

AN ABSTRACT OF THE THESIS OF

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Title: THE EFFECT OF A MANAGEMENT COURSE ON LEADERSHIP KNOWLEDGE

AND BEHAVIOR OF BACCALAUREATE NURSING STUDENTS

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Abstract approved:

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There are three avenues of education to prepare students for board examination leading to licensure as a registered nurse: diploma certificate, associate degree, and baccalaureate degree. The baccalaureate nursing programs are challenged to prepare students for acute care nursing, community health nursing and leadership in nursing. Baccalaureate nursing educators believe that their graduates will function as leaders, yet the review of literature revealed that nursing programs have not provided their graduates with the necessary knowledge and skills to fulfill a leadership role upon graduation.

This study was undertaken to evaluate the effect a leadership/management course had on leadership knowledge and behavior of baccalaureate nursing students. Students in two upper division nursing courses comprised the student population for this study. The experimental group studied leadership/management concepts and were expected to identify and

practice these skills while performing in a clinical practicum. The control group had an upper division theory class and a clinical practicum in general and psychiatric hospitals and community agencies, but there was no emphasis on leadership/management concepts. Employees in the health care facilities where the students practiced participated in the study by evaluating the leader behavior of the students.

To obtain a measure of the participants' prior knowledge of leadership/management concepts and to assess the degree of leader behavior, as perceived by followers, a Leadership Opinion Questionnaire and a Leader Behavior Description Questionnaire were administered at the beginning of the quarter.

The two instruments used, Leadership Opinion Questionnaire and Leader Behavior Description Questionnaire, measured two important factors which previous research has identified as meaningful in a wide variety of leader-follower situations. These factors are consideration, which reflects the degree to which a leader shows job relationships with followers, and structure, which refers to task-related activities where the individual defines and structures roles toward goal attainment. These two functional dimensions are prominent in most leadership theories.

Twelve hypotheses were concerned with leadership knowledge and behavior.

Of the twelve hypotheses six were concerned with the student's opinion of how s/he would function in a leadership role, while six hypotheses were concerned with the follower's perception of the student's leader behavior. The Student's "t"-test was used to test the six hypotheses that there would be no difference in the pretest scores of

the experimental and control groups' leadership knowledge and behavior as measured by the test instruments.

The Analysis of Variance was used to test the hypotheses that there would be no difference in the posttest mean scores of the experimental and control groups' leadership knowledge and behavior as measured by the same instruments.

Based on the finding of this study, the Leadership/Management course had a positive effect on the students by producing a change in the experimental group's leader behavior. However, there was no significant change in the students' knowledge as measured by the Leadership Opinion Questionnaire. This should challenge each nurse educator to evaluate the leadership component of the nursing curriculum.

It has been recently emphasized that baccalaureate nursing programs have not provided their graduates with needed knowledge and skills to fulfill a leadership role. Therefore it is imperative for baccalaureate educators to develop and evaluate management courses that will assist their students in gaining this knowledge and these skills to prepare them to fulfill the role expected of baccalaureate graduates.

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THE EFFECT OF A MANAGEMENT COURSE ON LEADERSHIP
KNOWLEDGE AND BEHAVIOR OF BACCALAUREATE NURSING STUDENTS

I. INTRODUCTION

A baccalaureate nursing program includes three types of courses-- general education and the liberal arts, the sciences relevant to nursing, and nursing courses. It is the only basic program offering both theory and practice in public health nursing and courses in leadership/management principles and is designed to prepare nurses to be professionally and technically competent members of the health team. The baccalaureate degree has become widely accepted as a requirement for supervisory positions (Grippando, 1977).

Spalding and Notter (1970) noted that the baccalaureate graduate is expected to bring his/her own special nursing knowledge and skills to any situation and to assume a role of leadership on the health team. Nursing responsibilities demand good leadership/management skills. There are varying ideas among nursing educators and administrators as to what constitutes "good" leadership/management skills; however, the variables include the leader, the followers, and the situation. The question arises, therefore, whether one develops leadership/management skills through study and practice, through the study of the behavioral sciences, or through a combination of the two, or are the skills an innate characteristic?

The majority of the training and education of nurses has traditionally emphasized patient care; nevertheless, employers and nursing educators assume that the baccalaureate graduate can function in a

leadership/management role with little on-the-job preparation. Douglas and Bevis (1974) indicate that the disparity between the student's preparation and the employer's expectation has resulted in the nurse's frustration and disenchantment with leadership/management activities. Also, there is disillusionment on the part of the employer whose expectations have not been met. Kramer (1974) found that this role conflict contributed to the exodus of new graduates from nursing.

Statement of the Problem

The past and present leaders in nursing emerged from varied educational experiences. However, Yura (1971) stated "the profession of nursing looks primarily to the graduates of baccalaureate nursing programs to supply its future leaders." Brock (1978) pointed out "it has been affirmed" that the baccalaureate graduates are leaders: "they guarantee that nursing will and can continue to make its proper contribution to the health care needs of people."

Baccalaureate nursing curricula incorporate a leadership/management component in the senior year in which the students study principles of leadership/management to build a body of knowledge to enable them to develop effective leader behavior. The clinical practicum segment permits the student to engage in leadership/management activities.

Considering the importance attached to the leadership role of the baccalaureate graduate and the difficulty many have in adjusting to their jobs, there is a need for information relating to the effectiveness of the leadership/management component in the baccalaureate nursing curriculum. The present investigator found no studies to

substantiate that this component prepares the students to function as leaders on the health team and believed there was need to investigate the effectiveness of a leadership/management course for baccalaureate nursing students.

The Purposes of the Study

The purposes of this study were:

1. To evaluate the effect a leadership/management course had on leadership opinion and leader behavior of baccalaureate nursing students.
2. To ascertain the student's opinion of the desirable way to function in a leadership role and how frequently he/she should do what was described on a Leadership Opinion Questionnaire.
3. To ascertain the student's leader behavior, as perceived by followers in the clinical setting, as described by the Leader Behavior Description Questionnaire.

Rationale for the Study

Education for Nurses

For many years the education of nurses has been an important part in the delivery of health care in the United States. The first training school was a hospital-based, one-year program which began in 1872 in Massachusetts. From that point the number of hospital-based schools of nursing increased rapidly; in 1900, there were 400; by 1926 there were 2,155. Following the general trend in education, however, nursing

programs were lengthened and the requirements of nursing education improved (Spalding and Notter, 1970).

The first half of the twentieth century brought tremendous changes in American society--advances in science, marked social developments, and a growing interest in formal education. Enormous advances in medicine and surgery prompted hospitals to become a major industry, forcing nursing education to re-evaluate and adapt.

Reflecting the need for better trained nursing personnel to keep pace with developments in medicine, the first collegiate program for nurses was established in 1909 under the direction of the University of Minnesota. By 1950 there were 195 such collegiate programs across the country. Until the 1950s the majority of the collegiate programs were designed to offer specializations at the baccalaureate level preparing the graduate nurse for supervision of nursing services, ward leadership, teaching and public health practice (Spalding and Notter, 1970).

For the past twenty-five years there has been controversy over how nurses should be educated. Interest in formal education for nurses increased rapidly, particularly after World War II. Perhaps the most controversial, yet significant, project in nursing was the development in 1952 of community and junior college programs. The curricula are organized with approximately an even distribution of credits between general education and nursing courses. DeYoung (1966) emphasized that the nursing programs in community and junior colleges do not claim preparation for leadership roles.

The three year diploma program conducted by hospitals is the oldest kind of nursing education, and until recently the one that

graduated the majority of nurses. Students receive a broad education for nursing so that they might meet the needs of hospitalized patients. These graduates are prepared to function as generalists in hospitals and similar community based institutions. The curriculum usually includes physical and social sciences and general nursing courses; however, generally speaking, the hospital school has not been able to provide the broad cultural and scientific climate of the university (L. Kelly, 1975; Spalding and Notter, 1970). DeYoung (1966) noted that the students are not prepared for the leadership/management functions of nursing.

Since early 1950 the baccalaureate programs in nursing have been conducted much like any other baccalaureate major within a college or university. It required general education in liberal arts, sciences relevant to nursing and nursing courses. The baccalaureate students acquire greater breadth and depth in the physical and social sciences than do students in other nursing programs. The curriculum also provides community health and leadership/management courses. These are placed within the senior year, when principles and theories are studied and students participate in a practicum component in the clinical setting. An objective of baccalaureate education is to prepare professional nurses in leadership/management theory and skills which will enable them to analyze nursing situations, develop and communicate goals, and to mobilize the involved group toward achievement of that goal. Principles of leadership/management are imperative when the professional nurses function in coordinating, planning, and directing health services to the consumer.

Today three avenues of educational preparation are available to prepare students for board examinations leading to licensure as a registered nurse: 1) an associate degree obtained at community colleges, or a few four year colleges, generally requiring two years; 2) a diploma certificate offered by a hospital, generally requiring three years; 3) a baccalaureate degree available at four year colleges and universities. Each program must meet State standards as set by the Board of Nursing. The curriculum content in all programs includes both theory and clinical experience, and while there may be differences in the curriculum, excellence is a goal of each.

Nursing Leadership

The past twenty-five years has been an era of unprecedented, rapid, and significant changes within the health field. The delivery of health care has evolved into a major industry. Business and industry, including health care institutions, are reviewing their services, costs, and profits. Cutler (1976) found that to meet the challenge there has been an accumulation of knowledge about leadership/management and organizations, with an increase in schools of applied behavioral and systems sciences.

Veith (1975) noted that nursing service is the most significant department in the hospital, if for no other reason than by virtue of its size and dollar budget. Cost containment has affected the nursing department; therefore nursing administration assumes and expects the baccalaureate graduate to function in a leadership role with a minimum on-the-job preparation. Kramer (1974) noted that the new graduate

often finds the employer has expectations of her/his practice which are oriented to leadership/management principles.

Sloane (1974) accepts the basic concept that the nursing leader's role is a dual one, "combining technical and professional competence and human relations in all of its many facets." He further noted the studies conducted in the 1940's and 1950's which examined leadership styles drew attention to leadership behavior. Sloane stated:

Out of all of the studies a body of knowledge appeared that simply stated that there are human beings with brains and feelings, wants and needs who should be led by someone with understanding of these individuals who could effectively lead them in their endeavors.

Consumers, health agencies, and nursing educators expect nurses to lead/manage not only patients but health teams, nursing teams and community groups. To function well in their expanded role, nurses must gain a basic knowledge of fundamental leadership/management principles (Veith, 1975).

The need for nurse leaders has never been greater. Dorothy Kelly (1972) stated that currently leadership in nursing is a growing concern for the nursing profession. Leininger (1974) expressed it vividly when she said there is a national crisis in nursing leadership, and the need is great for well-prepared leaders who have a high regard for their own self-worth.

Definition of Terms

For the purpose of this study, the terms and meanings given here shall be used.

Consideration. An important dimension of leadership. Reflects the extent to which an individual is likely to have job relationships

with followers characterized by mutual trust, friendship, respect, and warmth. Both LOQ and LBDQ measure this dimension.

Follower. Any employee of a health care facility who works with the student to accomplish individual, group, or organizational goals.

Health care facility. A specifically designated place where people receive health instruction and care.

