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ABSTRACT

The report describes a study designed to analyze nurses' management duties and to identify their tasks in planning, organizing, staffing, leading, communication, decision making, and controlling. A total of 117 supervisory nurses and unit managers from four Western Michigan short-term general hospitals in the 410-540 bed range participated in the survey in February-March 1975. The survey's specially constructed questionnaire (provided in an appendix) contains five sections: the first four cover biographical information, educational and work history, present work situations, and management training; the fifth lists 101 task statements organized into seven functional management areas for each of which respondents completed scales for frequency, importance, and desire for additional training. Although the importance scale was found to be unusable, the other scales were not. The study concluded that: supervisory nurses are managers by definition of the tasks they perform; management tasks, as identified by functional areas, differ between job titles; head nurses demonstrate a high level of management task performance across unit specialties; the presence of unit managers does not affect the pattern of head nurse management task performance; supervisory nurses desire additional training in management tasks; and supervisory nurses feel inadequately trained for their management role. (Author/JR)

NURSING AND THE MANAGEMENT FUNCTION

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FOREWORD

The management of the health care delivery system has become one of the focal issues of our society. As the nation stands on the threshold of national health insurance, many health care professionals are concerned over some very practical questions as to the present system's ability to deliver quality care and needed services. This historical moment brings us to some very central questions: How well prepared are the leaders of today's health care organizations? What is the content of their management role? What specific tasks do they need to be trained to accomplish, and how will health care be managed as the future comes rushing down on us?

The management job, the training and present responsibilities of the nurse in supervision are the focus of this study. The management of nursing services in today's hospital represents an arena that is characterized by its complexity, the demands of new technology, and organizational conflicts and pressures which make an examination of this service a useful case illustration of the need to more clearly identify the content of all management jobs in health care delivery.

The methodology used to accomplish this analysis was task identification. There is an old saw which says the best way to eat an elephant is a bite at a time. Breaking the management job down into the specific bites or tasks which comprise it, has provided in this study a manageable way to approach the solution of some of these central questions. Determining the answers to those questions is essential.

This research was carried out as part of a doctoral program of study at Western Michigan University. The contributions of the faculty of the Department of Educational Leadership in the College of Education, and the Department of Management in the College of Business are recognized and deeply appreciated. A special word of thanks is due to the members of nursing supervision who so generously gave of their time and talent in providing the data base for this work.

As a major employer of nursing personnel and the nation's largest provider of health institution staff relief services, HOMEMAKERS UPJOHN is vitally interested in finding new and better ways to manage the human assets of the health care system. Only then will the provision of quality patient services be fully realized.

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STATEMENT OF THE PROBLEM

The field of professional nursing finds itself in a vortex of forces which are affecting the structure of nursing education and the role of the nurse practitioner. Technological advances in medicine, new organizational structures in the delivery of health care services, the need for more active monitoring of patient care quality, and licensing and continuing education pressures all combine to put the nurses' role in a state of flux.

With the onset of the knowledge explosion and the increased demands for institutionalized health care by an ever-growing population, the nursing schools have found themselves unable to handle the demands for increased nursing services. Cries of crisis have filled the literature and the role of the professional nurse has come under intensive scrutiny.

A number of developments occurred, stemming mostly from the beginning decades of the 20th Century: the evolvement of lower levels of nursing personnel (LPN's, aides, orderlies, nursing assistant, home health aides); the institution of licensing laws and legal codification in the form of state nursing practice acts designed to protect the consumer and the profession from the intrusion of unqualified personnel; and, the evolvement of other paramedical occupations not directly related to the field of nursing and now referred to as the allied health careers.

One of the major changes that has occurred in the nurse's role pattern is the emergence of her supervisory responsibilities. His-

torically, the nurse was engaged in direct patient contact--today she is the manager of a nursing team comprised of LPN's, aides, orderlies; clerical and housekeeping personnel.

The difficulty arises when the supervisor nurse finds herself untrained for management duties and when her own job desires tend toward nursing and not toward nursing management. As pointed out later, the supervisory nurse finds conflict in the roles she is asked to fulfill, is not comfortable in identifying with the management establishment as opposed to her professional technical field, and may be unsuitable in her personality structure to assume the role of manager and leader.

There is some indication that aides are underutilized in nursing by virtue of a lack of understanding of the functions of management, e.g., training and development, delegation, control (Gilligan & Sherman, 1974). And there is a possibility that bad organization structuring puts the nurse in an even more untenable position with overlapping authorities, too large span of control dimensions, lack of interdepartmental coordination, and blockage in communication channels.

Typically nurses in supervision receive one course in team leadership or supervision as part of the basic curriculum. The adequacy of this approach is seriously questioned.

The purpose of this study was to perform an analysis of the nurse's management duties, and to identify her tasks in planning, organizing, staffing, leading, communicating, decisionmaking, and controlling.

Significance of the Study

The concept that a knowledge of management processes is important for nurses to master in the changing role of increased demands in nursing service, was recognized clearly by Herman Finer (1952), Director of the Kellogg Foundation Nursing Service Administration Research Project in 1950. In a book which now would be seen as a broad statement of philosophy he said, "An introduction [to administration] . . . for nursing service personnel who, impelled by the evolution and stresses of nursing service in the interests of patients, are obliged to master and practice administration" (p. 172).

It is fair to say that as the body of literature has developed it has revealed management principles to be more complex and more variable than had previously been anticipated. Koontz (1962) directs that management must be defined "as a field of specific knowledge . . . defined in the light of the able and discerning practitioner's frame of reference. A science unrelated to the art it intends to serve is not likely to be very productive" (p. 42). Koontz also points out the need to integrate specific discipline areas with the study of management. The inroads that management has had in various organizations, military, public administration, the educational accountability movement in the schools, and even hospital administration, shows how quickly the findings of the management theorists and researchers have made their way into specific knowledge and service arenas.

The essential nature of this management process is its indis-

pensability in today's organization. As Peter Drucker (1973) said,

> The emergence of management may be the pivotal event of our time, far more important than all the events that make the headlines. Rarely, if ever, has a new basic institution, a new leading group, a new central function, emerged as fast as has management since the turn of the century. Rarely in human history has a new institution proven indispensable so quickly. Even less often has a new institution arrived with so little opposition, so little disturbance, so little controversy. And never before has a new institution encompassed the globe as management has, sweeping across boundaries of race and creed, language and traditions, within the lifetime of many men still living and at work.
>
> Today's developed society, sans aristocracy, sans large landowners, even sans capitalists and tycoons, depends for leadership on the managers of its major institutions. It depends on their knowledge, on their vision, and on their responsibility. In this society, management . . . is central: as a need, as an essential contribution; and as a subject of study and knowledge (p. 10).

In Marshall Dimock's (1958) words, "institutions largely determine the kind of life society is going to have, and . . . administrators as a class largely determine the quality of institutions . . . [as to] growth, balance, strategy, leadership, motivation" (p. 2).

Chapman (1969) said,

> A pattern of managerial functions common to organized human activity, with specific application to hospital and nursing service administration and related activities, would encourage a "reality oriented" viewpoint for study of specific administrative activities of directors of nursing service. . . (p. 31).

In Chapman (1969), Shanks and Kennedy state that "All the functions of nurses in all positions are administrative to a degree, the degree in this case being determined by the scope of the activity" (pp. 31-32). Thus the general thrust of the management literature is to define as a manager those responsible for carrying out broad

leadership, administrative and managerial functions.

In 1956 the American Nurses Association (1956) developed its first official statement on the qualifications and standards for the nurse in a supervisory position. That person was defined as a "registered professional nurse who is assigned the responsibility of providing and improving nursing service on two or more organized nursing units or to a specialized area" (p. 1166). This loose definition was tightened considerably when ten years later the ANA (1966) redefined the supervisor nurse as "A professional nurse who possesses expert clinical competency and leadership skills" and stated, "supervision is a function of all professional nurses who are concerned with nursing care" (pp. 1-2). The statement also recognized clearly that supervisory responsibilities belong to the new staff nurse, the head nurse, the supervisor and the director of nursing service and recognized the need for the supervisor to possess leadership abilities.

The statement left unanswered the question as to just what these leadership abilities are and the specific administrative behaviors that it is important for supervisors to exhibit in the practice of supervision in nursing. This present study is an attempt to gain a more detailed understanding of these nursing supervisory practices.

The importance of this study will be apparent to nurses in supervision who are attempting to practice their craft; to nursing schools who are charged with the preparation of professional nursing for the future; to in-service education directors who are attempting to keep up with the increased demands for knowledge in the modern health care

facility; and to the top management of today's modern hospital, who cannot accomplish their management responsibilities without the assistance of well-trained nursing supervisors. Fiedler (1967) in his contingency model of leadership effectiveness demonstrated that a particular management style and the specifics of the leadership function vary with the situation. His findings suggest that while the functions of management planning, organizing, staffing, leading, communicating, decisionmaking and controlling are universal, the specific tasks or activities of management can be expected to vary between institutions and work groups based on the type of work tasks that need to be accomplished, the degree of liking that subordinates have for a superior, and other situational variables. Thus, not only could the study demonstrate what tasks in management are performed by nurses in supervision, but it could also provide a data base for later comparative work to see how this task performance varied between supervisory nurses and supervisors in other organizational settings.

Not only could the study results be useful in structuring management courses for nurses as part of their professional training, but its findings could also be used to structure in-service education program opportunities and to demonstrate to directors of nursing service and to hospital administrators the differences in management task performance performed by different levels of supervision, as well as between nursing specialties. And, having demonstrated the management content of these jobs, greater attention could be focused on the proper recruitment and selection of these important individuals.

Focusing on the need

In early 1972 the W. K. Kellogg Foundation convened an Ad Hoc Advisory Committee (1972) to bring into focus issues affecting improved management of nursing services. This panel brought into clearer focus a number of basic concerns surrounding the role of the nurse in management. Those primary concern areas are reproduced here without comment or enlargement, simply to illustrate the arena which surrounds some of the basic questions involved in this study.

1. How should a nurse manager be formally prepared--as a clinician or as an administrator?

2. Are there basic management skills common to all nursing service settings that can be identified or will needed skills vary depending upon the size and function of the institution or agency?

3. Should nurse educators be responsible for the primary preparation of nurse managers?

4. What are the approaches for upgrading or expanding management skills for present nurse managers to assist them to become more effective?

5. Does the traditional separation of nursing education and nursing service compound the problems of nurse managers?

6. Is the dual system of authority, namely medicine and administration, under which most nurses operate a deterrent to good management?

7. Is there a need for centralized nursing service administration as the practice of nursing moves toward specialization?

8. What kind of additional information, over and above basic management skills, are needed by nurse managers to effect change in the quality of patient care (pp. 1-3)?

These questions and the recommendations proposed by the Ad Hoc Advisory Committee show an awakening to the need to examine and

revise educational approaches in the preparation of the nurse manager. This group also discussed the need for building course programs in management at undergraduate levels, and strengthening continuing education programs. Thus, an identification of the management tasks being performed by nurses in supervision would provide useful input into contemplated curriculum changes.

It was the hope of the researcher that this study's results might cast a forceful spotlight on the fact that the nurse is not simply an administrator or leader or supervisor. While she assumes all of these roles, she is more importantly a manager charged with the responsibility for accomplishment of significant results. That she is a manager is demonstrated by her performance of management tasks and functions.

Research Questions

The application of modern management understandings to the modern health care institution is of relatively recent vintage. While nursing schools have begun to focus to some extent on preparing the graduate level person for a role in administration, the basic principles of management have not been effectively included in the in-service programs of most health care institutions, nor in the basic nursing curriculum of the preparatory schools.

The thrust of the findings in the literature suggest that there is a general feeling of discomfort among nurses as to their management function. This management function has not been clearly identi-

fied nor recognized by nursing in the sense that these duties are accepted willingly by the profession. Often, supervisory responsibilities and other administrative needs are seen as "taking the nurse away from nursing."

Specific questions addressed by this study were:

1. What specific management tasks are nurses in supervision performing, and at what levels of frequency and perception of importance?

2. How does the pattern of task performance differ by level within the nursing hierarchy?

3. How does the pattern of task performance differ between nursing service unit at the head nurse level?

4. How does the pattern of task performance for head nurses differ in hospitals with and without unit managers?

5. In what management task areas do nurses in supervision now desire additional training and development?

Limitations of the Study

This study focuses only on the management tasks being performed by three levels of nursing supervision (assistant director, nursing supervisor, head nurse). It does not take into account the many and often conflicting demands which are made upon the nurse in superyision from physicians, hospital administration, patients, and other nurses.

Another limitation is that the perception of the nurse managers

are the only ones considered in the data base. There is no confirmation that their opinions as to frequency or importance of specific tasks performed are accurate, even though there is no reason to believe that they are not.

The study was limited to nurses in supervision in four Western Michigan hospitals. While the generalizability of the concept of management functions being performed in other hospitals by other nurses is a reasonable assumption, the data base is not broad enough to assure that the findings are universal.

The data collection method was limited to a one-day visit to each hospital for the purpose of administering the Nursing and the Management Function Questionnaire. Only those nurses in supervision who were present and available on the day and at the time of the scheduled visit are included in the sample. No attempt was made to include those who were not present for reasons such as illness, vacation, or work demands on a patient unit.

The management content of the supervisor nurse's job was limited to the 101 tasks identified in the Nursing and the Management Function Questionnaire. A longer and more detailed list of tasks could have been generated which might have allowed a finer reading of the data. It was felt that all major task areas were included in the questionnaire.

The study did attempt to look for correlations among biographical and situational variables, but did not examine how organizational structure and hospital policy and the idiosyncrasies of group dynamics might have affected the results.

Finally, the study design of necessity was limited to the specific

primary questions concerning tasks being performed by nurses in management. While the study demonstrates the performance of management tasks, it ignores the larger question of whether these should be done at all by this particular group of individuals. Questions of who should handle the role of management, or what is right for the profession, were beyond the scope of the study.

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REVIEW OF RELATED LITERATURE

The literature surrounding the practice of leadership and management is extensive, but the application of this body of research is still not entirely clear in the field of nursing. A number of studies have begun to link the leadership role to the nurse in supervision and these will be discussed in detail later. As a preliminary setting for this later discussion, it would be useful to first examine briefly some of the situational findings which represent major loci in the nursing literature, partially because of what these findings show about nursing in general, but more importantly for the unstated implications which these findings hold for the concept of the nurse as manager.

Situational Findings

Concerning the nurse's role in management, the following thrusts in the literature are revealing in terms of the unanswered questions they raise.

Selection of nursing students

Because of the high atrition rates which nursing has experienced over the years, and because of the relatively high dropout rates of student nurses, there has been an extensive attempt to assess personality variables common to the profile of successful graduates (Pankratz, 1967; Pavalko, 1969; Smith, J. E., 1968; Thurston, 1968, 1969). There are undoubtedly some biographical and personality variables that pre-

dict success in nursing. The large unanswered question from the literature is whether these same variables will predict success in nursing management. Is it possible that the personality structures and motives which make for success in nursing are incompatible with those required to be successful in management? As an hypothesis this may partially explain why many nursing practitioners are so tortured by the management role.

Curriculum

There is a growing list of publications which indicate that a closer look is needed at the curriculum in two, three and four-year nursing programs in order to assess the adequacy of these programs in terms of the world of reality that nurses face upon graduation (Benz, 1969; Harrington & Theis, 1968; Kinsinger, 1967; Kramer, 1969; Lambertsen, 1967, 1969). Basically, these authors point out the gap which often exists between the present nursing curriculum, which tends to be theoretical, academic and divorced from specific tasks actually required from graduates on the job. This finding tangentially relates to this study, since one of the questions which was to be determined was the extent to which present supervisory nurses felt prepared for their management roles. These authors also point out that there are emergent conflicts and status questions arising from two, three and four-year program graduates. Four-year graduates seem to be considered better candidates for supervisory positions, due perhaps to hospital policies which push for BSN's in these spots, even though the evidence of their superior supervisory aptitude or

academic preparation is scanty.

Organizational communication and conflict

There has been much written concerning the communication barrier and problems between nurses and physicians, and nurses and administrators (Bates, 1967; Kelly, 1968; Lambertsen, 1967, 1968, 1969; Mason, 1968). A number of these writers indicate that the role conflicts which the nurse experiences with authority figures stem from her inability to identify with the role of supervisor and manager, a role which is required of her in the modern health care organization.

Job restructuring

There have been numerous efforts to restructure the nurse's job in such a way as to allow her to delegate much of the routine paper shuffling and other non-nursing tasks (Egolf, 1967; Fielding, 1967; Hannan & Kissick, 1968; Palmer, 1969; Trites & Schwarton, 1967). While the delegating of lower level clerical tasks to unit managers or ward clerks has appeal as a way of relieving the nurse of paper duties, some would also delegate management duties.

