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A study of the attitudes, concepts, and activities of three obstetrical supervisors as a basis for determining the need for further development in the area of democratic administration.

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A STUDY OF THE ATTITUDES, CONCEPTS, AND ACTIVITIES OF THREE
OBSTETRICAL SUPERVISORS AS A BASIS FOR DETERMINING THE NEED FOR
FURTHER DEVELOPMENT IN THE AREA OF DEMOCRATIC ADMINISTRATION.

BY
ELIZABETH A. DOLAN

BACHELOR OF SCIENCE, UNIVERSITY OF HARTFORD, 1958

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First Reader:

Frances K. Clyde
Frances K. Clyde

Second Reader:

Anne Keener
Anne Keener

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CHAPTER I

INTRODUCTION

"If we want to know how people feel: what they experience and what they remember, what emotions and motives are like, and the reasons for acting as they do-- why not ask them?"...

G.W. Allport

Nursing like many other professions is in a period of transition, consequently it no longer is as it once was or may become. Complete functional unity, the result of intensive effort for the advancement of organizational aims is hoped for in future nursing service administration. Supervisors especially need to be prepared for helping to promote this era of change by using every existing tool available. One of these tools is a more democratic pattern of administration. This need for democracy in administration has been emphasized by authorities in the fields of education, industry, and public administration.^{1.2.3.}

Nursing service administration is dependent in part upon the effectiveness with which the supervisor functions, for she is the "determiner" of staff morale, the "prime mover" of change. Democratic leadership is the kind of leadership that mobilizes people towards some aim because they desire its realization and want to join in bringing it to pass.⁴

¹ Schuyler D. Hoslett, Human Factors in Management.

² Tead, Ordway, Democratic Administration.

³ Tead, Ordway, Art of Administration.

⁴ Tead, Ordway, The Art of Leadership, p. 20

Such leadership can better be accomplished by the supervisor functioning in a system in which all activities are directed toward a common goal. The establishment of over-all goals within the organization tends to bring this end result in the most effective way, through cooperation of all its members and departments within the institution.

The supervisor must know what her function is, and the part she plays in relation to the whole administrative process of the organization. This is stated by Finer.⁵

Nurses are imbued with the idea today that the organization of the nursing service department must be such as to encourage a free flow of ideas upward, downward, and all through the personnel and their functions. All who receive, as well as all who give commands, are parts of the administrative process and ought not be blind or suffer the silence of the ignorant. From the standpoint of the maximum exploitation of the technical skills in the department, it is essential that, in a situation where conditions swiftly and unpredictably change, all shall have ready within them the rudiments of facilitated reactions, to know their own task and its place among the rest...

STATEMENT OF THE PROBLEM.

Modern nursing is confronted with many problems, but no problem is so great that it cannot be solved. The first task is in identifying the problems, and perhaps this is more difficult than finding the solutions.

⁵ Finer, Herman, Administration and the Nursing Services, p. 269

It is the purpose of this study to determine if, in one situation selected, there is a need for further development of personnel in the concepts and skills of democratic administration, by investigating the present activities, concepts, and attitudes of three obstetrical supervisors.

JUSTIFICATION OF THE PROBLEM.

Power, when used as a personal possession changes the personality of its holder, inflates the ego, and misleads its possessor to think that things can be done more easily by command than by learning how they are done.⁶ When a leader rules by command the whole staff suffers, tension rises, resentment ensues, frustrations occur, cliques form, and rebellion is not far off. The work situation may become unbearable.

The importance of staff morale has become more and more evident, and rightly so, because dissatisfaction of its members causes absenteeism, staff-turnover, and eventually if not remedied will affect the care the patients receive.

The reputation of a hospital depends to a great extent upon the type of care its patients receive, and this reputation must be protected. In addition, the hospital has a monetary concern. It takes time and money to prepare new staff members and for them to reach a satisfactory performance level.

The area to be investigated was determined by the writer's personal experience and reenforced by Mullane's findings,⁷ which showed confusion

⁶ Sears, Jesse B., The Nature of the Administrative Process, pp.229-230.

⁷ Mullane, Mary K., "Identification and Validation of Some Criteria in the Administration of Hospital Nursing Service." (Unpublished Ph.D. dissertation Univ. of Chicago) pp. 40-41

or misunderstanding of head nurses' and supervisors' concept of authority and responsibility. Since evidence of confusion was exhibited in these two areas, which are very important in administration, the next question in this writer's mind, "In what other areas of administration might there be confusion?"

By virtue of her position the supervisor is a leader, one who hopefully is able to promote, stimulate, and foster personnel growth. This can be accomplished if she knows and practices a democratic administration.

An analysis of the activities, concepts, and attitudes of these three supervisors would reveal the degree of democratic administration that was being practiced in this obstetrical department. It would further indicate if additional development in this area was necessary.

SCOPE AND LIMITATIONS.

1. The investigator was able to observe only three obstetrical supervisors in the same situation.
2. The observations were limited to sixteen hours for each supervisor, with a total observation period of forty-eight hours.
3. The length of experience, age and educational background of the subjects varied.
4. Observation in itself was a limiting factor. The observer was aware that persons being observed tended to alter their pattern of behavior to conform to that which would meet with the observer's approval.

5. The day supervisor's staff consists of from six to eight graduate staff nurses, one to two licensed practical nurses, and between four and six student nurses. This constitutes the delivery room staff, which includes the recovery room, caesarean section room, labor and delivery rooms, and represents the day supervisor's responsibility. The evening supervisor's responsibility includes a staff of between twenty and twenty-two graduate staff nurses, three to six licensed practical nurses, one to three nurses' aides, and three to six student nurses, this represents the staffing of the entire obstetrical department, for which the evening and night supervisor are responsible. The night supervisor's staff consists of from eight to ten graduate staff nurses and between three and five licensed practical nurses, one to three nurses' aides, and student nurses occasionally.
6. The observer noted one disturbing element, which was apparent throughout the observations of one of the supervisors. When being observed she spoke in low mumbled tones making it difficult or impossible to hear. As a result the recording of some of the observations of this supervisor were lost.

PREVIEW OF METHODOLOGY.

The following methods were used to collect data:

1. Democratic-Autocratic-Attitude Questionnaire. Questions and statements, a total of fifty.
2. Open-End Questionnaire.
3. Observations.

All of the above methods of collecting data included ten areas of investigation namely:

AUTHORITY
PLANNING
ORGANIZING
STAFFING
DIRECTING
DISCIPLINE
REPORTING
COORDINATING
ATTITUDES
COMMUNICATIONS

SEQUENCE OF PRESENTATION.

This report was organized in the following manner and its presentation will be as follows:

CHAPTER I, is an introduction.

CHAPTER II, relates the theoretical framework of the study, which will contain a survey of the literature relevant to the need of a democratic administration in nursing service at the supervisory level.

CHAPTER III, a description of the method of investigation will be given.

CHAPTER IV, the data will be presented and an analysis of this data will be included.

CHAPTER V, includes the summary of findings, conclusions, and recommendations.

The Bibliography and Appendix will complete this study.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature.

This investigator's philosophy will be expressed throughout the following presentation of the underlying framework of a democratic administration.

Change is inevitable, even though some may resist it. The concern of this writer is whether the change toward a more democratic process of administration is being practiced or merely verbalized. It is possible for one to have an intellectual acceptance of the democratic ideals, but be so conditioned to autocratic behavior that the relationship of beliefs and practice is negative. One does not act as one thinks, but as one feels.

If this change of ideology is to meet with success it is essential that all involved in bringing it about follow the same principles. Finer¹ describes administration as follows:

Administration is a power which binds people together in the interests of a common enterprise... Therefore, all who are involved need a knowledge of the purposive links that bind them together... Understanding is the element that tends to transform coercive into purposive administration.

The supervisor by virtue of her position in the organization's hierarchy cannot be allowed to force a self-made ideology on her subordinates. If an organization is to meet its objectives effectively,

¹ Finer, Herman, Administration and the Nursing Services, pp. 268-269

there must be a oneness in purpose shared by the administrative team.

