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The Relationship of management style and staff nurse job satisfaction

Jennifer A. Nakata
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Nakata, Jennifer Anne, M.S.

San Jose State University, 1992

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The Relationship of Management Style
and Staff Nurse Job Satisfaction

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

Jennifer A. Nakata

December 1992

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ABSTRACT

THE RELATIONSHIP OF MANAGEMENT STYLE AND STAFF NURSE JOB SATISFACTION

by Jennifer Nakata

This thesis identifies the perceived and desired nurse management styles and its relationship to staff nurse job satisfaction. The study utilized a nonexperimental, cross-sectional survey design to collect data from staff nurses ($N=102$) at a Northern California, Catholic, community hospital using the Profiles of Organizational Characteristics, Form SLM-1978 and Munson-Heda's job satisfaction tool (1974).

The management style of first-line nurse managers perceived by the staff nurses was an authoritative-benevolent management style. The staff nurses preferred a management style approaching the participative group management style. This study revealed a positive correlation ($r=.48$, $p=.0001$) between perceived management style and staff nurse job satisfaction. The closer the management style was to the participative group management style, the higher the level of job satisfaction. A recommendation is made to administrators, nurse managers, and staff nurses to explore the participative group management style.

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valuable advice, and support

To Mom and Dad for all their
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Chapter 1

INTRODUCTION

The traditional role of the staff nurse has been dramatically changing over the past decade. The concept of nursing productivity has become a widely discussed topic due to the introduction of the prospective payment systems in the health care industries. The prospective payment systems places emphasis on increasing productivity through nursing personnel since they are the single largest providers of health care services. Nursing personnel are actively involved in the assessing, planning, and managing of care. In addition, productivity concerns are addressed by nurse managers who are responsible for many key decisions in resource expenditures (Levine, 1986).

In order to optimize the skills and education of the available nursing resources, and to keep pace with the changes in the health care industries, the study of management styles of first-line nurse managers is required. Such a study in relationship to staff nurse job satisfaction will help to increase the information on effective management of staff nurses. The findings of this research may help to address the turnover rates of staff nurses, and promote employment retention, job satisfaction, efficiency, and productivity through an effective management style.

Background

Manufacturing and service industries are not alone in seeking methods to streamline costs, increase productivity, and increase market share. Wells (1990) observes, "Health care for the private sector is now delivered within the confines of a competitive market place. To maintain quality patient care, hospitals are incorporating management principles to increase employee productivity and optimize efficiency" (p. 2).

In this country a number of economic health care issues are reaching crisis proportions. The rising cost of health care, the enlarging segment of older Americans, the increasing number of uninsured, coupled with stringent payment methods of third party payors, Medicare, Medicaid, and managed care insurance are causing health care institutions to place increasing emphasis on productivity. The prospective payment systems, which utilize fixed rates of reimbursement for patients with similar problems, encourages the health care providers to deliver care as cost effectively as possible. The fee-for-service reimbursement system does not offer incentives for increased cost efficiency. Traditionally, the concept of productivity has been a measure of efficiency in the industrial setting. Productivity has now become an important concept in the health care industry (Levine, 1986).

The economic pressure exerted by third party payors is decreasing the occupancy and length of stay for patients in the hospital. Many of the services once provided on an in-patient basis are now provided as out-patient services. This results in higher acuity levels of hospitalized patients. The high acuity levels and the increasing technology of nursing increase the demand for nursing staff with advanced specialty skills. Concurrently, with the passage of Medicare legislation in 1983, activities that were formerly the responsibility of other services, such as respiratory therapists and laboratory technicians, were reassigned to nursing staff. The hospital organizations decided that with lump-sum payments it was more economical to reassign tasks to nursing staff. This move increased the workloads of nurses (Cleland, 1990). Barnum and Mallard (1989) observe that:

Nurse executives are adopting a business attitude as they compete for their share of the health care dollar. Given that nursing generally accounts for 40 percent of a hospital's operating budget, it is increasingly important to document the cost effectiveness of professional nursing care (p. 9).

The importance and application of productivity in the health care setting is fairly recent. In the past, nursing leaders felt that productivity measurements, when applied to professional nursing personnel, were degrading and

reactionary. In spite of this belief, considerable emphasis has been placed on management improvement over the past 50 years. This effort was not termed a "productivity" improvement but did address increasing the efficiency and effectiveness of the delivery of nursing services (Levine, 1985).

In addition, improving productivity and efficiency had not been a high priority for staff nurses because it was felt that it was impossible to do so when caring for individual human beings. Staff productivity is not solely dependent upon how hard and how well each individual works. When nurse managers have knowledge and concern about the needs of their staff, and are aware of the social and physical conditions that affect the work environment and the job to be done, improvement of productivity and efficiency can occur (Holle & Blatchley, 1982).

Cleland (1990) states, "Employee productivity in nursing is a measure of the efficiency and the effectiveness with which the economic inputs of labor are converted to health care services" (p. 153). It is imperative that the first-line manager create a positive philosophy of productivity and that the nursing staff appreciate the need for productivity. The changing demands upon staff nurses created by external and internal forces still requires that specific patient outcomes are accomplished. The first-line manager must

create and maintain an environment that supports and motivates the staff nurses (Barnum & Mallard, 1989). Part of the first-line manager's development of a supportive and productive environment is the consideration of the job satisfaction experienced by the staff nurses.

The influence of job satisfaction among staff nurses has been identified as a major factor in retaining staff nurses (Kramer & Schalenberg, 1991a). Studies have shown that there is a direct relationship between job satisfaction and turnover or absenteeism on the job. Studies of white collar workers indicate that job satisfaction appears to be one of the important factors in determining whether or not an employee remains in an organization (Holle & Blatchley, 1982). According to Holle and Blatchley (1982):

Job satisfaction has been divided into ten components; interpersonal relations, achievement, responsibility, advancement, the work itself, recognition, supervision, working conditions, salary, and status. All of these relate in some way to employee productivity (p.32).