There is a smaller body of literature bearing on the need to look at higher level tasks which the RN might take on as delegated by physicians and other allied health workers (Christman & Jelinek, 1967; Dahlstedt, 1969; Rutstein, 1968). Basically these authors argue that the nurse must move into more technical and specialized areas of nursing which are the natural off-shoots of a rapidly ex-

panding body of knowledge. It is fair to conclude that the job content of today's hospital nurse is undergoing change, with a resultant degree of controversial debate over the proper content of the job of the supervisor nurse.

The management role

There are a number of studies which show that the role of the nurse within management is changing, requiring greater management skills. Some of these have to do with establishing lines of authority, the role of designated leaders within the nursing management group such as head nurses and directors of nurses, and organizational relationships (Christman, 1969; Destefano, 1968; Gerard, 1969; Hamil & Johnson, 1968; Walker, 1969).

Management training

When management training takes place, it takes place within health care institutions on an inservice education basis (Darley & Somers, 1967; Dolora & Rosberg, 1967; McKinley, 1968). These authors report of attempts made to improve communications, teach basic leadership principles, and train subordinates to do certain kinds of duties. These references show a general pattern of dealing with a first approximation of the management problem (i.e., management topic teaching, not systematic management development).

Nursing and Management

Nowhere in the literature is there a sufficiently clear identi-

fication of the specific management duties being performed by various levels within the nursing service hierarchy of the modern hospital. If the specific task content of the management role performed by nurses could be identified, then important derivative questions could also be determined: How well do supervisory nurses believe they were trained to perform their management functions and to what extent do they now desire management training? The findings would have great impact on curriculum structuring in nursing schools and upon in-service education programs carried out within health care institutions. It would also provide a data base against which future selection profiles of those entering the nursing profession could be established, and it would be an additional gauge against which to measure the effectiveness of the organization as a whole.

The impact of good management practices in other organizations has been found to increase communications, result in greater delegation, make more effective use of lower manpower levels, reduce organizational frictions and increase resolution of conflicts, establish clear lines of authority, increase quality control measures, and speed adoption of new technology and systems.

There is evidence of the obverse of these desired goals within the large nursing organization. An analysis of the management content of the job of the nurse in supervision would provide useful base data for later examination of these organizational questions.

O'Brien (1969) stressed the importance of task analysis and structural role theory in leadership research. And Nealy and Fiedler (1968) in comparing the functions performed by low, middle, and high level

managers concluded that there was a need to provide a

> shift in research emphasis from the group to the organization as the unit of analysis, and from the study of managerial personality to the study of managerial functions as a means of identifying at each organizational level the combination of leadership and situational factors conducive to organizational effectiveness (p. 313).

Lack of role clarity

The Commission of Nursing Services (1969) of the American Nurses' Association, in a statement entitled, "The Position, Role and Qualifications of the Administrator of Nursing Services" defined the director of nurses' role as being that of having the ultimate responsibility for services in nursing provided to individuals. An emphasis in this policy statement was placed on her administrative responsibilities and functions.

This clear-cut concept of the nurse as an administrator-leader-manager declines as one goes down the hierarchy. The head nurse, for example, is seen in a variety of roles ranging from administration to specific nursing activities. The expectations of the specific roles which she fulfills vary widely between administrators, physicians, patients and other staff members as emphasized by Barabas (1962, p. 1). This has resulted in efforts to remove certain lower level management duties from the nurse and to delegate these to unit managers (Walker & Hawkins, 1965; Zimmerman, 1968). On the one hand, the nurse feels that she does not want to be identified with management duties because she perceives these management duties as being the clerical functions performed by unit managers. On the other hand, she

sees herself as a manager of patient care, but does not see that in order to manage patient care she must manage things other than patient care.

In a study of baccalaureate graduates filling staff nurse positions Simms (1964) demonstrated the frustration of these graduates in being unable to practice professional nursing as they intended or to exert a leadership role.

Nursing leadership studies

Hagen and Wolff (1961) examined the leadership functions performed by head nurses, supervisors and directors of nursing services as these were perceived by superiors, peers and subordinates. The identification of these behaviors through a critical incident technique was designed to segregate those which were seen as being contributory to "effective leadership."

Hagen and Wolff sought to answer the following problem:

> The general problem was to determine the kind of leadership behaviors displayed by the head nurses, supervisors, and nursing service administrators in a general hospital setting perceived by subordinates, peers, and superiors as facilitating or hindering the achievement of the objectives of nursing service in the hospital (p. 23).

The study identified in a general way the basic activity areas which directors of nursing were spending their time. One of the major findings of this study was that in both large and small hospitals the director of nursing service was perceived as playing substantially the same leadership role. One of the major assumptions of this study was that tasks describing nurses in supervision in the

large general hospital could be assumed to generalizable to the smaller general hospital study (Hagen & Wolff, pp. 59-61). This finding is supportive of the assumptions underlying data collection in this present work.

In the findings the director of nursing service was seen primarily as an administrator, an enforcer of hospital policy, a liaison between nursing departments, an organizer and overall supervisor.

The head nurse was perceived as having the most important role in providing direct care to patients and coordinating services necessary for patient care.

The role of the nurse supervisor, the intermediate level, showed that her role was not clearly perceived. A great deal of overlap in leadership behaviors between the head nurse and the director of nurses seemed to comprise the middle ground that the nurse supervisor occupies. This study comes closer than most in actually examining the specific functions being performed by nurses. The difficulty is that it relies on a rating scale which is geared to only certain management task areas and which is primarily judgmental on only one dimension of the management task being performed by the position (i.e., leadership effectiveness).

The National League for Nursing (Aydelotte, 1968) sponsored a comprehensive survey of the nursing service organization, but differed little in its findings from those behaviors which had been reported by Hagen and Wolff. In this survey the director of nurses' functions related less to nursing than to other hospital departments

in terms of her coordinating and communication role. Staffing problems consumed most of the director's time whereas the evaluation of policies and standards of nursing care engaged very little. A significant comment also reflected the Hagen report in that nurses tended to become involved in peripheral tasks without any subsequent correction of goals from the specifics of their nursing service duties to the broader goals of patient care. This drifting into a shallower understanding of mission is common to systems functioning without a management by objectives orientation.

Anderson (1964) examined the relationship between the rating of head nurse leadership behavior by subordinates and the kind of activities which she reported as preferred. Activity preference was broken into three broad categories: (a) preference for nursing care activities which were related to the technical aspects of academic background, (b) personnel activities in which the head nurse dealt with subordinates in a variety of roles, and (c) coordinating activities in which her role was to serve as a coordinator between different patient care units and hospital departments.

Head nurses were rated as better supervisors by their subordinates when they exhibited a strong preference for nursing care activities as opposed to those supervisors who preferred personnel and coordinating activities.

The second part of the Anderson study had the head nurse's leadership behavior rated by their superiors. In this instance, head nurses who preferred coordinating were rated as the best leaders by their superiors.

When head nurses themselves were asked to indicate their preference for activities, they indicated that they most preferred working on personnel activities to other kinds of activities in nursing service. This divergence is indicative of the cross-fire that the head nurse is in with demands to service the needs of the organization, the need to remain true to her own technical specialty, and the challenge of dealing with the human environment. The old saw that the middle manager is really the man in the middle is well illustrated by these findings.

Thompson (James) and Bates (1959) in an earlier study concluded that the overall broad objectives of the hospital organization tended to be neglected because of an emphasis on personnel management problems. Here the emphasis was on replacing and retaining members of the organization and in maintaining organization status quo. Again the lack of an overall management construct was detrimental.

Thompson (Victor, 1965) showed that nursing units tended to focus their efforts and mission into narrow purpose categories assigned to various sub-units with many boundaries and frontiers between small work group entities. This pigeonholing or fragmenting tended to orient nurses to unit and special interests and services rather than allowing them to orient toward broad organization goals.

The Functions of Management

One of the primary theses of this research is that the nurse is not just a supervisor nor can her role be covered sufficiently with the concepts embodied in the term "leadership." She is in

fact a manager as defined by the specific functions and tasks which she performs. The literature indicates a fairly solid body of opinion in regard to those functions and tasks. Since the evolvement of the conceptual thinking in this area will be of later significance in interpreting the data, a brief review of the functions seen as important to management follows (taken from Miner, 1973, pp. 43-71).

Two primary themes can be seen in the evolution of management thought. One is the focus on the principles of management, which are intended to guide managerial actions toward desired goal attainment. The other involves the concept of management functions. The functions of management are primarily concerned with things the manager does. In contrast to principles, they do not specify how activities should be carried out. In the present study the concern is with identifying the specific things which nursing managers do, not in examining how they are best done.

The management process is the sum total of all management functions. Management functions indicate what a manager does (such as planning, organizing, controlling, etc.), and are different from the functions of the organization. Organizational functions include such things as quality control, production of services, personnel, etc.

The early lists of managerial functions and their descriptions resulted from the experience which individuals in management had, and are based on individual observations rather than scientific investigation. Table 1 shows the list of major management functions

described by Fayol, Davis, and Urwick and represent management thought between 1916 and 1943.

Table 1

Management Functions Defined by Earlier Writers

Fayol 1916[a]	Davis 1934[b]	Urwick 1943[c]
Planning	Planning	Organizing
Organizing	Organizing	Commanding
Commanding	Controlling	Coordination
Coordination		Control
Control		Planning
		Forecasting
		Investigation (Research)

[a]Cited by Miner (1973, pp. 45-46).

[b]Davis (1951).

[c]Urwick (1943).

More recent studies have merged the experience of the writers with a number of scientific investigations. Table 2 shows a list of management functions as developed in later thought.

The seven functional areas identified by this researcher as the primary titles under which to group specific tasks represent the seven most commonly mentioned functions appearing in Table 2.

Two criticisms of the functional approach should be mentioned.

Table 2.

Management Functions Identified by Later Researchers

Barnard (1968)	Greenwood (1965)
Providing a system of communication	Planning
Securing essential efforts	Decisionmaking
Formulating and defining purpose	Organizing
	Staffing
	Direction & Leadership
	Controlling
Dale (1969)	**Gross (1968)**
Planning	Decisionmaking
Organizing	Communicating
Staffing	Planning
Direction	Activating
Control	Evaluating
Innovation	
Representation	
Koontz & O'Donnell (1968)	**Newman, Summer, & Warren (1967)**
Planning	Organizing
Organizing	Planning
Staffing	Leading
Directing	Controlling
Controlling	

Table 2 (Continued)

Longenecker (1964)	Voich & Wren (1968)
Planning	Planning
Organizing	Organizing
Directing & Motivating	Controlling
Controlling	Administering
Massie (1964)	**Johnson, Kast, & Rosenzweig (1967)**
Decisionmaking	Planning
Organizing	Organizing
Staffing	Controlling
Planning	Communication
Controlling	
Communicating	
Directing	

First, there is a lack of agreement among writers as to what functions should be considered part of the management process. This criticism is justified if one considers major functional titles only, and does not go on to a further examination of the specific tasks which define the function. The grouping of tasks under the seven functional areas chosen by the investigator is simply for ease in organizing the tasks themselves. The task approach being followed in this study effectively answers this first criticism, at least in terms of the attempt to more specifically define the duties of management.

A second criticism of the functional approach is that functions

Have not been defined with a sufficient degree of precision. This same criticism can be leveled at the 101 tasks identified as making up the functions of management participated in by nurses, but at least there is a better approximation of definition under this approach. As a generalization it is fair to say that task definitions are better understood by those who perform them than the managerial functions necessary to organizational effectiveness.

Summary

The literature shows a number of situational findings that support the need to examine the management content of the job of the nurse in supervision. Leadership studies in nursing and official nursing association statements lend additional weight to the propriety of a task identification study of the management functions of the nurse. Finally, there exists in the management literature substantial agreement as to the functional areas which define management and which are used as a rationale for the organization of the research instrument used in this study.

None of the above studies disclosed or attempted to identify a specific recognizable set of functional management tasks performed by directors of nursing service, or other nurses in the leadership cadre.

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DESIGN AND METHODOLOGY OF THE STUDY

The Sample

Participating organizations

The focus of this study was the specific management tasks being performed by different levels of nursing supervision within the hierarchy of the hospital nursing service. In an attempt to control as many variables as possible four large general hospitals were selected as the site for the study. These hospitals were located in Western Michigan and ranged in size from 410 to 540 beds.

The reasoning behind the selection of large short-term (nonconvalescent) general hospitals as the site for the study can be seen from Table 3.

Table 3

Hospital Characteristics
1968 Total United States

	Federal	Long Term	Short Term General	Total
Hospitals	421	918	5,892	7,231
Beds	173,991	673,506	185,771	1,663,268
Total Nurses in Supervision	5,987	12,799	68,099	86,885
Directors & Asst. Directors	801	1,566	9,152	11,519
Nurse Supvrs. & Assistants	1,274	4,409	16,787	22,470
Head Nurses & Assistants	3,912	6,824	42,160	52,896

Note. Public Health Service, 1970, p. 3.

Public Health Service (1970) statistics show that in 1968 an overwhelming majority (78.4%) of supervisory nurses worked in short-term, general hospitals as opposed to long-term hospitals or Federal facilities. Thus, the generalizability of the findings would be greatest if the study was conducted in short-term, general hospitals.

It was decided to sample from short-term, general hospitals of 400+ beds since they employ 26.5% of the total of supervisory nurses working in short-term, general hospitals (Table 4)

Table 4

Supervisory Nurses in Short-Term General Hospitals
1968 Total United States

	Directors Asst. Directors	Nurse Supervisors & Assistants	Head Nurses & Assistants
Under 50 Beds	1,481	1,480	2,119
50- 99	1,752	3,142	4,832
100-199	2,066	3,664	9,160
200-299	1,308	2,336	7,561
300-399	1,004	1,882	6,248
400-499	516	1,133	3,837
500 & over	1,025	3,150	8,403
Total	9,152	16,787	42,160

Note. Public Health Service, 1970, p. 3.

It was assumed that in the larger and more complex organization, duties were either more typically sub-divided among nurses in supervision as opposed to smaller institutions where the nurse in super-

vision is expected to cover a wider variety of nursing tasks, or that there was little relationship between task performance and hospital size. In either case, if significant findings were obtained in the large hospital that showed a relatively high percentage of nurses participating in management duties, the expectation would be that this pattern would be found among nurses in supervision in smaller facilities at the same or greater levels.

A second and equally important reason for choosing the large general hospital was that a greater sample size of nurses in supervision could be obtained in fewer hospitals than if small hospitals had been selected. This approach helped to control for organizational variability. While it was not assumed that the management duties of nurses in supervision would vary widely between institutions, it was desirable for ease of data manipulation to control the number of hospitals in the study to a workable number.

Hospitals were also selected based on whether they were utilizing a unit manager system. Two hospitals were selected that had unit manager systems, and two without, so that comparisons could be made as to how this organizational structure variable affected the management content of the job of the nurse in supervision.

All hospitals selected were long, well established hospitals, which at the present time were all undergoing additional construction and expansion. All four hospitals had a history of progressive nursing care and good service to their communities.

Supervisory participants

There were 117 usable responses from subjects who participated in the study. Of these 105 were nurses in supervision and 12 were unit managers. Of the 105 nurses in supervision, 13 were assistant directors, 17 were nurse supervisors, and 75 were head nurses. Table 5 shows the distribution of participants by hospital and job class.

Table 5

Study Participants

	Hospital				
	1	2	3	4	Total
Assistant Directors	6	4	3	0	13
Nurse Supervisors	2	3	7	5	17
Head Nurses	16	27	16	16	75
Unit Managers	4	8	0	0	12
Total	28	42	26	21	117

Due to some variance in job titles between organizations, a comparison of job descriptions for all hospitals was made in order to categorize all nursing supervisory titles used into one of the three standard job classifications analyzed in this study: (a) assistant director of nursing service, (b) nurse supervisor, (c) head nurse. The use of these titles is in accord with Job Descrip-

tions and Organizational Analysis for Hospitals and Related Health Services which was prepared by the U. S. Department of Labor (1970, pp. 398-406) in cooperation with the American Hospital Association. In addition to comparing the job descriptions used by the four hospitals as a way to categorize appropriately the different job titles in use, an analysis was made of the positions to which the job reported, and the numbers and types of people reporting to each of the studied job classifications. These data were obtained from the survey instrument as well as from an analysis of the organization charts of each of the respective hospitals. Then in conjunction with the director of nurses at each of the four institutions a decision was made as to where each of the job titles should be placed.

