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To the Graduate Council:

I am submitting herewith a thesis written by Sister Dorothy Mary Thum entitled "Attitudes of Hospital Dietary Supervisors as Affected by a Training Program." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Food Systems Administration.

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Vice Chancellor for
~~Graduate Studies and~~ Research

ATTITUDES OF HOSPITAL DIETARY SUPERVISORS AS AFFECTED BY A TRAINING PROGRAM

A Thesis

Presented to

the Graduate Council of

The University of Tennessee

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

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by

Sister Dorothy Mary Thum

March 1974

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ABSTRACT

Attitudes of hospital dietary supervisors were measured as affected by a training program. The training program consisted of slides and a commentary on the managerial skills used by supervisors.

A pretest and posttest on the content of the training program were given to the supervisors participating in the training program. An attitude questionnaire was administered to the supervisors in the training program and to their subordinates. The supervisors and subordinates were classified by levels of education and periods of employment.

The mean scores of the achievement posttest showed a significant increase over the mean scores of the achievement pretest. This could indicate an increase in knowledge on the content of the training program by the participating supervisors. The attitude questionnaire mean scores of the participating supervisors did not show a significant increase. The supervisors' and the subordinates' attitude questionnaire mean scores differed significantly on the pretest and posttest. Attitudes are difficult to change, and do not necessarily result in a change of behavior. There were inconsistent changes in mean attitude questionnaire scores for the classifications of biographical data attributable to the small numbers in each classification.

The results of this study indicated that the attitude questionnaire posttest mean scores of the supervisors did not increase significantly

after the training program. The achievement posttest mean scores did increase significantly after the training program.

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CHAPTER I

INTRODUCTION

First line supervisors are key factors in achieving organization effectiveness shown by work group satisfaction and performance (Rowland and Scott, 1968). The supervisor can be trained to develop a flexible leadership style and to adapt this style to the needs of the work group (Fiedler, 1967). This training in leadership style is essentially attitude training (Gordon, 1955).

Attitudes function as a basic determinant of behavior (Fishbein, 1967a). Attitudes may be measured by the use of an attitude questionnaire. "An attitude survey can be employed as a sensitive instrument which will convey otherwise unobtainable information indicating where all is well and where remedial action is needed" (Donovan, 1971).

Training programs affect changes in attitudes (Carroll et al., 1972). The training of supervisors helps the person to think in terms of the whole organization (Schmuckler, 1971). This acquisition of new knowledge is a continuing responsibility for all supervisors (Sartain and Baker, 1965).

The purpose of this study was to measure the attitudes of hospital dietary supervisors as affected by a training program.

CHAPTER II

REVIEW OF LITERATURE

I. ATTITUDES

The Nature of Attitudes

"An attitude is the predisposition of the individual to evaluate some symbol or object or aspect of his world in a favorable or an unfavorable manner" (Katz, 1960). The evaluation dimension of an attitude enables the measurement of favorableness or unfavorableness toward a concept of a person's world (Fishbein, 1967b).

Opinions can be viewed as the verbal expression of an attitude, but an attitude also may have a nonverbal expression (Katz, 1960). Attitudes include an affective or feeling core, and a cognitive or belief element. When specific attitudes are organized into a heirarchical structure, then they form a value system.

The major functions which attitudes perform for the individual can be grouped according to their motivational basis as follows (Katz, 1960):

1. Adjustive function: recognition that individuals strive to maximize the rewards in their external environment and minimize the penalties.
2. Ego-defensive function: protection of the ego of the individual from his own unacceptable impulses and from the knowledge of threatening forces from without the person.

3. Value-expressive function: positive expression of a person's central values and the type of person he conceives himself to be.
4. Knowledge function: ability to give meaning to an individual's frame of reference.

Attitudes have different dimensions. The intensity of an attitude refers to the strength of the affective component (Katz, 1960). The dimensions of the cognitive component are specificity or generality, and the degree of differentiation or number of beliefs. Attitudes can be related to a value system or to an individual's self-concept.

Behavior is a consequent of attitudes and can be viewed as an independent phenomenon related to attitudes. Behavior toward a given object is a function of many variables of which attitudes toward the object is only one. Behavior can be determined by situational or individual difference variables, rather than an attitude associated with the stimulus object (Fishbein, 1967a). Behavior is a function of the interaction between two attitudes: attitude toward the object and attitude toward the situation (Rokeach, 1968).

Attitude Change

Attitudes are developed in the process of making tension-reducing responses to various classes of objects (Halloran, 1967). Learning is the process which can modify an old attitude or replace it with a new one. Learning can start with a problem or being thwarted in coping with a situation (Katz, 1960). In order to arouse existing attitudes,

a relevant need state could be activated, and the appropriate cues associated with the content of the attitude can be perceived.

There are three main sources of attitude learning: (1) direct experience with objects and situations; (2) explicit and implicit learning from others; (3) personality development (Halloran, 1967).

Attitude change is more likely to occur (1) when a message which relates to the individual's needs is presented in such a way and at such a time that it is reinforced by related events; (2) when the change receives social support; (3) where channels of action or obstacles to action are pointed out to the individual (Halloran, 1967).

Changes in attitudes may occur at different levels within the individual corresponding to differences in the process whereby the individual accepts influence. Kelman (1967) distinguishes three different kinds of processes: compliance, identification, and internalization. Compliance occurs when an individual accepts influence because he hopes to achieve a favorable reaction from another person or group. Identification can occur when an individual accepts influence because he wants to establish or maintain a satisfying self-defining relationship to another person or group. Internalization occurs when an individual accepts influence because the content of the induced behavior is intrinsically rewarding. The determinants of the three processes can be distinguished from one another in terms of the nature of the anticipated effect, the source of the influencing agent's power, and the manner in which the induced responses have become powerful.

Job Attitudes

Herzberg et al. (1959) describes two sets of factors which determine job attitudes: hygiene factors and motivators. Hygiene or maintenance factors describe the job environment and serve primarily to prevent job dissatisfaction while having little affect on positive attitudes. These factors include company policy and administration, supervision, interpersonal relations, working condition, and salary. The motivators are affective in motivating the individual to superior performance and effort. They contribute very little to job dissatisfaction. The satisfiers include achievement, recognition, work itself, responsibility, and advancement. The two dimensions of job attitudes reflect a two-dimensional need structure: one need system for the avoidance of unpleasantness and a parallel need for personal growth.

The needs that are usually taken as the starting point for motivation are the physiological drives (Maslow, 1943). If these needs are unsatisfied, all other needs become simply non-existent or are pushed into the background. As these needs are satisfied, higher needs emerge and dominate the individual.

After the physiological needs are satisfied, the next set of needs in the heirarchy of needs are the safety needs. They are concerned with the attempt of the individual to seek safety and stability in his world, to seek the familiar rather than the unknown. If these needs are fairly well gratified, then there will emerge the affiliation and belongingness needs. The individual hungers for close relations with people in general and for a place in his group.

The fourth set of needs are the ego needs in which a person has a desire for a stable, firmly based evaluation of himself. These include the desire for achievement, adequacy, confidence, recognition and appreciation. The final need is the desire for self-actualization. This is the tendency to become everything that one is capable of becoming.

In order for an individual to experience psychological success within an organization, individuals must value themselves and aspire to experience an increasing sense of competence. The organization provides opportunities for work in which the individual is able to define his immediate goals and his paths to these goals (Argyris, 1964).

II. SUPERVISORS

Role of a Supervisor

The supervisor plays a key role in the motivation of the individual worker who is constantly reacting to his total work environment (Elliott, 1970). The supervisor can be considered a leader who has the ability to influence the thinking, attitudes, and activities of others so that they willingly direct their behavior toward organizational objectives (Cribbin, 1972). Supervisors who are effective in accomplishing this are more likely to have subordinates who have more favorable attitudes toward members of their own work unit and toward the hospital as a whole (White, 1971).

According to Welch (1966), to supervise means to oversee; the supervisor is considered the middle manager. Managerial abilities needed by the middle manager include technical skills and human relations

skills. Middle management needs sufficient knowledge and skill to take the available information, produce the action or product desired by top management, train the workers who will take these actions or produce these products to management's standards, then see whether the workers whom they direct perform to meet those standards through supervision, and see that they do through control.

Standard studies of personnel behavior do not necessarily hold for the workers employed in the food service industry. Supervisors need to learn the backgrounds of the food service workers and their specific needs, so that policies and procedures may be instituted to gain satisfaction for the worker and increased efficiency for the manager. A correlation can exist between the ability of a supervisor to predict attitudes of his workers and a lower turnover rate (Morgan, 1973).

