

To the Graduate Council:

I am submitting herewith a dissertation written by James Carter Garrett entitled "A Study of the Comparative Behavioral Patterns of Financial and Academic Administrators and Their Managerial Effectiveness in Selected Medical Schools in the State of Tennessee." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Administration and Supervision.

Robert K. Roney
Robert K. Roney, Major Professor

We have read this dissertation
and recommend its acceptance:

L. W. Harris, Jr.
Harold M. Wilborn
Earl M. Garner

Accepted for the Council:

L. E. van Gath
Vice Chancellor
Graduate Studies and Research

A STUDY OF THE COMPARATIVE BEHAVIORAL PATTERNS OF
FINANCIAL AND ACADEMIC ADMINISTRATORS AND THEIR
MANAGERIAL EFFECTIVENESS IN SELECTED MEDICAL
SCHOOLS IN THE STATE OF TENNESSEE

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

James Carter Garrett

December 1980

3046932

This study is dedicated to

My wife, Paulette, for her help and patience,
to my son Jimmy and my daughter Stacey
for their love.

ACKNOWLEDGMENTS

I am sincerely grateful to my mother and father for their help and encouragement in making it possible for me to reach this goal.

Special appreciation is expressed to Professor John Crothers for his initial counseling, encouragement and assistance.

Appreciation is expressed to the members of the sponsoring committee, Professors Robert K. Roney, David Welborn, Earl Ramer and George W. Harris, Jr., for their help in this study.

I am forever indebted to Mr. John M. Sharp who made it possible, in many ways, for me to carry out this work.

I am particularly indebted to Dr. Ruth E. Dennis for her help and moral support and especially for her belief in me.

ABSTRACT

The study was concerned with whether financial administrators could effectively perform the administrative functions of academic administrators in medical schools for cost effectiveness and program efficiency. This study investigated whether there were differences between managerial effectiveness and leader behavior patterns of academic and financial administrators within selected medical schools.

Two medical schools were used to carry out this investigation. The academic administrators selected for this study included the chairmen of the departments of Internal Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, and Psychiatry. The financial administrators included the supervisor of the departments of Accounts Payable, Budget Directors, Controllers and Bureaus.

The two data gathering instruments used in the study were the Administrative Skills Rating Form (ASRF) to measure the administrator's level of effectiveness on several performance variables, and the Leader Behavior Description Questionnaire (LBDQ) to obtain a description of the administrator's behavioral patterns.

The three broad hypotheses tested were:

1. There is no difference in the managerial effectiveness of academic and financial administrators in medical schools.

2. There is no difference in the leader behavior patterns of academic and financial administrators in medical schools.

3. There is a positive relationship between leader behavior patterns and the effectiveness of administrative (managerial) functions. When examining the differences of effectiveness in the performance of administrative functions of academic and financial administrators in medical schools it was found that academic administrators were evaluated more positively by their superiors than were financial administrators, even though both groups were considered effective.

The data showed that there was no statistically significant difference between the behavioral patterns of academic and financial administrators in medical schools. The Pearson Product Moment correlation coefficient (r) was used to determine if a relationship existed between behavior and effectiveness of academic and financial leaders in medical schools. The finding was that there was no significant relationship between behavior and effectiveness.

The findings of this study suggest that there is not enough evidence to support the contention that financial administrators can be equally as effective in the performance of administrative functions of academic administrators in medical schools. Therefore, it was concluded that the existing patterns of carrying out administrative functions by academic administrators in medical schools are effective ways of operating these institutions.

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
General Information	1
The Problem	12
Statement of the problem	12
Purpose	16
Importance of the study	16
Delimitations and limitations	17
Assumptions	17
Hypotheses	18
Definition of Terms	19
Academic administrator	19
Financial Administrator	19
Leadership behavior	20
Medical school	20
Procedures	20
Sample	20
Financial administrators	20
Academic administrators	21
Collection of data	23
Treatment of data	24
II. REVIEW OF RELATED LITERATURE AND RESEARCH	26
Introduction	26
The Administrators in Higher Educational Institutions and Medical Schools	28
Leadership Theories	32
III. METHODOLOGY, PROCEDURES AND FINDINGS	40
Methodology	40
Institutional selection	40
Instruments	43
Subjects and questionnaire responses	52
Findings	54
Descriptive findings	54
Comparative findings	71
Discussion	77
IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	82
Summary	82
Conclusions	85

PAGE

Recommendations	85
BIBLIOGRAPHY	87
APPENDIXES	92
Appendix A	93
Appendix B	98
Appendix C	100
Appendix D	102
Appendix E	103
Appendix F	105
Appendix G	106
Appendix H	108
Appendix I	109
Appendix J	111
Appendix K	112
VITA	114

LIST OF TABLES

TABLE	PAGE
1. The Number of Academic and Financial Administrators Evaluated from Two Medical Schools in Tennessee	44
2. Items on the Modified Administrative Skills Rating Form	46
3. LBDQ Mailing to Subordinates of Academic Administrators by Departments and Schools	53
4. LBDQ Mailing to Subordinates of Financial Administrators by Departments and by Schools . .	55
5. Means and t-Values for Managerial Effectiveness Using the Administrative Skills Rating Form . . .	72
6. Means and t-Values of the LBDQ with the Subscale Grouping into Two Dimensions of Consideration and Initiation of Structure	73
7. Correlation Coefficients Expressing the Relationship between Managerial Effectiveness and Leadership Behavior of Academic and Financial Administrators	76

LIST OF FIGURES

FIGURE	PAGE
1. Combined Effectiveness Evaluations of Academic and Financial Administrators by Schools Using the Administrative Skills Rating Form	57
2. Managerial Effectiveness of Academic Administrators by Schools Using the Administrative Skills Rating Form	58
3. Managerial Effectiveness of Financial Administrators by Schools Using the Administrative Skills Rating Form	59
4. Superiors' Evaluations of Academic and Financial Administrators at School A Using the Administrative Skills Rating Form	61
5. Superiors' Evaluation of Academic and Financial Administrators at School B Using the Administrative Skills Rating Form	63
6. The Combined Subordinate Evaluations of Leader Behaviors of Academic and Financial Administrators by Schools Using the Twelve Subscales of the LBDQ	64
7. Subordinate Evaluations of Leader Behaviors of Academic Administrators by Schools Using the Twelve Subscales of the LBDQ	66
8. Subordinate Evaluations of Leader Behaviors of Financial Administrators by Schools Using the Twelve Subscales of the LBDQ	67
9. Subordinates' Evaluation of Academic and Financial Administrators at School A Using the Subscales of the LBDQ	69
10. Academic and Financial Administrators' Evaluations by Their Subordinates at School B Using the Subscales of the LBDQ	70

CHAPTER I

INTRODUCTION

I. GENERAL INFORMATION

The solution to organizational problems seems to call for the best answers that leadership can offer. Business and educational executives are consistently saying that better leadership will be needed to solve tomorrow's problems. The selection and training of good administrators is widely recognized as one of higher education's most pressing problems. However, there is little agreement among administrators or educators on what makes a good administrator. The administrative development programs of some of the nation's leading colleges reflect a great variation in objectives. This variation often reflects an uncertainty which relates specifically to the level at which leaders are needed. Abraham Zaleznik reported that most societies are caught between two conflicting needs: one for managers to maintain balanced operations, and one for leaders to create new approaches and imagine new areas to explore.¹ Within

¹Abraham Zaleznik, "Managers and Leaders: Are They Different?" Harvard Business Review, Vol. 55, No. 3 (May-June, 1977), 67.

the last few years many educators and commissions have intensified their recommendations for specialized training for nonacademic administrators in higher educational institutions.

Institutions often adapt and discard a bewildering array of theories and practices designed to upgrade their employees' administrative skills.² The phenomenal effort within institutions to develop academic and nonacademic administrators appropriately skilled can be explained, in part, by our urgent need for accomplishments at their level of operation. McCraig offered a rationale for the development of educational administrators stating that they play a far greater role in the overall tasks of planning, policy making, integrating and implementing than either they or their academic colleagues are willing to admit.³

Traditionally the training ground for educational administrators has been very much the university of hard knocks, and both academicians and administrators have generally agreed on this approach.⁴ Support, in part, for this approach stems from the fact that:

²Charles P. Bowen, Jr., "Let's Put Realism into Management Development," Harvard Business Review, Vol. 15, No. 4 (July-August, 1973), 80.

³Robert McCraig, "Staff Development for University and College Administrators in Australia," The Journal of Educational Administration, Vol. III, No. 2 (October, 1975), 16.

⁴Ibid., p. 13.

College and university faculties tend to feel that an individual who has experienced the intellectual discipline of study and who has engaged in scholarly teaching and research will be a more effective defender of academic standards and academic freedom than someone who is chosen because he has been a successful leader in business, government or military service.⁵

McCraig offers additional support for the hard knock approach as he explains the benefits obtained from experiences through the upward struggle of survival—from deanship to vice-chancellorship. These experiences are thought to equip the future administrator for the politicking, the in-fighting, the sectional loyalties and the achievement of short term goals appropriate from one situation to the other.⁶

Medical schools have special arrangements of academicians, clinicians, and professional administrators. Some members of the medical school's team spend a great deal of time in patient care, while others are involved in research and teaching. Teaching activities are conducted not only in classes to students, but also at the bedside of a patient. Most bedside teaching is done in a hospital; therefore, the medical school is intimately related to the teaching in hospital in both informal and formal ways, including financial

⁵ "More Effective Use of Resources," The Carnegie Commission Report on Higher Education, 1972, p. 56.

⁶ McCraig, op cit., pp. 14-16.

ways. In some cases, there are loose affiliations; in others, the arrangements are much tighter; and in a number of cases the teaching hospital is owned and operated by the medical school or university.⁷

The development of human relations skills among administrators in medical schools are crucial factors for the effectiveness of these complex institutions.

Argyris maintained that:

1. The important human relationships—the crucial ones—are those which are related to achieving the organization's objective.
2. Effectiveness in human relationships increases as behavior becomes more rational, logical and clearly communicated; but effectiveness decreases as behavior become more emotional.
3. Human relationships are most effectively motivated by carefully defined direction, authority and control, as well as appropriate rewards and penalties that emphasize rational behavior.⁸

The integration of academic and financial staffs is critical not only to the development of an effective health care system but also to the enhancement of administrative skills. As medical schools adjust to the financial constraints of the present as well as the next decade, the need for improving managerial effectiveness through human

⁷Rashi Fein and Gerald I. Weber, "Financing Medical Education," Carnegie Commission Report on Higher Education, 1971, pp. 23-24.

⁸Chris Argyris, "T-Groups for Organization Effectiveness," in G. W. Dalton et al., Organizational Change and Development, 1970, p. 43.

relations skills becomes obvious. The increasing specialization of their functions will bring about greater interchanging of existing behavioral relationships among financial and academic administrators.

Medical schools are formal organizations, and as such, their continued existence depends upon the cooperative behavior of their diverse administrators. Barnard stated that "cooperation compels changes in the motives of individuals which otherwise would not take place."⁹

He further stated that changes in a direction favorable to a cooperative effort resulted in effectiveness. While on the other hand changes in a direction unfavorable to the cooperative effort served as deterrents to effectiveness.¹⁰

Likert referred to the same concept of cooperative behavior when he stated that:

The leadership and other processes of the organization must be such as to ensure a maximum probability that in all interactions and in all relationships within the organization, each member, in the light of his background values, desires, and expectations, will view the experience as supportive and one which builds and maintains his sense of personal worth and importance.¹¹

⁹Chester I. Barnard, Function of the Executive (Cambridge, Mass.: Harvard University Press, 1938), p. 41.

¹⁰Barnard, op. cit., p. 44.

¹¹Rensis Likert, New Patterns of Management (New York: McGraw-Hill, 1961), p. 103.

As with other institutions of higher education, the survival of medical schools depends upon the solution of three interdependent problems: the improvement of leadership; of financial resources; and cooperative effort among central administrative personnel.¹² Of the three problems, the most pressing one is that of improving cooperative effort among specialists. This is reflected in the fact that staffing patterns for administrative positions within medical colleges generally have adhered to areas of specialization. The reason for this is understandable, as one study pointed out:

Colleges got along with few administrators because they relied on the faculty to perform various management duties. Faculty members complained. They degraded the importance of the function and joked about high cost of their low-level managerial work. Yet, faculty members continued to perform their duties because they played a key organizational role.¹³

Medical schools not only require an enormous body of highly specialized experts but put a premium on specialization during an individual staff member's growth years. Contacts outside of an individual's specialty are difficult and professional advancement is usually the result of peer

¹²Peter Drucker, Concept of the Corporation (New York: John Day Company, 1964), p. 41.

¹³The Change Panel on Academic Economics, "Some Definitions of Educational Cost," College and Money: A Faculty Guide to Academic Economics, Change Magazine and Educational Change, 1976, p. 18.

evaluation. Therefore, executives often rise to the top without acquiring the ability to think in terms of the total institution. Hence, a specialist performing an administrative function resorts to those behavioral patterns which were successful in his work with other specialists, but inadequate in the exercise of fewer and broader executive responsibilities.

Tensions and conflicts often develop between two professional groups or between a professional group and a bureaucratic body within a formal organization. Professional concepts have many elements in common across professional lines and with bureaucratic ones, but also include some that are not common. Tensions between groups of administrators, professionals and bureaucrats generally surface when the completion of a task is dependent upon the performance of an administrative function which impinges upon the orientation of the administrator. Walton and Dutton in their study found that among groups:

Tasks which were symmetrical and symmetrical patterns of initiation between units promote collaboration; asymmetrical interdependence leads to conflict.¹⁴

¹⁴Richard E. Walton and John M. Dutton, "The Management of Interdepartmental Conflict: A Model and Review," Organizational Behavior and Management: A Contingency Approach, Henry L. Tos, and W. Clay Hammer, eds., (Chicago: St. Clair Press, 1974), p. 361.

Walton and Dutton were reporting from the findings of another researcher where the staff group resented the asymmetrics in their relationship with line groups. The staff group had to understand the problems of the line groups, had to get along with them, promote their ideas and justify their existence; but none of these relations were reciprocal requirements imposed on the line groups.

Tension and conflict in formal organizations between two groups may also occur according to Walton and Dutton as a result of the differences in the way groups are ranked along various dimensions of organizational status, namely direction of initiation of action, prestige, power and knowledge.¹⁵ Additional support for this statement was found in the study by J. A. Seiler. Seiler studied in an organization in which it was generally agreed that research had more prestige than engineering and engineering more prestige than production. Seiler found that:

When the sequential pattern of initiation and influence followed this status ordering, it was accepted. However, where a lower-status industrial engineering group needed to direct the higher-status research group to carry out routine tests, the result was a breakdown in relationships between the departments.¹⁶

¹⁵ Ibid., p. 363.

¹⁶ J. A. Seiler, "Diagnosing Interdepartment Conflict." Harvard Business Review, 41 (Sept.-Oct. 1963), 121-123.

Similarly, between academic and financial administrators in medical schools, the prestige of one profession as opposed to the other may produce tensions as the two groups relate in carrying out their joint administrative functions.

Blau and Scott identified the underlying characteristics of professionalism and compared them to those of a bureaucratic organization:

First, professional decisions and actions are governed by universalistic standards; that is, they are based on certain objective criteria which are independent of the particular case under consideration. These principles are derived from a body of specialized knowledge, such as the science of medicine, and practice consists of applying these principles with appropriate skill to particular cases. Bureaucratic operations are also governed by abstract principles and consist of the application of these principles to particular cases.¹⁷

This specific characteristic becomes a problem for the administration of medical schools where the two groups of administrators, academic and financial, seek to legitimize their administrative functions by way of their professionalism. Examples of this problem in medical schools between academic and financial administrators occur over budgetary allocation of funds to support a program of health care, in the number and quality of personnel needed, and in the amount of budgetary flexibility needed to accomplish a

¹⁷Peter M. Blau and W. Richard Scott, Formal Organizations: A Comparative Approach. (San Francisco: Chandler Publishing Company, 1962), pp. 60-63.

task. The answer to these issues are peripheral to each of the respective administrators' discipline and are somewhat administrative in function. In other words, the budgetary allocations of funds and/or the personnel force needed are clearly not within the discipline of either administrator. However, because administrative functions are open areas for both groups, they can serve as battlegrounds for territorial claim, which raises the probability for conflict.