Participation in the study was under the direction of the director of nurses. In each case all nurses in supervision were notified of the study and directly invited and encouraged to participate by the director of nurses. Participation was voluntary. Non-participants were found to be unable to participate primarily due to urgency demands during the sampling period or absence from work due to illness.

Instrumentation

Basic to the findings of this study are the perceptions of nurse practitioners as to the management content of their job. The approach of this study sought to avoid a priori judgments regarding what a nursing manager ought to do. Instead, the focus was to look

at what she is doing.

Taking a clue from curriculum design principles it was decided to conduct a task identification of the nursing management tasks being performed by practitioners. An analysis of the results of such a survey would be useful not only for its impact on curriculum design in nursing schools and inservice education programs, but in giving a clear picture of the job of the nursing manager by hierarchical level and nursing speciality. Another essential aspect of this approach was that it provided a detailed format to analyze suspected task overlap between job titles.

Methodologies

Four task analysis methodologies were identified which held considerable promise for the present study (taken from Gilligan & Sherman, 1974, pp. 60-64).

Fine's (1971) functional job analysis concentrates on what workers do in order to get work done. The basic unit of analysis is the task which generally is written in a statement comprising worker action, worker aids, results, and amount of judgment left to the performer. Each task is rated on its relationship with people, data and things. Descriptive and numerical performance standards are developed for the tasks. Based on these and the task statement, training content for each task is developed with functional content covering broad general skills and specific content covering job-unique skills. The task, based on its overall training content, is then rated numerically on three scales of general educational develop-

ment: (a) reasoning, (b) mathematics, and (c) language. The rating is to indicate which level of skills the worker must bring to the job in order to be able to accomplish the task.

Fine's basic sources of data are observation and interviews with task performers and their supervisors. His systems approach to job analysis makes his methodology an excellent one for employers.

Gilpatrick (1972) sought to identify job content and mobility patterns in a number of health occupations. The basic unit in Gilpatrick's methodology, as in Fine's, is the task. The principle concept in her definition is that of independence. The task must produce an identifiable output that can be independently used or acted upon by someone else. Gilpatrick's methodology, however, is quite complex. In rating a task, 17 scales can be used, including Consequences of Error to Humans, and Financial Consequences of Error. Tasks are independently identified by a team of at least two analysts/observers, and functions are clarified and specified by an interview with the task performer whose work has been observed. The analysts then describe the task. The final task description is the product of agreement between the analysts, approval by the project director, and review by a resource person at the institution where the analysis is being performed.

Goldstein and Horowitz (1972) examined ways to restructure a wide range of paramedical occupations in a single hospital by analyzing the task content of nearly every job in the hospital.

Their methodology included interviews with several subjects in each job title and separate interviews with their supervisors. From

this material each task was defined in terms of its elements. A very structured interview format was developed for each job title consisting of a list of tasks along with a previously developed list of task descriptions.

In order to validate the information obtained through interviews, observations of approximately 42% of the sample were made. (A total of 204 paramedical personnel were employed at The Cambridge Hospital. Of these 179 [87%] were interviewed. In addition, approximately 300 hours were spent observing the functions of 73 of those interviewed.)

Wood (1972) was involved with the Allied Health Professions Project at the University of California, Los Angeles which sought to develop curricula and instructional materials for nationwide use in a variety of allied health occupations. This study used a survey methodology to collect task data. Tasks were identified by the study staff based on their observations, experience, review of the literature and discussions with nursing personnel and educators.

An example of a task as used in the AHPP study is "Carrying out aseptic technique." Tasks were broken down into elements, such as "Pouring sterile solutions," "Open sterile packages," etc. The tasks were grouped into six functional areas, and listed on the survey instrument. Three aspects of each task were measured: (a) frequency of performance, (b) degree of supervision received, and (c) difficulty of task. Other task data such as Human Interaction, Psycho-Motor Coordination, Cognitive Level and Criticality were obtained through expert judgments made by the members of the project's technical advisory com-

mittee.

The instrument was administered to 450 registered nurses, licensed practical nurses and nurse aides in six major cities across the country. The facilities through which these questionnaires were distributed were selected randomly. Each facility selected the respondents and a project staff member distributed the questionnaire.

For purposes of clarity it is useful to categorize these methodologies by their focus, macro or micro. The methodologies of Fine, Gilpatrick, and Goldstein and Horowitz fall into a micro category, focusing their attention on a single institution at a time. Wood's task identification/analysis falls into the macro category.

The micro methodologies have the following commonalities:

1. The underlying assumption on which each of these methodologies is built is that an effective upward mobility program can take place within the hierarchy of a single employer.

2. Attention is focused on a single facility/employer at any one time

3. A major outcome is a written task statement, sometimes two or three sentences in length.

4. Data are gathered through extensive interviewing and observation.

These methodologies, while appropriate to the study of the circumstances to which they were applied, were not suitable for the objectives of this study:

1. The focus of these methodologies on a single facility at

any one time causes the researcher to generalize from one specific instance.

2. The manner in which task statements are written, although excellent material from which to develop specific training programs, often contain too many specifics to be transferable from facility to facility within a patient-care setting, or from patient-care setting to patient-care setting (i.e., from hospital to nursing home).

3. Two drawbacks for the purpose of this study stemmed from the extensive interviewing and observation required by these methodologies: (a) the extent of interviewing required by these methodologies requires a great deal of manpower and money. These constraints were considerable in light of the number of nurse supervisors surveyed in this project; (b) extensive interviewing and observation of task performers and their supervisors can be tremendously disruptive to the routine of a provider of care.

Wood's macro methodology provides a focus on the tasks or task elements themselves and the involvement/association of the job titles with those tasks. As such it primarily identifies which tasks are performed, rather than analyzing tasks in depth. This approach is particularly useful in gaining a broad overview of the patterns of task performance between job classes.

It was this latter methodology that was most appropriate to this study given the state of the research surrounding the problem and financial and manpower constraints. However, all of the above mentioned studies contributed materially to the development of the

methodology used in this research effort.

The research questionnaire

The research questionnaire (Appendix A) was organized in five parts:

1. Biographical Information.
2. Education and Work History.
3. Present Work Situation.
4. Management Training.
5. Tasks.

The first four sections of the questionnaire were designed to give appropriate biodata and situational information as well as to probe the amount of management training that nurses in supervision had received. The major part of the questionnaire was the task inventory.

Task inventory

A total of 101 tasks were included in the questionnaire to be rated on a basis of how frequently they were performed, how important the rater perceived them to be, and the rater's present desire for additional training in each task area.

Management tasks were drawn from management texts, supervisory nursing job descriptions, suggestions from the researcher's doctoral committee, and the researcher's own knowledge of the field.

Tasks were organized under the seven major functional areas

identified in Chapter 2 as the locus of the managers' job:

1. Planning.
2. Organizing.
3. Staffing.
4. Leading.
5. Communicating.
6. Decisionmaking.
7. Controlling.

Table 6 shows the major task groupings assigned to each of the major functional areas. This outline represents a reasonable slotting for each of the specific management tasks found in the questionnaire. It could be argued that some tasks are more appropriately categorized under other functional headings, but the nature of the taxonomy would not change the pattern of the results.

The questionnaire underwent several revisions and was tested with a trial group of six nurses in supervision. Final revisions were made before administration of the questionnaire to the sample.

Procedure

The questionnaire was administered by the investigator to groups of subjects. This method of administration was chosen in an attempt to control completion of the questionnaire only by members of the groups to be studied; to create a similar climate or atmosphere for each group of nurses during the administration of the questionnaire; and to offer the subjects an opportunity to raise

Table 6

Tasks Organized by Functional Area

Planning 001-015

001-003 Set Objectives
004-007 Programming
008- Allocate Resources
009- Set Procedures
010- Set Policy
011-015 Operational Plans

Communicating 061-077

061- Issue Orders
062-065 Employee Communications
066-068 Patient Care Meetings
069-072 Communication with Superiors
073-076 Teaching
077- Public Relations

Organizing 016-033

016- Establish Organization
017- Reporting Relationships
018-020 Position Descriptions
021-023 Organize Work
024-026 Administer Policies/ Procedures
027-033 Administration of Operations

Staffing 034-047

034-038 Selection
039-040 Orientation
041-043 Training
044-047 Development

Leading 048-060

048-049 Delegation
050- Motivation
051-054 Supervision
055-056 Manage Conflict & Change
057-060 Employee Support

Decisionmaking 078-087

078-080 Information Input
081-082 Problem Identification
083- Problem Solution
084-085 Problem Prevention
086-087 Problem Referral

Controlling 088-101

088- Information Systems
089- Performance Standards
090- Conformance with Regulations
091-099 Measure Results/Correct
100-101 Discipline and Reward

questions about the study or questionnaire, the answers to which might reduce misunderstandings.

Arrangements were made in February 1975, with the director of nurses for each of the four hospitals involved in the study. A specific date and time for the visit of the investigator to each institution was established for their nurses to complete the questionnaire. Administration of the questionnaires was performed from February 21, 1975 through March 4, 1975. In some instances several sessions were necessary in order to gain participation of evening and night shift personnel. The pattern of visits depended somewhat on the desire of the institution to have evening shifts participate.

During each visit by the investigator to an institution, the participants were assembled in a group on a specified day, time and place selected by the institution. Each subject was provided with a multilithed copy of the questionnaire, pencil and a cover letter explaining the purpose of the study (see Appendix B). A very brief verbal statement by the investigator assured participants that their responses would be treated in strictest confidence. The general purpose of the study was explained but without any reference to the specific hypotheses to be tested. A similar climate was established for administration of the questionnaire to each group. Opportunity was also provided for any subject to raise questions regarding specific items on the questionnaire, and to ask questions during the administration of the questionnaire which might avoid misunderstand-

ing on the part of the subject. The questionnaire took from 30 to 90 minutes to complete, with most subjects completing it in 45 minutes.

Purposes of the Research Design

The administration of questionnaires to various levels of nursing supervision was designed to answer the following questions:

1. What specific management tasks are nurses in supervision performing? And at what levels of frequency and perception of importance?

2. How does the pattern of task performance differ by level within the nursing hierarchy?

3. How does the pattern of task performance at the head nurse level differ between nursing service units?

4. How does the pattern of task performance for head nurses differ in hospitals with and without unit managers?

5. In what management task areas do nurses in supervision now desire additional training and development?

Data Analysis

All returns were checked for completeness and haloing. Six incomplete or haloed returns were discarded. Additionally, two returns from other job titles not included in the study were discarded. After screening, all usable returns were keypunched and computer tabulated for analysis. There were 117 usable returns

that constituted the data base of the study.

Biodata

Biographical data and nurses' opinions in the first part of the questionnaire were tabulated to show relative frequencies and cross-tabulated between job titles. Summary statistics describing the distributions of life variables were examined. Additionally, correlational data between job titles and such variables as length of nursing training, task performance and length of nursing experience was examined.

Core tasks

The chief subset of the data, the task inventory, was analyzed to identify those tasks which are considered central or "core" to a particular job title. A task was considered to be core to a job title if it met either of the following measures:

1. Frequency--if the task was performed at least weekly by 25% of the job title.

For each task, respondents were asked to circle a number from 1-5 to indicate the frequency with which they performed the task.

"1---never or rarely perform task

2---perform task at least monthly

3---perform task at least weekly

4---perform task daily

5---perform task repeatedly daily."

-Questionnaire

When 25% of a job title circled numbers in the scale ranging from 3-5, a task was considered to be core to that job title.

The definition of a core task as one that received a 3-5 rating by a minimum of 25% of a job title, while judgmental, was considered to be at a high enough level of frequency that it should not be ignored. If 25% of a job title were involved on at least a weekly basis in budgeting, or personnel selection, or conducting performance appraisals, this should not be ignored by those responsible for the education of the nurse in supervision or by her management.

2. Importance--if the task was rated as at least important by 25% of the job title.

For each task respondents were asked to circle a number from 1-5 to indicate the degree of importance they attach to the task.

"1---almost no importance
2---of slight importance
3---important
4---very important
5---of maximum importance"

-Questionnaire

When 25% of a job title circled numbers in the scale ranging from 3-5, a task was considered to be core to that job title.

The provision of the importance scale allowed for the inclusion of tasks rated important by at least 25% of a job title, even if that task was performed less frequently than on a weekly basis.

Desire for training

Rather than establish a measure for adequacy of past training (a dimension contaminated by life history) it was decided to measure present reported desire for additional training in specific management tasks.

The questionnaire had asked that tasks be rated by the degree of Desire for Additional Training the respondents had for each specific task.

"1---almost no desire
2---very little desire
3---desire more training
4---very much want more training
5---must have more training"

-Questionnaire

When 25% of the job title indicated a 3-5 rating as their desire for additional education, it was included in the education priority list.

Statistical measures

This descriptive study sought to identify the specific management tasks being performed by nurses in supervision and their present desire for training in these tasks. Under investigation also was the question of whether such variables as hierarchical level, nursing specialty, or the presence of unit managers accounted for

significant differences in the pattern of task performance or desire for additional training.

Data transformations

Since the key measurement criterion was 25% participation of a job title indicating a 3-5 rating on one of the several scales used in the study, the resultant statistic was the number of tasks rated by 25% of the job title at this level. This summary number represented a single group response for each functional area of management. That is, the response was not a mean of individual scores within the group, but a count of the number of tasks within each functional area of management rated by at least 25% of a job title at the 3-5 criterion level.

Since the number of tasks in each of the seven functional areas ranged from 10 to 18, it was necessary to adjust out this difference by converting the cell n's to the corresponding proportion of the total number of tasks in that cell. For example, if a minimum of 25% of a job title performed 9 tasks at the criterion level in a functional area containing 15 tasks, the corresponding proportion was calculated to be .6.

To perform an analysis of variance on proportions an arc sine transformation is necessary (Snedecor & Cochran, 1967). The converted proportion scores ranged between 0 (no tasks performed in a functional area by at least 25% of the job title at the criterion level) and 1 (all tasks performed in a functional area by at least

25% of the job title at the criterion level). It was necessary to increase the variance at the ends of this 0-1 scale since scores at either end of the scale vary significantly in only one direction (toward the center of the scale) while scores near the middle of the scale vary in both directions. This is accomplished by an arc sine transformation for proportions.

To understand how the arc sine transformation works consider the following statement contained in Snedecor & Cochran (1967): "If a_{ij} successes out of n are obtained in the jth replicate of the ith treatment, the proportion $\hat{p}_{ij} = a_{ij}/n$ has variance $p_{ij}(1-p_{ij})/n$. . . . We replace $\hat{p}_{ij}$ by the angle whose sine is $\sqrt{p_{ij}}$. In the angular scale, proportions near 0 or 1 are spread out so as to increase their variance (pp. 327-328)."

All observations are assumed to have errors that come from a normal distribution with mean 0 and variance σ^2 (i.e. constant variance for all observations). The arc sine transformation equalizes the error variance for all observations.

Two way analysis of variance

A two way ANOVA was calculated for each summary data table according to the computational approach found in Table 7 (Cochran & Cox, 1957, pp. 107-110).

In this ANOVA it is assumed that there is no interaction (i.e. that the proportion of task performance varies in the same direction between job titles for all functional areas of management). The

Table 7

Two Way ANOVA for Arc Sine Transformed Proportions

Blocks	Treatments 1	2	3	Totals
1	.956	1.028	.956	2.940
2	.842	1.015	1.015	2.872
3	.640	.714	.785	2.139
4	1.168	1.571	1.571	4.310
5	.935	.998	1.220	3.153
6	1.249	1.571	1.249	4.069
7	.564	1.007	1.090	2.661
Totals	6.354	7.904	7.886	22.144
Means	.908	1.129	1.127	

Sums of Squares:

Correction factor: $C = \frac{G^2}{bt} = \frac{(22.144)^2}{21} = 23.35$

Total Corrected: $\Sigma y^2 - C = (.956)^2 + (.842)^2 + \ldots (1.090)^2 - 23.35 = 1.605$

Treatments: $\Sigma \frac{T_j^2}{b} - C = \frac{(6.354)^2 + (7.904)^2 + (7.886)^2}{7} - 23.35 = .2264$

Blocks: $\Sigma \frac{B_i^2}{t} - C = \frac{(2.94)^2 + (2.872)^2 + \ldots (2.661)^2}{3} - 23.35 = 1.189$

Error: (total corrected s.s.) - (blocks s.s.) - (treatments s.s.)
= 1.605 - .226 - 1.189 = .1898

Analysis of Variance:

Source of Variance	d.f.	s.s.	m.s.	F	prob>F
Treatments	2	.2264	.1132	7.158	.009
Blocks	6	1.189	.1982		
Error	12	.1898	.0158		
Total Corrected	20	1.605			

error term used in the analysis is not experimentally derived, but is the best estimate possible under the conditions of the design (Cochran & Cox, 1957). However, if the assumption of no interaction is incorrect, then the error term is overestimated making this approach more conservative. Since the minimum expected variability of the interaction has as its lower limit the expected variability of the experimental error, if there is interaction, the error term has to be less. Therefore, if a significant F value is obtained, one may be sure that a truly significant difference is being observed.