There needs to be clear cut lines of authority in the institution. A designated leader of any organization needs to know to whom and for whom she or he is responsible.

A good administrator delegates responsibility to capable subordinates. Authority must also be delegated to make certain of the accomplishment of this delegated responsibility. It is useless to give one and not the other, and when this does happen, and it often does, a violation of a simple basic principle of administration results. The principle violated is that of determination of purpose. Once a policy is formulated it must follow a specific direction to reach its final execution. Responsibility without authority is both frustrating and demoralizing, the results of such practice almost invariably are unsatisfactory to all involved.

Authority does not imply, "You do it because I said so," this is coercive power. Discriminative ability is necessary to interpret coercive from coactive power. Coercive power is the "power-over,"² one which is exercised by the authoritarian leader. Coactive power is the "power-with"³ one of the most valuable administrative tools, one which has been mastered by the democratic leader.

One way to reduce power-over is through integration,⁴ when one's behavior and personality are in complete harmony with one's environment.

² Metcalf, Henry C., Urwick L., Dynamic Administration, The collected papers of Mary Parker Follett, p. 101.

³ Metcalf, Urwick, *ibid.*, p. 101.

⁴ Metcalf, Urwick, *ibid.*, p. 104.

This is best described by circular behavior. If so organized one can influence others, while being himself influenced, and this influence persists throughout all of his interactions, eventually power-with develops. This modern concept of power-with is a far cry from the traditional concept of imposed authority.

Because the supervisor functions as a leader she must develop not only a broad knowledge of the field of nursing, but an ability to develop those with whom she works, thereby strengthening herself. Her responsibility goes further than meeting the minimum requirements of her position. She must energize the group, share her knowledge with them, listen to, and utilize their suggestions when possible, recognize their abilities, stimulate group thinking, give them encouragement, and help them fulfill their obligations to the organization of which they are a part. Once the personal worth of the individual is realized the fundamental concept of democracy has been expressed. It is with this kind of leadership and only this kind of leadership, that the supervisor may obtain power, yes power, group power, which is the fusion of efforts toward a shared goal. These are the leaders who have learned their job and are in control of administration. The lack of such leaders may well be the cause of a forthcoming dilemma in the nursing profession.

Lewis and Maude⁵ point out the dilemma confronting every profession in the institutionalization of services is the administrative practitioner relationship. The dilemma is one of concentrating on professional practice and losing power or authority to direct this practice, or to learn administration so as to be able to remain in control of it.

⁵ Lewis R., Maude A., Professional People, p. 7

When all levels of supervision function on the basis of democratic leadership the channels of communication remain open so that its current will flow swiftly and easily from top to bottom, because each level is influenced from above and below. A two-way communication system must operate to maintain optimum results. Poor communications excludes a cooperative effort in any organization.

Since the supervisor is a key person in determining the morale of the group she must constantly be aware of the first symptom of low morale, which is dissatisfaction expressed by the majority of a group. Dissatisfactions are expressed when freedom of expression is encouraged, and motivated problem solving exists.

If for any reason dissatisfactions have been suppressed, they will come out fast when they are released. If not released in words, they will certainly be expressed sooner or later in undesirable actions, in requests for transfers, or even in resignations.⁶ [In the original "quits" is at the end of the sentence.]

Human relation problems very often arise from misunderstandings. Understanding will never result if a supervisor isolates herself at a corner desk of the nursing station, pondering over "Equipment Requisitions" the greater part of eight hours a day, five days a week. This is not administration nor is it supervision. The supervisor must work with her staff, know what their values are, and the way they think. This can be achieved by providing them with regular conferences, the best way of demonstrating a sincere interest in them as individuals. Through discussion some insight results with regard to their basic needs, and

⁶ Pigors, Paul and Myers Charles A., Personnel Administration, p.166

satisfying these needs must be provided for in the work situation. These conferences will bring about a mutual understanding between line and staff, a "sameness" to the frame of reference which insures organizational stability. Maier⁷ says:

No one can properly judge another since needs are within the person and he responds to these personal needs, which may differ from those of the one who possesses judgement.

 The discussion method is used to discover constructive techniques to motivate.

The discussion conference establishes the "we" relationship with concept values attached. In addition, it promotes individual growth, not only of the staff members but of the supervisor herself.

Attitudes can never be ignored, for they represent:

The sum total of a man's inclinations and feelings, prejudices or bias, pre-conceived notions, ideas, fears, threats and convictions about any specific topic.⁸

In this review of the literature one major aspect of democratic philosophy has been elaborated upon, the role of the supervisor as a democratic leader. For this is what she must be to insure optimum nursing service.

Finer⁹ describes leadership as follows:

7 Maier, Norman, Principles of Human Relations, pp. 36-37

8 Skinner, Charles, E., "Attitudes Can Be Measured," Readings in Educational Psychology, p. 216

9 Finer, op. Cit., p. 35

There is always a proviso: that leadership is conscious of the situation and is pure in its motives and its terms; and that to make doubly sure that the proviso is fulfilled, in the interests of the patient, the leader should not be authoritarian, in the arrogance of expertness and established status, but educative of the staff with and through whom she must, perforce work.

BASES AND STATEMENT OF THE HYPOTHESES.

This investigator has been concerned for some time about the shifting patterns of behavior expressed by the supervisory group with regard to their administrative responsibilities. It would appear that these behavior shifts are the direct result of lack of knowledge in reference to the administrative process and its basic democratic principles. In addition, it would appear that attitudes and behavior are directly associated with knowledge.

Assumption

This investigator assumes that the current policies and procedures of the organization studied are consistent with current good hospital practice.

CHAPTER III

METHODOLOGY

SELECTION AND DESCRIPTION OF SAMPLE

Following approval of the problem to be investigated by the respective readers of this study, permission was requested and received by the investigator from the Director of Nurses of the Hartford Hospital, Hartford, Connecticut, for proceeding with the procurement of data in this hospital's obstetrical department.

The obstetrical department in the Hartford Hospital is an active one, with between five-thousand and sixty-five hundred deliveries per year. The delivery room suite accommodates fourteen labor patients, more when necessary, has five delivery rooms, a recovery room, and a caesarean section room. The post-partal floors, (S02, S03, S04) total a bed-capacity of one-hundred-fifteen beds. The nurseries total one-hundred-fifty bassinets.

The persons to be included in this study were selected and contacted individually by the investigator, at which time they were informed that their activities would be observed, they were not informed as to the area of investigation, but were given an approximate date as to when the study would begin; in addition, they were told that they would be given two questionnaires to fill out sometime after the observation period was completed. A unanimous acceptance was obtained.

The persons selected were the day, evening, and night supervisors of the obstetrical department. The day supervisor's responsibility was restricted to the delivery room itself, the evening and night supervisors

were responsible for the entire obstetrical department.

TOOLS USED TO COLLECT DATA

1. Democratic Autocratic Attitude questionnaire designed by the investigator.¹ This included ten areas of investigation, with five questions in each area, which were randomly distributed, and required an agree-disagree response. (The questions and statements were representative of extremes of the most democratic or the most autocratic behavior).

2. An open-end questionnaire which included the same ten areas, so arranged that the participants were instructed to write a free-response, which would indicate their understanding of specific functions in nursing service administration.²

A mutually agreed upon time and place for the giving of the questionnaires was obtained by mail. Both questionnaires had been pre-tested and a minimum of changes were made. The two questionnaires were presented in their planned sequence, on the same evening in an office at the agency. Completion of both questionnaires required a maximum of two hours.

3. Observations were done by the investigator to determine the activities carried out by these three supervisors in the obstetrical department. The "shadowing" method was used by the observer for a total of forty-eight hours. During this time the activities of each supervisor were recorded, the interactions she participated in, as well as the person or persons with whom the interaction occurred. These observations were

1 Appendix A

2 Appendix B

then written as cases for analysis, to be presented in this study. The observation period was completed within two weeks.

Following the completion of the observations and the answering of the questionnaires by the participants, the investigator, with the aid of a blackboard and chalk, explained in detail to the three supervisors the areas being studied and the methods employed for the procurement of data.

PROCUREMENT OF DATA.

