1990

A study of the conflict management style of black and white nurse executives

Olivia Yarbrough Stringer
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San Jose State University, 1990

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A STUDY OF THE CONFLICT MANAGEMENT STYLE OF
BLACK AND WHITE NURSE EXECUTIVES

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
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August, 1990

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ABSTRACT

A STUDY OF THE CONFLICT MANAGEMENT STYLE OF BLACK AND WHITE NURSE EXECUTIVES

by Olivia Yarbrough Stringer

This descriptive exploratory study examined whether Black and Caucasian nurse executives manage conflict differently, and if so, whether the Black cultural experience plays a role in these differences. The conceptual framework was Kenneth Thomas' Structural Model. Thirteen Black and Caucasian women nurse executives consented to participate in the study.

Data, by survey method, were collected via demographic and cultural experience tools and the Thomas-Kilmann Conflict Mode Instrument. Findings were represented by descriptive statistics (percentages and frequencies). Due to the small sample size, these data are not significant and cannot be generalized to the larger population. However, the data suggested that Black nurse executives: (a) demonstrated a greater awareness of different conflict management styles of nurses with diverse ethnic backgrounds, (b) used the compromising approach to conflict more frequently, and (c) were older with more children than the Caucasian nurse executives. A definitive answer to the research question has yet to be reached.

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Chapter 1

INTRODUCTION

Conflict is an inevitable part of life. According to Lewis (1976), only recently has conflict been viewed as necessary. Before the 1940's, the traditionalist viewed conflict as unproductive and an issue to be experienced by every organization.

For Black nurses, conflict has been a way of life. Many who have risen to executive positions have undoubtedly dealt with many kinds of conflict in their professional as well as personal lives. They have managed to survive slavery, civil rights protests, the women's movements, and most recently, changes in the health care industry and the nursing profession.

Black nurses are "newcomers" to the executive world. It would seem that the Black cultural experience plays an important role in how Black nurse executives manage conflict. However, there is little literature available to support or refute this belief. The intent of this study is to shed light on this subject and possibly reveal skills that can be utilized by other non-Black executives in similar situations.

Problem and Research Question

In the past 20 years, the nursing profession has begun

to recognize that Black nurses have talents and abilities to occupy mid-level to top-level management positions. Because of segregation and discrimination, Black nurses were unable to secure training that would lead to advanced roles.

Little is known about Black nurses who rise to executive positions. It is likely that their cultural experiences are unique and different from that of the Caucasian nurse executive. This study is concerned with the techniques used by Black nurse executives to manage conflict and the influence that Black culture may have on their management techniques. In what ways do Black and Caucasian nurse executives manage conflict differently?

Purpose and Need

The purpose of this study is to determine if Black and Caucasian women nurse executives manage conflict differently, and if so, whether the Black cultural experience plays a role in these differences. A secondary purpose is to gain knowledge and heighten awareness about the skills and techniques used by Black and Caucasian women nurse executives in managing conflict. Data generated from this study will provide an impetus for future research in an area where there is little documented information. The following are examples of how the results could be applied:

1. Assist nursing executives in understanding the difference in conflict management techniques used by Black and Caucasian nurses.

2. Provide a beginning foundation upon which Black and Caucasian nurse executives can develop their conflict management skills.

3. Give nurse educators information which can assist them in training nurses to problem solve.

4. Help decrease the fear of conflict and promote an understanding of the usefulness of conflict.

Definition of Terms

For the purpose of this study, the following definitions apply:

1. Black designates a member of the Negro race (American Black).

2. Caucasian designates a member of the White race.

3. Nurse is a person who has graduated from an accredited nursing education program and holds a valid license to practice as a Registered Nurse.

4. Nurse Executive is a Registered Nurse who holds a top nursing position in a hospital, public health, or community based health care organization, such as director of nursing.

5. Conflict Management is the ability to use given behavioral strategies for managing conflict.

6. Black Culture is the personal life of Black nurses, from birth to the present time, which has influenced their choices and decisions.

7. Competing is the pursuit of winning by using

whatever power seems appropriate--using others, being assertive and uncooperative (Thomas & Kilmann, 1974).

8. Accommodating is the desire to please others, to not compete, to be unassertive and cooperative (Thomas & Kilmann, 1974).

9. Avoiding is the state of being unassertive and uncooperative, with no desire to address conflict (Thomas & Kilmann, 1974).

10. Collaborating is to confront, investigate and find solutions to problems while being cooperative and assertive--the opposite of avoiding (Thomas & Kilmann, 1974).

11. Compromising is the state of finding quick and mutual agreement between two parties by using middle-ground positions, assertiveness and cooperativeness (Thomas & Kilmann, 1974).

Research Design

This descriptive, exploratory study was designed to examine the research question: In what ways do Black and Caucasian nurse executives manage conflict differently? The mailed questionnaire survey technique was selected in an effort to control cost, minimize time spent, and provide anonymity to the respondents.

Sample

This study included 20 non-randomly selected nurse executives. These respondents consisted of 10 Black nurse executives and 10 Caucasian nurse executives.

Data Collection

Data were collected from the respondents via mailed questionnaires. The respondents received a packet that included a cover letter, consent forms, three questionnaires and a self-addressed return envelope. The respondents were instructed to complete and return the questionnaires and consent form by a deadline.

Data Instrument

The instruments in this study consisted of three questionnaires: (a) a demographic tool, (b) a cultural experience tool, and (c) the Thomas-Kilmann Conflict Mode Instrument.

The demographic questionnaire requested general background information regarding the respondent (Appendix H). The cultural experience questionnaire which was developed by the investigator requested information regarding the respondent's awareness of culture as related to an individual's approach to conflict management (Appendix I). The Thomas-Kilmann Conflict Mode Instrument is a 30 item questionnaire that measures the participant's responses to conflict situations (Appendix J).

Data Analysis

The data analysis began by first scoring the Black and Caucasian group responses to the Thomas-Kilmann Conflict Mode Instrument questionnaire. The scores from the two groups were analyzed by using Thomas-Kilmann's profile graph

(Appendix J) and descriptive statistics, such as percentages and frequencies. The demographic and cultural experience items were examined by using descriptive statistics, such as percentages and frequencies of each group.

Scope and Limitations

The scope of this study is limited, and the results cannot be generalized due to the small, non-randomized sample. A major limitation of the study was the limited number of Black nurse executives available. The respondents selected were all women, and no age control was exerted. In addition to the above limitations, there was a possibility of incorrect conclusions being drawn because of the inability to clarify questions in a survey conducted by mail.

Chapter 2

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Conceptual Framework

Introduction

The purpose of this chapter is to describe the theoretical framework and pertinent literature related to conflict management techniques of Black and Caucasian nurse executives. Kenneth Thomas's Conflict Model provides the theoretical framework for this study.

Thomas's Conflict Theory

Thomas (1976) developed a theory of conflict between two social units entitled "Dyadic Conflict." "Dyadic Conflict" is defined as a process which integrates components of perception, emotion, behaviors and outcome between two social units. The conflict construct emerges when one social unit identifies frustration over concerns expressed by another social unit.

Thomas (1976) asserts that the manner in which conflict is managed will lead to either a positive or destructive outcome. Prior to management of conflict, the social units involved must obtain a general understanding of the outcome to be anticipated in view of a particular conflict behavior, either positive or destructive. Once their behaviors are identified, the social units can begin to predict the outcome of the conflict behavior and develop strategies and

techniques to successfully manage the conflict.

From this conflict theory, Thomas (1976) introduced the structural model for managing conflict (Figure 1). This model provides an understanding of specific influences. These specific influences are integrated into the social unit's central behavior tendencies within a given dyadic relationship. During a conflict episode, each social unit utilizes a mix of behaviors which include collaborating, competing, avoiding, accommodating, and compromising. Thomas (1976) asserts that these behaviors are predetermined by factors existing in a social unit's present and past environment. For the purpose of this study, the structural model is appropriate because it examines and identifies some of the underlying causes that directly influence a social unit's (person's) behavior in conflict.

Structural Models

The structural model component of this theory is composed of several variables that influence behavior. The variables include social pressures, behavior predispositions, incentive structures, procedures and rules (Figure 1). This model examines the effects of these influences on behavior; that is, "how does frequency of interaction influence conflict behavior?" (Thomas, 1976, p. 894).