Least significant differences

After a two way ANOVA was computed, the corresponding F value was examined to determine whether a significant difference existed between groups. When a significant difference was observed a multiple comparison procedure, least significant differences (Miller, 1966), was used to isolate the significant differences between groups. The least significant differences test derives its name from the fact that the resultant value represents the smallest or least value a difference must exceed in order to be declared a significant difference, and is the appropriate critical value when the difference is considered singly. The least significant difference test applies a t statistic in the following manner:

Stage 1. Test the null hypothesis by the appropriate α - level F test: (a) If the F value is nonsignificant, decide in favor of the null hypothesis. (b) If the F value is significant, proceed to Stage 2.

Stage 2. Test each single comparison [between 2 groups] by the appropriate α - level t test: (a) If the t value

is nonsignificant, decide the comparison is not significantly different from what the null hypothesis dictates. (b) If the t value is significant, judge the comparison to be significan. (Miller, 1966, pp. 90-91).

In the example contained in Table 7 the F value was significant past the .01 level. Least significant difference values of t were calculated to be .1465 at the .05 level of significance and .2053 at the .01 level of significance. These values were compared against treatment means comparisons as reported in Table 8. Of the three possible comparisons between treatments two represented significant differences.

Table 8

Least Significant Differences Test

Treatment Comparisons	Mean Differences	Significance
T_1-T_2	.2214	.01
T_1-T_3	.2194	.01
T_2-T_3	.002	N.S.

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DATA ANALYSIS

Characteristics of the Sample

The sample for the study was drawn from four Western Michigan hospitals ranging in size from 410 to 540 beds. The reasoning behind the selection of these hospitals as detailed in Chapter 3 was to provide for greater generalizability of the study findings to other short-term general hospitals.

In like fashion, the following data is meant to describe the characteristics of the sample and compare those statistics to some of the parameters that describe the population of nurses in supervision in the United States. The sample included 13 assistant directors of nursing, 17 nurse supervisors and 75 head nurses. In addition 12 unit managers were included from two hospitals for comparison of management task performance between head nurses and unit managers.

Biographical comparisons

Table 9 compares several biographical characteristics of the sample with corresponding population parameters. The assistant directors, nurse supervisors, and head nurses sampled resemble closely the U. S. population of supervisory nurses working in hospitals and health institutions in regard to their percentage of representation, sex, marital status, education and age.

Table 9

Comparison of Sample and U. S. Population Characteristics for Nurses in Supervision

	Assistant Directors		Nurse Supervisors		Head Nurses	
1. % Representation	n	%	n	%	n	%
Sample	13	12.4	17	16.2	75	71.4
U. S.[a]	9,152	13.4	16,787	24.7	42,160	61.9
2. Sex						
Sample						
Female	12	92.3	17	100.0	74	98.7
Male	1	7.7	0	0.0	1	1.3
U. S.[b]						
Female	13,953	96.1	54,445	97.4	89,952	98.4
Male	568	3.9	1,453	2.6	1,452	1.6
3. Marital Status						
Sample						
Single	4	30.8	3	17.6	21	28.0
Married	9	69.2	13	76.5	47	62.7
Other	0	0.0	1	5.9	7	9.3
U. S.[c]						
Single	7,320	24.9	14,221	17.8	23,046	19.4
Married	17,146	58.3	52,337	65.6	78,960	66.4
Other	4,956	16.8	13,280	16.6	16,925	14.2
4. Education						
Sample						
RN-2yr	0	0.0	0	0.0	4	5.3
RN-3yr	9	69.2	13	76.5	66	88.0
B.S.	3	23.1	4	23.5	4	5.3
M.S.	1	7.7	0	0.0	1	1.3
U. S.[d]						
RN-2yr	179	1.3	1,531	2.9	6,047	6.8
RN-3yr	7,350	53.7	43,319	81.1	71,821	81.1
B.S.	3,318	24.2	7,305	13.7	10,156	11.5
M.S.	2,849	20.8	1,235	2.3	496	0.6
5. Age						
Sample						
Mean	40.7		40.8		34.2	
S. D.	7.2		10.7		10.9	
U. S.[e]						
Mean	47.2		45.0		41.3	
S. D.	N.A.		N.A.		N.A.	

[a]Public Health Service, 1970, p. 3. Figures extracted from Table 1 are for short-term general hospitals.

Table 9 (Continued)

[b]Roth & Walden, 1974, p. 42. Figures extracted from Tables 25 & 26 are for supervisory nurses in all institutional settings.

[c]Roth & Walden, 1974, p. 50. Figures extracted from Table 34 are for supervisory nurses in all institutional settings.

[d]Roth & Walden, 1974, p. 45. Figures extracted from Table 30 are for supervisory nurses in hospitals.

[e]Roth & Walden, 1974, p. 50. Figures calculated from Table 33 for supervisory nurses in all institutional settings.

As already indicated in Table 3, 78.4% of all hospital supervisory nurses are working in short-term general hospitals. The sample, taken from short-term general hospitals, is from the population of hospitals that employs most supervisory nurses. That is, the sample is taken from a work setting that resembles the larger population.

Work history

Table 10 lists several work history characteristics such as years of nursing and nurse supervisory experience, the number of employers worked for, and the number of people reporting to each of the three studied job titles. The relatively large standard deviations are a measure of how widely dispersed are these distributions. For example, the mean for years of nursing supervisory experience for head nurses was 5.2, yet 28% of the head nurses sampled reported they had 1 year or less of supervisory experience.

The dimension of the supervisory role of the studied job titles can also be seen in Table 10 which shows that an average of 101.4 people are reporting to assistant directors, 59.3 reporting to nurse supervisors, and 27.7 to head nurses. And assistant directors report that on the average they spend 91.0% of their time in leadership, management, and administrative duties, nurse supervisors 91.1%, and head nurses 66.0%.

How nurse managers see their job

Table 11 shows that 30-40% of each nurse manager title surveyed

Table 10

Sample Work History Characteristics

	Assistant Directors		Nurse Supervisors		Head Nurses	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
1. Years of nursing experience	17.2	5.4	17.6	9.6	11.7	9.2
2. Years of nursing supervisory experience	12.5	8.0	9.1	7.8	5.2	5.3
3. # of employers worked for as nurse	3.1	3.1	3.6	2.4	2.7	1.5
4. # of people reporting to this position*	101.4	N.A.	59.3	N.A.	27.7	N.A.
5. % of time being spent in leadership, management administration	91.0	16.4	91.1	11.7	66.0	24.9
	n	%	n	%	n	%
6. Shift						
7-3	11	91.7	13	81.3	63	84.0
3-11	1	8.3	2	12.5	8	10.7
11-7	0	0.0	1	6.3	4	5.3

*Summed means for assistant directors, nurse supervisors, head nurses, staff RNs, LPN, aides, orderlies, and clerks reporting directly or through chain of command.

Table 11

Views on the Supervisory Job

	Assistant Directors	Nurse Supervisors	Head Nurses
1. Does nursing supervision in your hospital have adequate understanding of responsibilities, duties, and level of authority?			
Yes	61.5%	58.8%	51.4%
No	7.7	0.0	8.1
Sometimes	30.8	41.2	40.5
2. Is nursing supervision asked to do too many administrative duties?			
Yes	23.1%	11.8%	16.2%
No	53.8	47.1	32.4
Sometimes	23.1	41.2	51.4
3. Is there too much overlap in duties, or confusion between supervisory positions as to individual responsibilities			
Yes	7.7%	35.3%	20.8%
No	30.8	52.9	25.0
Sometimes	61.5	11.8	54.2

believe that nurses in supervision only sometimes have adequate understanding of their responsibilities, duties, and level of authority. A surprisingly high range of 51-61% of each job title believe they do have a clear understanding.

While nurse managers in the sampled hospitals all had job descriptions, there is still some confusion existant between positions. In a range of 47-75%, nurse managers report that there is, or sometimes is, too much overlap in duties, or confusion between supervisory positions as to individual responsibilities.

Not only is there a belief that there exists responsibility confusion between supervisors, but a range of 46-67% of the nurses in supervision sampled report that supervisory nurses are, or sometimes are, asked to do too many administrative duties.

The issues reflected above are complex, the answers important. It was through a detailed analysis of the management content of the job of the nurse in supervision that a clearer understanding emerged.

Management Task Performance

One of the focal points of the study was to determine the specific management tasks performed by nurses in supervision. A task was considered to be core for a job title if 25% of the respondents said that they performed the task "at least weekly" (a rating of 3-5 on the Frequency scale). A task was also considered to be core if 25% of the job title indicated they felt the task was an "important" task (a rating of 3-5 on the Importance scale).

Failure of the Importance scale

The scale for Importance failed to adequately separate the responses in any meaningful way. Fully 80% of all the supervisory nurses in the sample gave 85% of the tasks a rating of 3-5. While not gainsaying the importance of the management duties rated, it appeared certain that there was little discrimination shown between tasks with nearly all rating supervision rating nearly all tasks as important.

The failure of the Importance scale meant that the consideration of whether a task was core to a job title was dependent entirely on the frequency at which that task was performed. Thus, it is possible that a task that is infrequently performed (i.e., less than weekly) should still be considered as core to a job title due to its essential importance. Since it was not possible to separate tasks on a basis of their relative importance, there remains some question as to whether tasks not included in the following tables should not have some place in defining fully the responsibilities in management of nursing supervision.

Summary of management task performance by job title

Table 12 indicates that assistant directors of nursing are performing 59.4% (60 tasks) of the management tasks in the questionnaire, nurse supervisors 74.3% (75 tasks), and head nurses 77.2% (78 tasks), at a frequency level of at least weekly (rating of 3-5 on the Frequency scale). For sake of comparison this chart

Table 12

Summary Core Task Performance by Job Title

% Job Title	Assistant Director	Nurse Supervisor	Head Nurse
25-49.9	25	29	17
50-100	35	46	61
Total Core Tasks	60 (59.4%)	75 (74.3%)	78 (77.2%)

is further broken down by the percentage levels of the job title reporting task performance. For example, 25 of the management tasks performed by assistant directors of nursing on at least a weekly basis were reported by between 25% and 49.9% of the job title; the 35 other tasks that passed the 25% minimum level for inclusion were reported by 50% or more of the job title. Thus, the degree of agreement among the job title as to how frequently a particular management task is performed is higher when 50-100% of the job title agree that there was at least weekly performance.

Table 13 shows the distribution of tasks rated at a 3-5 level at various percentage levels. It can be seen that responses run across the entire percentage range and do not tend to be clustered. That is, the percentage of any job title agreeing on at least weekly task performance varies quite uniformly. Thus, the decision to group 3-5 rated tasks into 25-49.9% and 50-100% categories was meant to simplify reporting the data without giving it claim to more precision in measurement than is really present.

Table 13

# of Tasks Performed at Various Percentage Levels

Percentage Level	Assistant Director	Nurse Supervisor	Head Nurse
90-100	8	12	16
80- 89.9	5	11	14
70- 79.9	7	5	9
60- 69.9	8	5	13
50- 59.9	7	13	9
40- 49.9	9	17	5
30- 39.9	16	7	8
25- 29.9	0	5	4
0- 24.9	41	26	23
	101	101	101

No attempt was made to break out job title percentages reporting 3, 4, or 5 on the Frequency scale since the scale represents ordinal rather than interval data. It was felt that the scale points did not represent a sufficient basis for a finer separation of the data.

In the following tables a detailed presentation of the data for each of the seven management functional areas is presented. All percentages are adjusted for non-responses.

Performance of planning tasks

Table 14 lists the 15 planning tasks included in the questionnaire and shows that 10 (66.7%) are performed by assistant directors, 11 (73.3%) are performed by nurse supervisors, and 10 (66.7%) are performed by head nurses at the criterion level of a 3-5 rating by at least 25% of the job title.

Performance of organizing tasks

Table 15 lists the 18 organizing tasks and shows that 10 (55.6%) are performed by assistant directors, 13 (72.2%) are performed by nurse supervisors, and 13 (72.2%) are performed by head nurses at the criterion level of a 3-5 rating by at least 25% of the job title.

Performance of staffing tasks

Table 16 lists the 14 staffing tasks and shows that 5 (35.7%) are performed by assistant directors, 6 (42.9%) are performed by nurse supervisors and 7 (50%) are performed by head nurses at the criterion level of a 3-5 rating by at least 25% of the job title.

Performance of leading tasks

Table 17 lists the 13 leading tasks and shows that 11 (84.6%) are performed by assistant directors, 13 (100.0%) are performed by nurse supervisors and 13 (100.0%) are performed by head nurses at the criterion level of a 3-5 rating by at least 25% of the job title.

Table 14

Frequency of Planning Tasks by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
001- Forecast future needs of unit	5	38.5	6	35.3	36	48.0
002- Set objectives and desired end results for unit and employees	6	46.2	8	47.1	45	60.0
003- Set goals and objectives for self	11	84.6	11	64.7	60	80.0
004- Decide how and when to achieve unit goals	6	46.2	7	41.2	43	58.1
005- Attend meetings of supervisory & administrative staff to discuss unit operation and to formulate programs to improve these areas	12	92.3	10	58.8	18	24.0
006- Establish program for unit (priorities, sequence, timing of events)	7	53.8	8	47.1	41	55.4
007- Set priorities for individual staff members in regard to patient nursing actions	4	30.8	10	58.8	65	86.7
008- Prepare & administer budget for unit	1	7.7	1	5.9	1	1.4
009- Establish procedures & standardize methods	5	38.5	4	23.5	15	20.0
010- Formulate policy or lead others toward policy decisions	9	69.2	5	29.4	12	16.0

Table 14 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
011- Develop individual nursing care plans for patients	1	7.7	1	5.9	54	72.0
012- Develop plans to meet on-going needs of all patients	5	38.5	6	35.3	54	73.0
013- Establish contingency plans (alternate courses of action) to be followed in case there are major shifts in budget, personnel allocations, etc.	2	15.4	6	35.3	18	24.0
014- Develop plans for common types of emergency situations.	3	23.1	8	47.1	20	26.7
015- Participate in discharge planning	0	0.0	1	5.9	41	54.7

Table 15

Frequency of Organizing Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
016- Establish organization structure and draw up organization chart	1	7.7	0	0.0	4	5.3
017- Spell out reporting relationships and other lines of communication	10	76.9	9	52.9	33	46.5
018- Establish qualifications for positions reporting to you	0	0.0	2	11.8	4	5.4
019- Create job descriptions and/or let people know their responsibilities & authority	3	23.1	6	35.3	27	36.5
020- Participate in analysis of wages, hours, and working conditions of those supervised	3	23.1	4	23.5	6	8.0
021- Organize work of those supervised	3	23.1	5	29.4	48	65.8
022- Organize personal workload	11	84.6	15	88.2	69	93.2
023- Work from well designed calendar of responsibilities & projects	12	92.3	9	52.9	33	44.6
024- Interpret & administer policies established by governing authority	12	92.3	16	94.1	52	69.3
025- Follow proper hospital procedures	12	92.3	17	100.0	74	98.7
026- Establish unit systems & procedures	4	30.8	8	47.1	26	36.1

Table 15 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
027- Admit new patients	0	0.0	1	6.3	44	59.5
028- Supervise inventory & maintenance of supplies, drugs, & equipment	1	7.7	8	47.1	49	65.3
029- Supervise operation of specialized equipment	1	7.7	7	41.2	41	54.7
030- Administer budget	5	38.5	0	0.0	2	2.7
031- Direct preparation of records & reports: patient, personnel, operations, incidents, census	9	69.2	14	82.4	64	85.3
032- Draw on assistance of other hospital units & personnel as needed	7	53.8	10	58.8	49	66.2
033- Coordinate activities of various nursing units under your supervision	9	69.2	14	82.4	18	24.3