The data were collected in the Obstetrical Department of the Hartford Hospital, Hartford, Connecticut.

CHAPTER IV

FINDINGS

PRESENTATION AND DISCUSSION OF DATA

The data will be presented and analyzed in the following order:

1. Combined analysis of Democratic-Autocratic-Attitude Questionnaire and Open-end Questionnaire.
2. Individual analysis of the Democratic-Autocratic-Attitude Questionnaire and the Open-end knowledge Questionnaire.
3. Analysis of the observations, with the relationships of attitudes, knowledge and practice.

The questionnaires were devised with the assumption that knowledge (of a subject in nursing service administration) is attitudinally related, and that this relation will present itself as evidence of an individual's attitude as compared with knowledge in that particular area. The hypotheses were tested with ordinal scaling of the data from the two questionnaires using the nonparametric "ranking statistics". The correlation coefficients were calculated by Spearman's R_s determination, and a correction for ties was done. Spearman's rank correlation coefficient¹ is the best known today and one of the earliest methods developed. This particular statistic is sometimes referred to as Rho, but it will be presented in this study as R_s .

To determine a correlation coefficient for each individual in this study, N represented the areas studied, and the rank expressed in attitude and knowledge was representative of ranking within the individual.

1 Siegel, Sidney, Non Parametric Statistics, p. 202

The areas were combined when closely related to represent eight areas, and the ranking for the individuals in both questionnaires were represented by a range of one to eight, one representing the least democratic attitude, and possessing the least knowledge in that area, eight representing the most democratic attitude, and the most knowledge in that area. It was then possible to determine the relationship of the two variables, attitude and knowledge with each area being studied, by application of Spearman's R_s determination. The following formula was used to do this:

$$R_s = 1 - \frac{6 \sum (d_i^2)}{N(N^2 - 1)}$$

The correlation coefficients determined following a correction for ties were:

$$R_s = .26$$

$$R_s = .098$$

$$R_s = .372$$

Although none of these figures are large enough to reject the Null Hypotheses, they are in support of the hypotheses that a negative relationship between attitude and knowledge exists in the three subjects tested, since three out of three appear in the predicted negative direction.

The following table is the result of ordinal scaling of the data of both questionnaires in which the ranking was done on a group basis. A reliability check was done on the rankings by two faculty members. The ranking scale used is representative of a rank from one to three, three being the most democratic in attitude and possessing the most knowledge in that area, one representing the least democratic attitude, and having the least knowledge in that area. The same combination of areas, which was used in applying Spearman's formula in the first analysis was also used in this analysis, which is presented in the following table.

TABLE I
RANKS OBTAINED BY THE SUBJECTS
IN ATTITUDE AND KNOWLEDGE. DETERMINED
BY RANKING WITHIN THE GROUP.

AREAS	MISS GRIFFIN		MISS PATTEN		MISS NICHOLS	
	DEM. ATT.	KNOW.	DEM. ATT.	KNOW.	DEM. ATT.	KNOW.
AUTHORITY	1.0	3.0	3.0	1.5	2.0	1.5
PLANNING	2.5	3.0	2.5	1.0	1.0	2.0
ORGAN. & DIRECT.	2.0	2.0	2.0	1.0	2.0	3.0
STAFF. & COORD.	2.25	2.5	1.75	2.5	2.0	1.0
REPORTING	1.5	1.5	3.0	3.0	1.5	1.5
DISCIPLINE	2.5	3.0	2.5	1.0	1.0	2.0
ATTITUDES	2.0	2.0	2.0	2.0	2.0	2.0
COMMUNIC.	2.0	2.0	2.0	2.0	2.0	2.0
TOTAL	15.75	19.0	16.75	14.0	13.5	15.0

The above table shows that Miss Patten has the most democratic attitudes, but is ranked as the person having the least knowledge in the areas being studied. Miss Griffin has the most knowledge of those associated in the sample and is ranked second in the attitude questionnaire. On the other hand, Miss Nichols received the ranking as the least democratic and received second ranking in knowledge of these areas.

TABLE II
 TOTAL NUMBER OF AUTOCRATIC
 REPLIES ON ATTITUDE QUESTIONNAIRE

AREA	NO.
AUTHORITY	9
PLANNING	1
ORGANIZING	4
STAFFING	1
DIRECTING	4
DISCIPLINE	1
REPORTING	4
COORDINATING	3
ATTITUDES	3
COMMUNICATIONS	3

It is interesting to note that a total of nine responses, the highest number of autocratic replies, occurred in the area of AUTHORITY. In referring to Table I, Miss Patten and Miss Nichols received a rank of 1.5 in knowledge of AUTHORITY, which indicates that knowledge of these two individuals is lacking in this area, and Miss Griffin received a rank of 1.0 in attitude in this area, which indicates that she is most autocratic in this area. On the basis of this, one can conclude that knowledge is lacking in two out of three of the subjects tested in the area of AUTHORITY, and the attitude in AUTHORITY in this group as a whole is not democratic.

In the separate analysis of the democratic-autocratic attitude questionnaire there appeared a triad which demonstrated two individuals in alliance and one isolate. The two that share in the alliance share a close relationship in attitudes the third does not. On this basis one might infer that a poor working relationship exists among the three supervisors.

The group showed that in the areas in which they ranked highest in knowledge their ranking in attitude was less democratic: AUTHORITY and DISCIPLINE. On the other hand they appeared more democratic in attitude in the areas in which the knowledge rank was lower namely: PLANNING, STAFFING, COORDINATING. Two of the three subjects received a low rank in both knowledge and attitude in the area of REPORTING. In ORGANIZING and DIRECTING, one of the participants was more democratic in attitude, but received a lower rank in knowledge in this area. Another received a higher rank in knowledge but lower rank in attitude. These relationships were determined by a difference in rank of .5 or more in the specific area being analyzed. The negative relationship is present consistently throughout the analysis.

CASE IMISS GRIFFIN AND THE MERIT APPRAISALCast of Characters:

Miss Griffin: Evening Supervisor in the South Building.
Miss Nichols: Day Supervisor in the Delivery Room.
Mrs. Adams: Headnurse on days in the Delivery Room.
Mrs. Molloy: Headnurse on evenings in the Delivery Room.
Mrs. Hamlin: Staff nurse on days in the Delivery Room.
Mrs. Blane: Headnurse on evenings SO4.
Mrs. Roy: Charge nurse on evenings SO3.
Mrs. Lamb: Charge nurse SO3 Nursery I.
Miss Burns: Charge nurse SO3 Nursery II.
Miss King: Student nurse SO2.
Miss Casey: Observer, a University student.

MISS GRIFFIN AND THE MERIT APPRAISAL

The following scenes take place in the obstetrical department of the Hartford Hospital. This scene opens in the delivery room, one of the busiest units of this department. It is the afternoon of December thirtieth, nineteen-hundred-fifty eight.

Miss Griffin is just entering the unit, through the swinging doors, she goes to the clothes closet, hangs up her coat, removes her overshoes, and is adjusting her cap while walking to the nursing station for her report from Miss Nichols, who is sitting at her desk waiting for Miss Griffin's arrival. Both supervisors exchange a friendly greeting, and then Miss Nichols speaks:

"Want to look this over, I have made it out, if you don't agree with this you can change it." (Observer noted it was a merit appraisal, written in ink).

Miss Griffin looked it over, seemed to be disturbed, but said nothing. The conversation is resumed by Miss Nichols, "What about that meeting that we had planned for tonight, to discuss the rotation?"

Miss Griffin: Maybe we should wait until a little later, we don't want to wake her up. (Reference is made to the night supervisor).

Miss Nichols: I guess you are right, her daughter will be home from school at 4 P.M.

Miss Griffin: Yes, let's wait till then.

Miss Nichols: Did you know that we are getting a new staff nurse in the department, a transfer from another department?

There was no reply to this question by Miss Griffin, but she asks the following question, "Did you know that we are losing Mrs. Smith, she

does not want anyone to know yet? She will be having surgery done, I hope it is nothing serious."