Thomas (1976) asserts that social pressures are influences from outside the dyad. These pressure influences

Figure 1. Thomas's Structural Model of Dyadic Conflict

Note. From Handbook of Industrial and Organizational Psychology (p. 912) by M. Dummette, 1976, Chicago: Rand McNally College Publishing Company. Copyright 1976 by John Wiley and Sons, Inc. Reprinted by permission.

exist in two forms, "constituent" and "ambient."

Constituent social pressures are pressures from the group the social unit represents. Ambient pressures are pressures from neutral bystanders. Influences from the ambient pressures may be norm and value related.

The behavioral predispositions represent a social unit's dominant response style in any given situation. A social unit's motives and abilities shape the behavioral predisposition. Another source of influence is the "incentive structure." Incentive structure means the interrelationship between the concerns of the two social units; that is, the concerns of the social units are directly related to the behavior of the other. The final source of influence on a social unit's conflict behavior is "rules and procedures." Rules and procedures are the boundaries that govern the negotiations during a conflict episode. According to Thomas (1976), these boundaries constrain and shape the behavior of the social units who interact within it (p. 922).

Conceptual Framework Rationale

Today's highly competitive marketplace has placed increased performance expectations on Black nurse executives. The structural component of the conflict model focuses upon underlying causes that shape a response to stimuli. A basic assumption of this study asserts that cultural background influences individuals' reaction and

responses to different situations, good or bad. Cultural background and environmental conditions can therefore influence individuals' responses to a conflict situation. This influence can dictate how individuals respond. This model asserts that individuals have their own set of behavioral predispositions.

The Black female nurse executive brings to a conflict situation a historical background that is often filled with ridicule and discrimination. In the past and the present, Black Americans in general have lived with attacks on their dignity, character and self-worth. In contrast, Caucasian nurse executives probably lack some of this experience in their history and culture.

Based on Thomas's Conflict Model, it is anticipated that a Black female nurse executive presented with a conflict situation would utilize behavioral responses learned through her cultural background. This cultural experience affects the conflict management style adopted by the Black nurse executive.

Related Literature Review

The author conducted a medline bibliographic computer search from 1975 to 1988 using the Cumulative Index of Allied Health and Health Planning databases. The search uncovered numerous articles focusing upon general concepts of conflict, conflict management, and cultural variations.

The literature review did not report any research

dealing specifically with the relationship between conflict management and nurse executives. In addition, cultural experience, as it related to Black nurse executives and conflict management styles, was not the focus of any research reported. Most of the cited literature continued to focus upon conflict and conflict management, as well as cultural concerns of Black American women, all as separate topics.

Overview of Conflict and Conflict Management

Conflict is defined by Webster (1985) as an "antagonistic state of action or a struggle between opposing needs, drives, wishes or external or internal demands" (p. 235). Arnett (1982) asserts that conflict will exist as long as there are individuals with differing personalities, values and cultural backgrounds interacting with one another.

Muniz (1981) concluded that there are many situations or relationships in which conflict occurs. He asserts that there are ways of recognizing parties in conflict. The method of conflict recognition is through the observation of one person's negative reaction to another's action or comments. At this point, no confrontation has taken place. The second source of conflict is one in which confrontation has already been reached resulting in each person lashing out at each other with no resolution in sight. Both ways require confrontation and resolution, whether the outcome is

positive or negative (Muniz, 1981, p. 2).

Muniz (1981) equates communication of parties in conflict to be similar to that of "two icebergs in water." If conflict is to be resolved, both parties must be willing to thoroughly examine the facts or "look below the surface of the water" to reach a workable solution. Failure to invest in the assessment phase of conflict resolution will ensure its continuance. According to Muniz (1981), value differences, perceptions, norms, lack of trust, competition and lack of collaboration are among the causes of conflict. He asserts that confrontation is unavoidable if conflict exists.

Muniz (1981) defines confrontation as a systematic process implemented to resolve conflict. Muniz (1981) shares the views of other authors (Arnett, 1982; Lewis, 1976; Venega, 1973) in his resolve that conflict can be managed. He describes that methods employed in conflict management are determined by one's decision to meet personal needs or needs/concerns of the other affected party.

Arnett (1982) describes the inevitability of conflict and confrontations and states that conflict is necessary to assist with clarifying issues and concerns. Avoidance of conflict and the resultant lack of understanding and insight will only prove to compound the problem. Arnett (1982) offers the repression of Black Americans as an example of avoidance resulting in the 1960 uprisings experienced by

this nation. The resultant conflicts were a strong message to Americans that avoidance was not a workable solution.

Arnett (1982) confirmed previous findings that conflict occurs in the face of differences in perceptions, ideologies, values, and desires. A delicate balance must exist between conflict that stimulates interest and conflict that is destructive. Arnett (1982) is supportive of the philosophy that conflict is inevitable and an essential component for growth of an individual or organization.

Arnett (1982) stated that a key method for managing conflict is through meaningful dialogue. If communication is to be effective, both parties must commit to openness and resolve to support the uniqueness of each individual. In addition, each party must be compatible with confrontation, reconciliation and effective listening.

A study by Dickens and Dickens (1982) examined conflict through the eyes of Black America. In view of this nation's historical repression of Blacks, their experience with ongoing conflict is unique. Opportunities for "face to face" confrontation have been more prevalent among the culture of Blacks. As a result of these experiences, Dickens and Dickens (1982) believe that members of the Black race are more open and straight forward in their personal interactions. In other words, Blacks prefer confrontational approaches to the management of conflict.

These authors define conflict management as the ability

to "manage conflict between people, groups and situations" (Dickens & Dickens, 1982, p. 31). Further, their findings describe conflict management as a skill more highly developed by Black Americans in comparison to their Caucasian counterparts. The Caucasian will typically manage conflict by avoidance in contrast with the confrontation technique employed by Black Americans. Dickens and Dickens (1982) assert that Blacks must manage conflict productively. The confrontation approach has been utilized by Blacks as a method of protection from being used as the cause of conflict (p. 31).

Lewis (1976) and Venega (1973) contributed to this body of literature in their research that described a basic understanding of conflict and conflict management. Lewis (1976) describes that conflict assumes three forms-- intrapersonal, interpersonal and intergroup. Intrapersonal conflict occurs within an individual, or between one's own needs and desires. Interpersonal conflict is conflict within a group. Intergroup conflict occurs between two or more groups, such as operating room technicians and Registered Nurses. Lewis (1976) further asserts that conflict is managed through approaches, such as avoidance, smoothing, forcing, bargaining and confrontation. He explains that in management, the confrontation approach is the most successful approach, because the conflict problem is brought out on the table for mutual definition and

resolution.

The authors (Lewis, 1976; Venega, 1973) assert that those involved in day to day management should develop an awareness regarding sources contributing to conflict. Examination of leadership styles should be considered when determining causes of conflict.

Venega (1973) proposes the following step-by-step approach for managing conflict:

1. Determine the right moment for an attempt at reconciliation.
2. Determine the best place for a confrontational meeting.
3. Use a positive approach to start an interview.
4. Help to strengthen the self-respect of the person you are confronting.
5. Follow through on outcomes from the confrontation interview (p. 13).

Cultural Influences

The review of the literature provides evidence of multiple factors contributing to behaviors in conflict management. Cultural factors are additionally of great importance to the study of conflict. There is very possibly a difference related to culture between the manner in which Black and Caucasian nurses approach and manage conflicts.

Landis (1986) defines culture as "that complete set of learned and shared beliefs, customs, skills, habits,

traditions and knowledge common to the members of society" (p. 75). Lenton (1945) describes culture as the "configuration of learned behavior and results of behavior whose components and elements are shared and transmitted by the members of a particular society" (p. 32).

The United States has often been described as a "melting pot" in view of its rich cultural mixture. This mixture is frequently referred to as the American culture, the dominant culture being the Anglo-Saxon.

In addition to the diverse cultural representation and its associated unique traits, beliefs and interests, subcultures also exist. The term subculture is described by Landis (1986) as the group's values and customs that differ from those commonly held by the larger society.

In their work, Atkinson, Morten and Sue (1983) described three categories of cultural differences. The categories identified were language differences, class-bound values and culture-bound values. Although English is the dominant language in this country, our "melting pot" has contributed a diversity of languages, dialects, and styles of communicating.