Table 16

Frequency of Staffing Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
034- Interview applicants for staff openings	9	69.2	2	12.5	2	2.7
035- Select and recommend appointment of nursing staff	5	38.5	2	11.8	1	1.3
036- Find replacements for ill employees	3	23.1	12	70.6	24	32.0
037- Arrange for services of private duty nurses	2	15.4	4	23.5	1	1.3
038- Arrange for emergency operations & reallocate personnel during emergencies	2	15.4	9	52.9	16	21.6
039- Orient new employees to unit objectives; job requirements & personnel	1	7.7	2	11.8	24	32.0
040- Give continuous orientation and on-the-job training to employees supervised in new nursing care techniques, procedures, and equipment	1	7.7	7	41.2	53	70.7
041- Plan & direct unit staff conferences	1	7.7	1	6.3	27	36.9
042- Participate as lecturer in hospital in-service program	0	0.0	1	5.9	3	4.0
043- Plan & direct in-service programs for professional & nonprofessional nursing staff	0	0.0	1	5.9	9	12.0

Table 16 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
044- Assess abilities & development needs of staff when making assignments	2	15.4	13	76.5	67	90.5
045- Help develop employees potential for advancement by improving their knowledges, attitudes, & skills	6	46.2	10	58.8	59	78.7
046- Engage in development programs to update own nursing skills/knowledge	5	38.5	4	23.5	21	28.8
047- Engage in development programs to update own supervisory skills/knowledges	5	38.5	5	29.4	13	17.6

Table 17

Frequency of Leading Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
048- Delegate & assign responsibility for certain tasks to subordinates	10	76.9	16	94.1	70	93.3
049- Assign personnel in terms of patient needs and staff proficiencies	3	23.1	14	82.4	71	94.7
050- Motivate staff to provide satisfactory performance of duties	7	53.8	16	94.1	71	97.3
051- Supervise & direct performance of subordinates	10	76.9	14	82.4	74	98.7
052- Set example of appropriate role behavior for employees	13	100.0	17	100.0	71	95.9
053- Coordinate activities of nursing personnel in unit	5	38.5	9	52.9	72	96.0
054- Coordinate activities between various units	6	46.2	10	58.8	25	33.3
055- Manage differences & resolve conflicts	10	76.9	16	94.1	61	81.3
056- Manage change, stimulate creativity & innovation in achieving goals	4	30.8	15	88.2	50	66.7
057- Assist employees meet hospital or unit goals and objectives	7	53.8	15	88.2	59	78.7

Table 17 (Continued)

Task	Assistant Directors		Nursing-Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
058- Support employees supervised within proper limits	9	75.0	12	70.6	67	91.8
059- Give advice & counsel on nursing practice questions	8	61.5	14	82.4	65	87.8
060- Help subordinates in writing, implementing, & evaluating patient care plans	2	15.4	5	29.4	47	62.7

Performance of communicating tasks

Table 18 lists the 17 communicating tasks and shows that 11 (64.7%) are performed by assistant directors, 12 (70.6%) are performed by nurse supervisors, and 15 (88.2%) are performed by head nurses at the criterion level of a 3-5 rating by at least 25% of the job title.

Performance of decisionmaking tasks

Table 19 lists the 10 decisionmaking tasks and shows that 9 (90.0%) are performed by assistant directors, 10 (100.0%) are performed by nurse supervisors, and 9 (90.0%) are performed by head nurses at the criterion level of a 3-5 rating by at least 25% of the job title.

Performance of controlling tasks

Table 20 lists the 14 controlling tasks and shows that 4 (28.6%) are performed by assistant directors, 10 (71.4%) are performed by nurse supervisors, and 11 (78.6%) are performed by head nurses at the criterion level of a 3-5 rating by at least 25% of the job title.

Summary of task performance

Tables 14-20 effectively demonstrate the central finding of the study that assistant directors, nurse supervisors, and head

Table 18

Frequency of Communicating Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
061- Transmit or issue orders to subordinates	11	91.7	16	94.1	72	97.3
062- Inform immediate subordinates of all current developments & explain orders whenever possible	11	84.6	14	82.4	72	96.0
063- Hold periodic employee meetings to pass on information, solve problems, discuss patient needs	3	23.1	7	41.2	38	50.7
064- Answer questions fully or obtain answers for employees supervised	11	84.6	7	100.0	74	98.7
065- Listen to & attempt to correct employee complaints	11	84.6	16	94.1	73	97.3
066- Participate in shift report	5	38.5	7	41.2	66	88.0
067- Discuss patient care needs with physician, nursing supervisor & staff	5	38.5	10	58.8	69	92.0
068- Provide liaison with order departments & representation at interdepartmental meetings	6	46.2	10	58.8	16	21.3
069- Maintain effective & close relationships with higher supervisory levels	12	92.3	17	100.0	72	96.0
070- Pass on positive & negative feedback & developments to superiors	12	92.3	15	88.2	66	88.0

Table 18 (Continued)

Task	Assistant Directors 3-5 Rating n	%	Nursing Supervisors 3-5 Rating n	%	Head Nurses 3-5 Rating n	%
071- Publicize achievements of area to higher management	7	53.8	7	41.2	27	36.0
072- Maintain your position on an issue in spite of opposition in order to achieve results	7	58.3	12	70.6	45	60.8
073- Teach patient, family, personnel in relation to prevention of illness & promotion of health	2	15.4	4	23.5	51	68.0
074- Teach patient, family, personnel, in relation to current illness & convalescence	3	23.1	2	11.8	59	78.7
075- Teach patient, family, personnel, in relation to supportive nursing care and procedures	2	15.4	2	11.8	57	76.0
076- Teach patient, family, personnel, in relation to rehabilitation	1	7.7	2	11.8	44	58.7
077- Participate in community health & education programs & other public relations efforts	2	15.4	1	6.3	6	8.0

Table 19

Frequency of Decisionmaking Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
078- Receive & interpret verbal & written reports about patient care being rendered	9	69.2	8	47.1	62	82.7
079- Review condition, needs, & therapeutic goals of patients	4	30.8	10	58.8	64	85.3
080- Note & analyze changes in patient mix, community health problems, & staff turnover	5	38.5	6	35.3	20	26.7
081- Identify potential problems in delivery of patient care	7	53.8	12	70.6	62	82.7
082- Identify actual nursing problems & needs	6	46.2	11	64.7	67	89.3
083- Investigate & adjust complaints	9	75.0	16	94.1	64	85.3
084- Recognize problem patterns & generate new procedures	6	46.2	11	64.7	41	54.7
085- Sell major change proposals to superiors to prevent future problems	3	23.1	8	47.1	15	20.0
086- Consult with superior on specific nursing problems & interpretation of hospital policies	8	61.5	11	64.7	50	66.7
087- Refer problems to superior	6	46.2	11	64.7	53	70.7

Table 20

Frequency of Controlling Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
088- Establish reporting systems that will present important information for your review	2	16.7	3	17.6	25	33.8
089- Develop performance standards for unit (establish conditions that will exist when duties are well done)	2	15.4	7	41.2	29	40.3
090- Insure conformance with hospital policies and regulations	10	76.9	17	100.0	63	85.1
091- Measure results & determine extent of difference from goals & standards previously established	1	8.3	4	23.5	31	41.3
092- Evaluate performance of those supervised & prepare performance appraisals	3	23.1	8	47.1	20	27.0
093- Analyze & revise services rendered to improve quality of patient care	2	15.4	8	47.1	46	62.2
094- Analyze patient care practices to achieve better utilization of staff time and activities	3	23.1	8	47.1	48	64.0
095- Maintain safety practices	8	61.5	15	88.2	66	89.2
096- Participate in nursing & physician rounds to observe & assess patient care and needs	3	23.1	3	17.6	59	78.7

Table 20 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
097- Review entries by nursing team members on patient records or participate in utilization review	5	38.5	6	35.3	51	68.0
098- Participate in studies & investigations related to improving nursing care	1	7.7	5	29.4	11	14.7
099- Take corrective action, adjust plans, counsel to attain standards	6	46.2	9	52.9	40	53.3
100- Administer discipline (firings, censure)	3	23.1	6	35.3	8	10.7
101- Administer rewards (salary increases, work assignments)	2	15.4	3	17.6	13	17.3

nurses are performing management duties across all functional areas. Table 21 summarizes the pattern of task performance by management functional area for each job title. This shows that the percentage of tasks performed in each functional area vary by job title and, equally interesting, vary also by functional area. For example 100% of leading tasks are performed by nurse supervisors and head nurses, with 84.6% of these tasks performed by assistant directors. The least performed functional area in management, staffing, has 35.7% of these tasks performed by assistant directors, 42.9% by nurse supervisors and 50% by head nurses. The pattern of such task performance is undoubtedly linked to organizational procedures, specific hospital policies and division of work. But the basic point is demonstrated that nurses in supervision at all levels in the hierarchy are performing management duties across all functional areas.

Table 22 demonstrates that in total there is a significantly smaller proportion of tasks performed by assistant directors on at least a weekly basis than by nurse supervisors or head nurses. This difference could be explained by the greater frequency of hands on management tasks performed by the more operations oriented lower level supervisory positions. The overall role of the assistant director removes her somewhat from the operational scene. This does not imply that the management job of the assistant director is not as "important" or as "big" as those lower in the hierarchy, but rather that the frequency with which the assistant director performs certain tasks is less.

Table 21

Summary Task Performance by Job Title and Management Function
Summed Across All Hospitals and Shifts

Tasks	% Job Title	Assistant Director # Tasks	Assistant Director Cell Total	Assistant Director Cell % of Function Tasks	Nurse Supervisor # Tasks	Nurse Supervisor Cell Total	Nurse Supervisor Cell % of Function Tasks	Head Nurse # Tasks	Head Nurse Cell Total	Head Nurse Cell % of Function Tasks
Planning (15)	25-49.9	6	10	66.7	8	11	73.3	2	10	66.7
	50-100	4			3			8		
Organizing (18)	25-49.9	2	10	55.6	5	13	72.2	4	13	72.2
	50-100	8			8			9		
Staffing (14)	25-49.9	4	5	35.7	2	6	42.9	4	7	50.0
	50-100	1			4			3		
Leading (13)	25-49.9	3	11	84.6	1	13	100.0	1	13	100.0
	50-100	8			12			12		
Communicating (17)	25-49.9	3	11	64.7	3	12	70.6	1	15	88.2
	50-100	8			9			14		
Decisionmaking (10)	25-49.9	5	9	90.0	3	10	100.0	1	9	90.0
	50-100	4			7			8		
Controlling (14)	25-49.9	2	4	28.6	7	10	71.4	4	11	68.6
	50-100;0	2			3			7		
Total	25-49.9	25		24.8	29		28.7	17		16.8
	50-100	35		34.7	46		45.5	61		60.4
Grand Total			60	59.4		75	74.3		78	77.2

Table 22

Statistical Analysis

Summary Task Performance by Job Title and Management Function

Two Way Analysis of Variance:

Source of Variance	d.f.	s.s.	m.s.	F	prob>F
Job Titles	2	.2264	.1132	7.158	.009
Management Functions	6	1.189	.1982		
Error	12	.1898	.0158		
Total Corrected	20	1.605			

Least Significant Differences:

Job Title Comparisons	Mean Differences	Significance
Asst. Dir.-N. Sup.	.2214	.01
Asst. Dir.-H. Nurse	.2194	.01
N. Sup.-H. Nurse	.002	N.S.

Core, unique, and shared tasks

Table 23 shows tasks broken out under four major headings: Tasks which are core for all supervisory titles, tasks unique to a single supervisory title, tasks shared by two supervisory titles, and tasks not performed by any supervisory title. This table shows that there is substantial similarity between supervisory positions in terms of the specific tasks which they perform with the exceptions of the staffing area where only one task is performed in common by all supervisory titles with the majority of tasks being unique to

Table 23

Summary Core, Unique, and Shared-Task Performance by Functional Area
Summed Across All Hospitals and Shifts

Tasks Core for All Supervisory Titles	Tasks Unique to Single Title			Tasks Shared by Two Titles			Tasks Not Performed by Any Title
	Asst. Dir.	N. Supvr.	H. Nurse	Asst. Dir. N. Supvr.	Asst. Dir. H. Nurse	N. Supvr. H. Nurse	
Planning (15 Tasks) 001, 002, 003, 004, 006, 007, 012	009	013	011, 015	005, 010		014	008
Organizing (18 Tasks) 017, 022, 023, 024, 025, 026, 031, 032	030		027	033		019, 021, 028, 029	016, 018 020
Staffing (14 Tasks) 045	034, 035	038	039, 041	047	046	036, 040, 044	037, 042, 043
Leading (13 Tasks) 048, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059						049, 060	
Communication (17 Tasks) 061, 062, 064, 065, 066, 067, 069, 070, 071, 072			073, 074, 075, 076	068		063	077

Table 23 (Continued)

Tasks Core for All Supervisory Titles	Tasks Unique to Single Title			Tasks Shared by Two Titles			Tasks Not Performed by Any Title
	Asst. Dir.	N. Supvr.	H. Nurse	Asst. Dir. N. Supvr.	Asst. Dir. H. Nurse	N. Supvr. H. Nurse	
Decisionmaking (10 Tasks) 078, 079, 080, 081 082, 083, 084, 086, 087		085					
Controlling (14 Tasks) 090, 095, 097, 099		098, 100	088, 091, 096			089, 092, 093, 094	101
Total Tasks 50	4	5	12	5	1	15	9

a single title or shared between two titles, and controlling tasks which are substantially performed by either a single title or shared between two titles.

Tasks that were common to all job titles included 002-"Set objectives and desired end results for unit and employees," 017-"Spell out reporting relationships and other lines of communication," and 045-"Help develop employees potential for advancement by improving their knowledges, attitudes and skills." These tasks represent the "basics" of management and are practiced across all levels of the hierarchy. A total of 50 tasks were found to be common to all job titles.

Tasks that were unique to assistant directors were those such as 009-"Establish procedures and standardize methods," 030-"Administer budget," and 035-"Select and recommend appointment of nursing staff." Tasks which were unique to nursing supervisors were those such as 038-"Arrange for emergency operations & reallocate personnel during emergencies," 085-"Sell major change proposals to superiors to prevent future problems," and 100-"Administer discipline (firings, censure)." Tasks which were unique to head nurses were those such as 027-"Admit new patients," 039-"Orient new employees to unit objectives, job requirements and personnel," and 096-"Participate in nursing and physician rounds to observe & assess patient care and needs." Tasks unique to a single supervisory title reflect basic differences in responsibility arenas with assistant directors functioning more at a policy making level, nurse supervisors providing

coordination, and head nurses being operations centered. A total of 21 tasks were unique to one of the three supervisory titles.

Tasks that were shared by two titles were generally shared by titles which were immediately adjacent in the hierarchy. Thus, assistant directors and nurse supervisors shared such tasks as 010-"Formulate policy or lead others toward policy decisions," 033-"Coordinate activities of various nursing units under your supervision," and 068-"Provide liaison with other departments and representation at interdepartmental meetings." Tasks shared by nurse supervisors and head nurses were those such as 019-"Create job descriptions and/or let people know their responsibilities & authority," 036-"Find replacements for ill employees," and 089-"Develop performance standards for unit (establish conditions that will exist when duties are well done)." Duties that were shared generally could be described as those where an immediate supervisor was assisting and directing a subordinate or where the subordinate was serving in an assistant-to capacity. Only one duty was shared by assistant directors with head nurses, 046-"Engage in development programs to update own nursing skills/knowledge." Only 23.5% of nursing supervisors reported that they performed this particular task on at least a weekly basis whereas 28.8% of the head nurses and 38.5% of the assistant directors reported that they performed this task on a weekly basis. Rather than a shared task between two titles, this particular task should probably be seen as a task which is core for all supervisory titles but performed at a lower frequency level by

nurse supervisors. A total of 21 tasks were found to be shared by one of the three possible pairs of job titles.

Tasks that were not performed by 25% of any supervisory title were tasks such as 008-"Prepare and administer budget for unit" (budget preparation usually occurs on a once a year basis), 016-"Establish organization structure and draw up organization chart" (a management task usually carried out by the director of nurses), and 101-"Administer rewards (salary increases, work assignments)" (often outside the purview of the nurse in supervision). A total of nine tasks were not performed by any job title at the criterion level.

In the management literature previously discussed, a manager is defined by the type of work which is performed. The seven major functional areas in which management tasks are performed were also identified. The data from this study shows that nurses in supervision are performing management tasks in all of the seven functional areas. Thus, nurses in supervision should clearly be considered as managers. The use of such titles as supervisors, team leaders, and head nurses may serve a useful discrimination process in terms of identifying hierarchy levels, but they are inadequate in defining the content of the job of the nurse manager. The nurse manager does supervise, does lead, and is a number one or head nurse for other nurses on the floor. But such titles tend to confuse the clear point made by the data presented thus far, that she has broad management responsibilities in all the functional areas of management.