A second characteristic of professionalism identified by Blau and Scott as shared between professionals and bureaucrats is their distinctive control structure. Professionals typically organize themselves into voluntary associations for the purpose of self-control. Every member of the group, but nobody else, is assumed to be qualified to make professionals judgements. The medical profession, for example, enjoys unquestionable rights in healing. The financial professional enjoys unquestionable rights in fiscal matters. The expertise of academic and financial administrators within a medical school is subjected to a different control structure. Blau and Scott pointed out that the source of discipline within a formal organization is not the colleague group but the hierarchy of authority. Within medical school organizations performance is controlled by directives received from superiors rather than from self-imposed standards. The significance of this difference is

brought in sharp focus in medical schools where administrative functions necessary to accomplish a specific task cross professional or bureaucratic lines. The difference between the principles of an academic and a financial administrator in a medical school is that the academic administrator is bound by a code of ethics to represent the welfare and interests of his clients, whereas the financial administrator's foremost responsibility is to represent and promote the financial interest of his organization. Within medical schools, the task objectives of academic and financial administrators, (a service to clients and a service to an organization) come together, and even here the specific immediate objectives are often brought into conflict over administrative functions.

The tensions and conflicts which arise in a formal organization, and more specifically within a medical school, between academic and financial administrators over authority to carry out administrative functions arise from differences between the choices made by different groups in the organization. In this situation, March stated that the individual participants are not in conflict, but the organization as a whole is.¹⁸ March further stated that organizations may react to conflict by four major processes: (1) problem-solving, (2) persuasion, (3) bargaining, and (4) politics.

¹⁸James A. March, Organizations, (New York: John Wiley and Sons, Inc., 1966), p. 118.

This study seeks to resolve the organizational conflicts between academic and financial administrators in a problem-solving way by comparing the leader behavioral patterns of the two groups and their managerial effectiveness.¹⁹

II. THE PROBLEM

Statement of the Problem

The medical school-hospital based center is defined by the Association of Health Centers as an institution that includes "a school of medicine, a teaching hospital and at least one additional health educational program." Medical schools operate teaching hospitals to accommodate the needs of their faculty and students, and to provide for the welfare of their patients. The responsibility for the operation of medical school-hospital based centers rests solely upon the shoulders of part-time deans and a small clerical staff. Historically, the organizational structure of these centers was straightforward and decentralized. The administrative personnel functions, authority, practices, and policies evolved from efforts to meet patient needs as they arose.

In the past three decades, academic health centers have changed drastically. Organizational simplicity, departmental autonomy, and the isolation of some health centers from the mainstream of patient care are being replaced by complex

¹⁹Ibid., p. 129.

intertwined organizational relationships that more fully involve all health science schools in both policy making and patient care, e.g., microbiology and pharmacology. The simple manageable administrative structure of the past has merged into a huge, complicated, complex financial center.

There are many reasons for the changing administrative structure of academic health centers. Four are extremely important. First, the government funding for biomedical research and for construction of hospitals and research facilities for other purposes has increased drastically. Second, the advanced medical capabilities that have come about since the 1960's because of the rapid growth of knowledge and technology in the health sciences, has added greatly to the financial, personnel, and space needs of medical school-hospital based centers. Third, patient care and the delivery of health services by academic health administrators in the 1960's became a politically and socially prominent issue and subject to governmental regulations. Finally, the fiscal restraints that developed in the 1970's further complicated the administration of health education and patient care. The academic administrators in some medical schools today are faced with two basic problems. First, the administrator has to maintain educational programs and to provide finance for health services within budgetary constraints. Second, in some institutions the administrator has to justify the medical

school's disproportionate share of the university budget to the president and the board.

The clinical department in a medical school is the largest and most complex and is the point of convergence of many patient services as well as academic programs. Department chairmen assume a mixture of responsibilities and have difficult and increasing managerial duties.

The ability to guide research, provide expertise on patient care, and direct the educational program have been and should continue to be the mainstays of academic administrators in medical schools. The additional and growing responsibility of complying with federal regulations placed upon procedures, especially in the financial area, and in-house procedures to comply with these regulations, may impose an unnecessary burden upon academic administrators in medical schools.

Academic and financial administrators in medical schools sometimes discover that their relationship is strained as their views differ about how to administer institutional financial resources. There are a variety of reasons underlying the cause of financial and academic administrators' dilemma. F. E. Balderston stated:

There has traditionally been a sharp dichotomization in nonprofit organization between the professional or academic line manager—the dean, the department chairman, the medical director, etc.—and the financial administrator, with the result that the former knows "the cost

of nothing and the value of everything," while the latter knows the "cost of everything and the value of nothing."²⁰

The primary cause for the tension between academic and financial administrators' views on the use on institutional financial resources stems from the following reasons:

1. The scope and purpose of the financial administrator training and philosophy concerning budgetary expenditures and accounting principles.

2. The scope and purpose of the academic administrators' medical background and professional philosophy concerning a patient's well-being.

Since the priority differs between the two groups, opinions would tend to vary frequently. However, Balderston did find that:

Line managers have begun to realize that costs are a predictable, and controllable result of professional decisions concerned primarily with the ideas, missions, and values of the organization. As a result, an interest has been kindled in fusing value and cost in decision-making.²¹

A recent survey by Robert Boissonean shows that many line managers in the hospital sector feel ill-equipped to consider financial management.²² Therefore, the problem

²⁰F. E. Balderston, "Cost Analysis in Higher Education," California Management Review, Fall, 1974, 93.

²¹Ibid., p. 94.

²²Robert Boissonean, "No. 1 is Financial Management," Hospital Financial Management, February, 1976, 14-15.

exists for many medical schools as to how they can best bring together value and cost. There has been little research conducted on the interchanging roles of administrators within medical institutions, more specifically, the interchangeability of financial and academic administrators, as it involves their managerial effectiveness and leadership behaviors.

Purpose

The purposes of this study are to determine patterns of effectiveness among academic and financial administrators in selected medical schools; and further, to determine if specific behavior influences managerial effectiveness.

Importance of the Study

This study provides information on the possibility of allowing financial administrators to accomplish some of the functions of academic administrators, thus freeing the academic administrators so that they may use their training to further health care while proving more cost effective operation for the institution in the full utilization of the academicians' time. The cost effectiveness of this kind of interchange may be noted through longer years of academic training and the possible longer years of service prior to becoming an administrator on the part of the physicians. The academic administrator's service as an academician is usually lost at a time when he is at the peak of his career.

Delimitations and Limitations

The study was delimited to selected financial and academic administrators within two medical schools. Four financial administrators and five academic departments' administrators were considered in each school.

Limitations were imposed by the following:

1. The study dealt only with behavior reported on the instrument completed by subordinates of financial and academic administrators.

2. The scores obtained on the Administrative Skills Ratings Form were the only measure of effectiveness used in the study.

3. The clinical departments within the medical schools are the only academic administrators considered in this study. The academic administrators within the clinical departments of the medical schools were the only administrators considered in this study.

III. ASSUMPTIONS

1. The Administrative Skills Rating Form is an accepted measurement of managerial effectiveness.²³
(Appendix A).

²³C. E. Skipper, "Personal Characteristics of Effective and Ineffective University Leaders," College and University, Vol. 51, No. 2 (1976), pp. 138-142.

2. The Leader Behavior Description Questionnaire (LBDQ) is an effective instrument to use whereby subordinate personnel are able to describe the behavior of a designated leader.²⁴ (Appendix B.)

3. Superiors are able to identify administrative skills in their subordinates who hold administrative positions.

4. Subordinate personnel are able to identify the behavioral patterns of their superiors.

IV. HYPOTHESES

In this study several hypotheses are stated as follows:

1. Medical school financial administrators exhibit no difference in managerial effectiveness than medical school academic administrators when evaluated by the Administrative Skills Rating Form by their superiors.

2. There is no difference in the leader behavior scores (as measured by the subscales of the LBDQ completed by subordinates) of financial administrators and academic administrators in medical schools.

3. There is no difference in the mean score on the Consideration dimension of the LBDQ completed by subordinates

²⁴Ralph M. Stogdill, and Alvin E. Coons, "Leader Behavior Description Questionnaire," The Ohio State University Studies (Center for Business and Economics Research Division of Research, College of Administrative Science, 1962), 431.

between the financial and the academic administrators in medical schools.

4. There is no difference in the mean score on the Initiation of Structure dimension of the LBDQ completed by subordinates between financial and academic administrators.

5. There is a positive association between managerial effectiveness and leadership behavior for financial administrators.

6. There is a positive association between managerial effectiveness and leadership behavior for academic administrators.

V. DEFINITION OF TERMS

Academic Administrator

An academic administrator is a person who has come from one of the disciplines under his supervision and has had little or no formal training in administration. His title may be vice-president, vice-chancellor, dean of the division or chairman of the department.

Financial Administrator

A financial administrator is a person who has taken his training primarily in business and/or financial management. His title may be vice-president for business and finance, treasurer, controller, budget director, or business manager.

Leadership Behavior

Leadership behavior is the ability of an individual to take the initiative in a situation and to organize action in such a way as to evoke cooperation from other individuals in order to accomplish a desired task. His behavior exerts influence over others by serving to initiate plans, policies and procedures for which the division or department is held accountable.

Medical School

A medical school is an academic center devoted to teaching and training of scholars in the prevention and treatment of diseases. It is also a community of scholars learning and serving in many areas of the health sciences.

VI. PROCEDURES

Sample

The population used in this study consisted of financial and academic administrators in both private and public supported medical schools within the State of Tennessee. The financial and academic administrators (respectively) and their assistants who are being considered in this study are as follows:

Financial Administrators

Business and Financial—Director and the Assistant
Director

1. Treasury—Treasurer and the Assistant Treasurer
2. Controller—Controller and the Assistant Controller
3. Budgeting—Director and the Assistant
4. Purchasing—Director and the Assistant

Academic Administrators

School of Medicine—Dean and Assistant Dean

1. Internal Medicine—Department Chairman and the Assistant Chairman
2. Obstetrics-Gynecology—Department Chairman and the Assistant Chairman
3. Pediatrics—Department Chairman and the Assistant Chairman
4. Psychiatry—Department Chairman and the Assistant Chairman
5. Surgery—Department Chairman and the Assistant Chairman

This study used two measurement instruments to compare managerial effectiveness (ASRF) and leadership behaviors (LBDQ) of administrators with different professional backgrounds. The rationale is made that if financial administrators show a level of administrative effectiveness and behavioral dimensions that are exhibited by medical academic administrators, then it stands to reason that financial administrators may successfully undertake some academic

administrative functions. The method in which these two instruments were administered are as follows:

First, the superiors of both the financial and academic administrators rated them as to their level of effectiveness on several performance variables as measured by the Administrative Skills Rating Form.

The mean scores of these two groups were compared. In comparing these variables it was realized that there would be three possible outcomes. These outcomes are stated as follows:

1. The mean scores for effectiveness of the financial administrators are higher than that of the academic administrators, or

2. The mean scores for effectiveness of the academic administrators are higher than that of the financial administrators, or

3. There is no difference between the mean effectiveness scores of the two groups of administrators.

Secondly, the Leader Behavior Description Questionnaire (LBDQ) was used to isolate and compare behavioral dimensions exhibited by these two groups of administrators, and like the rating scales the LBDQ was shown to have three outcome possibilities. These outcomes are stated as follows:

1. Financial administrators exhibit a greater score on a specified behavioral dimension than academic administrators, or

2. Academic administrators exhibit a greater score on a specified behavioral dimension than financial administrators, or

3. There is no difference in the scores between the two groups on a specified behavioral dimension.

Finally, individual mean scores were used from the two instruments to measure the relationship between effectiveness and behavioral dimensions. These measures could have the following possible outcomes:

1. There is a positive relationship between leadership behavior and managerial effectiveness, i.e., the greater the level of behavioral dimension the greater the degree of effectiveness, or

2. There is a negative relationship between leadership behavior and managerial effectiveness, i.e., the greater the level of behavioral dimension the lesser the degree of effectiveness, or

3. There is no relationship between behavior and effectiveness.

Collection of Data

The population under study consisted of two groups, financial and academic administrators. Group I consisted of the four financial administrators as indicated earlier, and Group II, academic administrators, was composed of the five departmental chairmen as indicated earlier.

The first instrument, the Administrative Skills Rating Form, was given to the superiors of both groups. The financial administrators were evaluated by the vice-president or director of finance and business, whereas the academic administrators were evaluated by their respective deans. The second instrument, the LBDQ, was submitted to the subordinates of the two groups (e.g., the assistants of financial administrators and the assistant chairmen of the academic administrators).

There were four financial administrators from each of the two medical schools making a total of eight administrators; further there were five departmental chairmen from each of the two medical schools making a total of ten academic chairmen.

Treatment of Data

In this study the difference between the effectiveness of financial and academic administrators was tested. The Administrative Skills Rating Form was used to test Hypothesis 1 that there is no difference in the managerial effectiveness of the two groups of administrators. The LBDQ was used to test Hypotheses 2, 3, and 4 that there is no difference in the behavior of the two groups. Finally, the scores from the two instruments were correlated to determine the relationship between leadership behavior and managerial effectiveness.

The "t" test was used to test Hypotheses 1-4 to show whether an observed difference between the two populations means was a "true" difference or merely a difference which occurred by chance. Since the population size is less than thirty the following formula for small samples was used:

Where $\bar{X}_1$ and $\bar{X}_2$ are the mean scores of the respective groups responses, and S_1^2 and S_2^2 are the respective variances, stated formally, the differences between the means are:

$$H_0 : \bar{X}_1 - \bar{X}_2 = 0$$

$$H_a : \bar{X}_1 - \bar{X}_2 \neq 0$$

Alpha level of .05 was used, where $\bar{X}_1$ = financial administrators, $\bar{X}_2$ = academic administrators.

To test Hypotheses 5 and 6 the Pearson Product Moment correlation coefficient (r) was used. This is a measure of the magnitude of the relationship between the two variables.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

I. INTRODUCTION

As a part of the study, a survey of related research and resulting professional literature has been conducted. Although the literature on administrative behavior of leaders has increased tremendously in recent years, many of the problems confronting medical school administrators' effectiveness remain unsolved. Good administrators in any field are always hard to find, but medical schools looking for an effective administrator have a particularly difficult problem. While the medical school administrator's prime responsibility is to work with highly skilled professionals to provide the best medical care and educational environment possible, the administrator also manages an institution that is extraordinarily demanding in many other ways. Few administrators are expected to oversee such a wide range of complex disciplines in such a rapidly changing environment. Because the financial health of these institutions is so crucial to their effectiveness, an interest has been kindled in fusing value and cost with the resultant question being asked about the comparative effectiveness of academic and financial administrators. The administration of medical

schools and the management of their financial resources are functions which are shared by both academic and financial administrators. The administrative sharing of fiscal responsibility among the two groups of administrators is, in part, related to the multiple outputs of medical schools and the funding sources obtained for their support. Both factors are in part affected by the behavior patterns utilized by the two different groups of administrators for effectiveness.

A number of studies have been conducted in business and in educational institutions as part of an overall systematic approach to determine the significant relationship of certain qualities of leadership and managerial effectiveness. Many of these studies have focused upon individuals in a specific job assignment rather than analyzing the similarities in managerial effectiveness of administrators with different professional backgrounds. The literature and research being presented are in two sections. The first section focuses on the historical development of administrative offices in higher educational institutions. Also, presented in this section will be the theories developed on leadership and leadership behavior. The second section will discuss managerial effectiveness. More specifically, it will relate directly to the comparative behavioral patterns of academic and financial administrators and their managerial effectiveness.

II. THE ADMINISTRATORS IN HIGHER EDUCATIONAL INSTITUTIONS AND MEDICAL SCHOOLS

Jacques Barzum, in his book, The American University, stated:

Administering a university has but one object: to distribute its resources to the best advantage. The resources of a university are seven: men, space, time, books, equipment, repute and money. All administrative acts and administrators serve this one purpose of stretching capital and dividing income fairly and fruitfully.²⁵

Higher educational institutions including medical schools are unquestionably different in many ways from other organizations. There are at least two very important distinctive characteristics of the administrative structure and the administrator's task in these institutions. As noted by Amitai Etzioni, in his article, "Authority Structure and Organizational Effectiveness,"

The operating personnel of most educational institutions consist of faculty members who vary in rank and influence our academic affairs, they are not organized into a hierarchy of supervisors and subordinates, the bottom level in terms of formal authority of the administrative hierarchy comprising chairmen, deans and other administrators, vice-presidents, and the president.²⁶

²⁵Jacques Barzum, The American University (New York: Harper and Row, 1978), p. 95.

²⁶Amitai Etzioni, "Authority Structure and Organizational Effectiveness," Administrative Science Quarterly, 4 (1959), pp. 43-67.