Their conversation is interrupted by the arrival of Mrs. Hamlin, a staff nurse, who comes into the nursing station and says, "There wasn't any pitocin in our pharmacy basket." Miss Nichols reaches for the telephone and calls the pharmacy. "This is Miss Nichols in the delivery room, George didn't bring any pitocin over with our order... Oh! fine you will send it right over."

At this point Mrs. Adams, the day headnurse comes into the nursing station. Miss Nichols turns to her and says, "They are sending the pitocin over right away."

Mrs. Adams: Oh fine!

Miss Nichols puts her coat on and says to Miss Griffin, "Guess I will run along, since I will be coming back for that meeting." Miss Nichols leaves.

Miss Griffin sits down at the desk and begins looking over the time slips, when Mrs. Molloy the evening headnurse comes up to her.

Mrs. Molloy: We have a Mrs. Brown, a primip in room one, she is fully dilated, but the presenting part is way back, I havn't called the doctor yet, he is in his office.

Miss Griffin: I am sure you will call him when you feel you need him.

Mrs. Molloy leaves the nursing station. Miss Griffin looks at the clock, it is 4:15 P.M., reaches for the telephone, and dials a number, waits a few minutes, and then speaks, "Hi Mary! were you asleep... Gee, I'm awfully sorry. We would like to get together for that meeting on

'rotation' tonight, whatever time is best for you. Yes, I guess 8 P.M. would be better, see you then." Miss Griffin hangs up the telephone and proceeds to check the coverage of the department by looking over the time slips. Once this is completed, she turns to the observer and says, "Well, I guess I had better start my rounds downstairs."

Miss Griffin and the observer leave the department and while enroute to the post-partal floors, Miss Griffin turns to the observer and says:

"On those merit ratings, the person who fills it out is the person who interviews the one being appraised. This was my duty and I would not have given as good a rating. This is the result of a problem that occurred on my shift, this person involved was contacted by Miss Nichols and 'blasted' I resent this very much it was my problem to handle not hers."

The conversation was interrupted with our arrival on SO4. Miss Griffin approaches Mrs. Blane, the headnurse, who immediately comments, "We have thirteen patients, one in the delivery room, nothing special."

We left Mrs. Blane and proceeded to the nursery. Mrs. Roy, the charge nurse greeted Miss Griffin.

Mrs. Roy: We have a census of sixteen, two boarders. One of the boarders, Baby Longo is a cardiac. The mother of the other boarder, Baby Smith, had the measles, but received Gamma Globulin, she is the one that had the prolapsed cord that they did the stat. section on. They think that the baby has cataracts. Poor thing, she is quite upset most of the time, guess she has reason though. She appears to be in pretty good spirits today.

Miss Griffin: That's good, nothing else then?

Mrs. Roy: Guess not.

Miss Griffin leaves SO₄ and goes down the stairway to SO₃. Miss Griffin goes up to Mrs. Lamb who says, "Our census is thrity-one."

Miss Griffin: How is Mrs. Jones doing.

Mrs. Lamb: She is doing better. Did you know that Baby Bailey expired today?

Miss Griffin: Yes, I did, that was the baby in the recovery room.

Miss Griffin leaves Mrs. Lamb and walks down the corridor to the nursery, opens the nursery door and enters, (The observer waits in the doorway) greets Mrs. Burns the charge nurse by saying, "How are all of your little babies?"

Miss Burns: Well Baby Brown has been running a temperature of 100.4 to 100.6 F. through the day, if it goes any higher I will notify you so you can call the doctor.

Miss Griffin nods her head in agreement and proceeds down the stairs to the next floor SO₂. On SO₂ she approaches Miss King, a student nurse.

Miss Griffin: How is everything?

Miss King: Everything is fine, don't seem to have any problems.

Miss Griffin turned to the observer as we walked toward the elevator, which would take us back to the delivery room, and said, "I think it is wonderful the way the students get experience on this floor. One of the graduate nurses, Mrs. Buckley, who has had so much experience as a charge nurse, keeps a close check on the student that is in charge, she never interferes, but if she feels that a problem which they are confronted with is a little more than they can handle, she gives me a call and asks me to wander down."

By this time we had arrived in the delivery room nursing station, Miss Griffin seated herself at a desk and said to the observer, "Gee, this is a real quiet night up here, guess I will work a while on this rotation plan, that I am going to present to the others at the meeting tonight." Miss Griffin picked up a pencil and began writing...

MISS GRIFFIN AND THE MERIT APPRAISAL...ANALYSIS

Miss Griffin appeared disturbed, but remained silent, when handed the completed merit appraisal by Miss Nichols. This disturbed feeling was later expressed by Miss Griffin to the investigator when she said, "This was my duty, I resent this very much it was my problem to handle not hers." Miss Griffin's resentment is justified because the authority to fulfill what is her responsibility has been taken from her. In referring to Miss Griffin's rating, one notes she received the most autocratic attitude rank, but was rated as having the most knowledge in authority. She is aware that authority must accompany responsibility, which reflects the rank of 3.0 she received in knowledge of this area, but her behavior in this incident did not reflect her rank of 1.0 in attitude in this area. In this incident, one concludes that her knowledge, not her attitude was dominant in practice. Miss Nichols' action does not show an understanding of the limits of her authority. According to the data, Miss Nichols received a rank of 1.5 in knowledge of authority, which is reflected in practice in this situation. Her rank of 2.0 in democratic attitude in the area of authority is not evidenced in this particular situation. The autocratic behavior which Miss Nichols has assumed in the above incident is not in keeping with democratic administration. Such a practice hinders the administrative process of all involved.

Recognition of the individual's worth is shown by Miss Griffin in her relationship with Mrs. Molloy. This is evidenced by the following statement of Miss Griffin, "I am sure you will call him when you feel

you need him" (Reference is made to notifying the doctor). A mutual respect is shared by supervisor and headnurse, because of the trust shown by Miss Griffin in Mrs. Molloy's judgement in planning. This is based on the assumption that Miss Griffin is aware of, and accepts Mrs. Molloy's responsibility and authority as a headnurse.

Miss Griffin shows an interest in the experience that the student nurses are receiving on SO₂ in charge duties. In addition, she mentions the role that she and Mrs. Buckley are sharing in this educative process, which indicates a democratic approach toward coordinating.

A direct relationship between democratic attitude of 2.5 and knowledge of 3.0 in planning is evidenced by Miss Griffin's working on a rotation plan, which she will present to the other supervisors for discussion at their meeting.

Interpersonnel relationships throughout the observation period appeared satisfactory and a sincere two-way communication between this supervisor and the person or persons with whom she interacted was carried out.

CASE IIHUMAN RELATIONS IN ADMINISTRATIONCast of Characters:

Miss Patten: Night Supervisor in the South Building.
Miss Griffin: Evening Supervisor in the South Building.
Mrs. Maxwell: Charge nurse on nights SO₄.
Miss Fern: Charge nurse on nights SO₃.
Miss Lord: Charge nurse SO₃ Nursery I.
Mrs. Pikul: Charge nurse SO₃ Nursery II.
Mrs. Jackson: Charge nurse on nights SO₂.
Mrs. Lawley: Nurses' Aide on nights SO₂.

HUMAN RELATIONS IN ADMINISTRATION

This scene opens in the nursing station of the delivery room, Miss Patten is just coming on duty, she walks over to Miss Griffin, who is seated at a desk, Miss Griffin speaks, "Hi Mary!"

Miss Griffin: Oh! before I forget, Mrs. Carroll's husband called and said she will not be able to come in for her physical tomorrow, because she is ill. This presents a problem for you, doesn't it, you were planning on her coming on nights Monday weren't you?

Miss Patten: Yes, that does present a problem, but I guess there is nothing that can be done about it unfortunately.

Miss Griffin: I will probably hear about my decision tonight with regards to providing help on SO₂. They had a census of fifty-one and there were only two nurses. Now, you know that adequate nursing care is not possible with this coverage, so I took the student from SO₄, they only had eight patients, and left a graduate nurse there, sent the student to the nursery and took a graduate out of the nursery and sent her to SO₂. I know the office frowns upon our moving students, but I could not see any other solution.