Productivity, job satisfaction, costs, job turnover, and absence are several criteria used to evaluate administrative effectiveness (Likert, 1961). The recognition of the importance of managing the human resources within an organization, at all levels, must not be overlooked in the health care setting. Rensis Likert and his colleagues at the

Institute for Social Research studied numerous organizations. Likert's group developed a tool to measure the management systems of various organizations. Utilizing this tool, Likert's group was able to determine the management style used in the most productive and least productive departments of an organization (Hersey & Blanchard, 1972).

Nursing has the opportunity to emerge as a leader in health care. Nurse managers will lead the way to an improved health care system by studying current managerial styles, deciding which are effective, and implementing the management styles that are conducive to increased productivity, efficiency, and job satisfaction. Phifer (1990) states, "Nurses in management have the opportunity to bring benefits to a far greater number of patients by motivating greater commitment, achievement, and productivity in the nursing staffs" (p. 322).

The significance of this study can be considered from two perspectives, from the institutional level and the individual employee level. On the institutional level, one recognizes that in order for the institution to survive, one must increase productivity. One factor that is an important source of increased productivity is the full development of a system of managing the human resources of the organization (Likert, 1961).

From the employee perspective, the degree to which the workers are satisfied with their jobs relates to the productivity of the workers. Therefore, the necessity of investigating the significance of the relationship between the job satisfaction of an employee and the management style of the first-line nurse manager is clear. If management style and job satisfaction are positively correlated, these factors should be considered in the management of nursing units. Literature examining management styles with the job satisfaction of hospital staff nurses is scarce. Further research in the area of management styles of first-line nurse managers and the effect of management styles on productivity, quality of care, efficiency, and staff nurse job satisfaction is imperative.

Problem

Currently nursing practice and management are undergoing many changes nationwide. Increasing autonomy, responsibility, and education of nurses, along with changes in health care reimbursement, requires new approaches to manage these nursing resources. Each health care institution must develop methods of effectively managing the professional nurse while promoting productivity, job satisfaction, increased decision making, responsibility, and autonomy for the professional staff nurse. Therefore, this study seeks to answer the following questions.

Research Questions

The research questions for this study are:

1. What are the management styles of first-line nurse managers as perceived by hospital staff nurses?
2. What are the management styles of first-line nurse managers desired by hospital staff nurses?
3. Is there a relationship between the perceived management style of first-line nurse managers and the job satisfaction of hospital staff nurses?

Purpose

The purpose of this study is to determine hospital staff nurses' perception of nurse management style and its relationship to staff nurse job satisfaction. This study also investigates the management style that hospital staff nurses desire in their managers. This is a replication study of research performed by M. Lucas (1991) in a Southeastern United States metropolitan hospital. The broader purpose of this study is provide information to the nurse manager to assist in providing the best working environment for nurses' productivity, job satisfaction, efficiency, and retention.

Definitions

For the purpose of this study, the following terms will be used.

1. First-line nurse manager is the first level of management over the staff nurse. It is a position held by a

registered nurse with additional education in administration and management.

2. Hospital staff nurses are registered or licensed vocational nurses who provide direct patient care.

3. Management styles are the methods used to plan, motivate, organize, control, and direct the affairs of the institution. In this study management styles are measured by the Profiles of Organizational Characteristic, Form SLM-1978.

4. Job satisfaction is the degree of contentment, fulfillment, and gratification the individuals derive from their job as measured by Munson and Heda's (1974) job satisfaction measurement tool.

Limitations

The study is limited by design, sample size, data collection, and conceptual framework. Due to a cross-sectional design and a correlational analysis, a cause and effect relationship cannot be suggested. The size of the sample is dependent on the voluntary cooperation of the staff nurses at the selected acute care hospital. The respondent sample may not be representative of all staff nurses. The study is based on one theory of management styles which excludes, by necessity, other theories of management styles that may help to examine and explain organizational characteristics. The results of this single study are not

applicable to the general population of staff nurses across the country and should be generalized with caution.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

Conceptual Framework

This study uses the management theory of Rensis Likert (1961) as a conceptual framework, following the work of Lucas (1991) upon which this study is based. The framework for this study is based on a management theory which describes a continuum of four types of management styles. The job satisfaction aspect is analyzed based on an adaptation of Maslow's hierarchy of needs.

Management Styles

Management is the coordination and integration of resources utilizing planning, organizing, directing, and controlling to accomplish specific institutional goals and objectives (Sullivan & Decker, 1988). Effective management is of concern to all industries and businesses, large or small. The goal of management is to make a profit or a surplus of sales dollars over expense dollars. This goal is influenced by the productivity, efficiency, and effectiveness of the organization's management style. The management style in an organization is an integral component in attaining organizational goals (Koontz & Weihrich, 1990).

Management style includes techniques to accomplish organizational goals. Such management techniques include:

budgeting, cost accounting, network planning, and control techniques. Program Evaluation and Review Techniques (PERT), Critical Path Method, and various devices of organizational development are control techniques. These techniques reflect management theory and are used to help managers engage in effective organizational activities (Koontz & Weihrich, 1990).

In examining productivity, Likert (1961) observed the following:

The research findings . . . show that the high-producing managers, much more often than the low-producing managers, have built the personnel in their units or departments into highly effective organizations. These operations are characterized by favorable, cooperative attitudes and high levels of job satisfaction on the part of the members of the organization (p. 58).

Traditionally high-producing managers have drawn upon motivational forces with the assumption that people work for primarily economic reward. Likert (1961) disagrees with this assumption and the belief that authority and control are the foundation of administration. Likert surmised that,

The supervisors and managers of American industry and government who are achieving the highest productivity, lowest costs, least turnover and absence, and the highest level of employee motivation and satisfaction

display, on the average, a different pattern of leadership from those managers achieving less impressive results (p. 60).

Likert (1961) concluded that those managers that have developed improved practices have not integrated their new principles into theory management.

Likert's Management Systems

Likert developed a concept of management styles to analyze and evaluate management styles which relate to productivity and job satisfaction. This theory of management systems consists of four management styles (see Table 1). Each management style is further defined by six subcategories.