Initiating structure. An important dimension of leadership. Well defined patterns of organization, channels of communication, and ways of accomplishing the job. Reflects the extent to which an individual is likely to define and structure his/her own role and those of followers toward goal achievement (Halpin, 1957; Fleishman, 1969). Both LOQ and LBDQ measure this dimension.

Leader behavior. Specific way in which a leader behaves as perceived by others. This was measured by the Leader Behavior Description Questionnaire (LBDQ) (Halpin, 1957).

Leader/manager. One who influences the actions of individuals or groups toward goal setting and goal attainment. They are used interchangeably.

Leadership. A set of actions that influence members of a group to move toward goal setting and goal attainment.

Leadership/management. A set of actions that influence individuals and groups to set goals and to accomplish individual, group, or organizational goals. In this study the words are used interchangeably, except when quoting.

Leadership opinion. What one thinks or believes about leadership; a view; judgment. This was measured by the Leadership Opinion

Questionnaire (LOQ) (Fleishman, 1969).

Management. Working with and through individuals and groups to accomplish organizational goals.

Professional nurse. A graduate of a baccalaureate nursing program.

Assumptions

Certain assumptions have been made in formulating the problem statement:

1. The student sample was randomly assigned by a computer in two required senior nursing courses.
2. The follower sample was given staff assignment by the facilities.
3. The facilities had no control of student clinical placement.
4. The student response to the Leadership Opinion Questionnaire ascertained how the students believed they would function in the leadership role, not actually how they functioned.
5. The Leadership Opinion Questionnaire and the Leader Behavior Description Questionnaire were sensitive in measuring nursing leadership.

Hypotheses

The purpose of this study was to determine whether randomly assigned students in a Leadership/Management class learned leadership concepts and skills which enabled them to perform better on a Leadership Opinion Questionnaire than randomly assigned students in an Issues in Nursing class. It was also the purpose to determine leader behavior,

as perceived by followers. Also, the investigator was interested in whether students in a Leadership/Management class performed better as measured by a Leader Behavior Description Questionnaire, than students in an Issues in Nursing class. The Leadership/Management class was the experimental group and the Issues in Nursing class was the control group.

In order to determine if these goals were accomplished, the following null-hypotheses were tested:

1. There is no significant difference between the experimental and control groups' pretest total mean scores of the Leadership Opinion Questionnaire.
2. There is no significant difference between the experimental and control groups' pretest mean scores of the consideration dimension of the Leadership Opinion Questionnaire.
3. There is no significant difference between the experimental and control groups' pretest mean scores of the structure dimension of the Leadership Opinion Questionnaire.
4. There is no significant difference between the experimental and control groups' posttest total mean scores of the Leadership Opinion Questionnaire.
5. There is no significant difference between the experimental and control groups' posttest mean scores of the consideration dimension of the Leadership Opinion Questionnaire.
6. There is no significant difference between the experimental and control groups' posttest mean scores of the structure dimension of the Leader Opinion Questionnaire.

7. There is no significant difference between the experimental and control groups' pretest total mean scores of the Leader Behavior Description Questionnaire.
8. There is no significant difference between the experimental and control groups' pretest mean scores of the consideration dimension of the Leader Behavior Description Questionnaire.
9. There is no significant difference between the experimental and control groups' pretest mean scores of the structure dimension of the Leader Behavior Description Questionnaire.
10. There is no significant difference between the experimental and control groups' posttest total mean scores of the Leader Behavior Description Questionnaire.
11. There is no significant difference between the experimental and control groups' posttest mean scores of the consideration dimension of the Leader Behavior Description Questionnaire.
12. There is no significant difference between the experimental and control groups' posttest mean scores of the structure dimension of the Leader Behavior Description Questionnaire.

Summary

A description is given of the three avenues of educational preparation which prepare the student for state board examination leading to licensure as a registered nurse. A present concern in nursing is the leadership/management role of the baccalaureate graduate nurse. It has been found that the student's preparation and the employer's expectations are not congruent. Also, there may be a difference between

how a person believes s/he functions as a leader and the way followers view the person's leader behavior. There are two important dimensions of leadership prominent in most leadership theories: 1) consideration, which deals with interpersonal relationship, and 2) structure, which refers to the organization and task-related activities.

Twelve hypotheses are used to focus on the student's opinion of leadership functioning and student's leader behavior in the clinical setting. The experimental group-control group, pre and posttest principle were utilized.

II. REVIEW OF LITERATURE

Leadership in Nursing

American society has entered a period of ever-accelerating social, economic, political, and educational changes. Claus and Bailey (1977) noted that the "dynamic changes in twentieth century society present new concern and challenges to professional nurses. A primary concern is the critical need for effective nursing leadership."

The traditional approach to health care focused on the curative services for the sick which were provided in the hospital setting. Today, the emphasis is on the need to provide comprehensive services in growing numbers of nontraditional health care facilities--walk-in clinics, psychiatric day care, stay well clinics, rehabilitation centers, long term care, etc. This has presented a diversity of specialties and a greater challenge to the professional nurse. Yet the larger number of professional nurses are employed in the hospital setting (Grippando, 1977; L. Kelly, 1975). McBride (1972) believes that nursing's contribution to the development of a more responsive and competent system of health services is directly related to the quality of leadership the profession can provide.

Virginia Henderson (1972) spoke succinctly when she said "the nurse who is leading patients is as much a leader as a nurse who is leading nurses." Therefore, willingly or unwillingly, most nurses today find themselves in a leadership role. Nurses are generally educated to give care rather than to lead; however, as Douglas and Bevis (1970) state, "every nurse practices leadership by the very nature of nursing,

for decisions must be made and problems must be solved whether they concern one or many patients, one or many nurses." Ozimek (1974) noted that professional nurses are "expected to assume greater responsibility for decision-making and for leadership in the operation of the health team, in research, in planning for and developing community health resources and services."

John Garnett (1976) warned that "providing real leadership in the health and social service field is a special challenge, for here people are being continually called upon to give of their best." He elaborated further by saying that some people are born leaders, but there is strong evidence to suggest that "leaders can best become more effective by being trained to carry out leadership actions so that by doing, they become."

Kron (1978) identified the nurse leader as a professional nurse in every sense of the word. S/he is one who assumes responsibilities concomitant with her/his profession, who knows what constitutes good nursing care, and who has the ability to give good care to patients/clients, as well as direct others. S/he must be interested in people and be able to communicate with them effectively. Personal qualities required are good health, because it is closely related to emotions; and emotional maturity, which is not related to age but rather implies that the nurse has reached a stage in her/his development of independent thought and action, and is able to make decisions based on her/his analysis of available facts. Emotional maturity is also demonstrated by more concern with others than with self and by thinking more about giving than getting. Tolerance, consistence and fairness are also to be striven for by the

nurse leader.

The primary responsibility of nursing leadership, identified by Kron (1978), is supervising others. This employs techniques from many fields, such as communication, human relations, personnel management and education. Yura (1971) noted that leadership activities as identified by nursing research include interpersonal relationships, critical thinking, decision-making, and problem solving. Claus and Bailey (1977) said "...to be effective leaders, nurses need to accept the reality and legitimacy of power. We want nurses to understand power as a positive force and to use power to influence health care."

The major keys to nursing leadership identified by Claus and Bailey (1977) are:

- 1) ability of nurse leaders to know their strengths and develop them to the utmost,
- 2) willingness to use their energy in positive ways to enable them to maintain a high level of performance, and
- 3) actions taken by leaders that yield results and for which they are responsible and accountable.

Edna Fagan (1977) stated that basically, the important components of leadership in nursing administration are little different from those of leadership in any environment. The tasks may be different. The effective leader is one who selects a behavioral alternative that is appropriate to the demands of each task s/he encounters.

Theories and Concepts of Leadership

Leadership and management are often used synonymously. A dictionary defines to lead as "to show the way, to influence or induce, to go in advance of." To manage means "to conduct, to bring about by contriving, to have charge of or responsibility for." According to Warren

Bennis (1976) "leading does not mean managing." He believes the difference is crucial and may be summarized as activities of efficiency versus activities of vision and judgment. "Management is leadership," contended Leininger (1974), and the manager achieves nothing on his own. A person could be very effective in managing, and yet not demonstrate skills to guide, control, direct, teach, or influence others in the conduct of their activities. Warren Stevens (1978) also separated management and leadership. He said "many writers in nursing have equated the concepts of management and leadership. I contend...that leadership is but one part of a much larger concept--that of management." Nevertheless, the particular distinctions rest upon individual authors. As Yura (1976) pointed out "in literature the terms leader, supervisor, manager, and executive, as well as leadership, authority, organization, influence and power are used interchangeably."

Leadership has been one of the most widely studied aspects of organizational behavior. This has led to many theories which have focused on styles and traits of leader behavior, effects of leader behavior on those being led, and on the situational aspects of the leadership setting.

The trait theory, perhaps one of the oldest theories of leadership, focuses on various personal traits of the leader including personality, intelligence and physical characteristics. Knowles (1955) stated that the observation of leadership behavior by social scientists found that it is "not the special property of any one person," but is related more to a set of functions rather than to the traditional definition of personality traits. Stogdill (1974) noted that hundreds of studies have been conducted to identify special traits but the search has been rather

futile. In recent years the search for personality traits in leadership has been restricted. Social science has found that leaders who were effective in one group were not necessarily effective in another group. Leadership does not result from the individual traits of leaders, but rather involves the social transaction between those who lead and those who follow (Merton, 1969). With this in mind, the greatest shortcoming of the trait theory is that it ignores the followers.

After World War II research in leadership focused on behavior and leadership style. Leadership styles may be studied from several points of view. The three styles most frequently referred to are the autocratic, democratic, and permissive. In 1958 Tannenbaum and Schmidt depicted this range of leadership styles on a continuum moving from authoritarian leader behavior at one end to democratic leader behavior. The decision-making power is retained completely by the autocratic leader in which all activities are planned with the leader making the decisions. This does not imply that the autocratic leader is not concerned about the followers' feelings and attitudes, but the style is to follow rules, regulations and policies. Though the leader may be correct in decisions, the uninvolved followers may not mobilize behind him.

The democratic leader cultivates the decision-making abilities of his/her followers. The more a leader can develop the followers, the more effective he will be. The final decision rests with the leader, but the followers have been such a part of this process that they are totally mobilized behind him (Tannenbaum and Schmidt, 1958; Harris, 1977).

In the permissive leadership style a great amount of freedom prevails for everyone because little formal structure exists. The leadership has been abdicated to the group with the resultant loss of control and direction (Stevens, 1978).

Perhaps the best known theory of the effects of leader behavior is McGregor's (1960) motivational theory, Theory X and Theory Y. Theory X represents the view of direction and control while the Theory Y approach encourages the followers to develop and utilize their skills, abilities, and knowledge to accomplish the organizational goals.

Blake and Mouton (1974) identified five different types of management based on concern for production and for people. The basic description of this philosophy is:

High concern for production/low concern for people (Task).
 High concern for both production and people (Team).
 High concern for people/low concern for production (Country Club).
 Low concern for both production and people (Impoverished).
 Moderate concern for both production and people (Middle-of-the road).

