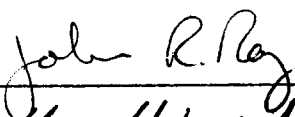
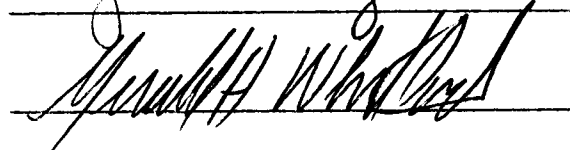


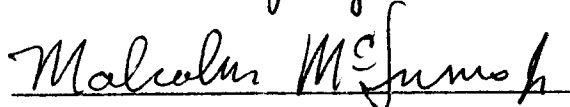
To the Graduate Council:

I am submitting herewith a dissertation written by Evelyn H. Muldowny entitled "A Study of Communication and Decision Making Patterns in a Hospital." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Curriculum and Instruction.


Jerry J. Bellon, Major Professor

We have read this dissertation
and recommend its acceptance:



Accepted for the Council:


Vice Chancellor
Graduate Studies and Research

A STUDY OF COMMUNICATION AND DECISION MAKING
PATTERNS IN A HOSPITAL

A Dissertation
Presented for the
Doctor of Education
Degree
The University of Tennessee, Knoxville

Evelyn H. Muldowny

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ABSTRACT

The purpose of this study was to identify and determine the effectiveness of patterns of communication and decision making in the nursing service department of a medium size (500 beds) hospital.

The sample group consisted of 54 persons in managerial and non managerial positions in the department. Participants were chosen by a stratified systematic sampling technique. The managerial sample included persons from all levels of administration. The non managerial group consisted of registered nurses, licensed practical nurses, nursing assistants, nurse technicians, and unit secretaries. Participants were interviewed using a semi-structured questionnaire.

The data were analyzed using content analysis methods. Categories and sampling units were established. Frequencies of responses were recorded and tabulated according to position and shift of each participant. The data were analyzed to identify patterns of communication and decision making. Effectiveness was determined by comparing the identified patterns to criteria which had been established from the literature.

As a result of this study, the nursing service administrators gained information which, when applied, could improve communication and decision making practices in the department. The study provides a questionnaire and a methodology which administrators in other hospitals can use to evaluate communication and decision making in their institutions. The data from this study can be used by researchers for

comparison studies in other hospitals.

Several conclusions were made from the study. Communication processes in the nursing service department were effective. The majority of respondents felt they were well informed. The department utilized a variety of communication methods. Managers had access to information from the informal communication network. A large majority of the participants reported they were willing to pass unfiltered information to their superiors.

Decision making patterns were partially effective. The department had a committee structure with participatory decision making. Individuals tended not to use a systematic decision process. The majority of the sample participated in decisions related to patient care and to scheduling their personal work time. Approximately one-half of the non managerial personnel did not participate in formulating departmental policy and/or procedure decisions. A large majority of the sample was satisfied with their role in making decisions in the areas upon which this study focused.

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CHAPTER I

INTRODUCTION

The ability of an organization to achieve its objectives is affected by the quality of communication and the methods of decision making used by its management personnel. Communication and decision making are processes about which many persons in the field of management and leadership have written.

The view that information will be filtered as it moves up the organizational hierarchy is well documented in the literature. At the same time, individuals in top management positions must have accurate or "unprocessed" information (Bennis, 1976) when making decisions. The importance of communication is underscored by Gordon Lippitt (1969). Clear communication is essential if the organization is to be able to renew itself or change to meet the needs of a dynamic, turbulent environment. Most organizations today are operating in a turbulent environment. The need for open communication is clear.

The traditional bureaucratic organization has a centralized system of decision making. Organizational theorists recognize that the traditional method is not suitable for all institutions. Awareness of the psychological and sociological needs of the individual has stimulated changes in management systems. One significant change has been to decentralize decision making. The literature is replete with the advantages of involving lower echelon personnel in the decision making process. Douglas McGregor (1960), a proponent of participatory

management, cites its beneficial effects which can be seen in the implementation of the Scanlon Plan. One of the critical components of the plan is the participation of employees with management in making decisions about problems which directly affect the ability of the organization to achieve its objectives. Many organizations using this plan have reported increased productivity, fewer grievances (Belcher, 1974) and an apparent integration of individual objectives with organizational objectives (McGregor, 1960).

The hospital is a unique, complex organization. It operates in an extremely turbulent environment. The individual working in a hospital has the same needs as an employee in any other organization. Additionally, the hospital employee is working under conditions of extreme physical and psychological stress. Not only do the employees do shift work but they also work weekends and holidays. They are working in an institution with a critical manpower shortage and which deals with life and death situations.

I. Statement of the Problem

Approximately one half of the employees in a hospital are in the nursing service department. Most of these are registered nurses (RNs) and licensed practical nurses (LPNs). Nursing is in a crisis. Many nurses are highly dissatisfied. Some nurses react to the dissatisfaction by changing jobs frequently within the profession. Others leave the profession completely. Of those who remain, many are frustrated and concerned about the situation. The annual turnover rate for nurses in some institutions may be as high as 50 percent (Bopp and Rosenthal, 1979)

to 28 percent in others (Sandroff, 1980). The popular and professional literature is filled with references to the nursing shortage, why it has happened and what nurses really want. One survey (Hallas, 1980) found that one third of the RNs in a 3,700 sample were not working. Of these, 92 percent held a valid license and could return to work immediately if they wished. Inadequate staffing was the main cause of dissatisfaction of 47 percent of the sample in the study. Poor communication between nurses, doctors and administrators was cited by 25 percent as a cause of unhappiness. Poor hospital administration was blamed by 16 percent of the sample.

Low salaries, low status and lack of recognition are cited frequently in the literature as causes of dissatisfaction. Burnout is a term which is commonly employed to describe the state of many nurses. Frances Storlie (1979, p. 2109) describes burnout as the "resignation to a lack of power--the perception that no matter what you do or how hard you try, you cannot make a difference in the situation." The most fulfilling position for a nurse, Storlie states, would be where, among other things, the nurse could participate in making decisions that affect her, have physicians treat her with respect and be able to have strong support from nursing service administration.

The nurse is a licensed professional person. One would expect that this individual would have a certain amount of autonomy over some aspects of her work. Some nurses say they are not given the opportunity to participate in making decisions about hospital policies. The lack of control over clinical practice produces feelings of

stagnation (Wandelt, Pierce and Widdowson, 1981). Data from the Wandelt, Pierce and Widdowson report indicate that "dissatisfaction stems from the work setting rather than nursing practice" (p. 77). Support by nursing service administration and supervisors who are clinically competent are seen as the key to good working conditions and excellent patient care. The authors believe several actions need to be taken to improve working conditions for nurses (p. 77).

Concerted efforts are needed by hospital and nursing administrations to grant autonomy and recognition to staff nurses. . . . Those who seek to attract nurses into the work force would do well to attend to what nurses themselves are saying.

Nursing service administrators need to determine what their nursing staff personnel believe about the adequacy of communication and decision making processes in their own institution. This study addressed itself to the need to determine what nursing service personnel believe about the adequacy of communication and decision making practices in the nursing service department of one hospital. The study attempted to identify and to determine the effectiveness of communication and decision making patterns in a nursing service department.

II. Purpose of the Study

The purpose of the study was to identify and to determine the effectiveness of the patterns of communication and decision making in the nursing service department of one medium size hospital. Answers to the following questions were sought.

1. What are the patterns of vertical and horizontal communication within the formal organization?

2. What are the patterns of informal communication?
3. What are the patterns of decision making?
4. What are the criteria for determining the effectiveness of the methods of communication and decision making?
5. How well do the identified patterns of communication and decision making meet the criteria?
6. How satisfied are the employees of the nursing service department with the practices of communication and decision making?

III. Significance of the Study

The study of organizational processes is important because of the impact the individual and the organization have on each other. Chris Argyris, in Personality and Organization (1957) states that organizations are in conflict with the individual. He believes the individual will engage in certain adaptive behaviors to meet his needs. Some of these behaviors will impede the organization's ability to meet its objectives. In a later article (Argyris, 1974), he states that forming a union is one of these adaptive behaviors. A hospital manager in a private conversation with the researcher expressed the belief that faulty communication and decision making processes were major factors in the formation of unions in hospitals. Another hospital manager stated that achieving effective communication in a nursing service department is the single most difficult problem she faces in her position.

Union activity in hospitals is increasing. It is a highly

controversial issue in the health industry. A recent survey reported in the American Journal of Nursing (1980) states that 22 unions are actively trying to organize the health industry.

This study is important because of the recognized relationship of poor communication and authoritarian decision making practices to the job dissatisfaction that nurses are reporting. It will provide important information that can be used by the managers of this hospital to improve these practices. This study will provide a questionnaire and a methodology for use by nursing service administrators in other hospitals. Data gathered by the use of this questionnaire in other institutions can be compared with data reported in this study. Data from this and similar studies can be correlated with job turnover rates of personnel in the nursing service department.

The study of communication and decision making in nursing service departments is particularly timely because of the current upheaval in nursing and the unionization issue. The study will provide information which, when applied, will increase the job satisfaction for nurses in the nursing service department. Increased job satisfaction will improve the retention of experienced nurses. Patient care will ultimately improve as a consequence of a stabilized, experienced work force.

IV. Assumptions

The study was based on several assumptions.

1. Participation in decision making is an appropriate and important role for nurses.
2. Managers in a nursing service department need feedback from

personnel regarding employees' perceptions about the effectiveness of communication patterns in the department.

3. Effective communications enhance the nursing service department's ability to provide care for patients.
4. Open communication patterns and participation in decision making will contribute to the satisfaction of higher-order needs of individuals.

V. Limitations and Delimitations

The study focused on one nursing service department. Therefore, the conclusions drawn from the research cannot be generalized to nursing service departments in other hospitals.

The sample of the study included three individuals who had been former students of the researcher. It is possible that these individuals may have been less forthright than persons unknown to the researcher would have been.

VI. Definitions

The following definitions are used in the study:

1. A registered nurse (RN) is a person who has been licensed by the state to practice nursing skills in hospitals, homes, clinics, private practice and in other health agencies in the community (Douglass and Bevis, 1979). The basic educational preparation may be a diploma from a hospital school of nursing, an Associate Degree from a community college school of nursing or a Bachelor of Science in Nursing from

a four year university school of nursing. This person may hold a Masters Degree in Nursing or in a related field. A few registered nurses hold doctorates.

2. A licensed practical nurse (LPN) is a person who is licensed by the state to practice nursing under the supervision of a doctor or a registered nurse (Douglass and Bevis, 1979).
3. A nursing assistant or nurse's aide (NA) is a person who is not licensed. The nursing assistant has had on the job training and performs routine nursing tasks under the supervision of a RN in the hospital setting.
4. A nursing technician (NT) is a person who is not licensed but has had special training to perform selected procedures for patients and provides assistance to nursing personnel as the need arises.
5. A unit secretary (US) is a lay person who is trained by the hospital to perform routine clerical duties in the nursing unit.
6. A nursing unit is composed of a selected number of patients who are located in geographic proximity and who are being cared for by staff assigned to that area. A nursing unit may contain six to 15 patients (as in intensive care units) or 25 to 50 patients (as on a general medical and/or surgical unit).
7. A clinical coordinator (may be called a supervisor by participants in the study) is a RN who is responsible for the supervision of one or more nursing units.

8. Top management refers to the President of the hospital, the Executive Vice President and the Vice President for Nursing.
9. Middle management refers to the Directors of the Nursing Service Department.
10. Lower management refers to the clinical coordinators, supervisors or other nursing service personnel who have supervisory status but may or may not have direct patient contact.

VII. Design and Procedures of the Study

This was a case study of communication and decision making patterns in the nursing service department of a medium size (approximately 500 beds) hospital in a metropolitan area in the Southeastern United States.

The data were gathered by a semi-structured interview with each of the respondents. The questions on the interview schedule were based on the related literature. A pilot study was done with several persons in the nursing service department of a hospital other than the one in which the study was conducted. The questionnaire was tested first with four persons. The interview schedule was revised. A follow-up interview was done with another person. Minor revisions were required after the second test.

The stratified systematic sample was drawn from a randomized list of management and non-management personnel on all shifts in the nursing service department. Interviews were conducted with 54 persons. Notes were taken during the interview which were later typed and analyzed using content analysis procedures.

VIII. Organization of the Study

Chapter I includes the statement of the problem; the purpose of the study; assumptions, limitations and delimitations; definitions, design and procedures of the study.

Chapter II consists of a review of the related literature.

Chapter III describes the methods and procedures for the collection of the data.

Chapter IV includes the presentation and analysis of the data.

Chapter V contains the conclusions and recommendations of the study.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

I. Introduction

An understanding of organizational theory is necessary before an analysis of communication and decision making in an institution can be accomplished. This chapter contains a review of the literature related to the evolution of schools of organizational theory, formal and informal organizational structures, and organizational processes of communication and decision making. The chapter concludes with a description of the hospital organization, its structure, and its processes of communication and decision making.

II. Organizational Theory

Schools of Development in Organizational Theory

Four schools of development in organizational theory can be identified. These are the classical school, the human relations school, the social systems school and the industrial humanism school. The latter has also been called the behavioral science school.

The Classical School

The classical school was a product of the industrial revolution. It has primarily been concerned with the structure of the organization and the establishment of standards. Efforts were made to set a fair wage for the worker by the use of time and motion studies. Fredrick

W. Taylor, Henry Gantt and Lillian and Frank Gilbreth were instrumental in the development of standardization of working conditions and work methods (Scott, 1967).

A general theory of administration was developed by Henry Fayol. His theory was embodied by fourteen principles of administration which are still influencing the administration of organizations (Tortoriello, Blatt and DeWine, 1978).

The bureaucratic model of organization was formulated by Max Weber. He stated that authority had three bases. These were traditional, charismatic and rational legal authority. The legal rational authority was thought to be the most effective (Weber, 1947).

Lyndall Urwick's conceptual framework of organization blended the tenets of the scientific movement and the classical school. His theories popularized such concepts as the span of control, departmentalization, and delegation (Marriner, 1980).

The Human Relations School

The human relations school concerned itself with the behavioral aspects of workers, their needs and the relationships that came about as a result of status or role. It is a relatively modern development aimed at meeting the needs of the workers while achieving the goals of the organization. Many organizational theorists believe the human relations school began as a result of the Hawthorne Studies (Hodgetts, 1980).

The purpose of the Hawthorne experiments was to determine the effect of lighting on worker output. The studies demonstrated that the organization is a social system. Scott (1967) states that the

organization is a "system of cliques, grapevines, informal status systems and rituals: it is also a mixture of logical and non-logical behavior" (p. 34). The Hawthorne effect or Halo is a term which was derived from these studies. It is commonly used to describe the behavior of individual which comes about as a result of the psychological factor of being the object of attention by researchers.

The strength of the human relations movement was its concern for the worker. The school came under severe criticism because of the misuse of the ideals of the movement.

The Social Systems School

The classical school and the human relations school failed to recognize that workers are affected by factors outside the organization. Theorists assumed all the variables affecting the function of the organization could be found within the system. Organizations do not operate in a vacuum. They are affected by the environment in which they exist. Tortoriello, Blatt and DeWine (1978) state that the important parts of the system are "the individual, the formal structure, the informal structure and the physical surroundings of the worker" (p. 37). The organization is composed of interrelated parts which are always changing. These parts act together to produce a characteristic total effect (Lippitt, 1968). The system is always surrounded by a boundary but is constantly exchanging matter with its environment.

The Industrial Humanism or the Behavioral Science School

A rapidly changing environment produces a need for increasingly large amounts of information in the organization. It also produces a

need for the organization to find ways to use it. New systems of organization have to be developed which can cope with these problems. Many authors believe a system based on participative management can be useful in overcoming the difficulties a dynamic environment presents. Scott (1969) classified participatory management systems as industrial humanism.

Behavioral scientists in the 1950s became concerned that much of the management practice of earlier periods had no scientific basis. They emphasized the application of scientific methods to the study of the social and behavioral aspects of organization. Management training, contingency leadership, attempts to meet employee needs, and provision of a sense of achievement were the techniques advocated by these scientists. Participation in decision making and planning were methods used to encourage commitments to organizational goals. The development of the human behavioral school began in 1943 with Abraham Maslow's conception of the hierarchy of needs of the individual (Marriner, 1980).

The bi-factor theory of motivation which was developed by Fredrick Herzberg complements Maslow's theory. Two sets of needs exist in the Herzberg framework (Herzberg, 1964). One set includes all the biological needs of man and is comparable to Maslow's lower order needs. The other set includes the need to achieve and experience psychological growth. It is comparable to Maslow's higher order needs. Herzberg's hygiene and motivator factors have stimulated much discussion and research. Some studies support his theories and some do not.