Communication in any culture consists of both verbal and non-verbal messages. It is not uncommon for the non-verbal communication to be misinterpreted by a different culture group. Sue (1981) stated that "Black people place a great deal of importance on the non-verbal behavior of the

individual" (p. 155) and that eye contact is not of critical importance. Sue has commented that the Black American will frequently hold a "meaningful" conversation while simultaneously doing another activity. This lack of eye contact may be interpreted by Caucasians as a sign of disinterest or fear their message has not been heard.

The class-bound value differences can be identified in attitudes, behavior and the beliefs of different cultural groups. Havighurst and Neugarten (1962) describe three classes in the American population. The classes identified are upper, middle, and lower. A value commonly held by the middle and upper classes is time expressed by their efforts in promptness, planning and protocol. The lower class values center around a less futuristic model and focus concern towards day-to-day, minute-to-minute survival.

Culture-bound values, such as attitudes, beliefs, customs, and institutions, are integral components of a group's social structure. The Chinese culture, for example, teaches and fosters restraint from emotional and behavioral expressions. In contrast, the American Indian and Black cultures support openness and direct expression (Atkinson, Morten, & Sue, 1983).

Elkins (1959) discusses Black slavery in America as one of the most destructive forms of bondage in past U.S. history. The outcome of this bondage resulted in permanent damage to the minds and bodies of many Blacks, as well as

deep rooted distrust and prejudices among Blacks and Caucasian Americans. The prejudice was a result of a false belief system that supported the belief that Blacks are culturally deprived and genetically inferior to Caucasians (Smith, 1977; Shockley, 1972).

According to Wilkerson (1970), the initial response of Blacks to their enslavement ranged from running away to suicide. In some cases, Black Americans developed non-threatening techniques. A common outlet utilized was to incorporate their African culture of music and dance. In other cases, strategies employed were "master/aggressor," as well as imitation and emulation of the slave master's values. Another powerful survival technique was the Black's interpretations of non-verbal behavior as opposed to the verbal messages, a skill utilized today.

Dumas (1975) identified the deliberate separation of families as one of the most devastating aspects of the enslavement. The typical slave owner recognized and was threatened by the strength of the slave families. This strength and perceived threat often prompted the selling of family members. This practice was aborted with the advent of the Civil War in which family unity was restored.

Historically, and to present day, education and religion have been recognized as a means of gaining freedom and recognition. Dumas (1975) asserts that most Blacks consider close family bonds, religious beliefs and a thirst

for education as integral components of the Black culture.

No literature focused upon culture as an influencing factor of an individual's conflict management style. A great deal of study has been directed towards culture in relation to stress and Blacks. The literature describes a frequent reliance upon cultural background as a means for coping with difficult situations. A common basis for support of the Black American is the family. The Black individual frequently seeks out family and friends to assist him/her in coping with stressful situations, such as anger and physical illness (Baker & Cook, 1983).

Black Female Leaders and Nurse Executives

The literature search revealed a paucity of research regarding Black female leaders or executives. Most relevant to this issue was Dumas' (1975) study of the dilemmas of Black females in leadership positions. Dumas' data were gathered from personal experience as a Black woman executive as well as information from the experiences of other Black women leaders.

From the past to present, Black women lack recognition of their talents and abilities by American society. According to Dumas (1975), society has ranked Black women low on the social class ladder as compared to Black men, Caucasian women and Caucasian men. The Black woman executive, according to this author, brings a special cultural uniqueness to today's organizations. She

frequently finds herself in that old mythical role of the past. This author reports that early history describes the Black woman as tremendously strong, resourceful and wise. She was frequently called "Mammy," which meant mother, mother-confessor, mother-reprimander, mother-controller, nurse, nurturer, friend and confidant, protector and mediator (p. 11).

Dumas (1975) asserts that in today's organizations, there are typically two different leadership styles among Black women executives. The first executive style models the task oriented "Benevolent Black Mammy." This executive routinely exceeds the responsibilities of her assigned position. The excess is demonstrated through long hours spent dealing with personal problems, conflicts and serving as the "keeper" of secrets for the workforce. The executive consumed with everyone else's crisis has little energy and reserve for personal issues, much less the formal job expectations.

According to Dumas (1975), the second style of the Black woman executive is described as the "Malevolent Mammy." This executive completely denounces the symbolic role adopted by the Benevolent Mammy and focuses her attention on the formal responsibilities of her position. Avoidance of personal involvement with colleagues is manifested to the point of being perceived as aloof, impersonal and rigid. Dumas (1975) concluded that every

Black woman executive brings with her a certain amount of "cultural baggage" to the organization. The "baggage" is an integral part of the cultural development and atmosphere created at home and at work that is a key to management of conflict. These women continue to experience limits to their options and power. Black women executives of today must wrestle with the organizational needs and the expectations required.

Allen and Britt (1983) studied the prevention of psychological disorders among Black American women as a result of their resourcefulness. They were intrigued as to the reasons for Black women's survival in spite of the prevalent destructive and oppressive forces. They conclude that social scientists could learn a great deal regarding survival techniques from Black women. Allen and Britt (1983) commended the persistence of Black women and believe that Black women have the unique ability to balance life's stressful events, thus avoiding mental health disorders.

Allen and Britt (1983) described three specific resources that were critical to their support mechanisms. The resources, identified in order of importance, were personal, social and economic. A positive self-concept and strong personal relationship were integral components of their strategies for coping and survival.

Upon further examination of the literature regarding Black women in the nursing profession, an interesting

parallel was identified. The history of Black women in nursing ran parallel to the history of Black women in general. In the late 19th and early to middle 20th Century, nurses, Black and Caucasian, struggled for professional recognition. A key difference in this struggle was the racial restrictions for advanced education. Caucasian nurses were allowed admission to advanced education in contrast to their Black counterparts. The Black student's professional development in nursing was hindered by placement in inferior training schools, low salaries, discriminatory employment, professional exclusion and racism (Hines, 1982). In spite of the overwhelming obstacles, a number of determined Black women were successful in being accepted and graduating from prestigious school. These women seized the career opportunities afforded them and emerged as leaders (Hines, 1982). Among the notable leaders were Estelle Massey, Riddle Osborne, Mable Keaton Stauper, Rita Miller and M. Elizabeth Carnegie. These women went on to shape the future of nursing by helping to establish nursing education programs in Black colleges (Hines, 1982).

The passage of the Civil Rights Bill of 1964 provided abundant federal funding for minority students. As a result of this monetary incentive, many nursing schools began to open their doors to minority students. A great number of Black nurses seized the opportunity for advanced degrees at the master's and doctoral level of education. This

opportunity led the way for the rise of Black nurse executives.

In summarizing the literature to date, there is apparently no published study investigating the relationship between conflict management and nurse executives. However, the related literature and framework concerning conflict support the concept that people manage conflict differently. The cited literature provided a knowledge base for understanding conflict and conflict management. The cited studies assert that individual differences of values, desires, perceptions and norms are instrumental in dealing with conflict.

The literature cites several models of managing conflict; however, most of these models were not grounded in scientific research. In terms of culture, the literature supports the concept that the Black woman has experienced a more difficult cultural orientation to work life than her Caucasian counterparts. In general, Black Americans tend to use the confrontational approach as a successful means of managing conflict. It is evident from the cited studies that conflict management for the Black nurse executive is strongly influenced by her cultural experience.

The proposed study will contribute to the knowledge base of conflict management as it relates to Black and Caucasian nurse executives. The limited literature on this subject is evidence of a need for more research.

Chapter 3

METHODOLOGY

The research methodology employed in this study was descriptive. Descriptive research utilizes observation of an existing population without introducing change. A descriptive survey approach is best utilized in research in its beginning stages and serves an exploratory function (Polit & Hungler, 1987, p. 147). The purpose of this study was to explore whether Black and Caucasian women nurse executives managed conflict differently.

Research Design

A mailed questionnaire was used as the method for data collection. The mailed questionnaire survey technique was selected in an effort to control cost, minimize time spent, and provide anonymity to the respondents. Other advantages of this survey technique are: (a) The questions are standard and consistent from one subject to another; (b) the respondent is not influenced by the investigator's delivery, mood, or non-verbal communication imparted when a face-to-face interview is used; and (c) respondents can be surveyed simultaneously in different geographical areas (Polit & Hungler, 1987, p. 157). Some of the problems anticipated with mailed surveys include returning incomplete or unanswered questionnaires, respondents not able to clarify misunderstood questions with the investigator, and

differences in respondents' ability to communicate in writing.