Fred Luthans (1976) described the contingency leadership/management approach as concern "with the relationship between relevant environmental variables and appropriate management concepts and techniques that led to effective goal attainment." It is not a property of the individual but rather a complex relationship among a host of variables: situational, environmental, organizational, personal, and interpersonal. It can be thought of as an "if-then" functional relationship contingent upon the interaction of leader characteristics and the identified variables:

If prevailing social values are oriented toward non-materialistic free expression and the organization employs professional

personnel in a high-technology operation, then a very participative, open leadership style would be most effective for goal attainment. On the other hand, if prevailing social values are oriented toward materialism and obedience to authority and the organization employs unskilled personnel working on routine tasks, then a strict, authoritarian leadership style would be most effective for goal attainment.

Therefore, the leadership style would depend upon the followers, whether they were professional or less-skilled employees.

According to Hersey and Blanchard (1977), in the situational leadership theory, the maturity of the followers is the gauge for the leader to reduce task behavior and to increase relationship behavior. "As the individual or group begins to move into an above-average level of maturity, it becomes appropriate for leaders to decrease not only behavior, but also relationship behavior." This permits the followers to mature psychologically as well as in their performance of the task.

The situational approach to leadership is based on observed behavior. Hersey and Blanchard (1977) noted that "empirical studies suggest that leadership is a dynamic process, varying from situation to situation with changes in leaders, followers, and situations." Therefore, the leadership process is a function of a leader, the follower and situational variables.

Fred Fiedler (1967) found that good leadership is not a matter of the best style of leadership, but of the most effective style for a particular situation. Task oriented leaders are successful in "situations that are either favorable or unfavorable to the leader, while relationship oriented leaders are successful in situations between, that are neither favorable or unfavorable for the leader" (Guest, 1977). Fiedler's model is on a single continuum of leader behavior from task-oriented to

relationship-oriented.

Previous research has identified two important factors which have been shown to be meaningful in a wide variety of leader-follower situations. Halpin (1957) and Fleishman (1969) identified these two factors as consideration and initiating structure. In 1964, Andrew Halpin explained further that these two major components of leadership appear to be significant in the interaction between leaders and followers; therefore, the effectiveness of a leader is realized only to the degree that s/he expresses consideration (individual behavior) and initiating structure (task behavior). Consideration reflects the degree to which a leader shows concern for job relationships with followers, characterized by mutual trust, respect, understanding, warmth, etc. Initiating structure refers to task-related activities and reflects the extent to which an individual is likely to define and structure his/her own role and those of followers toward goal attainment. These two functional dimensions of leadership are still prominent in most leadership theories. Claus and Bailey (1977) produced a table which shows some of the researchers who have identified the two basic dimensions and the names given to leadership behavior:

Researcher	Leadership Behavior Dimension	
	Human Relations	Managerial
Benne and Sheats (1948)	Group maintenance	Task
Shartle and Stogdill (1952)	Consideration	Initiating structure
Bales and Slater (1955)	Socio-emotional	Task
Bowers and Seashore (1966)	Peer leadership	Managerial leadership
Katz and Kahn (1966)	Employee-centered	Job-centered
Fiedler (1967)	Relationship-oriented	Task-oriented
House and Dessler (1974)	Supportive	Instrumental

Fiedler (1976) succinctly stated "the quality of leadership, more than any other single factor, determines the success or failure of an organization."

Summary

There are several conclusions that may be drawn from the research of literature.

Many theories of leadership have been advanced. Prominent in most theories are two functional dimensions of leadership, consideration and initiating structure. The process involved the leader, the follower, and the situation; therefore, the effectiveness of the leader depends not only on him/her but also on those s/he leads, and the conditions under which s/he must operate.

Nursing is an inherent and vital service within the health care system. It is much more than knowing the science of medical treatment; it is understanding and caring for people. The nursing profession's contribution to a more responsive and competent system of health services is directly related to quality leadership. It has been stated that the components of leadership in nursing are little different from those of leadership in any environment, only that the tasks may be different. Henderson (1972) stated that "the nurse who is leading patients is as much a leader as a nurse who is leading nurses." The nurse must be concerned with human outputs, and indeed there must be positive human output if there is to be a continuance of leadership. Patients/clients must be motivated to attain optimum health. Also nurse followers must be positively motivated to maintain high work performance and derive satisfaction from it.

Practicing nursing in an unstable world and changing environment mandates that nurse leaders must lead. Therefore, it is imperative that leadership/management be a vital component in the baccalaureate nursing curriculum.

III. RESEARCH DESIGN

This study was designed to determine whether leadership opinion and behavior of students in an experimental group would be greater after a leadership/management course than that of students in a control group. The students in a baccalaureate program were chosen for two reasons. First, the professional nurse is expected to assume leadership/management responsibilities. The National League for Nursing (1976) stated that the baccalaureate degree program should provide the students with an opportunity to acquire knowledge of the developing theories and practices of nursing, to assess nursing needs, and to develop beginning leadership skills. The graduate is prepared for an expanded role "to plan and give direct care to individuals, whether sick or well, to assume responsibility for directing other members of the health team, and to take on beginning leadership positions." Ozimek (1974), when describing the expanded role of the professional nurse practitioner, concluded that:

Only a baccalaureate degree program with a strong foundation in liberal education could provide the base required for a nursing major that will prepare the person who will fulfill the roles and functions described.

The second reason was that of the three educational avenues to become a registered nurse, only the baccalaureate program is identified as preparing the student for leadership/management responsibilities (DeYoung, 1966).

The Sample

The sample population consisted of two classifications of participants. Senior students enrolled in a baccalaureate nursing program at

the University of Oregon Health Science Center and employees in health care facilities in the state of Oregon.

The students were randomly assigned by computer in both the upper division Leadership/Management and the Issues in Nursing courses fall term, 1978 (Appendix A). The courses are school of nursing requirements for graduation from the University. Two categories of students were present in each course: 1) students obtaining their basic nursing education who, upon successful completion of the program, will be eligible to take the state board of nursing examination and be licensed as registered nurses; 2) students who are already licensed as registered nurses but are now enrolled in the school seeking a baccalaureate degree in nursing. Age, sex, and previous education were not considered in the selection of subjects and participation was on a voluntary basis. However, most registered nurses have practiced nursing and have observed, identified or assumed nursing leadership, therefore, the registered nurse participants were not measured on leader behavior and the LOQs were analyzed separately.

The employees, identified in this study as followers, were in health care facilities located in the Portland metropolitan area and in Salem where students were having a clinical practicum. The staff assignment was controlled by the facilities, rather than the researcher, and were considered to be a random sample of employees. Participation was voluntary and no consideration was given to age, sex, or education.

The pretest was taken by 38 of the 45 students enrolled in the Leadership/management course. Eight were registered nurse students. Forty-two of the 62 students in the Issues in Nursing class participated,

including 9 registered nurse students. The posttest was taken by 29 basic and 6 registered nurse students in the experimental group and 30 basic and eight registered nurse students in the control group. Only those taking both the pre-and posttest were used in this study. A total of 73 students comprised the sample. Refer to Table 1.

Table 1. Student population.

Class	Enrollment	Pretest	Post-test	Experimental total	Control total
Leadership/ Management	45	Basic 30 R.N. 8	29 6	35	
Issues in Nursing	62	Basic 33 R.N. 9	30 8		<u>38</u>
Total					73

Ninety-two (92) employees of the health care facilities participated by filling out 100 pretests and 95 posttests for student's leader behavior. An employee could evaluate more than one student.

The health care facilities where the students had their clinical practicum covered a wide spectrum of health services. This is in agreement with Ozimek's (1974) statement that professional nurses are called upon to expand the scope of their practice in acute and chronic settings, in primary care, in community settings, in rehabilitation and in health services to all age groups. "They are expected to assume greater responsibility...for leadership in the operation of the health team, in research, in planning for and developing community health resources and services."

The University of Oregon Health Science Center was selected because

it has the largest enrollment of baccalaureate nursing students in the state of Oregon. A random sample was needed and participation was voluntary; therefore the University of Oregon Health Science Center was used because of its large student population.

The Instruments

Two instruments were used in this study. The Leadership Opinion Questionnaire (LOQ) and the Leader Behavior Description Questionnaire (LBDQ (Appendix B).

Leadership Opinion Questionnaire (LOQ)

The Leadership Opinion Questionnaire provides an opportunity for a person to describe how s/he functions in a leadership role in an organization. The LOQ is comprised of 40 items, each of which describe a specific way in which a leader functions. For each item there are five alternative adverbs. Twenty-two items have alternative responses of always, often, occasionally, seldom and never; twelve items may be responded to by checking often, fairly often, occasionally, once in a while and very seldom; while the responses to six items state a great deal, fairly often, occasionally, once in a while and very seldom. The student marked the appropriate alternative for each item which indicated her/his opinion of how s/he functioned in a leadership role.

The LOQ provides measures of two important dimensions of leadership-- consideration and structure. These two broad patterns have been shown to be meaningful in a wide variety of supervisory-follower situations. Fleishman (1969) defined the dimensions as follows:

Consideration (c). Reflects the extent to which an individual is likely to have job relationships with subordinates characterized by mutual trust, respect for their ideas, consideration of their feelings, and a certain warmth between the individual and them. A high score is indicative of a climate of good rapport and two-way communication. A low score indicates the individual is likely to be more impersonal in relations with group members.

Structure (S). Reflects the extent to which an individual is likely to define and structure his or her own role and those of subordinates toward goal attainment. A high score on this dimension characterizes individuals who play a very active role in directing group activities through planning, communicating information, scheduling, criticizing, trying out new ideas, and so forth. A low score characterizes individuals who are likely to be relatively inactive in giving direction in these ways.

Fleishman also reported an important research finding which stated that these dimensions are independent. This means that leaders may be high on both dimensions, low on both, or high on one and low on the other. The instrument, in its present form is the product of more than 18 years of research and use in a variety of industrial and other organizational settings.

Many reliability studies have been done on the LOQ. The internal consistency reliabilities were obtained by using the split-half method. Corrected correlations for odd- and even-numbered items within each scale for 122 first-line supervisors revealed .70 for consideration and .79 for structure. A three-month interval between test periods for 31 first-line supervisors revealed the test-retest reliability to be .80 for consideration and .74 for structure.

The LOQ was developed to maximize construct validity. The two dimensions measured, consideration and structure, were developed by factor-analysis procedures, and item analysis was carried out to provide homogeneous measures.

The correlations of the scales with a variety of intelligence test measures revealed that the leadership scales are not dependent on intelligence or verbal ability. Also, it is indicated that, for the most part, the LOQ measures something not measured by a variety of personality measures. However, the correlations that are significant are consistent with the definitions of the leadership dimensions--consideration and structure.

Additional lengthy and detailed information on reliability, validity, norms, and correlations with other tests is available in the test manual.

Leader Behavior Description Questionnaire (LBDQ)

The LBDQ provides a technique whereby group members may describe leader behavior of designated leaders in formal organizations. The questionnaire contains 40 items, each of which describes a specific way in which a leader may behave. The group member, one of the leader's immediate work-group, indicated the frequency with which s/he perceives the leader to engage in each type of behavior by marking one of five alternative adverbs: always, often, occasionally, seldom, never. The responses are scored on two dimensions of leader behavior--consideration and structure.

The LBDQ has been used for research purposes in industrial, military, and educational settings. It has been reported that the most "effective" leaders are those described as above average on both dimensions of leader behavior.

The estimated reliability by the split-half method is .83 for the

structure scores, and .92 for the consideration scores, when corrected for attenuation. Additional statistical description on other studies is available in the manual.