Miss Patten: I am certain that no one will question what you did, I don't see what else you could have possibly done.

Miss Griffin: Have you noticed Mrs. Adams, she does not look too well lately, vomiting mornings, there is a possibility of her expecting.

Miss Patten: I do hope she does not overdo it, she has wanted a baby for so long. It would probably be better, if she is expecting a baby, not to work too much longer, it certainly would be safer for her, especially with all the trouble she has had in the past.

Miss Griffin: Guess I will be going along, see you tomorrow.

As Miss Griffin leaves the office Miss Patten says, "Hope you

have an umbrella, it is real nasty out," with this Miss Patten picks up the caesarean section book and checks the schedule for the next morning. She had just completed doing this when, a staff nurse, Mrs. Ray came running into the nursing station, urgency is reflected in her voice as she says:

"Could you call for a second pint of blood for Mrs. Beal (a patient) in DR. II, the doctor feels she is losing more blood than she should be, Miss Le Blanc (headnurse) has scrubbed in on the case until the intern gets here."

Miss Patten immediately telephoned the laboratory, and told them that she would be sending someone over for the second pint of blood for Mrs. Beal, in the delivery room, and gave the patients' history number. After asking Mrs. Ray if she would go over and get the blood from the laboratory, Miss Patten remained on the delivery room floor, checking periodically in DR. II until everything seemed to be under control. In addition, she assumed the headnurse's duties until Miss Le Blanc was free to resume them herself. Shortly after Miss Le Blanc came into the nursing station, the observer and Miss Patten left the delivery room and started with rounds on 304. Miss Patten went up to Mrs. Maxwell, the charge nurse and said, "Anything new?"

Mrs. Maxwell: No, nothing.

Miss Patten: Have you heard how Baby Boswell is doing?

Mrs. Maxwell: No, I havn't heard, they did the cardiac surgery today, but the baby was transferred to the pediatric department post-operatively.

Miss Patten turned slowly and proceeded to the next floor 303 for report. Since the charge nurse, Miss Fenn was not in the nursing station,

Miss Patten went to the utility room, where she found Miss Fenn straightening out the trays which were used for various procedures. Miss Patten speaks, "Good evening, how is Mrs. Gray, the patient that they thought might have a hematoma?"

Miss Fenn: I was wondering about an ice bag.

Miss Patten: The nurses in the recovery room asked the doctor about it, but he did not feel it was necessary. How is Mrs. Downey's temperature tonight?

Miss Fenn: It is still elevated occasionally, but never any higher than 100.6 F. I do not think it is anything serious. She is still without a diagnosis as to what is causing this elevation.

Miss Patten leaves the utility room and goes down the corridor to the nursery. As Miss Patten opened the door to the nursery, Miss Lord the charge nurse said, "Nothing unusual here, everything is fine." Miss Patten made a quick check of each baby and left to go around the corner to the next nursery. She entered and was met by Mrs. Pikul, the charge nurse who excitedly and hopefully asked, "Did we get the New Year's baby?"

Miss Patten: No not yet, but no one else has had it either, so far anyway.

Miss Patten smiles as she turns to leave. The observer and Miss Patten walked down the stairs to SO₂, where Mrs. Jackson was the nurse in charge.

Miss Patten: How is your daughter feeling?

Mrs. Jackson: She has all kinds of aches and pains, but I guess she is not ready to have the baby yet.

Mrs. Patten turns to the nurses' aide, who is tidying up the desk and says, "How is your husband feeling Mrs. Lawley?"

Mrs. Lawley: Much better, thank you.

Miss Patten and the observer walked down the hall to the elevator, while walking towards the elevator Miss Patten said to the observer, "I guess we can go back up to the delivery room and see if we have had the New Year's baby.

Miss Patten and the observer stepped off the elevator and went into the delivery room. There were ten patients in labor at this time. Within minutes, patients were being admitted, two at a time, both admitting rooms were in use, the headnurse with her staff was trying to start some of the admissions in the corridor. The phone was ringing continuously, since no one was free to answer it; the floor receptionist was on her holiday time. Miss Patten joined the staff in meeting this emergency, the observer also joined at this point.

HUMAN RELATIONS IN ADMINISTRATION...ANALYSIS

Miss Patten accepts Mrs. Carroll's not being able to come to work, on Monday night as was originally planned, without recognition or action of the administrative problem this could present. Miss Griffin appeared to be aware that it would present a problem to Miss Patten, but Miss Patten's reply was, "Yes, that does present a problem, but I guess there is nothing that can be done about it unfortunately." This has planning and staffing implications. Miss Patten's lack of planning for adequate staffing will be reflected as an increase of work-load to be shared by the present staff. This does not promote good human relations. In the area of planning Miss Patten received a rank of 1.0 in knowledge, and was ranked as 2.5 in attitude. In practice, a direct relationship is expressed between the rank she received in knowledge in that area, and the lack of knowledge of planning displayed in this incident. Although her attitude rank was 2.5 there was no evidence of this, but she behaved in accordance with a laissez-faire attitude. In staffing Miss Patten was ranked at 2.5 in knowledge, but this knowledge is not expressed in practice, nor is the attitude rank of 1.75, which is autocratic, evidenced or carried out. Once again a laissez-faire attitude is assumed.

The sharing of Miss Griffin's problem of supplying coverage for 302 by Miss Patten when she said to Miss Griffin, "I don't see what else you could have possibly done," promotes a mutual understanding between these supervisors and is a democratic approach expressed in communications.

Miss Patten expresses a sincere interest in the personal problems and the physical welfare of the personnel and their families. She seems

to be aware that her interest and understanding of people as individuals provides for better interpersonal relationships, in addition, is a basic democratic principle, and promotes good human relations. This friendly atmosphere is conducive to a two-way communication system in an upward and downward direction, which is very important in nursing service administration, for these are the individuals through whom Miss Patten must work. This shows a direct relationship to Miss Patten's attitude ranking of 2.0 and knowledge ranking of 2.0 in the communications area, and this relationship is reflected in her practice in this area.

Miss Patten did not hesitate to change her role temporarily from that of supervisor to headnurse to staff nurse, when an emergency presented itself. This seems to indicate that Miss Patten does not think of her position from a superior-subordinate standpoint, but indicates a democratic attitude of working with her staff in meeting the needs of the immediate situation.

The rank of this supervisor in the attitude questionnaire was the most democratic, and she received the lowest rank in knowledge, but in spite of her lack of knowledge she appeared to be democratic in attitude and behavior in most of her interactions. Nevertheless, this lack of knowledge may account for the seemingly laissez-faire attitude expressed in the areas of planning and staffing.

CASE IIIORIENTATION OF A NEW STAFF NURSECast of Characters:

- Miss Nichols: Day Supervisor in the Delivery Room.
Miss Black: New Employee (Part-time staff nurse).
Mrs. Anderson: Floor Receptionist.
Miss Mc Cullen: Secretary in the nursing office.

ORIENTATION OF A NEW STAFF NURSE

The following scene takes place in the same nursing station of the delivery room. Miss Nichols has just received the morning report, and proceeds to make out the following requisitions: linen, central supply, and the dietary slip. Once this was completed she leaves the delivery room and takes the elevator down to the main floor in the South Building where she collects the time cards from the rack provided for same, and returns to the delivery room via elevator. She then seats herself at a desk in the nursing station and begins totaling the week's working hours for each individual in the department. Overtime which had been recorded was initialled by Miss Nichols to insure the individual's receiving payment for such, although overtime as indicated by Miss Nichols was rare in this unit. When this task was completed Miss Nichols proceeded to do the pharmacy order slip. Miss Nichols had just completed making out this requisition when she was interrupted by Mrs. Anderson, the floor receptionist, regarding a phone call she had just received from the nursing office.

Mrs. Anderson: Miss Nichols, the nursing office called and said that Miss Black, the new staff nurse is ready to come up to the delivery room.

Miss Nichols: Thank you, Mrs. Anderson.

Miss Nichols leaves the delivery room, takes the elevator to the main floor, and walks down the corridor to the nursing office. She entered the secretary's office and said, "I received a phone call saying that Miss Black was ready to come up to the delivery room."