Supervisory Style

The leadership style of a supervisor is a product of many forces in the supervisor himself, in his subordinates, in the organizational system, and in the dynamic situation which is of immediate concern. These forces shape the pattern of leadership chosen by each supervisor who is adjusting to the many pressures and demands of each situation. The leadership style appropriate in one organizational system may be irrelevant in another system (Shetty, 1970).

The Survey Research Center of the University of Michigan has conducted research into the patterns of supervisory behavior (Mann and Dent, 1956). Supervisors must be able to meet the expectations of both

superiors and subordinates to do their jobs well. The supervisors that were rated higher by their superiors were pulling for both the company and the men, dealt effectively with others both on a man-to-man basis and on a group basis. The employees rated their supervisors higher if they used more positive rewards, and a more general style of leadership. The employees felt more free to discuss personal and job problems and were better trained for their jobs. This style of supervision also resulted in higher productivity.

Likert (1961) summarizes and interprets most of the leadership studies conducted by the Survey Research Center of the University of Michigan. Supervisors who have a relatively poor production record tend to concentrate on keeping their subordinates busily engaged in going through a specified work cycle in a prescribed way and at a satisfactory rate as determined by standards. Supervisors with the best records of performance focus their primary attention on the human aspects of their subordinates' problems, and on endeavoring to build effective work groups with high performance goals. Supervisors with the latter orientation were called employee-centered and those with the former orientation were called job-centered.

III. TRAINING

Training Programs

Rundquist (1972) enumerates ten steps in designing a training course:

1. Interpret course mission.

2. Identify job incumbent tasks.
3. Establish qualitative job entry standards.
4. Group job tasks for instructional planning.
5. Develop training tasks.
6. Specify tests.
7. Complete objectives.
8. Organize and schedule course.
9. Develop and conduct lesson plans.
10. Improve the course.

Many food service employees have never received any formal food service training prior to employment with the company (Gaurnier and Fisher, 1970). Training leads to the profitable use of a person's resources through which there is fulfillment of the individual and of the needs of the organization. The supervisor is the one responsible for training his workers in order to continually shape the behavior of his subordinates and create a situation in which they can help him to get the job done (Belsjoe, 1970). This is referred to as on-the-job training. Training also refers to activities ranging from the acquisition of simple motor skills to the development and change of complex socio-emotional attitudes (Bass and Vaughn, 1966).

Supervisors should be trained in methods of being firm and being soft and when to use each style (Odiorne, 1970). Training in a firm supervisory style helps the supervisor use corrective discipline, use key steps in decision making, and use reward and punishment. Training in a soft supervisory style enables the supervisor to obtain employee

participation, allow subordinates to set their own goals, and to change employee attitudes toward coercion.

Evaluation of Training

The purpose of training evaluation is to determine if the objective and content of the training course are consistent with the goals and current needs of the organization (Rose, 1968). Successful evaluation includes the assessment and comparison of employee competence before and after training. No single method or technique is adequate for the total evaluation of training.

The essentials for good training evaluation are the following points made by Belasco and Trice (1969):

1. A clear statement of the expected results of the change experience.
2. The development of relevant, reliable yardsticks which measure progress toward the stated objectives.
3. Application of the yardsticks in terms of the time span implied by the objective.
4. Establishment of an evaluation design which enables the researcher to distinguish the affects of change from those of other intervening contaminants.
5. Establishment of the kinds and sources of information required to evaluate the change experience in terms of the objective.
6. A specification and examination of underlying personality and situational factors which explain the change.

IV. ATTITUDE MEASUREMENT

Attitude Surveys

Attitude surveys are conducted for the following reasons (Byham, 1968): (1) to determine the desires of management and nonmanagement employees; (2) to determine which units require special attention; (3) to determine company policies causing dissatisfaction; (4) to audit the effectiveness of management training programs; (5) to evaluate the effectiveness of the various managers; (6) to determine the effectiveness of company communication.

A results-oriented attitude survey needs a sound conceptual framework. Survey planning begins with discussions of the problem and establishment of desired outcomes. Controls to assure confidentiality and completion of the survey need to be developed (Goode, 1973).

The attitude survey can have problems with obtaining results (Wheatley and Cash, 1973). It can have too many items which could encourage unfavorable reaction by the participants. The results of the survey need to be communicated to the participants as soon as possible along with the plans management has concerning the problem areas. If behavioral change is to result, the manager will perceive a relationship between his own behavior and the survey findings (Sirota, 1970).

Methods of Attitude Measurement

Fleishman (1953) studied the patterns of leadership behavior related to employee grievances and turnover. He defined the two leadership patterns as "Consideration" which includes behavior indicating

mutual trust, respect, and a certain warmth and rapport between the supervisor and his group, and as "Structure" which includes behavior in which the supervisor organizes and defines the role he expects each member to assume, assigns tasks, plans ahead, establishes ways of getting things accomplished, and pushes for production. Low consideration and high structure go with high grievances and high turnover.

Fiedler (1972) postulates two major styles of leadership in his "Contingency Model." One is a leadership style which is primarily task-oriented, and the other is primarily oriented toward attaining a position of prominence and self-esteem through good personal relations. The effectiveness of a group is contingent upon the relationship between leadership style and the degree to which the group situations enable the leader to exert influence. The leadership style is measured by means of the interperception scores which ask the leader to describe his most and least preferred coworker.

This review of literature indicates the importance of the measurement of attitudes of hospital dietary supervisors as affected by a training program.

CHAPTER III

PROCEDURE

The purpose of this study was to measure the changes in attitudes of hospital dietary supervisors as affected by a training program. The study followed these steps (Table 1): (1) a pilot attitude questionnaire was administered to supervisors and subordinates; (2) the revised attitude questionnaire was administered to supervisors and subordinates; (3) the supervisors in the training program answered an achievement pretest; (4) the training program was conducted; (5) the supervisors in the training program answered an achievement posttest; (6) the attitude questionnaire was administered to supervisors and subordinates; (7) background information on the supervisors and subordinates was obtained.

The training program was conducted at Fort Sanders Presbyterian Hospital, Knoxville, Tennessee. Supervisors from the dietary departments at Fort Sanders Presbyterian Hospital and from the University of Tennessee Memorial Hospital, Knoxville, Tennessee, attended the program. The instructors who administered the program were the department head and the assistant director of the dietary department from Fort Sanders Presbyterian Hospital. A total of 12 supervisors were in the training program. There were 41 subordinates working under these supervisors.

The training program consisted of a series of slides and tapes entitled "Arts of Supervision" produced by the Tennessee Hospital

TABLE I

FLOW CHART OF PROCEDURES

Subordinates		Supervisors	
1. Pilot attitude questionnaire administered		1. Pilot attitude questionnaire administered	
Experimental	Control	Experimental	Control
2. Revised attitude questionnaire administered	2. Revised attitude questionnaire administered	2. Revised attitude questionnaire administered	2. Revised attitude questionnaire administered
		3. Answered achievement pretest	
		4. Training program conducted	
		5. Answered achievement posttest	
6. Attitude questionnaire administered	6. Attitude questionnaire administered	6. Attitude questionnaire administered	6. Attitude questionnaire administered
7. Background information obtained	7. Background information obtained	7. Background information obtained	7. Background information obtained

Association (1971). The following seven topics were covered: (1) the responsibilities of a supervisor; (2) job assignments for subordinates; (3) decision making and problem solving; (4) performance evaluation; (5) effective discipline; (6) morale and motivation; (7) goal setting. Each topic was followed by a discussion. The one hour classes were conducted twice each week for four weeks. Additional time to cover the material was arranged if the supervisors were absent due to days off or sickness.

The background information of the supervisors and subordinates included four categories: level of education; period of employment in this institution; period of employment in this institution in present position; past experience in other institutions in similar position (Appendix B). This information was obtained from the personnel records on each employee. All of the supervisors and subordinates were classified into the above categories.

The attitude questionnaire was adapted from Fleishman's Leadership Opinion Questionnaire (1953) (LOQ), and from an attitude survey conducted by Pearman (1972) (Appendix B). A pilot attitude questionnaire was given to the 12 supervisors and their 50 subordinates in the dietary department at St. Mary's Memorial Hospital, Knoxville, Tennessee. They indicated their understanding of the questionnaire and the questionnaire was adjusted for clarity.