Course Descriptions

Professional, upper division education in nursing requires a foundation of learning provided by the lower-division college courses. The student has a foundation in the humanities and social and biological sciences. A typical curriculum has the major nursing courses in the junior year. Clinical practicum is in both the junior and senior years.

The senior theory courses at the University of Oregon Health Science Center are Research, Management, Community Health, and Issues in Nursing. Because of the nature of this study a Management class served as the experimental group. Students in the Research class were involved in a research project; therefore the faculty coordinators requested that the Issues in Nursing class serve as the control group.

Issues in Nursing, N454, is a 3 credit upper-division course in which students study state and national issues related to nursing and the health care system. Consideration is given to research implications for nursing practice as well as the manpower issues in nursing. Students are alerted to the problems inherent in the transitional phase from student to professional nurse. The course outline is found in Appendix A. The sample population for the control group in this research study was students from this course.

Students in Leadership and Management for Nurses, N452, comprised the experimental group with the course being the treatment. Justification for the course identifies the need for professional nurses to learn

leadership skills which will enable them to analyze a nursing situation, develop and communicate goals, and to mobilize the involved group toward goal achievement. To learn leadership skills, nurses need management concepts to assist them in analyzing situations and establishing realistic courses of action. Leadership skills will assist the nurse in problem solving to meet specific patient care or staff needs within the health care organization in which they practice. Specific topics studied include decision making, change process, assertiveness techniques, staff development and power. Emphasis is also on how and when to delegate, theories of motivation, interviewing, evaluation and fiscal budgeting. The course outline is found in Appendix A.

Data Collection Procedure

Permission was gained from a representative of the school of nursing at the University of Oregon Health Science Center to conduct research at the school. Arrangements were made with the instructors to test the students in the Leadership/Management course during the first class meeting, and the students in the Issues in Nursing course were tested the second class meeting. Also, the study was reviewed and approved by the Oregon State University and the University of Oregon Health Science Center School of Nursing Committees for the Protection of Human Subjects.

The instrument, along with the consent and data forms, was given to all students in attendance in two upper division nursing courses. Verbal instruction informed the students as to the type and purpose of the study, his/her right to confidentiality, and his/her right to refuse. Permission was requested to contact employees in the clinical areas where the student would be having his/her clinical practicum. If the student was willing to participate, s/he was asked to sign the consent form and fill in the data sheet (Appendix C). Those who did not wish to participate returned the forms. The test instrument was identified by a number recorded on a red (experimental group) or green (control group) tag with a corresponding number on a detachable tag. The participating student was asked to remove and save the corresponding number so that s/he could identify him/herself on the posttest which would be administered at the end of the quarter.

The instructions given on the title page of the questionnaire booklet were read by the examiner. The students were encouraged to complete each item with the best estimate possible as there were no right or wrong responses. No mention was made about the structure and consideration dimensions of leadership.

Following the student's consent, the clinical facility's administrator of nursing was personally contacted for permission to conduct research on leader behavior of nursing students which would involve certain employees (Appendix D). The employees were contacted the second week the students were in the clinical facility for practicum. Verbal instructions informed the employee of the student's consent, the type and purpose of the study, confidentiality, right to refuse, and that there would be a posttest the last week of the student's practicum. Consent and employee data forms (Appendix E) along with the Leader Behavior Description Questionnaire were explained. The employee data form provided identification of the individual's position in the facility and educational background. This data was compiled and is shown in Appendix E. Assurance was given that there was no judgment of whether the behavior described in the items was desirable or undesirable. Employees were urged to complete every item. Consideration and structure dimensions of leadership were not mentioned.

It was considered desirable to have the student and follower questionnaire similar in content and format, although the Leadership Opinion Questionnaire asked the student's opinion on how s/he believed s/he would function as a leader and the Leader Behavior Description Questionnaire asked the follower to describe how s/he believed the student to behave.

The posttests were the same as the pretests.

Treatment of the Data

All the data collected were analyzed through the services of the Oregon State University Computer Center. The subjects were randomly assigned and were pretested on the dependent variables, student's opinion of leadership functioning and student's leader behavior. After 10 weeks the subjects were again measured on the dependent variables with a posttest. A Leadership/Management course was the treatment for the experimental group. Table 2 shows the design used. Kerlinger (1973) noted that when the difference between two groups is tested statistically and analyzed for change, a "t" or F test is appropriate.

Table 2. Pretest and posttest, control group design.

Group	Pretest	Treatment ²	Posttest
Experimental	LOQ	L/M	LOQ
R ¹ Control	LOQ	0	LOQ
Experimental	LBDQ	L/M	LBDQ
R ¹ Control	LBDQ	0	LBDQ

¹Randomly assigned

²L/M Leadership/Management Course; 0 = no treatment

The Student's "t"-test was used to contrast the differences between the means of the experimental and control groups total pretest score and the scores on the two dimensions, consideration and structure, for both the Leadership Opinion Questionnaire and the Leader Behavior Description Questionnaire (Hypotheses 1,2,3,7,8,9). The null hypotheses were

tested at $P = .05$.

The one-way analysis of variance test measured the differences between the posttest mean scores of the experimental and control groups total score and the scores of the two dimensions for both instruments (Hypotheses 4,5,6,10,11,12). The null hypotheses were tested at the .05 level of significance. The analysis of covariance was used as the statistical tool for analyzing the registered nurse students tests. Comparison of the two groups on the pre- and posttests was made using the adjusted mean scores.

All data were interval; normal distribution was assumed, and the samples were randomly drawn.

Summary

The population of this study was comprised of students enrolled in two upper-division courses at the University of Oregon Health Science Center School of Nursing and employees in health care facilities who worked with the students. Demographic data were tabulated.

Two instruments were used to measure leadership opinion and leader behavior. Both instruments focused on two dimensions of leadership/management, structure and consideration. The scores were subjected to the Student's "t"-test, one-way analysis of variance, and the analysis of covariance.

IV. ANALYSIS OF DATA

This study was conducted for the purpose of investigating the effects of a leadership/management course on baccalaureate nursing students. Two areas were covered--the student's opinion of how s/he believed s/he would function in defined leadership roles and the student's leader behavior as perceived by followers in clinical facilities. The first section of this chapter deals with demographic data of the participants while section two presents the statistical findings.

Demographic Data

There were 107 students enrolled fall quarter in two upper-division nursing courses. Eighty students participated in this research by taking the Leadership Opinion Questionnaire pretest while 73 took the posttest. The students taking both the pre- and posttest were the sample population for the study.

The statistical analysis of all demographic data of the sample population is found in Appendix F. Selected data is given in Table 3.

Five percent of the student population were males. This is a higher percentage per population size than the latest figures on men in nursing (1972) which indicated that they constituted only about 1.4 percent of all nurses (Kelly, 1975). Seventy-four percent of the students reported a grade point average of 3.0 or above. Two students did not indicate their grade point average. Of the 63 basic nursing students 18, or 29 percent, indicate they plan to attend graduate school while 59 percent of the registered nurse students, 10 out of 17, state they plan on graduate education.

Table 3. Selected demographic data.

	Experimental		Control	
	Basic ¹ (30)	RNB ² (8)	Basic ¹ (30)	RNB ² (9)
Mean Age	23.17 (2.52)	32.50 (10.04)	22.52 (2.62)	32 (7.79)
Sex				
Female	29	8	32	7
Male	1		1	2
GPA				
3.0 or above	20	3	28	7
Less than 3.0	8	5	5	2
Plan to attend graduate school	9	5	9	5

¹Students in initial program for registered nurse licensure

²Registered nurse students preparing for baccalaureate degree

The employees' demographic data covered two areas: position in their place of employment and their education. These can be found in Appendix F. A summary is given in Table 4.

Table 4. Employee position and education.

Education	Participants	Percent of Total
RN BS	43	47
RN Diploma	16	17
RN AD	13	14
Other	<u>20</u>	<u>22</u>
Total	92	100

Position	Participants	Percent of Total
Supervisor, Head Nurse	13	14
Team Leader	24	26
Staff Nurse	36	39
Other	<u>19</u>	<u>21</u>
Total	92	100

The greatest percentage of participants were registered nurses. This would be expected because of the very nature of the health care facilities. The "other" group covered a wide spectrum from nurse aides with in-service education to physicians.

Statistical Analysis

A Student's "t"-test was used to contrast the differences between the means of the experimental and control groups' pretest scores of the Leadership Opinion Questionnaire and the Leader Behavior Description Questionnaire. The data were interval and normal distribution was assumed.

The analysis of variance was utilized in measuring the posttest means of the experimental and control groups' scores of the Leadership Opinion Questionnaire and the Leader Behavior Description Questionnaire. The analysis of variance may be used when two or more groups under a single factor are to be considered at a time. The data were derived from randomly drawn, normally distributed populations, and were interval.

Findings Related to the Hypotheses

A "t"-test was used to test the six null hypotheses that there is no significant difference between the experimental and control groups' pretest means of the Leadership Opinion Questionnaire and Leader Behavior Description Questionnaire. If the computer-produced "t" value was found to be greater than the tabular "t" value at $P = .05$, the hypotheses were rejected. If the computed "t" value was found to be less than the tabular "t", the hypotheses were retained. Tables 5 and 6 present the results of the "t"-test.

The F test was used to test the null hypotheses that there is no significant difference between the experimental and control groups post-test means of the Leadership Opinion Questionnaire and the Leader Behavior Description Questionnaire. If the computer-produced F value was found to be greater than the tabular F value at the .05 level of significance the hypotheses were rejected. If the computed F value was found to be less than the tabular F value, the hypotheses were retained. Results are shown in Tables 6 and 7.

Hypothesis One

Hypothesis one states that there is no significant difference between the experimental and control groups' pretest mean scores of the Leadership Opinion Questionnaire. As presented in Table 5 the computed "t" value for the total test mean was determined to be 1.02 and the tabular "t" value was 2.00. Because the computed "t" value was smaller than the tabular "t" value, the null hypothesis was retained.

Table 5. Student's "t"-test on experimental group and control group pretest on LOQ.

Source of Mean	Mean	S.D.	"t" value	Tabular ¹ "t"	Decision
<u>Total Score</u>					
Experimental	101.38	8.45	1.02	2.00	N.S. ²
Control	98.97	9.55			
<u>Structure</u>					
Experimental	41.86	6.70	.33	2.00	N.S.
Control	41.29	6.80			
<u>Consideration</u>					
Experimental	59.52	5.30	1.42	2.00	N.S.
Control	57.68	4.70			

¹P = .05

²Not significant

Hypothesis Two

Hypothesis two states that there is no significant difference between the experimental and control groups pretest mean scores of the consideration dimension of the Leadership Opinion Questionnaire. The results presented in Table 5 show that the computed "t" value was determined to be 1.42 and the tabular value of "t" was 2.00. Since the computed "t" value is smaller than the tabular "t" value, the null hypothesis was retained.

Hypothesis Three

Hypothesis three states that there is no significant difference between the experimental and control groups' pretest mean scores on the structure dimension of the Leadership Opinion Questionnaire. The results presented in Table 5 show that the computed "t" value was determined to be .33 and the tabular "t" value was 2.00. The computed "t" value was smaller than the tabular "t" value; therefore the null hypothesis was retained.

Hypothesis Four

Hypothesis four states that there is no significant difference between the experimental and control groups' posttest total mean scores of the Leadership Opinion Questionnaire. Table 6 shows the results of the analysis of variance. The computed F value of the total score was determined to be 2.046 and the tabular F value at the .05 level of significance was 4.00. Because the computed F value was smaller than the tabular F value the null hypothesis was retained.