System 1 represents the exploitive-authoritative management style. This management style is autocratic and represents primarily directive behaviors. Autocrats do not include anyone else in the decision making process. The autocrat is concerned primarily with task accomplishment rather than the people who perform the tasks. Motivation is accomplished through fear and punishment with only occasional rewards. Communication and decision making is initiated from the upper levels of management (Koontz & Weihrich, 1990).

System 2 represents the benevolent-authoritative style and System 3 represents the consultative style. These two systems are characterized by increasing levels of subordinate

Table 1

Likert's Systems of Management StylesAnd Corresponding Profiles of Organizational Characteristics Scores

Category	Exploitive-Authoritative	Benevolent-Authoritative	Consultative	Participative Group
POC Score*	1.00-2.00	3.00-4.00	5.00-6.00	7.00-8.00
Leadership	autocratic	condescending	substantial confidence	great deal of trust & confidence
Motivation	fear, threats, punishment, occas. rewards	rewards, some punishment	rewards, occas. punishment, some involvement	involvement & reward
Communication	downward	mostly downward	down & up	down, up & sideways
Decisions	made at the top	at the top, some delegation	subordinates generally consulted	well-integrated decisions at all levels
Goals	orders from top	orders with some comments	orders after discussion	set by the group
Control	concentrated at the top	still high in organization	moderate delegation	widely shared by members

*Profiles of Organizational Characteristics, Form SLM-1978

Note. From New Ways of Managing Conflict (p. 91) by R. Likert and J. G. Likert, 1976, New York: McGraw-Hill. Copyright 1976 by McGraw-Hill. Adapted and reprinted by permission.

involvement. In System 2, the managers motivate with less fear and punishment than System 1 and more rewards. The managers allow some upward communication, and solicit some ideas and opinions from the subordinates. The managers of System 2 may delegate some decision making as long as policy is closely observed.

System 3 managers have greater confidence and trust in subordinates. This is reflected in greater use of subordinate's ideas and opinions, using reward as motivation with only occasional punishment. Communication in System 3 tends to flow up and down. An attempt is made at subordinate participation in decision making. General policy is made at the upper levels while at lower levels consultation is made for specific decisions (Koontz & Weihrich, 1990).

System 4 represents the participative group. The participative style is democratic, people-oriented, focuses on human relations, teamwork, collaboration, and the building of an effective work group. The communication style is open. The workers are made to feel that they are making an important contribution and involved in the decision making process (Likert, 1967). System 4 managers have complete trust and confidence in the subordinates. The managers obtain ideas and opinions from the subordinates and use the ideas. There are economic rewards in System 4 related to group participation and involvement in goal setting and

evaluation of the progress made toward these goals (Koontz & Weihrich, 1990).

Each of these management styles, as defined by Likert, are characterized by six categories: leadership, motivation, communication, decision making, goals, and control. Using Likert's System model, the employee can be queried about the present characteristics of their supervisor's management style and about the desired management style sought by the employee.

Related Literature

Lucas (1991) investigated nurses' perceptions of current and desired management styles in hospital units. Lucas also studied the relationship of management styles with staff nurse job satisfaction. Lucas found staff nurses were experiencing a benevolent-authoritative management style but preferred a participative style. Higher levels of job satisfaction were positively correlated with management style scores that approached the participative management style. Lucas (1988) also investigated the relationship between management styles and job satisfaction for clinical nurse specialists. This study concluded that these master's degree prepared nurses perceived a benevolent-authoritative management style but preferred a participative management style. Scores approaching the participative style of

management were associated with a higher level of job satisfaction.

Marriner-Tomey (1988) states, "Job dissatisfaction contributes to higher turnover rates and decreased productivity" (p. 239). It is expensive and time consuming to recruit and orient new personnel. Productivity decreases as the new employee is introduced to the work group. The other employees must provide guidance and assistance to the new employee. The veteran employees must also carry more than their share of the work load until the new employee is able to perform at capacity. The work group must go through redevelopment each time employee membership changes. As a result, job satisfaction is an area of concern for nurse managers (Marriner-Tomey, 1988).

Job satisfaction has been defined for this study as the degree of contentment, fulfillment, and gratification the individual derives from their job. Maslow developed a hierarchy of human needs. Maslow's model of human needs has five categories of physiologic and psychological needs. These categories are listed in order of importance to survival: (a) physiologic needs, (b) safety and security needs, (c) love and belonging needs, (d) need for self-esteem, and (e) need for self-actualization (Kozier & Erb, 1983). Based on original work by Porter and Lawler (1968), which conceptualized job satisfaction in terms of Maslow's

hierarchy of needs, Munson and Heda (1974) developed a job satisfaction measurement tool. The Munson and Heda measurement instrument measures extrinsic satisfaction, interpersonal satisfaction, involvement satisfaction, and intrinsic task satisfaction. Marriner-Tomey (1988) indicates that people at lower educational and socio-economic levels tend to place more emphasis on extrinsic job factors. Extrinsic job factors include basic needs such as security, fairness, and financial reward. People at higher educational and occupational levels, such as nurses, place more emphasis on intrinsic factors such as self-actualization and ego needs.

According to Marriner-Tomey (1988), the sources of satisfaction for nurses are: a sense of achievement, recognition, challenging work, responsibility, advancement potential, autonomy, authority, pleasant work environment, agreeable work hours, and adequate staffing. Sources of dissatisfaction among nurses are: poor planning, poor communication, inadequate explanations of decisions affecting jobs, unclear rules and regulations, unreasonable pressure, too much work, work loads negatively affecting work quality, understaffing, uncooperative physicians, non-nursing duties, and unqualified supervisors. Job dissatisfaction reduces productivity, increases absenteeism, and accounts for high turnover rates among staff nurses (Marriner-Tomey, 1988).

In examining the sources of job satisfaction and dissatisfaction among nurses, many of the identified factors are the responsibility of management. Job dissatisfaction sources such as poor planning, poor communication, inadequate explanation, unclear rules and regulations reflect an ineffective management style (Marriner-Tomey, 1988). The consequences of job dissatisfaction can be avoided through an organized, consistent, and appropriate management style throughout the organization.