Douglas McGregor in The Human Side of Enterprise (1960) made a

contribution to the behavioral school which has been widely discussed and quoted in the literature. He suggests that one's belief about the nature of man determines his approach to managing subordinates. The traditional assumptions, labeled Theory X, are what McGregor calls the "human side of economic enterprise" (p. 194). He suggests a new set of propositions which are based on a knowledge of human behavior and motivation. These have been labeled Theory Y. McGregor notes that negative behaviors in organizational members result from frustrations due to inability to meet higher order needs. He recommends structuring the work situation so that the individual can achieve his own goals while working toward the goals of the organization.

Carl Rogers' client centered approach influenced thinking in the behavioral approach to organizations. The National Training Laboratory used T-grouping techniques which were similar to the Rogers approach to the individual.

The attempt of the organization to get its members to seek organizational goals and the simultaneous attempt of the individual to seek his own goals is called the fusion process (Bakke, 1953). Both the organization and the individual are changed by this mechanism.

Some research shows that the individual will give priority to his own needs over organizational needs (Argyris, 1957). Frustration, tension and conflict will result when a disparity exists between organizational and individual needs. The individual grows toward activity and independence. The organization which is structured on the classic principles will cause the worker to regress toward dependence and passivity. The result is dissatisfaction and failure. Argyris

recommends giving the worker more power and control over his work environment. He should have more responsibility and control over decisions which affect him.

Four systems of management were identified by Rensis Likert (1973). They range from the authoritative to the participative. The former is the least effective and the latter is the most effective.

Peter Drucker's main emphasis is on economic results in management but he recognizes the non-economic consequences of management decisions. He supports decentralization of organizations. Management by objectives is a technique which Drucker recommends as a tool to help managers direct subordinates who are also managers. He believes that the worker is the most vital resource in the organization. He should be given more control over his job (Drucker, 1974).

Formal Organizations

Many definitions of an organization exist in the literature. Some authorities prefer not to define the word but to give examples of formal organizations. An abstraction of some fundamental characteristics of organizations shows that they are composed of individuals and groups; are formed to attain selected goals and objectives which are achieved by functions that have been differentiated. The functions are supposed to be rationally coordinated and directed and continue through time (Porter, Lawler and Hackman, 1975).

Peter Blau (1974, p. 29) states that

. . . the defining criterion of a formal organization--or an organization for short--is the existence of procedures for mobilizing and coordinating the efforts of various, usually specialized, subgroups in the pursuit of common objectives.

An increasingly common view among organizational theorists in recent years is to approach the organization as a system. Shirley (1975) terms it a "complex system of mutually dependent parts" (p. 11). Beckett defines the system as "a collection of interacting systems" (Flippo, 1980, p. 28). The interacting systems are subsystems.

Organizational theorists describe the system as open. It is affected by the outside environment. The outcomes of the organization are not entirely dependent on the parts of the system.

Lippit (1968) describes the openness or closedness of the organization in terms of the member's reaction to the work life environment and authority. The open system is characterized by a friendly work environment and authority which is rational and tentative. The closed organization is characterized by a threatening work life and absolute authority. The open system has open communication. The closed system does not.

The Formal Organizational Structure

Edythe Alexander (1978, p. 171) gives the following description of a formal organizational structure:

A formal organizational structure is designed to establish efficient, logical, and effective interrelationships between individuals of the enterprise to attain objectives. An effective structure reaps the advantages of specialization, technology, and the division of work when the optimal use of the expertise and skills of the individuals is realized and when their activities can be coordinated to facilitate the achievement of goals of the enterprise.

The traditional view of a formal organization is to think of the structure which describes the relationships of its members and the policies and regulations which guide their behavior. The member's

behavior is directed by the structure toward achieving organizational goals. Changes in the structure can affect patterns of behavior.

The structure of the organization may be a critical factor in determining whether the organization meets its objectives. It provides stability to the organization by providing a means to channel efforts to meet its objectives but it must be flexible enough to respond to changes in the external environment (White and Vroman, 1977).

Each organizational structure will differ somewhat from another. However, some basic design concepts are universal to all organizations. The organization will modify the design to meet its objectives (Hodgetts, 1980).

The major elements of the organizational structure are the distribution of functions, the vertical and horizontal relationships, communication and decision making processes, organizational policies, and the formal incentive plan (Shirley, 1975).

Classical theorists believed in a universal design theory which could be used to design all organizations. A more recent development is the contingency organization which is based on the belief that different situations call for different designs. Hodgetts (1980, p. 162) identifies five illustrations of situations and the application of the contingency theory.

If the organization is in a highly competitive environment, then it must decentralize authority to the operating level so that people there can make swift, on-the-spot decisions.

If a manager is unable to adequately control all the subordinates, then this number must be reduced.

If capable subordinates have a desire for more authority and responsibility, then the manager should delegate it.

If the size of the organization increases, then the manager should consider the implementation of rules and policies so as to more effectively manage this larger number of personnel.

If a decision involves a lot of money, then it ought to be made by top management; if a decision involves a small amount of money, then it ought to be made by lower-level management.

All organizations have certain design factors. They are job descriptions, departmentalization, span of control and decentralization and delegation of authority. The span of control determines to some extent the shape of the organization. Tall structures have short spans while flat structures have wide spans. Classical theorists considered short spans to be superior. Other theorists believe that a wide span of control helps decentralize the decision making process down the hierarchy toward the level of operations (Porter, Lawler and Hackman, 1975).

Research findings related to the optimum shape of the structure or the span of control are not clear. Some findings indicate that the span of control at the lowest level of supervision shows some relation to the type of technology of the organization.

Joan Woodward's research showed that several structural variables were related to the technology. She found that the nature of the technology affected the structure. She also discovered that the technology affected managerial levels, lower supervisory spans of control and the ratio of supervisors and managers to other personnel. The fit of the technology and structure related to the success of the organization (Hall, 1977).

In addition to tall and flat structure configurations, another

organizational design, the matrix structure, has emerged. It utilizes lateral relationships more than vertical ones. The advantage of this design is that it allows the organization to concentrate diverse resources on a specific problem or project. It cuts across organizational lines, therefore it is not suited for every problem. Some individuals see this structure as a great challenge. Others are uncomfortable with the temporary nature of the structure and may become frustrated and anxious (Porter, Lawler and Hackman, 1975).

The degree of dispersion of decision making authority is another consideration in organizational structure. Porter, Lawler and Hackman (1975, p. 259) conclude:

The more an organization faces a stable environment, deals with familiar and relatively simple tasks, and contains a work force in which only a small number of individuals at the top possess long experience, technical skills, and a strong desire to exercise discretion in making decisions, then the more a high degree of concentration of authority located at the top of the organization seems important. If on the other hand, the organization generally faces an unpredictable and constantly changing environment, involves many complex tasks, and contains a work force in which skills and experience are fairly broadly dispersed, a more widely distributed system of authority would seem to be called for, with a consequent greater degree of autonomy for individuals and units at lower levels in the hierarchy.

The Informal Organization

The informal organization is derived from the formal structure. It develops as a result of the day to day relationships and activities of individuals working in the organization (Flippo, 1980). Informal groups are formed as a natural consequence of the interaction of individuals working on formal assignments in the organization.

Informal groups vary in size. Individual needs, physical

proximity, mutual interests and the number of contacts are all factors which influence the size of the group (Stevens, 1978).

All organizations have informal groups. All the needs of the individual cannot be met by the formal organization. The informal group serves to meet needs which the formal structure is unable to satisfy. The manager influences informal groups as well as formal ones. Vital information can frequently be handled faster by the informal communication system than by the formal channels (Massie and Douglas, 1973).

Informal groups have a tremendous impact on the behavior of individuals and consequently the ability of the organization to meet its objectives. Groups influence communication activity, production levels, and decisions about continuing employment in the institution (Blau, 1974).

The informal organization differs from the formal structure in many ways. Relationships in the informal system develop from the friendships which result as a consequence of working together rather than those which are dictated by the formal structure. The leader of the informal group is chosen by the members and operates from a position of power as opposed to the authority granted to the formal leader by the organization. Behavioral control is gained by reward or punishment from the institution whereas control is exerted in the informal system by acceptance or ostracism from the group.

Communication in the informal system occurs by the grapevine. Information which is of particular interest to the members or is related to fearful matters is likely to be transmitted rapidly by the informal system (Hodgetts, 1980).

The informal organization can be advantageous to the organization. Productivity can be increased if the informal group works as a team. Feelings of worth, self esteem and belongingness can be provided for group members. Psychological rewards are extremely important to some individuals. A study of registered nurses in four metropolitan hospitals found that interpersonal relationships were the most important factor in their job satisfaction (Everly and Falcione, 1978).

Disadvantages may occur from the informal organization. It may resist change. Its goals may differ from organizational goals. The group may exert pressure on individuals to conform to group norms and these norms may be detrimental to the well being of the institution. Many people consider the tendency of rumor to occur as the biggest disadvantage of the informal organization (Schuldt, 1978).

III. Organizational Processes

Communication

Communication is one of the broadest areas in management science. It includes the process, the symbols, the media, the channels, the information to be communicated, the receiver, and the sender of the information.

Transmitting messages from sender to receiver involves three functions. These are encoding, transmitting and decoding (Hodgetts, 1980).

Organizations are designed to be systems to handle information. The structure itself indicates that communications are supposed to follow a certain path. Some organizational theorists view communication

as the core of the organization. Others seldom mention it (Hall, 1977). Drucker (1974) states that "communication in an organization . . . is not a means of organization. It is the mode of organization" (p. 493).

Communication patterns are often determined by the structure of the organization. Changes in the structure will result in changes in communication patterns. Tall structures will have many levels of management through which messages must pass. The chance of distortion of information is greater with increasing levels of management. Flat structures reduce the chance of distortion but increase the possibility of communication overload for the administrator. Horizontal communication is a function of departmentalization (Tortoriello, Blatt and DeWine, 1978).

Formal communication follows the hierarchial organizational structure. Vertical communication flows up and down the chain of command. This pattern of communication is very important because it is an element in the structure, power and leadership in the organization. Horizontal communication flow is lateral and diagonal across department lines.

Five kinds of messages may be seen in downward communication. They are information related to job instruction, rationale for performing the job, information about organizational policies and procedures, and feedback or performance evaluation information. A fifth type of downward information is related to efforts by the organization to secure the employees' commitment and enthusiasm to the organization (Katz and Kahn, 1966).

Upward communication from subordinate to superior is usually

related to feedback information which informs management about the status of operations (Hodgetts, 1980). In organizations with decentralized decision making, upward information will reflect the result of this function (Marriner, 1980).

Lateral and diagonal communication are other directional flows of communication in the organization. Lateral communication refers to the exchange of information between two individuals who are in the same hierarchical position in the organization. Usually the exchange of this information is to coordinate efforts and to promote team work. Diagonal communication refers to information which is exchanged between individuals of differing ranks in different departments.

Some organizational theorists disapprove of diagonal communication because it crosses the chain of command. Others justify the practice because it increases organizational efficiency. Diagonal communication was described by Henry Fayol in 1916. The rationale for the use of diagonal communication is called the "gangplank theory" or "Fayol's bridge" (Hodgetts, 1980, p. 315). Diagonal communication is frequently used in matrix organizations.

A common problem with upward communication is the tendency for subordinates to filter information. Upward information tends to be contracted as it goes up the chain of command. The bad news is filtered out and the good news is passed on. A person who communicates bad news upward may feel threatened. The tendency is to withhold information which the individual perceives will bring harm to him or to his group (Hall, 1977). The filtering of information may be conscious or unconscious (Flipppo, 1980) and may have enormous impact on the

decisions top management makes. It usually involves selection, preferential placement, or omissions rather than lying (O'Reilly and Roberts, 1977b). Managers may make decisions with tremendous consequences based on erroneous information (Hall, 1977). Bennis (1976) states that the individual responsible for making decisions must have "unprocessed" information (p. 136).

The theory that individuals are more reluctant to pass on negative rather than positive information was studied by Sidney Rosen and Abraham Tesser (1970). The common explanation for the reluctance is related to fear of the consequences for the communicator. However, Rosen and Tesser controlled for possible punishments or rewards, prior behavior of the recipient toward the communicator, and present or anticipated role relationships in their study. Even when these factors were controlled for, the authors found a reluctance to communicate bad news. They believe some psychological costs may be in operation. Several conditions may predispose the individual to keep silent. One, already discussed, is the fear of negative personal consequences. Additionally, the individual may fear being affected by the emotional distress of the recipient. There may be guilt feelings about the unfairness of the recipient's fate when in all other aspects, the individuals are peers. The communicator may fear negative emotional response or evaluation by the recipient.

The act of filtering itself is not bad (Delaney, 1979). Some information must be condensed and kept to the point. Subordinates need information which is clear and readily understandable. Superiors should not be overwhelmed with trivia. Delaney (1979) calls the proper filtering of

information an art (p. 9). He notes that filtering information requires good judgment. He believes the judgment comes from experience and the ability to be sensitive to the person for whom one is preparing the information. Delaney states one's ability to filter and pass on the substance of the information can affect the advancement of one's career.

William Read (1962) has shown that the accuracy of upward communication from subordinate executives in formal, large scale organizations was negatively related to their hopes for upward mobility. The results of his study paralleled those of previous studies relating to small groups. The free and open exchange of communication may depend on the harmonious relationships between members of organizations, especially members who possess differences in formal power. An important finding of Read's study was that a strong desire for advancement impacted adversely on accurate information even when high trust exists (p. 13).

Read concluded that the blocking of information from levels below may cause the uncertainty and indecisiveness which seem to exist in some top level administrators. He also noted that there were other channels of communication which took over when the formal chain was blocked. The dysfunction of filtering was not an all or nothing condition (p. 15).

According to Karlene Roberts and Charles O'Reilly (1977b), Simon and Argyris agree on three conditions relating to minimizing distortion of information which is passed on. These conditions are present when the information has no unfavorable implication for the subordinate but emphasizes his success; is unfavorable to supervisors

other than his own; or when the supervisor is likely to get the information from another source. Gatekeeping, sharpening and levelling are terms which are used to describe these behaviors.

O'Reilly and Roberts (1977b) found that lateral and vertical communication processes are different. Material favorable to the sender is likely to be passed up. More unfavorable and more important information seems to be passed laterally than upward. The total amount of communication passed laterally appears to be more than is passed upward. Trust has more impact on information sent up than on lateral or downward communications. Information which is important but unfavorable to the sender is unlikely to be passed downward regardless of the perceived trustworthiness of the recipient. Important but unfavorable information will be blocked from passing upward unless the sender perceives the superior as trustworthy.

Ronald Burke and Douglas Wilcox (1969) found that the greater the degree of openness of communication between the subordinate and superior, the greater was the degree of job satisfaction for the subordinate. Equal degrees of openness of supervisor and subordinate resulted in greater satisfaction than where differences existed between openness in these persons.

The filter problem can be approached by the development of leadership skills in supervisors. Skills of openness and receptivity may lessen the amount of information filtered. Surveys conducted by the Opinion Research Corporation attest to the need for development of leadership skills. Over half of the employees surveyed felt they would get into trouble if they revealed their true feelings about the

company to their supervisor. Almost three fourths of all employees believed management did not care about employees' problems. Most employees believed supervisors were knowledgeable about operational skills problems but only one-third thought the supervisor was easy to see about a problem and only one-fourth thought the supervisor did a good job dealing with complaints and taking suggestions. Less than one-fourth believed management took a quick action on employee problems. Almost three-fourths of the supervisors believed they needed more training in communication, especially in listening skills (Flippo, 1980). The use of the Johari Window may help supervisors develop openness and trust.

Managers are surrounded by words most of the time. Some authorities estimate that 45 minutes out of every manager's hour is spent dealing with words (Abbatiello and Bidstrup, 1969). At least 50 percent of that time is spent in listening. Supervisors, in particular, who have numerous face to face encounters with employees need to be able to listen well. Carl Rogers (1952) states that the greatest barrier to communication on the interpersonal level is the tendency of individuals to judge or evaluate the other person's statements. He notes this tendency is particularly strong when emotions or feelings are running high. He advocates "listening with understanding" (p. 52). In essence this means listening with empathy.

Other barriers to communication are poor reasoning ability and poor writing skills. Marriner (1980, p. 150) notes that

lack of clarity and precision resulting from inadequate vocabulary, poorly chosen words, platitudes, jargon, awkward sentence structure, poor organization of ideas and lack of coherence are common.

Another problem in written communication is the use of unnecessarily complex words. A reading level of at least two grade levels below their ability is preferred by most adults (Flipppo, 1980).