The reliability of the questionnaire was estimated through the use of the Spearman Rank Order Correlation Coefficient (Downie and Heath, 1959). This formula shows the correlation between the pretest and the

posttest administered to the same individual. The questionnaire was administered to the dietary supervisors and their subordinates. After five days had passed, the questionnaire was administered again. The scores yielded an estimate for reliability.

The attitude questionnaire was coded to aid in making comparisons The supervisors did not sign their names, but each questionnaire was identifiable with each supervisor through the numbering system. An identical questionnaire was given to the supervisors before the training program and two weeks after completion of the training program.

The original attitude questionnaire was modified to relate to the attitudes of the subordinates to their supervisors (Appendix B). This survey was given to the subordinates of the dietary supervisors. The subordinates did not sign their names. The attitude questionnaire was coded to aid in making comparisons and for identification. An identical survey was given to the subordinates two weeks after completion of the supervisory training program.

A control group of supervisors and subordinates at each hospital did not participate in the training program. They were given the identical attitude questionnaire administered to the supervisors that were taking the training program and to the subordinates of these supervisors. The control group was given the attitude questionnaire at the beginning of the training program, and two weeks after completion of the program.

A pretest covering the subject matter of the training program was given to the supervisors before they began the program. The "Hospital

Supervisor's Managerial Test" accompanied the training manual published by the Tennessee Hospital Association in conjunction with their training program (Appendix B). An identical posttest was administered two weeks after completion of the training program by the supervisors. The supervisors completed an evaluation of the training program (Appendix B). This was administered two weeks after completion of the training program by the supervisors.

The hypothesis was that there would be a change in the attitudes of the hospital dietary supervisors as a result of the training program, and that their subordinates would observe a change in the behavior of the supervisors. This change would be shown in an increase in mean attitude scores. This would be an indication of an increase in positive attitudes.

The data were analyzed by the Statistical Package for the Social Sciences (Nie et al., 1970). A numerical value was assigned to each of the possible alternatives on the attitude questionnaire. The order of the values was not consistent for each question but is indicated in Appendix B. These values were not indicated on the original questionnaire when it was administered. The one value was assigned to the negative extreme of the attitude continuum, and the five value was assigned to the positive end of the attitude continuum. This was done consistently throughout the questionnaire. The score for an individual was obtained by adding up the value assigned to the answer to each question.

A one-tailed t-test was used to determine a positive difference in mean scores on the tests (Downie and Heath, 1959). An alpha level was selected at the 0.05 level of significance. The following comparisons were made:

1. Pretest scores of the control and experimental groups: to indicate equally matched groups.
2. Posttest scores of the control and experimental groups: to indicate if a change in attitudes had occurred attributable to the training program.
3. Pretest and posttest scores of the control group: to indicate whether non-participation in the training program resulted in a lack of a significant difference.
4. Pretest and posttest scores of the experimental group: to indicate a positive change attributable to the training program.
5. Pretest and posttest scores of the supervisors and subordinates of the experimental group: to indicate if a change in the supervisors' attitudes was observed by the subordinates.
6. Pretest and posttest scores of supervisors for each category of biographical data: to indicate affect of background on change in attitudes.
7. Pretest and posttest scores of "Hospital Supervisor's Managerial Test": to indicate retention of subject matter of training program.

Based on these data, the hypothesis would be supported if there was a significant positive change of attitudes by the supervisors after the training program.

CHAPTER IV

RESULTS AND DISCUSSION

The hospitals participating in this study were St. Mary's Memorial Hospital (Hospital A), Fort Sanders Presbyterian Hospital (Hospital B), and University of Tennessee Memorial Hospital (Hospital C). These hospitals were general, short term, non-profit facilities. Hospital C was state operated, but Hospitals A and B were privately operated. All three hospitals had centralized food systems. The dietary department of Hospital B was operated by a contract food company. Registered dietitians administered the dietary departments of Hospitals A and C. Licensed bed capacity was 525 beds for Hospital A, 535 beds for Hospital B, and 525 beds for Hospital C.

The first-line supervisors who had immediate responsibility for their employees were the supervisors who participated in this study. A sample job description for the supervisors is included in Appendix B. The subordinates who worked under these supervisors were the food service employees who worked in the food production area and the food service areas.

Attitudes were measured for hospital dietary supervisors and their employees.

I. ATTITUDES

Attitude Questionnaire Test-Retest Scores

The attitude questionnaire (Appendix B) was pretested by the supervisors and their subordinates in the dietary department of Hospital A. There were 12 supervisors and 50 subordinates who answered the pilot attitude questionnaire. If 20 percent of the questions were not completed by the respondent, that questionnaire was eliminated from the study.

The correlation coefficient between the test-retest scores of the supervisors was 0.87 and was significant beyond the 0.001 level. The test-retest scores of the subordinates were significant beyond the 0.001 level with a correlation coefficient of 0.70. With a correlation coefficient of the test-retest attitude questionnaire scores greater than the acceptable 0.05 level of significance, the questionnaire was considered to show reliability for use by hospital dietary supervisors and subordinates. The mean scores for each response on the attitude questionnaire for the supervisors and the subordinates are included in Appendix A.

Attitudes Affected by Training Program

There were 12 supervisors in the experimental group and five supervisors in the control group. The supervisors in the experimental group had 41 subordinates working under them, and the supervisors in the control group had 37 subordinates working under them. If the subordinates had more than one supervisor, they completed a questionnaire

on each supervisor. There were 88 questionnaires completed by the subordinates in the experimental group; there were 42 questionnaires completed by the subordinates in the control group.

The pretest attitude questionnaire scores of the supervisors did not show a significant difference between the mean scores of the control and experimental groups as measured by the t-test (Table 2). The subordinates did not show a significant difference on the pretest attitude questionnaire mean scores between the control and the experimental groups (Table 2). This might indicate that the supervisors and the subordinates in the control and experimental groups were equally matched in relation to their attitude questionnaire scores.

The pretest attitude questionnaire scores of the control group did not show a significant difference with the posttest scores of the control group for both the supervisors and the subordinates (Table 2). This might indicate that the scores did not change since the supervisors did not participate in the training program.

The posttest attitude questionnaire scores of the experimental group of supervisors and their subordinates did not show a significant difference with the posttest scores of the control groups of supervisors and subordinates (Table 2). This might indicate that the training program did not result in a significant change of attitudes in the supervisors of the experimental group. The subordinates of the supervisors in the experimental group did not observe a significant change in the behavior of their supervisors as a result of the training program.

TABLE 2

STATISTICAL COMPARISONS OF ATTITUDE QUESTIONNAIRE SCORES OF SUPERVISORS AND SUBORDINATES

Categories	T-test value	1-tail prob.	Degrees of freedom
Supervisors			
Experimental pretest with control pretest	-0.58	0.30	15
Experimental posttest with control posttest	0.08	0.47	15
Control pretest with control posttest	0.59	0.30	4
Experimental pretest with experimental posttest	0.36	0.36	11
Subordinates			
Experimental pretest with control pretest	-0.92	0.18	128
Experimental posttest with control posttest	1.06	0.15	128
Control pretest with control posttest	1.16	0.13	41
Experimental pretest with experimental posttest	-1.01	0.16	87

TABLE 2 (continued)

Categories	T-test value	1-tail prob.	Degrees of freedom
Supervisors and Subordinates			
Experimental pretest of subordinates with experimental pretest of supervisors	8.34	0.001***	97
Experimental posttest of subordinates with experimental posttest of supervisors	6.55	0.001***	97
Control pretest of subordinates with control pretest of supervisors	2.20	0.02*	45
Control posttest of subordinates with control posttest of supervisors	2.79	0.004**	45

***Indicates a level of significance greater than 0.001.

**Indicates a level of significance greater than 0.01.

*Indicates a level of significance greater than 0.05.

The pretest and posttest attitude questionnaire scores of the supervisors in the experimental group did not show a significant change (Table 2). These results were the same for the attitude questionnaire scores of their subordinates. This might be another indication that the training program did not affect a change in the attitudes of the supervisors.

The significant difference in the attitude questionnaire scores was between the scores of the supervisors and their subordinates (Table 2). The subordinates' attitude questionnaire mean scores were significantly lower than the attitude questionnaire mean scores of the supervisors. The scores of the experimental groups were significant beyond the 0.001 level; the scores of the control groups were significant beyond the 0.05 level. This significant difference was noted on both the pretest and posttest scores.