Sample

Prior to conducting the study, the Committee for the Protection of Human Subjects at San Jose State University reviewed and approved the proposed study submitted by the investigator (Appendix A). The proposal was then presented to the East Bay Nursing Administration Council (EBNAC) at the September, 1988 meeting. The council granted approval to use their membership roster, and a number of members present agreed to participate.

A convenience sample of 20 respondents--10 Blacks and 10 Caucasians--were included in this study. The respondents in this study were top level nursing executives whose position titles were Director and Assistant Director of Nursing or Patient Care or Associate Director. The target population included only respondents whose backgrounds were either Black or Caucasian and female. There were no restrictions upon age, religion, education, economic class, physical disability or years of experience as a nurse executive.

Instruments

Three questionnaires were utilized to collect data for this study. The questionnaires consisted of demographic data, cultural data, and the Thomas-Kilmann Conflict Mode Instrument. The demographic data and cultural data

questionnaires were designed by the investigator.

Permission for the use of the Thomas-Kilmann Conflict Mode Instrument was granted by Dr. Donald A. Kennedy, Vice President for Research, for XICOM Incorporated (Appendix B).

The Thomas-Kilmann Conflict Mode Instrument is designed to examine an individual's behavior in conflict situations (Appendix J). The instrument includes 30 pairs of A or B statements. Responses are forced. The respondent chooses an A or B statement that closely represents his or her behavior in that particular situation. These A and B statements solicit data on Thomas-Kilmann's 5 modes of handling conflict--competing, collaborating, compromising, avoiding and accommodating. Participants were instructed that there were no right or wrong answers. Individual scores on each of the modes are the number of times in which statements representing that mode are selected. A score under a given mode can range from 0 to 12. These scores are plotted on a profile graph (Kilmann & Thomas, 1977, p. 313).

According to Kilmann and Thomas (1977), the instrument had been collaboratively tested for validity and reliability by various investigators such as Jamieson and Thomas in 1974 and Ruble and Thomas in 1976. Scores from men and women across the country in positions ranging from students to teachers to top level managers were collected and tallied. Marriner (1982) tested the instrument on 182 nurse managers.

The investigator-designed questionnaires (demographic and cultural) were checked for face and content validity by nurse managers known to the investigator. These nurse managers critiqued the questionnaires on ambiguity, clarity, relevance and hidden biases. Revisions were made to remove unclear statements. This validity testing was done in October and November of 1988.

The demographic questionnaire consisted of 20 questions pertaining to age, ethnicity, marital status, education, job title, salary and fathers' and mothers' education and occupation. Demographic data are utilized because of explanatory values. It has been shown repeatedly in studies that characteristics such as age, education and sex are related to a person's behavior and attitudes. These data also aid researchers in relating study results to the results of the large population (Polit & Hungler, 1987).

The cultural experience questionnaire consisted of eight questions--five yes and no questions and three open ended questions. The purpose of these questions was to identify whether there was an awareness of culture as it relates to the individual's approach to conflict management. The questions pertained to whether nurse executives recognize conflict management styles of nurse executives of different cultural backgrounds.

Data Collection

The Dilman (1983) Total Design Method (mail

questionnaire) served as the guidelines for data collection. On January 23, 1989, 20 packets were mailed to Black and Caucasian nurse executives. Before mailing, return envelopes and forms were labeled with identification numbers that would enable the investigator to know, upon return, which group the respondent represented. The respondents were instructed to keep a consent form and return the other specified forms to the investigator within 2 weeks. The description of the packet contents will be discussed later in this section.

The second week after the initial mailing, a second packet was mailed to all respondents. The third week, all respondents were contacted by telephone, offered assistance, and requested to return the designated forms within 1 week. Upon receiving the returned forms, the consent forms were immediately separated and placed in a sealed envelope and secured under lock and key.

The respondent's packet included a cover letter, consent forms, questionnaires and a stamped, self-addressed return envelope. The one page cover letter (Appendix F) explained the investigator's academic program, the purpose of the study, the approximate time to complete the study, assurance of confidentiality, the consent form, information on how they were selected for this study, and a statement indicating that the findings would be shared with them.

Two consent forms were included. The respondents were

instructed to keep one consent form for their record and return the other to the investigator. The consent forms included a brief explanation of the purpose of the study, a statement on risk and benefits from the study, a statement on whom to call if there were questions regarding the study, and a statement that participation was completely voluntary and that the subject had the option to not participate.

The packet further contained 3 questionnaires: demographic, cultural experience and Thomas-Kilmann Conflict Mode Instrument. Each questionnaire included completion instructions. The respondents were instructed to return the questionnaires along with the consent form within 2 weeks. The packet concluded with the investigator's stamped, self-addressed return envelope.

Data Analysis

The Biomedical Computer Program was used to analyze the data. Participants' responses to the questionnaires were numerically coded for computer analysis. Descriptive statistic percentages were used to examine the demographic and cultural experience data. Black and Caucasian group scores from the Thomas-Kilmann Conflict Mode Instrument were tabulated and plotted on a profile graph. The Thomas-Kilmann Profile graph is a 3 section graph that is divided by 2 double horizontal lines. The upper and lower sections represent the 25th percentile and the middle section represents the 50th percentile (Appendix J). After plotting

the group scores on the graph, the scores were compared.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

The research question addressed in this study was: In what ways do Black and Caucasian nurse executives manage conflict differently? Questionnaires, developed by the investigator, requested data regarding the demographic and cultural experience of the sample population (Appendix H and I). In addition, the Thomas-Kilmann Conflict Mode Instrument was applied to capture the various methods the target population utilizes in dealing with conflict situations. The questionnaires, consent forms, and return envelopes were distributed to 10 Black and 10 Caucasian women nurse executives.

Questionnaire Results

Description of Respondent

The respondents were limited to top level nursing executives whose position titles were Director, Assistant Director and Associate Director of Patient Care. The respondents were Black and Caucasian females. There were no other restrictions for participation in this study. A total of 13 (65%) of the 20 distributed questionnaires were returned to the investigator. Of the 13 returned questionnaires, 7 (54%) were from Black respondents and 6 (46%) were from Caucasian respondents.

Many of the returned questionnaires included a number

of unanswered questions. Out of the 13 returned questionnaires, one respondent declined to answer all of the demographic questions. Eight of the 13 respondents declined to answer all of the cultural experience questions, and two of the respondents declined to answer all of the Thomas-Kilmann Conflict Mode questions. Because of the anonymity of the respondents, the investigator was unable to ascertain reasons for missing data. The results of the completed questions will be presented in narrative form followed by tables.

Description of Data Analysis

The analysis of the data was performed in several steps. The first step was to code the questions and descriptive variables for computer analysis. The next step was to tabulate and score the Black and Caucasian individual group responses to the Thomas-Kilmann Conflict Mode Instrument. The raw scores were plotted on the Thomas-Kilmann's profile graph which includes a high and low 25th percentile section and a middle 50th percentile section (Appendix J). Scores were plotted according to individuals' scores and group scores. Discussion of the findings are presented by groups.

The final step was to compute the descriptive statistics including frequencies and percentages for the data obtained from the demographic and cultural experience questionnaire. Frequency distributions and percentages are

reported for each variable.

Demographics

The five areas worthy of discussion were the frequency distribution and percentages by number of children of the respondents, ages of the respondents, respondent's mother or female guardian's educational background, respondent's education and number of years in nursing management (Tables 1-5).

Illustrated in Tables 1 and 2 are the numbers of children of the respondents followed by the ages of the Black and Caucasian nurse executives. The data reveal that 5 (71.5%) of the Black nurse executives had children, while only 1 (17%) of the Caucasian nurse executives had children (Table 1). The data revealed that the Black nurse executives had 4 times as many children as the Caucasian nurse executives. The next table regarding the respondent's age indicated the 4 (57%) of the Black nurse executives were between the ages of 41-50, and 3 (50%) of the Caucasian nurse executives were between the ages of 31-40 (Table 2). The Black nurse executives were older than their Caucasian counterparts.

The findings from Tables 1 and 2 are not specifically addressed in the literature. However, based on the history of Black Americans and the investigator's personal knowledge and experience of Black culture, it is reasonable to speculate that Black nurse executives spent their younger

Table 1

Demographic Data of Respondents (Black N=7) (Caucasian N=6)

Descriptor	Frequency	Percentage
Number of children (Black)		
0	2	28.5%
1	3	43.0%
2	0	0
3	2	28.5%
Number of children (Caucasian)		
0	5	83.0%
1	0	0
2	1	17.0%
3	0	0

Note: Percentages are rounded off to the next whole number.