Channels of upward communication are numerous. According to Flipppo (p. 421) these include

(1) face-to-face contacts, (2) supervisory "cracker-barrel" group meetings, (3) special organization-wide elected councils that meet with top management periodically, (4) "speak-up" programs where employees are given a telephone number to call, (5) anonymous complaint boxes, (6) annual employee meetings paralleling annual stockholders meetings, (7) a grievance procedure, (8) morale questionnaires, (9) exit interviews, (10) open-door policy, (11) the labor union, (12) the grapevine, (13) ombudsmen and ombudswomen, and (14) employee counseling programs.

These downward channels are suggested:

(1) the chain of command, (2) posters and bulletin boards, (3) company periodicals, (4) letters to employees, (5) employee handbooks, (6) information racks, (7) a loud speaker system, (8) pay inserts, (9) the grapevine, (10) annual reports, (11) group meetings, and (12) the labor union.

The Information Communication System

The informal communication system, known as the grapevine, supplements formal channels. It occurs naturally as a result of the commonality of interests and problems of people who work together. Tortoriello, Blatt and DeWine (1976, p. 89) state that

The history of the term grapevine can be traced back to the Civil War when telegraph lines were strung randomly from tree to tree like a grapevine. Messages sent over this network were often garbled and false information or rumor was often attributed to having come from the grapevine.

Katz and Kahn (1978) state that informal channels have certain advantages over formal ones. Information is passed quickly, it is more

intrinsically satisfying to the individual and it may be more informative in situations where censorship and filtering have occurred.

It would seem natural to assume that the grapevine would flourish in situations where a decrease in formal information flow exists. Empirical evidence suggests that this is not true. Studies in hospitals, welfare organizations and a leather goods production firm suggest the relationship of formal communication and grapevine activity has a positive correlation (Katz and Kahn, 1978).

Grapevine networks occur in several patterns (Hodgetts, 1980). One network pattern is the single strand. One individual tells another and so on. The single strand network is the least frequently used.

A second network is the gossip chain. One individual tells everybody else. This pattern is more common than the single strand but it is still used infrequently.

Information can be passed on the grapevine on a random basis. This network is called the probability chain. Information is passed capriciously from one person to another who passes the information to one or two others who in turn pass it to one or two others. It is more commonly used than the single strand or the gossip chain.

The most frequently used network is the cluster chain. The individual passes information to a small number of individuals each of whom may keep the information to himself or pass it on to another small cluster (Hodgetts, 1980).

Persons who transmit information serve as links between individuals who have information and those who do not. The links are called liason people. Liasons differ with variations in communication

content. No one group serves as liasons consistently (Davis, 1977). Some individuals are more active in the grapevine than others (Hodgetts, 1980). Other individuals appear to be isolated from grapevine activity (Davis, 1977).

Managers often do not recognize the grapevine as a normal activity. In fact, the grapevine is just as common in management as in workers. Davis (1977) states that "as a carrier of views and gossip among executives and supervisors, the grapevine often affects the affairs of management" (p. 232). Managers have differing opinions about the consequences of the grapevine. Some view it as a destructive form. Others believe it operates as a safety valve. Davis (1977, p. 233) states that

whether the grapevine is considered as an asset or a liability, it is important for executives to try to understand it. For one thing is sure: although no executive can absolutely control the grapevine, he can influence it. And since it is here to stay, he should learn to live with it.

Decision Making

Decision making in the organization is related to many other facets of the enterprise. Structural aspects of the organization may influence patterns of decision making. Patterns of communication affect the quantity and validity of information that is available for input into the decision process. The philosophy and leadership style of the manager in the organization influences his approach to making decisions. Finally, the decision making process itself has a bearing on the quality of decisions that are made by the manager and the employee in the institution. Decision making is one of the most

critical activities of individuals in the organization (Hall, 1977).

The authority structure refers to the location and degree of decentralization of the decision making functions in the organization. It is related to the chain of command. The structure determines who in the organization can decide what activities the members of the organization will perform and how the resources of the enterprise will be used (Porter, Lawler and Hackman, 1975).

The authority structure differs from one organization to another. Organizations which have authority for decisions centralized in the top of the hierarchy are called mechanistic. Institutions with widely dispersed decision making power are called organistic. According to one study, the hierarchial position of the manager was the greatest determinant of managerial decision making behavior. Other factors which were studied were organizational size and span of control. Upper level managers believed they had greater freedom from interference from their superiors in this study than did lower level managers. Upper level managers tended to include their subordinates in the decision making process more than did lower level managers. The lower level managers tended not to include their subordinates in decision making even though their subordinates were also managers (Blankenship and Miles, 1968).

Decentralizing decision making is a common trend in organizations. Decisions are being pushed further down the line to the operations level. One can tell if the organization is decentralized by looking at the number of decisions which are in lower management, the magnitude of the decisions and how much higher management checks

on the decisions. Hodgetts (1980, p. 169) states

if a large number of decisions are being made, many of them are important, and there is a minimum of checking, the organization is decentralized. If the reverse is true, the organization is centralized.

Participation by workers making decisions which affect them has been advocated by many theorists as a way to solve worker alienation. Participative management is a recurrent theme of the literature for the past twenty years. It is one of the basic principles of management put forth by advocates of the behavioral science school of management (Rush, 1980).

McGregor (1960) notes that there is disagreement among managers about participative management. Some advocates believe that it will solve all managerial problems. Critics see it as an abdication of managerial responsibility. They believe it is destructive to management's prerogatives, wastes time and decreases efficiency. McGregor (p. 126) states that

. . . the degree of participation which will be suitable depends on a variety of factors, including the problem or issue, the attitudes and past experience of the subordinates, the manager's skills. . . .

McGregor's view is that the approach to management is dictated by the manager's assumptions about the nature of man. The purpose of participative management is to achieve integration and control. It is a deliberate attempt to create situations where the individual can achieve his own goals best by directing his efforts toward the achievement of organizational goals. It is an effort to improve the competence of management by satisfying higher level ego and self actualization needs of the worker.

Management by objectives and self control may be called a philosophy of management, notes Drucker (1974). He believes the organizational goals are best achieved by directing the performance of each manager toward the overall objectives of the institution. The manager must understand what performance is expected of him and his superior must know what contributions to expect and demand of him. The manager sets his objectives, based on the overall needs of the organization. Upper management may approve or disapprove lower level managers' objectives. Every manager should participate in setting objectives for his unit. Drucker notes that it is not sufficient just to give the manager a sense of responsibility. The manager has the responsibility (p. 438).

The notion of employee participation is widely accepted as a means of humanizing the work and motivating the workers. However, one study of 147 U.S. and Canadian firms found that participation occurred only at the upper levels of the organization (Rush, 1980).

The climate of an organization which uses a participatory management approach will likely be one in which trust and confidence are shown in subordinates, cooperative team work exists, information flow is in directions other than downward, and organizational goals are established by groups (Likert, 1973).

The advantages of participation in decision making are well documented in the literature. Fresh ideas from workers more closely associated with the problem than the manager is a big advantage. Workers are helped to gain a wider perspective on problems. Participation brings an increased sense of responsibility and commitment to

the decision. It helps transition into change. The manager's time needed to supervise workers is decreased and subordinates gain experience in making and defending decisions (Watkins, 1974).

There are some risks to participative management. Alienation of the individual may occur if the group takes a position in opposition to his own. Group cohesion may be against management. Individuals may have unrealistic expectations of continued participation which management may not desire. It is time consuming and may be frustrating to participate (Hill, 1978). Not all persons welcome the opportunity to take part in formulating decisions. They may not wish to be involved in organizational life. Some individuals prefer to work with an authoritarian manager. They may be ill at ease discussing decisions which they believe should be made by their superior (Watkins, 1974).

The very nature of participative management will ensure the involvement of groups. Managers need to have a good working knowledge of group behavior. Conflict will invariably occur. The ability to manage conflict is an important ingredient in participative management (Glenn and Pood, 1978).

Edward Lawler (1975) suggests a good place to begin with participation in decision making is with the administration of pay. People usually trust a system they have helped design and administer for two reasons. They have more information about it and more control over it (p. 64). The literature suggests that participation can increase trust and satisfaction. Few theorists suggest that participation can be extended to areas of pay. Lawler's contention is that the very fact that pay policies and administration are so difficult and so important

that participation in these areas will produce an organizational climate of trust and mutual sharing. It will demonstrate to the employee management's seriousness about organizational development.

The manager's approach to decision making may be a function of the pattern of family life in which he was reared. The style he uses may have been successful in that context but may be inappropriate in the rapidly changing environment in which most organizations operate. Unless the manager deliberately decides to change his behavior, his decision making style will be the one he learned from experience in family relationships (Goshen, 1975).

The literature is replete with suggestions for implementing the decision process. The traditional problem solving technique is recommended frequently. Variations of the technique are common.

Marie DiVincenti (1977) sees ten steps in the decision making process. She suggests that there is a myth that the quality of the decision will be improved if the decision is delayed. DiVincenti thinks this is not true. She notes that authorities say only 15 percent of all the problems with which a manager must deal should be delayed. Five percent of the decisions should not be made at all and 80 percent should be made immediately.

IV. Hospital Organizational Structure and Processes

Hospital Organizational Structure

The hospital is one of the most complex organizations in our society. It's complexity is unrelated to the scope of the care it provides (Stevens, 1978).

Teams of individuals with varying skills and education work together to provide care for patients. Various professional groups who are employed by the hospital may have goals that conflict with each other. The operation of the hospital is continuous which causes severe problems with decision making and communication. Dual lines of authority exist because the administrators of the hospital are responsible for the management of the institution and doctors are responsible for the management of patient care. The typical organizational chart shows the medical staff's function as being outside the line of authority but in actual practice, there are very few administrative routines which are immune to being countermanded by a physician in the name of medical necessity or personal preference. Hospital personnel work under conditions of extreme psychological and physiological stress because the nature of the work often entails life and death decisions (Rakich and Darr, 1978).

Hospitals are difficult to administer because output or productivity is hard to measure. The work cannot be preplanned or mechanized. The hospital's function is to provide care for persons on more or less an emergency basis. Therefore, the demands on the institution are uneven. The hospital is a particularly bureaucratic institution which relies on formal authority, rules, regulations and procedures (Georgopoulos and Mann, 1978).

Diversity in levels of skills and complexity of tasks may require different management styles. Lawrence and Lorsch found that the efficient organization showed clearly different management styles in conjunction with different levels of task complexity. These

organizations also showed a high degree of coordination between departments (Neuhauser, 1978).

The patient care team demonstrates coordination between departments in the hospital. The team is headed by the physician and is composed of consultants, nurses, technicians and paraprofessional persons. It has traditionally been very hierarchial in nature. The physician's orders were followed explicitly. Some writers suggest that the increasing professionalism of non-physician members of the team may make the hierarchial structure inappropriate. The structure may have existed as long as it has only because the majority of nurses and technicians are women who traditionally have tolerated dependence better than men. The Women's Liberation Movement suggests that this is no longer as true as it was when the doctor-nurse relationship was formed (Neuhauser, 1978).

The nursing service department is the largest department in the hospital. It employs more than half the total number of employees in the hospital and its budget is the single largest item in the institution's budget (Niederbaumer, 1979). Nursing costs account for 60 to 65 percent of the total operating costs for the hospital (Stevens, 1978).

Most nursing service departments have a centralized system of authority. There are numerous levels of nursing personnel who are assigned to care for patients. Procedures are routinized. A system such as this does not reward critical or creative thinking in nurses. It may, in fact, inhibit these characteristics. Some theorists suggest that nurses who are creative, possess critical thinking ability and

initiative may respond to the structure by leaving nursing. The nurses who accommodate themselves to the system and stay do so with a high degree of frustration and dissatisfaction (Moffett, 1977). Frances Portnoy (1976, p. 32) makes the following comment about the structure of nursing service departments.

Nurses who leave the occupation in despair or who as in "Anatomy of Conflict" must resign to express their views are demonstrating the rigidity of groups and institutions which do not permit the consideration of realistic alternatives to existing conditions.

Some writers view the hierarchial structure of the hospital as one designed for conflict. There is almost no job mobility in the structure. Practically every nurse remains at the entry level position (Ehrenreich and Ehrenreich, 1975). Upward mobility for nurses comes only with a move from the clinical area into management. Unfortunately, nursing education programs have traditionally devoted relatively little time to management and the study of organizations (Stevens, 1978).

Conflict between nurses and other groups within the hospital has not been well researched. Portnoy (1976) states that the acknowledgment of the conflict "is not congruent with the prevailing view that nurses (and women) do not and should not disrupt the 'harmonious whole'" (p. 32).

The organization of work in the hospital is unlike other industries. A high degree of interdependence exists between workers who not only hold extreme degrees of rank within the institution but extreme degrees of social status outside the hospital. The successful outcome of patient care is dependent not only on the physician who ranks at the

top of the health care team but also on health workers who are at the lower end of the hierarchy.

Subservience of the nurse to the doctor is traditional. It dates from the proper role of the Victorian lady. The nurse was expected to exhibit wifely behavior of total and absolute obedience to the physician. She was a mother to the patient and a firm but kind supervisor to lower ranking personnel.

The structure of the patient care delivery system is an important aspect of the structure of the nursing service department. Many systems are in operation. It is difficult to say which system is best because so many variables exist. Some of the variables impinging on the system are the philosophy of the department, the amount of administrative support, the abilities of the nursing and medical staff and the patients' needs (Stevens, 1978).

The latest system of patient care delivery is the primary nursing method. It demands responsibility and accountability from the registered nurse in a greater degree than is required by the other systems. A nurse (the primary nurse) is responsible for planning and directing the care for the patient during his entire hospital stay. She must have adequate decision making skills and be able to effectively communicate her orders to other personnel who will carry out her directions when she is absent from the unit. The nurse is the coordinator for physicians, other nurses and ancillary hospital personnel (Alexander, 1978).

Communication in Hospitals

Good communication is essential to the operation of any organization but is crucial to the operation of the hospital and to the nursing service department, in particular. Communication in hospitals is more difficult than in most institutions because of the nature of its operation. Information must be transmitted to personnel who work at all hours of the day and night, on weekends and on holidays. The nurse is the coordinator of patient care. She must be able to communicate effectively because adequate patient care depends upon it. Communication methods in the hospital have to be flexible to accommodate the rapidly changing technology of the organization (DiVincenti, 1977).

Complaints about communication problems are almost universal in nurses. The exact nature of the problem is difficult for nurses to define. According to Gill, the problem may be something other than communication. It could be difficult working relationships, the emotional state of the nurse or a lack of precision in the analysis of problems. Complaints about communication could emanate from, among other things, the nurses' lack of ability to articulate or from deficiencies in nursing management (Donovan, 1975).

Overcommunication can be a problem in nursing service departments. The sophistication of the technology of health care may justify the endless streams of messages but it is easy to be inundated with information from various media.

The degree to which the nursing service department permits the free and open exchange of ideas and information will determine the communication climate of that organization. Rowland and Rowland (1980)

describe three key factors which influence the organizational communication climate. The factors are the quantity of information which is exchanged among members of the department, the quality of the information, and the channels through which the information is conveyed.

Decision Making in Hospitals

Alienation and job dissatisfaction have affected workers in the health care industry as well as workers in other industries. Nursing, in particular, is experiencing great turmoil. Part of the problem has been a lack of participation by nurses in making decisions which affect them and affect patient care. One hospital reported a reduction of an annual turnover rate of 50 percent to 35-40 percent after a negotiated settlement which, in addition to other things, insured participation in all hospital committees whose recommendations affected nursing care (Bopp and Rosenthal, 1979).

Nurses are making gains in their efforts to obtain more power in the organizational structure of the hospital. They are getting more control over nursing resources relating to personnel and budgets. What nurses really want is a collegial relationship with the hospital administrators and the medical staff. Nurses' ultimate goal is shared governance. Maria Traska (1978, p. 52) states that

. . . resistance to accepting nurses as peer professionals extends beyond the hospital. The Joint Committee on Accreditation of Hospitals has consistently denied membership to the American Nurses Association even though it allows membership to the American Medical Association and to the American College of Surgeons, among other groups.

Individuals differ in their approach to making decisions. They may focus on different types of problems in the same job. The

systematic thinker will approach decision making differently from the intuitive thinker (DeWaal, 1978). Many decision models have not taken a turbulent environment into account. Consequently, many managers have abandoned this approach and use past experience and intuition as a basis for making decisions (Radford, 1978).

Health care systems are reorganizing their institutions into flatter structures. Nurses on clinical units will have more autonomy than in the past and thus need adequate skills to make decisions. Most nurses are taught the scientific problem solving approach. This approach may not be adequate for nurses who are facing problems with outcomes of great consequence. Individuals caring for patients are not allowed the luxury of trial and error. The well being of patients is at stake as well as the resources of the institution. The decision maker should be able to explain the decision and all the steps taken to reach it if necessary (Bailey and Claus, 1975).