An exploratory study was conducted to study the relationship between the nurse managers' perception of leadership behavior and the registered nurses' locus of control on nurses' job satisfaction (O'Hanlon-Nichols, 1991). This study concluded that consideration and initiating structure were significantly related to job satisfaction and locus of control was not significantly correlated with job satisfaction. Initiating structure behaviors include: organizing and defining work, establishing work patterns, channels of communication, and methods of getting the job done (Sullivan & Decker, 1988). Consideration is the behavior that conveys warmth, mutual trust, respect, friendship, and rapport between the nurse manager and the staff (Sullivan & Decker, 1988). O'Hanlon-Nichols found that RNs want structure, guidance, clear goals and objectives balanced with human relation skills of the nurse manager.

A study by Duxbury, Armstrong, Drew, and Henly (1984) used initiating structure and consideration to analyze leadership style. This study surveyed nurses in a level III neonatal intensive care unit and found that head nurse consideration was significantly related to staff nurse satisfaction. Initiating structure was not by itself related to satisfaction or burnout. The O'Hanlon-Nichols (1991) and the Duxbury et al. (1984) studies used leadership behavior, initiating structure, and consideration, rather than management style to study staff nurse job satisfaction.

Management style encompasses a variety of factors and techniques, all of which influence productivity, employee motivation, turnover, costs, and job satisfaction. Likert (1961) finds that although management may be aware of new principles in management style as it relates to the human resources of an organization, there has been a failure to integrate these principles into practice. The traditional assumptions that authority and control are the foundations of administration are not accepted by Likert.

Summary

The review of the literature reveals the need for more studies on management style and its relation to job satisfaction. Lucas' (1989, 1991) research found a positive correlation between job satisfaction and management style. Other studies used consideration and initiating structure in

analyzing job satisfaction, burnout, and locus of control. Other than the cited research, nursing has not used the work of Rensis Likert as a framework for management study. Management style and its relationship to job satisfaction has not been as intensively studied as leadership styles in the discipline of nursing.

Maslow describes satisfaction in terms of a needs hierarchy which was adapted by Porter and Lawler (1968) in their work measuring fulfillment and job satisfaction. Munson and Heda (1974) developed a measurement tool based on the work of Porter and Lawler (1968) to measure job satisfaction. The literature describes job satisfaction or job dissatisfaction as determinants in productivity, absenteeism, and high turnover rates among staff nurses.

This research seeks to gather information for the nurse managers and hospital organizations to improve the work environment for staff nurses. The areas of job satisfaction and management styles are investigated and the related literature reviewed. The literature emphasizes the importance of job satisfaction, productivity, absenteeism and turnover rates and the need for further research in management style as it relates to these factors.

Chapter 3

THE METHODOLOGY

Research Design

The study design was nonexperimental and cross-sectional. The study aimed to analyze perceived and desired management style and the relationship between perceived management style and job satisfaction. The independent variables were perceived and desired management styles, and the dependent variable was job satisfaction.

Instruments

Perceived and desired management styles (independent variables) were measured by the Profile of Organizational Characteristics, Form SLM-1978 by Rensis Likert Associates, Inc. (Appendix B). The Profile of Organizational Characteristics, Form SLM-1978 is an instrument designed to measure management style based on Likert's four systems: exploitive-authoritative (System 1), benevolent-authoritative (System 2), consultative (System 3), and participative group (System 4). The 16-item questionnaire contains six categories: leadership, motivation, communication, decision making, goals, and control. The questionnaire is scored on a Likert scale with response choices from 1 to 8. Each question requires two responses, one that describes the management style on the subject's nursing unit at the present

time and one that describes how the subject would like the management style on the nursing unit to operate.

Job satisfaction (dependent variable) was measured by a job satisfaction tool developed by Munson and Heda (1974) (Appendix C). Munson-Heda's job satisfaction tool is based on the conceptualization of Maslow's hierarchy of needs. The subscales measure: extrinsic satisfaction (basic needs: security, fairness, financial reward), interpersonal satisfaction (belonging), involvement needs (ego needs), and intrinsic task satisfaction (self-actualization). In addition, demographic data, such as length of employment, educational level, age range, type of clinical service worked, and shift worked were collected (Appendix D).

Likert (1967) reported split-half reliability data from .97 to .99 for the sum of odd number items and the sum of the even numbered items of the Profiles of Organizational Characteristics (p. 122). Munson and Heda's (1974) modified instrument designed to measure job satisfaction was tested for validity by sampling 351 nurses in 55 patient units. Munson and Heda concluded that "the instrument was found to have properties ascribed to it and to measure job satisfaction as an organizational variable" (p. 159). The split-half reliability was reported at .85.

Data Collection

The volunteers were solicited by distributing the questionnaires to staff nurses with their payroll checks. The questionnaires did not request the name of any of the participants. The questionnaire packet included a self-addressed, stamped envelope provided for confidential and anonymous direct return of the completed questionnaires. All questionnaires when returned were kept confidential and in a locked cabinet at the home of the researcher. Prior approval for data collection at the hospital was obtained from the hospital's Institutional Review Committee. Approval for this research using human subjects was also obtained from San Jose State University's Human Subjects-Institutional Review Board.

Sample and Setting

The potential sample consists of 239 registered and licensed vocational nurses. All staff nurses who were regularly scheduled to provide bedside patient care in the selected acute care areas were included. Questionnaires were distributed to the staff nurses of the medical-surgical, critical care, maternal-child health and oncology units. Nurses considered to hold supervisory or managerial positions were not surveyed. Temporary staff were excluded from the sample. Usable questionnaires were received from 102 staff nurses for a response rate of 42.7 per cent.

The setting was a 398 bed, general, acute care, private, not-for-profit, Catholic hospital in Northern California. The hospital is located in a middle class community. The population served by the hospital includes those on federal assistance for health care services. The hospital offers comprehensive medical and surgical care, 24 hour emergency services with additional service lines in maternal-child health, cardiac services, and oncology.