II. SUPERVISORS' ACHIEVEMENT TEST

Eleven of the 12 supervisors in the training program took the "Hospital Supervisor's Managerial Test"; one supervisor was not present when the test was administered. The pretest and the posttest scores of the supervisors showed a significant difference at the 0.001 level (Table 3). This difference indicates a change in the scores of the supervisors towards an increased understanding of managerial skills that might be a result of the training program.

TABLE 3

STATISTICAL COMPARISONS OF HOSPITAL SUPERVISOR'S MANAGERIAL TEST SCORES

Statistic	Pretest Scores		Posttest Scores
Total mean scores	22.1		28.7
Standard deviation	±4.3		±4.7
T-test coefficient pretest with posttest		7.05	
1-tail probability of T-test value		0.001	
Degrees of freedom		10	

III. BIOGRAPHICAL DATA

The supervisors and their subordinates were grouped into each of the four categories of biographical data. The pretest and posttest attitude mean scores were tested for significance by the t-test for each biographical category of supervisors (Table 4) and subordinates (Table 5). The number of respondents in each category is classified in Table 6.

The following groups showed a significant difference between their pretest and posttest scores: (1) the supervisors in the experimental group who did not complete high school; (2) the supervisors in the control group who had more than five years' experience in the present institution; (3) the subordinates in the experimental group who had more than one year's previous experience; (4) the subordinates in the control group who had completed high school. The small numbers in each category plus inconsistent results do not enable generalizations to be made.

IV. DISCUSSION

The effect of biographical data upon attitudes has been studied with food service employees. A programmed text was evaluated for training food service employees (Sumbingco et al., 1959). Biographical data were gathered on the participants. A significant relationship between the biographical data and test scores was not shown. These results are further verified by this study.

TABLE 4

ATTITUDE QUESTIONNAIRE MEAN SCORES FOR BIOGRAPHICAL CATEGORIES OF SUPERVISORS

Categories	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttset Scores
Educational Level				
Some high school	168.7	177.0*	170.0	160.0
Completed high school	165.3	167.5	168.0	156.0
More than high school	165.4	161.0	156.3	175.3
Total Period of Present Employment				
1 day to 12 months	169.6	171.0	174.0	176.0
over 12 months to 5 years	162.8	163.0	147.5	175.0
over 5 years	166.0	168.0	169.0	156.0*
Time in Present Job				
1 day to 12 months	168.5	169.0	165.0	176.0
over 12 months to 5 years	163.8	165.3	154.3	168.7
over 5 years	0.0	0.0	170.0	160.0
Previous Work Experience				
0 days to 12 months	167.8	170.4	169.7	169.3
over 12 months to 5 years	163.5	161.3	168.0	156.0
over 5 years	167.0	169.7	135.0	174.0

*Indicates a level of significance greater than 0.05.

TABLE 5

ATTITUDE QUESTIONNAIRE MEAN SCORES FOR BIOGRAPHICAL CATEGORIES OF SUBORDINATES

Categories	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
Educational Level				
Some high school	143.4	139.1	142.5	141.6
Completed high school	132.6	136.0	145.2	151.3*
More than high school	147.8	144.8	145.0	144.3
Total Period of Present Employment				
1 day to 12 months	137.4	134.6	144.6	148.2
over 12 months to 5 years	140.1	138.4	142.2	139.2
over 5 years	140.8	148.3	144.9	147.6
Time in Present Job				
1 day to 12 months	134.5	135.2	146.4	149.7
over 12 months to 5 years	143.6	140.1	138.4	135.3
over 5 years	141.2	144.0	144.9	147.6
Previous Work Experience				
0 days to 12 months	140.7	137.2	145.5	147.2
over 12 months to 5 years	124.3	148.8*	133.7	130.3
over 5 years	0.0	0.0	171.0	164.0

*Indicates a level of significance greater than 0.05.

TABLE 6

NUMBER OF RESPONDENTS IN BIOGRAPHICAL CATEGORIES

Categories	Number of Respondents: Supervisors Exp.	Supervisors Control	Subordinates Exp.	Subordinates Control
Educational Level				
Some high school	3	1	19	17
Completed high school	4	1	18	14
More than high school	5	3	4	6
Total Period of Present Employment				
1 day to 12 months	5	1	17	19
over 12 months to 5 years	5	2	18	11
over 5 years	2	2	6	7
Time in Present Position				
1 day to 12 months	6	1	19	20
over 12 months to 5 years	6	3	17	10
over 5 years	0	1	5	7
Previous Work Experience				
0 days to 12 months	5	3	37	33
over 12 months to 5 years	4	1	4	3
over 5 years	3	1	0	1

The training program studied in this research did not affect a change in the attitudes of the supervisors or in their behavior as seen by their subordinates. New information will not modify old attitudes unless there is an inadequacy in the existing attitudinal structure as it relates to perceptions of new situations (Katz, 1960). The many dimensions of an attitude allow a person to absorb new information without a major modification in attitudes. Even when people are prepared to modify their behavior to a considerable extent, they find themselves in situations which exert pressures to maintain old attitudes and habits.

The training program did have some value for the participants since it seemed to increase their knowledge as seen by their increase in achievement test scores. This also can be seen from the results of the evaluations on the training program by the participating supervisors as follows:

Question	Responses
1. In what way do you feel you improved as a supervisor as a result of the training program? Be specific and cite actual situations if possible.	5--showed how to act as supervisors 4--illustrated need for communications 2--explained delegation techniques

2. What did you like best about the training program?	6--open discussions 3--slide presentation 1--participation by supervisors from different hospitals
3. What did you like least about the training program?	6--no comment 2--time away from the job 1--short program 1--tests 1--one person monopolizing discussions
4. What would you suggest to improve the training program?	3--obtain room on time 2--more discussions 2--conduct classes after working hours 1--more sessions on communications 1--more supervisors participating from different hospitals 1--more tests 1--experts from other fields to conduct classes
5. What topics would you suggest for future training programs?	6--more of the same 3--communications 1--practical discussions on problems 1--minority groups

The subordinates' attitude questionnaire scores were significantly lower than the attitude questionnaire scores of their supervisors. Likert (1961) provides evidence that communications between supervisors and subordinates are deficient on important job-related matters. The expectations of individual supervisors and subordinates need to be clarified through mutual discussion so that job satisfaction and work motivation of each group can be optimized in different situations (Wernimont, 1971). Five subordinates did comment on their attitude questionnaires that they liked the way that their supervisors were performing.

V. RECOMMENDATIONS

The training program in this research did not affect a significant change in the attitudes of the supervisors. The hypothesis was rejected that a positive change in attitudes would result after the training program. The supervisors and subordinates differed significantly in their attitudes on how they perceive supervision.

Future research endeavors concerning attitudes of hospital dietary supervisors and their subordinates might include the following:

1. A long term study to see if attitudes would change over a lengthened period of time.
2. Correlation of attitude questionnaire scores with indications of supervisory effectiveness, as labor turnover rate, productivity rate, and absenteeism.
3. Correlation of attitude questionnaire scores with other factors in the job environment, as job satisfaction, and the influence of top-level hospital administration.

4. Analysis of individual scores and correlation with personality measures.
5. Larger samples to aid in making comparisons and generalizations.

CHAPTER V

SUMMARY

Attitude change was measured for the 12 supervisors of two hospital dietary departments. An attitude questionnaire was used to evaluate this change. The same questionnaire was used by a control group of supervisors. The subordinates of the supervisors in the control and experimental groups used the same attitude questionnaire to measure any change in the behavior of their supervisors.

The training program consisted of slides relating to managerial skills prepared by the Tennessee Hospital Association. An achievement pretest and posttest were administered to the participants before and after the training program. The supervisors and subordinates were grouped into four biographical categories.

The training program did not affect a significant change in the attitudes of the supervisors or in their behavior as seen by their subordinates after the training program. The classifications into the biographical categories did not show consistent changes in the attitude questionnaire scores after the training program.

The participants in the training program increased significantly in their scores on the achievement pretest and posttest to indicate an increase in knowledge on managerial skills. The participating supervisors enjoyed the open discussions and would like more training

programs on managerial skills as indicated in their written evaluations of the training program.

The supervisors and subordinates in the control and experimental groups differed significantly in their attitude questionnaire scores. The scores of the subordinates were lower than the scores of the supervisors. Further research is needed to identify the variables which affect attitude change of hospital dietary supervisors and their employees.