Methods of involving employees and facilitating decision making are numerous. Among the methods found in the literature was the Claus-Bailey Model for Problem Solution which combines a systematic step-by-step procedure with decision theory. The model has three components. They are "search-analyze-choose" (Bailey and Claus, 1975, p. 7). The model is a closed cybernetic system with a feedback loop which allows nurses to enter the problem solving process at any point.

CHAPTER III

METHODS AND PROCEDURES

I. Introduction

This study examined communication and decision making patterns in the nursing service department of a hospital. Chapter III describes the methodology of the study. It presents the source of the data, techniques for data collection and methods of data analysis.

II. Source of the Data

The sample consisted of 54 persons who were employed in the nursing service department of a hospital. The participants included a representation of registered nurses, nursing assistants, nursing technicians and unit secretaries who were identified as non-managerial personnel. These individuals worked three shifts. The day shift worked from 7:00 A.M. to 3:30 P.M.; the evening shift worked 3:00 P.M. to 11:30 P.M., and the night shift worked from 11:00 P.M. to 7:30 A.M. Occasional variations in shift time occurred. For example, the sample included some individuals who worked from 9:30 P.M. to 7:30 A.M. The sample included representation in numbers proportional to the population on each shift. Individuals on the irregular shift were included in the 11:00 P.M. to 7:30 A.M. group. The population of the non-managerial group was 625. The sample selected from this group was approximately six percent or 37 persons. The researcher chose the six percent sample in consultation with experts in the fields of leadership and management after taking into consideration the population size,

time constraints on the researcher and the loss of work time for the hospital. (Individuals in the sample group were excused from their duties for the interview.)

The managerial employees were divided into top, middle and lower management groups. There were three individuals in top management, all of whom were interviewed. The middle management group contained two individuals. They were interviewed. The lower management group consisted of 25 individuals. The sample from this group was twelve or approximately 50 percent. Table I shows the distribution of the sample.

Permission was granted from appropriate administrative persons for the study to be conducted on the hospital premises and during the participants' regular tour of duty. The nursing service department supplied the researcher with the name, position, shift and nursing unit of each employee in the department. This information was written on a separate card for each individual.

The cards were stratified into managerial and non-managerial personnel. The non-managerial group was stratified according to shift. The managerial group was stratified into top, middle and lower level managers. Each group of cards was randomized. The systematic sample was drawn from each group according to previously identified percentages. An alternate list was compiled by drawing the card which was immediately behind the card which had been selected as part of the sample. The alternate list was to be used in the event the original respondent could not or would not participate. None of the original respondents refused the interview. However, in six instances,

TABLE I. Distribution of Managerial and Non-Managerial Sample Participants in the Nursing Service Department

	Total Pop. No.	Total Sample No.	Day		Evening		Night	
			Pop. No.	Sample No.	Pop. No.	Sample No.	Pop. No.	Sample No.
<u>Managerial</u>	30	17	23	13				
Top	3	3	3	3				
Middle	2	2	2	2				
Lower	25	12	18	8	4	2	3	2
<u>Non-Managerial</u>	625	37	265	15	217	13	142	9
RN	230	16	103	6	66	5	61	5
LPN	124	9	58	4	38	3	29	2
NA	103	3	39	1	43	2	21	0
US/Secretary	90	5	35	3	39	2	14	0
NT	74	4	27	1	30	1	17	2
Messenger	4	0	3	0	1	0	0	0

individuals had left the organization after the list was drawn and an alternate was selected. These persons agreed to the interview.

III. Techniques for Data Collection

The data were gathered by a semi-structured interview. The interview technique was chosen over other methods for several reasons. The response rate is usually higher than that by mail questionnaires. Responses of "don't know" or no answers are usually decreased by the presence of the interviewer. The interviewer can explain the intent of the question if the respondent clearly does not understand the question (Babbie, 1973).

Personal interviews also have limitations. Respondents may be tempted to give a socially acceptable answer. The style of the interviewer may cause respondents to react negatively to the interview. The interviewer must be very careful if probing for answers is necessary. The probe should be the same for each respondent.

Development of the Interview Schedule

The interview questions were based on information obtained from the related literature. Identification of directional flows of communication within the formal channels was made. Vertical channels flowed upward and downward along the hierarchial structure. Horizontal communication flowed laterally between persons occupying the same position in the hierarchy. Diagonal communication flowed between persons across departmental lines.

Identification of directional flows of communication was possible only after the individual's position in the structure was ascertained.

The interview questions were constructed so that hierarchical position and the flow of information to and from each individual could be established. Methods of formal communication in the organization were identified from the literature. Some of the methods were by face to face contacts, group meetings, periodicals, reports, letters, employee handbooks, complaint boxes, pay inserts, questionnaires, posters, bulletin boards, open door policies, grievance procedures and exit interviews. Participants were asked to identify the ways they received or transmitted information to others.

The importance of the informal communication system was mentioned consistently by authors in the field. Interview questions were developed to ascertain participants' access to information from this source.

Several factors relating to optimal decision making patterns were found in the literature. Decision making varied from authoritative centralized procedures to non-authoritative, widely decentralized processes. The most effective decision making methods were found to vary. The ability of the staff, the technology of the organization and the stability of the environment are important factors impinging on decision-making. Interview questions were formulated to identify the types of decisions which were being made at various levels of personnel in the hierarchy. An attempt was made to determine employees' beliefs about ideal methods to make decisions.

The criteria for evaluating the effectiveness of communication and decision making were derived from the literature. Interview questions were designed to gather data which could be compared with the criteria.

The criteria for effective communication were the methods of information exchange individuals used, the access of management to unfiltered information and the employees' feelings of being well informed. Interview questions were constructed to gather data relevant to the methods of communication, the availability of management to the informal system, and the employees' feelings of being well informed. Data were gathered to evaluate the effect of the communication system on the way the participants felt about their jobs.

The criteria for evaluating decision making were established from the literature. The hospital was identified as a complex organization operating in a turbulent environment. It employs persons who possess a wide range of skills and abilities. The technology demands the ability and the authority to make quick decisions. The work cannot be mechanized or preplanned to any great extent. These are all factors which many authorities identified as indicative of a need for a decentralized, participative decision making process. The interview questions were designed to obtain data which could be evaluated to identify the type of decisions which were being made at various levels of the hierarchy.

According to authorities in the field, a systematic decision making process is essential for sound decisions. Many models of the decision process were found in the literature. Nurses have traditionally used the scientific problem solving technique. The interview schedule attempted to collect data about participants' decision making techniques. The data were compared to the criterion of the use of a systematic decision process.

The Pilot Test of the Interview Schedule

A pilot test of the interview schedule was done. It was conducted with four individuals in a nursing service department of a hospital not used in the study. Interviews were conducted with two registered nurses, a licensed practical nurse and a unit secretary. One registered nurse was a head nurse, the other was a staff nurse. The interviews were recorded on tape. The researcher took verbatim notes during the interviews. Analysis of the tapes and the data revealed a lack of clarity for some questions. The analysis also revealed that the researcher tended to talk too much. Care was taken to see that excessive talking by the researcher did not occur in the subsequent interviews. The presence of the tape recorder inhibited the respondents in the first pilot study in varying degrees. After the interview ended and the recorder was stopped, a noticeable relaxation and inclination of the respondent to expound on questions in the interview was noted.

After the pilot test, the interview questions were revised. The interview schedule was tested again with another registered nurse who was a supervisor of several nursing units. The interview was tape recorded. No inhibitions were noted during the interview. The data were reviewed again. The interview schedule appeared satisfactory except for very minor revisions. Figure I contains the final interview schedule.

Interview Scheduling Procedures

A personal letter was sent to each individual describing the study and requesting permission to conduct the interview. A copy of the letter appears in Appendix A. Each respondent's supervisor was notified by letter. This was necessary because the supervisor had the

responsibility to cover the absence of the participant from the clinical area during the interview. After a suitable length of time, the letter was followed by a personal telephone call to each participant to set a time for the interview.

The Interview Process

The interviews were conducted between July 14 and August 8, 1980. Based on the pilot studies, the estimated time to complete the interview was 30-40 minutes. Therefore the interviews were scheduled at least one hour apart. In many instances, intervals of two to three hours between interviews were unavoidable because of the difficulty of scheduling around shifts, weekends and holidays. The investigator used this time to type notes and fill in gaps in answers. The verbatim responses were typed to facilitate ease of reading and analysis. The average interview lasted 30 to 40 minutes. The interviews for the non-managerial and lower management groups working the day and evening shifts were conducted in a private conference room in a relatively secluded area of the hospital. Two exceptions occurred on the evening shift when the participants were unable to leave the clinical area. The researcher conducted the interviews in the clinical conference room on the nursing unit. The lower level managerial and non-managerial participants working the night shift were interviewed in a private centrally located conference room. The change was necessary for security measures. Top and middle management participants were interviewed in their respective offices.

Before each interview began, the researcher read the Purpose of the Study to the participant. Each person signed a consent for the

interview form. A copy of the Purpose of the Study and the consent for the interview form appear in Appendix A.

IV. Methods of Data Analysis

The data collected in the interviews were analyzed using content analysis techniques. Content analysis is a research tool which can be used in any research investigating the content of communication (Holsti, 1969). Berelson (1971) states that content analysis is a "research technique for the objective, systematic and quantitative description of the manifest content of communication" (p. 18). Budd (1967) states it can be used to analyze overt communication behavior.

Rationale for the Use of Content Analysis Procedures

Content analysis techniques are particularly appropriate for analysis of data obtained by interviews. Analysts using content analysis techniques are not necessarily concerned with the message itself but with the process and effects of communication (Budd, 1967). Content analysis is particularly appropriate when the subjects' own language is important to the research problem (Holsti, 1969).

Berelson (1971) describes three assumptions underlying content analysis. He states that the study of apparent content is meaningful. Relationships between content and effect can be made. Quantitative description of communication is meaningful.

Data from content analysis can be compared to some standard of adequacy (Holsti, 1969). The standard may be established from non-content data such as accumulated data or expert opinion.

Factors Used in the Development of the Categories

The categories are the conceptual theme for a research project using content analysis. The categories can be found in the research project, the goals of the study or the nature of the content. Categories ought to be mutually exclusive, exhaustive and relate to the needs of the study so that the research questions can be answered (Budd, Thorp and Donohue, 1967).

Holsti (1969) asserts that "categories should reflect the purpose of the research, be exhaustive, be mutually exclusive, independent and be derived from a single classification principle" (p. 95). After the categories are established, the units must be identified. Units are the specific segments of content that are to be placed in a category. Units may be words, symbols, themes, directions, sentences, paragraphs or items.

Validity is important in any research project. Content or face validity has been relied upon by most content analysts. It is established by the informed judgment of the researcher or may be derived from the opinion of experts in the field (Holsti, 1969).

The categories and units for this study were drawn from the literature and in accordance with established content analysis methodology. Categories for analyzing communication were the directional flows of communication in the formal organization. Vertical communication flows up and down the hierarchy. Horizontal communication flows laterally and diagonally. The units of measurement were the methods by which the flow of information occurred. Informal communication flow was analyzed by direction also.

The categories for decision making patterns were: patient care, the formulation of policies which affected the nursing service department as a whole, and decisions related to the scheduling of duty and vacation time. The unit of measurement was the degree to which the respondents participated in each category of decisions.

The data from this study were compared to criteria derived from the literature to determine the effectiveness of communication and decision making patterns. The criteria were previously identified.

CHAPTER IV

ANALYSIS OF DATA

Introduction

Communication and decision making processes affect the ability of the organization to meet its objectives. They also affect the way the organization's members feel about their jobs. These feelings have an impact on individual and group behavior of persons within the organization. Many authorities in management theory suggest that participation in making work related decisions will enable the individual to satisfy higher order needs while working toward the achievement of organizational goals.

The organization will be able to achieve its goals more efficiently if good lines of communication exist. Managers can make informed decisions if upward communication channels are open and a minimum of filtering is occurring.

A critical condition exists in nursing. The United States has a major shortage of nurses. Salaries for nursing personnel are not commensurate with the knowledge and skills which are necessary to provide safe patient care. Inadequate salaries are a prime factor in the nursing shortage. Studies have shown that nurses are also unhappy about the lack of opportunity to participate in making decisions which affect them and their work. Nurses are dissatisfied with the bureaucratic structure which exists in many hospitals.

This study focused on the decision making and communication

patterns in the nursing service department of one hospital. Its purpose was to identify and determine the effectiveness of these patterns.

The data presented in this chapter were gathered by semi-structured interviews with 54 participants. They were members of or had managerial responsibility for the administration of the nursing service department. Responses of the participants to the interview questions were analyzed to answer the research questions.

The interview questions were developed from the literature and after consultation with experts in the field of leadership and management. The interview questions were designed to answer the research questions detailed in Chapter I.

The position of each participant in the organizational hierarchy was identified to determine vertical and horizontal communication flow to and from that person. Methods of communication were then tabulated according to the frequency mentioned by each participant.

The informal communication system was analyzed by constructing tables identifying persons receiving and sending information according to position and shift of the participant. Managerial personnel's access to information from the informal communication system was identified.

Several questions were utilized to identify patterns of decision making. Data were analyzed to determine the extent of respondents' participation in decisions in the categories of patient care, the formulation of departmental policies and procedures, and duty and vacation time. Responses indicating the degree of satisfaction with the extent of participation were tabulated.

The data were analyzed to determine how well the identified patterns of communication and decision making which were utilized in the nursing service department met with the criteria which were established from the literature.

Research Question I

What Are the Patterns of Vertical and Horizontal Communication Within the Formal Organizational Structure?

The interview data were analyzed for methods of downward communication by the position of the participant in the organizational structure and the frequency with which each method was mentioned. Downward communication was defined as the information received by the participant from her superior and/or sent downward to her subordinate. Several methods of communication were reported. Methods of verbal communication were by face to face contact, by the telephone, in group conference or meetings and by the grapevine. The most frequently used method of communication was verbally by face to face contact.

Several methods of written communication were reported. The written methods were by formal memos, notes, letters, pay inserts, bulletin boards, chalk boards and by reports and forms. Formal memos were the most frequently mentioned written method of receiving downward communication.

The data revealed a preponderance of communication interaction methods at all levels of management. Methods of downward communication are shown in Table II.

Upward communication was defined as information received from

TABLE II. Patterns of Downward Communication of Sample Participants in the Nursing Service Department. Tabulated According to Frequency Mentioned by Participants. Includes Information Received from Superiors and/or Sent Downward to Subordinates.

Patterns of Communication	Managerial			Non Managerial			Total
	Top	Middle	Lower	Day	Evening	Night	
<u>Verbal</u>							
Face to face	5	3	19	13	11	8	59
Telephone	1	1	2	1	1	1	7
Group conferences/meetings	5	2	11	5	3		26
Grapevine			1				1
<u>Written</u>							
Formal memos	4	2	13	11	11	6	47
Notes/letters	2		6	2	1	3	14
Pay inserts				1			1
Bulletin boards				2	3	1	6
Chalk boards			1	2			3
Reports/forms	1						1
<u>Average Number of Methods Reported by Participants</u>							
	6	4	5.25	2.46	2.30	2.1	3.05

subordinates and/or sent upward to superiors. Methods of verbal communication interaction were by face to face contact, by the telephone and/or the beeper, in groups, committees, meetings and by the grapevine. Verbal communication by face to face contact was identified as the most frequently used method. Upward communication by groups, committees and meetings was reported only by management personnel.

Written upward communication methods were by formal memos, notes, reports and forms. Most written upward communication was by notes. Table III contains the data which describe upward communication patterns.

The overall communication interaction pattern in the management service department for upward and downward flow were similar. Communication interaction was reported more frequently in both directions by the managerial staff than by the non-managerial staff. The average number of methods of communication used by the non-managerial staff appeared to be relatively stable across all three shifts.

The primary method of lateral communication interaction was by face to face contact. Lateral communication was described as information received from or given to persons working at the same level as the participant or perceived by the participant to be a coworker. In nursing, it is very common for non-managerial personnel to perceive each other as coworkers even though one may technically be the supervisor of the other. Participants noted face to face communication 106 times in describing information exchanges in these relationships. Notes, lists and/or worksheets were identified as a means of lateral communication 22 times. Lateral communication patterns are presented in Table IV.

TABLE III. Patterns of Upward Communication of Sample Participants in the Nursing Service Department. Tabulated According to Frequency Mentioned by Participants. Includes Information Received from Subordinates and/or Sent Upward to Superiors.

Patterns on Communication	Managerial			Non Managerial			Total
	Top	Middle	Lower	Day	Evening	Night	
<u>Verbal</u>							
Face to face	5	4	25	12	8	6	60
Telephone/beeper	1	1	6	9	8	4	29
Groups/committees/meetings	2	2	3				7
Grapevine			1				1
<u>Written</u>							
Formal memos	3		5				8
Notes	2	4	7	3	2	4	22
Reports/forms	2	2				2	6
<u>Average Number of Methods Reported by Participants</u>							
	5	6.5	3.91	1.6	1.38	1.77	2.46

TABLE IV. Patterns of Lateral Communication of Sample Participants in the Nursing Service Department. Tabulated According to Frequency Mentioned by Participants. Includes Information Received from or Given to Persons Working at the Same Level or Perceived as Coworkers by the Participants.