Head Nurses and Unit Specialty

The responses of head nurses working on all shifts were analyzed to see if there was a difference in their pattern of management task performance based upon their unit specialty. Do medical-surgical unit head nurses perform a significantly greater proportion of management tasks than nurses working in intensive care or on ob-gyn? Table 24 shows the pattern of task performance for head nurses summed across all shifts and hospitals for each of the unit specialties sampled, and demonstrates that head nurses in all specialties are performing management tasks at substantial levels.

A two-way ANOVA was calculated for all unit specialties in which head nurses were sampled. Significant differences were observed in nearly all comparisons for the following units: outpatient, psychiatric, inservice, and central service. An analysis of the data shows that responses for each of these units come from a single head nurse. While the rationale of the study produced a single group response (i.e., the number of tasks performed by a minimum of 25% of the job title at the criterion level) thus adjusting out differences in the numbers of nurses being compared, in this instance it was felt that a single response did not represent a sufficiently precise representation. Accordingly, a second ANOVA was calculated for all unit specialties representing n>1.

Table 25 shows the results of this second ANOVA. Of the 45 possible unit specialty comparisons only four were found to be

Table 24

Head Nurse Task Performance by Unit Specialty
Summed Across All Hospitals and Shifts

Tasks	% Job Title	O. R. (2) # Tasks	O. R. (2) Cell Total	Recovery (5) # Tasks	Recovery (5) Cell Total	Med. Surg. (34) # Tasks	Med. Surg. (34) Cell Total	E. R. (3) # Tasks	E. R. (3) Cell Total	Out Pat. (1) # Tasks	Out Pat. (1) Cell Total
Planning (15)	25-49.9	0	7	2	8	2	9	7	14	0	4
	50-100	7		6		7		7		4	
Organizing (18)	25-49.9	0	8	0	11	5	13	5	15	0	7
	50-100	8		11		8		10		7	
Staffing (14)	25-49.9	0	5	2	5	4	7	7	10	0	1
	50-100	5		3		3		3		1	
Leading (12)	25-49.9	0	12	0	12	1	13	2	13	0	10
	50-100	12		12		12		11		10	
Communicating (17)	25-49.9	0	12	1	10	2	15	6	17	0	6
	50-100	12		10		13		11		6	
Decisionmaking (10)	25-49.9	0	10	0	7	1	9	5	7	0	5
	50-100	10		7		8		2		5	
Controlling (14)	25-49.9	0	10	0	6	4	11	8	12	0	3
	50-100	10		6		7		4		3	
Total	25-49.9	0	64	5	60	19	77	40	88	0	36
	50-100	64		55		58		48		36	

Table 24 (Continued)

Tasks	% Job Title	Psych. (1) # Tasks	Psych. (1) Cell Total	Inservice (1) # Tasks	Inservice (1) Cell Total	ICU (6) # Tasks	ICU (6) Cell Total	CCU (2) # Tasks	CCU (2) Cell Total	Peds (6) # Tasks	Peds (6) Cell Total
Planning (15)	25-49.9	0	5	0	7	4	12	0	13	4	10
	50-100	5		7		8		13		6	
Organizing (18)	25-49.9	0	7	0	6	1	11	0	12	1	12
	50-100	7		6		10		12		11	
Staffing (14)	25-49.9	0	1	0	6	2	6	0	11	0	6
	50-100	1		6		4		11		6	
Leading (12)	25-49.9	0	10	0	9	2	13	0	12	0	12
	50-100	10		9		11		12		12	
Communicating (17)	25-49.9	0	13	0	5	1	13	0	17	1	14
	50-100	13		5		12		17		13	
Decisionmaking (10)	25-49.9	0	7	0	3	1	8	0	9	0	8
	50-100	7		3		7		9		8	
Controlling (14)	25-49.9	0	4	0	3	1	7	0	11	3	12
	50-100	4		3		6		11		9	
Total	25-49.9	0	47	0	39	12	70	0	85	9	74
	50-100	47		39		58		85		65	

Table 24 (Continued)

Tasks	% Job Title	Nursery (3) # Tasks	Nursery (3) Cell Total	Ob-Gyn (6) # Tasks	Ob-Gyn (6) Cell Total	Cent. Serv. (1) # Tasks	Cent. Serv. (1) Cell Total	Orthoped. (4) # Tasks	Orthoped. (4) Cell Total
Planning (15)	25-49.9	5	11	3	14	0	7	2	11
	50-100	6		11		7		9	
Organizing (18)	25-49.9	3	14	0	11	0	11	4	15
	50-100	11		11		11		11	
Staffing (14)	25-49.9	6	7	1	6	0	7	5	9
	50-100	1		5		7		4	
Leading (12)	25-49.9	2	13	0	12	0	11	1	13
	50-100	11		12		11		12	
Communicating (17)	25-49.9	1	15	2	16	0	10	0	16
	50-100	14		14		10		16	
Decisionmaking (10)	25-49.9	1	10	1	9	0	3	3	10
	50-100	9		8		3		7	
Controlling (14)	25-49.9	2	7	3	12	0	6	6	12
	50-100	5		9		6		6	
Total	25-49.9	20	77	10	80	0	55	21	87
	50-100	57		70		55		66	

Table 25

Statistical Analysis

Head Nurse Task Performance by Unit Specialty*

Two Way Analysis of Variance:

Source of Variance	d.f.	s.s.	m.s.	F	prob>F
Unit Specialties	9	.7892	.0877	1.534	.16
Management Functions	6	1.246	.2077		
Error	54	3.087	.0572		
Total Corrected	69	5.122			

Least Significant Differences:

Unit Specialty Comparisons	Mean Differences	Significance
Recovery-E.R.	.3387	.05
Recovery-Orthopedics	.3157	.05
E.R.-I.C.U.	.2924	.05
I.C.U.-Orthopedics	.2694	.05

All other possible comparisons were non-significant.

*excluding units where n=1

significant. This finding strongly demonstrates that the pattern of head nurse involvement in management task performance is not dependent upon the unit specialty. While the mission and objectives of various nursing specialties may differ, the management tasks performed by the head nurses overseeing their operation are not significantly different. Thus, the commonality of task performance that was observed vertically between different levels in the nursing hierarchy was demonstrated vertically across the wide variety of nursing specialty units operating in the large short-term hospital setting

Head Nurses and Unit Managers

The utilization of unit managers has increased significantly over the past several years. Not simply a new title for the unit secretary or ward clerk, the concept of a unit manager was that a trained practitioner could relieve head nurses of many supportive clerical and administrative duties. In a 1971 study report for the W. K. Kellogg Foundation is this comment:

> . . . "unit management" is evolutionary rather than revolutionary. It is another step in the continuing effort to find the best compromise between grouping all activities of a single area under one person, and grouping all activities of a single type under one person. Unit management seeks to avoid the fractionating of patient unit activities which characterizes typical current practices, but to do it without making the head nurse more manager than nurse (Jelinek, Munson & Smith, 1971, p. 45).

Later in the same report,

> When SUM [Service Unit Management] was introduced, it came because nursing wanted to have someone other than nurses do

> and be responsible for certain non-nursing activities. . . . Unit management, in the view of nurses, was to take over tasks that were either scut work or frustration producing "coordinating" activities (Jelinek, Munson & Smith, 1971, p. 45).

Although some specific tasks for the unit manager have been identified such as taking care of supplies and maintenance, ward clerk activities, transcribing physician orders, and unit housekeeping functions, the actual utilization of this program varies with each application. The terminology is confusing: is the unit manager the manager of the unit; and if the unit manager is responsible for some of the management duties on the unit, does this reduce the frequency at which head nurses perform management duties? Since the stated purpose of many unit manager applications is to permit head nurses to focus on nursing activities, the presence of unit managers should reduce the frequency or number of management tasks being performed by head nurses.

In the sample that was drawn, two hospitals (hospitals one and two) had unit manager systems and two did not (hospitals three and four). It was not possible to isolate the unit manager counterpart for each head nurse in the sample, so a group comparison for each hospital's head nurse population and unit manager population was made. Since all unit managers were 7 to 3 shift employees, a comparison of unit managers with head nurses on the 7 to 3 shift was made giving a more direct comparison than would have otherwise been possible.

It was known from interviews with the four directors of nurses that management tasks were more frequently performed during the

7 to 3 shift than during other shifts. Most surgery is performed during the day. Business offices and coordination with other departments are generally available only during the day. More supervision is required during the day since most hospital employees work on the day shift.

The study results verified that there was a greater degree of management task performances for head nurses during the day. It was shown in Table 12 that head nurses on all shifts performed 78 management tasks at the criterion level. From Table 26 it was calculated that the mean for head nurses working on the 7 to 3 shift was 82.4 tasks. Since 7 to 3 shift head nurses represented 63 out of the 75 head nurses sampled, this meant that head nurses on the night shifts (3 to 11, 11 to 7) were performing 54.8 management tasks on the average at the criterion level.

Table 26 shows the summary of management task performance between head nurses and unit managers on the 7 to 3 shift. The table shows a higher number of management tasks being performed by head nurses in hospitals with unit managers (86.5 average) than by head nurses in hospitals without unit managers (78.5 average).

Why head nurses in hospitals with unit managers should be performing more management tasks than their counterparts in hospitals without unit managers was indeterminate from the design of the study. It was expected that the presence of unit managers would reduce the number or frequency of management tasks being performed by head nurses. Such was not the case. Whatever the pattern of interaction

Table 26

Head Nurse/Unit Manager Task Performance
7-3 Shift by Hospital

Tasks	% Job Title	Hospital 1 Head Nurse (16) # Tasks	Cell Total	Unit Mgr. (4) # Tasks	Cell Total	Hospital 2 Head Nurse (15) # Tasks	Cell Total	Unit Mgr. (8) # Tasks	Cell Total	Hospital 3 Head Nurse (16) # Tasks	Cell Total	Hospital 4 Head Nurse (16) # Tasks	Cell Total
Planning (15)	25-49.9	5	14	6	12	7	13	5	8	2	10	1	11
	50-100	9		6		6		3		8		10	
Organizing (18)	25-49.9	5	14	3	13	4	14	3	12	3	14	5	15
	50-100	9		10		10		9		11		10	
Staffing (14)	25-49.9	5	9	4	7	4	9	2	4	4	7	3	6
	50-100	4		3		5		2		3		3	
Leading (13)	25-49.9	1	13	1	11	0	13	3	9	1	13	1	13
	50-100	12		10		13		6		12		12	
Communicating (17)	25-49.9	1	15	3	13	2	16	2	9	0	15	2	15
	50-100	14		10		14		7		15		13	
Decisionmaking (10)	25-49.9	1	9	4	7	2	10	2	4	0	8	1	9
	50-100	8		3		8		2		8		8	
Controlling (14)	25-49.9	3	11	5	8	5	13	4	6	3	10	5	11
	50-100	8		3		8		2		7		6	
Total Tasks	25-49.9	21	85	26	71	24	88	21	52	13	77	18	80
	50-100	64		45		64		31		64		62	

between head nurses and unit managers, whatever duties unit managers may assume, the evidence at hand is that there is no reduction in the management role performed by head nurses in hospitals with a unit manager system.

A two way ANOVA was performed for the four head nurse and two unit manager groups. Unit managers from the two hospitals that use them perform significantly fewer management duties than head nurses. Unit managers from hospital 2 perform significantly fewer management duties than head nurses in all four hospitals (.01 level of significance). Unit managers from hospital 1 perform significantly fewer management duties than head nurses in hospitals 1, 2, and 4 (.01 level of significance). No significant difference in frequency of management task performance was observed between hospital 1 unit managers and head nurses in hospital 3.

A second ANOVA was calculated comparing head nurse management task performance for the four head nurse groups only. Table 27 shows that there was significantly greater task performance for head nurses in hospital 2 (a unit managed hospital) than for head nurses in hospitals 3 and 4. Table 26 had shown a greater number of management tasks being performed in unit managed hospitals; in some instances these differences were significantly greater.

It should be pointed out that while there is overlap in management tasks performance, that the specific activities being managed by head nurses and unit managers are undoubtedly of a different nature. The targets of the performance of management functions were not identified for unit managers in the scope of this study.

Table 27

Statistical Analysis

Head Nurse Management Task Performance
7 to 3 Shift by Hospital

Two Way Analysis of Variance:

Source of Variance	d.f.	s.s.	m.s.	F	prob>F.
Head Nurses by Hospital	3	.1346	.0449	5.567	.007
Management Functions	6	1.179	.1965		
Error	18	.1450	.00806		
Total Corrected	27	1.459			

Least Significant Differences:

Head Nurse Comparisons	Mean Differences	Significance
H. Nurse 1-H. Nurse 2	.090	N.S.
H. Nurse 1-H. Nurse 3	.096	N.S.
H. Nurse 1-H. Nurse 4	.052	N.S.
H. Nurse 2-H. Nurse 3	.186	.01
H. Nurse 2-H. Nurse 4	.142	.01
H. Nurse 3-H. Nurse 4	.044	N.S.

Education for Management

The extensive range and frequency of management task performance by nurses in supervision raises important questions about their management education and its adequacy. A review of the curricula of 2, 3 and 4 year nursing programs in Michigan showed that they typically

offered 1 or 2 courses in team leading or supervision. Table 28 shows that this was borne out by the study participants who for the most part reported receiving a single course in leadership, management, or administration in nursing school. The number of days of continuing education exposure to management training that nurses in supervision report since graduation are roughly equivalent to the number of classroom hours that would be received in 1-2 college courses. Yet, 92.4% of the sample reported that they were untrained or only partially trained for supervision when first appointed. It is fair to say that nursing schools and continuing education coursework as now constituted are not adequately training nurses for supervisory responsibility.

Table 28 also shows that a majority of the sample either believes that educational level is sometimes related to promotional opportunity or report that they don't know. And a majority indicated either they would gain greater prestige or recognition if they went back to school, received a higher degree, and then returned to nursing, or report they don't know the answer to this question.

While substantial belief in the values of education remains, the sampled supervisory nurses strongly rejected (89.5%) the argument that all nurses in supervision should be four-year graduates. Since 87.6% of the sample were less than four-year graduates, this is hardly surprising. What was revealing were the number of practical comments that accompanied responses to this question: "talent in management is largely a matter of understanding and human judgment, not schooling;" "four-year program graduates do not receive more management

	Assistant Director	Nurse Supervisor	Head Nurse
6. Should all supervisory positions in nursing be filled with 4-year grads?			
Agree	23.1%	17.6%	6.7%
Disagree	76.9	82.4	93.3

exposure in their curriculum than do two-year grads:" "this may be more a political question than one of education."

Questions surrounding the proper delivery mechanism for management education were beyond the scope of this study. With this sample of experienced supervisors it was more prudent to assess their present desire for additional training than to review their past educational experience.

Present desire for management training

For each of the 101 management tasks nurse managers were asked to indicate on a scale of 1-5 their present desire for more training in that specific task area. Only 25% of the job title had to rate the "desire for training" column at the 3-5 level in order for a task to be considered a present education need.

Summary desire for training by job title

Table 29 summarizes the number of task areas in which nursing supervision express desire for additional training. It should be noted that the number of tasks in which nurses want more training exceeds the number of tasks that they are performing on a weekly basis (see Table 12). Thus, the desire for additional training is high and extensive.

In Tables 30 through 36 a detailed presentation of the desire for additional training in management task areas that nurses in supervision report is presented. All percentages are adjusted for non-

Table 29

Summary Desire for Training
by Job Title

% Job Title	Assistant Director	Nurse Supervisor	Head Nurse
25-49.9	40	58	46
50-100	31	33	49
	71 (70.3%)	91 (90.1%)	95 (94.1%)

responses.

Desire for training in planning tasks

Table 30 lists the 15 planning tasks and shows that assistant directors and nurse supervisors desire training in 14 (93.3%), and head nurses in all 15 (100%).

Desire for training in organizing tasks

Table 31 lists the 18 organizing tasks and shows that assistant directors desire training in 12 (66.7%), and nurse supervisors and head nurses in 15 (83.3%).

Desire for training in staffing tasks

Table 32 lists the 14 staffing tasks and shows that assistant directors desire training in 7 (50%), nurse supervisors in 11 (78.6%), and head nurses in 12 (85.7%).