Data Analysis

The data were analyzed using means, standard deviations, ranges, and the Pearson Product-Moment Correlation statistic. The Pearson Product-Moment Correlation coefficient examined the relationship between the two variables, job satisfaction and perceived management style. The correlation coefficient represents the degree or strength of the relationship. The Pearson Product-Moment Correlation looks for a linear relationship among the variables. A correlation will represent a covariance between the two variables. This correlation will not provide information about the causative factors for the covariance (Oyster, Hanten & Llorens, 1987).

Assumptions

The designation of job satisfaction as a measurement criteria in evaluating administrative effectiveness has been studied and documented as a valid criterion by Likert (1961). Extensive work has been done by Rensis Likert on the Systems

model used for the conceptual framework in this study. The characteristics of the each type of management style are generally accepted.

This study assumes that all data gathered for this study using the Profile of Organizational Characteristics, Form SLM-1978 and Munson-Heda's (1974) job satisfaction tool are based on the staff nurses' honest assessment and desires in each area of the questionnaires. This study design assumes the data received are a reflection of the management styles that the staff nurse encounters on a daily basis from their first-line nurse manager.

Chapter 4

DATA ANALYSIS

The purpose of this study was to describe the perceived and desired management styles of first-line managers, as well as a relationship between the perceived management style and staff nurse job satisfaction. Staff nurses' perception of the management styles on their units and the management style they desired were measured by analyzing the data from the Profiles of Organizational Characteristics, Form SLM-1978. Job satisfaction data were collected and analyzed from the Munson-Heda (1974) job satisfaction measurement tool.

Sample Characteristics

The demographic data were obtained from the 102 questionnaires returned of the 239 distributed. The mean age group of the respondents was 40-44 years of age. The nurses have been employed at their current hospital a mean of 9.79 years with a range of 3 months to 34 years. The sample was composed of nurses working in critical care ($n=46$, 45.0%), medical-surgical ($n=23$, 22.5%), maternal child health ($n=25$, 24.5%), and oncology ($n=8$, 7.8%).

Information collected about the respondent's nursing education revealed that more nurses had baccalaureate degrees ($n=35$, 34.3%) than associate degrees ($n=32$, 31.4%), diplomas ($n=29$, 28.4%), or master's degrees ($n=4$, 3.9%). Two (1.9%)

of the respondents indicated "other" in the nursing education section. This data reflected the nursing education of 94 registered nurses and 8 licensed vocational nurses.

For the purposes of this study full-time employment was defined as working 32 hours per week or more. Part-time status was defined as working less than 32 hours per week but did not include per diem or temporary staff. More full-time positions were held by the surveyed staff nurses ($n=72$, 70.6%) than part-time positions ($n=30$, 29.4%).

The majority of the respondents indicated that they worked the day shift ($n=32$, 31.4 %) with 25.5% ($n=26$) working evenings, and 10.8% ($n=11$) working the night shift. The 12 hour shifts were represented with 15.7% ($n=16$) working 12 hour day shifts and 12.7% ($n=13$) working 12 hours night shifts. Four (3.9%) nurses indicated some other shift was worked.

Management Style

The Profiles of Organizational Characteristics, Form SLM-1978, consisted of a 32 item questionnaire. Each item had a possible score of 1 to 8. The questionnaire was divided into subscales. The overall score and the scores of the subscales were analyzed to determine the mean and standard deviation for each. As presented in Table 1, the mean perceived and desired scores of the Profiles of

Organizational Characteristics questionnaire has a corresponding management style.

The findings, shown in Table 2, reveal that the subscale for current perceptions with the highest mean score was motivation (4.59). In this subscale the management style approaches the consultative style of management. In the consultative management style the managers have greater trust and confidence in their subordinates. Motivation is through rewards with some involvement and occasional punishment. The desired management style for the motivation subscale score was close to a participative group style (6.96). This score reflects the staff nurses' desire for more involvement and reward as a motivating factor.

The subscale for current perceptions with the lowest mean score was the subscale of decision making (3.33). This subscale score represented a benevolent-authoritative management style under which decisions are made at the top with some degree of delegation. The staff nurses indicated that they desired decision making at all levels, a more participative group style of decision making, as represented by a mean decision making subscale score of 6.93.

Under the leadership subscale the staff nurses perceived a current benevolent-authoritative management style with a score of 4.44. Trust and confidence in this

Table 2

Current and Desired Management Styles (N = 102)

Management Style	Mean	SD
Subscales		
Leadership		
Current	4.44	1.65
Desired	6.81	1.21
Motivation		
Current	4.59	1.38
Desired	6.96	1.14
Communication		
Current	4.57	1.23
Desired	7.04	0.99
Decision Making		
Current	3.33	1.43
Desired	6.93	1.05
Goals		
Current	4.56	1.34
Desired	7.04	1.02
Control		
Current	4.38	1.75
Desired	6.63	1.38
Overall		
Current	4.34	1.19
Desired	6.85	1.07

management style is condescending. The staff nurses preferred a management style closer to a participative group management style. The desired score of 6.81 indicates that a more democratic and collaborative style is desired in which the managers have trust and confidence in their subordinates.

The staff nurses gave the communication subscale a current score of 4.57. They felt that communication in their units was mostly downward as in a benevolent-authoritative management style. The staff nurses clearly desired communication that was up, down, and sideways on their units as revealed in the participative group management style score of 7.04.

Analysis of the goals subscale showed that the staff nurses felt that unit goals are currently set by orders from their nurse managers. This benevolent-authoritative management style score of 4.56 contrasts with the desired score of 7.04. The latter score indicates that the staff nurses would like goals to be set by the group reflecting a participative group style of management.

The score given in the current control subscale, 4.38, indicated that the staff nurses felt that control is near the top in the organizational hierarchy of their nursing unit. In reference to desired control, the score of 6.63 indicated that the staff nurses would like more delegation of control as found in the consultative management style. An even

higher score would have represented a management style where control was widely shared by all members.

The data indicated that the staff nurses currently perceive an overall benevolent-authoritative style of management on their units represented by an overall mean score of 4.34. The benevolent-authoritative style manager motivates with less fear and punishment than in the exploitative-authoritative management style but does not use staff involvement to motivate staff. The managers may use some upward communication, but most of the communication remains downward. Ideas and opinions may be solicited from the staff although trust and confidence in staff is patronizing or condescending. If decision making is delegated from the top, policy must be closely followed.