Historically, the administration of higher education in American institutions consisted of a president and a board of control. John S. Brubacher and Willis Rudy, in their book, Higher Education in Transition, cite William H. Cowley's explanation for the power and office of the president:

The presidency derives from the English college rather than the English university. . . . The college head exercised wide-ranging powers for an indefinite term. It is this circumstance, no doubt, which laid the base for the great strength of this office in the United States.²⁷

It follows that since a president is chosen and charged with the responsibility for the institution's educational growth and scholarly vigor that he must appoint an administrative body to assist him. Educational institutions at their earliest inception were organized and departmentalized in order to accomplish a specific administrative or scholarly task. Harvard's first charter of 1650 established an additional administrative body, consisting of the president, five fellows, and the treasurer. This body was said to have

. . . provided a resident group in constant and immediate touch with college affairs and one which could choose its officers, perpetuate its own membership, sue and be sued, and manage the college generally.²⁸

²⁷John S. Brubaker and Willis Rudy, Higher Education in Transition (New York: Harper and Row, 1958), p. 26.

²⁸Ibid.

Medical schools are academic institutions and as such, they are similar in administrative structure to other institutions of higher education. For the most part, faculty members constitute the operating personnel, and are not organized into a hierarchy of supervisors and subordinates. The bottom level of formal authority of the administrative hierarchy comprises chairmen, deans and other administrators.²⁹ As between administrator and faculty, formal lines of authority in academic institutions do not always adhere to administrative management theories. Etzioni noted:

The specialists on the faculty perform the major line functions of teaching and research, and the administrators provide most of the supportive staff service, whereas in the typical work organization, professional specialists are the staff and the managerial hierarchy has line function.³⁰

The organizational structure of academic and medical institutions developed around a strong highly specialized department. James G. March and Herbert A. Simon, in their book, Organization, state that "conceptually the theory of departmentalization can be traced back to Aristotle."³¹

²⁹Peter M. Blau, The Organization of Academic Work (New York: John Wiley and Sons, 1973), p. 48.

³⁰Op. cit., p. 49.

³¹James G. March and Herbert A. Simon, Organization (New York: John Wiley and Sons, Inc., 1958), p. 22.

Departmentalization as a term is used by Chester I. Barnard as the end result to the division of tasks or specialization. "The concept of departmentalization is to provide for the grouping of tasks on the basis of the organic functions."^{3 2} Gulick and Urwick in their essay on "Theory of Organizations" concluded:

In the organizing process the problem is to group the task into individual jobs, to group the jobs into administrative units, to group the units into larger units, and finally to establish the top level departments—and to make these groupings in such a way as to minimize the total cost of carrying out all the activities. In the organizing process each department is viewed as a definite collection of tasks to be allocated among, and performed by, the employees of the department.^{3 3}

Lawrence and Lorsch, unlike Gulick and Urwick, who dealt with how best to divide the tasks of an organization and how best to obtain integration within it, became concerned with the systemic properties of an organization. Therefore, Lawrence and Lorsch stressed that:

The act of segmenting the organization into departments would influence the behavior of organizational members in several ways. The members of each unit would become specialists in dealing with their particular tasks. Both

^{3 2}Chester I. Barnard, The Function of the Executive (Cambridge, Mass.: Harvard University Press, 1962), p. 127.

^{3 3}Luther Gulick, "Notes on the Theory of Organization" in Papers on the Science of Administration, Luther Gulick and Lyndall F. Urwick, eds. (New York: Institute of Public Administration, Columbia University, 1937), p. 25.

because of their prior education and experience and because of the nature of their task, they would develop specialized working styles and mental processes.³⁴

The administrative sharing of fiscal responsibilities among academic and financial administrators in medical institutions is a common occurrence. A concern which develops because of the two types of administrators and their managerial effectiveness.

III. LEADERSHIP THEORIES

Most of the early studies of leadership have followed three fundamental approaches. The traitist oriented studies were aimed at identifying unique personality characteristics which distinguish leaders from other individuals.³⁵ Effort to discover a personality pattern typical of leaders, however, was not successful. Gibb, in a review of the literature up to 1954, noted that a consistent pattern of traits which characterize leaders could not be found.³⁶

³⁴Paul R. Lawrence and Jay W. Lorsch, Organization and Environment: Managing Differentiation and Integration (Cambridge, Mass.: Richard D. Irwin, Inc., 1969), p. 9.

³⁵Jacob W. Getzels and Egon Guba, "Social Behavior and the Administrative Process," The School Review, LXV (Winter, 1957), 423-441.

³⁶Cecil A. Gibb, "Leadership," in Handbook of Social Psychology, ed. by Gardner Lindzey (Cambridge, Mass.: Addison Wesley Publishing Co., 1954), p. 889.

The second approach is characterized by the idea that an individual becomes a successful leader because he appears on the scene at the right time.³⁷ The emphasis shifted from an analysis of personal traits to a study of roles and relationships—from a concern with characteristics of the individual to a concern with characteristics of the group. Basically, the situational approach maintains that leadership is determined not so much by the characteristics of individuals as by the requirements of social systems.

Focusing upon the work of Getzels and Guba, Robert F. Moser was able to use their ideas and define three styles of leadership:

1. The nomothetic style is characterized by behavior which stresses goal accomplishment, rules and regulations, and centralized authority at the expense of the individual.
2. The idiographic style is characterized by behavior which stresses the individuality of people, minimum rules and regulations, decentralized authority, and highly individualistic relationship with subordinates.
3. The transactional style is characterized by behavior which stresses goal accomplishment, but which also makes provision for individual need fulfillment. The transactional leader balances nomothetic and idiographic behavior and utilizes each style as the occasion demands.³⁸

³⁷Getzels and Guba, op cit.

³⁸Robert P. Moser, "The Leadership Patterns of School Superintendents and School Principals," Administrator's Notebook, 6 (September, 1957), No. 1, 1-4.

Moser in his study examined the relationships between the behavior of superintendents and principals in the performance of their different roles. He also examined the relationship between the leader-follower leadership styles of superintendents and principals and their effectiveness ratings, confidence in leadership, and job satisfaction. His findings drew attention to the fact that an individual may display varying leadership styles depending on whether he deals with superiors or subordinates. Moser found that principals stress nomothetic behavior when dealing with superintendents and idiographic behavior when dealing with teachers.

The third approach to the study of leadership is that of an analysis of leadership behavior which recognizes that both the individual and the situation as significant dimensions for describing leader behavior. The Ohio State University Research Program on leadership during the years 1946-1956 offers the most promising work in the measurement of leadership style. Halpin and Winer, using the behavioral approach, developed two dimensions of leadership and defined them as follows:

1. Initiating structure refers to the leader's behavior in delineating the relationship between himself and the members of his work group, and endeavoring to establish well-defined patterns of organization, channels of communication, and methods of procedures.
2. Consideration refers to behavior indicative of friendship, mutual trust, respect and

warmth in the relationship between the leader and the member of his staff.³⁹

The Ohio State leadership studies attempted to determine through factor analytic procedures, the smallest number of dimensions which would adequately describe leader behavior. Two questionnaires were developed to measure the two leadership dimensions: The Leader Behavior Description Questionnaire (LBDQ) and the Leader Opinion Questionnaire (LOQ).⁴⁰ A leader's behavior was considered both as perceived by others using the LBDQ, and as perceived by himself in stating his attitudes towards the leadership role using the LOQ. These instruments are of particular importance because they were designed specifically to measure leadership style and because their items cover specific behavior in given situations.

In four separate studies, two by Halpin, one by Hemphill, and one by Evenson, it was found that the effective, desirable leaders were those who scored high on both dimensions. Halpin investigated two areas, the leadership behavior of

³⁹Andrew W. Halpin and B. James Winer, "Factorial Study of the Leader Behavior Descriptions," in Leader Behavior: Its Description and Measurement, Ralph M. Stogdill and Alvin E. Coons, eds. (Columbus: Ohio State University, 1957), p. 4.

⁴⁰R. M. Stogdill and A. E. Coons, Leader Behavior: Its Description and Measurement (Bureau of Business Research: Ohio State University, 1957), pp. 153-156.

aircraft commanders,⁴¹ and of school superintendents.⁴² Hemphill obtained essentially the same results from his study of departmental administrators in a college.⁴³ Evenson in his study examined high school principals.⁴⁴ Charles E. Skipper in his study of university leaders found a significant difference between the personal characteristics of effective and ineffective administrators. Most effective administrators were defined as:

Persons who developed well-defined patterns of organization, who opened channels of communication, who articulated goals, kept morale high, and whose relationships with others were characterized by mutual respect and warmth. They would be high in initiating structure and consideration.⁴⁵

Least effective administrators were defined as:

Persons who were the poorest in defining patterns of organization, who did not open channels of

⁴¹Andrew W. Halpin, "The Leader Behavior and Effectiveness of Aircraft Commanders," in Leader Behavior: Its Description and Measurement, p. 14.

⁴²Andrew W. Halpin, The Leadership Behavior of School Superintendents (Chicago: Midwest Administration Center, University of Chicago, 1959, reprinted), p. 12.

⁴³John K. Hemphill, "Patterns of Leadership Behavior Associated with Administrative Reputation in the Department of a College," Journal of Educational Psychology, XLVI (November, 1955), 385-401.

⁴⁴Warren L. Evenson, "Leadership Behavior of High School Principals," National Association of Secondary-School Principals Bulletin, XLIII (September, 1959), 96-101.

⁴⁵Charles E. Skipper, "Personal Characteristics of Effective and Ineffective University Leaders," College and University, Vol. 51, (Winter, 1976), 138-141.

communication, who negatively influenced morale, and who were not trusted by their colleagues or subordinates. They would be low in initiating structure and consideration.⁴⁶

It is conceivable that the effective leader may require a combination of consideration and initiating structure. Such an interaction of the dimension of leadership is a central tenet in the managerial grid posited by Blake and Mouton.⁴⁷ In essence, Blake and Mouton advocate that both dimensions of leadership behavior are necessary for optimal effectiveness regardless of situational variations. In lieu of Consideration and Initiating Structure, they use the terms "Concern for People" and "Concern for Production." Blake and Mouton hold that the most effective leader is one who can maximize both concerns.

Fred Fiedler, working with research at the University of Illinois, proposed that effective leadership is contingent upon the situation in which it takes place.⁴⁸ To define leadership behavior, Fiedler developed a questionnaire that could be used to measure a leader's perceptions of co-worker. In one instance, he asked leaders to describe their "most-preferred co-worker" and another their "least preferred

⁴⁶Ibid., p. 135.

⁴⁷R. B. Blake and J. S. Mouton, The Managerial Grid (Houston: Gulf Publishing Company, 1964).

⁴⁸Fred E. Fiedler, A Theory of Leadership Effectiveness (New York: McGraw-Hill, 1967), p. 147.

co-worker." The responses to Fiedler's questionnaire are scored in terms of how favorably the respondent described his most-preferred co-worker and least-preferred co-worker. Group leaders who describe their least-preferred co-workers much more negatively than their most-preferred co-workers exhibit a leadership style different from that of the leaders who describe their most-preferred co-workers and least-preferred co-worker similarly. Fiedler calls the former "low LPC" leaders and the latter "high LPC" leaders.

Based on Fiedler's research the high LPC leader tends to be relatively democratic, permissive, supportive, and generally concerned with the feelings of people. The low LPC leader, in contrast, is more autocratic, more task-oriented, controlling, and not so concerned about people or their feelings. It should be noted that these behaviors are much like those used in the Ohio State University Research Program on leadership.

After defining his leaders, Fiedler set about to discover what kind of leader is most effective, measured by performance of the leader's group. Fiedler found that there was no one successful leadership behavior, and moreover, that different task situations required differing leadership styles.

Fiedler identified three factors in which the relationship between leadership style and effectiveness depends upon in any given situation:

Task structure: The most structured task has only one solution, only one path to the solution, and a solution that is clear and verifiable. The most unstructured task has none of these characteristics.

Leader-member relations: The affective relationships the leader has with his group. How much do the members of the group approve of, and support, his leadership.

Position power: The power inherent in the leader's organizational position; the degree to which the leader has at his disposal, various rewards and sanctions, his authority over the group's members, and the degree to which this authority is supported by the organization.⁴⁹

Becoming an effective leader as the literature suggests involves a complex interaction between the nature of the situation and the leader's use of certain behavioral patterns to influence his group's behavior.

In view of the generalization of the findings in this area of leadership behavior, the need for research at this time regarding the anticipated impact on academic and financial administrators in a medical institution seems to be indicated.

⁴⁹Ibid., pp. 22-32.

CHAPTER III

METHODOLOGY, PROCEDURES AND FINDINGS

I. METHODOLOGY

The study proposed to examine the relationship between leadership behavior—initiation of structure and consideration—and perceived effectiveness of financial and academic administrators. The effectiveness dimension investigated was perceived effectiveness as evaluated by the selected administrator's superior.

Institutional Selection

Initially this study was to include the four medical institutions within the State of Tennessee: East Tennessee State University, College of Medicine; Meharry Medical College; University of Tennessee, College of Medicine; and Vanderbilt University, College of Medicine. There are several reasons why these were considered appropriate settings in which to carry out this study.

1. The total impact of an academic administrator's tasks as a clinician and as a researcher could be viewed within a hospital environment.

2. Performance in a medical school-hospital based institution requires an intensive personal involvement between the subordinates and superordinates.

3. The central tasks performed within these institutions are generally perceived to be highly structured, and the personnel responsible for them are generally perceived to be highly structured persons.

4. The tasks performed by financial administrators within a medical school-hospital based environment are service orientated requiring both the skills of a highly structured and considerate person.

The sample dealt with in this study, however, consisted of two schools as it turned out. They were East Tennessee State University, College of Medicine, and Meharry Medical College.

East Tennessee State University, College of Medicine, is the newest medical institution in the State. The Tennessee legislature created a free-standing College of Medicine in March 1974, to be developed utilizing the Federal Teague-Cranston Bill requiring a cooperative effort between East Tennessee State University and the Mountain Home Veterans Administration facilities. The objectives of the college are to educate physicians with significant emphasis on primary care both in the medical years and in the graduate years. The programs are conducted in Veterans Administration and community hospital facilities.⁵⁰

⁵⁰ Bulletin of East Tennessee State University, Vol. LXIII, No. 4, 1975, pp. 124-5.

Meharry Medical College was founded in 1876 as the Medical Department of Central Tennessee College of Nashville, an institution established by the Freedman's Aid Society of the Methodist Episcopal Church in 1866. Central Tennessee College became Walden University in 1900 and Meharry became Meharry Medical College of Walden University. On October 13, 1915, the State of Tennessee granted Meharry a new charter according it separate corporate existence. Meharry Medical College is one of the two privately owned medical institutions in the State of Tennessee and has a predominantly black enrollment. Meharry has graduated almost 50 percent of the black physicians and dentists now practicing in the United States. The medical and educational training programs are directed toward providing primary care physicians. Meharry owns its own hospital, as well as having health care affiliations with local community and governmental institutions.⁵¹

Two of the four medical schools, The University of Tennessee, College of Medicine, and Vanderbilt University College of Medicine, declined to participate. Obtaining permission to do the study at the medical deans' level proved to be a most difficult task at these two medical

⁵¹Bulletin of Meharry Medical College, 1976-1978 Academic Years, pp. 8-14.

schools. After numerous personal telephone and mail contacts with the two institutions, it became evident that cooperation was not forthcoming; therefore, the study dealt with only the remaining two medical schools. The objections of these two schools seemed to have centered around the belief that the results would be used against the subordinates. Another objection voiced to their participation was that social science research was considered to involve lesser standards of rigor and reliability than research in the physical sciences.

In order to obtain permission and endorsement for the study, a letter of explanation along with the two data-gathering instruments were mailed to each of the two medical school deans and directors of business and finance. (See Appendix C and G.) The mailing was followed within a two week time period by a telephone call and a personal visit to insure the study's acceptance. Table 1 shows the number of administrators evaluated and used in this study.

Instruments

Two instruments were selected to measure and compare managerial effectiveness and leadership behavioral patterns of financial and academic administrators. The first instrument, the Administrative Skills Rating Form, was developed by Charles E. Skipper and modified for this study. (See Appendix A.) Administrative skills were defined by

Table 1

The Number of Academic and Financial Administrators
Evaluated from Two Medical Schools in Tennessee

Medical School	Academic Administrators	Financial Administrators	Total Administrators
East Tennessee State University	5	4	9
Meharry Medical College	5	4	9
Totals	10	8	18

identifying six broad areas of administration. They are: planning ability, knowledge of position, organizational and management ability, leadership, judgement, and quality of performance. These six dimensions of administrative skills were rated on a five-point scale where a rating of one was poor and a rating of five was superior. The reliability of the scale expressed as the alpha coefficient, based on twenty ratings is 0.95. Table 2 presents the six items and the definitions for ratings of poor and superior.