Table 6. Analysis of variance LOQ posttest computed values.

Source of Variation	Sum of Squares	df	Mean Square	F	Tabular F ¹	Decision
<u>Total</u>						
Between groups	132.798	1	132.798	2.046	4.00	N.S. ²
Within groups	3699.315	57	64.900			
Total	3832.112	58				
<u>Structure</u>						
Between groups	16.114	1	16.114	.440	4.00	N.S.
Within groups	2087.882	57	36.630			
Total	2103.996	58				
<u>Consideration</u>						
Between groups	56.393	1	56.393	2.518	4.00	N.S.
Within groups	1276.664	57	22.398			
Total	1333.057					

¹Level of significance .05

²Not significant

Hypothesis Five

Hypothesis five states that there is no significant difference between the experimental and control groups' posttest mean scores of the consideration dimensions of the Leadership Opinion Questionnaire. As presented in Table 6 the computed F value was determined to be 2.518 and the tabular F value at the .05 level of significance was 4.00. Because the computed F value was smaller than the tabular F value, the null hypothesis was retained.

Hypothesis Six

Hypothesis six states that there is no significant difference between the experimental and control groups' posttest mean scores of the structure dimension of the Leadership Opinion Questionnaire. Table 6 shows the computed F value was determined to be .440 and the tabular F

at the .05 level of significance was 4.00. The computed F value was smaller than the tabular F value, therefore the null hypothesis was retained.

Hypothesis Seven

Hypothesis seven states that there is no significant difference between the experimental and control groups' pretest total mean scores of the Leader Behavior Description Questionnaire. The total test mean score computed "t" value was determined to be 3.96 and the tabular "t" value was 1.99. The results are given in Table 7. Because the computed "t" value was larger than the tabular "t" value, the null hypothesis was rejected.

Table 7. Student's "t"-test experimental group and control group pretest on Leader Behavior Description Questionnaire.

Source of Mean	Mean	S.D.	"t" value	Tabular "t" ¹	Decision
<u>Total Score</u>					
Experimental	52.77	17.82	3.96	1.99	Sig. ²
Control	69.04	22.96			
<u>Structure</u>					
Experimental	16.43	11.70	4.04	1.99	Sig.
Control	26.94	14.10			
<u>Consideration</u>					
Experimental	36.34	8.56	3.04	1.99	Sig.
Control	42.10	10.31			

¹P = .05

²Significant

Hypothesis Eight

Hypothesis eight states that there is no significant difference

between the experimental and control groups' pretest mean scores of the consideration dimension of the Leader Behavior Description Questionnaire. The computed "t" value was determined to be 3.04 and the tabular "t" value was 1.99, as presented in Table 7. The computed "t" value was greater than the tabular "t" value, therefore the null hypothesis was rejected.

Hypothesis Nine

Hypothesis nine states that there is no significant difference between the experimental and control groups' pretest mean scores of the structure dimension of the Leader Behavior Description Questionnaire. The results presented in Table 7 show the computed "t" value was determined to be 4.04 and the tabular "t" value was 1.99. Because the computed "t" value was greater than the tabular "t" value, the null hypothesis was rejected.

Hypothesis Ten

Hypothesis ten states that there is no significant difference between the experimental and control groups' posttest total mean scores of the Leader Behavior Description Questionnaire. The results presented in Table 8 show the total test mean score computed F value was determined to be 1.123 and the tabular F value at the .05 level of significance was 3.97. Because the computed F value was smaller than the tabular F value, the null hypothesis was retained.

Table 8. Analysis of variance, Leader Behavior Description Questionnaire, posttest computed values.

Source of Variation	Sum of Squares	df	Mean Square	F	Tabular F ¹	Decision
<u>Total</u>						
Between groups	723.069	1	723.069	1.123	3.97	N.S. ²
Within groups	59804.022	93	643.054			
Total	60527.091	94				
<u>Structure</u>						
Between groups	335.069	1	335.069	1.824	3.97	N.S.
Within groups	17082.926	93	183.687			
Total	17417.995					
<u>Consideration</u>						
Between groups	73.703	1	73.703	.418	3.97	N.S.
Within groups	16414.299	93	176.498			
Total	16488.0027	94				

¹Level of significance

²Not significant

Hypothesis Eleven

Hypothesis eleven states that there is no significant difference between the experimental and control groups' posttest mean scores of the consideration dimension of the Leader Behavior Description Questionnaire. As shown in Table 8, the computed F value was determined to be .418 and the tabular F value at the .05 level of significance was 3.97. Because the computed F value was smaller than the tabular F value, the null hypothesis was retained.

Hypothesis Twelve

Hypothesis twelve states that there is no significant difference between the experimental and control groups' posttest mean scores of the structure dimension of the Leader Behavior Description Questionnaire. As presented in Table 8, the computed F value was determined to be 1.824

and the tabular F value at the .05 level of significance was 3.97. Because the computed F value was smaller than the tabular F value, the null hypothesis was retained.

The null hypotheses significance test results are given in tabular form in Table 9.

Table 9. Null hypotheses significance test results.

Null Hypothesis	Computed "t"	Critical "t" ¹	Computed F	Critical F ²	Retained	Rejected
H ₀ One	1.02	2.00			x	
H ₀ Two	.746	2.00			x	
H ₀ Three	.162	2.00			x	
H ₀ Four			2.046	4.00	x	
H ₀ Five			.440	4.00	x	
H ₀ Six			2.518	4.00	x	
H ₀ Seven	3.96	1.99				x
H ₀ Eight	3.04	1.99				x
H ₀ Nine	4.04	1.99				x
H ₀ Ten			1.123	3.97	x	
H ₀ Eleven			.418	3.97	x	
H ₀ Twelve			1.824	3.97	x	

¹P = .05

²Level of significance .05

After examining the data related to the hypotheses, additional data were explored. Fourteen registered nurse students took the Leadership Opinion Questionnaire; six in the experimental group and eight in the control group. Because they have practiced as registered nurses they were not tested on the leader behavior. Table 10 presents the results of the analysis of covariance. The computed F value generated was

determined to be significant on the total score and on the dimension of consideration group.

Table 10. Analysis of covariance, registered nurse student Leadership Opinion Questionnaire.

Source of Variation	Sum of Squares	df	Mean Square	Computed F	Sig. of F ¹	Tabular F ²	Decision ³
Total score ⁴	220.818	1	220.818	6.110	.031	4.67	Sig.
Group	167.085	1	167.085	4.623	.055	4.67	N.S.
Residual	397.530	11	36.139				
Total	831.091	13	63.930				
Consideration ⁴	304.554	1	304.554	38.531	.001	4.67	Sig.
Group	58.621	1	58.621	7.416	.020	4.67	Sig.
Residual	86.946	11	7.904				
Total	453.429	13	34.879				
Structure ⁴	77.092	1	77.092	4.648	.054	4.67	N.S.
Group	30.701	1	30.701	1.851	.201	4.67	N.S.
Residual	182.439	11	16.585				
Total	304.639	13	23.434				

¹Significance of F-computer generated

²Level of significance .05

³Significant; Not significant

⁴The covariate is the pretest

The adjusted mean scores for the Experimental Group and Control Group posttest, presented in Table 11, show a decline from the pretest adjusted mean scores on the total, the structure, and the consideration; however, this decline was not significant.

Table 11. Adjusted mean scores, students' leadership opinion, experimental-control.

Source of Mean	Experimental Group		Control Group	
	Pretest	Posttest	Pretest	Posttest
LOQ Total	101.379	99.187	98.969	96.186
Structure	41.862	41.677	41.286	40.631
Consideration	59.517	57.510	57.682	55.554

The adjusted mean scores for the Leader Behavior for the Experimental Group and the Control Group pretest-posttest, presented in Table 12, indicate the Experimental Group increased the quality of their leader behavior to a significant degree over the control group.

Table 12. Adjusted mean scores, leader behavior description, experimental-control.

Source of Mean	Experimental Group		Control Group	
	Pretest	Posttest	Pretest	Posttest
LBDQ Total	52.773	75.246	60.043	69.726
Structure	16.429	32.282	26.936	28.282
Consideration	36.344	43.206	42.106	41.444

Presented in Table 13 are the adjusted mean scores of the experimental group, comparing the students' Leader Opinion pretest-posttest adjusted mean scores with the followers' pretest-posttest Leader Behavior adjusted mean scores. The followers believed the students increased the quality of their leadership to a significant degree over the students' opinion of leadership functioning.

Table 13. Adjusted mean scores, students' leader opinion and leader behavior, experimental group.

Source of Mean	Experimental Group		Experimental Group	
	LOQ Pretest	LBDQ Pretest	LOQ Posttest	LBDQ Posttest
Total test	101.379	52.773	99.181	72.246
Structure	41.862	16.429	41.677	32.282
Consideration	59.517	36.344	57.510	43.206

The adjusted mean scores for the Leader Opinion and the Leader Behavior for the control group, presented in Table 14, indicate the followers believed the students in the control group had a very minimum change in leader behavior; also the students' opinion of leadership functioning changed little. Therefore, the adjusted mean posttest scores show the control group had no significant differences in leader opinion or leader behavior.

Table 14. Adjusted mean scores, students' leader opinion and leader behavior, control group.

Source of Mean	Control Group		Control Group	
	LOQ Pretest	LBDQ Pretest	LOQ Posttest	LBDQ Posttest
Total test	98.969	69.042	96.186	69.726
Structure	41.286	26.936	40.632	28.282
Consideration	57.683	42.106	55.554	41.444

Presented in Table 15 are the adjusted mean scores for the LOQ for registered nurse students. The total test and the consideration and structure dimension for the control and experimental groups indicate very little difference; therefore this increase or decrease was not significant.

Table 15. Adjusted mean scores, registered nurse student pre- and post-test, Leadership Opinion Questionnaire.

Source of Mean	No.	Pretest	Posttest
Total test score			
Experimental	6	94.167	90.123
Control	8	95.658	98.000
Structure			
Experimental	6	37.667	37.123
Control	8	39.033	40.750
Consideration			
Experimental	6	56.500	53.000
Control	8	56.625	57.250

Summary

The analysis of the demographic data was on the 80 students and 92 followers initially taking part in this study. The statistical analysis of the LOQ data was for 73 participants who completed the study. All LBDQ were analyzed and computed.

The Student's "t"-test and the analysis of variance were utilized in testing the 12 hypotheses. The adjusted mean scores indicated the change between the pre-and posttest and the experimental and control groups. The analysis of covariance was used for the data for the registered nurse student participants. Of the 12 null hypotheses all were retained except 7, 9, and 11.

V. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

To obtain a measure of the participants' prior knowledge of leadership/management concepts and to assess the degree of leader behavior, as perceived by followers, a pretest was administered. The instruments used, Leadership Opinion and Leader Behavior Description Questionnaires, measured the two dimensions of leadership, although the participants were not aware of the classifications.

Consideration (human relations) and structure (task-related activities) have been identified as important dimensions of leadership and are prominent in most leadership theories today. It is noted that a leader may be high on one and low on the other; but if both dimensions are found in a person's actions, the followers are likely to be willing to follow the directions of the leader.