Miss Mc Cullen: I am awfully sorry Miss Nichols, she just went down to the personnel department, but we will let you know when she returns. Meanwhile, would you like to look over her folder while you are here?

Miss Nichols: Yes, I would.

As Miss Nichols is looking over the contents of the folder she remarks, "Hm...has her bachelors," when she had completed looking over the folder Miss Nichols left the nursing office and returned to the delivery room. Shortly after her arrival she started checking over equipment, such as scissors, trochars, allises that needed to be repaired or replaced. Once this was done she mentioned that the operating room had a new brush dispenser that she was interested in ordering for her unit. Miss Nichols and the observer left the delivery room and went over to the operating room, entered one of the scrub-rooms and looked over the brush dispenser to determine if this would be the approximate size that she would want. She felt that this would be the size that she would want to get. The observer and Miss Nichols left the scrub-room and returned to the delivery room. Mrs. Anderson gave the following message to Miss Nichols.

Mrs. Anderson: Joan! the office called, and said that Miss Black is finished in the personnel department, and is ready to come up here now.

Miss Nichols: Thank you.

Miss Nichols returned to the nursing office, where Miss Black was awaiting her arrival. Miss Nichols introduced herself and the observer to Miss Black, then all three left for the delivery room.

They leave this delivery room and walk down the corridor to one of the admitting rooms, Miss Nichols says, "This is one of our admitting rooms. While the patient gets undressed, behind this screen, the nurse takes the admission information at this desk. We have a similar admitting room around the corner. The patient is examined and the rest of the admission is done in this adjoining room. Come! I will show you where the sterile supplies are kept."

Miss Black and Miss Nichols leave the admitting room and go around the corner.

Miss Nichols: This is the 'gray cupboard' where all of the sterile supplies are kept, forceps, retractors, speculums and so forth.

Next, they walk into the nursing station to the medicine closet, which is located at the far end of the nursing station.

Miss Nichols: This is our medicine closet, we keep our narcotics locked in this drawer.

At this point a new admission came in and Miss Nichols mentioned to the headnurse that she would do this admission with Miss Black.

Because the admitting room was crowded with four people, the observer waited outside with the door partially opened, but was unable to hear the conversation. Following completion of the admission of this patient, Miss Nichols assigned Miss Black to work with one of the more experienced staff nurses in the unit. Since there were nine patients in labor at the time, and Mrs. Molloy, the headnurse was to receive her Five Year Pin, Miss Nichols relieved her of her duties so she could attend the ceremony. Upon Mrs. Molloy's return she was congratulated by Miss Nichols.

Late that afternoon the investigator questioned Miss Black as to how she was doing. Miss Black stated, "Fine thank you, you know I have worked in a delivery room before so it is not foreign to me, Yes, I am getting the feel of things, guess I am one of these people that learn by doing."

ORIENTATION OF A NEW STAFF NURSE...ANALYSIS

Interaction was limited to a certain extent because of the supervisor's time being taken to make out various requisitions and checking equipment for replacement.

An awareness for the need of a brush dispenser for Miss Nichols' unit was expressed. This can be interpreted as planning for her unit. This reflects Miss Nichols' knowledge rank in the area of planning which was 2.0, and it is being carried out in practice. Nothing can be said about the attitude rank of 1.0 in practice because no interaction occurred.

Miss Nichols met the new employee with a professional but friendly atmosphere, which was followed by an introduction of Miss Black to some of the individuals with whom she would be working.

This represents a democratic approach in planning, communicating, and staffing. Miss Nichols received a ranking of 2.0 in planning knowledge, which is reflected in her practice, but her attitude rank of 1.0 is not demonstrated in this particular action. In communications, Miss Nichols received a rank of 2.0 in both attitude and knowledge, which is evident in this incident. In the ranking of the staffing area Miss Nichols received 1.0 in knowledge, and 2.0 in attitude. In practice this lack of knowledge is not reflected, but her democratic attitude in conduct is shown.

Although the orientation to the unit itself was brief (A total of twenty-minutes), when questioned Miss Black felt that it had been adequate by stating, "I am getting the feel of things, guess I am one of those

people that learn by doing."

Miss Nichols took advantage of a new admission to teach Miss Black the admission procedure, which shows good planning, which again reflects her rank of 2.0 in knowledge of planning.

CASE IV

THE MEETING OF THE THREE SUPERVISORS
TO DISCUSS THE PROBLEM OF STAFF ROTATION

Cast of Characters:

Miss Griffin: Evening Supervisor in the South Building.

Miss Nichols: Day Supervisor in the South Building.

Miss Patten: Night Supervisor in the South Building.

THE MEETING OF THE THREE SUPERVISORS
TO DISCUSS THE PROBLEM OF STAFF ROTATION.

The closing scene takes place in an office, which is not in use at this hour of the evening. The time is 8 P.M. This is the meeting referred to in Case I on page 22. Two of the supervisors, Miss Nichols and Miss Patten had come on their "off duty" time to this meeting, the leadership of this meeting is assumed by Miss Griffin. Miss Griffin begins:

"The problem is of Mrs. Adams (headnurse) she doesn't want to rotate to nights."

Miss Nichols: We can let the three headnurses decide among themselves, how they want to rotate.

Miss Patten: Yes, I agree.

Miss Nichols: Starting in January everyone will be rotating, up to now the staff have rotated as needed.

Miss Griffin: Then no one will be on permanent days.

Miss Nichols: The hospital policy is to rotate but they haven't been rotating lately because they were happier staying on one shift.

Miss Patten: Some say, that if they have to rotate they won't be able to work.

At this point Miss Patten proceeded to list the names of those who could rotate. Miss Nichols interrupted at the mention of one of the names and said, "She's a good girl." This comment was not acknowledged by either Miss Griffin or Miss Patten. Miss Patten continued from the point of interruption and totaled the list as representing eleven people

who could rotate.

Miss Griffin: At our last meeting with Miss Kane, she said that Mrs. Jones would start working on January 5th.

No comment from the other two supervisors...after a brief pause

Miss Nichols speaks:

Miss Nichols: I thought we were going to rotate the permanent staff around the part-time people. Did I tell you Mary that you have a new girl coming? I left you a note, she is a part-time worker.

Miss Patten: Yes, but I couldn't understand what was written at the bottom of the note.

Miss Nichols: She will work on Friday and Saturday nights. I don't think we should make any exceptions from the hospital policy.

Miss Patten: I think these are important nights, because most of the staff prefer these nights off, in preference to Saturday and Sunday. Of course, there are some that don't care.

Miss Nichols: She can work 3-11 on Sunday also. Most people consider Saturday and Sunday as the best days off. We should think of future workers.

Miss Patten: But the present night staff do not feel that way.

Miss Nichols: Would this affect your giving weekends? It boils down to your giving them whatever they want.

Miss Patten appeared disturbed by this last statement of Miss Nichols.

Miss Patten: Exactly, I think I can work it out easily enough.

Miss Griffin has remained silent throughout the conversation which has lasted for the last ten minutes between Miss Patten and Miss Nichols, but at this point she attempted to introduce the rotation plan which she has worked out. Miss Griffin says:

Miss Griffin: I have worked out a schedule for rotating ten people. We need an alternate (One who relieves the headnurse on her days off). Mrs. Cooley and Mrs. Bromley have been taking turns.

Miss Nichols: Well, Margaret Prince is out of the question, but Cynthia Hooke, I think she could do it, we have to think about seniority, and what is best for the floor. I think she is a strong person.

Neither one of the other two supervisors agree or disagree with Miss Nichols' suggestion, but both remain silent. Finally, Miss Griffin changes the subject back to her rotation plan.

Miss Griffin: If we could offer them a rotation plan for, say fifteen months, three months on each shift, see any problem here?

Miss Patten: I think Cynthia Hooke expects to be the new alternate.

Miss Griffin: Doesn't Margaret Prince expect the same thing?

Miss Nichols: Havn't heard anything. We will have to divide the strong and the weak.

Miss Griffin: If we get this plan up where they can see it, I think they will accept it better.

Miss Nichols: Then they won't have any right to make plans with this.