Patterns of Communication	Managerial			Non Managerial			Total
	Top	Middle	Lower	Day	Evening	Night	
<u>Verbal</u>							
Face to face	6	4	24	28	26	18	106
Telephone/beeper		1	5	1			7
Meetings	2		8	1			11
<u>Written</u>							
Formal memos		1					1
Notes/lists/worksheets		2	8	8	2	3	22
Letters		1					1
Reports	2						2
Blackboard						1	
<u>Other</u>							
Through supervisor to other shifts				1			1
No answer				1			1
<u>Average Number of Methods Reported by Participants</u>	3.33	4.5	3.75	2.66	2.15	2.44	2.51

Diagonal communication was described in this study as an information exchange between persons of different departments. The telephone and/or the intercom were used by 50 of the sample participants. Face to face communication was used as a method by 42 individuals. Written communication interaction was mentioned 64 times by the participants. Of these interactions, 37 were in the form of formal memos, notices, bulletins and/or newsletters. The chain of command was used by 15 persons for interdepartmental communication. Three respondents indicated they had no need to communicate with other departments. Table V presents the data describing diagonal communication methods.

Participants suggested a variety of methods for ideal communication (see Table VI). Fourteen employees thought the method the hospital used was adequate. Several persons mentioned that a meeting of the staff with administrators would be ideal. (A regular conference for registered nurses with the Vice President for Nursing, called the Vice President's Roundtable, was to be implemented shortly after the study.) Eight individuals on the evening and night shift thought more contact with administrators would be an ideal way to communicate. There were no individuals on the night shift who expressed satisfaction with the methods of communication the hospital used.

Feelings of being well informed about what was going on in the hospital were expressed by 30 persons in the sample. Four individuals stated they did not feel well informed. Three of these were registered nurses. One manager in the lower level group commented that gaps in communication existed on the night shift. The remainder of the

TABLE V. Patterns of Diagonal Communication of Sample Participants in the Nursing Service Department. Tabulated According to Frequency Mentioned by Participants. Includes Information Received from or Sent to Persons in Departments Other than Nursing Service.

Patterns of Communication	Management			Non Management			Total
	Top	Middle	Lower	Day	Evening	Night	
<u>Verbal</u>							
Face to face	5	1	8	22	4	2	42
Telephone/intercom	2	3	13	10	17	5	50
Meetings	2		2				4
<u>Written</u>							
Formal memos/notices/bulletins/ newsletters	2	2	12	4	10	7	37
Notes	1	1	4	2	1	1	10
Letters		1					1
Computer				5	8	2	15
Booklets				1			1
<u>Other</u>							
Via V.P. in charge of department	1		1				2
Via chain of command through Director			2				2
Via chain of command through supervisor/RN			2	1		2	5
No answer				2			2
No need to communicate					1	2	3
Average Number of Methods Reported by Participants	4.3	4	3.66	3.06	3.23	2.33	3.2

TABLE VI. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 11: If You Were to Set Up an Ideal Method of Communicating in the Hospital, What Would It Be?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Combination of verbal and written	1																		1
Verbally--as little in writing as possible	1										1					1	2		5
Need a variety of ways. The Vice President's roundtable will begin in September.	1																		1
Feel comfortable with present method/present plan/system is OK/good/satisfied with the way it is.	1		5		3	1		1		1			1					1	14
Don't know; depends on what it is	1																		1
Daily bulletins			1																1
Video taping messages			1																1
Listener has to listen			1																1
Fairly personal, with opportunity to ask questions and have input			1																1
Don't know			1		1			1	1										4
Inserts in pay envelope			1																1

TABLE VI (continued)

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Administrators should show interest in night people				1															1
Scheduled conferences between employees and management				1		4				1									6
Suggestion box						1													1
Need to get information sooner						1													1
No ideal way. Best by memo but people don't read									1										1
Call a conference--verbally rather than in writing										1									1
Memo system good. Call meetings with all people on unit if possible												1							1
Meetings of unit secretaries without supervisors present															1				1
Combination of verbal and machine															1				1

Note: D E N = Day, Evening, Night

RN = Registered Nurse; LPN = Licensed Practical Nurse; NA = Nursing Assistant;

UN = Unit Secretary; NT = Nursing Technician

participants felt they knew what was going on most of the time or at least what was going on in the nursing service department. Table VII contains the data related to participants' feelings of being informed.

A very large majority (47 of 54 persons) reported they would make suggestions verbally to supervisors in nursing service (see Table VIII). Participants who used written methods as well as oral methods were primarily persons in management.

Two persons stated they would keep important but unpleasant news to themselves. Five participants qualified their answers. These persons tended to report unpleasant information to the supervisor. One person did not know what she would do. Another person in the lower managerial group said she would like to think she would tell but what would really happen would be nothing. These data are presented in Table IX.

Several favorable comments were made by the participants about their relationship with the supervisor. Some are as follows:

"Their (management's) door is always open."

"We have all the communication here that is needed. We can always find out. There are no problems here."

"I like the way they run the hospital. It makes me like my job."

"I can't imagine anything I couldn't discuss with Mrs. _____ (the supervisor). I could just discuss anything with her. She sometimes asked for suggestions on problems."

"She (the supervisor) usually comes around in the mornings. I usually just tell her and discuss it (a suggestion) with her. I feel

TABLE VII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 13: Do You Feel Well Informed About What is Going on in the Hospital?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Yes	2		7	3	2	1	2	2	2	1	1		2	1		1	1	2	30
Hope so--less sure about it as the hospital gets bigger	1																		1
Yes, as a rule. Might not hear when remodeling is done		1																	1
Yes, in nursing service, but not in the hospital as a whole. Get shocked now and then			1																1
Usually/most of the time/pretty much				2	1	2	3		1				1	1					11
Sometimes				1															1
Probably				1															1
Gaps are present due to being on 11-7 shift			1																1
Nursing supervisors don't come around too much								1											1
No/feel isolated								1	1	1		1							4
Yes, on own floor; no, over the hospital												1							1
Not always, sometimes get caught off guard																		1	1

TABLE VIII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 17: Describe the Ways You Use to Make Suggestions to Your Supervisor About Better Ways of Doing Things

[illegible]

TABLE IX. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 6: Suppose You Had Information Which Would Help Your Supervisor Do A Better Job But the Information Might be Considered Unpleasant or Bad News. What Would You Do with the Information?

Responses	Managerial			Non Managerial			Total
	Top	Middle	Lower	Day	Evening	Night	
Take it to the boss right away	1						1
Give it to them--must give them your feelings, you own it to them	1						1
Go directly to the President	1						1
Tell her directly--verbally		2					2
Go them them/talk to her personally			4				4
Would like to confront her but what really happens is nothing			1				1
Take it to her with apologies/take it to her			5				5
Get it to them, either verbally or in writing			1				1
Approach very carefully--be careful of timing, they are all receptive			1				1
Go to the supervisor if it would hurt the patient. Ignore it if it were personal information				1			1
Tell the supervisor				7	10	5	22
Try to approach her				1			1
Talk it over with the RN				1			1

TABLE IX (continued)

Responses	Managerial			Non Managerial		Total
	Top	Middle	Lower	Day	Evening Night	
Take it to the Vice President of Nursing or the President				1		1
Discuss with a friend first, then tell the supervisor				1		1
Let things rock along for awhile, then if things get worse, tell the supervisor				1		1
Go to the primary nurse first, then go with her to the supervisor				1		1
Go to the Director if I couldn't tell the supervisor				1		1
Keep it to myself/would do nothing					1 1	2
If it was my mistake, tell her. If it was her mistake, keep it to myself					1	1
Go to the person if she was involved, then go to the supervisor					1	1
Go to RN if supervisor has made a mistake. Go to the supervisor if the mistake was my own.					1	1
If someone else on the floor made a mistake, would tell the supervisor. If the supervisor made a mistake, it would depend. Would be inclined to tell her.					1	1
Don't know.					1	1

she has my interest and the patient's and the doctor's interest in mind. She tried to make communication as good as she can. If I have a problem she will listen and work it out. She will stand up for you. She is understanding if you louse up."

A large majority, 42 of 54, of the sample participants in the nursing service department would take important information directly to persons in authority above their supervisor if they wanted these persons to have the information (see Table X). Some of the remaining participants mentioned utilizing the chain of command to pass important information upward. Others said they would tell their immediate supervisor they were going to take information to higher management personnel.

The respondents in the nursing service department appeared to be selective about the kinds of information they read carefully (see Table XI). Ten persons reported reading everything. The Friday Memo was mentioned by 11 people. Eighteen persons stated they read only items that concerned themselves or their subordinates. The hospital newspaper, The Highlighter, was read to some extent by all except one employee.

Respondents who believed they had been badly treated tended to take the problem to their supervisor or some one else in authority. However, 14 persons reported they would go to the person with whom they were in conflict. Table XII shows these data.

TABLE X (continued)

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Go to the supervisor/tell the supervisor. They may relay information.				3	1	1	2	1	1										9
Telephone or go see the Director or the V.P. Nursing.				2															2
Make appointment but tell the supervisor I was going.				1															1
Depends on position. Make appointment with some, some can catch verbally.				1															1
Go to Personnel Manager, President or V.P. of Nursing.				1															1
Call/write a letter/set an appointment.				2	4		1	2					2	1		1			13
Go to the Director or V.P. of Nursing.							1	1		1									3
Tell the head nurse first unless it involved her, then go to the supervisor.								1											1
Go in person or call/go to the office and talk to them.							2									1	1		4

TABLE XII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 16: If You Believe You Have Been Badly Treated in Some Way, What Method Do You Use to Get Your Side of the Situation Heard?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Verbally to the boss. Get everybody together.	1																		1
Verbally. Sometimes I just forget it.	1																		1
Go to the person with whom I had had the conflict. May go to the Executive Vice Pres.	1																		1
Go to the person with whom I had had the conflict.	1		4	1	2	2	1		1				1						14
Don't know. Haven't been treated unfairly.	1																		1
Go to the Director or the Vice President for Nursing.			1		1														2
Go to the Director.			5				1												6
Talk with a coworker first, then go to the Director if necessary.			1																1
Sit down and talk to the person. I let some things slide. Might talk to the supervisor.			1																1
Go to the supervisor.					1	3	1	1	1		2	2		1	1				14
Go to the cooperator, the Director or the Vice President for Nursing.						2										1			3

Research Question II.

What Are the Patterns of Informal Communication?

The informal communication system, known as the grapevine supplements formal channels, is a natural result of the common interests of people who work together. Organizational theorists agreed that management personnel need access to information from the informal system.

The data from the interviews revealed that most of the persons in management received information from the informal system. Three persons appeared to be isolated from the informal communication network. Two of these were in lower management positions. Two lower level managers made efforts to discourage communication by the grapevine. Participants heard information from various sources. The most frequently mentioned source was "anybody." Twelve persons stated they did not pass information they heard from the grapevine to others. Table XIII shows the kinds of information participants heard from the informal organization. Table XIV contains data related to sources of informal communication. Table XV presents the data which show with whom the respondents shared the information they received from the informal system of communication.

Research Question III

What Are the Patterns of Decision Making?

The data indicated that the nursing service department had a committee structure for making decisions (see Appendix B). The department had a procedure whereby non managerial staff had an

TABLE XIII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 10: In Keeping Up with What is Going on in the Hospital, What Kinds of Information Do You Receive Informally from Others?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Get a lot of information	2		6			2			2				2					1	15
Hear a fair amount of information	1																		1
Hear what is on the grapevine-- gossip and rumors		1																	1
Get some information		1				1													2
Don't know				1															1
Do get information			1																1
Try to discourage grapevine			1																1
Grapevine is a problem. Do not make myself available to it				1															1
Do not get information from grapevine in my present position			1																1
Hear occasional rumor, not gossip			1										1						2
Grapevine not too active													1						1
Hear rumors, not much gossip													1						1
Hear rumors and gossip						2		2	4		2			2			1		13
Hear very little						1													1
Grapevine is very active						3		2	4										9

TABLE XIII (continued)

Responses	Management			RN		LPN		NA		US		NT		Total
	Top	Middle	Lower	D	N	D	N	D	N	D	N	D	N	
Occasionally hear				2		2								4
Do not hear as much as would like to				1										1
Guess we have a grapevine						1								1
Hear a little bit of everything												1		1
Hear stuff all the time												1		1
There is no grapevine here								1						1

TABLE XIV. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question 10(a): From Whom Do You Usually Receive This (informal) Information?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Secretary	2																		2
Security department	1																		1
Some is filtered	1																		1
Staff when on rounds	2																		2
Clinical coordinators	1																		1
No special person		1	2			1													4
No special person, RN from any unit		1																	1
No one			2			1													3
Environmental service workers			1											2					3
Unit secretaries			1																1
Nursing assistant			1																2
Staff nurse			1																1
RN			1																2
Coworker			1			2			2										8
Any level person from another department			1																1
Random people			1																1
Everybody						1													1

TABLE XIV (continued)

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Anybody				1			2	1					2	2		1	1		10
Rn on day shift				1															1
Anybody on my shift				1															1
A person on another unit				1															1
A variety of people				1															1
Group discussions							1												1
Messengers tell a lot				1															1
No one in particular							1	2								1			4
People in my own unit and from other departments													1						
Nurses on other units														1					1
General conversations																1			1
No reply																1			1

TABLE XV. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 10(b): With Whom Do You Usually Share It (informal information)?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
It depends, with personnel, department heads, supervisors	1																		1
Vice President in charge of department	1																		1
No one. If important, with Directors of Nursing Service	1																		1
Vice President of Nursing		1																	1
It depends. May share with clinical coordinators or not. No one in particular		1																	1
No one			1				1	1	1	1			1			1			9
Peers			2																2
Go to Director to see if it is true			1																1
Try to keep it to myself			1																1
A Director			1																1
A coworker			1				2	2	1	1						1	1		9
Ask a supervisor if it is true			1							1					1				3
A clinical coordinator or a Director			1																1
RNs							1			1									2

TABLE XV (continued)

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Head nurse, possibly				1															1
Anybody				1			1	1											3
No one if it is gossip. If it affects others, might tell				1															1
Usually no one. Try not to pass it on				2															2
A variety of people				1															1
Anybody on the unit at night				1															1
Depends on what it is--am very careful				1															1
No one person--usually a group discussion							1												1
No one in particular				1						1									2
A technician										1									1
Unit secretaries													1						1
With groups													1						1

opportunity to give input into the decision process but not necessarily a vote on the final decision. Proposed changes in policies and procedures were posted on each nursing unit for input from the staff. The information returned to the appropriate committee for revision. Eventually the proposal came before the Management Committee. This committee included persons from top, middle and lower management groups. Staff registered nurses were also included in the Management Committee membership. Licensed practical nurses, nursing assistants, unit secretaries, and nurse technicians were not members of the Management Committee.

The committee structure for making decisions in the nursing service department was reported by 20 individuals. The remaining persons in the sample did not know that decisions were made in committees in the nursing service department. Four lower level managers did not know that the department had a committee structure for decision making. These managers stated that decisions were made by persons in the chain of command. Many respondents who did not know the committee structure reported that decisions were made by persons in managerial positions. Fourteen persons stated they did not know how decisions were made in the nursing service department. Six of these fourteen persons were registered nurses. These data are presented in Table XVI.

Final decisions were made in the Management Committee by a majority vote. One person stated that the Procedure Committee used a consensus method to make decisions. The majority of the respondents were unable to identify the mode of decision making. Many respondents

reiterated that administrators made the decisions. These data are contained in Table XVII.

Information from committees appeared to be distributed primarily by written methods. The Friday Memo was a formal memorandum which originated in the Nursing Service Office and was circulated throughout the hospital. It was identified by 14 employees as a means of dissemination of information from committees. Other written methods were mentioned by 38 participants. Seven persons did not know how information was distributed. Two persons said they never received information from committees. Table XVIII shows these data.

Many sources in the literature advocated using a systematic approach to making decisions. The scientific problem solving technique was frequently suggested. The majority of the participants in the sample in the nursing service department used some aspect of the problem solving approach. However, they did not follow the process completely. A fairly common response (stated by 34 participants) was to consult with another person about the problem. One individual in the lower management group stated that she delayed making decisions. These data are contained in Table XIX.