The validity of each of these descriptive dimensions were tested by three judges who were selected according to criteria which included familiarity with managerial concepts and extensive experience of dealing with evaluating college administrators. The judges were requested to determine whether the descriptive dimensions of the Administrative Skills Rating Form were accurate reflections of the appropriate managerial concepts. The three judges agreed that they were in each case.

The administrative skills were used to evaluate the level of effectiveness of the two groups of administrators. The subjects' superiors judged the effectiveness of each administrator on a five-point scale for each area of administrative function. The first variable or area of evaluation is planning ability. The possible responses for this variable are:

Table 2
Items on the Modified Administrative Skills Rating Form

Skills	Poor Rating	Superior Rating
1. Planning ability	Fails to see ahead	Capable of top level planning
2. Knowledge about position	Lacks facts about position	Understands all facets of the position
3. Organization and management	A poor organizer	Brings about maximum effectiveness
4. Leadership	A weak leader	Qualities for high level leadership
5. Judgement	Decisions are sometimes unsound	Makes correct decisions in complex situations
6. Quality of performance	Does not always perform well	Work is always outstanding

1. Fails to see ahead.
2. Does less than the required amount of planning.
3. Does adequate amount of planning for the task.
4. Does more than the required amount of planning.
5. Capable of top level planning.

The superior or supervisor places a check opposite his choice. That choice represents the score for the variable in question. This process is carried out for each variable. A mathematical representation of the score is as follows:

$$M_{ESC} = \sum \frac{V_i}{NA}$$

where M_{ESC} = mean effectiveness score,

V_i = variable over each item,

NA = number of administrators in that group.

The second instrument, a sixty-item questionnaire referred to as the Leader Behavior Description Questionnaire (LBDQ), was developed for use in obtaining descriptions of the behavior of a group or an organization. (See Appendix B.) The LBDQ grew out of the research efforts initiated by J. K. Hemphill and the staff of the Ohio State Leadership Studies. The Ohio Studies found in empirical research that a large number of hypothesized dimensions of leader behavior could be reduced to two strongly defined factors. These were

identified by Halpin, Winer and Fleishman as Consideration and Initiation of Structure.⁵²

The two factors of leaders' behavior, consideration and initiation of structure, have been widely used in empirical research, particularly in military organizations, industry and education. Halpin defined the two factors as follows:

Initiating structure refers to the leader's behavior in delineating the relationship between himself and members of the work-group, and in endeavoring to establish well-defined patterns of organization, channels of communication, and methods of procedure. Consideration refers to behavior indicative of friendship, mutual trust, respect and warmth in the relationship between the leader and the members of his staff.⁵³

The theory of role differentiation and group achievement by Stogdill suggested that a number of variables operated in the differentiation of roles in social groups. The additional subscales suggested by the theory and added to the LBDQ are the following:⁵⁴

1. Tolerance of uncertainty
2. Persuasiveness
3. Tolerance of members' freedom of action

⁵²A. W. Halpin and B. J. Winer, "A Factorial Study of the Leader Behavior Descriptions." Leader Behavior: Its Descriptions and Measurement, R. M. Stogdill and S. E. Coons, eds. (Columbus: The Ohio State University Bureau of Business Research Monograph N. 88, 1957), p. 4.

⁵³Ibid.

⁵⁴R. M. Stogdill, Individual Behavior and Group Achievement (New York: Oxford University Press, 1959), p. 51.

4. Predictive accuracy
5. Integration of the group
6. Reconciliation of conflict
7. Representation of group interest
8. Role assumption
9. Production emphasis
10. Orientation toward superiors.

The original consideration dimensions of the LBDQ consisted of 28 items and had an estimated reliability (corrected by the Spearman-Brown formula) of 0.94. The second part of the LBDQ consisted of 29 items labeled the Initiation of Structure dimensions and had an estimated reliability of 0.76.

The LBDQ is composed of a series of short, descriptive statements of ways in which leaders may behave. The members of a leader's group indicate the frequency with which he engages in each form of behavior by checking one of five adverbs: always, often, occasionally, seldom or never. Each of the keys to the dimensions contains one to five items, and each item is scored on a scale from one (always) to five (never).

The mean score on the LBDQ for each administrator is obtained by a three-step averaging process. In step one the subordinate indicates his response to an item on the LBDQ by drawing a circle around one of the five letters

(A, B, C, D, E) following it. Most items are scored A, B, C, D, E with respective scores of 1, 2, 3, 4, 5. Designated items on the LBDQ are scored in the reverse order such that A, B, C, D, E gives a score of 5, 4, 3, 2, 1 respectively. To obtain a score for each subscale a record sheet was used. (See Appendix L.) Subscales are determined by combining groups of items. For example, the representation subscale consists of items 1, 11, 21, 31, and 41, while the subscale Structure consists of items 4, 14, 24, 34, 44 and 54 and so on until all items are assigned to specified subscales representing various characteristics of leader behavior. The sum of the scores for each item represents the score for the particular subscale.

In step two the scores of the subscales for each response on each item are averaged to obtain a mean score for that subscale. For example, on the subscale Representation five subordinates' scores were averaged to obtain a mean score for the chairman of the department in question. There was one record sheet for each respondent and there were from 3 to 5 record sheets for each administrator. This was done for each administrator to obtain a mean for each subscale for that group of administrators (in this case the academic and financial administrators).

In step three, the academic and financial administrators' overall behavioral score was obtained by summing the average

score for each subscale and again taking an average. The calculation for the mean subscale score for any subscale is as follows:

$$M_{Sc} = \frac{\sum_{i=1}^{NR} M_i}{NR}$$

where M_{Sc} = Mean of mean for all raters

M_i = Mean of one rater

I = Scores on items in a subscale

NR = Number of raters

There are no norms for the LBDQ. The developers of this instrument designed it as a research tool. It is not recommended for use in the selection and/or assignment of administrative personnel. Identifying normative behavior by use of the LBDQ in terms of good-bad, high-low, successful-unsuccessful is not the objective for selecting the LBDQ. However, comparing mean scores of different groups of administrators was the main reason for its selection.

The frequency in which a behavior is seen by the subordinates of their supervisors determines the evaluations: 1-always; 2-often; 3-occasionally, 4-seldom and 5-never. A high score of 4 or 5 represents an evaluation by a subordinate group of their supervisor which expresses an absence of a specified behavior.

Subjects and Questionnaire Responses

The population under study consisted of 18 administrators in two medical schools in the State of Tennessee. In each school five were academic administrators and four were financial administrators. The five academic administrators selected from each medical school were chairmen of their departments. Each academic department chairman was selected for this study on the basis of his having staff personnel performing both clinical and academic tasks. The departmental personnel task assignment was a critical criterion for the academic administrators selection because it provided a dual perspective from which leadership behavior and managerial performance could be evaluated. For each of the ten academic administrators questionnaires were mailed to a total of five subordinate staff personnel. Of the 50 questionnaires mailed there were 34 replies received, or a return rate of 68 percent. Table 3 shows the number of LBDQ instruments mailed and returned by departments and schools.

There were four financial administrators selected from each of the two medical schools who were departmental supervisors. Each of the financial departments selected performed organizational tasks as well as relating to an academic department's financial needs. Task assignments for the financial administrators' departments were equally critical as they were for the academic administrators. For each of the financial administrators questionnaires were mailed to

Table 3

LBDQ Mailing to Subordinates of Academic Administrators
by Departments and Schools

Departments	Meharry Medical College		East Tennessee State University	
	Mailed	Replies	Mailed	Replies
Obstetrics/Gynecology	5	4	Obstetrics/Gynecology	5 3
Internal Medicine	5	5	Internal Medicine	5 3
Pediatrics	5	5	Pediatrics	5 3
Psychiatry	5	3	Psychiatry	5 0
Surgery	<u>5</u>	<u>5</u>	Surgery	<u>5</u> 3
Total	25	22	Total	25 12

five subordinates who reported directly to their supervisors, except in the case of the Budget Director of each school where fewer than five subordinates were unavailable. Questionnaires were sent to all available subordinates of these two administrators—two at Meharry and three at East Tennessee State. Of the 35 questionnaires mailed, replies were received from 28 for a return rate of 80 percent. Presented in Table 4 are the numbers of the questionnaires mailed to and returned from the subordinates of financial administrators by departments and by schools.

The Administrative Skills Rating Form used to measure managerial performance were completed by the academic and financial divisional heads for each of the respective departmental chairmen. The results of the Administrative Skills Rating Form were not used in this study for the one department in which there were no departmental responses.

II. FINDINGS

Descriptive Findings

The scores obtained on the Administrative Skills Rating Form are evaluations given by the academic and the financial administrators' superiors. The rating scores given by the administrators' superiors are perceived evaluations for managerial effectiveness on six administrative functions. The rating scores are labeled: 1-fails to see ahead; 2-does

Table 4
LBDQ Mailing to Subordinates of Financial Administrators
by Departments and by Schools

Meharry Medical College		East Tennessee State University	
Departments	Mailed Replies	Departments	Mailed Replies
Accounts Payable	5 4	Accounts Payable	5 3
Budget Director	2 2	Budget Director	3 3
Controller	5 4	Controller	5 5
Grants Administrator	5 3	Bursar	5 4
Total	17 13	Total	18 15

less than is required; 3-does adequate amount of planning; 4-does more than is required, and 5-capable of top level planning. The six managerial areas for effectiveness are:

1. Planning ability
2. Knowledge about job
3. Quality of task performed
4. Organization and management
5. Initiative and interests
6. Judgment

For the purpose of anonymity responses from each of the two medical schools will be referred to as schools A and B.

Presented in Figure 1 are the mean evaluation scores for academic and financial administrators at school A and B. When the evaluations for these two groups of administrators are compared by schools, both were viewed to be effective. On no variables of the rating did either school group of administrators receive a score rating of less than 3.7, which was approaching the evaluation rating of 4 (does more than is required). On variable number three (quality of task performed) and five (initiative and interests) administrators at school A received higher ratings for effectiveness than did administrators at school B. On the other four variables the differences in the evaluation were very small.

Presented in Figures 2 and 3 are the between group evaluations for effectiveness of academic administrators as

Legend: Administrative Effectiveness Areas

1. Planning Ability
2. Knowledge of Job
3. Quality of Task Performed
4. Organization and Management
5. Initiative and Interests
6. Judgment

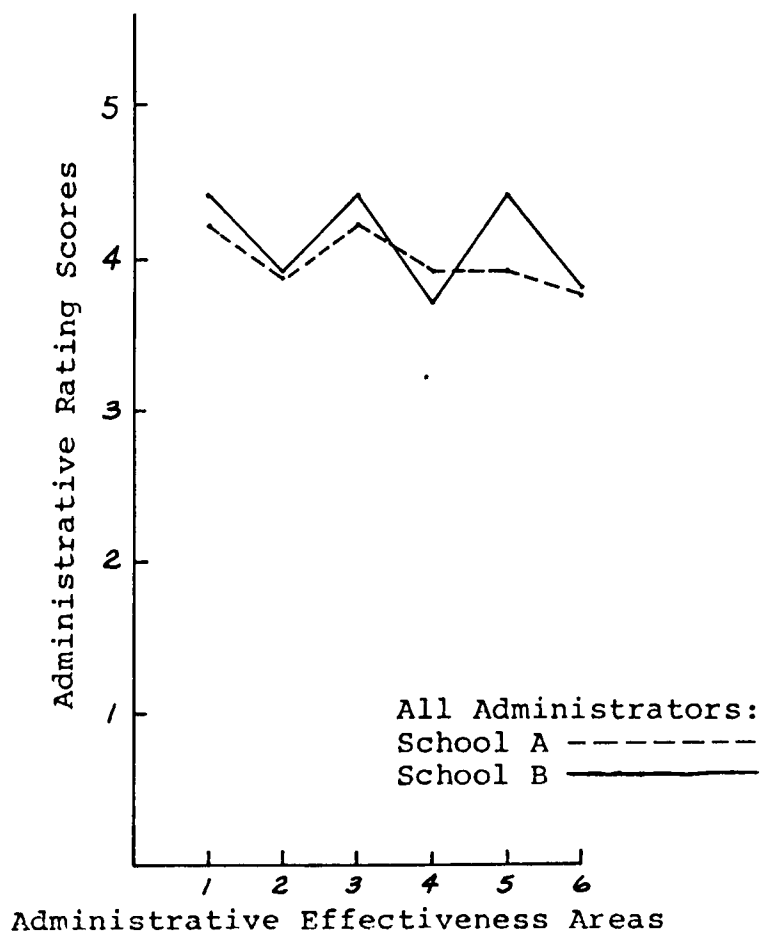


Figure 1. Combined Effectiveness Evaluations of Academic and Financial Administrators by Schools Using the Administrative Skills Rating Form.

Legend: Administrative Effectiveness Areas

1. Planning Ability
2. Knowledge of Job
3. Quality of Task Performed
4. Organization and Management
5. Initiative and Interests
6. Judgment

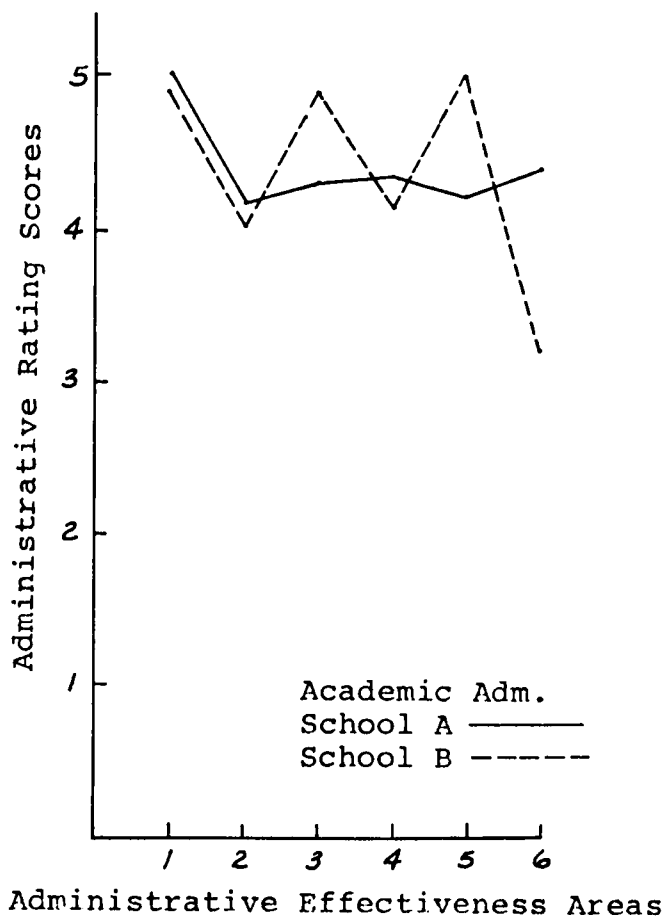


Figure 2. Managerial Effectiveness of Academic Administrators by Schools Using the Administrative Skills Rating Form.

Legend: Administrative Effectiveness Areas

1. Planning Ability
2. Knowledge of Job
3. Quality of Task Performed
4. Organization and Management
5. Initiative and Interests
6. Judgment

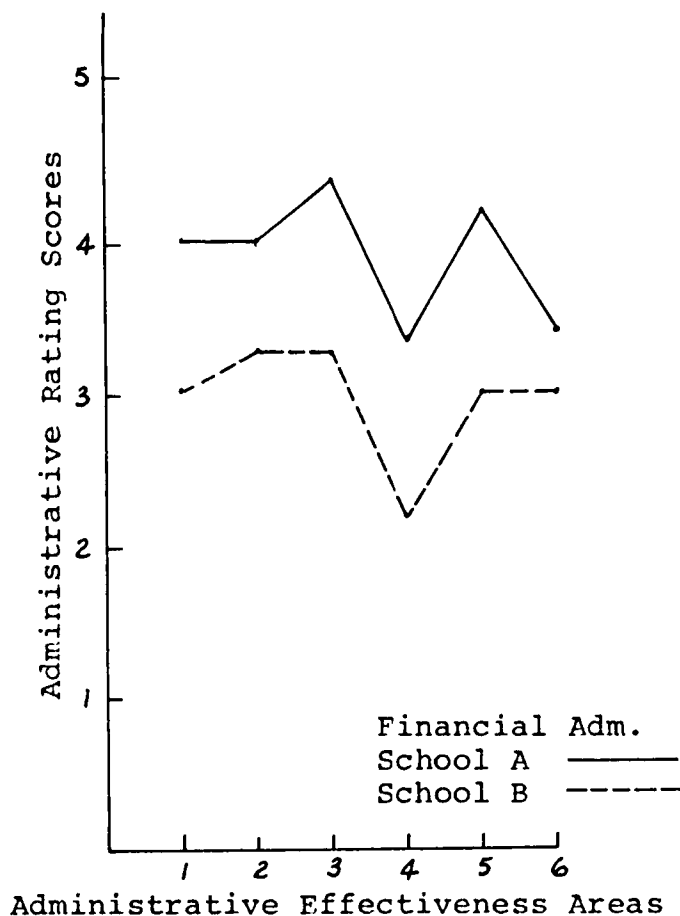


Figure 3. Managerial Effectiveness of Financial Administrators by Schools Using the Administrative Skills Rating Form.

two separate groups (Figure 2) and financial administrators as two separate groups (Figure 3). In Figure 2 academic administrators were viewed by their superiors to be very effective. There was only one evaluation which fell below a score of four. Academic administrators at school A received higher evaluation on two variables, 3-organization and management and 5-initiative and interests than did academic administrators at school B. The differences between the scores for any one variable was greatest for number 6-judgment, with the academic administrators at school B being more than a point higher.