Miss Griffin: At the present the problem is, who will be doing it this month? (Reference is made to rotating). If it is done

If it is done on an equal basis I think it will be better accepted.

Miss Patten: Well, whatever Miss Le Blanc works, Miss Smith will have to work the same hours, it will mean that someone will have to change time with her. It is an impossibility to have her work opposite hours.

They leave this subject and Miss Patten introduces a new one.

Miss Patten: I think Joan should decide who she wants on days with experience.

Miss Griffin: Yes, Mary and I have more experienced people on evenings and nights. We both feel this is the only fair way as far as you are concerned.

The meeting is becoming very confusing because of the topic under discussion changing so frequently. Miss Patten speaks next:

Miss Patten: Well, Betty has a dog she has to stay with.

Miss Nichols: They shouldn't have a dog. Alice Jennings doesn't want to be considered for a headnurse position, this is the understanding that she is coming on permanent staff with.

Miss Griffin: What about the alternates?

Miss Nichols: The best thing to do with Margaret Prince and Cynthia Hooke is to put them on another shift where there is no alternate vacancy.

Miss Patten: I hate to see Margaret Prince go on Miss Le Blanc's shift, Miss Le Blanc rides her unmercifully.

Miss Nichols: We can't consider personalities, we will always have this problem, we can't consider individuals.

Miss Griffin: I guess we had better throw the 'Request Book' away when we start rotating.

Miss Nichols: I feel they work either this or that.

Miss Patten: When are we going to give the alternates something?

Miss Griffin: Yes, they should get something extra, now that everyone else will get every other weekend off, I think it is something we should discuss soon.

Miss Griffin: They do have a greater responsibility. Guess we can discuss this rotation plan with the headnurses next.

THE MEETING OF THE THREE SUPERVISORS TO DISCUSS
THE PROBLEM OF STAFF ROTATION...ANALYSIS

The hospital policy is to rotate, but apparently this policy is being violated. Miss Nichols says, "...but they haven't been rotating lately because they were happier staying on one shift." This is in complete disagreement with Miss Nichols' later remark, when considering a new employee, "I don't think we should make any exceptions to the hospital policy."

An organization formulates policies and once these policies are formulated, every department in the organization is expected to govern its activities accordingly. It would appear that this supervisor considers her unit as a separate entity, and not as a part of the whole organization. The organization's goal can never be attained if the supervisor does not know what her own responsibility is with regards to adhering to a policy. How can a leader help the staff members fulfill their obligations to the organization when knowledge of her own obligation to the organization is lacking, and she is misusing authority.

Miss Nichols received a knowledge rank of 1.0 in staffing and coordinating which is evidenced by her behavior in this incident. The rank in knowledge of authority given to Miss Nichols was 1.5 which is also reflected in her practice. In attitude ranking of staffing, coordinating and authority, Miss Nichols received 2.0, but this democratic attitude does not appear to be expressed in practice.

Miss Patten speaks in the interest of her staff, she is aware of

their preferences, and some of their personal problems which might be increased by having to rotate. She also appears to be aware of the fact that a happy worker is a good worker, but does not appear to be aware of her responsibility to uphold a decision made by the organization, and presented as a policy. Miss Patten received the highest rank of this group in democratic attitude, determined by an over-all total, and the lowest rank in knowledge determined in the same manner. Both are reflected in her actions at this meeting.

At this meeting Miss Griffin tried repeatedly to introduce her rotation plan to the supervisors for discussion, but with little success, she used the democratic approach in attempting to direct the group back to the problem of rotation, for this was the purpose of the meeting originally, but was not successful. Miss Griffin received the highest over-all knowledge rank of the group studied and this was demonstrated in practice at this meeting. She was second in rank in the over-all attitude questionnaire, which is also shown in her behavior at this meeting.

Miss Nichols' behavior is quite different from what the observations revealed on an individual basis, she appears to be very autocratic in this situation, which reflects her attitude rank of 13.5, the most autocratic in this group, nevertheless, she, by her comments at this meeting is not demonstrating her rank of second in the over-all knowledge rank of the areas studied.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY.

This study was done to determine the need for further development of these three obstetrical supervisors in the area of democratic administration. The data was obtained by questionnaires and observations.

Analysis of the combined questionnaires by Spearman's correlation determination resulted in the following, three out of three, negative correlation coefficients, in determining a relationship between attitude and knowledge of the areas studied.

$$R_s \quad -.26$$

$$R_s \quad -.098$$

$$R_s \quad -.372$$

The data revealed that this group was less democratic in areas which they knew more about namely: AUTHORITY and DISCIPLINE. Evidence of a more democratic attitude was expressed in areas where knowledge was less namely: PLANNING, STAFFING, COORDINATING and REPORTING.

Miss Griffin's rank of the most knowledge in this group, and second in democratic attitude was evident in her behavior as observed.

Miss Nichols received the lowest rank of the group in democratic attitude, and was second in the knowledge rank of the areas studied. This attitude rank was supported in observations of her, but her knowledge rank was seldom reflected in these observations.

Miss Patten whose rank was highest in democratic attitude, but who obtained the lowest rank of the group in knowledge of the various areas

was observed as being democratic in her behavior in most of her interactions but on two occasions assumed a laissez-faire attitude. This laissez-faire attitude could have been the result of lack of knowledge, which was reflected throughout the period of observations of her.

In the separate analysis of the democratic-autocratic-attitude questionnaire, a triad resulted, which showed two of the supervisors closely related in attitudes, those in alliance were Miss Griffin and Miss Patten, with Miss Nichols being the deviate, this was supported in Case IV.

A total of nine autocratic responses was given by the group in the area of authority, this indicated that the attitude of the group as a whole was not democratic.

CONCLUSIONS.

In the preceding paragraphs evidence has been presented which is in support of the formulated hypotheses.

1. That the shifting patterns of supervisory behavior are a result of a lack of knowledge of the principles underlying democratic administration. This was shown by two out of three of the subjects.

2. Attitudes and behavior are directly associated with knowledge, and this association was found to be a negative relationship between attitudes, knowledge and practice in this group studied. In practice this negative relationship was exhibited in two out of three of the subjects, but this represents a majority in the group studied.

RECOMMENDATIONS.

The following recommendations are proposed, based on the preceding conclusions:

1. There is a need for further development in the area of democratic administration in nursing service in this obstetrical department. This could be accomplished by an in-service program to include headnurses as well as supervisors. The following areas should be included in this program, AUTHORITY, DISCIPLINE, PLANNING, STAFFING, REPORTING, COORDINATING.

2. Regular scheduled conferences, to include supervisors and head-nurses, with the introduction of the group-problem solving method. The case method could be used to establish a more democratic approach to supervision.

RECOMMENDATIONS FOR FURTHER STUDY.

1. That a study similar to this one be done on a larger group of supervisors and headnurses.

2. That a comparative study be done on headnurses and supervisors to determine how each perceives her role.

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APPENDIX A
DEMOCRATIC-AUTOCRATIC-ATTITUDE
QUESTIONNAIRE.

THERE ARE NO CORRECT ANSWERS FOR THE FOLLOWING, JUST ENCIRCLE "A" IF YOU AGREE OR "D" IF YOU DISAGREE. READ THE STATEMENT CAREFULLY AND MAKE YOUR CHOICE. KINDLY ANSWER STATEMENT.