Table 30

Present Desire for Training in Planning Tasks by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
001- Forecast future needs of unit	7	53.8	9	60.0	41	54.7
002- Set objectives and desired end results for unit and employees	10	76.9	13	81.3	58	78.4
003- Set goals and objectives for self	9	69.2	14	82.4	57	76.0
004- Decide how and when to achieve unit goals	8	61.5	12	75.0	59	79.7
005- Attend meetings of supervisory & administrative staff to discuss unit operation and to formulate programs to improve these areas	6	46.2	6	40.0	44	63.8
006- Establish program for unit (priorities, sequence, timing of events)	6	54.5	6	50.0	36	52.2
007- Set priorities for individual staff members in regard to patient nursing actions	3	27.3	6	46.2	38	52.8
008- Prepare & administer budget for unit	8	61.5	7	63.6	14	31.8
009- Establish procedures & standardize methods	8	66.7	8	57.1	44	67.7
010- Formulate policy or lead others toward policy decisions	8	61.5	4	28.6	32	60.4

Table 30 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
011- Develop individual nursing care plans for patients	1	14.3	9	75.0	46	66.7
012- Develop plans to meet on-going needs of all patients	6	66.7	9	75.0	49	71.0
013- Establish contingency plans (alternate courses of action) to be followed in case there are major shifts in budget, personnel allocations, etc.	7	58.3	3	27.3	14	29.8
014- Develop plans for common types of emergency situations	5	45.5	8	50.0	27	48.2
015- Participate in discharge planning	3	37.5	2	20.0	28	47.5

Table 31

Present Desire for Training in Organizing Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
016- Establish organization structure and draw up organization chart	2	18.2	1	14.3	11	28.2
017- Spell out reporting relationships and other lines of communication	5	41.7	7	46.7	29	49.2
018- Establish qualifications for positions reporting to you	4	33.3	5	45.5	19	38.8
019- Create job descriptions and/or let people know their responsibilities & authority	2	18.2	6	46.2	32	53.3
020- Participate in analysis of wages, hours, and working conditions of those supervised	5	38.5	7	70.0	14	31.8
021- Organize work of those supervised	3	25.0	4	36.4	33	51.6
022- Organize personal workload	9	69.2	7	41.2	31	43.1
023- Work from well designed calendar of responsibilities & projects	5	38.5	4	28.6	25	41.0
024- Interpret & administer policies established by governing authority	6	46.2	7	41.2	32	48.5
025- Follow proper hospital procedures	4	30.8	6	35.3	32	44.4
026- Establish unit systems & procedures	4	40.0	4	33.3	36	60.0

Table 31 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
027- Admit new patients	0	0.0	0	0.0	13	19.4
028- Supervise inventory & maintenance of supplies, drugs, & equipment	0	0.0	2	16.7	14	22.2
029- Supervise operation of specialized equipment	2	33.3	6	46.2	35	55.6
030- Administer budget	5	41.7	4	57.7	7	21.2
031- Direct preparation of records & reports: patient, personnel, operations, incidents, census	2	16.7	4	25.0	32	45.1
032- Draw on assistance of other hospital units & personnel as needed	1	10.0	5	33.3	20	30.3
033- Coordinate activities of various nursing units under your supervision	3	25.0	5	33.3	15	34.1

Table 32

Present Desire for Training in Staffing Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
034- Interview applicants for staff openings	8	66.7	6	54.5	21	45.7
035- Select and recommend appointment of nursing staff	3	25.0	6	46.2	19	38.0
036- Find replacements for ill employees	0	0.0	1	6.7	3	6.3
037- Arrange for services of private duty nurses	0	0.0	0	0.0	2	5.4
038- Arrange for emergency operations & reallocate personnel during emergencies	2	22.2	3	23.1	11	25.6
039- Orient new employees to unit objectives, job requirements & personnel	1	10.0	5	33.3	35	47.3
040- Give continuous orientation and on-the-job training to employees supervised in new nursing care techniques, procedures, and equipment	1	16.7	6	42.9	42	58.3
041- Plan & direct unit staff conferences	2	28.6	4	40.0	40	59.7
042- Participate as lecturer in hospital in-service program	4	44.4	5	41.7	17	39.5
043- Plan & direct in-service programs for professional & nonprofessional nursing staff						

Table 32 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
044- Assess abilities & development needs of staff when making assignments	1	16.7	5	31.3	31	43.7
045- Help develop employees potential for advancement by improving their knowledges, attitudes, & skills	7	70.0	8	53.3	53	72.6
046- Engage in development programs to update own nursing skills/knowledge	11	84.6	13	81.3	58	87.9
047- Engage in development programs to update own supervisory skills/knowledges	12	92.3	14	82.4	54	83.1

Desire for training in leading tasks

Table 33 lists the 13 leading tasks and shows that assistant directors, nurse supervisors, and head nurses desire training in all 13 (100%).

Desire for training in communicating tasks

Table 34 lists the 17 communicating tasks and shows that assistant directors desire training in 7 (41.1%), and nurse supervisors and head nurses in 16 (94.1%).

Desire for training in decisionmaking tasks

Table 35 lists the 10 decisionmaking tasks and shows that assistant directors desire training in 7 (70.0%), and nurse supervisors and head nurses in all 10 (100%).

Desire for training in controlling tasks

Table 36 lists the 14 controlling tasks and shows that assistant directors desire training in 11 (78.6%), nurse supervisors in 12 (87.7%), and head nurses in all 14 (100%).

Summary of desire for training in management tasks

Table 37 indicates that assistant directors desire additional training in 71 (70.3%) of the 101 management tasks listed in the questionnaire, nurse supervisors in 91 (90.1%), and head nurses in 95 (94.1%). The desire for training varies by job title (least for

Table 33

Present Desire for Training in Leading Tasks by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
048- Delegate & assign responsibility for certain tasks to subordinates	4	36.4	5	29.4	35	47.9
049- Assign personnel in terms of patient needs and staff proficiencies	2	28.6	5	29.4	29	39.2
050- Motivate staff to provide satisfactory performance of duties	7	58.3	9	56.3	57	78.1
051- Supervise & direct performance of subordinates	6	50.0	6	40.0	51	68.0
052- Set example of appropriate role behavior for employees	4	33.3	5	29.4	36	49.3
053- Coordinate activities of nursing personnel in unit	2	25.0	3	25.0	40	53.3
054- Coordinate activities between various units	4	40.0	4	30.8	13	26.5
055- Manage differences & resolve conflicts	8	61.5	7	41.2	53	71.6
056- Manage change, stimulate creativity & innovation in achieving goals.	11	84.6	11	68.8	56	80.0
057- Assist employees meet hospital or unit goals and objectives	5	41.7	7	43.8	47	64.4

Table 33 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
058- Support employees supervised within proper limits	4	33.3	5	35.7	40	56.3
059- Give advice & counsel on nursing practice questions	8	61.5	7	46.7	44	61.1
060- Help subordinates in writing, implementing, & evaluating patient care plans	2	25.0	8	80.0	40	63.5

Table 34

Present Desire for Training in Communicating Tasks by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
061- Transmit or issue orders to subordinates	4	40.0	5	29.4	32	44.4
062- Inform immediate subordinates of all current developments & explain orders whenever possible	3	23.1	5	31.3	30	40.5
063- Hold periodic employee meetings to pass on information, solve problems, discuss patient needs	5	41.7	5	33.3	43	58.9
064- Answer questions fully or obtain answers for employees supervised	3	25.0	4	23.5	41	55.4
065- Listen to & attempt to correct employee complaints	7	53.8	6	35.3	47	63.5
066- Participate in shift report	0	0.0	2	16.7	16	22.5
067- Discuss patient care needs with physician, nursing supervisor & staff	2	25.0	3	23.1	26	36.1
068- Provide liaison with order departments & representation at interdepartmental meetings	1	9.1	4	28.6	18	34.6
069- Maintain effective & close relationships with higher supervisory levels	4	30.8	5	29.4	26	35.1
070- Pass on positive & negative feedback & developments to superiors	1	7.7	4	23.5	25	33.3

Table 34 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
071- Publicize achievements of area to higher management	2	16.7	3	20.0	17	27.9
072- Maintain your position on an issue in spite of opposition in order to achieve results	4	30.8	2	13.3	37	53.6
073- Teach patient, family, personnel, in relation to prevention of illness & promotion of health	0	0.0	6	60.0	46	67.6
074- Teach patient, family, personnel, in relation to current illness & convalescence	1	14.3	3	30.0	47	68.1
075- Teach patient, family, personnel, in relation to supportive nursing care and procedures	1	14.3	2	20.0	44	64.7
076- Teach patient, family, personnel, in relation to rehabilitation	0	0.0	2	20.0	38	60.3
077- Participate in community health & education programs & other public relations efforts	2	20.0	3	30.0	24	48.0

Table 35

Present Desire for Training in Decisionmaking Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
078- Receive & interpret verbal & written reports about patient care being rendered	4	40.0	4	28.6	30	42.9
079- Review condition, needs, & therapeutic goals of patients	1	12.5	4	28.6	41	57.7
080- Note & analyze changes in patient mix, community health problems, & staff turnover	5	41.7	6	40.0	24	45.3
081- Identify potential problems in delivery of patient care	5	45.5	5	35.7	44	62.0
082- Identify actual nursing problems & needs	6	60.0	8	57.1	47	68.1
083- Investigate & adjust complaints	4	33.3	5	29.4	36	49.3
084- Recognize problem patterns & generate new procedures	6	50.0	3	21.4	39	60.0
085- Sell major change proposals to superiors to prevent future problems	7	58.3	6	37.5	38	58.5
086- Consult with superior on specific nursing problems & interpretation of hospital policies	1	7.7	5	33.3	29	42.0
087- Refer problems to superior	1	7.7	4	23.5	21	30.9

Table 36

Present Desire for Training in Controlling Tasks
by Job Title for All Hospitals

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating n	%	3-5 Rating n	%	3-5 Rating n	%
088- Establish reporting systems that will present important information for your review	6	54.5	6	50.0	23	40.4
089- Develop performance standards for unit (establish conditions that will exist when duties are well done)	6	60.0	4	36.4	37	58.7
090- Insure conformance with hospital policies and regulations	3	23.1	4	23.5	31	44.3
091- Measure results & determine extent of difference from goals & standards previously established	5	50.0	5	41.7	33	55.0
092- Evaluate performance of those supervised & prepare performance appraisals	6	46.2	5	31.3	42	59.2
093- Analyze & revise services rendered to improve quality of patient care	6	54.5	4	28.6	45	66.2
094- Analyze patient care practices to achieve better utilization of staff time and activities	7	70.0	5	35.7	45	71.4
095- Maintain safety practices	4	30.8	6	35.3	32	45.1
096- Participate in nursing & physician rounds to observe & assess patient care and needs	1	16.7	3	27.3	30	44.8

Table 36 (Continued)

Task	Assistant Directors		Nursing Supervisors		Head Nurses	
	3-5 Rating		3-5 Rating		3-5 Rating	
	n	%	n	%	n	%
097- Review entries by nursing team members on patient records or participate in utilization review	3	37.5	3	25.0	28	41.8
098- Participate in studies & investigations related to improving nursing care	6	54.5	6	46.2	27	49.1
099- Take corrective action, adjust plans, counsel to attain standards	8	61.5	5	33.3	45	66.2
100- Administer discipline (firings, censure)	5	38.5	7	43.8	23	47.9
101- Administer rewards (salary increases, work assignments)	3	23.1	3	23.1	21	47.7

Table 37

Summary Desire for Training by Job Title and Management Function
Summed Across All Hospitals and Shifts

Tasks	% Job Title	Assistant Director # Tasks	Assistant Director Cell Total	Assistant Director Cell % of Function Tasks	Nurse Supervisor # Tasks	Nurse Supervisor Cell Total	Nurse Supervisor Cell % of Function Tasks	Head Nurse # Tasks	Head Nurse Cell Total	Head Nurse Cell % of Function Tasks
Planning (15)	25-49.9	4	14	93.3	4	14	93.3	4	15	100.0
	50-100	10			10			11		
Organizing (18)	25-49.9	11	12	66.7	13	15	83.3	11	15	83.3
	50-100	1			2			4		
Staffing (14)	25-49.9	3	7	50.0	7	11	78.6	6	12	85.7
	50-100	4			4			6		
Leading (13)	25-49.9	8	13	100.0	10	13	100.0	4	13	100.0
	50-100	5			3			9		
Communicating (17)	25-49.9	6	7	41.1	8	16	94.1	8	16	94.1
	50-100	1			8			8		
Decisionmaking (10)	25-49.9	4	7	70.0	5	10	100.0	5	10	100.0
	50-100	3			5			5		
Controlling (14)	25-49.9	4	11	78.6	11	12	85.7	8	14	100.0
	50-100	7			1			6		
Total	25-49.9	40		39.6	58		57.4	46		45.5
	50-100	31		30.7	33		32.7	49		48.5
Grand Total			71	70.3		91	90.1		95	94.1

assistant directors, most for head nurses) and by major functional area. For example, training in 100% of the leadership tasks was desired by all job titles, while staffing was a much lower expressed need area.

To determine whether there was a significant difference between job titles for additional training, an ANOVA was calculated as shown in Table 38. Assistant directors show a desire for additional training in significantly fewer management tasks than do either nurse supervisors or head nurses. This finding parallels the pattern of task performance shown in Tables 21 and 22. That assistant directors desire training in fewer tasks than the other two titles may be representative simply of the fact that their range of involvement in management tasks is more proscribed by their organizational position and role; or it may represent an attitude of having arrived and not now feeling as much of a need for additional inputs after years of experience.

The final perspective on this question should be that the three levels of nurses in supervision express a desire for additional training ranging from 70.3% to 94.1% of the 101 management tasks listed in the questionnaire. This professional group is eager for additional development opportunities.

Core, unique, and shared training needs

Table 39 shows desire for training in specific tasks broken out under four major headings: Training core for all supervisory titles,

Table 38

Statistical Analysis

Summary Desire for Training by Job Title and Management Function

Two Way Analysis of Variance:

Source of variance	d.f.	s.s	m.s.	F	prob>F
Job Titles	2	.4888	.2444	10.23	.003
Management Functions	6	.7160	.1193		
Error	12	.2868	.0239		
Total Corrected	20	1.492			

Least Significant Differences:

Job Title Comparisons	Mean Differences	Significance
Asst. Dir.-N. Sup.	.257	.01
Asst. Dir.-H. Nurse	.363	.01
N. Sup.-H. Nurse	.106	N.S.

training unique to one title, training shared by two titles, training desired by no job title. The basic value of this information is that it outlines the basic curriculum content for continuing education in management for this group.

It should be noted that 65 of the 101 tasks represent the core training content as expressed by all job titles. This training core represents a group of training items which would be of interest to supervisory nurses at all levels in the hierarchy. This commonality of interests provides one rationale for a training program outline.

Further analysis of these tasks in Tables 30-36 would provide an indication of the percentage of each job title that saw these tasks as a subject area for additional training. This measure of unanimity would provide an additional logic element in structuring the development opportunities needed by today's leaders of nursing service.

Table 39

Summary Core, Unique, and Shared Desire for Training by Functional Area
Summed Across All Hospitals and Shifts

Training Core for All Supervisory Titles	Training Unique to Single Title			Training Shared by Two Titles			Training Desired by No Job Title
	Asst. Dir.	N. Supvr.	H. Nurse	Asst. Dir. N. Supvr.	Asst. Dir. H. Nurse	N. Supvr. H. Nurse	
Planning (15 Tasks) 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 012, 013, 014					015	011	
Organizing (18 Tasks) 017, 018, 020, 021, 022, 023, 024, 025, 026, 029, 033			016	030		019, 031, 032	027, 028
Staffing (14 Tasks) 034, 035, 041, 042, 045, 046, 047			038			039, 040, 043, 044	036, 037
Leading (13 Tasks) 048, 049, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059, 060							

Table 39 (Continued)

Training Core for All Supervisory Titles	Training Unique to Single Title			Training Shared by Two Titles			Training Desired by No Job Title
	Asst. Dir.	N. Supvr.	H. Nurse	Asst. Dir. N. Supvr.	Asst. Dir. H. Nurse	N. Supvr. H. Nurse	
Communicating (17 Tasks) 061, 063, 065, 069			070, 071, 075, 076		064, 067, 072	062, 068, 073, 074, 077	066
Decisionmaking (10 Tasks) 078, 080, 081, 082, 083, 085			087		084	079, 086	
Controlling (14 Tasks) 088, 089, 091, 092, 093, 094, 095, 097, 098, 099, 100			090, 101			096	
Total 65	0	0	9	1	5	16	5

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SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of the Study

The purpose of the study was to identify the specific management tasks performed by assistant directors of nursing service, nurse supervisors, and head nurses; to determine differences in the pattern of task performance by level in the organizational hierarchy; to determine differences in the pattern of task performance horizontally across nursing specialty units for head nurses; to examine the impact unit managers might have on head nurse management task performance; and to identify the specific management tasks in which nurses in supervision desire additional training.