In Figure 3 financial administrators were viewed by their superiors to be effective. Financial administrators at school A were evaluated higher than financial administrators at school B, and this pattern was consistent on all variables. Financial administrators at both schools were not seen to be as effective on the fourth variable (organization and management) as they were on the other variables by their superiors.

The evaluations presented in Figure 4 are the within school effectiveness for academic and financial administrators at school A. Academic and financial administrators were both viewed by their respective superiors to be effective administrators. However, academic administrators did receive higher scores on three of the six administrative effectiveness areas than did financial administrators. The three areas were

Legend: Administrative Effectiveness Areas

1. Planning Ability
2. Knowledge of Job
3. Quality of Task Performed
4. Organization and Management
5. Initiative and Interests
6. Judgment

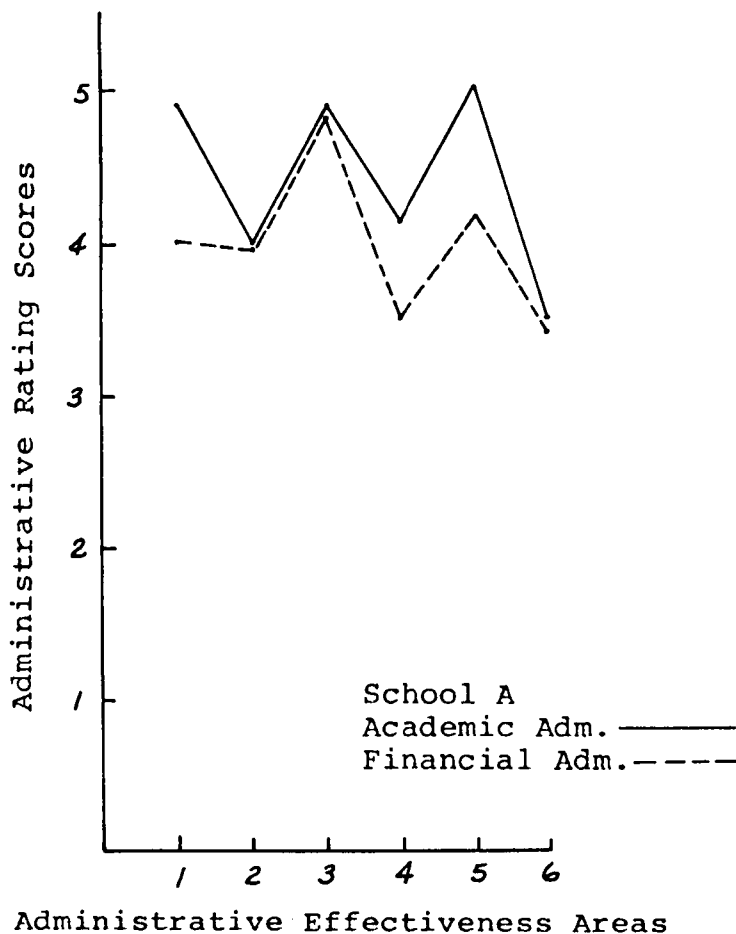


Figure 4. Superiors' Evaluations of Academic and Financial Administrators at School A Using the Administrative Skills Rating Form.

planning ability, organization and management and initiative and interests.

The evaluations presented in Figure 5 are the within school effectiveness for academic and financial administrators at school B. Academic administrators are clearly viewed by their superiors to be more effective than financial administrators on all six areas of administrative effectiveness. The greatest difference between the two groups of administrators occurs on planning ability, organization and management, and judgment.

Presented in Figure 6 are the evaluations for both groups of administrators (academic and financial) at schools A and B on the 12 subscales of the LBDQ. The two groups of administrators at schools A and B were evaluated by their subordinates as having high leader profiles (lower scores indicated a positive leader profile). On no behavioral subscale of the LBDQ was a score obtained by either group of administrators from school A or B greater than 3. Administrators at school B did receive lower scores than administrators at school A on 7 of the 12 subscales, the greatest difference occurring on the Representation subscale. The difference between the two schools' administrators on this subscale was a full five-tenths of a point. On five of the subscales (4-persuasion, 7-role assumption, 8-consideration, 10-predictive accuracy and 11-integration) differences of the

Legend: Administrative Effectiveness Areas

1. Planning Ability
2. Knowledge of Job
3. Quality of Task Performed
4. Organization and Management
5. Initiative and Interests
6. Judgment

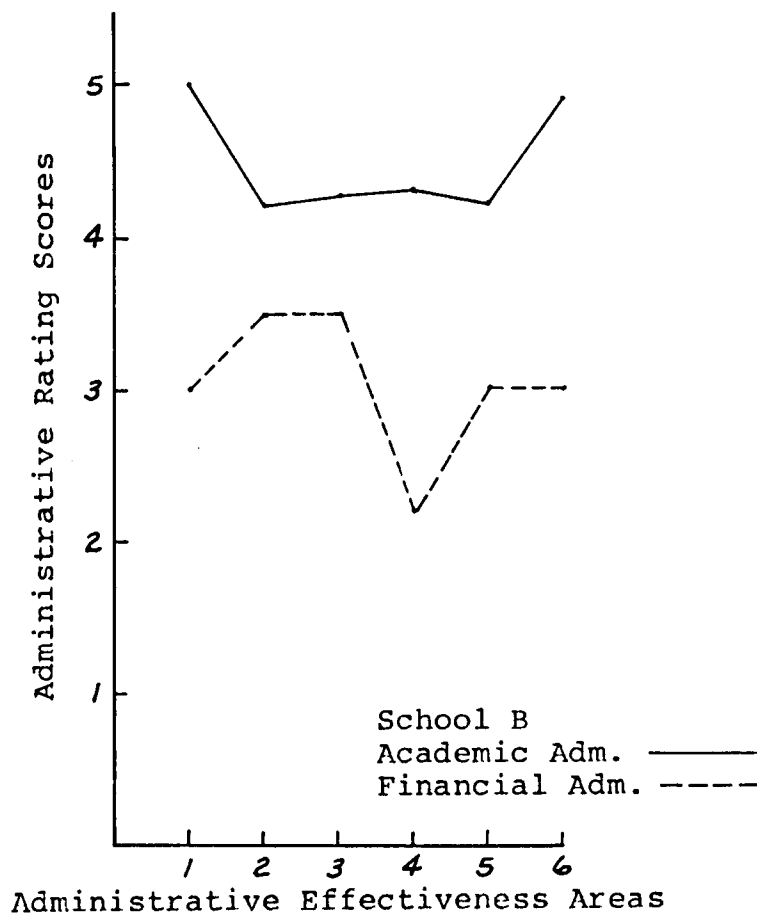


Figure 5. Superiors' Evaluation of Academic and Financial Administrators at School B Using the Administrative Skills Rating Form.

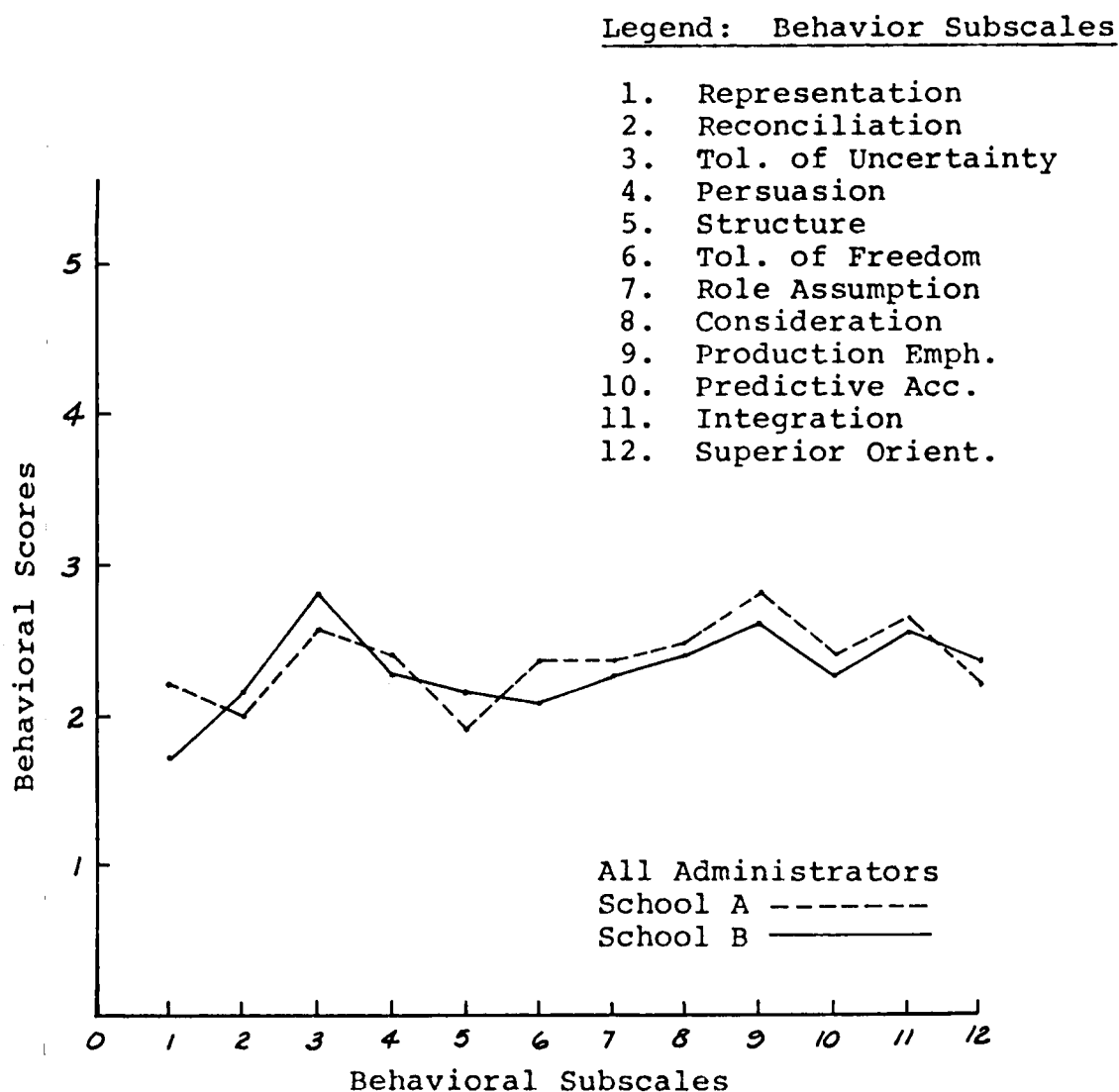


Figure 6. The Combined Subordinate Evaluations of Leader Behaviors of Academic and Financial Administrators by Schools Using the Twelve Subscales of the LBDQ.

two schools' administrators were less than one-tenth of a point. On the other subscales, the differences between the two schools' administrators were no greater than two-tenths of a point on any subscale.

Presented in Figure 7 are the evaluations for academic administrators at schools A and B. For these two groups of administrators there were no evaluations which were greater than 3 (lower scores were a positive leader profile) on any behavioral subscale. Therefore, both groups of administrators were perceived by their respective subordinates as possessing a high degree of leader behavior using the 12 subscales of the LBDQ. Further comparisons of the two groups of academic administrators at school A and B indicate that administrators at school A have higher mean scores on 10 of the 12 subscales. On the other two subscales (3-tolerance of uncertainty and 6-tolerance of freedom) academic administrators at school A received lower mean scores. There were 4 subscales in which the distance between the two groups of academic administrators at school A and B were greater than two-tenths of a point. The four subscales were: 2-representation, 9-production emphasis, 11-predictive accuracy and 12-superior orientation.

Presented in Figure 8 are the evaluations for financial administrators at schools A and B. The financial administrators at both schools were seen by their subordinates as

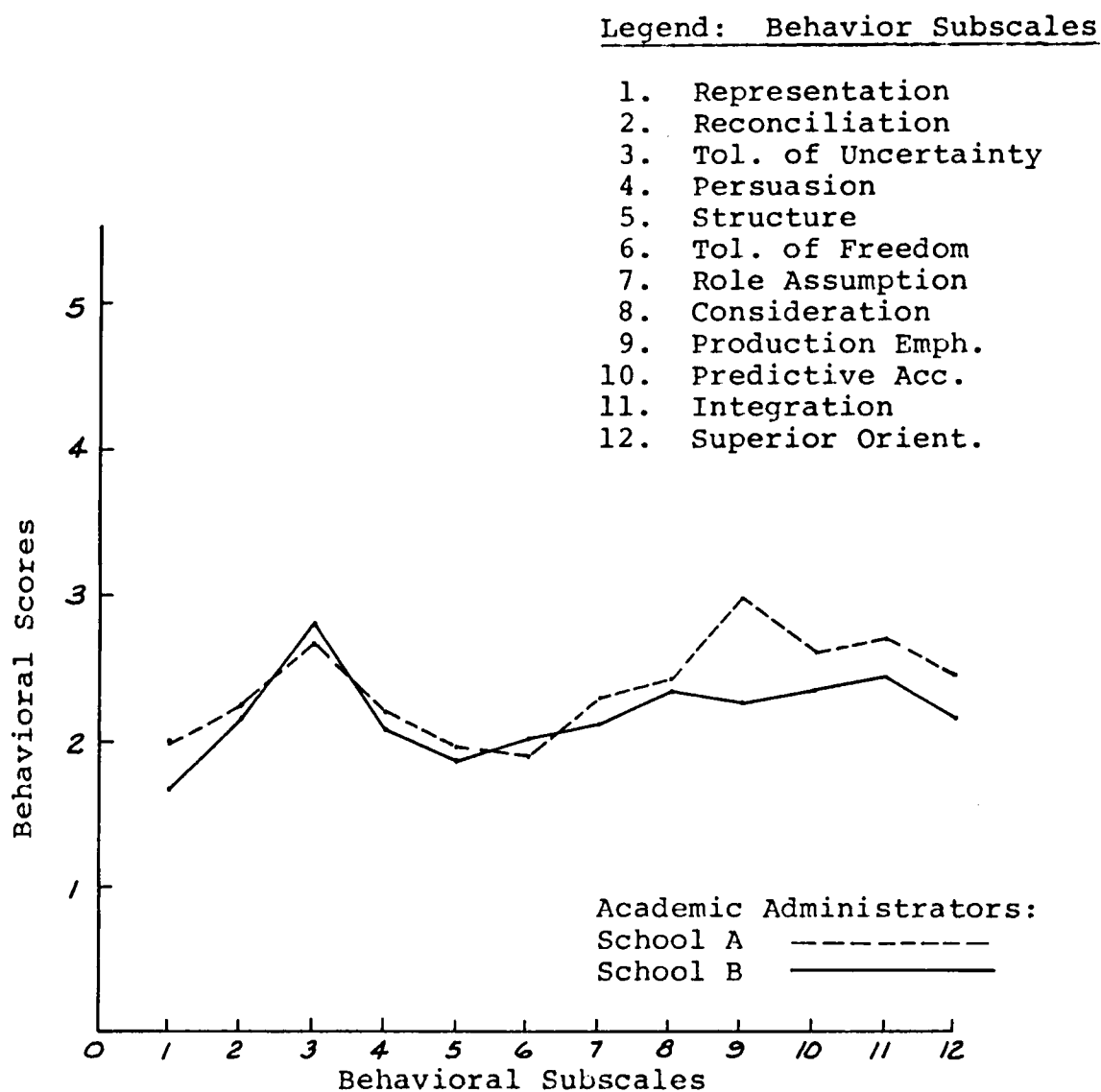


Figure 7. Subordinate Evaluations of Leader Behaviors of Academic Administrators by Schools Using the Twelve Subscales of the LBDQ.