Participation in decision which affect the individual is a tenet which has strong support in current management theory. The categories for areas of participation in decision making were established for this study during the development of the interview instrument. The areas this study addressed were patient care, the formulation of policies and procedures which affected the nursing service department as a whole and the scheduling of duty and vacation time. The respondents were asked

TABLE XVII. Frequency of Responses to Sample Participants in the Nursing Service Department to Interview
Question 9(a): Within that Organization, What is the Mode for Decision Making?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Majority rule	1	1				1													3
No answer	2																		2
Management Committee decisions are final, by majority rule		1	8	2		1													12
Don't know			1	3	1	1	3	1	1	2			2	1		1	1		18
Need quorum of 34			1																1
By all of nursing service personnel via review			1																1
President and Vice President for Nursing make final decisions						1													1
Procedure Committee uses consensus			1																1
Staff meetings						1													1
Committee sends recommendations to Director and Vice President for Nursing									1										1
Supervisors and administrators hand down decisions																			1
Administrative decisions are by coordinators and Directors. Some decisions by committees																			1
Decisions are made by Director and associates																		1	2

TABLE XVIII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 9(b): How is Information from Committees Distributed to Others?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle		Lower	D	E	N	D	E	N	D	E	N	D	E	N			
		1	2														3		
Friday memo	1	2	3	3	2	2	1										14		
I have access to the minutes of committee meetings if desired, but usually do not get them	1																1		
Minutes/memo/written/letters/bulletin	1	1	6	1	3	3	4	2						1	2		24		
Placed in the Policy and Procedure Books on the unit/placed on the bulletin board and in book	1	1	6	2	1	1	1									1	14		
Meetings			1														1		
Verbally			3	1	1	1	1							1			7		
Chalk board			1														1		
Sent to units for input while policies are being worked on			1														1		
Don't know				1													1		
Newspaper																	1		
Do not get information																	1		
																	2		
																	2		

TABLE XIX. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 4: Describe the Processes You Use for Decision Making to Solve Problems

Responses	Management			Non Management			Total
	Top	Middle	Lower	Day	Evening	Night	
Define the problem. Analyze alternative solutions. Measure cost-benefit, if applicable. Have formal procedures in analysis and examine alternatives.	1						1
Based on years experience. Look at alternatives which are present. Arrive at appropriate decision.	1						1
Listen to both sides of the problem. Both persons will write down her side of it. Get as much information as possible. Don't rush into personnel decisions. May consult with a peer.	1						1
Delay, think about it. Don't make immediate decision. Share with peers.		1					1
Identify the problem. Get all the information possible. Get the involved person's opinions and recommendations. Make choices.		1					1
Try to treat everybody like I want to be treated. Sometimes consult with others. Try to think of effect actions will have on others.			1				1
Some things are clear cut. With others, will go over alternatives or sound off to the Director. Do not make snap decisions especially when angry about something.			1				1
Try to identify the problem. If have time will list possible solutions. If need an immediate answer, will make decision on my own. If it is a long term situation, will consult persons in nursing or go outside profession if necessary and then decide the best thing.			1				1

TABLE XIX (continued)

Responses	Management			Non Management			Total
	Top	Middle	Lower	Day	Evening	Night	
Based on what is involved. Consult with someone else who I think can help. Then try to decide what we want to do, what we should do and to from there.			1				1
Make no decisions until have heard both sides of the problem. Will weigh with policies and procedures of the hospital. Try to put the patient first and how it will affect him within the realm of proper procedure. When make decision will go with it. Get enough information to follow through. Give self enough time to follow through. Don't make decisions in anger. Consider the nature of the problem and if it involves patients or personnel. May fire personnel on the spot if called for. If no results, will go to the Director.			1				1
Spend time on it. Think about it, consult others who can give input. If I have to make it myself, just make it.			1				1
Try to figure out what the problem is. Evaluate the possibilities. By the process of elimination, arrive at the solution.			1				1
Pinpoint the problem, look at different alternatives. If it is with the staff, get their input, choose from alternatives.			1				1
If it is with the nursing staff, call them together and use problem solving techniques. Will suggest what is my solution and ask them for their suggestions. Use input from nursing staff a lot. If it is a personnel problem, will discuss with Nursing Director. I get strong support from hospital administrators.			1				1

TABLE XIX (continued)

Responses	Management			Non Management			Total
	Top	Middle	Lower	Day	Evening	Night	
Talk it over with coordinators and find what has worked for them if they have had similar problems in the past. Refer to the Policy Book.			1				1
If really stumped, will ask people who can give me information I need. If that doesn't work, will wait for it to work out or for an opportunity to make itself available for whoever had the problem for which I had to find the solution.			1				1
Don't have a process. Think it through. Consider the problem, the patient and who the doctor is. Could call the supervisor.				1			1
Talk to an RN.				2	3	1	6
Ask someone if in doubt. Otherwise rely on own experience and judgment. Discuss with someone else. One should be able to make decisions if in charge. Should not have someone else making decisions for you.				1			1
Refer to Policy and Procedure Manuals. If can't get an answer, call the Supervisor.				1			1
Identify the problem. If it is a nursing problem, use own judgment. If it is a medical problem, call the doctor.						1	1
Don't have a specific method. Think things out in my own mind and decide. Know I should write the pros and cons but I don't. May talk with other nurses.						1	1
Ask a coworker or RN is it a problem with medications				2			2

TABLE XIX (continued)

Responses	Management			Non Management			Total
	Top	Middle	Lower	Day	Evening	Night	
Haven't had any problems. We have a good floor and a good rapport. If I had a problem, I would go to the person involved and then to the supervisor. Go by the Policy Book. Use own judgment in patient care. Will discuss with another person if necessary before making a decision in patient care.				1			1
Write down topic of subject. Review advantages and disadvantages. Decide in my own mind the best choice.				1			1
Go to supervisor and work it out.				1			1
In medical orders, if dose is not written, I will order lowest dose. RN can change diet. Sometimes I have to take doctor's orders even if I am not supposed to.				1			1
Just do it. If I have a question, I can ask about it.				1			1
We don't make decisions in nursing service. We have to carry out the doctor's orders.				1			1
Usually ask someone else or get a group to ask questions and come up with an answer everybody agrees with.					1		1
Call the evening supervisor. I have been out of nursing so long that I still need to check about a lot of things. If I don't know, I ask.					1		1
I feel free to talk with the supervisor or people who are there about the problem.					1		1
Evaluate the present, the subject or the problem. Look at the pros and cons and set priorities. Go from there. Rely on own basic judgment. Will use a variety of resources.					1		1

TABLE XIX (continued)

Responses	Management			Non Management		Total
	Top	Middle	Lower	Day	Evening	Night
Look at both sides of the problem. Go to reference books if possible. If not, call supervisor or a nurse on another floor to get information.				1		1
If immediate problem, call the doctor. Consult with RN for long term decisions. Decide on course together. together. RNs listen to other's opinions.				1		1
We are not paid to think here. I am the low person on the totem pole here. Would check with an RN. Use my own judgment and experience in some areas.				1		1
Think it over and talk to the primary nurse.				1		1
Analyze a critical patient. Use the telephone, PDR and libraries.						1
In patient problems, call the doctor. In coworker problems, consult with her or call the supervisor. Read the literature on the floor.					1	1
Assess the problem. Look at alternatives. Check the advantages and disadvantages of each alternative. Try each alternative; use elimination process.					1	1
Assess the patient's condition. If not sure, call the supervisor or the doctor.					1	1
Consult another person who had had the problem.					1	1
Think about it. Compare with similar problems in the past.					1	1
Think about it awhile. Might discuss it with someone.					1	1

to describe their role in each of these areas and what they would like their role to be.

Responses to participants' roles in making decisions about patient care showed that, with few exceptions, the majority of these decisions were made by registered nurses. Persons in top management viewed their roles as providing resources and having the responsibility for the delivery of patient care. One top manager stated she had input in patient care decisions through the Steering Committee. Middle and lower level managers tended to see problems in patient care, to intervene in crisis situations, and to see that policies about patient care were being followed by the nursing staff. Three persons stated they had no input in decisions about caring for patients. These individuals were a licensed practical nurse, a nursing assistant and a nurse technician. Table XX shows these data.

Responses of the participants about the role they desired to have in decisions about patient care were placed in categories of satisfaction or dissatisfaction. Thirty-nine participants said they were satisfied with their role in making decisions about patient care. Seven persons were not satisfied. Four of these wanted to have more responsibility. Three persons who were dissatisfied were registered nurses. One was a licensed practical nurse and two were nursing assistants. A manager in the lower level group was dissatisfied because her work load was too heavy and she needed help. Two registered nurses on the night shift echoed the problem of not enough help. One of the night nurses said she was "desperate" about insufficient help. The other night nurse stated she was the only registered nurse

TABLE XX. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 7(a): What Is Your Role in Making Work Related Decisions In Patient Care?

Responses	Management			RN		LPN		NA		US		NT		Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	D	E	N
Providing resources for patient care.	1													1
Input through committee meetings.	1													1
Input through the medical staff. Responsible for patient care.	1													1
See problems only		1												1
Minor direct care, see problems		1												1
No reply						1								1
See that policies are followed						1								1
Decisions about critical patients or problems						2								2
Many decisions						3								4
Moderate decisions, only in arguments						1								1
Input into care plans						1								1
Act as liason						1								1
Problems						1								1

TABLE XX (continued)

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Crisis intervention			1																1
Lots of decisions				4	1														5
Some decisions				2	3		2		1										8
No input							1			1							1		3
Not many decisions						1													1
Major decisions						4													4
Quite a lot of decisions						1													1
Some input							3			1									4
Much input									1										1
Has input									1										1
Does not apply															3	2			5
Minor input																	2		2

on her unit and she needed another nurse as a resource person to help her make decisions about which she was unsure. Data describing the participants' desired role in patient care are presented in Table XXI.

The data indicated that 33 respondents participated to some extent in making decisions about policies and procedures in the nursing service department. Nineteen individuals stated they had no input in these decisions. One person who had no input was a lower level manager. The others were all non managerial staff. Seven registered nurses reported they did not participate in making policy and procedure decisions. Table XXII contains these data.

Several respondents made comments about opportunities to participate in making decisions about policies and procedures. These data were not included in the tables due to space constraints but they may provide some insight about the problems nurses encounter in participative decision making in hospitals. One of the nurses in the sample was a committee member who commented that she enjoyed the work of the committee but it was difficult for her to get away from the unit to attend the meeting. The pressure of her patient care load was the problem. She noted that her assignment on days when the committee met was the same as on other days. This put her in a "bind" to get the work done. It was necessary for her to ask others to care for her patients while she was gone. This increased the work load on other nurses. She also believed she was being punished by other nurses on her unit because she attended committee meetings. She thought other nurses accused her of catering to management personnel when she took part in committee meetings.

TABLE XXI. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 8(a): What Would You Like Your Role to Be in Making Work Related Decisions (with Respect to Patient Care)?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Satisfied with role	3	2	9	6	4	3	3	2	2	1						1	1	2	39
Not satisfied, load too heavy, need help			1																1
Not satisfied, want more responsibility						1		1		1	1								4
Not satisfied, need another RN on the unit as a resource person to help make decisions									1										1
Not satisfied. Need help. Patient load is too heavy.									1										1
No reply			2																2
Does not apply													3	2					5

TABLE XXII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 7(b): What is Your Role in Making Work Related Decisions in the Formulation of Policies and/or Procedures which Affect the Nursing Service Department as a Whole?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Input prior to establishing change	1																		1
Input through the Steering Committee	1																		1
Give approval when appropriate	1																		1
High input		2							1										3
Have input			7			7			3							1			11
No input, but have opportunity			1													1			2
Officer on Policy and Procedure Committee			2																2
Some input if desired			2																2
No input						3		2	2	1	2		1		2				18
Some decisions						2													2
No reply													2						2
On the committee													1	1					2
No input usually, seldom have questionnaire on new equipment																	1		1
Some input						2		1	1				1	1					7

Another nurse said she would like to be on committees but she did not want to leave her patients. Nurses on the night shift noted the committee meetings were all held during the day when they were sleeping.

Even though many persons reported they were not involved in making decisions about policies and procedures, a large majority stated they were satisfied with their role in this area (see Table XXIII). Six persons were dissatisfied with their role in making policy and procedure decisions. They wanted to have more input in these decisions. Two unit secretaries were dissatisfied. They wanted some way for unit secretaries to advance in the department. One secretary suggested the training course which was given for incoming secretaries should be taught by an experienced secretary. It was being taught by a registered nurse. Two persons were unhappy about the way the decision was made in the department to enforce the dress code policy. They stated the employees were not consulted before the decision was made.

The data showed that 49 persons participated in decisions about duty and vacation time. Three part-time employees noted that their time was always the same. One lower level manager stated her time was set by her patients' needs. These data are shown in Table XXIV.

A large majority of the respondents were satisfied with their role in making decisions about scheduling duty and vacation time. Forty-nine persons were satisfied. One person stated she was satisfied most of the time. Another individual had some dissatisfaction in this area. Four respondents did not reply to the question. Table XXV contains these data.

TABLE XXIII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question 8(b): What Would You Like Your Role to Be in Making Work Related Decisions in the Formulation of Policies and/or Procedures Which Affect the Nursing Service Department As a Whole?

Responses	Management			RN		LPN		NA		US		MT		Total
	Top	Middle	Lower	D	E	D	E	D	E	D	E	D	E	
Satisfied with role	3	2	12	6	6	3	3	1	3			1	2	45
Wants administrators of hospital to make night rounds						1								1
Wants to get on the Vice President's Roundtable						1								1
Wants more input						1	1	1	1	2				6
No answer							1					1		2

TABLE XXIV. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question 7(c): What is Your Role in Making Work Related Decisions in the Scheduling of Your Duty Time, i.e. Your Days Off and Your Vacation Time?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Schedule own time	3																		3
Have input		2	11	6	4	4	4	3	1	1	1		3	2		1	1	2	49
Set by patient needs			1																1
Part time employee, time is always the same						1	1		1										3
No reply												1							1

TABLE XXV. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question 8(c): What Would You Like Your Role to Be in Making Work Related Decisions in the Scheduling of Your Duty Time, i.e. Your Days Off and Your Vacation Time?

Responses	Management			RN		LPN		MA		US		NT		Total
	Top	Middle	Lower	D	N	D	N	D	N	D	N	D	N	
Satisfied with role	3	2	11	5	5	4	2	1	1	3	1	1	2	49
Satisfied most of the time											1			1
Some dissatisfaction				1										1
No answer			1				1		1					3

Participants had many suggestions to make about the ideal decision making method (see Table XXVI). The overall trend was to incorporate as many people or as many different opinions in the decision process as was possible. One exception to the trend was one person in top management who said that ideally decisions were not made by a committee. This individual thought that getting appropriate people together for input was good but that decisions did not have to be made by a democratic process.

A registered nurse identified salary increases as an area where non managerial participation was needed. Fifteen persons stated that the system the hospital used for decision making was satisfactory.

Research Question IV

What Are the Criteria for Determining the Effectiveness of Methods of Communication and Decision Making?

The criteria for evaluating the effectiveness of communication and decision making were identified from the literature. They were:

1. The organization uses a wide variety of methods to facilitate formal communication.
2. Organizational members are willing to pass unpleasant but important information upward.
3. The managerial staff has access to information from the formal communication system.
4. The personnel feel well informed about what is happening in the organization.
5. Non managerial persons participate in making important

TABLE XXVI. Frequency of Responses of Sample Participants in Nursing Service Department to Interview Question No. 12: If You Were to Set Up An Ideal Method of Decision Making, What Would It Be?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Not by committee; may get input from appropriate people, get them together. Don't have to have a democratic process.	1																		1
Like to get recommendations from all, so I can make decision.	1																		1
Participation with input from as many people as possible.	1																		1
Sit down and investigate the facts; don't make immediate decisions.		1																	1
Present situation not ideal. May not have all the information.		1																	1
Present system is OK.			8			3	1			1	1		1						15
Having a direct "bee line" rather than going here and there.			1																1
Set aside a time, bi-weekly of one time a month, so people could gather for input.			1																1
Need to have a group. Lots of decisions are made on the V.P. level. The size of the decision determines where it is made.			1																1
Committee structure is OK. Need to try to incorporate more people, go more slowly, try to get more people committed to projects.			1																1

TABLE XXVI (continued)

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Need more input from nursing service personnel. They have the opportunity but don't use it/ask for more opinions from staff.				1			1												2
Need input from each person.				2															2
Group participation as much as possible. Staff doesn't participate because the supervisors take too much authority.						1													1
Don't know/haven't thought of it.				1			1			1						1			6
Listening to people who are dealing with patients and working with them day in and day out/send someone around to get everyone's opinion.						1			1										2
People should be more vocal about their complaints.						1													1
Should have more input from staff workers. Need a staff meeting with clinical coordinators at night.																		1	
Sit down with everybody (staff, V.P. and Director) and make decisions at same time/include everybody.																		1	2

TABLE XXVI (continued)

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
By committee made up with someone from each shift.						1													1
By committee with representation from each service. Consider the individual affected by change.						1													1
Every idea should be given honest consideration by the chain of command.									1										1
Conferences.									1										1
Take suggestions/ask everybody for suggestions.									1						1				2
Everybody it affects should be involved. Shouldn't pick a few people to make decisions which affect everybody/people in the hospital should decide, not just those in authority/more people should vote.													1		1				3
Employees ought to be consulted and not taken by surprise.																		1	1
Ask RN if unsure of situation.																		1	1

decisions which affect them and their work.