The staff nurses desired a management style approaching the participative group style with an overall mean score of 6.85. The staff would like to be more involved in the decision making process. The participative group style manager uses ideas solicited from the staff and asks for the staff's opinions on matters that affect their work. This score indicated that the staff nurses desired a more democratic and collaborative decision making style.

Job Satisfaction

This study also analyzed staff nurse job satisfaction. Job satisfaction was measured on Munson-Heda's (1974) job

satisfaction survey which utilized a scale of 1 to 7 of possible scores. The job satisfaction questionnaire was divided into 4 subscales: intrinsic satisfaction, extrinsic satisfaction, interpersonal satisfaction, and involvement satisfaction. The results of the job satisfaction scores are presented in Table 3.

The job satisfaction subscale with the highest mean score was interpersonal satisfaction (5.20). Interpersonal satisfaction is associated with the concept of belonging in reference to Maslow's hierarchy of needs (Munson-Heda, 1974). This represented the staff's desire for warmth in personal relationships at their work place. The staff nurses' opportunity to work with likeable people, to give help to others on the job, and the understanding of unit problems and difficulties related to their jobs were items measured in the job satisfaction survey.

The job satisfaction subscale score with the lowest mean was the subscale of involvement satisfaction (4.11). Involvement satisfaction is related most closely with the satisfier of ego needs. This concept includes the desire for power (Munson-Heda, 1974). Among the sources of job satisfaction for nurses outlined by Marriner-Tomey (1988) that satisfy the ego needs are autonomy and authority. Also included under the involvement subscale is the opportunity for the staff nurse to share in the setting of unit goals and

Table 3

Job Satisfaction Scores (N= 102)

Job Satisfaction	Mean	SD	Range
Subscales			
Intrinsic	5.01	1.21	1.0-7.0
Extrinsic	4.47	1.26	1.0-7.0
Interpersonal	5.20	1.03	1.0-7.0
Involvement	4.11	1.34	1.0-7.0
Overall	4.70	1.00	1.9-6.7

Note. Possible scores on each subscale and overall were 1-7.

the determination of policies and procedures affecting their unit and work.

Extrinsic job satisfaction was 4.47 out of a possible 7. Extrinsic job factors include security, fairness in the work place, and financial reward. According to Marriner-Tomey (1988) minorities and people at lower socio-economic levels tend to place more emphasis on extrinsic job factors than on intrinsic job factors. The intrinsic job satisfaction score was 5.01 representing a slightly higher level of satisfaction than the extrinsic subscale. Intrinsic job satisfaction emphasizes self-actualization and ego needs. People at higher occupational and educational levels identify with this aspect of job satisfaction (Marriner-Tomey, 1988).

The overall job satisfaction mean score was 4.7 on a scale of 1-7. Among the sources of job satisfaction for nurses noted by Marriner-Tomey (1988) are responsibility, advancement potential, pleasant work environment, and autonomy. These sources of job satisfaction can be related to the management style on a nursing unit, as well as sources of job dissatisfaction. Sources of job dissatisfaction that relate to management style are poor planning, poor communication, and inadequate explanations of decisions affecting the nursing unit.

Management Style and Job Satisfaction

The Pearson Product-Moment Correlation was used to examine the relationship between the overall perceived management style of first-line nurse managers and the overall job satisfaction of hospital staff nurses. The Pearson Product-Moment Correlation score for these two variables was $r = .48$ ($p = .0001$) as shown in Table 4. This finding was statistically significant. The closer the perceived management style was to a participative group style, the higher the level of job satisfaction.

Autonomy and authority, as mentioned previously, are sources of job satisfaction found in the participative group management style. In the participative group style control is widely shared by all members of a unit, and decisions are made at all levels. Intrinsic satisfaction is derived from meeting the ego needs of the staff. The participative group style of management meets the ego and self-actualization needs of the staff nurses by showing a great deal of trust and confidence in the staff nurse.

Poor communication is another source of job dissatisfaction. The participative group style of management implies a communication path that is up, down, and sideways. This in itself does not guarantee adequate communication. Good communication is influenced by the staff nurses' involvement on the unit. In the participative group style

Table 4

Relationship Between Job Satisfaction
and Overall Perceived Management Style (N=102)

	Mean	SD	r	p
Job Satisfaction	4.70	1.00		
			.48	.0001
Management Style	4.34	1.19		

the managers seek the opinions of the staff and incorporate the staff's ideas into the decisions affecting the unit. Including the staff nurses in the decision making process and implementing their ideas aids the communication process.

Summary

The analysis of the data in this study found that the staff nurses were experiencing an overall benevolent-authoritative style of management from their first-line nurse managers. The management style reflected mostly downward communication. The staff nurses were not involved in the decision making process in the units and control was still high in the organization of the unit. Motivation for the staff nurses was through rewards with some threat of punishment.

The staff nurses preferred a management style approaching the participative group management style. In this management style communication is up, down, and sideways. Decision making involves the staff nurses, control is widely shared, and the goals for the unit are set by the nursing unit's staff.

Analysis of the relationship between perceived management style and staff nurse job satisfaction revealed a statistically significant positive correlation ($r=.48$, $p=.0001$). The closer the management style was to the participative group style, the higher the level of job

satisfaction. Sources of job satisfaction for staff nurses correlated with the characteristics of a participative group style of management. Sources of job dissatisfaction for the staff nurse could be addressed by the participative group management style.

CHAPTER 5

CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine hospital staff nurses' perception of nurse management style and its relationship to job satisfaction. This study also investigated the desired management style of the staff nurses. Utilizing this information the nurse manager can provide the best working environment in which to promote staff nurse productivity, job satisfaction, efficiency, and retention.

The independent variables of perceived and desired management styles were measured using the Profiles of Organizational Characteristics, Form SLM-1978 developed by Rensis Likert Associates. The dependent variable of job satisfaction was measured by the job satisfaction tool developed by Munson-Heda (1974). Utilizing the two questionnaires this study answered the following research questions:

1. What are the management styles of first-line nurse managers as perceived by hospital staff nurses?
2. What are the management styles of first-line nurse managers desired by hospital staff nurses?

