclosures

**APPENDIX B**  
**PROGRAM CONTENT QUESTIONNAIRE**

**PROGRAM CONTENT QUESTIONNAIRE**



**Preparation of Nurse Leaders To Address Management  
Functions Related to Job Satisfaction**

**Elizabeth S. Markham**

**University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina**



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

School of Education

The University of North Carolina at Chapel Hill  
CVM 1500, Peabody Hall  
Chapel Hill, N.C. 27599-1500

Dear Participant:

I am a graduate student enrolled in a doctoral program in the School of Education at the University of North Carolina at Chapel Hill. I have chosen as a dissertation topic the preparation of nurse leaders to address management functions related to job satisfaction. In particular, the focus will be on education in the areas of participative decision making, leadership style, and communication. As a nurse manager, I am very much interested in this topic.

The attached questionnaire is a self-report tool used to obtain descriptive information about the presence or absence of selected variables in the course offered in your program. I am asking your participation in the following manner:

1. Respond to all the questions as directed in each section of the questionnaire.  
This will take approximately thirty minutes.
2. Return the questionnaire to the collection point today or mail to the investigator within one week in the attached stamped, self-addressed envelope.

Your responses will be kept confidential and no individual will be identified. Only the group report will be shared with your school and in the final dissertation. You need not respond to questions you find objectionable.

Participation in this study is voluntary; nonparticipation carries no penalty. Participation or nonparticipation in this study will not influence your grade, completion of the program, or employment. Participants are free to withdraw their consent and discontinue participation in the study at any time.

You may contact the UNC Academic Affairs-Institutional Review Board at the following address and telephone number at any time during this study should you feel your rights have been violated.

Academic Affairs Institutional Review Board  
Dale H. Schunk, Chair  
CB# 4100, 300 Bynum Hall  
University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina 27599-3500  
(919) 966-5625

If you have questions, you may contact:

Elizabeth S. Markham, Principal Investigator  
8:00 a.m. to 4:00 p.m., Monday-Friday  
at (919) 684-8111, page 605 or  
at (910) 489-1190 (home) between 6:30 p.m. - 10:00 p.m.

or

Dr. Ronald Wiegerink, Faculty Advisor  
School of Education  
121 Peabody Hall  
CB# 3500  
University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina 27599-3500  
(919) 966-1354

Sincerely,



Elizabeth S. Markham, MSN, RN  
3305 Courtland Drive  
Durham, North Carolina 27707

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## PART I

THE STATEMENTS WHICH FOLLOW DESCRIBE COMMUNICATION, MANAGEMENT FUNCTION, AND DECISION MAKING.

DIRECTIONS. For each of the statements, circle the response which best reflects your opinion about whether this content has been introduced in courses, reading assignments, or clinical experiences in this program. The scale which follows is to be used.

RESPONSES: Strongly agree = SA  
 Agree = A  
 Disagree = D  
 Strongly Disagree = SD

SAMPLE: Management sets examples for employees SA  A D SD

- |  |           |
|--|-----------|
| 1. Delineation of level of authority in decision making        | SA A D SD |
| 2. Staff should be involved in decision making                 | SA A D SD |
| 3. Issues related to retention of staff                        | SA A D SD |
| 4. The effect of managers on retention of staff                | SA A D SD |
| 5. The advantages of various leadership styles                 | SA A D SD |
| 6. It is important to decrease authoritarian leadership styles | SA A D SD |
| 7. Leadership characteristics of visibility and availability   | SA A D SD |
| 8. Communication should be timely                              | SA A D SD |
| 9. Clarity in communication is important                       | SA A D SD |

page 2

- |   |    |   |   |    |
|---|----|---|---|----|
| 10. The effect of first-line managers on retention of staff   | SA | A | D | SD |
| 11. The disadvantages of various leadership styles            | SA | A | D | SD |
| 12. Leaders provide direction                                 | SA | A | D | SD |
| 13. Situational leadership theory is covered in detail        | SA | A | D | SD |
| 14. Different types of communication are addressed            | SA | A | D | SD |
| 15. Information on communication is present in the curriculum | SA | A | D | SD |

EACH OF THE FOLLOWING STATEMENTS REFLECT OPPORTUNITY TO APPLY THEORETICAL CONTENT. CIRCLE THE RESPONSE WHICH BEST REFLECTS YOUR OPINION ABOUT ITS OCCURRENCE IN THE PROGRAM.

- |  |    |   |   |    |
|--|----|---|---|----|
| 16. Informal discussion about impact of leadership style on job satisfaction occurs with peer and/or faculty.    | SA | A | D | SD |
| 17. Preceptors set examples by utilizing theory learned.   | SA | A | D | SD |
| 18. Clinical sites allow student application of class content.   | SA | A | D | SD |
| 19. Effects of various leadership styles on satisfaction are addressed in the clinical area.                     | SA | A | D | SD |
| 20. Students are introduced to practice models which allow staff to make decisions about their nursing practice. | SA | A | D | SD |



page 3

- |   |    |   |   |    |
|---|----|---|---|----|
| 21. A variety of experiences allow opportunities                              | SA | A | D | SD |
| 22. Effective management activities are discussed in the clinical experience. | SA | A | D | SD |
| 23. The opportunity to design communication systems is afforded.              | SA | A | D | SD |
| 24. Effective management activities are discussed in class.                   | SA | A | D | SD |