Six of the twelve hypotheses were concerned with the student's opinion of how s/he believed s/he would function in a leadership role, while six hypotheses were concerned with the follower's perception of the student's leader behavior. The computer analysis of the data permitted comparison of the experimental and control groups on the pre- and posttests.

The retention of the null hypotheses one, two, and three supports the view that there was no difference between the control and experimental groups' pretest means of the total, consideration, and structure scores. The adjusted mean scores for the total test are as follows: experimental group = 101.38; control group = 98.95; difference = 2.43.

The greater score for the experimental group was not significant. Although it is naive to think one student's background is identical to another's, it was learned from the computed results of the Leadership Opinion Questionnaire that the participants were nearly equally prepared at the beginning of the quarter in leadership knowledge.

The adjusted mean scores for the two dimensions were: consideration-experimental 59.52; control 57.68; difference 1.84; and structure-experimental 41.86; control 41.28; difference .58.

The retention of null hypotheses four, five, and six supports the view that the experimental and control groups would not have a significant difference in the posttest mean scores on the total test, nor on the consideration and structure dimensions. Although there was a decrease in the posttest adjusted mean scores for both the experimental and control group, it was not significant. The decreases are as follows: total test--experimental = -2.19; control = -2.78; and difference = +3.00. The consideration dimension adjusted mean scores were: experimental = -2.01; control = -2.13; difference = +1.96. The adjusted mean scores for the structure dimension were: experimental = -.18; control = -.66; difference = +1.05. The control group's decrease was slightly more than that of the experimental group, although no score was considered significant.

The adjusted mean score for the experimental group's pretest was +2.43 greater than that of the control group while the posttest adjusted mean score was +3.00 greater. While the experimental group received higher adjusted mean scores in all instances, the difference was slight. Participation in the management course, eight weeks of clinical practicum,

and familiarity with the instrument did not have a statistically significant effect on the posttest scores.

Null hypotheses seven, eight, and nine state that there is no significant difference between the experimental and control groups' Leader Behavior pretest total score, and the consideration and structure dimensions. There was a significant difference; therefore null hypotheses seven, eight, and nine were rejected. On the adjusted mean scores the control group had a significant increase over the experimental group. The increases are as follows: total score = +7.27; consideration = +10.51; structure = +5.77. These increased scores indicate that the followers of the control group perceived more leader behavior from the students than did the followers of the experimental group. The clinical practicum for the majority of the experimental group was in a hospital. The majority of the students in the control group were in community agencies.

Kramer (1974) stated that the majority of recent graduates find their first employment in a hospital, because that is where the great employment opportunities lie. Also, one year of hospital nursing is generally a requirement for employment in a community agency. Stevens (1978) noted that the hospital is perhaps one of the most complex organizational forms with personnel costs absorbing 60-65 percent of the total operational cost of hospital care and that nursing accounts for the vast majority of those costs. Lysaught (1970), in a comprehensive study of nursing, pointed out the importance of patient contact. However, for those nurses who will eventually assume greater managerial responsibility, there must be provision in the nursing curriculum for

management and organization theory, so the nurse can be more comfortable and confident in the leader/manager role.

With the emphasis on hospital nursing personnel's cost and the need for nursing leadership/management, followers in the hospitals may expect more demonstrated leader/manager behavior than do followers in community agencies. The investigator believed this could be significant when students' leader behavior was evaluated.

The retention of null hypotheses ten, eleven, and twelve supports the view that the experimental and control groups would not have a significant difference in the Leader Behavior posttest mean scores. The adjusted mean scores indicate that the experimental group made a significant gain over their pretest scores. The increases are as follows: total score = +22.48; consideration = +15.85; structure = +6.87. Also, the adjusted mean scores indicate that the experimental group gained over the control group as follows: total score = +5.52; consideration = +1.77; structure = +4.00. The control groups' adjusted mean scores on the posttest show an increase on the total test +9.69 and on the structure dimension +1.34 but a decrease on the consideration dimension -.67

Based on the findings of this study, one may conclude that the leadership/management course in one university had no effect on the students' leader knowledge. There was no statistically significant difference in the experimental and control groups' response on a Leadership Opinion Questionnaire.

It is significant to note that the experimental group had a greater increase in Leader Behavior, as perceived by followers, than did the

control group. One may conclude, therefore, that a leadership/management course in one university did produce a change in the students' leader behavior. At the beginning of the study the control groups' pretest mean score was 7.27 higher than the experimental groups' score but after the course in Leadership/Management the experimental group gained 12.79 over the pretest mean score, demonstrating a 5.52 gain over the control group. The followers of the experimental group indicated a positive change in the students' leader behavior.

The adjusted mean scores of the registered nurse students' posttest show the control group made a slight increase while the experimental groups' adjusted mean scores declined. One may judge that the treatment had no effect on the experimental group's leadership knowledge.

Recommendations

Findings in this study seem to warrant further research and planning in the following areas:

1. Replication of this study using a larger sample.
2. Replication of this study in several baccalaureate programs.
3. Development and testing of an instrument that specifically identifies nursing leadership functions.
4. Development of content and teaching strategies that enable students to utilize leadership concepts as well as state them.
5. Involvement of nursing administration in curriculum planning.
6. Assessment of the clinical roles of graduates by means of a longitudinal study. Graduates' and employers' response should be considered.
7. Assessment of the leadership needs expressed by recent graduates.

IV. SUMMARY

There are three avenues of education to prepare students for board examination leading to licensure as a registered nurse: diploma certificate, associate degree, and baccalaureate degree. The baccalaureate degree has become widely accepted in the nursing profession as a requirement for supervisory positions. Baccalaureate nursing educators believe that their graduates will function as leaders; yet review of literature revealed that nursing programs have not provided their graduates with the necessary knowledge and skills to fulfill a leadership role.

Considering the importance attached to the leadership role of the baccalaureate graduate nurse, this study was undertaken to contribute to the effectiveness of the leadership component. The purpose was to evaluate the effect a leadership/management course had on leader knowledge and leader behavior of baccalaureate nursing students. Implications may be helpful in stimulating further research, in planning leadership theory and practicum in the curricula, and in underscoring the importance of nursing educators' and administrators' planning together learning experiences for nursing students.

Students in two upper-division nursing courses at the University of Oregon Health Science Center comprised the student population for the experimental and control groups. A Leadership Opinion Questionnaire was administered at the beginning and end of fall quarter, 1978. Students in The Issues in Nursing course served as the control. They had a clinical practicum but there was no emphasis on leadership/management

concepts. Students in the experimental group studied leadership/management concepts and were expected to identify and practice these skills while performing in the clinical practicum.

Employees in the health care facilities where the students practiced were asked in the second and the final week of the clinical experience to evaluate the leader behavior of the students. The facilities included hospitals, community health agencies, and mental health hospitals.

The Student's "t"-test was used to test the first six hypotheses while the analysis of variance was used to test hypotheses seven through twelve.

There was no significant difference in the experimental group's and the control group's pre- and posttest mean scores on the Leadership Opinion Questionnaire. The six hypotheses relating to this were retained. Hypotheses seven through twelve refer to the Leader Behavior Description Questionnaire. There was a significant difference in the pretest mean score on the LBDQ between the experimental and control groups. The control group was significantly higher. Therefore, hypotheses seven, eight, and nine were rejected. Hypotheses ten, eleven, and twelve were retained as there was no significant difference in the posttest mean scores. The adjusted mean score on the posttest was significantly higher for the experimental group.

Fourteen registered nurse students participated in the Leadership Opinion Questionnaire. They were not tested on leader behavior because they had practiced nursing. There was no significant difference in the adjusted mean scores.

Based on the findings of this study, one can conclude that the Leadership/Management course had a positive effect on the students by producing a change in the students' leader behavior. However, there was no significant change in the students' leader knowledge as measured by the Leadership Opinion Questionnaire. This should challenge each nurse educator to evaluate the Leadership/Management component of the curriculum.

Further research is needed in other baccalaureate programs, using different instruments, and perhaps a planned curriculum. Brock (1979) recently emphasized that baccalaureate nursing programs have not provided their graduates with needed knowledge and skills to fulfill a leadership role. Therefore it is imperative, she stated, for baccalaureate educators to develop and evaluate management courses that will assist their students in gaining this knowledge and these skills.

This should become the goal of all nursing educators so that recent baccalaureate graduates will be able to fulfill both their own and nursing administrators' role expectations.

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APPENDICES

APPENDIX A
COURSE DESCRIPTIONS

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF NURSING

Nursing 452 Nursing Science VIII
Leadership and Management for Nurses
Fall Term 1978

OBJECTIVES	CONTENT	ASSIGNMENTS
<p><u>Week I: Sept. 28, 1978</u></p> <p>Utilize nominal group process to identify group goals. Write a brief statement of philosophy, purpose, & objectives. Identify intent and component parts of an organization's philosophy, purpose, and objectives.</p>	<p>Nominal Group Process Philosophy, Purpose & Objectives</p>	<p>Hand out: Nominal group process guidelines</p> <p>Stone: Chapter 1: Cantor</p> <p>Stevens: Chapters 1 - 3</p> <p>Secure copy of philosophy, purpose and objectives from clinical setting.</p>
<p><u>Week II: Oct. 5, 1978</u></p> <p>State what power is. Analyze how use of power can effect an organization and individuals within that organization.</p> <p>Comprehend how nurses have used power and been affected by its use. Synthesize plans for future use of power. Practice use of basic assertive techniques.</p>	<p>Power</p> <p>Assertiveness</p>	<p>Hand out: Claus & Bailey model</p> <p>Stone: Chapter 2, Zaleznik</p> <p>Stevens: Chapters 4 - 6</p> <p>Hand outs: Bower & Bower - Getting Started, Sample Problem Scenes</p>
<p><u>Week III: Oct. 12, 1978</u></p> <p>Select appropriate style of leadership for a situation, considering characteristics of the situation, leader and follower.</p> <p>Plan delegation of a specific task using Volante's framework.</p>	<p>Leadership Style</p> <p>Delegation</p>	<p>Hand outs: Leadership styles in decision making; style of leadership test.</p> <p>Stone: Chapter 6 - Merton</p> <p>Stevens: Chapter 13</p> <p>Stone: Chapter 4, Colante</p> <p>Stevens: Chapter 7 - 10</p>

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OBJECTIVES	CONTENT	ASSIGNMENTS
<p><u>Week IV: Oct. 19, 1978</u></p> <p>Practice communication techniques of leveling. Question practicing 1st level managers regarding common management problems.</p>	<p>Leveling Common problems in 1st level management: Guest Panel</p>	<p>Stone: Chapter 7 - Morton Stevens: Chapters 11-12 Bring 1 - 2 questions re. 1st level management problems in setting of your choice</p>
<p><u>Week V: Oct. 26, 1978</u></p> <p>Mid-term Examination</p>		
<p><u>Week VI: Nov. 2, 1978</u></p> <p>State advantages and disadvantages of at least 4 different kinds of employee performance appraisals.</p> <p>Analyze an example of an employee interview & identify positive and negative aspects.</p>	<p>Performance appraisal Interviewing</p>	<p>Stone: Chapter 7 - McGregor, Chapter 13-Gerold, Burke, & Goodale Stevens: Chapter 14 Hand outs: Key points for analysis of the interview technique; key points in planning for an interview, discriminating questions</p>
<p><u>Week VII: Nov. 9, 1978</u></p> <p>Develop a beginning understanding of fiscal responsibilities relating to organizations.</p> <p>Comprehend the elements of decision-making. Analyze a given decision-making situation. Use decision-making process to identify alternatives in a potential reality shock situation.</p>	<p>Budget: guest speaker Dorothy Elhart, R. N., M. S. Decision-making Reality-Shock</p>	<p>Stone: chapter 11, - Pluhacek. Bauer Stevens: chapter 23 Stone: Chapter 4-Pluhacek Term Paper Due</p>
<p><u>Week VIII: Nov. 16, 1978</u></p> <p>Comprehend the process of change & the factors that influence it.</p> <p>Plan a change process for a specific situation.</p>	<p>Change Process</p>	<p>Stone: chapter 10-Rodgers, Stevens: chapter 22</p>