3. Is there a relationship between the perceived management style of first-line nurse managers and the job satisfaction of hospital staff nurses?

Analysis of the data found that the staff nurses were experiencing an overall benevolent-authoritative style of management. The staff nurses preferred a management style approaching the participative group style. The staff nurses' responses indicated that they would like to be more involved in the decision making process and in the setting of unit goals. The findings show that the staff nurses felt that control was high in the organization, and they desired control that was more widely shared.

The third component of this research study revealed an important finding. The relationship between perceived management style and staff nurse satisfaction was found to have a statistically significant positive correlation ($r=.48$, $p=.0001$). The closer the management style was to the participative group management style, the higher the level of job satisfaction. This finding is supported by the studies of Lucas (1989, 1991) in which significant positive correlation scores were found in measuring the relationship between perceived management style and staff nurse job satisfaction.

Conclusions

In choosing a management style it is important to consider the economic factors that are influencing health care today. The management style that is most productive, efficient, and cost-effective deserves serious consideration. The management style should not exclude the factors that influence staff nurse job satisfaction but integrate them as a major aspect of the management style.

The trend of shifting from fee-for-service to managed care puts pressure on the health care institutions to increase productivity while caring for patients with increasingly higher levels of acuity. This pressure is felt at the unit level by the nurses providing bedside care. The staff nurses are encountering more situations in which fewer staff and supplies are available to care for the same number of patients. This presents nurses with a dilemma between providing quality care and education for patients and completing tasks efficiently. Overall this results in a dissatisfied staff nurse with decreased productivity. This dissatisfaction can lead to higher turnover rates and absenteeism. The net effect is higher costs, poor patient care, and an unsatisfactory image of the health care institution.

If the staff nurses are satisfied with their role on their unit and within the institution, they are apt to be

more productive. As a result, institutions will experience increased unit efficiency and improved patient outcomes. In considering budget constraints, the staff nurses may provide innovative ways of addressing unit budget problems and other unit-specific problems. If the staff nurses are a part of the decision making process they are more likely to handle unexpected situations with a better attitude. This attitude includes problem solving on a situation by situation basis and employing other members of the health care team for assistance.

Another benefit derived from a more participative group management style is that the staff nurses will understand the bigger picture, that is, how the decisions and actions on their unit influence the whole institution. These changes in attitudes and perspective reflect positively on patient outcomes and the image of the institution. The significant correlation found between job satisfaction and management style reinforces the need to investigate implementation of a management style that is closer to a participative group style of management.

Due to the nature of the health care institutions it is difficult to schedule meetings convenient for all staff, that is, it is difficult for night shift personnel to return for a meeting held during the day. Other institutional constraints may make it more difficult to give the opportunity for all

staff to get involved. The efficient flow of information is often a problem within the hospital setting. Most of the administrators and managers work weekdays and during traditional work hours. The staff nurses are scheduled on one of three different shifts and usually work two weekends a month. When at work the staff nurses are at the bedside providing patient care. Time is not usually available for exchanging information through informal meetings with co-workers. The first-line nurse managers are not usually present on the 3pm-11pm shift or the 11pm-7am shift to share information, identify problems, and involve the off-shift staff in decision making.

Finally, implementing a more participative group style of management requires a change in attitude for the staff nurses. The staff nurses must be willing to contribute the time and energy required to obtain a more participative group management style. Currently, most staff nurses work their shift and go home. The attitude is that their responsibility to their unit ends at the conclusion of their shift. In order for a participative group style of management to work this attitude must change.

Recommendations

Given the unique population of staff nurses in this study additional research is needed in different geographic locations and different settings to replicate this study.

Further studies in different types of institutions are needed to study the management styles of first-line nurse managers and the effects of management styles on productivity, quality of care, efficiency, and staff nurse job satisfaction. These studies may lead to information and management styles that address the first-line nurse manager and administrators' concerns of turnover, absenteeism, and costs, as well as, staff nurse job satisfaction.

Further studies are needed to investigate management styles and job satisfaction especially within the realm of health care. Issues in health care pose some unique and interesting aspects that are not addressed in current management studies. Health care employs a large number of professional nurses with increasing levels of responsibility, authority, autonomy, and education. Management systems must be investigated to address the needs of this unique population.

Hospital administrators and first-line nurse managers should pay particular attention to the relationships between a management style approaching the participative group style, staff nurse job satisfaction, and productivity of the nursing unit. Management style should be considered a key component in the nursing unit environment. Ideally, hospital administrators should provide the opportunity for first-line nurse managers to explore various styles of management, and

support the first-line nurse manager and staff in seeking the best working environment.

Finally and most importantly, based on the findings of this study, it is recommended that hospitals, administrators, nurse managers, and staff nurses explore the participative group style of management. The findings in this study indicate that the management style this sample of staff nurses are experiencing is not the management style desired. In addition, the strong correlation between management style and job satisfaction emphasizes the need to investigate a management style that promotes job satisfaction.

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APPENDIX A
Consent Letter

April 27, 1992

Dear Directors,

As you are aware I am currently seeking approval to conduct my data collection for my thesis at _____ Hospital. The purpose of this study is to determine hospital staff nurses' perception of management style and its relationship to job satisfaction. This study also investigates the management style that hospital staff nurses desire in their first-line nurse managers.

To measure job satisfaction I will utilize a tool developed by Munson-Heda, which is based on a conceptualization of Maslow's hierarchy of needs. To measure perceived and desired management style I will use The Profile of Organizational Characteristics, Form SLM-1978 developed by Rensis Likert Associates, Inc. Both tools use a Likert scale format and require the respondent to circle the number representing the response closest to their own feelings. In addition I will collect some demographic data. At no time does the questionnaire request the identity of the respondent.

I believe this study is an appropriate and interesting study which will further nursing research in the area of management style. I would very much appreciate your approval to carry out the data collection portion of my thesis at _____ Hospital.