6. Employees in the organization use a systematic approach to decision making.

Research Question V

How Well Do the Identified Patterns of Communication
and Decision Making Meet the Criteria?

Criterion 1: The Organization Uses a Wide Variety of Methods to Facilitate Formal Communication

Formal communication in the organization flows along the chain of command. It is vertical and horizontal. Vertical communication flows downward and upward. Horizontal communication is lateral and diagonal. Flippo (1980, p. 421) suggests these downward channels:

(1) the chain of command, (2) posters and bulletin boards, (3) company periodicals, (4) letters to employees, (5) employee handbooks, (6) information racks, (7) a loud speaker system, (8) pay inserts, (9) the grapevine, (10) annual reports, (11) group meetings, and (12) the labor union.

The nursing service department used a wide variety of methods to facilitate downward information flow. Methods which were reported by the participants were described in Figure 1.

Flippo (1980, p. 421) lists the following methods of upward communication:

(1) face to face contacts, (2) supervisory "cracker-barrel" group meetings, (3) special organization-wide elected councils that meet with top management periodically, (4) "speak up" programs where employees are given a telephone number to call, (5) anonymous complaint boxes, (6) annual employee meetings paralleling annual stockholder's meetings, (7) a grievance procedure, (8) morale questionnaires, (9) exit interviews, (10) open-door policy, (11) the labor union, (12) the grapevine, (13) ombudsmen and ombudswomen, and (14) employee counseling programs.

The nursing service department used a variety of methods to facilitate upward communication flows. The methods which the participants reported are described in Figure 2.

Lateral communication methods the participants in the nursing service department reported using are described in Figure 3.

Diagonal communication between individuals in department in the hospital was accomplished by a variety of methods. They are shown in Figure 4.

1. Face to face contacts
2. The telephone
3. Group conferences
4. Meetings
5. The grapevine
6. Formal memos
7. Notes
8. Letters
9. Reports
10. Forms
11. Pay inserts
12. Bulletin boards
13. Chalk boards

Figure 1. Methods of Downward Communication Reported by Sample Participants in the Nursing Service Department.

1. Face to face contacts
2. The telephone
3. The beeper
4. Groups
5. Committees
6. Meetings
7. The grapevine
8. Formal memos
9. Notes
10. Reports
11. Forms

Figure 2. Methods of Upward Communication Reported by Sample Participants in the Nursing Service Department.

1. Face to face contacts
2. The telephone
3. The beeper
4. Meetings
5. Formal memos
6. Notes
7. Lists
8. Worksheets
9. Reports
10. The blackboard
11. The chain of command

Figure 3. Methods of Lateral Communication Reported by Sample Participants in the Nursing Service Department.

1. Face to face contact
2. The telephone
3. The intercom
4. Meetings
5. Formal memos
6. Notices
7. Bulletins
8. Newsletters
9. Notes
10. The computer
11. Booklets
12. The chain of command

Figure 4. Methods of Diagonal Communication Reported by Sample Participants in the Nursing Service Department.

The nursing service department used a variety of methods to facilitate formal communication. Several methods of vertical and horizontal communication were reported. The Highlighter, the hospital newspaper, was read by a large number of the participants but it was not mentioned by them as a source of downward information. A Vice President's Roundtable was being planned so that registered nurses on the staff could meet with the Vice President for Nursing.

Criterion No. 2: Organizational Members are Willing to Pass Unpleasant but Important Information Upward

The need for managers to have unfiltered information is well documented in the literature. The overwhelming willingness of the participants in this study to pass unpleasant but important information upward indicated that some unfiltered information was being passed up the chain of command. The researcher could not establish the causal variables. Several factors were possible. One reason could be that many supervisors have established an open relationship with their subordinates. A code of professional ethics could be operating which would cause personnel to pass upward information which could affect the well being of their patients. A condition of high trust in superiors in the nursing service department could be present.

Criterion No. 3: The Managerial Staff Has Access to Information from the Informal Communication System

The managerial staff in the nursing service department, with two exceptions, had access to information from the informal communication system. Two persons in the lower management group did not have access to informal communication. Two persons in the same group appeared to have a lack of understanding of the functions and uses of the informal communication system.

Criterion No. 4: The Personnel Feel Well Informed About What is Going On in the Organization

Thirty persons in the sample stated they felt well informed. An additional twenty persons believed they knew what was going on in the hospital most of the time or at least were knowledgeable about happenings in the nursing service department.

Four individuals in the non-managerial group stated they felt isolated or did not feel well informed. One lower level manager stated that gaps in communication with the night shift existed. Three participants who felt uninformed were registered nurses working in staff positions.

Criterion No. 5: Non-Managerial Persons Participate in Making Important Decisions Which Affect Them and Their Work

Decentralized decision making is suggested by many management authorities. It is especially appropriate in organizations with a matrix structure which are operating in a turbulent environment. The hospital organizational structure has been identified as a matrix by

Neuhauser (1978). Participative decision making in hospitals is particularly appropriate in view of the present crisis in nursing. Nurses want more authority to make work related decisions.

The nursing service department in this study had a participatory decision making process. A committee structure for making decisions was present. Employees who were not members of a committee were given the opportunity to make comments about proposed changes before they were made.

Criterion No. 6: Employees in the Organization Use a Systematic Approach to Decision Making

A systematic approach to decision making is suggested by many writers in the field of management. Bailey and Claus (1975) suggest that the problem solving technique for making decisions is inadequate for formulating decisions in nursing. The authors note the need for a decision process which the nurse can defend if necessary. Other authors suggest using the problem solving approach to make decisions (Douglass and Bevis, 1979).

The majority of the participants in the sample population in the nursing service department used some aspect of the problem solving technique. Others made decisions based on intuition or experience. A fairly common response (stated by 34 persons) was to consult with others about the problem. A lower level manager stated she delayed making decisions.

Research Question VI

How Satisfied Are the Employees in the Nursing Service Department
With the Practices of Communication and Decision Making?

Data from four interview questions (Nos. 8(a), (b), (c) and 14) were interpreted to imply how satisfied the employees in the nursing service department were with communication and decision making practices in the hospital.

Interview question 8(a) (see Table XXI, page 102) focused on the role participants desired in making decisions related to patient care. The data indicated that 39 persons (excluding unit secretaries who have no direct role in patient care) expressed satisfaction with their role in making decisions about patient care. Thirteen registered nurses of 16 in the sample stated they were satisfied. One registered nurse wanted more responsibility. Two registered nurses needed help because the patient load was too heavy for them. One lower management person was dissatisfied.

Forty-five persons indicated satisfaction with participation in making decisions related to the formulation of policies and procedures in the nursing service department (see interview question No. 8(b), Table XXIII, page 105).

Forty-nine persons were satisfied with their role in scheduling duty and vacation time (see interview question No. 8(c), Table XXV, page 107).

The effect of communication and decision making practices on the way individuals felt about their work was interpreted to imply how satisfied the respondents were with the practices. These data are

contained in Table XXVII. Thirty-three persons of the total sample of 54 stated the communication and decision making practices in the hospital had a positive effect on their feelings about their work. Fifteen participants did not know what effect the practices had or stated they had no effect on the way they felt about their work. These data indicated that the majority of the employees in the nursing service department were generally satisfied with the communication and decision making practices in the hospital.

TABLE XVII. Frequency of Responses of Sample Participants in the Nursing Service Department to Interview Question No. 14: What Effects Do the Communication and Decision Making Methods in the Hospital Have on the Way You Feel About Your Work?

Responses	Management			RN			LPN			NA			US			NT			Total
	Top	Middle	Lower	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
Positive effect. Feel awfully good about this place.	1																		1
Positive effect. Love my job. It answers my personal needs.	1																		1
Very important.	1																		1
Positive effect/influence.		1	4		2		1	1		1						1			11
Don't know. Enjoy my job.		1																	1
Positive effect. Have sense of well being.			1																1
Positive effect. The major part of the way I feel about my work.		1																	1
Positive effect. A very large effect.			2																2
Feel good about it/like job/like the way they do things here.		1			2											1			4
A great deal. Positive usually/probably positive.		1							1										2
Some effect. Like my job most of the time.															1				1
Negative effect.		1																	1
No effect/none now.		1			1	1		2	2				2			1	1		12
Don't know/not sure						1	1												3

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

I. Summary

The study of communication and decision making in organizations is important because of the impact these processes have on the individual and on the organization. The ability of the organization to achieve its goals will be affected by the patterns of communication and decision making.

A hospital is a complex organization which is operating in a turbulent environment. This institution is facing a crisis of potentially enormous consequences because of a shortage of nursing personnel. Fully one-half of the employees in a hospital are working in the nursing service department. Most of these are registered and licensed practical nurses. The shortage of nurses is acute at the registered nurse level. Fewer persons are entering nursing schools and experienced nurses are leaving the profession. Advances in medical technology have created a demand for more nurses than was needed in the past. Increasingly sophisticated medical treatment demands a skillful, well educated person who can coordinate the efforts of a large health care team.

The Problem

Research in nursing populations has revealed that, among other things, nurses are dissatisfied with the traditional bureaucratic

structure of the hospital. They want more authority to make decisions which affect patient care and the environment in which they work. Researchers who have conducted some of these studies recommend that nursing service administrators need to determine what their nursing staff believe about the adequacy of communication and decision making practices in their own institution. This study addressed itself to the need to determine what nursing service personnel believe about the adequacy of communication and decision making practices in the nursing service department of one hospital.

Purpose of the Study

This study focused on communication and decision making patterns in the nursing service department of a 500 bed hospital. Its purpose was to identify and to determine the effectiveness of these processes. The criteria for the evaluation of communication and decision making were derived from the literature.

Six research questions were generated as a result of a review of the related literature. The questions are:

1. What are the patterns of vertical and horizontal communication within the formal organizational structure?
2. What are the patterns of informal communication?
3. What are the patterns of decision making?
4. What are the criteria for determining the effectiveness of methods of communication and decision making?
5. How well do the identified patterns of communication and decision making meet the criteria?

6. How satisfied are the employees of the nursing service department with the practices of communication and decision making?

Significance of the Study

The study of organizations is important because of the effect communication and decision making practices have on the individual and the institution. This study is important because of nurses' dissatisfaction with the traditional bureaucratic structure of the hospital. Nurses want more authority to make decisions which have important consequences for their patients and their work. The study provides a questionnaire and a methodology which administrators in other hospitals can use to evaluate communication and decision making in their institution. The data from this study can be used by researchers for comparison studies in other hospitals. Nursing service administrators can use the information gained from this study to improve communication and decision making in the hospital in which the study was conducted.

Procedures

A case study was conducted to identify the patterns of communication and decision making. The research was designed to determine the effectiveness of these practices.

The sample group for this investigation was drawn from the population of the nursing service department in a 500 bed hospital. Respondents for the study included representatives from all levels of managerial and non-managerial staff. Interviews were conducted on all work shifts on the premises of the hospital. The sample population consisted

of 54 persons. These individuals were selected by a stratified systematic sampling technique.

The data were collected by a semi-structured interview. The questionnaire for the interview was developed after a review of the related literature and in consultation with professionals in the field of leadership and management. The questionnaire was designed to answer the research questions.

A pilot study was done to ascertain the adequacy of the questions and to evaluate the researcher's interviewing skills. Participants in the pilot study were persons who were employees of a nursing service department in a hospital other than the one in which the study was conducted. The interview schedule was revised after the pilot test.

The participants in the study were interviewed during a one-month period. Comprehensive responses were recorded by the interviewer.

The data were analyzed by content analysis procedures. Categories were established for each of the research questions. The frequency of responses by participants for the sampling units in each category were tabulated. Responses were tabulated according to position and shift for non-management personnel. Managerial persons were grouped into three levels and tabulated accordingly. Tables were constructed for each interview question on the schedule except for interview questions Nos. 3 and 4. These questions were tabulated according to position and shift after a determination was made related to the directional flow of communication for each participant. Patterns of

participants' responses to each question were identified in order to answer the research question.

II. Findings

Research Question 1. What are the Patterns of Vertical and Horizontal Communication Within the Formal Organizational Structure?

Vertical communication was defined as information which flowed up and down the chain of command. Upward communication included information received from subordinates and/or sent upward to superiors. Downward communication included information received from superiors and/or sent downward to subordinates.

The primary method of upward communication in the nursing service department was by face to face contact. The telephone and/or the beeper was the second most frequently mentioned method. Managerial personnel reported using groups, committees and meetings to send information to their superiors. Other participants did not send information to their superiors in this manner. This is an important finding because many non-managerial persons believed that an ideal way to communicate with management personnel was in group meetings.

Participants frequently used notes to send information to their superiors. Other methods of written communication to superiors were by formal memos, reports, and forms.

The most frequently used method of downward communication was by face to face contact. Formal memos were the second most frequently used downward communication method. A variety of other methods were reported. They included the telephone, group meetings, notes, letters,

pay inserts, bulletin boards, chalk boards, reports and forms.

Lateral communication was defined as communication between persons who are working at the same level or are perceived as coworkers by the participants. Lateral communication in the nursing service department was most frequently accomplished by face to face contact. Other methods the participants used were the telephone, the beeper, meetings, formal memos, notes, lists, work sheets, letters, reports, the blackboard and the chain of command.

Diagonal communication was described as the exchange of information across departmental lines. It included information the participant received from or sent to persons working in departments other than nursing service. A variety of methods were reported. They were by face to face contact, the telephone, the intercom, and in meetings. Also included were formal memos, notices, bulletins, newsletters, notes, letters, the computer, booklets, and through the chain of command. Participants used the telephone, the intercom, face to face contact, formal memos, notices, bulletins, and letters more frequently than other methods. The telephone and/or the intercom and face to face contacts were the most frequently used methods.

Managerial access to unprocessed information is important. The literature revealed that individuals usually will not pass unpleasant but important information upward. However, the majority of the participants in the nursing service department sample reported that they would pass unfiltered information to their supervisor or to some other person in authority. Most of the participants in the sample would take important information directly to persons in authority above

their supervisor if the participant wanted these persons to have the information. They tended not to go through the chain of command.

Research Question No. 2: What Are the Patterns of Informal Communication?

Managerial access to information from the informal communication system is important. The managers in the nursing service department (with two exceptions) received information from the informal communications system. Two lower level managers did not receive information from the informal network. Two persons in the lower management group did not understand the functions of the informal system.

Research Question No. 3: What are the Patterns of Decision Making?

The nursing service department had a committee structure with participatory decision making (see the Committee Structure Chart in Appendix B). All employees were given an opportunity to comment on proposed procedures and policies. The final decision was made by the Management Committee by a majority vote. The Management Committee was composed of persons from all levels of management and registered nurses from the non-managerial group. Licensed practical nurses, unit secretaries and nurse technicians were not members of this committee. The president of the hospital and the executive vice president did not attend meetings of the Management Committee.

A majority of the employees in the nursing service department did not know that the department had a committee structure for making decisions related to policies and procedures. Four lower level managers did not know the department made decisions by committees.

Participants in the study received information from committee meetings by a variety of methods.

Numerous decision making behaviors were reported. The majority of persons who used an identifiable process used some aspect of the problem solving technique. A strong tendency to consult others was noted.

Participation in decision making was evaluated in three categories.

1. One category of decisions related to those made about patient care. Most of these decisions were made by registered nurses. Lower management persons tended to intervene in patient care decisions in times of crisis or when problems occurred.

2. Another category of decisions concerned the formulation of policies and procedures which affected the nursing service department as a whole. About one-half of the respondents in the non-managerial group stated they did not have input in decisions relating to the formulation of policies and procedures. Others reported participation in varying degrees. Finding time to attend committee meetings was a problem for several persons. The pressure of the load of patient care made it difficult to leave the unit to attend committee meetings for nurses on the day shift. Persons working at night were sleeping during the day when meetings were held.

3. The third category of decisions were those related to the scheduling of duty and vacation time. A large majority of the respondents reported that they participated in decisions about scheduling duty and vacation time. Several persons mentioned that the managers were very cooperative about scheduling time and tried hard to satisfy the participants' needs.

Many persons thought that decisions made by groups or in consultation with as many people as possible were ideal ways to make decisions.

Research Question No. 4: What Are the Criteria for Determining the Effectiveness of Methods of Communication and Decision Making?