Data was collected through an instrument known as the Nursing and the Management Function Questionnaire, which was constructed by the investigator. The questionnaire elicited information in five areas: Biographical Information; Education and Work History; Present Work Situation; Management Training; Tasks. The first four sections were designed to obtain information about biographical, situational, and opinion variables. Part five, Tasks, constituted the major portion of the questionnaire consisting of 101 task statements organized into seven functional management areas. Respondents were asked to complete scales for Frequency, Importance, and Desire for Additional Training for each task statement.

Although the instrument had been piloted on a group of six nurses in supervision, the Importance scale was later found to inadequately separate responses and was unusable. The failure of the Importance scale did not impair the study results. The data was tabulated in a variety of ways to answer the key questions under investigation. Core tasks for each job title were identified. A core task was defined as a task performed on at least a weekly basis by a minimum of 25% of a job title. Analysis of variance and other statistical procedures were carried out to identify significant differences between groups.

A total of 117 nurses in supervision and unit managers from four Western Michigan short-term general hospitals ranging in size from 410-540 beds participated in the study. Data was collected in February-March 1975.

Conclusions

Based on the data obtained from this sample and its analysis, the following conclusions were reached:

1. Nurses in supervision (assistant directors, nurse supervisors and head nurses) are managers as defined by the tasks which they perform in management. Their managerial responsibilities extend across all functional areas of management.

2. The specific pattern of this management task performance was identified and significant differences between job titles were identified by functional area. Assistant directors perform signi-

ficantly fewer management tasks than either nurse supervisors or head nurses.

3. Head nurse management task performance does not differ significantly by unit specialty in nursing. A high level of management task performance is observed across unit specialties for head nurses.

4. The presence of unit managers does not appear to significantly affect the pattern of head nurse management task performance. Head nurses in hospitals with unit managers report performing more management tasks. It does not appear that these head nurses are relieved of their management (non-nursing) tasks to any important degree.

5. Nurses in supervision express desire for additional training in management tasks at a high level and across all functional areas of management. Assistant directors desire additional training in significantly fewer task areas than either nurse supervisors or head nurses.

6. Nurses in supervision report they do not believe they were adequately prepared for their management role.

Recommendations

Recommendations for further research into the management function being performed by nurses in supervision are as follows:

1. The findings of this research effort were based upon a sample of nurses in supervision from four Western Michigan hospitals.

It is recommended that the study be replicated using a sample taken from other states or regions of the country.

2. The studied job titles that were included in the study were limited to assistant directors, nurse supervisors and head nurses. It is recommended that additional job titles be studied to see what patterns of task performance are found, specifically in the director of nurses job as well as that of the staff nurse.

3. The data for this study were based on the perception of nurses in supervision as to the frequency with which they perform management tasks. Additional research is needed in which independent observation can verify the patterns of task performance as reported.

4. Additional attitudinal research needs to be done to identify the extent of the reported dissatisfaction by nurses in supervision with their management role. Though not studied in this research effort, the investigator's observation is that many nurses in supervision relish this role and feel frustration with it only because of lack of preparation.

5. This study tangentially touched on the relationship between head nurses and unit managers. This relationship needs to be explored in depth to determine its implications for the management role of nurses in supervision.

6. The present investigation demonstrated clearly the extent of the management role performed by members of nursing supervision and demonstrated, as well, the insufficient amount of prepa ion

which nurses in management report receiving. The question of who should be responsible for the management education of nurses in supervision remains unanswered. Should this be a function of specialized undergraduate or graduate nursing programs, or a continuing education responsibility of the employing institution?

7. One of the key outcomes of this study was the identification of a listing of topics which represented the present desire for training which nurses in supervision report for specific management tasks. Additional curriculum work and investigation into the effectiveness of such an implemented curriculum remain to be done.

APPENDIX A

NURSING AND THE MANAGEMENT FUNCTION

Research Questionnaire: All replies treated in strictest of confidence.

I. BIOGRAPHICAL INFORMATION

1. My job title is:

- ☐ Director of Nursing
- ☐ Ass't. Director of Nursing
- ☐ Nursing Supervisor
- ☐ Head Nurse
- ☐ Team Leader
- ☐ Staff Nurse
- ☐ Unit Manager
- ☐ Other (specify)_____

2. Marital Status:

- ☐ Single
- ☐ Married
- ☐ Other

3. Do you have any dependents (children or spouse that you are supporting) living at home?

- ☐ Yes
- ☐ No

How many?_____

4. Your age:_____

5. Present yearly salary: $_____

6. Sex: ☐ Female ☐ Male

II. EDUCATION AND WORK HISTORY

7. Check each degree/diploma earned and enter year obtained:

Degree	Year Graduated
☐ LPN	_____
☐ 2 year RN	_____
☐ 3 year RN	_____
☐ BS	_____
☐ MS	_____
☐ Other (specify)_____	_____

8. If BS or MS graduate was degree in:

☐ Nursing ☐ Nursing Education

☐ Administration ☐ Other (specify) _____

9. I have worked for _____ employers in various nursing capacities since graduation.

10. My total years of nursing experience are _____ years.

11. My total years of nursing supervisory experience are _____ years.

12. How many years of nursing experience did you have before entering the following job titles:

___ Staff Nurse ___ Nursing Supervisor

___ Team Leader ___ Assistant Director of Nursing

___ Head Nurse ___ Director of Nursing

III. PRESENT WORK SITUATION

13. Currently I am working on the: _____ 7-3 shift

_____ 3-11 shift

_____ 11-7 shift

14. Indicate size of hospital in which you work:

☐ 50-99 beds ☐ 300-399

☐ 100-199 beds ☐ 400-499

☐ 200-299 beds ☐ 500 or more beds

15. Indicate the unit within which you work:

☐ Administration ☐ Intensive Care

☐ Operating Room ☐ Cardiac Care

☐ Recovery Room ☐ Pediatrics

☐ Medical/Surgical ☐ Nursery

☐ Emergency Room ☐ Obstetrics/Gynecology

☐ Outpatient Department ☐ Central Services

☐ Psychiatry ☐ Orthopedics

☐ Inservice Education ☐ Other (specify) _____

16. Give the numbers of people in each of the following job categories that report to you directly.

____ Assistant Director of Nursing	____ Staff LPN's
____ Nursing Supervisors	____ Ward clerks/clerical
____ Head Nurses	____ Aides/orderlies
____ Staff RN's	

17. What is the title of the person to whom you report?

☐ Head Nurse	☐ Director of Nursing
☐ Nursing Supervisor	☐ Hospital Administrator
☐ Assistant Director of Nursing	☐ Other (specify)_____

18. Does your hospital make use of ward managers and clerks to handle clerical duties in your area of responsibility?

☐ Yes ☐ No

19. Do you believe that nursing supervision in your hospital have an adequate understanding of their responsibilities, duties, and level of authority?

☐ Yes ☐ No ☐ Sometimes

20. Do you believe that members of nursing supervision are asked to do too many administrative duties?

☐ Yes ☐ No ☐ Sometimes

21. Do you believe that there is too much overlap in duties, or confusion between nursing supervisory positions as to individual responsibilities?

☐ Yes ☐ No ☐ Sometimes

IV. MANAGEMENT TRAINING

22. How adequately trained for supervisory responsibility were you when you first entered supervision?

☐ completely trained for supervision

☐ partially trained for supervision

☐ untrained for supervision

23. How many courses did you receive in leadership/management/administration as part of the nursing school curriculum? _____

24. How many days of instruction have you received in leadership/management/administration in continuing education programs since graduation?_____

25. As you see the application of skills in your job, what percentage of your time is spent in the following areas on an average day?

_____% giving patient care or directly assisting others in patient care

_____% leadership/management/administration

100%

26. Where you work are promotions related to educational level?

☐ Yes ☐ Sometimes

☐ No ☐ I don't know

27. Do you think you would receive more recognition or prestige if you were to go back to school, receive a higher degree, and then return to nursing?

☐ Yes

☐ No

☐ I don't know

28. Some nursing opinion holds that all positions within nursing supervision should be filled with 4 year graduates. What do you believe about this point of view?

_____ Agree _____ Disagree

Comments: _____

_____

_____

V. TASKS

INSTRUCTIONS: For the final part of the questionnaire please tell us about the supervisory, leadership, and administrative tasks of your job. It is not expected that anyone would perform all of these tasks. Please rate tasks that you perform.

Please read each of the following task statements and then rate them on a 1-5 scale according to how frequently you perform them, how important you think any given task is compared to others (please do not rate each task to be of maximum importance!), and whether you desire additional training in the task.

PLEASE READ THE FOLLOWING DESCRIPTIONS WHICH EXPLAIN WHAT THE 1-5 SCALES REPRESENT. THEN CIRCLE YOUR RESPONSE FOR EACH ITEM.

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more training
4. perform task daily	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

EXAMPLE: Here is how one nurse in supervision rated the first task. Note that each task is to be rated by how frequently you perform it, how important you think any given task is compared to others and whether you desire additional training in the task.

Task	Frequency	Importance	Desire Additional Training in this Area
001- Forecast future needs Of unit	1 **(2)** 3 4 5	1 2 3 **(4)** 5	1 **(2)** 3 4 5

1. PLANNING

Task	Frequency	Importance	Desire Additional Training in this Area
001- Forecast future needs of unit	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
002- Set objectives and desired end results for unit and employees	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
003- Set goals and objectives for self	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
004- Decide how and when to achieve unit goals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
005- Attend meetings of supervisory & administrative staff to discuss unit operation and formulate programs to improve these areas	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more training
4. perform task daily	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
006- Establish program for unit (priorities, sequence, timing of events)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
007- Set priorities for individual staff members in regard to patient nursing actions	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
008- Prepare and administer budget for unit	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
009- Establish procedures and standardize methods	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
010- Formulate policy or lead others toward policy decisions	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
011- Develop individual nursing care plans for patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
012- Develop plans to meet on-going needs of all patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
013- Establish contingency plans (alternate courses of action) to be followed in case there are major shifts in budget, personnel allocations, etc.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
014- Develop plans for common types of emergency situations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
015- Participate in discharge planning	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2. ORGANIZING			
016- Establish organization structure and draw up organization chart	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY

1. never or rarely perform task
2. perform task at least monthly
3. perform task at least weekly
4. perform task daily
5. perform task repeatedly daily

IMPORTANCE

1. almost no importance
2. of slight importance
3. important
4. very important
5. of maximum importance

DESIRE FOR ADDITIONAL TRAINING

1. almost no desire
2. very little desire
3. desire more training
4. very much want more training
5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
017- Spell out reporting relationships and other lines of communication	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
018- Establish qualifications for positions reporting to you	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
019- Create job descriptions and/or let people know their responsibilities & authority	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
020- Participate in analysis of wages, hours, and working conditions of those supervised	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
021- Organize work of those supervised	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
022- Organize personal workload	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
023- Work from well designed calendar of responsibilities and projects	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
024- Interpret & administer policies established by governing authority	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
025- Follow proper hospital procedures	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
026- Establish unit systems and procedures	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
027- Admit new patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
028- Supervise inventory and maintenance of supplies, drugs, and equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
029- Supervise operation of specialized equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Administer budget.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more traini
4. perform task daily	4. very important	4. very much want mor
5. perform task repeatedly daily	5. of maximum importance	training
		5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
031- Direct preparation of records & reports: Patient, personnel, operations, incidents, census	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
032- Draw on assistance of other hospital units & personnel as needed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
033- Coordinate activities of various nursing units under your supervision	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3. STAFFING			
034- Interview applicants for staff openings	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
035- Select and recommend appointment of nursing staff	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
036- Find replacements for ill employees	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
037- Arrange for services of private duty nurses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
038- Arrange for emergency operations & reallocate personnel during emergencies	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
039- Orient new employees to unit objectives, job requirements and personnel	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
040- Give continuous orientation and on-the-job training to employees supervised in new nursing care techniques, procedures, and equipment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
041- Plan & direct unit staff conferences	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more training
4. perform task daily	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
042- Participate as lecturer in hospital in-service program	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
043- Plan & direct in-service programs for professional & nonprofessional nursing staff	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
044- Assess abilities & development needs of staff when making assignments	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
045- Help develop employees potential for advancement by improving their knowledges, attitudes, and skills	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
046- Engage in development programs to update own nursing skills/knowledge	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
047- Engage in development programs to update own supervisory skills/knowledges	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4. LEADING			
048- Delegate & assign responsibility for certain tasks to subordinates	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
049- Assign personnel in terms of patient needs and staff proficiencies	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
050- Motivate staff to provide satisfactory performance of duties	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
051- Supervise & direct performance of subordinates	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
052- Set example of appropriate role behavior for employees	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
053- Coordinate activities of nursing personnel in unit	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more training
4. perform task daily.	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
054- Coordinate activities between various units	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
055- Manage differences and resolve conflicts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
056- Manage change, stimulate creativity & innovation in achieving goals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
057- Assist employees meet hospital or unit goals and objectives	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
058- Support employees supervised within proper limits	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
059- Give advice and counsel on nursing practice questions	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
060- Help subordinates in writing, implementing, and evaluating patient care plans	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5. COMMUNICATING			
061- Transmit or issue orders to subordinates	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
062- Inform immediate subordinates of all current developments & explain orders whenever possible	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
063- Hold periodic employee meetings to pass on information, solve problems, discuss patient needs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
064- Answer questions fully or obtain answers for employees supervised	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
065- Listen to and attempt to correct employee complaints	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more training
4. perform task daily	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
066- Participate in shift report	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
067- Discuss patient care needs with physician, nursing supervisor and staff	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
068- Provide liaison with order departments & representation at interdepartmental meetings	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
069- Maintain effective and close relationships with higher supervisory levels	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
070- Pass on positive & negative feedback and developments to superiors	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
071 - Publicize achievements of area to higher management	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
072 - Maintain your position on an issue in spite of opposition in order to achieve results.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
073- Teach patient, family, personnel in relation to prevention of illness and promotion of health	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
074- Teach patient, family, personnel, in relation to current illness & convalescence	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
075- Teach patient, family, personnel in relation to supportive nursing care and procedures	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
076- Teach patient, family, sonnel in relation to abilitation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more training
4. perform task daily	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
077- Participate in community health and education programs and other public relations efforts	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6. DECISIONMAKING			
078- Receive & interpret verbal & written reports about patient care being rendered	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
079- Review condition, needs, and therapeutic goals of patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
080- Note and analyze changes in patient mix, community health problems, and staff turnover	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
081- Identify potential problems in delivery of patient care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
082- Identify actual nursing problems and needs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
083- Investigate & adjust complaints	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
084- Recognize problem patterns and generate new procedures	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
085- Sell major change proposals to superiors to prevent future problems	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
086- Consult with superior on specific nursing problems and interpretation of hospital policies	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
087- Refer problems to superior	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more trainir
4. perform task daily	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
7. CONTROLLING			
088- Establish reporting systems that will present important information for your review	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
089- Develop performance standards for unit (establish conditions that will exist when duties are well done)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
090- Insure conformance with hospital policies and regulations	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
091- Measure results and determine extent of difference from goals & standards previously established	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
092- Evaluate performance of those supervised and prepare performance appraisals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
093- Analyze and revise services rendered to improve quality of patient care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
094- Analyze patient care practices to achieve better utilization of staff time and activities	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
095- Maintain safety practices	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
096- Participate in nursing and physician rounds to observe & assess patient care and needs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
097- Review entries by nursing team members on patient records or participate in utilization review	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FREQUENCY	IMPORTANCE	DESIRE FOR ADDITIONAL TRAINING
1. never or rarely perform task	1. almost no importance	1. almost no desire
2. perform task at least monthly	2. of slight importance	2. very little desire
3. perform task at least weekly	3. important	3. desire more traini
4. perform task daily	4. very important	4. very much want more training
5. perform task repeatedly daily	5. of maximum importance	5. must have more training

Task	Frequency	Importance	Desire Additional Training in this Area
098- Participate in studies and investigations related to improving nursing care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
099- Take corrective action, adjust plans, counsel to attain standards	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
100- Administer discipline (firings, censure)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
101- Administer rewards (salary increases, work assignments)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

APPENDIX B

WESTERN MICHIGAN UNIVERSITY

COLLEGE OF EDUCATION
Department of Educational Leadership

KALAMAZOO, MICHIGAN
49001

To All Study Participants:

We are asking you to assist us as part of an important study of the education and management responsibilities of today's nurse in supervision. Because of the central role that nurses in supervision play in directing health care in today's hospital there is a need to examine further this aspect of the profession.

Your response is needed in order to make the study results meaningful. Your answers are important.

Your answers will be treated in strictest confidence. No attempt will be made to identify individuals and your responses will be seen only by members of our research team.

We appreciate greatly your help on this essential project.

V. Clayton Sherman

V. Clayton Sherman
Project Director

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