Table 2

Demographic Data of Respondents (Black N=7) (Caucasian N=6)

Descriptor	Frequency	Percentage
Age (Black)		
20-30	0	0
31-40	2	29%
41-50	4	57%
51-60	1	14%
61/over	0	0
Age (Caucasian)		
20-30	0	0
31-40	3	50%
41-50	1	17%
51-60	1	17%
61/over	1	17%

Note: Percentages are rounded off to the next whole number.

years rearing children while the Caucasian nurse executives opted to develop a career.

The third area of discussion is the educational level of the respondent's mother or female guardian. Only 1 (14%) of the Black nurse executives' mother/guardian had greater than 2 years of college education. In contrast, 4 (66%) of the Caucasian nurse executives' mother/guardian had greater than 2 years of college education (Table 3). Because of the small sample size, it is not possible to draw conclusions; however, these data suggest that the mothers of the Black nurse executives may have less formal education than that mothers of the Caucasian nurse executives.

The remaining 3 areas--the educational level of the Black and Caucasian nurse executives, the number of years in nursing management, and the number of years in their present position--are illustrated in Tables 4, 5, and 6. The study revealed that of the 13 Black and Caucasian nurse executives, only 1 (14%) did not have a master's degree (Table 4). Although the sample was small, the data suggest that advancement in nursing management positions requires educational preparation at the graduate level.

The data reveal that 5 (70%) of the Black nurse executives had between 0-14 years of nursing management experience in contrast to 5 (83%) of the Caucasian nurse executives who had between 10-29 years of nursing management experience (Table 5). These data suggest that the Caucasian

Table 3

Demographic Data of Respondents (Black N=7) (Caucasian N=6)

Descriptor	Frequency	Percentage
Mother/Guardian educational background (Black)		
4th to 6th Grade	1	14%
7th to 9th Grade	2	29%
10th to 12 Grade	3	43%
College 1-2	0	0
College 3-4	1	14%
MA/MS	0	0
Mother/Guardian educational background (Caucasian)		
4th to 6th Grade	1	17%
7th to 9th Grade	0	0
10th to 12 Grade	1	17%
College 1-2	0	0
College 3-4	2	33%
MA/MS	2	33%

Note: Percentages are rounded off to the next whole number.

Table 4

Demographic Data of Respondents (Black N=7) (Caucasian N=6)

Descriptor	Frequency	Percentage
Higher degrees (Black)		
B.A. or B.S. other fields	1	14%
M.S. Nursing	1	14%
M.A. other fields	4	57%
Doctorate Nursing	1	14%
Higher degrees (Caucasian)		
B.A. or B.S. other fields	0	0
M.S. Nursing	3	50%
M.A. other fields	3	50%
Doctorate Nursing	0	0

Note: Percentages are rounded off to the next whole number.

Table 5

Demographic Data of Respondents (Black N=7) (Caucasian N=6)

Descriptor	Frequency	Percentage
Years of nursing management (Black)		
0-4	1	14%
5-9	2	28%
10-14	2	28%
15-19	1	14%
20-24	1	14%
25-29	0	0
Years of nursing management (Caucasian)		
0-4	0	0
5-9	1	17%
10-14	2	33%
15-19	2	33%
20-24	0	0
25-29	1	17%

Note: Percentages are rounded off to the next whole number.

nurse executives advance to nursing management positions earlier in their respective careers than do their Black nurse counterparts. This data tends to support the literature review regarding the history of the Black and Caucasian nurses' struggle for advancement. According to Hines (1982), racial restrictions of advanced education were among the key differences between the Black versus Caucasian nurses' struggle. Advancement to executive management positions by Black nurses was hampered by differences in the educational preparation afforded the Caucasian nurse. Hines (1982) further indicated that in addition to inferior training schools, Black nurses struggled against low salaries, discriminatory employment, and professional exclusion.

Cultural Experience

The cultural experience data were difficult to analyze due to incomplete questionnaires. Missing data is a frequently experienced limitation in the mailed survey approach. It was anticipated that the responses from this questionnaire would identify whether there was an awareness of culture as it relates to an individual's approach to conflict management. Due to the incomplete data from the questionnaires regarding cultural experiences, only questions 5 and 6 provided sufficient information for examination and discussion. Question 5 states: Have you observed differences in the conflict management styles of

nurse executives of different ethnic groups? Questions 6 states: Do you believe their conflict management styles are directly related to their cultural background? The results of questions 5 and 6 are illustrated in Tables 6 and 7 followed by further discussion in this chapter.

The data of question #5 revealed that 4 (57%) of the Black nurse executives reported differences in the conflict management styles among nurses with differing ethnic backgrounds. Among the Black nurse executive respondents, 2 (29%) answered with "no" and 1 (14%) declined to answer. In contrast, 2 (33%) of the Caucasian nurse executives reported differences in the conflict management styles with different ethnic backgrounds. The other 4 (67%) Caucasian nurse executives did not report observing a difference in conflict management related to ethnic background (Table 6). The resultant data identified a split between the two groups of nurse executives with regard to differences observed. The Caucasian nurse executives reported no differences, in contrast to the Black nurse executives, who reported a difference based upon ethnicity.

Question #6, in comparison to question #5, revealed an inconsistency in the response behavior of the participants. Because of this response behavior, the data from the two groups were examined separately and collectively (Table 7).

Table 6

Frequencies and Percentages of Nurses' Responses to Cultural Experience. Question #5: Have you observed differences in conflict management styles of nurse executives of different ethnic groups?

Group Response	Frequency	Percentage
(Black N=7)		
Yes	4	57%
No	2	29%
No response	1	14%
(Caucasian N=6)		
Yes	2	33%
No	4	67%
No response	0	0

Note: Percentages are rounded off to the next whole number.

Table 7

Frequencies and Percentages of Nurses' Responses to Cultural Experience. Question #6: Do you believe that their conflict management styles are directly related to their cultural background?

Group Response	Frequency	Percentage
(Black <u>N</u> =7)		
Yes	4	57%
No	0	0
No response	3	43%
(Caucasian <u>N</u> =6)		
Yes	2	33%
No	1	17%
No response	3	50%
(Black and Caucasian <u>N</u> =13)		
Yes	6	46%
No	1	8%
No response	6	46%

Note: Percentages are rounded off to the next whole number.

It is important to note that both questions #5 and #6 were limited to a "yes" or "no" response. Question #6, unlike question #5, received 7 (54%) "yes" or "no" responses from the two combined groups. The 6 (46%) remaining Black and Caucasian group participants declined to answer. The participants response behavior raises the question for the investigator as to whether the decline to respond was due to the sensitive nature of the questions.

Thomas-Kilmann Conflict Mode

The Thomas-Kilmann Conflict Mode Instrument is a questionnaire designed to examine an individual's behavior in conflict situations. Thomas and Kilmann (1974) assert that individuals are capable of handling conflict in 5 modes--competing, collaborating, compromising, avoiding and accommodating. The data included responses from 13 Black and Caucasian nurse executives.

The results obtained from the Thomas-Kilmann Conflict Mode Instrument revealed differences in the conflict management approaches employed by Black and Caucasian nurse executives. These differences were identified in 3 conflict handling modes--compromising, avoiding and accommodating. This chapter will focus upon the findings from the three conflict modes as illustrated in Figures 2-4.

Compromising Mode

The illustrations regarding compromising (Figure 2) revealed that Black nurse executives scored between the 75th

Figure 2. Conflict Handling Mode Scores (Black N=7)

Note. From Thomas-Kilmann Conflict Mode Instrument (p. 8) by K.W. Thomas and R.H. Kilmann, 1974, Sterling Forest, Tuxedo, New York: XICOM, Incorporated. Copyright 1974 by XICOM, Incorporated. Reprinted by permission.

and 80th percentile on the Thomas-Kilmann profile graph. In contrast, the Caucasian nurse executive scored in the middle 50th percentile on the Thomas-Kilmann profile graph (Figure 3). This data suggests that Black nurse executives more frequently utilize compromise in their approaches to conflict than do their Caucasian counterparts. According to this study's definition, a compromising approach to conflict represents finding a quick and mutual agreement between two parties. This approach utilizes the middle-ground position in addition to assertiveness and cooperativeness (Thomas & Kilmann, 1974).