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OBJECTIVES	CONTENT	ASSIGNMENTS
<p><u>Week VIII: Nov. 16, 1978</u> continued</p> <p>Know the major components of staff development.</p> <p>Relate the organization and administration of a staff development program to the goals and objectives of the agency.</p> <p><u>Week IX: Nov. 23, 1978</u></p> <p>Thanksgiving</p> <p><u>Week X: Nov. 30, 1978</u></p> <p>Comprehend how theories of motivation relate to self and others in accomplishing individual and organizational goals.</p> <p>Understand Herzberg's motivation hygiene theory and how it can relate to nursing practice.</p> <p>Identify ways to recognize elements of motivation that are especially significant in working with multicultural groups.</p> <p>Identify means for increasing and retaining minority members of the nursing team.</p> <p><u>Week XI: Dec. 7, 1978</u></p> <p>Plan for establishing or adopting standards of care in a specific setting.</p>	<p>Staff Development</p> <p>Motivation: guest speaker, Shelley Jordan, R. N., M. S.</p> <p>Affirmative Action</p> <p>Setting standards</p>	<p>Hand out: Medearis' Model Stevens: Chapter 15</p> <p>Film in class, "Motivation Through Job Enrichment."</p> <p>Cronin-Stubbs, Diane. "Job Satisfaction and Dissatisfaction Among New Graduate Nurses," JONA, Dec. 1977.</p> <p>Stevens: chapters 16 - 18</p> <p>Stone: chapter 8 - Osterhaus Handouts: Blocking and facilitating assumptions and behaviors; federal laws & regulations (Jackson)</p> <p>Handouts: ANA Nursing Practice, Nursing Service Standards</p> <p>Stone: Chapter 5, Zimmer; Ramey</p> <p>Chapter 13 Wandelt & Phavey; Langford</p>

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OBJECTIVES	CONTENT	ASSIGNMENTS
<u>Week XI: Dec. 7, 1978</u> continued Comprehend the need for and problems of measur- ing quality of core de- livered. <u>Week XII: Dec. 14, 1978</u> Final Examination	Measuring Quality of Core	Stevens: chapters 19-21

SF:js
9/20/78

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF NURSING

NURSING 454

Fall, 1978

Course Name: Issues in Nursing 3 credits
Instructors: Carol A. Lindeman, RN, PhD, FAAN
Patricia Tomlinson, RN, MN, PMNP
Time: Friday, 9:00-12:00
Room: UHS 14B62
Text: Required: Chaska, Norma L. ed, The Nursing Profession:
Views Through the Mist, McGraw-Hill, 1978,
New York.

Selected Readings on Reserve in the Library

Objectives: At the completion of the course students will be able to:

1. Identify national issues in nursing
2. Identify statewide issues in nursing
3. Recognize problems inherent in the transitional phase from student to professional
4. Identify manpower issues in nursing
5. Develop an understanding for the research implications for nursing practice
6. Identify the political forces surrounding the health care system.

Evaluation: Students will choose a topic of interest relevant to the course objectives, develop an interview guide and interview a person in the community on the topic. In addition the student will write a scholarly paper based on the chosen topic incorporating the information from the interview along with pertinent literature on the subject.

The paper will be due on Monday of final week.

Guidelines for paper and grading, etc. will be distributed.

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Organization of the Class:

Each class period will be divided:

1. 9:00-10:30
A speaker who is an expert in the issues scheduled will present. Time will be allowed for a discussion following each presentation.
2. 10:30-12:00
A semi structured student-managed forum centered around questions for discussion prepared by the author of the text and the course instructors. Students will be asked to sign up in advance for panel groups for the 8 topics. Each student on each panel will prepare a brief discussion of the issues, using assigned and reserve readings and library resources. One student should be identified as the moderator in each group. The objectives of this plan are:
 - a. to increase self motivated learning
 - b. to expand the course resources by utilizing all participants
 - c. to provide leadership experience

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Schedule - Nursing 454

ISSUES IN NURSING

<u>Date</u>	<u>Topic</u>	<u>Readings</u>
9/29/78	Issues in transition from student to nursing practitioner Speakers: Catherine M. Knox, RN, MN Director of Nursing Service Oregon State Hospital Sarah Rich, Ed M Director of Nursing Service UOHSC Outpatient Clinics	Text: Chapter 1 Chapter 2 Chapter 3 Chapter 30
10/6/78	National Issues Speaker: Carol A. Lindeman, RN, PhD, FAAN Dean, UOHSC School of Nursing	Text: Part Seven: The Future of Nursing. pp. 347-397. Ruffin, MS, RSN, "Affir- tive Action Programming for the Nursing Profess- through the AIA." (Library Reserve)
10/13/78	Distribution of Nursing Personnel Speaker: Carol A. Lindeman, RN, PhD, FAAN Dean, UOHSC School of Nursing	Text: Part Six: Inter- disciplinary Professor Relationships pp. 321-343
10/20/78	State Issues in Health Speaker: TBA	OECC Report: <u>Nursing Education in Oregon.</u> (On reserve in Library)
10/27/78	Levels of Practice: a. Graduate Education b. Expanded Role c. Diploma, Associate, Baccalaureate Nurse Speaker: Patricia L. Chadwick, RN, MS Dean, School of Nursing University of Portland	Text: Chapter 8 Chapter 10 Chapter 29
11/3/78	Politics in Nursing Speaker: TBA	TBA

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<u>Date</u>	<u>Topic</u>	<u>Readings</u>
11/10/78	Holiday	
11/17/78	Research in Nursing Speaker: Joyce Semradek, MSN Doctoral Candidate Research Facilitator UOHSC School of Nursing	Text: Part Three: Nursing Research pp. 153-198
11/24/78	Holiday	
12/1/78	To Be Announced	
12/8/78	Research Application to Practice Speaker: Carol A. Lindeman, RN, PhD, FAAN Dean, UOHSC School of Nursing	tba
12/15/78	Women's Role in Health Care System Speaker: Patricia Tomlinson, RN, MN, PMNP Associate Dean Pro Tem, Administration UOHSC School of Nursing	Text: Chapter 6 Chapter 40 Bower, S.A., Bower <u>Asserting Your Self</u> Addison-Wesley Pub., Co. Mass. 1977 (Library Reserve)
12/15/78	Final Papers Due	

APPENDIX B
INSTRUMENTS

Leadership Opinion Questionnaire

by Edwin A. Fleishman

Raw Score	Percentile	Other
C		
S		
Description of Norm Group		

INSTRUCTIONS:

For each item, choose the alternative which most nearly expresses your opinion on how frequently you *should* do what is described by that item. Always indicate what you, as a supervisor, or manager, sincerely believe to be the desirable way to act. Please remember—there are no right or wrong answers to these questions. Different supervisors have different experiences and we are interested only in your opinions.

Answer the items by marking an "X" in the box before the alternative that best expresses your feeling about the item. Mark *only one* alternative for each item. If you wish to change your answer: draw a circle around your first "X" and mark a new "X" in the appropriate box.



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1. Put the welfare of your unit above the welfare of any person in it.
- Always
 Often
 Occasionally
 Seldom
 Never
2. Give in to your subordinates in discussions with them.
- Often
 Fairly often
 Occasionally
 Once in a while
 Very Seldom
3. Encourage after-duty work by persons of your unit.
- A great deal
 Fairly often
 To some degree
 Once in a while
 Very seldom
4. Try out your own new ideas in the unit.
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
5. Back up what persons under you do.
- Always
 Often
 Occasionally
 Seldom
 Never
6. Criticize poor work.
- Always
 Often
 Occasionally
 Seldom
 Never
7. Ask for more than the persons under you can accomplish.
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
8. Refuse to compromise a point.
- Always
 Often
 Occasionally
 Seldom
 Never
9. Insist that persons under you follow to the letter those standard routines handed down to you.
- Always
 Often
 Occasionally
 Seldom
 Never
10. Help persons under you with their personal problems.
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
11. Be slow to adopt new ideas.
- Always
 Often
 Occasionally
 Seldom
 Never
12. Get the approval of persons under you on important matters before going ahead.
- Always
 Often
 Occasionally
 Seldom
 Never
13. Resist changes in ways of doing things.
- A great deal
 Fairly much
 To some degree
 Comparatively little
 Not at all
14. Assign persons under you to particular tasks.
- Always
 Often
 Occasionally
 Seldom
 Never
15. Speak in a manner not to be questioned.
- Always
 Often
 Occasionally
 Seldom
 Never
16. Stress importance of being ahead of other units.
- A great deal
 Fairly much
 To some degree
 Comparatively little
 Not at all
17. Criticize a specific act rather than a particular member of your unit.
- Always
 Often
 Occasionally
 Seldom
 Never
18. Let the persons under you do their work the way they think is best.
- Always
 Often
 Occasionally
 Seldom
 Never
19. Do personal favors for persons under you.
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
20. Emphasize meeting of deadlines.
- A great deal
 Fairly much
 To some degree
 Comparatively little
 Not at all

21. Insist that you be informed on decisions made by persons under you.
22. Offer new approaches to problems.
23. Treat all persons under you as your equals.
24. Be willing to make changes.
25. Talk about how much should be done.
26. Wait for persons in your unit to push new ideas.
27. Rule with an iron hand.
28. Reject suggestions for changes.
29. Change the duties of persons under you without first talking it over with them.
30. Decide in detail what shall be done and how it shall be done by the persons under you.
31. See to it that persons under you are working up to capacity.
32. Stand up for persons under you, even though it makes you unpopular with others.
33. Put suggestions made by persons in the unit into operation.
34. Refuse to explain your actions.
35. Ask for sacrifices from persons under you for the good of your entire unit.
36. Act without consulting persons under you.
37. "Needle" persons under you for greater effort.
38. Insist that everything be done your way.
39. Encourage slow-working persons in your unit to work harder.
40. Meet with the persons in your unit at certain regularly scheduled times.
- Always
 Often
 Occasionally
 Seldom
 Never
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Always
 Often
 Occasionally
 Seldom
 Never
- Always
 Often
 Occasionally
 Seldom
 Never
- A great deal
 Fairly much
 To some degree
 Comparatively little
 Not at all
- Always
 Often
 Occasionally
 Seldom
 Never
- Always
 Often
 Occasionally
 Seldom
 Never
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Always
 Often
 Occasionally
 Seldom
 Never
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Always
 Often
 Occasionally
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- Always
 Often
 Occasionally
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- Always
 Often
 Occasionally
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- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Often
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 Occasionally
 Once in a while
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- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- A great deal
 Fairly much
 To some degree
 Comparatively little
 Not at all
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- A great deal
 Fairly much
 To some degree
 Comparatively little
 Not at all
- Always
 Often
 Occasionally
 Seldom
 Never
- Always
 Often
 Occasionally
 Seldom
 Never
- Often
 Fairly often
 Occasionally
 Once in a while
 Very seldom
- Always
 Often
 Occasionally
 Seldom
 Never

LEADER BEHAVIOR DESCRIPTION QUESTIONNAIRE

Developed by staff members of
The Ohio State Leadership Studies

Name of Leader Being Described _____

Name of Group Which He/She Leads _____

Your Name _____

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. This is not a test of ability. It simply asks 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 which is supervised by the person being described.