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APPENDIXES

APPENDIX A

TABLE 7

TEST-RETEST ATTITUDE QUESTIONNAIRE MEAN SCORES[a] OF SUPERVISORS AND SUBORDINATES

Question No.	Supervisors Pretest Scores	Supervisors Posttest Scores	Subordinates Pretest Scores	Subordinates Posttest Scores
1	3.3	3.9	3.3	3.3
2	4.8	4.6	3.9	4.0
3	4.9	4.9	4.3	4.3
4	4.7	4.8	3.4	3.6
5	4.3	4.4	3.3	3.8
6	4.5	4.8	4.3	4.1
7	4.3	4.3	3.6	3.8
8	3.8	4.2	3.3	3.6
9	4.4	4.7	4.2	4.3
10	4.2	4.2	3.4	3.8
11	4.7	4.8	4.3	4.3
12	4.7	4.9	3.8	4.1
13	4.1	3.9	2.9	3.4
14	4.1	4.3	3.1	3.5
15	4.8	4.8	4.0	3.8
16	4.3	4.5	4.1	4.1
17	3.8	3.6	3.1	3.4
18	4.5	4.4	3.5	3.8
19	4.7	4.8	3.6	3.9
20	3.1	3.2	3.6	3.4
21	4.7	4.8	3.9	3.6
22	4.0	4.2	3.6	3.6
23	2.6	3.1	3.5	3.6
24	3.7	4.0	3.5	3.5
25	4.8	4.7	3.7	3.8
26	4.6	4.9	2.7	3.6
27	1.7	1.8	2.3	2.4
28	2.5	2.3	3.0	2.8
29	4.7	4.7	3.4	3.6
30	4.6	4.7	3.9	4.2
31	4.9	4.8	3.5	3.7
32	3.1	2.8	3.0	2.9
33	4.1	4.7	3.5	3.5
34	3.4	3.8	3.3	3.3
35	2.3	2.9	2.7	2.8
36	4.3	4.4	3.9	4.0
37	4.8	4.9	3.9	3.8

TABLE 7 (continued)

Question No.	Supervisors Pretest Scores	Supervisors Posttest Scores	Subordinates Pretest Scores	Subordinates Posttest Scores
38	4.8	4.6	3.8	4.0
39	4.9	4.6	4.0	4.2
40	4.0	4.2	4.1	4.3
Total	163.6	167.3	140.2	145.9
Std. Dev.	±11.8	±12.1	±25.5	±28.6

[a]It should be noted that all values were rounded to the nearest tenth.

TABLE 8

ATTITUDE QUESTIONNAIRE MEAN SCORES[a] OF SUPERVISORS

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
1	3.5	3.7	3.8	3.2
2	4.8	4.8	5.0	5.0
3	5.0	5.0	4.2	4.8
4	5.0	5.0	5.0	5.0
5	4.5	4.4	3.8	4.6
6	4.1	4.6	4.0	4.8
7	4.8	4.6	4.0	5.0
8	3.5	4.3	4.2	4.4
9	4.9	4.9	5.0	5.0
10	3.8	4.0	3.4	4.0
11	4.9	4.8	4.6	5.0
12	4.8	4.8	4.6	4.8
13	4.4	4.3	2.6	4.0
14	4.3	4.8	4.4	3.6
15	5.0	5.0	5.0	4.8
16	4.8	4.8	4.2	4.8
17	3.4	3.6	4.2	3.4
18	4.3	4.5	4.0	5.0
19	4.2	4.5	4.2	4.2
20	4.3	4.5	3.8	3.8
21	4.8	4.7	5.0	4.0
22	3.6	4.3	4.0	4.0
23	2.0	3.1	3.2	4.6
24	4.7	4.7	3.0	5.0
25	4.4	4.9	4.8	5.0
26	4.8	5.0	5.0	5.0
27	1.8	1.4	1.4	1.2
28	1.5	1.3	1.4	1.2
29	4.3	4.5	4.4	5.0
30	4.9	4.6	4.0	5.0
31	4.6	4.8	4.4	5.0
32	3.3	3.3	3.8	3.8
33	4.0	4.2	4.6	4.4
34	3.3	3.5	4.0	4.0
35	2.5	2.6	2.6	2.6
36	4.8	4.9	4.2	5.0
37	5.0	5.0	3.4	3.4

TABLE 8 (continued)

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
38	4.8	4.9	5.0	5.0
39	5.0	5.0	4.8	5.0
40	3.8	3.8	4.4	4.2
Total	166.2	167.2	161.4	167.6
Std. Dev.	±5.6	±11.1	±17.9	±10.6

[a]It should be noted that all values were rounded to the nearest tenth.

TABLE 9

ATTITUDE QUESTIONNAIRE MEAN SCORES[a] OF SUBORDINATES

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
1	3.0	3.1	2.8	3.1
2	4.2	4.0	3.9	4.0
3	4.0	3.6	3.9	3.8
4	3.9	3.8	3.7	4.0
5	3.6	3.7	3.2	3.2
6	4.1	4.0	4.1	4.4
7	3.6	3.5	3.4	3.5
8	3.8	3.6	3.5	3.7
9	4.2	4.1	4.4	4.2
10	3.7	3.1	3.5	3.4
11	4.3	4.0	4.1	4.5
12	3.9	3.7	3.6	3.9
13	3.3	3.0	2.6	3.1
14	3.6	3.6	3.1	3.3
15	3.9	3.9	3.8	4.2
16	3.7	3.5	3.6	3.7
17	3.3	3.1	3.3	3.4
18	3.7	3.5	3.4	4.1
19	3.7	3.9	3.8	3.7
20	3.7	3.5	3.6	3.6
21	3.8	3.7	3.8	3.8
22	3.7	3.9	3.9	3.9
23	3.8	3.6	3.6	3.5
24	2.4	2.3	2.1	2.4
25	3.8	3.7	3.7	4.1
26	3.8	3.9	3.6	4.0
27	2.4	2.4	2.4	2.3
28	2.4	2.1	2.2	2.2
29	3.5	3.6	3.6	3.5
30	3.8	3.9	3.6	3.7
31	3.8	3.6	3.8	3.9
32	2.8	3.0	3.4	3.3
33	3.4	3.3	3.4	3.4
34	3.3	3.6	3.6	3.5
35	2.5	2.6	2.5	2.4
36	3.9	3.8	4.0	4.0
37	3.6	3.7	3.7	3.7

TABLE 9 (continued)

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
38	4.1	3.8	4.0	4.1
39	4.1	4.0	4.1	4.3
40	4.3	4.0	4.0	4.3
Total	144.1	140.7	140.4	144.7
Std. Dev.	±22.3	±21.3	±20.4	±17.9

[a]It should be noted that all values were rounded to the nearest tenth.

TABLE 10

MEAN SCORES[a] OF SUPERVISORS ON HOSPITAL SUPERVISOR'S MANAGERIAL TEST

Question No.	Maximum Score	Pretest Scores	Posttest Scores
1	1.0	1.0	1.0
2	1.0	0.7	1.0
3	1.0	0.7	0.8
4	1.0	1.0	1.0
5	1.0	1.0	0.9
6	1.0	0.5	0.8
7	1.0	0.6	0.9
8	1.0	0.3	0.5
9	1.0	0.5	0.8
10	3.0	2.1	2.8
11	1.0	0.5	0.5
12	1.0	0.8	0.9
13	1.0	0.3	0.4
14	1.0	0.4	0.8
15	1.0	0.8	0.9
16	1.0	0.3	0.5
17	1.0	0.4	0.6
18	1.0	0.3	0.4
19	1.0	0.9	1.0
20	3.0	1.5	2.5
21	1.0	0.7	0.9
22	1.0	0.8	1.0
23	1.0	0.3	0.5
24	1.0	0.5	0.4
25	1.0	0.6	1.0
26	1.0	0.5	0.6
27	1.0	0.0	0.2
28	1.0	0.4	0.7
29	5.0	2.7	3.5
30	1.0	0.8	0.9
Total	38.0	22.1	28.7

[a]It should be noted that all values were rounded to the nearest tenth.

TABLE 11

STATISTICAL COMPARISONS OF ATTITUDE QUESTIONNAIRE SCORES FOR BIOGRAPHICAL CATEGORIES OF SUPERVISORS

Categories	Experimental Pretest with Posttest T-value	Experimental Pretest with Posttest 1-tail prob.	Control Pretest with Posttest T-value	Control Pretest with Posttest 1-tail prob.
Educational Level				
Some high school	4.1	0.03*	0.0	0.0
Completed high school	0.33	0.38	0.0	0.0
More than high school	-1.70	0.08	1.49	0.14
Total Period of Present Employment				
1 day to 12 months	0.37	0.37	0.0	0.0
over 12 months to 5 years	0.04	0.49	1.67	0.17
over 5 years	0.20	0.44	-13.0	0.03*
Time in Present Job				
1 day to 12 months	0.16	0.44	0.0	0.0
over 12 months to 5 years	0.31	0.39	0.88	0.24
over 5 years	0.0	0.0	0.0	0.0
Previous Work Experience				
0 days to 12 months	0.87	0.22	0.05	0.48
over 12 months to 5 years	-0.3	0.38	0.0	0.0
over 5 years	0.41	0.36	0.0	0.0

*Indicates a level of significance greater than 0.05.