The compromising approach utilized by the Black nurse executives may support Dumas' (1975) definition of a "Benevolent Black Mammy." According to Dumas (1975), the benevolent executive exceeds the responsibilities of her position by assuming the personal problems and conflicts of the workforce. This compromising approach utilized by these executives could be identified with the historical mythical role of the Black woman. This historical role encompasses mother, mother-controller, friend, protector and mediator. Thus, these successful Black nurse executives may have learned the art of compromising which has enabled them to survive in today's corporate American.

Avoiding Mode

Thomas and Kilmann (1974) describe avoiding as a state of being unassertive and uncooperative, with no desire to

Figure 3. Conflict Handling Mode Scores (Caucasian N=6)

Note. From Thomas-Kilmann Conflict Mode Instrument (p. 8) by K.W. Thomas and R.H. Kilmann, 1974, Sterling Forest, Tuexdo, New York: XICOM, Incorporated. Copyright 1974 by XICOM, Incorporated. Reprinted by permission.

address conflict. The margin of difference between the Black and Caucasian group on the avoiding approach was 20%, according to the profile graph (Figure 4). Both groups scored in the middle 50th percentile. The Black nurse executives scored above the 60th percentile, while the Caucasian nurse executives scored at the 40th percentile on the profile graph (Figure 4).

The study revealed two important points:

1. The Black nurse executives scored 20% higher on the avoiding approach as compared to their Caucasian counterparts. The scores, according to the validity testing of Thomas-Kilmann instrument, remained in the area that is considered to be average.

2. The underlying assumption of this study was that the Black nurse executives would score in the low 25th percentile on this approach. This assumption was based upon Dickens and Dickens' (1982) research regarding Black managers in all-white corporations. Dickens and Dickens (1982) believed that members of the Black race are more open and straight forward in their interactions, a result of their cultural experiences. This difference results in a preference towards confrontational approaches to conflict management. It is important to note here that, for the purpose of this study, the confrontational approach is represented in the definition of collaborating as described in Chapter 1. It is also important to note that the Black

Figure 4. Conflict Handling Mode Scores (Black $N=7$)

(Caucasian $N=6$) (.=Black, $\square$ =Caucasian).

Note. From Thomas-Kilmann Conflict Mode Instrument (p. 8) by K.W. Thomas and R.H. Kilmann, 1974, Sterling Forest, Tuexdo, New York: XICOM, Incorporated. Copyright 1974 by XICOM, Incorporated. Reprinted by permission.

and Caucasian groups scored the same on the collaborating approach (Figure 4).

Dumas' (1975) research, regarding the dilemmas of Black females in leadership positions, asserts that the Black nurse executive who will generally utilize the avoiding approach may be regarded as falling into the category of "Benevolent Black Mammy." The avoiding approach would suggest that in most cases, these managers would seldom address conflict and would prefer to "leave well enough alone." Therefore, the small sample size only suggests these possibilities may exist.

Accommodating Mode

For the purpose of this study, the accommodating approach to conflict management is defined as the desire to please others, to not compete, to be assertive but cooperative (Thomas & Kilmann, 1974). Both groups scored in the middle 50th percentile, but there was a 30% difference in their scores (Figure 4). The Black nurse executives scored at the 35th percentile (Figure 2), and the Caucasian nurse executives scored at the 65th percentile (Figure 3). This data suggests that the Black nurse executives utilize the accommodating approach less frequently than do the Caucasian nurse executives.

Based on this study's definition of accommodating and Dumas' (1975) definition of the two leadership styles among Black women executives, this data may suggest that the Black

nurse executives who generally do not utilize the accommodating approach may be classified as a "Malevolent Black Mammy." In other words, the "Malevolent Black Mammy" executive does the opposite of the "Benevolent Black Mammy." The Malevolent Black Mammy would typically not be accommodating in her approach to conflict issues. In contrast, the Benevolent Black Mammy most probably would be inclined to employ the accommodating approach. The Malevolent Black Mammy's cultural baggage enables her to focus her attention on the formal responsibilities of her position and avoid personal involvement with colleagues. This style may be perceived by her colleagues as aloof, impersonal and rigid.

Summary

The data from this study indicate that the Black nurse executive is older, has more children and has a mother/guardian educational background at a lower level than the Caucasian nurse executive. In contrast to the Caucasian nurse executive, the Black nurse executive demonstrates a greater awareness of conflict management styles of nurses with diverse ethnic backgrounds. Finally, the Black nurse executive utilizes the compromising approach to conflict more frequently than do the Caucasian nurse executive. Generalizing the findings of this study is difficult due to the large number of incomplete responses and the small sample size. The investigator was unable to determine a

definite answer to the research question: In what ways do Black and Caucasian nurse executives manage conflict differently?

Chapter 5

CONCLUSION AND RECOMMENDATIONS

The study was designed as a descriptive survey using the Thomas-Kilmann Conflict Mode Instrument and questionnaires constructed by the investigator. The purpose of this descriptive study was to explore whether Black and Caucasian women executives manage conflict differently, and if so, whether the Black cultural experience plays a role in these differences. This chapter describes the conclusions, limitations and recommendations ascertained from the data collected in this study.

Conclusions

The results from the questionnaires revealed similarities and differences between the two samples of nurse executives. In view of the difficulty in obtaining a larger sample size, significant differences between the groups were not identified. Moreover, the interpretation of the differences between groups, whether significant or not, is made difficult by the fact that greater efforts were necessary to recruit the Black nurse executives than for the Caucasian nurse executive participants. However, from the analysis, the following suggestions are made:

1. There were minimal differences in the demographics of the two groups.
2. A difference existed in the awareness of the two

groups regarding the observation of conflict management styles utilized by the different ethnic groups.

3. Overall, there were similarities in the group responses to conflict management situations.

Limitations

The study was limited by the small sample size and the inability to find and recruit Black nurse executives to participate in the study. The small sample size precluded generalization of the findings to the larger population. Other limiting contributing factors may have been the questionnaires. Due to the anonymity of the responses, the investigator can only speculate that (a) The questions were unclear, (b) the questions were too lengthy or (c) the incorrect response mechanism was utilized in regards to the questions asked.

The return rate and missing data were major limitations of the study. The time commitment of 45 minutes to complete the questionnaires may have influenced the return rate. The sensitive nature of some questions, such as found in the cultural experience questionnaire, may have been an influencing factor in regard to missing data. Finally, the mail survey technique was limiting for this descriptive exploratory study as it did not allow the investigator the opportunity to clarify questions or probe deeper for answers.

Recommendations

Because the nursing profession is growing and changing, it is important that the leaders of this profession become ready to meet the challenge. Today, nursing professionals include men and women of many ethnic and cultural backgrounds. These men and women bring different values and perceptions to their working environment. Perceptions and values can sometimes cause conflict. The nurse executive today must be cognizant of the part ethnic and cultural backgrounds play in relationship to conflict.

The literature review revealed a lack of documented research on conflict management as it related to culture. For this reason, it is important that this study be replicated and other exploratory studies be developed. Recommendations for future studies are as follows:

1. The sample size should be increased both in number and geographical representation in order to generate broader findings.
2. Change the target population to head nurses to increase the Black nurse manager participation.
3. Review and retest the cultural experience questionnaire for clarity and ambiguity.
4. Reexamine and delete unnecessary questions in the demographic questionnaire in order to decrease the completion time.

Summary

This study highlights the fact that little is known about the effects culture has on an individual's general management style or conflict management style. However, the implication for nursing is that nurse executives must be acutely aware that productive and successful management of all individuals involves managing different people differently, yet appropriately (Dickens & Dickens, 1982).

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APPENDICES

APPENDIX A

Approval Letter

Human Subjects Institutional Review Board

**SAN JOSE STATE UNIVERSITY
GRADUATE STUDIES AND RESEARCH**

**HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD
PROJECT PROPOSAL REVIEW**

I, the undersigned member of the San Jose State University Human Subjects Institutional Review Board, have reviewed the following proposal submitted to the Committee on July 18, 1988 by:

PRINCIPAL INVESTIGATOR: Olivia Y. Stringer
 PROTOCOL #: 7337 DEPT.: Nursing
 PROJECT TITLE: "A STUDY OF THE CONFLICT MANAGEMENT STYLES OF
BLACK AND WHITE NURSE EXECUTIVES."