**PART 2**

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS AND EXAMPLES.**

**1. Briefly describe courses or clinical experiences which affords learning opportunities in the following areas:**

**a. Research issues related to job satisfaction (examples: communication, scheduling, benefits packages, dissatisfies)**

**b. Retention theory and research analysis and/or application.  
(Examples: organizational culture, group cohesion, stress)**

**c. Participative decision making (empowerment, self governance)  
(Examples: establishing committees, task forces; clinical experience in self governance environment)**

page 5

- d. Communication with subordinates: methods, types, and their impact.  
(Examples: design/analysis of staff opinionnaire, effective use of staff meetings, developing newsletters, later, vertical communication)
  
  - e. Leadership styles and their effect on employee productivity/motivation  
(Example: management effectiveness surveys)
- 
- 3. Describe experiences/course content in this program which are most meaningful to you as nurse leader. (Example: skill development in counseling of employees about their potential for increased responsibility and skill)
  
  - 4. Describe experiences/course content which was least meaningful to you as a nurse leader.

## PART 3--DEMOGRAPHIC DATA

PLEASE CIRCLE YOUR RESPONSE TO THE FOLLOWING QUESTIONS.

## 1. Basic Nursing Education:

- a. Diploma
- b. Associate Degree in Nursing
- c. Baccalaureate degree in Nursing
- d. Other, Specify: \_\_\_\_\_

## 2. Highest degree attained at this point:

- a. Diploma
- b. Associate Degree in Nursing
- c. Baccalaureate in Nursing
- d. MSN, Speciality: \_\_\_\_\_
- e. Masters in Other Field, specify: \_\_\_\_\_
- f. Doctorate, specify: \_\_\_\_\_
- g. Other, specify: \_\_\_\_\_

## 3. Age Range:

- a. 20-30 years of age
- b. 31-40 years of age
- c. 41-50 years of age
- d. 51-60 years of age
- e. > 61 years of age

## 4. Current Status (check all that apply)

- a. Faculty member
- b. Student
- c. Preceptor

## 5. Have you ever been employed in leadership or management?

- a. No
- b. Yes, specify: role(s) and length of service  
\_\_\_\_\_

**APPENDIX C**  
**DOCUMENT REVIEW TOOL**

**DOCUMENT REVIEW TOOL**  
(Completed by Principal Investigator)

NAME OF DOCUMENT REVIEWED: \_\_\_\_\_

State whether content is present or absent; give examples.

**A. Communication**

**1. Use of interpersonal communication**

**2. Analysis of Organizational Communication**

**3. Use of Media in Organizations**

page 2

**A. Communication Review continued**

**4. Qualitative Communication**

**5. Environmental Communication (importance of immediate supervisor communication, grapevine)**

**B. Leadership Theory Content**

**1. Leadership Control in the Work Situation**

**2. Participation in Decision Making (empowerment)**

**3. Situational leadership theory.**

**B. Leadership Review continued**

**4. Evaluation/Advocacy/Giving Feedback**

**5. Productivity**

**C. Job Satisfaction/Retention Issues**

**1. Identification of Motivator**

**2. Identification of satisfiers**



**C. Job Satisfaction Review**

**3. Assessment of Employees**

**4. Impact of Communication**

**APPENDIX D**  
**INTERVIEW SUMMARY TOOL**

**INTERVIEW SUMMARY**

1. What courses have you had (or anticipate enrolling in; or teach) that appear to provide the best tools for managing staff? Why?
  
  
  
  
  
  
  
  
  
  
2. Do(es) your course(s) cover the following? Rate whether in depth or in readings only.
  - a. Participative decision making.
  
  - b. Transmission of message
    - grapevine
    - immediate supervisor
    - marketing of services
    - feedback
    - use of mass communication
    - organizational behaviors
  
  
  
  
  
  
  
  
  
  
3. Describe the information given to you about leadership styles and effective communication.
  
  
  
  
  
  
  
  
  
  
4. Describe information on motivation of employees covered in your classes or clinical experience.
  
  
  
  
  
  
  
  
  
  
5. Have you discussed job satisfaction theory and its impact on nursing. Give examples.



APPENDIX E  
REQUEST FOR STUDY PARTICIPANTS



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

School of Education

The University of North Carolina at Chapel Hill  
CR# 3300, Pashby Hall  
Chapel Hill, N.C. 27599-3500

PREPARATION OF NURSE LEADERS TO ADDRESS MANAGEMENT FUNCTIONS  
RELATED TO JOB SATISFACTION

TO: Graduate Nursing Administration Students

FROM: Elizabeth Markham, MSN, RN UNC AAIRB # 93-002  
3305 Courtland Drive  
Durham, North Carolina 27707  
Home Phone: (919) 489-1190

RE: REQUEST FOR STUDY PARTICIPANTS

DATE: April 16, 1993

I am a graduate student enrolled in a doctoral program in the School of Education here at U.N.C. Chapel Hill. I have chosen as a dissertation topic the preparation of nurse leaders to address management functions related to job satisfaction. In particular, the focus will be on education in the areas of participative decision making, leadership style, and communication.

I am requesting your participation in one of two ways:

- a. Consent to be interviewed for approximately one hour by the principal investigator, Elizabeth Markham. The interview will not be audio- or videotaped.

OR

- b. Complete a questionnaire requiring approximately 30 minutes of your time.

Your responses will remain confidential. A summary of the findings will be given to your school. Participation is voluntary.

If you would like to participate, please circle items a or b above and provide the information requested below. Your participation in this project will be greatly appreciated.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_