TABLE 12

STATISTICAL COMPARISONS OF ATTITUDE QUESTIONNAIRE SCORES FOR BIOGRAPHICAL CATEGORIES OF SUBORDINATES

Categories	Experimental Pretest with Posttest T-value	Experimental Pretest with Posttest 1-tail prob.	Control Pretest with Posttest T-value	Control Pretest with Posttest 1-tail prob.
Educational Level				
Some high school	-0.65	0.26	-0.19	0.43
Completed high school	0.54	0.30	2.23	0.02*
More than high school	-0.53	0.32	-0.34	0.37
Total Period of Present Employment				
1 day to 12 months	-0.48	0.32	0.85	0.20
over 12 months to 5 years	-0.24	0.41	-0.51	0.31
over 5 years	0.83	0.22	1.28	0.12
Time in Present Job				
1 day to 12 months	0.12	0.45	0.83	0.21
over 12 months to 5 years	-0.47	0.32	-0.48	0.32
over 5 years	0.30	0.39	1.28	0.12
Previous Work Experience				
0 days to 12 months	-0.82	0.21	0.65	0.26
over 12 months to 5 years	4.14	0.02*	0.16	0.44
over 5 years	0.0	0.0	0.0	0.0

*Indicates a level of significance greater than 0.05.

TABLE 13

ATTITUDE QUESTIONNAIRE MEAN SCORES[a]
OF SUPERVISORS IN HOSPITAL B

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
1	3.8	4.1	4.5	4.5
2	4.8	4.9	5.0	5.0
3	5.0	5.0	5.0	4.5
4	5.0	5.0	5.0	5.0
5	4.6	4.6	4.0	4.0
6	4.3	4.9	3.0	4.5
7	4.8	4.5	4.5	5.0
8	3.4	4.0	4.0	4.5
9	4.9	4.9	5.0	5.0
10	4.5	4.9	4.5	4.0
11	4.9	4.6	4.5	5.0
12	4.8	4.9	4.5	5.0
13	4.5	4.8	4.0	4.0
14	4.0	4.8	4.0	4.5
15	5.0	5.0	5.0	5.0
16	4.9	4.9	5.0	4.5
17	4.0	4.1	4.5	5.0
18	4.3	4.8	4.5	5.0
19	4.4	4.6	5.0	5.0
20	4.4	4.3	4.5	5.0
21	4.8	5.0	5.0	5.0
22	3.3	4.1	3.0	4.5
23	1.9	3.0	2.0	4.0
24	4.6	4.6	4.0	5.0
25	4.3	4.9	5.0	5.0
26	4.8	5.0	5.0	5.0
27	2.0	1.5	1.5	1.0
28	1.6	1.4	1.5	1.5
29	4.4	4.3	5.0	5.0
30	5.0	4.9	4.5	5.0
31	4.4	4.8	4.5	5.0
32	3.3	3.5	3.5	4.5
33	4.0	4.3	4.5	5.0
34	3.0	3.6	3.5	4.5
35	3.0	2.6	4.0	3.0
36	4.8	4.9	5.0	5.0
37	5.0	5.0	5.0	5.0

TABLE 13 (continued)

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
38	4.9	5.0	5.0	5.0
39	5.0	5.0	4.5	5.0
40	3.6	3.6	3.5	3.0
Total	167.3	171.0	169.5	176.0
Std. Dev.	±6.6	±9.8	±6.4	0.0

[a]It should be noted that all values were rounded to the nearest tenth.

TABLE 14

ATTITUDE QUESTIONNAIRE MEAN SCORES[a] OF SUBORDINATES IN HOSPITAL B

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
1	3.1	3.1	3.1	3.4
2	3.8	4.1	3.6	3.7
3	3.8	3.5	3.9	3.4
4	3.4	3.8	3.8	3.9
5	3.6	3.7	3.1	3.2
6	3.7	4.0	4.0	4.2
7	3.5	3.4	3.8	3.6
8	3.5	3.7	3.4	3.4
9	4.0	4.1	4.1	4.1
10	3.5	3.1	3.3	3.3
11	4.0	3.9	3.9	4.0
12	3.6	3.6	3.1	3.5
13	3.1	3.1	2.8	3.1
14	3.4	3.5	2.9	3.0
15	3.6	3.8	3.8	4.1
16	3.5	3.6	3.8	3.5
17	3.3	3.2	2.9	3.5
18	3.6	3.5	3.5	3.6
19	3.8	3.8	3.5	3.8
20	3.6	3.5	3.4	3.2
21	3.8	3.8	3.6	3.5
22	3.6	3.9	3.6	3.8
23	3.5	3.5	3.6	3.5
24	2.6	2.5	2.2	2.8
25	3.5	3.6	3.6	3.8
26	3.7	3.8	3.4	3.6
27	2.5	2.4	2.2	2.4
28	2.6	2.3	1.9	2.2
29	3.5	3.5	3.5	3.7
30	3.6	3.8	3.4	3.6
31	3.4	3.5	3.5	3.5
32	2.9	2.9	3.4	3.0
33	3.2	3.3	3.0	3.3
34	3.2	3.4	3.3	3.4
35	2.6	2.7	3.1	2.9
36	3.9	3.7	3.8	3.8
37	3.6	3.7	3.8	3.7

TABLE 14 (continued)

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
38	3.9	3.6	3.8	3.7
39	3.9	3.9	3.8	4.2
40	4.1	3.9	3.6	4.1
Total	138.6	139.7	134.8	139.9
Std. Dev.	±21.6	±22.6	±19.2	±18.8

[a]It should be noted that all values were rounded to the nearest tenth.

TABLE 15

ATTITUDE QUESTIONNAIRE MEAN SCORES[a] OF SUPERVISORS IN HOSPITAL C

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
1	3.0	2.8	3.0	3.0
2	4.8	4.8	5.0	5.0
3	5.0	5.0	3.0	5.0
4	5.0	5.0	5.0	5.0
5	4.3	4.0	3.0	5.0
6	3.8	4.0	4.5	5.0
7	4.8	4.8	3.0	5.0
8	3.8	4.8	4.0	4.5
9	5.0	5.0	5.0	5.0
10	2.3	2.3	3.0	3.5
11	5.0	5.0	5.0	5.0
12	4.8	4.8	4.5	5.0
13	4.3	3.5	1.5	3.5
14	5.0	5.0	4.5	3.0
15	5.0	5.0	5.0	4.5
16	4.5	4.5	3.5	5.0
17	2.3	2.5	5.0	2.5
18	4.3	4.0	3.0	5.0
19	3.8	4.3	3.0	5.0
20	4.3	5.0	2.5	4.0
21	5.0	4.0	5.0	3.0
22	4.3	4.8	4.5	3.5
23	2.3	3.3	4.0	5.0
24	4.8	5.0	5.0	5.0
25	4.8	5.0	5.0	5.0
26	5.0	5.0	5.0	5.0
27	1.5	1.3	1.5	1.0
28	1.3	1.0	1.0	1.0
29	4.3	5.0	3.5	5.0
30	4.8	4.0	3.0	5.0
31	5.0	5.0	4.5	5.0
32	3.5	3.0	5.0	4.0
33	4.0	4.0	5.0	3.5
34	4.0	3.0	4.5	3.5
35	1.5	2.5	1.5	3.0
36	4.8	5.0	3.0	5.0
37	5.0	5.0	1.0	3.0

TABLE 15 (continued)

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
38	4.8	4.8	5.0	5.0
39	5.0	5.0	5.0	5.0
40	4.3	4.3	5.0	5.0
Total	164.0	159.5	149.0	165.0
Std. Dev.	±2.6	±10.6	±26.9	±12.7

[a]It should be noted that all values were rounded to the nearest tenth.