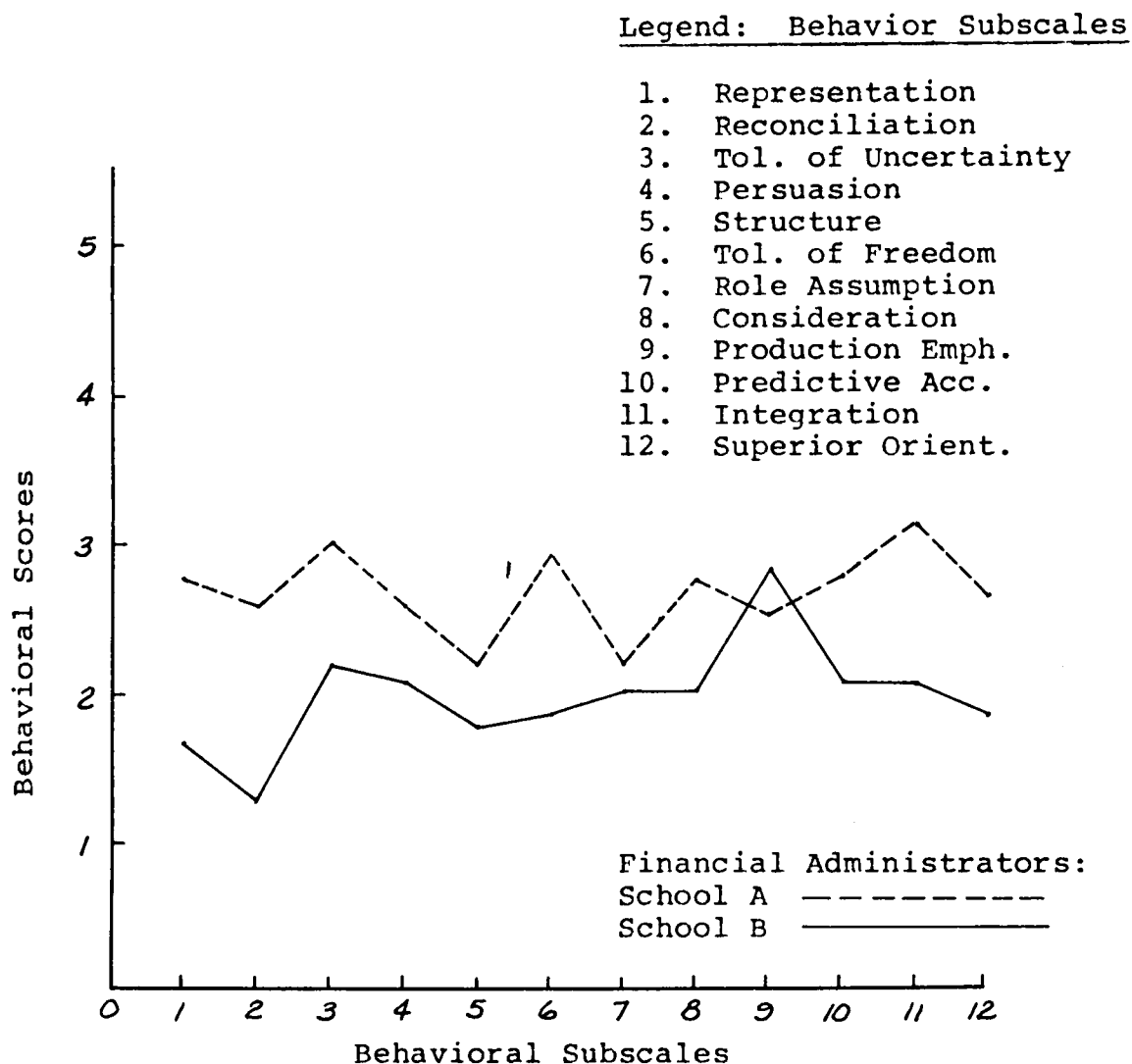


Figure 8. Subordinate Evaluations of Leader Behaviors of Financial Administrators by Schools Using the Twelve Subscales of the LBDQ.

exhibiting a high leader profile. Financial administrators at school B received higher mean scores (indicating a low leader profile) than did financial administrators at school A on all but 1 of the 12 subscales. A score rating of 2 or less was received by the financial administrators at school A on 9 of the 12 subscales. The overall evaluation of financial administrators at school A indicates a high leader profile.

Observations for Figure 9 show score rating for academic and financial administrators at school A. Academic administrators received higher mean scores (higher scores were a low profile of leader behavior) on all 12 subscales of the LBDQ than did financial administrators. There were 2 subscales, 4-persuasion and 9-production emphasis, in which the differences between the two groups of administrators were less than two-tenths of a point. Both groups of administrators in school A were viewed by their subordinates as having a high degree of leader behavior.

Presented in Figure 10 are the evaluations for academic and financial administrators at school B. The evaluations in Figure 10 are in the reverse of those found in the Figure 9. Academic administrators in school B received lower mean scores than did financial administrators. Lower scores indicated a positive leader profile. Both groups of administrators at school B were viewed by their subordinates as

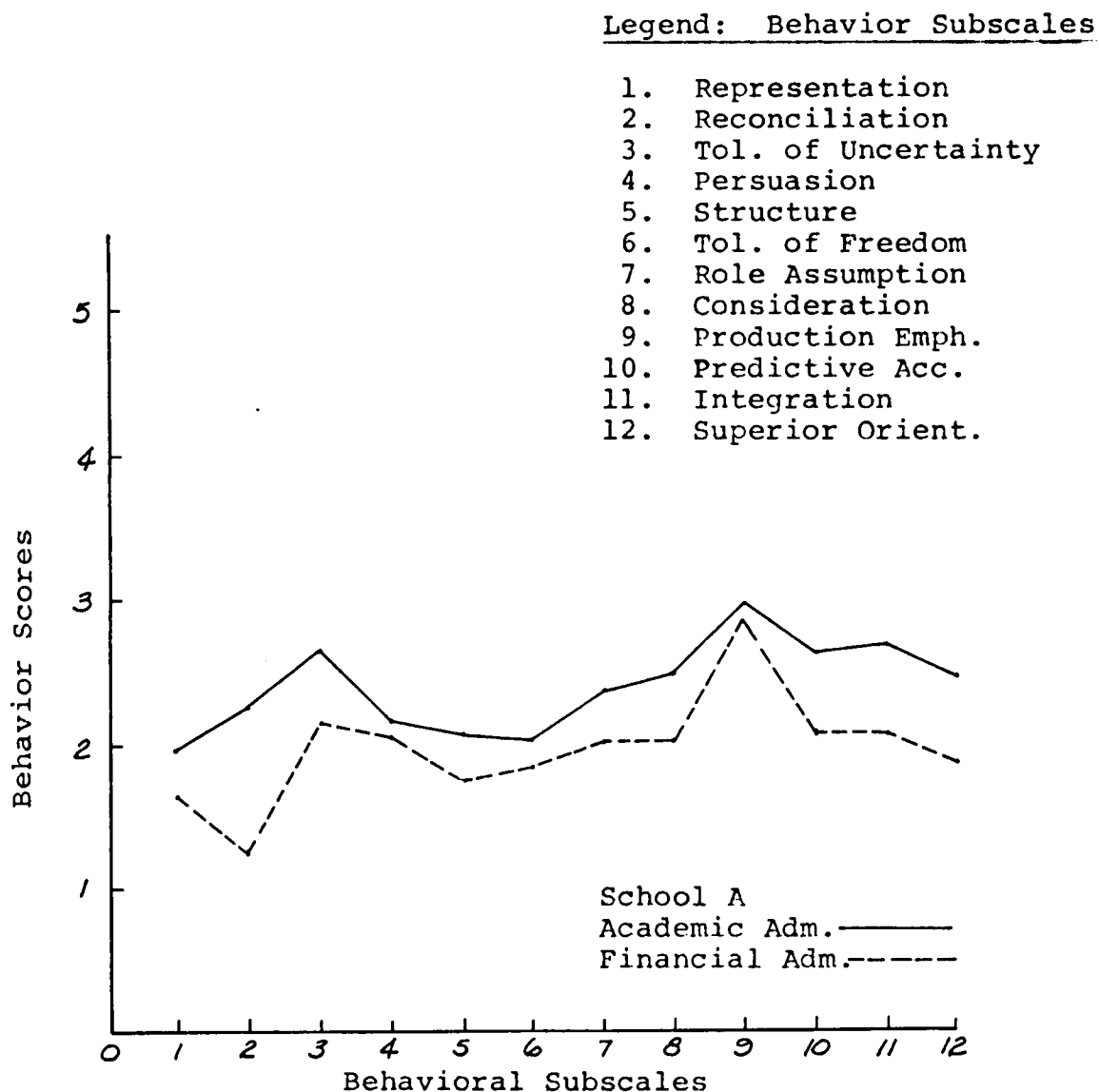


Figure 9. Subordinates' Evaluation of Academic and Financial Administrators at School A Using the Subscale of the LBDQ.

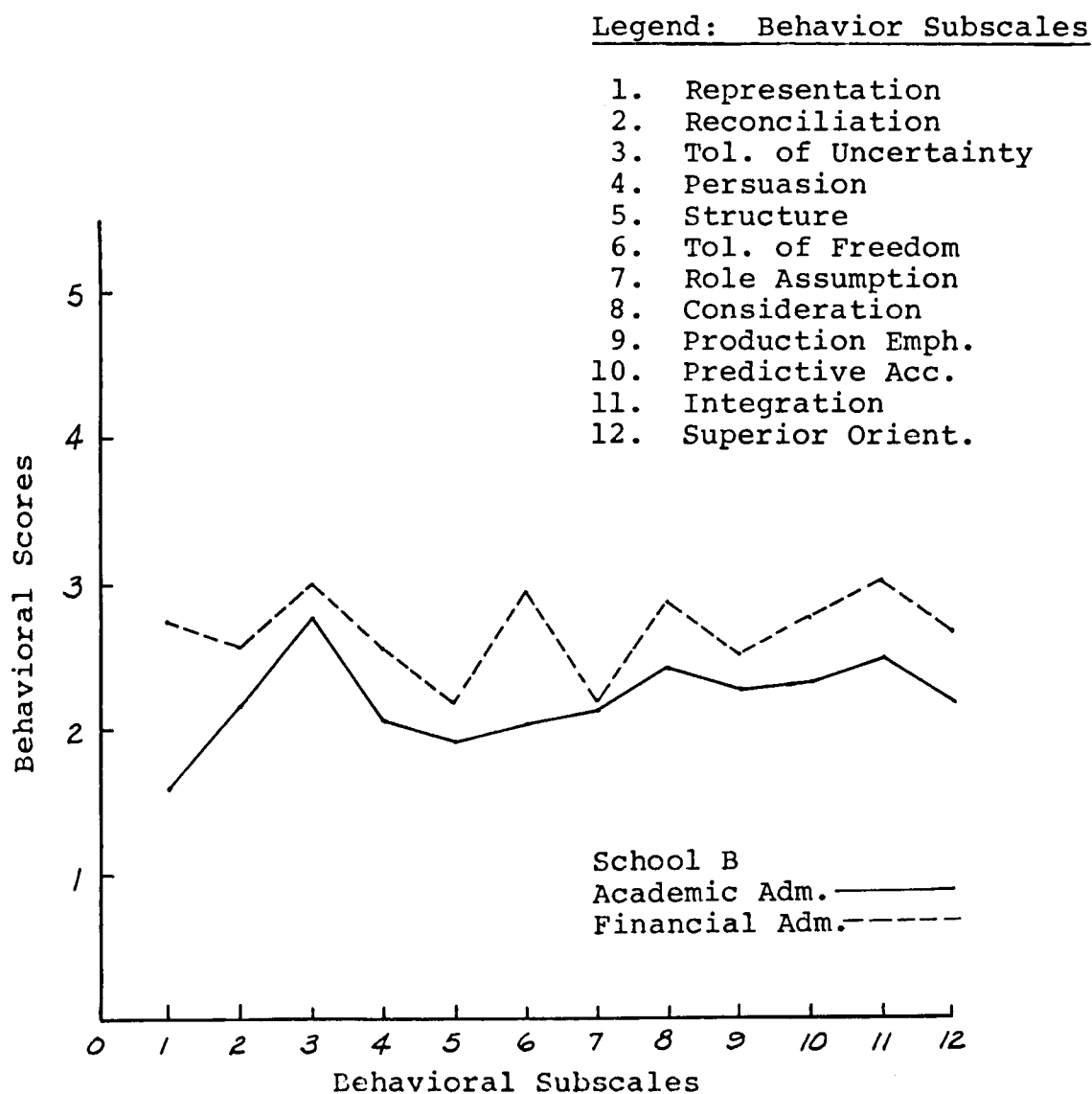


Figure 10. Academic and Financial Administrators' Evaluations by Their Subordinates at School B Using the Subscales of the LBDQ.

possessing a high degree of leader behavior. There was only one subscale in which either group of administrators received a score greater than 3. The greatest difference obtained on any subscale between the two administrators was 1.2 on the subscale representation.

Comparative Findings

The findings of this study are presented in relation to the hypotheses as stated in Chapter I. The hypotheses are restated here for the purposes of determining whether they were supported. The level of statistical significance for testing of the hypotheses was at .05. Table 5 reports the means and t-values for the managerial effectiveness of academic and financial administrators using the Administrative Skills Rating Form. Table 6 reports the means and t-values for academic and financial administrators on each of the twelve subscales of the LBDQ, grouped by the two dimensions of Consideration and Initiation of Structure.

Hypothesis 1: Medical school financial administrators exhibit no difference in managerial effectiveness than medical school academic administrators when evaluated by the Administrative Skills Rating Form.

Findings: The null hypothesis in this case is rejected, since there is a significant difference in the total for the two groups at the .05 level (Table 5). The difference

Table 5

Means and t-Values for Managerial Effectiveness Using the
Administrative Skills Rating Form

Administrative Skills	Means		t
	Academica	Financial ^b	
Planning Ability	4.88	3.62	6.54*
Knowledge about Job	4.11	3.75	1.58
Quality of Task Performed	4.66	3.87	5.51*
Organization and Management	4.44	3.13	6.70*
Initiative and Interests	4.66	3.62	7.30*
Judgement	4.22	3.37	3.15*
Total	4.49	3.56	4.65*

*Significant at $p \leq .05$.

^aN = 9.

^bN = 8.

Table 6

Means and t-Values of the LBDQ with the Subscale Grouping into Two Dimensions
of Consideration and Initiation of Structure

Subscale	Consideration		Initiation of Structure		t
	Academic ^a	Financial ^b	Academic ^a	Financial ^b	
	Means		Means		
Tolerance of Uncertainty	2.80	2.55	1.133	Representation 1.80	2.21 2.204*
Persuasiveness	2.26	2.30	0.285	Demand Recon- ciliation	2.00 0.929
Tolerance of Freedom	2.02	2.32	1.348	Structure	2.16 1.90 1.616
Consideration	2.39	2.43	0.129	Role Assumption	2.22 2.28 1.053
Integration	2.53	2.54	0.038	Production Emphasis	2.61 2.78 1.063
				Predictive Accuracy	2.43 2.38 0.494
				Superior Orientation	2.33 2.21 1.951
Dimension Total	2.40	2.43	0.0598	2.25	2.25 0.0217

*p ≤ .05.

a_N = 34.b_N = 28.

noticed is in the direction of the academic administrators whose higher mean scores suggest stronger managerial effectiveness than financial administrators. The academic administrators received higher rating than financial administrators on five of the six areas of the Administrative Skills Rating Form.

Hypothesis 2: There is no difference in the leader behavior scores (as measured by the subscales of the LBDQ) of financial administrators and academic administrators in medical school.

Findings: Table 6 indicates that financial administrators obtained different leader scores than did academic administrators on only one of the twelve subscales. On the Representation subscale, financial administrators received a significantly greater mean score. The larger mean score was indicative of the relative absence of this quality by financial administrators. There were no significant differences between the mean scores of financial and academic administrators on the other subscales. The hypothesis of no difference is not rejected.

Hypothesis 3: There is no difference in the mean score on the Consideration dimension of the LBDQ between the financial and academic administrators in medical schools.

Findings: Table 6 indicates that there was no significant difference in the overall mean scores between financial

and academic administrators on the dimension of Consideration. Therefore, the null hypothesis is not rejected.