I recommend the following action (indicate one):

1. Approved for clearance as involving minimal risk to Human Subjects. ☒
2. Approved for clearance with risk to Human Subjects. ☐
3. Approved for clearance when the following conditions are met: ☐

4. Not Approved (return to principal investigator for following reasons): ☐

5. Expedited Review (specify condition[s] that merit expedited review): ☐

Robert J. Latta 7/21/88
 Signature of IRB-MS member Date

OFFICIAL SIGNING FOR INSTITUTION

[Signature] 8/12/88
 Chair, Human Subjects Institutional Review Board Date

[Signature] 8/15/88
 Serena Stanford, Ph.D. Date
 AAVP for Graduate Studies & Research

San Jose State University Foundation
 One Washington Square
 San Jose, CA 95122-0139 (408) 924-1435

APPENDIX B
Request To Use Instrument

Olivia Y. Stringer, R.N.
1959 Rosewood Lane
Vacaville, CA 95688

March 14, 1988

Donald Kennedy
XICOM, Inc.
Sterling Forest
Tuvedo, New York 10987

Dear Sir:

I am a graduate Nursing student at San Jose State University. I will be conducting a study for my Master's thesis in Nursing. The purpose of this study is to determine if Black and White Nurse executives manage conflict differently.

I am requesting permission to use your Thomas Kilman Conflict Mode Instrument. I am also requesting updated information on the reliability and validity of this instrument. This information is very crucial to my study.

Since my deadline of summer graduation is rapidly approaching, I would appreciate a quick response to my request. If any fees are required, please include the amount in your response.

Sincerely,

Olivia Y. Stringer

APPENDIX C
Permission To Use Instrument

Sterling Forest, Tusado New York 10967
 914-351-4735 800-431-2395 Fax 914-351-4762

April 8, 1988

Ms. Olivia Y. Stringer
 1959 Rosewood Lane
 Vacaville, CALIFORNIA 95688

Dear Ms. Stringer:

I am enclosing a complimentary copies of our Thomas-Kilmann
 Conflict Mode Instrument, plus a statement about validity.

Please complete the Data Sheet enclosed so I can prepare a letter of
 agreement . You will use the complimentary copy of the Thomas-Kilmann
 Conflict Mode Instrument to make the number of photocopies you need
 for research purposes (current price list for photocopies is
 enclosed). After you have received our letter of agreement, please
 send us a check for the number of copies you plan to use. Then when
 your project is finished we request that you send us a copy of the
 final report.

Please do not hesitate to call me if there is anything I can do to
 help you with your project.

Sincerely,

A handwritten signature in dark ink, which appears to read "Donald A. Kennedy".

Donald A. Kennedy, Ph.D.
 Vice President for Research

DAK:gcr
 Encls.

APPENDIX D
Request To Use Structural Model

October 31, 1989

John Wiley & Sons
605 3rd Avenue
New York, New York 10158-0012

Dear Mr. Kelly,

To refresh your memory, I am a graduate Nursing student at San Jose State University. I am conducting a study for my Master's thesis in Nursing. The purpose of this study is to determine if Black and Caucasian Nurse executives manage conflict differently

On October 16, 1989 I spoke to you by phone. This letter is a follow-up to our conversation. You gave me permission to use Thomas's Structural model diagram found in the Handbook of Industrial and Organizational Psychology (see atch).

Thank you for your verbal permission. I will be waiting on your confirming permission letter.

Sincerely,

Olivia Y. Stringer

April 24, 1990

Bill Kelly
Permission Department
John Wiley & Sons
605 3rd Avenue
New York, NY 10158-0012

Dear Mr. Kelly,

This is a follow up letter to our telephone conversation of today regarding my second request for permission to use Thomas' Structural Model diagram in my thesis. The diagram was taken from the Handbook of Industrial and Organizational Psychology, editor M. Dunnette (1976) (see attached).

I am in the final stages of my thesis. It is vital that I receive your written permission immediately. Enclosed is a stamped self-addressed envelope for your convenience.

Thanks again for permission to use the diagram of Thomas' Structural Model.

Sincerely,

Olivia Y. Stringer

APPENDIX E

Permission To Use Structural Model

MAY 01 1990

PERMISSION GRANTED.
CREDIT MUST BE GIVEN TO
OUR WORK AND ITS COPYRIGHT

April 24, 1990

Bill Kelly
JUDY SPRENTZER, MANAGER
COPYRIGHTS AND PERMISSIONS
JOHN WILEY & SONS, INC.

Bill Kelly
Permission Department
John Wiley & Sons
605 3rd Avenue
New York, New York 10158-0012

Dear Mr. Kelly,

This is a follow up letter to our telephone conversation of today regarding my second request for permission to use Thomas' Structural Model diagram in my thesis. The diagram was taken from the Handbook of Industrial and Organizational Psychology, editor M. Dunnette (1976) (see attached).

I am in the final stages of my thesis. It is vital that I receive your written permission immediately. Enclosed is a stamped self-addressed envelope for your convenience.

Thanks again for permission to use the diagram of Thomas' Structural Model.

Sincerely,

Olivia A. Stringer
Olivia A. Stringer

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APPENDIX F

**Cover Letter For Informed Consent and
Follow Up Letter for Informed Consent**

January 27, 1989

Dear Nurse Executive,

In September 1988, I attended the Eastbay NAC meeting to ask your help in completing my Masters degree in Nursing Administration. Due to job demands and advised changes in my questionnaires, I was unable to get my questionnaire to you as I had previously planned. Please forgive the delay.

To refresh your memory, the study is concerned with the techniques used by Black Nurse Executives to manage conflict and the influence that Black culture may have on their management technique. The technique used by Black and white nurse executives will be examined for differences. Information gained from this study will provide knowledge and heighten awareness of the skills and techniques used by nurse executives and provide impetus for future research.

The enclosed questionnaire will take approximately forty-five minutes to complete. Instructions are included. Confidentiality of individual responses is assured. All findings will be reported in aggregate form. All questionnaires will be destroyed as soon as the data has been tabulated.

Two informed consents are also enclosed. Please keep one for your records. If you decide you are still willing to participate, please sign and return one consent form with the completed questionnaires within ten days. I will be happy to share the findings with you. If you have any questions, please contact me at (415) 646-4271. Thank you for your time and consideration.

Sincerely,

Olivia Stringer, RN, M.P.A.
Graduate Student
Department of Nursing
San Jose State University
San Jose, California

March 9, 1989

Dear Nurse Executives,

I am a graduate student at San Jose State University completing my Master's Thesis, a comparative study between Black and white Nurse Executive's conflict management styles. The first week of February 1989 you received a questionnaire to complete and return to me on this study.

I realize there are great demands on your time, but your assistance in completing this 45 minute questionnaire would greatly assist me and enhance the pioneering efforts of this type of research.

If you have not already done so, please take a few moments to complete the questionnaire and return to me by March 21. Thanks so much for your assistance in furthering our professional knowledge base.

Sincerely,

Olivia Stringer, RN, M.P.A.
Graduate Student
Department of Nursing
San Jose State University
San Jose, California

APPENDIX G
Informed Consent

AGREEMENT TO PARTICIPATE IN RESEARCH
AT SAN JOSE STATE UNIVERSITY

RESPONSIBLE INVESTIGATOR: Olivia Y. Stringer

TITLE OF PROTOCOL: A Study of Black and White Nurse
Executives

I have been asked to participate in a research study that is investigating the management skills of Black and White nurse executives. The purpose of this study is to determine if Black and White female nurse executives manage differently and, if so, what factors may contribute to those differences.

I understand that:

- (1) I will be asked to complete questionnaires.
- (2) There are no foreseen risks in this study.
- (3) Future nurses may benefit from this study. There are no benefits to me.
- (4) Results from this study may be published, but all information from this study will be reported in aggregate form. Individual responses will remain confidential.
- (5) Any questions that I have about this study can be answered by Olivia Y. Stringer at (415) 646-4272. Complaints about the study may be presented to Dr. Irene Lewis (thesis advisor) at (408) 924-3160. For questions or complaints about research subjects rights or in the event of research related injury contact Dr. Serena Stanford (Associate Academic Vice President for Graduate Studies) at (408) 924-2480.
- (6) My consent is given voluntarily without being coerced. I may refuse to participate and I may withdraw from this study at any time, without prejudice to my relation with San Jose State University.
- (7) I have been given a copy of this informed consent.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

date

subject's signature

APPENDIX H
Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

Please check appropriate responses that apply to you and use spaces provided.