1. A D A SUPERVISOR SHOULD EXERCISE HER AUTHORITY TO GAIN THE RESPECT OF HER STAFF.
2. A D A GOOD ADMINISTRATOR WILL ENFORCE RULES AND REGULATIONS.
3. A D STAFF NURSES SHOULD NOT BE ENCOURAGED TO VOICE THEIR COMPLAINTS FREELY, BECAUSE IT ALWAYS CAUSES TROUBLE.
4. A D THE NURSING STAFF ARE EXPECTED TO FOLLOW THEIR SUPERVISOR'S DIRECTIONS WITHOUT QUESTION.
5. A D TEAMWORK IS THE BEST WAY TO ACCOMPLISH A GOAL.
6. A D FOR THE MOST PART, STAFF NURSES TEND TO RESENT CHANGES AND PREFER PRESENT CONDITIONS.
7. A D THE BEST WAY TO KEEP A NURSE HAPPY AND SATISFIED IS TO PAY HER A GOOD SALARY.
8. A D A SUPERVISOR OF A SPECIALIZED DEPARTMENT SHOULD BE CONCERNED WITH HER OWN DEPARTMENT, AND SHOULD KNOW ABOUT RELATED SERVICES WITHIN THE HOSPITAL.
9. A D A SUPERVISOR'S CONTACT WITH EMPLOYEES SHOULD BE INFORMAL, CLOSE AND FRIENDLY.
10. A D DISCIPLINE IS THE BEST WAY TO SOLVE MOST PROBLEMS.
11. A D POSITION-HELD DOES NOT DETERMINE "PERSONAL WORTH" OF AN INDIVIDUAL.
12. A D A DIRECTOR OF NURSING SERVICE SHOULD EXERCISE FULL AUTHORITY OVER HER SUBORDINATES IF SHE IS TO BE SUCCESSFUL.
13. A D IN NURSING, THE EMPHASIS IS ON SELF DEVELOPMENT, NOT GROUP DEVELOPMENT.
14. A D "SPECIAL REQUESTS" OF THE STAFF SHOULD BE SERIOUSLY CONSIDERED AND GRANTED WHEN POSSIBLE.
15. A D SUPERVISORS ARE BETTER QUALIFIED TO SOLVE PROBLEMS BECAUSE OF THEIR EXPERIENCE.
16. A D STAFF PROBLEMS ARE USUALLY NOTHING BUT "GRIPES", AND TO BRING THEM TO YOUR SUPERIOR WOULD ONLY REFLECT YOUR OWN LIMITATIONS.

17. A D NURSING HAS BEEN BUILT ON TRADITION, BUT IT DOES NOT HAVE TO REMAIN THAT WAY.
18. A D NURSES FROM THE "OLD SCHOOL" ARE STILL BHE BEST NURSES.
19. A D A NURSE IS A PROFESSIONAL PERSON AND SHOULD LEAVE HER PERSONAL PROBLEMS AT HOME.
20. A D EVALUATION RECORDS SHOULD BE DISCUSSED WITH THE PERSON BEING EVALUATED WHATEVER HER PERFORMANCE APPRAISAL MIGHT BE.
21. A D IDEALLY, HEAD NURSES SHOULD HAVE A VOICE IN CHOOSING STAFF MEMBERS.
22. A D BY VIRTUE OF HER POSITION A SUPERVISOR HAS EVERY RIGHT TO REQUIRE COOPERATION OF HER STAFF.
23. A D A SINCERE TWO-WAY COMMUNICATION SHOULD EXIST BETWEEN EMPLOYER AND EMPLOYEE.
24. A D DISSATISFACTION IN THE WORK SITUATION CAN LOWER STAFF MORALE.
25. A D LEADERS OF "CLIQUEs" SHOULD BE SINGLED OUT, AND DISCIPLINED, BECAUSE THEY ARE USUALLY INSTIGATORS OF TROUBLE.
26. A D ALL POLICIES DO NOT HAVE TO BE IN WRITING AS LONG AS THE SUPERVISORS KNOW WHAT THEY ARE.
27. A D STAFF NURSES IN A SPECIALIZED DEPARTMENT WOULD CONSIDER A GENERALIZED IN-SERVICE PROGRAM DULL.
28. A D NO SUPERVISOR CAN EVER DELEGATE HER FINAL RESPONSIBILITY TO ANYONE.
29. A D WHEN CORRECTING ANYONE IT IS BETTER TO DO IT QUIETLY AND IN A FRIENDLY MANNER.
30. A D ACCIDENT PRONE WORKERS SHOULD BE DISCHARGED.
31. A D A SUPERVISOR MAY DELEGATE AUTHORITY AND RESPONSIBILITY TO A COMPETENT SUBORDINATE.
32. A D WHEN FORMULATING POLICIES, STAFF NURSES SHOULD NOT BE INCLUDED, BECAUSE THEY WOULD NOT BE ABLE TO CONTRIBUTE ANYTHING.
33. A D A HAPPY WORKER IS USUALLY A GOOD WORKER.
34. A D NO ONE HAS TO TOLERATE PERSONAL PECULIARITIES.

35. A D A SUPERVISOR SHOULD NOT ENCOURAGE A STAFF NURSE TO THINK AND SPEAK FREELY.
36. A D ANY LEADER HAS TO BE AUTHCRITARIAN.
37. A D ATTITUDES ARE ALWAYS IMPORTANT.
38. A D ANYONE CAN ADJUST TO A SITUATION IF THEY WANT TO.
39. A D EXPERIENCE IS STILL THE BEST TEACHER, AND MORE IMPORTANT THAN EDUCATION.
40. A D COOPERATION CAN NEVER BE COMMANDED.
41. A D AN EVALUATION RECORD IS THE BEST WAY TO WEED OUT THE SATISFACTORY FROM THE UNSATISFACTORY.
42. A D THE USE OF CHANNELS OF AUTHORITY ARE NOT ADHERED TO WHEN LOYALTY TO THE ORGANIZATION IS IN QUESTION.
43. A D PUNITIVE MEASURES ARE A THREAT TO WORKERS, BUT THE USE OF SUCH MEASURES DOES ESTABLISH HARMONY WITHIN A DEPARTMENT.
44. A D SCIENTIFIC INVESTIGATIONS ARE TEDIOUS, AND NEVER WORTH THE EFFORT PUT INTO THEM.
45. A D IT IS ALWAYS BEST TO HAVE INDIVIDUALS YOU CAN TRUST IN A DEPARTMENT TO GET "INSIDE" INFORMATION FOR YOU.
46. A D GOOD INTERPERSONNEL RELATIONSHIPS IS ONE INDEX OF DETERMINING A WELL RUN DEPARTMENT.
47. A D A SUPERVISOR CAN EXPECT A STAFF TO DO AS SHE ASKS, SINCE SHE REPRESENTS AUTHORITY.
48. A D PEOPLE WHO REQUEST TRANSFERS ARE USUALLY TROUBLE MAKERS ANYWAY.
49. A D MOST LEADERS ARE "BORN LEADERS".
50. A D COMPETITION IS ALWAYS A THREAT TO ANY POSITION.

APPENDIX B
OPEN-END QUESTIONNAIRE
FOR SUPERVISORS

DIRECTIONS: READ THE QUESTION OR STATEMENT CAREFULLY, AND WRITE YOUR ANSWER OR COMMENT IN THE SPACE PROVIDED.

1. THE WORD "AUTHORITY" APPEARED SEVERAL TIMES IN THE QUESTIONNAIRE WHICH YOU HAVE JUST COMPLETED. WHAT DOES THIS WORD MEAN TO YOU?
2. DO YOU FEEL THAT PLANNED STAFF NURSES' MEETINGS MIGHT BE BENEFICIAL TO THE DEPARTMENT? WHY?
3. IT HAS BEEN SAID THAT, THE MISTAKE OF THE ADMINISTRATOR IS TO BELIEVE THAT ADMINISTRATION MOVES BY ITSELF! WHAT DO YOU THINK ABOUT THIS WITH REGARDS TO NURSING?
4. WHAT QUALITIES IN A STAFF NURSE WOULD YOU CONSIDER MOST IMPORTANT FOR PROMOTION? LIST IN ORDER OF IMPORTANCE TO YOU.
5. THE SUPERVISOR HAS OFTEN BEEN REFERRED TO AS THE "BETWEEN WOMAN," HOW DO YOU FEEL ABOUT THIS?
6. EFFICIENCY RATINGS COULD BE THOUGHT OF AS HAVING DISCIPLINARY VALUE. WHY?
7. GENERALLY SPEAKING, THE NURSE WITH THE MOST EXPERIENCE IN A DEPARTMENT IS THE LOGICAL PERSON TO PROMOTE. WHY?

8. DO YOU THINK POOR COMMUNICATIONS COULD EVER AFFECT THE MORALE OF THE STAFF NURSES? WHY?