Hypothesis 4: There is no difference in the mean score on the Initiation of Structure dimension of the LBDQ between financial and academic administrators.

Findings: Table 6 indicates that there was no significant difference in the overall mean scores between financial and academic administrators on the dimension of Initiation of Structure. Therefore, the null hypothesis is not rejected.

Hypothesis 5: There is a positive association between managerial effectiveness and leadership behavior for financial administrators.

Findings: The positive relationship shown (Table 7) between managerial effectiveness and leadership behavior for financial administrator was not a statistically significant one ($\alpha = .05$). However, these findings suggest some support for the contention that a positive relationship exists.

Hypothesis 6: There is a positive association between managerial effectiveness and leadership behavior for academic administrators.

Findings: The positive relationship that existed between managerial effectiveness and leadership behavior for academic administrators (Table 7) is not significant.

Table 7

Correlation Coefficients Expressing the Relationship
between Managerial Effectiveness and Leadership
Behavior of Academic and Financial
Administrators

Administrators	Leadership Behavior	Managerial Effectiveness	Correlations
	Means	Means	
Academic ^a	2.33	4.49	.71 ^c
Financial ^b	2.33	3.52	.64 ^c

^aN = 9.

^bN = 8.

^cCorrelation not significant. $\alpha = .05$.

III. DISCUSSION

Medical schools are uniquely different as institutions of higher education. Academic administrators who serve as faculty members are almost always physicians and dentists, who are highly prized and respected as professionals. Historically, the profession of medicine has ranked as one of the most valued occupations. A certain mystique associated with the medical profession has been internalized into the belief system of American society. Members of the medical profession are perceived by others, and also see themselves, as being on the top of the professional hierarchy. The traditional doctor-patient relationship is based on an authoritarian behavior model—the physician, possessor of specialized information, orders and directs patients as to their health and well-being, and the patient complies. Physicians in this dominant-submissive relationship receive positive reinforcement for their authoritarian behavior which emerges as an interactional pattern between and among other administrators within a medical school environment. In addition, training in human relations is not an integral part of the medical school curriculum. Therefore, if academic administrators acquire administrative skills (human relations) it is through trial and error. Hence, physicians may be evaluated by others based upon the caliber of their patients and their personal income level. As Martin Brown

observed, the medical and health-care profession reflects the general society:

The division of roles found in the family also appears in the health profession, the physician being, according to conventional wisdom, the unquestioned leader of the health care system; the administrator and/or other paraprofessionals, the dependents and supportive appendages to the physicians.⁵⁵

Hence, an economically successful physician in a medical school environment may well be evaluated by others as an effective one. In situations such as medical schools the individual would be hard pressed to distinguish between his role as a physician and his role as an administrator. Success in one area would easily equate to effectiveness in another by many observers.

Both groups of administrators were generally perceived by their superiors as being effective; yet, the differences in effectiveness were perceived as being greater by the superiors on the administrative rating instrument than the differences in the behavioral dimensions as perceived by the subordinates on the behavioral instrument (LBDQ). The differences in perceptions between superiors' and subordinates' evaluations could be because the superiors are in closer and more frequent contact with the administrator than the subordinate.

⁵⁵Martin Brown, "Medicine's Dual Society: A two-class structure of health care mirrors the outer world," The Progressive, Vol. 43, No. 3, March 1979, 33.

A possible explanation for the finding of a significant difference in managerial effectiveness of financial and academic administrators in medical schools being in the direction of academic administrators may be found in the content of the self-protectiveness of the medical profession. Physicians and/or academic administrators, as members of the same profession, would be hard pressed to evaluate one another as less than effective because of their commonality, i.e., training and experiences. An evaluation by one physician of another physician as something less than effective, would be to render one's own training as inadequate. This concept may be found to a lesser degree within the financial profession. Other professionals within a medical school (financial administrators) do not have the same professional concepts operating when they render an evaluation of one another. Because there are no professional elitist concepts to protect, an evaluation can perhaps be rendered more realistically.

Observing the data graphically, it is seen that the total number of academic administrators (both schools A and B) and the total number of financial administrators show a similar mean score on all behavioral subscales (Figure 6, page 64). While the behavioral dimensions of these two groups of administrators are observed to be similar when combined (Figure 6, page 64). A partitioning of the two

groups of administrators by schools (Figures 7 and 8, pages 66 and 67) show that the mean scores for academic administrators are very similar, but the mean scores for financial administrators are considerably different. The reasons for the noticed differences were not determined, but may well be found in demographic variables. When the mean scores of the two groups of administrators are further partitioned by a within school comparison an interesting pattern is seen (Figures 9 and 10, pages 69 and 70). Academic administrators at school A show a higher mean score than financial administrators on twelve subscales of the LBDQ (Figure 9) while the reverse pattern is noticed in school B, i.e., the financial administrators showed a higher mean score than academic administrators (Figure 10, page 70).

An explanation for the findings of no difference in the behavior of financial and academic administrators may be the process of socialization that occurs between these two groups. The two groups of administrators in medical schools work together in close proximity and so do their subordinates. A process of learning takes place, i.e., as a leader, one learns from his peers what behaviors are necessary to become a good administrator. In the case of financial and academic administrators in medical schools they may very well learn from each other, since they are close enough to observe each other's behaviors. Furthermore, their subordinates may also

learn from each other what behavior is expected of a good administrator. The similarity in the two groups of administrators (as noticed in the finding for hypothesis 2) may be due to the subordinates' realization that functions performed by administrators resulted from their collective expectation.

The behavioral dimensions of both groups of administrators in this study were perceived by their subordinates to be relatively high (mean scores of less than or equal to 3). This suggests that the behaviors of the administrators in this study are similar to the behaviors of leaders found in the literature.⁵⁶ Halpin's studies of various types of leaders showed that they scored high on the leader dimensions of the LBDQ despite the organization in which they held their positions. The findings of a positive leader profile was an expected finding in this study.

⁵⁶Andrew W. Halpin, "The Leadership Behavior of School Superintendents" (Chicago: Midwest Administration Center, University of Chicago, 1959, reprinted), p. 12.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

I. SUMMARY

The objectives of this study were to show that the managerial effectiveness of academic and financial administrators in medical schools are similar and that they also possess similar leader behavioral dimensions. Furthermore, if it could be shown that these two groups of administrators had similar effectiveness and similar behavioral patterns it would suggest that the administrative functions of academic administrators could be assumed by the financial administrators in selected tasks (e.g., budgeting, personnel management, etc.). This would seem feasible especially since financial administrators have received training in these selected tasks.

The study investigated whether there were differences between managerial effectiveness and leader behavioral patterns of academic and financial administrators within selected medical schools. It has been shown that certain behavioral patterns influence managerial effectiveness.

In order to accomplish these objectives two instruments were used in the study. The Administrative Skills Rating Form was used by the administrators' superiors who rated them

on their level of effectiveness on several performance variables, and the Leader Behavior Description Questionnaire was used to obtain a description of the administrators' behavior by subordinate group members.

When examining the differences of effectiveness in the performance of administrative functions of academic and financial administrators in medical schools the data lead to the conclusion that a significant difference does exist. The data indicated that academic administrators showed a higher mean score on effectiveness than did financial administrators when evaluated by their superiors on five of the six ratings (Table 5, page 72).

One possible explanation for the present outcome of the data, i.e., the significant difference in effectiveness found in two groups of administrators, could be that academic administrators may have been evaluated for their skills within their area of specialty rather than their administrative performance. Further, while both groups of evaluators possibly have had training in the behavioral sciences which would equip them to evaluate equally on behavioral dimensions; the academic evaluators in medical schools may be at a disadvantage when attempting to evaluate administrative performance, where the major daily emphasis is upon medical outcome as opposed to administrative functions.

The data showed that there was no statistically significant difference (using the t-test) between the

behavioral patterns of academic and financial administrators in medical schools. Of the twelve dimensions of the LBDQ, there was one dimension, "Representation" which was significantly different in the direction of the academic administrators.

Although the size of the population studied precludes statistically strong conclusions based on observed results, a difference in the behavioral patterns of academic and financial administrators in medical schools as viewed by subordinates is not indicated (Table 6, page 73).

In analyzing the relationship between leadership behavior and managerial effectiveness the data show that while a positive relationship exists, this relationship is not statistically significant.

The Pearson product moment correlation coefficient (r) was used to test the hypothesis of no association between the mean on the behavioral dimensions and the mean on the effectiveness rating. The findings as indicated by the measure (r) led to the conclusion that there was no significant relationship between the leader's behavior as evaluated by subordinates, and effectiveness, as evaluated by superiors.

Many of the questions raised in this study could possibly be resolved if a larger sample size was available, e.g., age, race, sex, and length of service of the individual could have a meaningful effect on the results.

II. CONCLUSIONS

1. Superiors of academic administrators in medical schools would find it difficult to allow the administrative functions of academic administrators to be performed by non-academic administrators.

2. If left to the subordinates of academic and financial administrators based on the behavioral patterns of the two groups of administrators, their functions could be shifted without any negative effect.

3. The existing patterns of carrying out administrative responsibilities of financial and academic administrators in medical schools are effective ways of operating these institutions.

III. RECOMMENDATIONS

1. Future research on academic and financial administrators' behavior and effectiveness in medical schools should differentiate on demographic variables.

2. The instruments, especially the Administrative Skill Rating Form, should be personally administered by a trained interviewer instead of being mailed, to insure that the respondents understand the purpose of the rating.

3. The administrative responsibilities of academic administrators in medical schools should not be performed by other administrators based on the evidence of this study.

4. Additional research to include a larger number of medical schools would be helpful in answering some of the problems raised in this study.

BIBLIOGRAPHY

BIBLIOGRAPHY

- Argyris, Chris. "T-Group for Organizational Effectiveness," Organizational Change and Development, eds. G. W. Dalton et al. R. D. Irwin, Homewood, Ill., 1970.
- Balderston, F. E. "Cost Analysis in Higher Education," California Management Review (Fall, 1974), 1968, 95.
- Barnard, Chester. Function of the Executive. Cambridge, Massachusetts: Harvard University Press, 1938.
- Barzum, Jacques. The American University. New York: Harper and Row, 1978.
- Blake, R. B. and J. S. Mouton. The Managerial Grid. Houston: Gulf Publishing Company, 1964.
- Blau, Peter M. The Organization of Academic Work. New York: John Wiley and Sons, 1973.
- Blau, Peter M. and W. Richard Scott. Formal Organizations: A Comparative Approach. San Francisco, California: Chandler Publishing Co., 1962.
- Boissoneau, Robert. "No. 1 is Financial Management," Hospital Financial Management (February 1976), 14-15.
- Bowen, Jr., Charles P. "Let's Put Realism into Management Development," Harvard Business Review, Vol. 15, No. 4 (July-August, 1973), 80.
- _____. The Carnegie Commission Report on Higher Education: More Effective Use of Resources. San Francisco: Jossey-Bass Publishers, 1972.
- _____. "The Change Panel on Academic Economics, Some Definitions of Educational Cost College and Money: A Faculty Guide to Academic Economics," Change Magazine and Educational Change, 1976, 18.
- Crubacher, John S. and Willis, Rudy. Higher Education in Transition. New York: Harper and Row, 1958.
- Drucker, Peter. Concept of the Corporation. New York: John Day Company, 1964.

- Etzioni, Amitai. "Authority Structure and Organizational Effectiveness," Administrative Science Quarterly, Vol. 4, No. 1 (June 1959), 43-67.
- Evenson, Warren L. "Leadership Behavior of High School Principals," National Association of Secondary Schools Principals Bulletin, Vol. 43 (September 1959).
- Fein, Rashi and Gerald I. Weber, eds. "Financing Medical Education," Carnegie Commission on Higher Education. San Francisco: Jossey-Bass Publishers, 1971.
- Fieldler, Fred E. A Theory of Leadership Effectiveness. New York: McGraw-Hill, 1967.
- Getzels, Jacob W. and Egon Guga. "Social Behavior and the Administrative Process," The School Review, Vol 65 (Winter, 1957).
- Gibb, Cecil A. "Leadership," Handbook of Social Psychology, ed. Gardner Lindzey. Cambridge, Massachusetts: Addison Wesley Publishing Co., 1954.
- Gulick, Luther. "Notes on the Theory of Organization." Papers on the Science of Administration, Luther Gulick and Lyndall F. Urwich, eds. New York: Institute of Public Administration, Columbia University, 1937.
- Halpin, Andrew W. "The Leader Behavior and Effectiveness of Aircraft Commanders." Leader Behavior: Its Description and Measurement, eds. R. M. Staghill and A. E. Coons. Research Monograph Series, No. 88. Columbus: Ohio State University Press, 1957.
- Halpin, Andrew W. The Leadership Behavior of School Superintendents. Chicago: Midwest Administration Center, University of Chicago, 1959.
- Halpin, Andrew W. Theory and Research in Administration. London: The MacMillan Company, Collier-MacMillan Limited, 1960.
- Halpin, Andrew W. and B. James Winer. "Factorial Study of the Leader Behavior: Its Description and Measurements, eds. R. M. Stoddill and A. E. Coons. Research Monograph Series, No. 88. Columbus: Ohio State University Press, 1957.

- Hemphill, John K. "Patterns of Leadership Behavior, Associated with Administrative Reputation in the Department of a College," Journal of Educational Psychology, Vol. 46 (November 1955), 339-401.
- Hershey, Paul and Kenneth H. Blanchard. Management of Organizational Behavior: Utilizing Human Resources. New Jersey: Prentice-Hall, Inc., 1972.
- Lawrence, Paul R. and Jay W. Lorsch. Organization and Environment: Managing Differentiation and Integration. New York: Richard D. Irwin, Inc., 1969.
- Likert, Rensis. New Patterns of Management. New York: McGraw-Hill, 1961.
- March, James G. and Herbert A. Simon. Organization. New York: John Wiley and Sons, Inc., 1958.
- McCraig, Robert. "Staff Development for University and College Administration in Australia," The Journal of Educational Administration, Vol. 13, No. 2 (October 1975), 13-17.
- Moser, Robert P. "The Leadership Patterns of School Superintendents and School Principals," Administrator's Notebook, Vol. 6, No. 1 (September 1957), 1-4.
- Skipper, C. E. "Personal Characteristics of Effective and Ineffective University Leaders," College and University, Vol. 51, No. 2, (Winter 1976).
- Stogdill, Ralph M. and A. E. Coons, eds. Leader Behavior: Its Descriptions and Measurements. Research Monograph Series, No. 88. Columbus: Ohio State University Press, 1957.
- Stogdill, Ralph M. Individual Behavior and Group Achievement. New York: Oxford University Press, 1959.
- Walton, Richard E. and John M. Dutton. "The Management of Interdepartmental Conflict: A Model and Review," in Organization Behavior and Management: A Contingency Approach, eds. Henry L. Tosi and W. Clay Hamner. Chicago: St. Clair Press, 1974.

Zaleznik, Abraham. "Managers and Leaders: Are They Different?" Harvard Business Review. Vol. 55, No. 3 (May-June, 1977), 67.

APPENDIXES

APPENDIX A

LEADER BEHAVIOR DESCRIPTION QUESTIONNAIRE

Purpose of the Questionnaire

On the following pages is a list of items that may be used to describe the behavior of your supervisor. Each item describes a specific kind of behavior, but does not ask you to judge whether the behavior is desirable or undesirable. Although some items may appear similar, they express differences that are important in the description of leadership. Each item should be considered as a separate description. This is not a test of ability or consistency in making answers. Its only purpose is to make it possible for you to describe, as accurately as you can, the behavior of your supervisor.

Note: The term, "group," as employed in the following items, refers to a department, division, or other unit of organization that is supervised by the person being described.

The term "members," refers to all the people in the unit of organization that is supervised by the person being described.

Directions:

- a. READ each item carefully.
- b. THINK about how frequently the leader engages in the behavior described by the item.
- c. DECIDE whether he (A) always, (B) often, (C) occasionally, (D) seldom or (E) never acts as described by the term.
- d. DRAW A CIRCLE around one of the five letters (A B C D E) following the item to show the answer you have selected.