1. Age group: 20-30 _____
31-40 _____
41-50 _____
51-60 _____
61/Over _____
2. Ethnic Background: Black _____ White _____
3. Marital Status: Single _____ Married _____ Divorced _____
Widowed _____ Separated _____
4. Number of Children: _____
5. Basic Nursing Education: Diploma _____
ADN _____
BSN _____
6. Select Degree/s That Apply:
B.A. or B.S. in other fields _____
M.S. in Nursing _____ M.A. in Other Fields _____
Doctorate in Nursing _____ Doctorate in Other Fields _____
7. Reason(s) for choosing nursing as a profession. Please rank
(1. most important, 4 the least important).
Desire to help others _____ Financial reward _____
Employment opportunity _____ Please Specify Other _____

DEMOGRAPHIC QUESTIONNAIRE

8. Number of years of nursing experience as RN:

0-4 ____	30-34 ____
5-9 ____	35-39 ____
10-14 ____	40-44 ____
15-19 ____	45-49 ____
20-24 ____	50 + ____
25-29 ____	

9. Place of employment: Hospital ____ Government Agency ____
Other _____

(Please specify)

10. Current Job Title (Job Classification): _____

(Example: CEO, Chief Nurse, Director/Assistant Director)

11. Number of years of management experience: _____

12. Number of years in present position: _____

13. Where did you receive the majority of your training for this position? (Select only one)

School ____ Workshop/Seminar ____ On Job Training/Mentor ____

14. Please check your current annual salary:

\$30,000 - \$40,000 ____	\$60,001 - \$70,000 ____
\$40,001 - \$50,000 ____	\$70,001/Over ____
\$50,001 - \$60,000 ____	

15. Select the highest level of education of Mother/Guardian:

Kindergarden to 3rd Grade ____	College 1 - 2 ____
4th to 6th Grade ____	College 3 - 4 ____
7th to 9th Grade ____	MA/MS ____
10th to 12th Grade ____	Doctorate ____
No Education ____	

DEMOGRAPHIC QUESTIONNAIRE

16. Select the highest level of education of Father/Guardian:

Kindergarden to 3rd Grade ____ College 1 - 2 ____
 4th to 6th Grade ____ College 3 - 4 ____
 7th to 9th Grade ____ MA/MS ____
 10th to 12th Grade ____ Doctorate ____
 No Education ____

17. Principle career or occupation of parent(s)/guardian(s) (select the closest possible answer.)

Mother/Guardian

Blue Collar (example: Carpenter/Clerk) ____
 White Collar (example: Administrator/Lawyer/Nurse) ____
 Homemaker: (Did not work) ____

- 18.
- Father/Guardian

Blue Collar (example: Carpenter/Clerk) ____
 White Collar (example: Administrator/Lawyer/Nurse) ____
 Homemaker: (Did not work) ____

19. In which state were you mainly raised? _____

If not United States, please indicate country _____

20. Who was the most influential in your choice of a management career? (Select one)

Friend ____ Supervisor ____
 Teacher ____ Other: (Specify) _____

APPENDIX I
Cultural Experience Questionnaire

CULTURAL EXPERIENCE QUESTIONS

Please circle yes or no responses.

1. Have you worked with nurse executives of different ethnic backgrounds? Yes or No (If Yes, please denote race(s). If No, please proceed to question number 8.)
2. Have you observed differences in nonverbal communication styles of nurse executives of different ethnic groups? Yes or No (If No, please proceed to question 5.)
3. Do you believe their non-verbal communication styles are directly related to their cultural background? Yes or No
4. Describe the non-verbal communication styles you have observed in nurse executives of different ethnic groups. (Use added paper if necessary)
5. Have you observed differences in conflict management styles of nurse executives of different ethnic groups? Yes or No (If No, please proceed to question 8.)
6. Do you believe their conflict management styles are directly related to their cultural background? Yes or No
7. Describe the conflict management techniques you have observed in nurse executives of different ethnic groups. (Use added paper if necessary)
8. Describe conflict management styles and non-verbal communication styles you use that you believe are directly related to your cultural background.

Please circle the appropriate answer.

9. Which one of the following management styles do you use most?

Authorization

Democratic

Laissez-Faire

10. When managing staff of different ethnic backgrounds which management style do you feel is most effective?

Authorization

Democratic

Laissez-Faire

APPENDIX J
Thomas-Kilmann Conflict Mode Instrument
and Thomas-Kilmann Profile Graph

INSTRUCTIONS

Consider situations in which you find your wishes differing from those of another person. How do you usually respond to such situations?

On the following pages are several pairs of statements describing possible behavioral responses. For each pair, please circle the "A" or "B" statement which is most characteristic of your own behavior.

In many cases, neither the "A" nor the "B" statement may be very typical of your behavior; but please select the response which you would be more likely to use.

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28th Printing 1988

**THOMAS-KILMANN
CONFLICT MODE INSTRUMENT**

1. A. There are times when I let others take responsibility for solving the problem.
 B. Rather than negotiate the things on which we disagree, I try to stress those things upon which we both agree.
2. A. I try to find a compromise solution.
 B. I attempt to deal with all of his/her and my concerns
3. A. I am usually firm in pursuing my goals.
 B. I might try to soothe the other's feelings and preserve our relationship
4. A. I try to find a compromise solution.
 B. I sometimes sacrifice my own wishes for the wishes of the other person.
5. A. I consistently seek the other's help in working out a solution.
 B. I try to do what is necessary to avoid useless tensions
6. A. I try to avoid creating unpleasantness for myself.
 B. I try to win my position.
7. A. I try to postpone the issue until I have had some time to think it over.
 B. I give up some points in exchange for others
8. A. I am usually firm in pursuing my goals.
 B. I attempt to get all concerns and issues immediately out in the open

2

**THOMAS-KILMANN
CONFLICT MODE INSTRUMENT**

- 9. A. I feel that differences are not always worth worrying about.
B. I make some effort to get my way.
- 10. A. I am firm in pursuing my goals.
B. I try to find a compromise solution.
- 11. A. I attempt to get all concerns and issues immediately out in the open.
B. I might try to soothe the other's feelings and preserve our relationship
- 12. A. I sometimes avoid taking positions which would create controversy
B. I will let the other person have some of his/her positions if he/she lets me have some of mine.
- 13. A. I propose a middle-ground.
B. I press to get my points made
- 14. A. I tell the other person my ideas and ask for his/hers.
B. I try to show the other person the logic and benefits of my position
- 15. A. I might try to soothe the other's feelings and preserve our relationship
B. I try to do what is necessary to avoid tensions.
- 16. A. I try not to hurt the other's feelings.
B. I try to convince the other person of the merits of my position.

THOMAS-KILMANN
CONFLICT MODE INSTRUMENT

17. A. I am usually firm in pursuing my goals.
B. I try to do what is necessary to avoid useless tensions.
18. A. If it makes other people happy, I might let them maintain their views.
B. I will let other people have some of their positions if they let me have some of mine.
19. A. I attempt to get all concerns and issues immediately out in the open.
B. I try to postpone the issue until I have had some time to think it over.
20. A. I attempt to immediately work through our differences.
B. I try to find a fair combination of gains and losses for both of us.
21. A. In approaching negotiations, I try to be considerate of the other person's wishes.
B. I always lean toward a direct discussion of the problem.
22. A. I try to find a position that is intermediate between his/hers and mine.
B. I assert my wishes.
23. A. I am very often concerned with satisfying all our wishes.
B. There are times when I let others take responsibility for solving the problem.

4

**THOMAS-KILMANN
CONFLICT MODE INSTRUMENT**

24. A. If the other's position seems very important to him/her. I would try to meet his/her wishes.
B. I try to get the other person to settle for a compromise.
25. A. I try to show the other person the logic and benefits of my position.
B. In approaching negotiations, I try to be considerate of the other person's wishes.
26. A. I propose a middle ground.
B. I am nearly always concerned with satisfying all our wishes.
27. A. I sometimes avoid taking positions that would create controversy.
B. If it makes other people happy, I might let them maintain their views.
28. A. I am usually firm in pursuing my goals.
B. I usually seek the other's help in working out a solution.
29. A. I propose a middle ground.
B. I feel that differences are not always worth worrying about.
30. A. I try not to hurt the other's feelings.
B. I always share the problem with the other person so that we can work it out.

8

YOUR SCORES ON THE THOMAS-KILMANN CONFLICT MODE INSTRUMENT

*Scores are graphed in relation to the scores of 339 practicing managers at middle and upper levels in business and government organizations.