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

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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/she always, often, occasionally, seldom or never acts as described by the item.
- d. DRAW A CIRCLE around one of the five letters following the item to show the answer you have selected.

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

- | | | | | | |
|--|---|---|---|---|---|
| 1. Does personal favors for group members. | A | B | C | D | E |
| 2. Makes his/her attitudes clear to the group. | A | B | C | D | E |
| 3. Does little things to make it pleasant to be a member of the group. | A | B | C | D | E |
| 4. Tries out his/her new ideas with the group. | A | B | C | D | E |
| 5. Acts as the real leader of the group. | A | B | C | D | E |
| 6. Is easy to understand. | A | B | C | D | E |
| 7. Rules with an iron hand. | A | B | C | D | E |
| 8. Finds time to listen to group members. | A | B | C | D | E |
| 9. Criticizes poor work. | A | B | C | D | E |
| 10. Gives advance notice of changes. | A | B | C | D | E |
| 11. Speaks in a manner not to be questioned. | A | B | C | D | E |
| 12. Keeps to himself/herself. | A | B | C | D | E |
| 13. Looks out for the personal welfare of individual group members. | A | B | C | D | E |
| 14. Assigns group members to particular tasks. | A | B | C | D | E |
| 15. Is the spokesperson of the group. | A | B | C | D | E |
| 16. Schedules the work to be done. | A | B | C | D | E |
| 17. Maintains definite standards of performance. | A | B | C | D | E |
| 18. Refuses to explain his/her actions. | A | B | C | D | E |

- | | | | | | |
|--|---|---|---|---|---|
| 19. Keeps the group informed. | A | B | C | D | E |
| 20. Acts without consulting the group. | A | B | C | D | E |
| 21. Backs up the members in their actions. | A | B | C | D | E |
| 22. Emphasizes the meeting of deadlines. | A | B | C | D | E |
| 23. Treats all group members as his/her equals. | A | B | C | D | E |
| 24. Encourages the use of uniform procedures. | A | B | C | D | E |
| 25. Gets what he/she asks for from his/her superiors. | A | B | C | D | E |
| 26. Is willing to make changes. | A | B | C | D | E |
| 27. Makes sure that his/her part in the organization is understood by group members. | A | B | C | D | E |
| 28. Is friendly and approachable. | A | B | C | D | E |
| 29. Asks that group members follow standard rules and regulations. | A | B | C | D | E |
| 30. Fails to take necessary action. | A | B | C | D | E |
| 31. Makes group members feel at ease when talking with them. | A | B | C | D | E |
| 32. Lets group members know what is expected of them. | A | B | C | D | E |
| 33. Speaks as the representative of the group. | A | B | C | D | E |
| 34. Puts suggestions made by the group into operation. | A | B | C | D | E |
| 35. Sees to it that group members are working up to capacity. | A | B | C | D | E |
| 36. Lets other people take away his/her leadership in the group. | A | B | C | D | E |
| 37. Gets his/her superiors to act for the welfare of the group members. | A | B | C | D | E |
| 38. Gets group approval in important matters before going ahead. | A | B | C | D | E |
| 39. Sees to it that the work of group members is coordinated. | A | B | C | D | E |
| 40. Keeps the group working together as a team. | A | B | C | D | E |

APPENDIX C
STUDENT INFORMATION

STUDENT CONSENT

I, _____, agree to serve as a subject
(name)
in the investigation of Leadership in Baccalaureate Nursing Education conducted by Lenoa Jones, R. N., doctoral candidate at Oregon State University. The investigation aims at the opinion of the leader as to the desirable way to act in a leadership role.

The test involved is "Leadership Opinion Questionnaire." For each item, I will choose the alternative which most nearly expresses my opinion on how frequently I would do what is described by that item. There are no right or wrong answers to the questions. There are no risks involved.

The information obtained will be kept confidential. My name, or any personal identification, will not appear on the records and anonymity will be insured. The test is numbered and I will keep the corresponding number that is attached so that I can number the test at the end of the quarter.

I grant permission for Lenoa Jones, R.N. to contact and test my superior, associate, peer, or subordinate in my clinical setting. A "Leader Behavior Description Questionnaire" will be administered. I understand I will not be personally identified on this test.

I understand the scores on the tests will not be given to the classroom or clinical instructors.

I understand I am free to refuse to participate or to withdraw from participation in the study at any time without affecting my relationship with or treatment at UOHSC School of Nursing.

I have read the foregoing and agree to participate in this study.

(date)

(signature)

STUDENT DATA

PLEASE CHECK THE APPROPRIATE SPACE:

Basic Nursing Student _____ RNB Student _____

Sex: Female _____ Male _____

Single _____, Married _____, Divorced _____, Widow(er) _____.

Place in family: _____ (i.e. first, second, etc.)

GPA: Less than 3.0 _____

3.0 or above _____

Age: _____

Size of home town: Less than 10,000 _____

10,000-50,000 _____

Over 50,000 _____

Upon completion of the requirements for my baccalaureate degree I plan
to:

Specialize in (specify) _____

Do office nursing _____

Attend graduate school _____

Be a homemaker _____

Other _____

APPENDIX D
FACILITY INFORMATION

HEALTH CARE FACILITIES

University Hospital South

University Hospital North

Veterans' Hospital

Emmanuel Hospital

St. Vincent Hospital

Washington County Community Health Department, Tigard

Crippled Childrens Division (CDRC)

Visiting Nurse Association

Columbia Village Community Health Center

Sellwood Community Health Center

Dammasch State Hospital, Wilsonville

Clackamas County Day Treatment Center

William Temple House

Oregon State Hospital, Salem

FACILITY CONSENT

I, _____, representative for _____,
 (name) (facility)

grant permission to Lenoa Jones, R.N., doctoral candidate at Oregon State University, to conduct a research investigation here on Leadership in Baccalaureate Nursing Education.

I understand this investigation involves contacting employees in clinical areas where University of Oregon senior nursing students are practicing this Fall term, 1978. Permission has been obtained from the senior nursing students. The test used is "Leader Behavior Description Questionnaire" with 40 items listed. Each item describes a specific kind of behavior and has five possible choices of how frequently the leader engages in the behavior described. It does not ask for the employee to judge whether the behavior is desirable or undesirable. It is not a test of ability. Its only purpose is to make possible for the employee to describe, as accurately as possible, the behavior of the senior student nurse in the clinical setting.

The information obtained will be kept confidential. The employee's or student's name will not appear on the records. Anonymity will be insured to employee, student, and facility. There are no risks involved for the employee or this facility.

I understand the employee is free to refuse to participate or to withdraw from participation in the study at any time without effect on his/her relationship with or treatment at this place of employment, or the UOHSC School of Nursing, the nursing instructors, or students.

 (date)

 (signature)

APPENDIX E
EMPLOYEE INFORMATION

EMPLOYEE CONSENT

I, _____, agree to participate in the investigation
(name)
of Leadership in Baccalaureate Nursing Education conducted by Lenoa Jones,
R.N., doctoral candidate at Oregon State University.

The test involved is "Leader Behavior Description Questionnaire."
Each item on the test describes a specific kind of behavior, but does not
ask me to judge whether the behavior is desirable or undesirable. This
is not a test of ability. Its only purpose is to make it possible to
describe, as accurately as I can, leader behavior of the senior student
nurses on my clinical unit. There are no risks involved for me, my place
of employment, or the student nurse.

The information obtained will be kept confidential. My name nor
the student nurse's name will not appear on the records and anonymity
will be insured.

I understand I am free to refuse to participate or withdraw from
participation at any time without effect on my relationship with or treat-
ment at my place of employment, or UOHSC School of Nursing, or the student.

Lenoa Jones has offered to answer any questions that I might have
about my participation in this study.

I have read the foregoing and agree to participate in this study.

(date)

(signature)

EMPLOYEE DATA

PLEASE CHECK THE APPROPRIATE SPACE:

My position is:

Supervisor_____

Head Nurse_____

Team Leader_____

Nurse Aid_____

Orderly_____

Other_____

My nursing education is:

R.N. B.S. _____

R.N. A.D. _____

R.N. Diploma_____

LPN_____

Other_____

APPENDIX F
STUDENT-EMPLOYEE DEMOGRAPHIC DATA

Demographic Data of Student Population

	Experimental		Control	
	Basic-30	RNB-8	Basic-30	RNB-9
Mean Age:	23.17 (2.52)	32.50 (10.04)	22.52 (2.62)	32 (7.79)
Sex:				
Female	29	8	32	7
Male	1		1	2
Family Status:				
Single	22	3	24	4
Married	7	4	8	3
Divorced	1	1	1	2
Place in Family:				
First	7	5	17	4
Second	13	2	3	3
Third	6	1	9	
Fourth	1		1	
Fifth	1		2	
Eighth			2	
Ninth	1			
Size of Hometown:				
Less than 10,000	7	1	7	
10,000-50,000	4	4	11	3
Over 50,000	18	3	15	6
GPA:				
3.0 or over	20	3	28	7
Less than 3.0	8	5	5	2
Plan to attend Graduate School	9	5	9	5

Preference of Employment After Graduation

	Basic Student	RNB Student
Cardiac Nursing	1	
Community Health Nursing	5	3
Critical Care Nursing	1	1
Emergency Room Nursing	1	
Family Nurse Practitioner	1	
Family Therapy		1
Geriatric Nursing	1	
Health Promoter-Independent practice		1
Intensive Care Nursing	1	
Medical Nursing	2	
Medical-Surgical Nursing	20	3
Missionary Nurse	1	
Nursing Administration		2
Neonatal Nursing (NICU)	4	2
Nurse Practitioner	1	1
Obstetric Nursing	6	
Operating Room Nurse	1	
Pediatric Nursing	8	
School Nursing	1	
Undecided	3	2
Teaching		1

Employee Education

	Experimental Group	Control Group
RN BS	22	21
RN AD	5	8
RN Diploma	11	5
Licensed Practical Nurse	4	1
BS Physical Therapy	1	
BS Occupational Therapy	1	
Medical Doctor		2
Registered Dietitian		1
MS Psychology		1
M Ed Counseling		1
Masters in Nursing		2
No professional degree (aids, ward clerk, etc.)	1	5

Employee Position

	Experimental Group	Control Group
Supervisor	2	1
Head Nurse	2	7
Team Leader	17	7
Nurse Aid	1	2
Staff Nurse	19	17
Assistant Head Nurse	1	
Monitor Technician	1	
Physical Therapist	1	
Occupational Therapist	1	
Pediatrician		1
Fellow child development--M.D.		1
Nutritionist		1
Ward Clerk		1
Psychiatric Aid		2
Program Director Psych Day Care		1
Social Worker Therapist		1
Community Health Nurse		4
Adjunct Instructor Psychiatric Nursing		1