TABLE 16

ATTITUDE QUESTIONNAIRE MEAN SCORES[a] OF SUBORDINATES IN HOSPITAL C

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
1	2.1	2.9	3.1	3.0
2	4.7	4.2	4.5	4.2
3	3.5	4.3	4.1	4.4
4	4.3	4.3	4.1	4.3
5	3.8	3.8	3.3	3.4
6	4.5	4.6	4.5	4.5
7	3.3	3.4	3.9	3.5
8	4.1	3.9	4.1	4.0
9	4.5	4.5	4.6	4.5
10	3.4	3.8	3.7	4.0
11	4.8	4.8	4.7	4.8
12	4.4	4.4	4.4	4.3
13	2.5	3.5	3.0	3.2
14	4.1	3.9	3.6	3.5
15	4.2	4.3	4.6	4.1
16	3.4	3.5	4.1	3.5
17	2.9	3.2	3.6	3.1
18	3.2	4.0	4.1	4.1
19	3.6	4.4	4.0	3.8
20	3.5	3.6	4.3	3.5
21	3.1	3.6	3.9	3.9
22	4.3	4.2	4.2	4.0
23	4.2	4.2	3.8	3.7
24	1.4	1.5	2.0	2.1
25	4.2	4.1	4.4	4.2
26	4.4	4.1	4.3	4.0
27	2.1	2.2	2.0	2.4
28	1.6	1.6	2.1	2.2
29	3.5	4.1	3.7	3.4
30	3.7	4.1	3.9	4.2
31	4.5	4.1	4.5	4.2
32	3.2	2.6	3.8	3.3
33	4.0	3.7	4.0	3.6
34	4.5	4.0	3.8	3.4
35	2.0	2.2	1.6	2.4
36	3.8	4.2	4.3	4.1
37	3.4	3.5	4.2	4.0

TABLE 16 (continued)

Question No.	Experimental Pretest Scores	Experimental Posttest Scores	Control Pretest Scores	Control Posttest Scores
38	4.4	4.6	4.5	4.4
39	4.7	4.4	4.7	4.2
40	4.3	4.6	4.5	4.5
Total	145.8	151.0	154.8	149.8
Std. Dev.	±18.2	±19.6	±15.3	±17.5

[a]It should be noted that all values were rounded to the nearest tenth.

APPENDIX B

BACKGROUND INFORMATION

OF EMPLOYEES

Educational Level

Some high school _____

Completed high school _____

More than high school _____

Total Period of Present Employment

1 day to 12 months _____

over 12 months to 5 years _____

over 5 years _____

Time in Present Job

1 day to 12 months _____

over 12 months to 5 years _____

over 5 years _____

Previous Work Experience

0 days to 12 months _____

over 12 months to 5 years _____

over 5 years _____

DIRECTIONS FOR TAKING THE

ATTITUDE QUESTIONNAIRE

FOR SUPERVISORS

Following you will find a number of statements which represent opinions frequently expressed by supervisors concerning their employees. Express agreement or disagreement with each statement by circling one of the five answers which follow each statement. There are no right or wrong answers. This is to find out how you feel about each statement.

Be sure to read each statement very carefully before circling your answer. This is very important. You may make any comments at the end of the questionnaire in the space provided.

Please do not sign your name. We want you to feel free to express your opinion without reservation. We want you to keep your employees in mind when answering each question.

DO NOT SKIP ANY QUESTIONS. BE SURE TO CIRCLE ONE ANSWER FOR EACH QUESTION.

ATTITUDE QUESTIONNAIRE

FOR SUPERVISORS

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

1. I should refuse to give in when people disagree with me. (5=SD)

   SA MA U MD SD

2. I should be easy to understand. (5=SA)

   SA MA U MD SD

3. I should criticize the people under me in front of others. (5=SD)

   SA MA U MD SD

4. I should reward my subordinates for a job well done. (5=SA)

5. I should change the duties of my subordinates without first talking it over with them. (5=SD)

   SA MA U MD SD

6. I should try to keep my subordinates in good standing with those in authority. (5=SA)

   SA MA U MD SD

7. I should refuse to explain why I do things. (5=SD)

   SA MA U MD SD

8. I should put the suggestions of my subordinates into operation. (5=SA)

   SA MA U MD SD

9. I should be friendly and easily approached. (5=SA)

   SA MA U MD SD

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

10. I should rule with an iron hand. (5=SD)

SA MA U MD SD

11. I should ask my subordinates to do things for the good of the department. (5=SA)

SA MA U MD SD

12. I should offer new solutions to problems. (5=SA)

SA MA U MD SD

13. I should needle my subordinates for greater effort. (5=SD)

SA MA U MD SD

14. I should keep my subordinates informed about what is going on in the hospital. (5=SA)

SA MA U MD SD

15. I should express appreciation when one of my subordinates does a good job. (5=SA)

SA MA U MD SD

16. I should demand more than my subordinates can do. (5=SD)

SA MA U MD SD

17. I should help my subordinates with their personal problems. (5=SA)

SA MA U MD SD

18. I should insist that everything be done my way. (5=SD)

SA MA U MD SD

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

19. I should reject suggestions for change made by my subordinates. (5=SD)

SA MA U MD SD

20. I should treat my subordinates as my equal. (5=SA)

SA MA U MD SD

21. I should accept poor work. (5=SD)

SA MA U MD SD

22. I should see to it that my subordinates work up to their limits. (5=SA)

SA MA U MD SD

23. I should let my subordinates do the work the way that they think is best. (5=SA)

SA MA U MD SD

24. I should emphasize the meeting of deadlines. (5=SA)

SA MA U MD SD

25. I should show my subordinates how to improve when I correct them. (5=SA)

SA MA U MD SD

26. I should give clear-cut orders and instructions. (5=SA)

SA MA U MD SD

27. I should decide in detail what should be done and how it should be done. (5=SD)

SA MA U MD SD

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

28. I should emphasize the amount of work that has to be done. (5=SD)

SA MA U MD SD

29. I should resist changes in ways of doing things. (5=SD)

SA MA U MD SD

30. I should ride my subordinates when they make a mistake. (5=SD)

SA MA U MD SD

31. I should stress the importance of high morale. (5=SA)

SA MA U MD SD

32. I should talk about how much more should be done. (5=SA)

SA MA U MD SD

33. I should criticize a specific act rather than a particular individual. (5=SA)

SA MA U MD SD

34. I should encourage my subordinates to work fast. (5=SA)

SA MA U MD SD

35. I should insist that my subordinates follow procedures in every detail. (5=SD)

SA MA U MD SD

36. I should make the jobs of my subordinates harder to do. (5=SD)

SA MA U MD SD

37. I should not consider the feelings of my subordinates. (5=SD)

SA MA U MD SD

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

38. I should be willing to make changes. (5=SA)

SA MA U MD SD

39. I should make my subordinates at ease when talking with them. 5=SA)

SA MA U MD SD

40. I am well qualified to do my work. (5=SA)

SA MA U MD SD

DIRECTIONS FOR TAKING THE

ATTITUDE QUESTIONNAIRE

FOR SUBORDINATES

Following you will find a number of statements which represent opinions frequently expressed by employees concerning their supervisors. Express agreement or disagreement with each statement by circling one of the five answers which follow each statement. There are no right or wrong answers. This is to find out how you feel about each statement.

Be sure to read each statement very carefully before circling your answer. This is very important. You may make any comments at the end of the questionnaire in the space provided.

Please do not sign you name. We want you to feel free to express your opinion without reservation. We want you to keep your immediate supervisor in mind when answering each question.

DO NOT SKIP ANY QUESTIONS. BE SURE TO CIRCLE ONE ANSWER FOR EACH QUESTION.