Sincerely,

Jennifer A. Nakata, RN
3405 Appleton Drive
San Jose, CA 95117
(408)296-4266

APPENDIX B

Profiles of Organizational Characteristics

**The Profile of Organizational Characteristics
Form SLM-1978**

Instructions

For each question circle the number on the "NOW" line which you feel describes your nursing unit at the PRESENT TIME.

Then circle the number on the "LIKE" line which describes how you would LIKE your nursing unit to operate.

**Organizational
Variables**

Leadership

- How much confidence and trust is shown in staff nurses by their nurse managers?

	very little		some		quite a bit		a very great deal	
1Now	1	2	3	4	5	6	7	8
2Like	1	2	3	4	5	6	7	8

- How free do staff nurses feel to talk to their nurse manager about their work?

	not very free		somewhat free		quite free		very free	
3Now	1	2	3	4	5	6	7	8
4Like	1	2	3	4	5	6	7	8

- How often are staff nurses' ideas sought and used constructively?

	rarely		sometimes		often		very frequently	
5Now	1	2	3	4	5	6	7	8
6Like	1	2	3	4	5	6	7	8

Motivation

- Is predominant use made of 1) fear, 2) threats, 3) punishment, 4) rewards, 5) involvement?

	1,2,3 occasionally 4		4, with some 3		mainly 4, with some 3 & 5		4 & 5, primarily based on group-set goals	
7Now	1	2	3	4	5	6	7	8
8Like	1	2	3	4	5	6	7	8

- Where in your nursing unit is responsibility felt for achieving high performance?

	mostly at top		top and middle		fairly widespread		at all levels	
9Now	1	2	3	4	5	6	7	8
10Like	1	2	3	4	5	6	7	8

- How much cooperative teamwork exists in your nursing unit?

	very little		some		quite a bit		a very great deal	
11Now	1	2	3	4	5	6	7	8
12Like	1	2	3	4	5	6	7	8

Communication

- What is the usual direction of information flow? That is, from manager to staff (down), staff to managers (up).

	downward		mostly downward		down and up		down, up and sideways	
13Now	1	2	3	4	5	6	7	8
14Like	1	2	3	4	5	6	7	8

- How is downward communication accepted?

	with distrust		often with suspicion		usually with trust		a great deal of trust	
15Now	1	2	3	4	5	6	7	8
16Like	1	2	3	4	5	6	7	8

- How accurate is upward communication?

	usually inaccurate		occasionally inaccurate		often accurate		almost always accurate	
17Now	1	2	3	4	5	6	7	8
18Like	1	2	3	4	5	6	7	8

- How well do nurse managers know problems faced by staff nurses?

	not well		somewhat		quite well		very well	
19Now	1	2	3	4	5	6	7	8
20Like	1	2	3	4	5	6	7	8

Decisions

- At what level are decisions made?

	mostly at top		policy at top, some delegation		general policy at top, more delegation		widespread decision making	
21Now	1	2	3	4	5	6	7	8
22Like	1	2	3	4	5	6	7	8

- How often are staff nurses involved in decisions related to their work?

	almost never		occasionally consulted		generally consulted		fully involved	
23Now	1	2	3	4	5	6	7	8
24Like	1	2	3	4	5	6	7	8

Goals

- How is goal setting for your nursing unit usually done?

	orders issued		orders, some comments invited		after discussion, by orders		generally by group discussion	
25Now	1	2	3	4	5	6	7	8
26Like	1	2	3	4	5	6	7	8

- How much do staff nurses strive to achieve the unit's goals?

	very little		some		quite a bit		a very great deal	
27Now	1	2	3	4	5	6	7	8
28Like	1	2	3	4	5	6	7	8

Control

- How concentrated are review and control functions? For example, quality assurance audits, utilization review, productivity & cost functions.

	very concentrated at top		quite concentrated at top		moderately delegated at lower levels		widely shared	
29Now	1	2	3	4	5	6	7	8
30Like	1	2	3	4	5	6	7	8

•What are unit cost, productivity, and other control data used for?

	policing, punishment		reward and punishment		reward, some self-guidance		group guidance and problem solving	
31Now	1	2	3	4	5	6	7	8
32Like	1	2	3	4	5	6	7	8

Please return this survey by July 17, 1992

THANK YOU FOR ASSISTING WITH THIS SURVEY

APPENDIX C
JOB SATISFACTION QUESTIONNAIRE

PLEASE NOTE

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University Microfilms International

APPENDIX D
Demographic Data

1. Age _____ 20-24 _____ 25-29 _____ 30-34 _____ 35-39 _____ 40-44 _____ 45-49 _____ 50-54 _____ 55-59 _____ 60-65 _____ over 65
2. Gender: _____ female
_____ male
3. Highest level of nursing education completed:
- _____ Diploma
_____ Associate Degree
_____ Baccalaureate
_____ Master's
_____ Other
4. Currently licensed as a:
- _____ Registered Nurse _____ Licensed Vocational Nurse
5. How much do you work?
- _____ 5/5 _____ 4/5 _____ 3/5
_____ 2/5 _____ per diem/extra
6. How long have you been employed at this hospital?
- _____ years
7. What is your usual shift?
- _____ 7-3 (Days) _____ 3-11 (PM's) _____ 11-7 (Nights)
_____ 12 hour Days _____ 12 hour Nights _____ Other
8. What unit or area do you work in?

Rensis Likert Associates, Inc.

Consultants in Organization Diagnosis and Human Resource Development

August 24, 1992

Jennifer A. Nakata, RN
3504 Appleton Drive
San Jose, CA 95117-2501

Dear Ms. Nakata:

Rensis Likert Associates, Inc., is pleased to grant you permission to adapt/reprint, in your Master's thesis, the summary of Likert's Management System found in *New Ways of Managing Conflict* (page 91).

You may include a copy of this copyrighted material in your final bound and/or microfilmed version of your report. We understand that copies of the report may be distributed upon request.

Sincerely,

A handwritten signature in dark ink, reading 'Raymond C. Seghers'. The signature is fluid and cursive, with the first name 'Raymond' being the most prominent part.

Raymond C. Seghers
Senior Associate