The criteria for evaluating the effectiveness of methods of communication and decision making were established after a review of the related literature. They were:

1. The organization uses a wide variety of methods to facilitate formal communication.
2. Organizational members are willing to pass unpleasant but important information upward.
3. The managerial staff has access to information from the informal system.
4. The personnel feel well informed about what is happening in the organization.
5. Non-managerial persons participate in making important decisions which affect them and their work.
6. Employees in the organization use a systematic approach to decision making.

Research Question No. 5: How Well Do the Identified Patterns of Communication and Decision Making Meet the Criteria?

Methods of communication and decision making met the criteria in several areas.

Criterion No. 1: The Organization Uses a Wide Variety of Methods to Facilitate Formal Communication

The data revealed that the nursing service department used a wide variety of methods to facilitate communication.

Criterion No. 2: Organizational Members are Willing to Pass Unpleasant but Important Information Upward

The majority of the sample participants in the nursing service department reported willingness to pass unpleasant but important information to their superiors.

Criterion No. 3: The Managerial Staff Has Access to Information from the Informal System

The managerial staff (with two exceptions) had access to information from the informal communication system. Two managers expressed efforts to discourage communication by the informal network.

Criterion No. 4: The Personnel Feel Well Informed About What is Happening in the Organization

The majority of the employees in the nursing service department felt well informed about what was going on in the hospital or at least in the nursing service department.

Criterion No. 5: Non-Manual Persons Participate in Making Decisions Which Affect Them and Their Work

The nursing service department provided an opportunity for non-manual persons to participate in making decisions. The majority of the persons participated in decisions about patient care and the

scheduling of duty and vacation time. Approximately one-half of the non-managerial persons did not participate in making decisions about departmental policies and procedures.

Criterion No. 6: Employees in the Organization Use a Systematic Approach to Decision Making

The majority of employees in the nursing service department used some aspect of the problem solving technique to make decisions. A systematic process was not completely utilized by the personnel. A strong tendency to consult other personnel was noted. A minority of participants made decisions entirely on intuition or experience.

Research Question No. 6: How Satisfied Are the Employees in the Nursing Service Department with the Practices of Communication and Decision Making?

A large majority of the participants were satisfied with their level of participation in making decisions in the areas upon which the study was focused. These were decisions in patient care, the formulation of departmental policies and procedures and the scheduling of duty and vacation time.

The effect of communication and decision making practices upon the way individuals felt about their work was interpreted to imply satisfaction with the practices. A majority of the participants stated that these practices had a positive effect or no effect on the way they felt about their work. Negative statements were made by six persons. These data indicated that most of the participants in the nursing service department were satisfied or had no strong negative feelings about the processes of communication and decision making in the hospital.

III. Conclusions

Findings from the literature and this study indicated that:

1. Research in the literature generated important information which could be used to evaluate the effectiveness of communication and decision making patterns in an organization.
2. Nursing service administrators need to know how the employees in their department feel about communication and decision making practices in their institution.
3. Criteria from organizational literature can be used to analyze communication and decision making patterns in a hospital.
4. The nursing service department used a wide range of communication methods.
5. Formal communication patterns in the nursing service department were effective.
6. Managerial persons had access to unfiltered information.
7. Managerial persons had access to the informal communication network.
8. Decision making procedures in the nursing service department were partially effective. The department had a committee structure with participative decision making practices. However, while the majority of the participants used some aspects of a formal approach to decision making, they did not use the approach systematically.
9. Although the related literature suggested that participation in decisions was important to nursing personnel, approximately one-half of the nurses in this study did not wish to participate in making decisions about departmental policies and procedures.

IV. Recommendations

As a result of a review of the related literature, the findings, and the conclusions of this study, the following recommendations are made:

1. The nursing service department continue its efforts to improve communication by:
 - a. implementing the Vice President's Roundtable
 - b. considering the establishment of an employee council which meets regularly with all top administrators.
 - c. considering an inservice program for lower level managers related to the functions and uses of the informal communication system.
2. The nursing service department consider arranging time for individuals to attend committee meetings so that the absence of these persons from the nursing units will not have an adverse impact on patients or nursing personnel.
3. The nursing service department consider providing an inservice program for its staff related to the use of a systematic decision making process.
4. Nursing service administrators in other hospitals consider using this study as a basis for determining communication and decision making patterns in their own institutions.
5. Comparison studies of communication and decision making should be made in several hospitals. The findings should be related to job turnover for each hospital.

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APPENDICES

APPENDIX A

APPENDIX A

THE UNIVERSITY OF TENNESSEE
KNOXVILLE 37916
COLLEGE OF EDUCATION

DEPARTMENT OF
CURRICULUM AND INSTRUCTION

June 6, 1980

You may have heard that a study of organizational processes is being done in the Nursing Service Department in the hospital. The study is in relation to my dissertation for the Ed.D. degree in Curriculum and Instruction at The University of Tennessee, Knoxville, under the supervision of Dr. Jerry Bellon, Department Head.

You have been selected by random sample to participate in the study. Each person in the study will be interviewed for thirty minutes at the hospital during duty hours. The 11-7 staff has tentatively been scheduled for the week of July 28th. The interview will be scheduled through your supervisor who has more information about the schedule which she will share with you. If you are unavailable then, the interview certainly can be scheduled another time. Your participation in the study will be greatly appreciated and is essential for the success of the research.

Most individuals spend a large amount of time working in an organization. How the organization operates is of vital concern to the job satisfaction of its employees and to the organization's ability to meet its objectives. This study will provide valuable information which can be used to improve the organization and increase the job satisfaction of those who work in it.

Although your name was given to your supervisor for scheduling purposes, please be assured that confidentiality will be maintained. Neither the hospital's identity nor the identity of the persons participating in the research will be revealed in the report.

Call me at 588-5036 if you have any questions. I hope you will participate. I am looking forward to our interview.

Sincerely,

Evelyn H. Muldowny

PURPOSE OF THE STUDY

This study is being conducted by the researcher as part of the dissertation for the Ed.D. at The University of Tennessee, Knoxville. It is a study of communication and decision making in the Nursing Service Department of this hospital. All the information which will be obtained from the employees will be confidential. No names or other identifying characteristics will appear in the dissertation.

The data will be compiled by content analysis and reported in terms of groups and percentages. The findings of the study will be compared with criteria established from the literature to determine the effectiveness of communication and decision making in Nursing Service.

Participants are free to withdraw from the study at any time without prejudice. Please call me, Evelyn Muldowny, at 588-5036 if you have questions to arise after the interview. I will be happy to answer any questions you have at this time.

CONSENT FORM

I hereby give consent to Evelyn H. Muldowny to use the information I give in this personal interview for a study in communication and decision making patterns in this hospital's Nursing Service Department. I understand that my contribution will be confidential and that neither I nor this hospital will be identified in the report. I also understand that I may withdraw from this project at any time without prejudice to me.

The researcher has offered to answer any questions I have concerning the study.

(Name)

APPENDIX B

1. How long have you worked at _____ hospital?
2. What did you do before you worked here?
3. Describe the ways you get information in the hospital.
 - a. From your supervisors
 - b. From your staff
 - c. From other departments
 - d. From your coworkers
 - e. What is the most common way you receive information, overall?
4. Describe the ways you use to get information to others in the hospital.
 - a. To your supervisors
 - b. To your staff
 - c. To other department
 - d. To your coworkers
 - e. Which way do you use the most to get information to others?
 - f. How do you get important information to the people in authority above your supervisor?
5. Suppose you had information which would help your supervisor do a better job but the information might be considered unpleasant or bad news. What would you do with the information?
6. Describe the processes you use for decision-making to solve problems.
7. What is your role in making work related decisions?
 - a. In patient care
 - b. In the formulation of policies and/or procedures which affect the Nursing Service Department as a whole
 - c. In the scheduling of your duty time, i.e., your days off and your vacation time
8. What would you like your role to be in making work related decisions?
 - a. In patient care
 - b. In the formulation of policies and/or procedures which affect the Nursing Service Department as a whole
 - c. In the scheduling of your duty time, i.e., your days off and your vacation time

Figure B-1. Communication and Decision-Making Patterns Interview Schedule

9. How is the Nursing Service Department organized for making decisions?
 - a. Within that organization what is the mode for decision-making?
 - b. How is information from committees distributed to others?
10. In keeping up with what is going on in the hospital, what kinds of information do you receive informally from others?
 - a. From whom do you usually receive this information?
 - b. With whom do you usually share it?
11. If you were to set up an ideal method of communicating with others in the hospital, what would it be?
12. If you were to set up an ideal method of decision making, what would it be?
13. Do you feel well informed about what is going on in the hospital?
14. What effects do the communication and decision making methods the hospital uses have on the way you feel about your job?
15. In terms of the information sent in written form, which do you read more carefully and which do you tend to disregard?
16. If you believe you have been badly treated in some way, what method do you use to get your side of the situation heard?
17. Describe the ways you use to make suggestions to your supervisors about better ways of doing things.

Figure B-1 (continued)

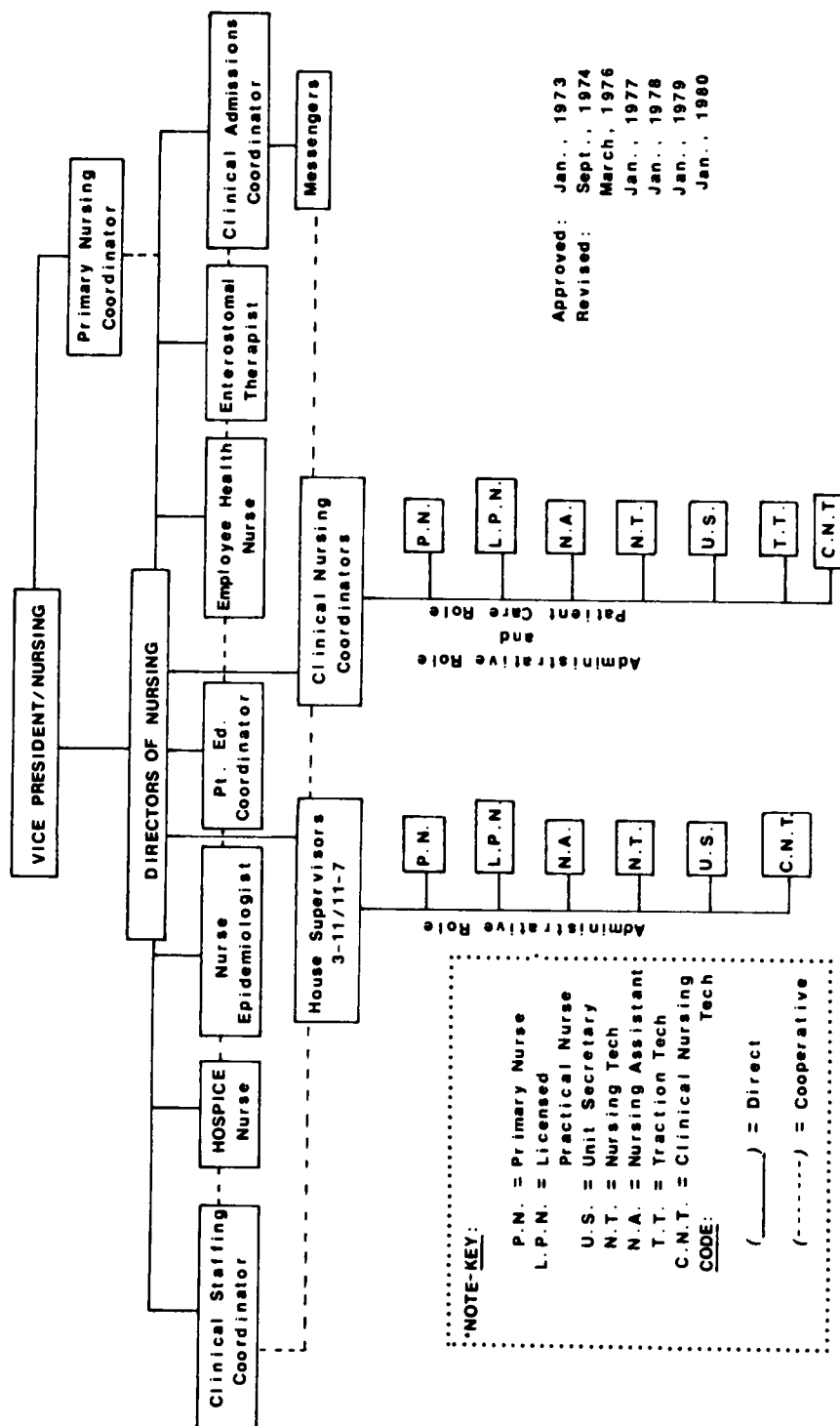
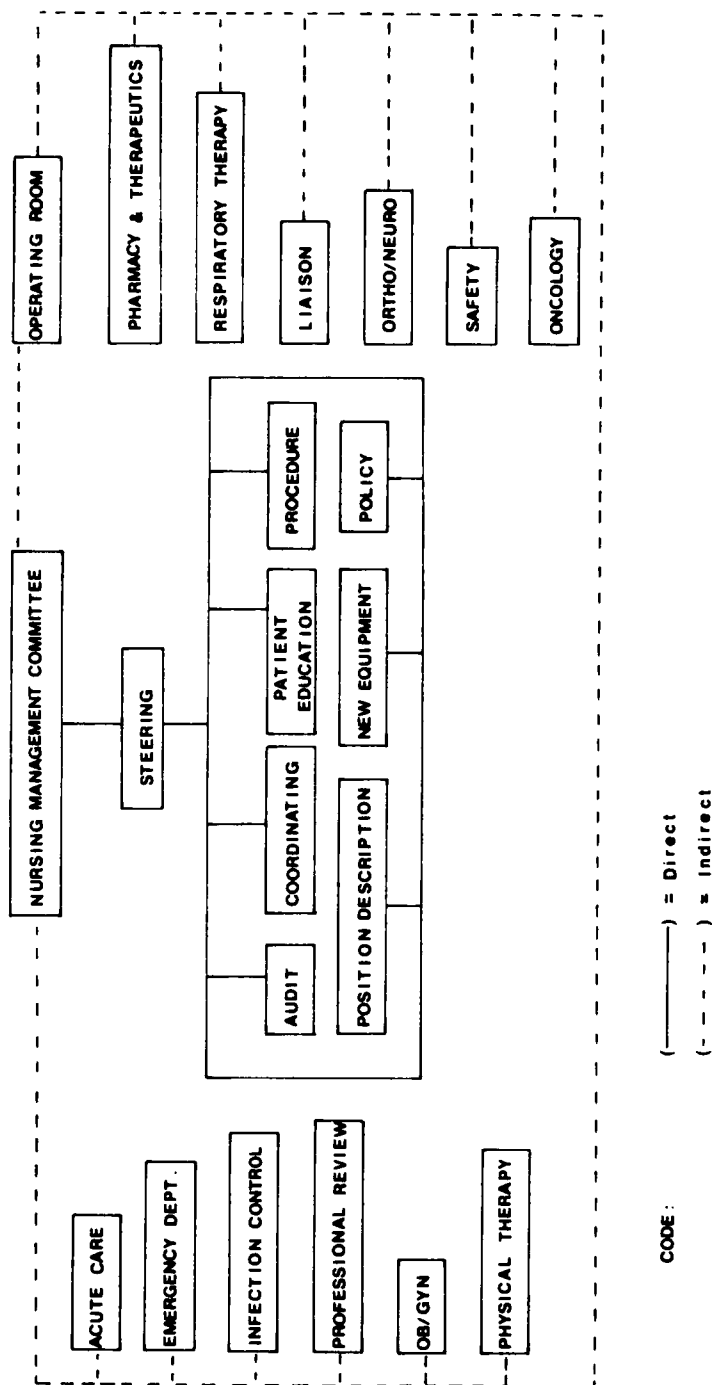


Figure B-2. Organizational Chart: Department of Nursing Service.



Approved : Jan., 1973
Revised : 10/74, 3/76, 2/77, 2/78, 1/79, 2/80

Figure B-3. Organizational Chart: Nursing Service Committees

VITA

Evelyn Hood Muldowny was born in Knoxville, Tennessee. She attended public school in Knoxville and was graduated from Young High School in 1949. She graduated from Fort Sanders Hospital Training School with a diploma in nursing in 1952.

She was graduated Magna Cum Laude from The University of Tennessee, Knoxville, with a Bachelor of Science degree in Education in December 1970. She held a teaching certificate for grades 7-12 in biology, science and health.

Her major field of study in the Graduate School at The University of Tennessee, Knoxville was curriculum and instruction. Collateral areas of emphasis were in administration of higher education and in management. She received the Ed.D. degree in December 1981.

She was employed as a staff nurse at Fort Sanders Hospital in 1952. She was appointed to the faculty of the school of nursing at Fort Sanders in October 1952. She served as the Director of the Student Health Program and instructor until 1960. Since July 1976 she has been employed as instructor in the School of Nursing at Saint Mary's Medical Center in Knoxville, Tennessee.