ATTITUDE QUESTIONNAIRE

FOR SUBORDINATES

KEY TO ANSWERS;

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

1. My supervisor refuses to give in when people disagree with him. (5=SD)

   SA MA U MD SD

2. My supervisor is easy to understand. (5=SA)

   SA MA U MD SD

3. My supervisor criticizes us in front of others. (5=SD)

   SA MA U MD SD

4. My supervisor rewards us for a job well done. (5=SA)

   SA MA U MD SD

5. My supervisor changes our duties without first talking it over with us. (5=SD)

   SA MA U MD SD

6. My supervisor tries to keep us in good standing with those in authority. (5=SA)

7. My supervisor refuses to explain why he does things. (5=SD)

   SA MA U MD SD

8. My supervisor puts our suggestions into operation. (5=SA)

   SA MA U MD SD

9. My supervisor is friendly and can be easily approached. (5=SA)

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

10. My supervisor rules with an iron hand. (5=SD)

SA MA U MD SD

11. My supervisor asks us to do things for the good of the department. (5=SA)

SA MA U MD SD

12. My supervisor offers new solutions to problems. (5=SA)

SA MA U MD SD

13. My supervisor needles us for greater effort. (5=SD)

SA MA U MD SD

14. My supervisor keeps us informed about what is going on in the hospital. (5=SA)

SA MA U MD SD

15. My supervisor expresses appreciation when one of us does a good job. (5=SA)

SA MA U MD SD

16. My supervisor demands more than we can do. (5=SD)

SA MA U MD SD

17. My supervisor helps us with our personal problems. (5=SA)

SA MA U MD SD

18. My supervisor insists that everything be done his way. (5=SD)

SA MA U MD SD

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

19. My supervisor rejects our suggestions for change. (5=SD)

SA MA U MD SD

20. My supervisor treats us as his equal. (5=SA)

SA MA U MD SD

21. My supervisor does accept poor work. (5=SD)

SA MA U MD SD

22. My supervisor sees to it that we work up to our limits. (5=SA)

SA MA U MD SD

23. My supervisor lets us do our work the way we think best. (5=SA)

SA MA U MD SD

24. My supervisor emphasizes the meeting of deadlines. (5=SA)

SA MA U MD SD

25. My supervisor shows us how to improve when he corrects us. (5=SA)

SA MA U MD SD

26. My supervisor gives us clear-cut orders and instructions. (5=SA)

SA MA U MD SD

27. My supervisor decides in detail what should be done and how it should be done. (5=SD)

SA MA U MD SD

28. My supervisor emphasizes the amount of work we need to do. (5=SD)

SA MA U MD SD

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

29. My supervisor resists changes in ways of doing things. (5=SD)

SA MA U MD SD

30. My supervisor rides us when we make a mistake. (5=SD)

SA MA U MD SD

31. My supervisor stresses the importance of high morale. (5=SA)

SA MA U MD SD

32. My supervisor talks about how much more should be done. (5=SA)

SA MA U MD SD

33. My supervisor criticizes a specific act rather than a particular individual. (5=SA)

SA MA U MD SD

34. My supervisor encourages us to work fast. (5=SA)

SA MA U MD SD

35. My supervisor insists that we follow procedures in every detail. (5=SD)

SA MA U MD SD

36. My supervisor makes our jobs harder to do. (5=SD)

SA MA U MD SD

37. My supervisor does not consider our feelings. (5=SD)

SA MA U MD SD

KEY TO ANSWERS:

SA=Strongly Agree
MA=Mildly Agree
U=Undecided
MD=Mildly Disagree
SD=Strongly Disagree

38. My supervisor is willing to make changes. (5=SA)

SA MA U MD SD

39. My supervisor makes us feel at ease when talking with him. (5=SA)

SA MA U MD SD

40. My supervisor is well qualified to do his work. (5=SA)

SA MA U MD SD

HOSPITAL SUPERVISOR'S MANAGERIAL TEST

1. A supervisor is:

    a. a leader

    b. an administrator

    c. an executive

2. Successful supervisors have:

    a. education

    b. know-how

    c. compassion

3. All successful supervisors have one thing in common. It is:

    a. their attitudes

    b. their personalities

    c. their native skill

4. In order to identify with authority, you must think of yourself as:

    a. a policeman

    b. a parent figure

    c. a part of the management team

5. A good way to motivate employees is by using:

    a. fear

    b. personal friendship

    c. performance standards

6. A new employee should be taught his job by:

   a. you

   b. another employee

   c. a job description

7. The question, "Do you send your child to a nursery?" is:

   a. none of your business

   b. a direct question

   c. an unnecessary question

8. The question, "What provisions have you made for the care of your child?" is:

   a. another way of asking the same thing

   b. unnecessarily wordy

   c. an open-end question

9. You should check on applicant's work references, or ask your personnel department to do so, because:

   a. it lets the applicant know you choose employees carefully

   b. behavior is repetitive and you can predict what the applicant will do for you by knowing what he did for other employers

10. Because of a 1971 law affecting employment records, employers may be reluctant to give complete reference information. However, you can still make an evaluation of your applicant if you know three of the following things:

    a. dates of employment

    b. his job title and duties

    c. how much over-time he worked

d. whether he was given a raise

e. whether he is eligible for rehire

11. Periodically changing job assignments within your department will have what effect?

a. it will keep your employees from getting bored

b. it will teach each employee every job

c. it will let you know what each employee does best

12. The kind of order you should give most frequently is:

a. a command

b. an implied order

c. a request

13. To tell whether a complicated or important order has been understood by the employee:

a. follow-up closely to see if the employee is doing the right thing

b. speak slowly and distinctly

c. ask the employee to repeat the order

14. A good supervisor will:

a. not have any serious problems

b. enjoy solving problems

c. make decisions satisfactory to everyone

15. Every problem has:

a. one ideal solution

b. several possible solutions

16. The solution you choose should be determined by:

    a. the long-term consequences of your decision

    b. the personality of your supervisor

    c. the speed with which your decision can be put into action

17. A better term for employee evaluation is:

    a. progress report

    b. appraisal

    c. performance report

18. A progress discussion should be held with each employee once a year.

    a. true

    b. false

19. The most effective discipline is:

    a. swift punishment

    b. maintaining standards for performance and behavior

    c. calling the employee down in front of the other workers

20. A continuously poor work performance by an employee results in:

    a. irritation on the part of the other employees

    b. a slowdown of the work

    c. a breakdown in the morale of the group

21. An employee's poor work performance is:

    a. usually the employee's fault

    b. usually the supervisor's fault

    c. may be the supervisor's fault

22. Every hospital job is a public relations job

    a. true

    b. false

23. Three vital areas to good public relations are_____ cleanliness and efficiency.

24. High morale in a work group always results in:

    a. high productivity

    b. good attendance

    c. happy employees

25. High productivity is based on performance standards plus good morale

    a. true

    b. false

26. What is the best morale booster you can give your employees?

    a. high salary

    b. personal interest

    c. your own enthusiasm

    d. job variety

27. The first step in job instruction is to demonstrate the task to the employee

    a. true

    b. false

28. The difference between a wish and the fulfillment of the wish is _____

29. In setting goals for yourself, how many of the following factors should you consider?

    a. the need of your hospital

    b. the wishes and needs of your family

    c. your own definition of success

    d. your present assets

    e. the investment you are willing to make in order to reach a goal

30. Why should goals be specific? (Write answer in your own words.)

_____

_____

_____

_____

_____

_____

EVALUATION OF TRAINING PROGRAM

BY DIETARY SUPERVISORS

1. In what ways do you feel that you improved as a supervisor as a result of the training program? Be specific and cite actual situations if possible.

2. What did you like best about the training program?

3. What did you like least about the training program?

4. What would you suggest to improve the training program: time, room, films, discussion, etc.?

5. What topics would you suggest for future training programs?

JOB DESCRIPTION

FOOD SERVICE SUPERVISOR[a]

Supervises and trains employees engaged in preparing and serving foods. Reports directly to the Food Service Director.

JOB SPECIFICATION:

Education, Training, and Experience

High school diploma or equivalent. Vocational training in commercial food service preferred. Must have prior working experience in food handling preferably in a supervisory position

Aptitudes

Ability to make decisions, to plan and organize, estimate size, quality, and quantity, to pay attention to many items at the same time, to meet and deal with people

PHYSICAL DEMANDS AND WORKING CONDITIONS

Works inside with normal physical activity. Light lifting and carrying. Works within hot areas.

DUTIES AND RESPONSIBILITIES

1. Supervises and trains employees in food preparation, use and maintenance of equipment, food serving, and other related duties.

2. Assigns work to employees.

3. Inspects work performed by employees.

4. Maintains employee time sheets and work schedules.

5. Requisitions food supplies as necessary.

6. Supervises receiving and storage of food products.

7. Inspects food service areas for cleanliness, safety, and maintenance.

8. May be required to perform the duties of the employees.

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[a]Job description used at University of Tennessee Memorial Hospital.

VITA

Sister Dorothy Mary Thum was born in Dayton, Ohio, in 1941. She attended Julienne High School in Dayton, Ohio. She graduated from Edgecliff College in Cincinnati, Ohio, in June, 1965. A dietetic internship was completed at Cincinnati General Hospital in 1966.

She worked as the Director of the Dietary Department at Our Lady of Mercy Hospital in Cincinnati, Ohio. She is a registered dietitian with the American Dietetic Association.

She completed her work for the Master of Science degree with a major in Food Systems Administration at the University of Tennessee, Knoxville, Tennessee, in March, 1974.