A—Always
B—Often
C—Occasionally
D—Seldom
E—Never

- e. MARK your answers as shown in the examples below

Example: He often acts as described A B C D E

Example: He never acts as described A B C D E

Example: He occasionally acts as described A B C D E

-
1. He acts as the spokesman of the group A B C D E
 2. He waits patiently for the results of a
decision A B C D E
 3. He makes pep talks to stimulate the group . . . A B C D E
 4. He lets group members know what is expected
of them A B C D E
 5. He allows the members complete freedom in
their work A B C D E
 6. He is hesitant about taking initiative in the
group A B C D E
 7. He is friendly and approachable A B C D E
 8. He encourages overtime work A B C D E
 9. He makes accurate decisions A B C D E
 10. He gets along well with the people above him . . A B C D E
 11. He publicizes the activities of the group . . . A B C D E
 12. He becomes anxious when he cannot find out what
is coming next A B C D E
 13. His arguments are convincing A B C D E
 14. He encourages the use of uniform procedures . . A B C D E
 15. He permits the members to use their own
judgment in solving problems A B C D E
 16. He fails to take necessary action A B C D E
 17. He does little things to make it pleasant to be
a member of the group A B C D E
 18. He stresses being ahead of competing groups . . A B C D E

A—Always
 B—Often
 C—Occasionally
 D—Seldom
 E—Never

19. He keeps the group working together as a team. . . A B C D E
20. He keeps the group in good standing with
 higher authority A B C D E
21. He speaks as the representative of the group . . A B C D E
22. He accepts defeat in stride A B C D E
23. He argues persuasively for his point of view . . A B C D E
24. He tries out his ideas in the group A B C D E
25. He encourages initiative in the group members. . A B C D E
26. He lets other persons take away his leadership
 in the group A B C D E
27. He puts suggestions made by the group into
 operation A B C D E
28. He needles members for greater effort A B C D E
29. He seems able to predict what is coming next . . A B C D E
30. He is working hard for a promotion A B C D E
31. He speaks for the group when visitors are
 present A B C D E
32. He accepts delays without becoming upset A B C D E
33. He accepts delays without becoming upset A B C D E
34. He makes his attitudes clear to the group . . . A B C D E
35. He lets the members do their work the way they
 think best A B C D E
36. He lets some members take advantage of him . . . A B C D E
37. He treats all group members as his equals . . . A B C D E
38. He keeps the work moving at a rapid pace A B C D E

A—Always
 B—Often
 C—Occasionally
 D—Seldom
 E—Never

39. He settles conflicts when they occur in A B C D E
40. His superiors act favorably on most of his suggestions A B C D E
41. He represents the group at outside meetings . . A B C D E
42. He becomes anxious when waiting for new developments A B C D E
43. He is very skillful in an argument A B C D E
44. He decides what shall be done and how it shall be done A B C D E
45. He assigns a task, then lets the members handle it A B C D E
46. He is the leader of the group in name only . . . A B C D E
47. He gives advance notice of changes A B C D E
48. He pushes for increased production A B C D E
49. Things usually turn out as he predicts A B C D E
50. He enjoys the privileges of his position A B C D E
51. He handles complex problems efficiently A B C D E
52. He is able to tolerate postponement and uncertainty A B C D E
53. He is not a very convincing talker A B C D E
54. He assigns group members to particular tasks . . A B C D E
55. He turns the members loose on a job, and lets them go to it A B C D E
56. He backs down when he ought to stand firm . . . A B C D E
57. He keeps to himself A B C D E

A—Always
B—Often
C—Occasionally
D—Seldom
E—Never

58. He asks the members to work harder A B C D E
59. He is accurate in predicting the trend of
events A B C D E
60. He gets his superiors to act for the welfare
of the group members A B C D E

APPENDIX B

ADMINISTRATIVE SKILLS RATING FORM

Directions: Read all five options for each statement. After you have determined which option most nearly fits the administrator, place a check (✓) opposite your choice.

1. Planning ability:

- _____ 1. Fails to see ahead.
- _____ 2. Does less than the required amount of planning.
- _____ 3. Does adequate amount of planning for a task.
- _____ 4. Does more than the required amount of planning.
- _____ 5. Capable of top level planning.

2. Knowledge about job:

- _____ 1. Job knowledge inadequate.
- _____ 2. Acts only when directed, needs supervision.
- _____ 3. Knows job and performs satisfactorily.
- _____ 4. Knows own job exceptionally well.
- _____ 5. Knows more and acts on more knowledge than required.

3. Quality of task performed:

- _____ 1. Inclined toward carelessness.
- _____ 2. Manually does work with some degree of accuracy.
- _____ 3. Does required amount of work with acceptable departmental standards.
- _____ 4. Work is rarely rejected, shows consideration for accuracy and thoroughness.

_____ 5. Skillful, smooth, coordinated with work skills.

4. Organization and management:

_____ 1. A poor organizer.

_____ 2. Occasionally seeks to organize work efforts of the department.

_____ 3. Organizes appropriate plans to accomplish task assigned to the department.

_____ 4. Does more than is required to see that plans are implemented.

_____ 5. Brings about maximum effectiveness of departmental plans.

5. Initiative and interests:

_____ 1. No initiative or interest.

_____ 2. Seldom sure what to do next—needs frequent directions.

_____ 3. Sees what should be done and does it.

_____ 4. Finds constructive work to do beyond assignment.

_____ 5. Has by his own initiative and interest added much to the department.

6. Judgment:

_____ 1. Inclined to jump to conclusions.

_____ 2. Judgment dependable on routine matters.

_____ 3. Gathers essential facts before making a decision.

_____ 4. Acts only after weighing the relative values of all positions.

_____ 5. Thinks intelligently and draws logical conclusions.

APPENDIX C

LETTER OF INTRODUCTION

Academic Administrator—Dean

Dear Administrator:

By way of introduction, I am a graduate student at The University of Tennessee, Knoxville, in pursuit of an Ed.D. in Educational Administration. I am currently preparing to conduct the research for my doctoral dissertation. The purpose of the study is to obtain information on the relationship between managerial effectiveness and leadership behavioral patterns of medical school administrators. Specifically, the study will compare leadership behaviors and managerial effectiveness of academic and financial administrators in medical schools.

As an administrator in your school, I am seeking your permission first to have this study conducted in your school and second to have you to complete the Administrative Skills Rating form on the following five academic administrators in your school. They are as follows: Chairmen for the Departments of Pediatrics, Psychiatry, Surgery, Medicine and Obstetrics and Gynecology. A Leader Behavior Description Questionnaire will be completed by four to five subordinates for each of the above listed department chairmen.

Reports of the findings are to be presented in tabular form, thereby assuring each participant anonymity. Individual data will remain confidential. The confidentiality of the information will be provided for the following manner:

When the questionnaire and consent forms are returned to the researcher they will be coded. The consent forms, relating the individual to his/her specific code number, will be kept in a locked cabinet to insure that the research subjects' confidentiality will not be violated. At no point in the data handling process will the subject's name or address be attached to the data on that subject. Access to the locked file

will be limited only to authorized members of
the research staff.

I am including a consent form for your signature. I
appreciate your assistance.

Very truly yours,

James C. Garrett,
Researcher

JCG

APPENDIX D

A STUDY OF THE COMPARATIVE BEHAVIORAL PATTERNS OF FINANCIAL AND ACADEMIC ADMINISTRATORS AND THEIR MANAGERIAL EFFECTIVENESS IN SELECTED MEDICAL SCHOOLS IN THE STATE OF TENNESSEE

Consent Form

The purpose and nature of this study has been explained to me. I understand that I am to complete, as dean of the school of medicine, an Administrative Skill Rating form for the following department chairmen: Pediatrics, Psychiatry, Surgery, Medicine and Obstetrics and Gynecology. I further understand that any information which I give will be kept confidential and that nothing which can identify me personally in the study will be used or revealed without my written consent.

* * *

Check One

_____ I do agree to participate in the study.

_____ I do not agree to participate in the study.

Signature: _____ Date: _____

APPENDIX E

LETTER OF INTRODUCTION TO DEPARTMENTAL HEAD

Academic Administrator (Departmental Head)

Dear Administrator:

By way of introduction, I am a graduate student at The University of Tennessee, Knoxville, in pursuit of an Ed.D. in Educational Administration. I am currently preparing to conduct the research for my doctoral dissertation. The purpose of the study is to obtain information on the relationship between managerial effectiveness and leadership behavior patterns of medical school administrators. Specifically, the study will compare leadership behaviors and managerial effectiveness of academic and financial administrators in medical schools.

As an administrator in your school, you are asked to be a participant in this study. If you agree to participate in this study, an Administrative Skills Rating form will be completed by your divisional head and a Leader Behavior Description Questionnaire will be completed by four individuals in your department who report directly to you. Specifically, you will be rated by your superior evaluating your effectiveness as an administrator and by four of your subordinates, who will evaluate your possession of certain leadership behavioral characteristics. A copy of these instruments are enclosed for your examination.

Your participation, along with those of your peers, are to be the data upon which my study is based. Reports of the findings are to be presented in tabular form, thereby assuring each participant's anonymity. Individual data will remain confidential. The confidentiality of the information will be provided for in the following manner:

When the questionnaire and consent forms are returned to the researcher they will be coded. The consent forms, relating the individual to his/her specific code number, will be kept in a locked cabinet to insure that the research subjects' confidentiality will not be violated. At no point in the data handling process will the subject's name or address be attached to

the data on that subject. Access to the locked file will be limited only to authorized members of the research staff.

I am enclosing a consent form for your signature. I appreciate your assistance.

Very truly yours,

James C. Garrett,
Researcher

JCG

Enclosures

APPENDIX F

A STUDY OF THE COMPARATIVE BEHAVIORAL PATTERNS OF FINANCIAL AND ACADEMIC ADMINISTRATORS AND THEIR MANAGERIAL EFFECTIVENESS IN SELECTED MEDICAL SCHOOLS IN THE STATE OF TENNESSEE

Consent Form

The purpose and the nature of this study has been explained to me. I understand that an Administrative Skill Rating form will be completed by my division head as an evaluation of my managerial effectiveness. I further understand that up to as many as four of my subordinates will be selected to complete a Leader Behavior Description Questionnaire.

I understand that any information given about me will be kept confidential and that nothing which can identify me personally in the study will be used or revealed without my written consent.

* * * *

Check One

_____ I do agree to participate in the study.

_____ I do not agree to participate in the study.

Signature: _____ Date: _____

APPENDIX G

LETTER OF INTRODUCTION TO CHIEF FINANCIAL ADMINISTRATOR

Dear Administrator:

By way of introduction, I am a graduate student at The University of Tennessee, Knoxville, in pursuit of an Ed.D. in Educational Administration. I am currently preparing to conduct the research for my doctoral dissertation. The purpose of the study is to obtain information on the relationship between managerial effectiveness and leadership behavioral patterns of medical school administrators. Specifically, the study will compare leadership behaviors and managerial effectiveness of academic and financial administrators in medical schools.

As the chief financial administrator in your institution, I am seeking your permission first to have this study conducted in your area and second to have you complete the administrative Skills Rating form on the following administrators: Treasurer, Accounts Payable, Internal Auditor and the Purchasing Director. A Leader Behavior Description questionnaire will be completed by five subordinates for each of the above listed department chairmen.

Reports of the findings are to be presented in tabular form thereby assuring each participant anonymity. Individual data will remain confidential. The confidentiality of the information will be provided for the following manner:

When the questionnaire and consent forms are returned to the researcher they will be coded. The consent forms, relating to the individual to his/her specific code number, will be kept in a locked cabinet to insure that the research subjects' confidentiality will not be violated. At no point in the data handling process will the subject's name or address be attached to the data on that subject. Access to the locked file will be limited only to authorized members of the research staff.

I am including a consent form for your signature. I appreciate your assistance.

Yours very truly,

James C. Garrett,
Researcher

JCG/mw

APPENDIX H

A STUDY OF THE COMPARATIVE BEHAVIORAL PATTERNS OF FINANCIAL AND ACADEMIC ADMINISTRATORS AND THEIR MANAGERIAL EFFECTIVENESS IN SELECTED MEDICAL SCHOOLS IN THE STATE OF TENNESSEE

Consent Form

The purpose and nature of this study has been explained to me. I understand that I am to complete, as Chief Financial Administrator, an Administrative Skill Rating form for the following department chairmen: Treasurer, Controller, Budget Director, and the Purchasing Director. I further understand that any information which I give will be kept confidential and that nothing which can identify me personally in the study will be used or revealed without my written consent.

* * * *

Check One

_____ I do agree to participate in the study.

_____ I do not agree to participate in the study.

Signature: _____ Date: _____

APPENDIX I

LETTER OF INTRODUCTION TO FINANCIAL ADMINISTRATOR

Dear Administrator:

By way of introduction, I am a graduate student at The University of Tennessee, Knoxville, in pursuit of an Ed.D. in Educational Administration. I am currently preparing to conduct the research for my doctoral dissertation. The purpose of the study is to obtain information on the relationship between managerial effectiveness and leadership behavior patterns of medical school administrators. Specifically, the study will compare leadership behaviors and managerial effectiveness of academic and financial administrators in medical schools.

As an administrator in your school, you are asked to be a participant in this study. If you agree to participate in this study, an Administrative Skills Rating form will be completed by your divisional head and a Leader Behavior Description Questionnaire will be completed by four individuals in your department who report directly to you. Specifically, you will be rated by your superior evaluating your effectiveness as an administrator and by four of your subordinates, who will evaluate your possession of certain leadership behavioral characteristics. A copy of these instruments are enclosed for your examination.

Your participation, along with those of your peers, are to be the data upon which my study is based. Reports of the findings are to be presented in tabular form, thereby assuring each participant's anonymity. Individual data will remain confidential. The confidentiality of the information will be provided for in the following manner:

When the questionnaire and consent forms are returned to the researcher they will be coded. The consent forms, relating the individual to his/her specific code number, will be kept in a locked cabinet to insure that the research subjects' confidentiality will not be violated. At no point in the data handling process will the subject's name or address be attached to the data on that subject. Access to the locked file will be limited only to authorized members of the research staff.

I am enclosing a consent form for your signature. I appreciate your assistance.

Very truly yours,

James C. Garrett,
Researcher

JCG

enclosures

APPENDIX J

A STUDY OF THE COMPARATIVE BEHAVIORAL PATTERNS OF FINANCIAL AND ACADEMIC ADMINISTRATORS AND THEIR MANAGERIAL EFFECTIVENESS IN SELECTED MEDICAL SCHOOLS IN THE STATE OF TENNESSEE

Consent Form

The purpose and the nature of this study has been explained to me. I understand that an Administrative Skill Rating form will be completed by my division head as an evaluation of my managerial effectiveness. I further understand that up to as many as four of my subordinates will be selected to complete a Leader Behavior Description Questionnaire.

I understand that any information given about me will be kept confidential and that nothing which can identify me personally in the study will be used or revealed without my written consent.

* * *

Check One

_____ I do agree to participate in the study.

_____ I do not agree to participate in the study.

Signature: _____ Date: _____

APPENDIX K

LETTER OF INTRODUCTION TO ADMINISTRATOR

Dear Administrator:

By way of introduction, I am a graduate student at The University of Tennessee, Knoxville, in pursuit of an Ed.D. in Education Administration. I am currently preparing to conduct the research for my doctoral dissertation. The purpose of the study is to obtain information on the relationship between managerial effectiveness and leadership behavior patterns of administrators. Specifically, the study will compare leadership behavior and leadership effectiveness of academic and financial administrators.

As an administrator in your school, your permission is sought to participate in this study. If you agree to participate in this study, a Leader Behavior Description Questionnaire will be given to you in order for you to describe the behavior of your superior. Each item of the questionnaire describes a specific kind of behavior, but does not ask you to judge whether the behavior is desirable or undesirable.

Your participation, along with those of others of your peers, are to be the data upon which my study is based. Reports of the findings are to be presented in tabular form, thereby assuring each participant's anonymity. Individual data will remain confidential. The confidentiality of the information will be provided for in the following manner:

When the questionnaire is returned to the researcher the consent form is handed in and a code number attached. The consent forms are kept in a locked cabinet to assure that research subjects' confidentiality will not be violated. At no point in the data handling process is the subject's name or address attached to the data on that subject. Access to the locked file is limited only to the authorized members of the research staff.

This study has been explained to _____
who has given his/her consent to be a participant in this
study and evaluated as described above.

I appreciate your assistance.

Very truly yours,

James C. Garrett,
Researcher

JCG/mw

enclosures

VITA

James Carter Garrett was born in 1940 in Nashville, Tennessee. He graduated from Pearl High School, Nashville, Tennessee, in 1958.

In 1962 he received his Bachelor of Arts degree in history and from Fisk University, Nashville, Tennessee. In 1968 he earned a Master of Arts degree from Tennessee State University, with a major in Education Administration and Supervision. He entered The University of Tennessee, Knoxville, in the Department of Education Administration and Supervision with an emphasis in the administration of higher educational institutions. In December 1980, he was awarded the Doctor of Education degree with a major in Education Administration and Supervision.

Since completing the dissertation, he has been employed by Meharry Medical College as the corporate Treasurer for the college.